



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, October 28, 2020, 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/1487041838?pwd=dzVGQURnUzB3R25EZmc1Y3h6dUkwdz09>

Password: 747363

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

Dial: (888) 501-0031

Meeting ID: 148 704 1838

Password: 747363

PUBLIC HEARING

1. Receive public comment on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 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.

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 October 28, 2020**. 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 September 2, September 9, and September 16, 2020 meetings.
- C2. Receive and ratify Central Health Investments for September 2020.
- C3. Adopt the Fiscal Year 2021 Central Health Investment Policy as presented by the Travis County Cash/Investment Management Department.
- C4. Take appropriate action on revisions to the Central Health Amended and Restated Bylaws as recommended by the ad hoc Policy and Bylaws Committee.
- C5. Take appropriate action to authorize the President & CEO to enter a contract with Colette Holt & Associates for a Central Health Historically Underutilized Business (HUB) disparity study.

REGULAR AGENDA²

1. Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.151. (*Action Item*)
2. Receive a report on fiscal year-to-date healthcare service expenditures made by, and accept the preliminary September 2020 financial statements for, Central Health and the Community Care Collaborative and review historical average revenues and expenses for Central Health. (*Action Item*)
3. Receive and take appropriate action on a proposal from the Health Alliance for Austin Musicians (HAAM) to expand outreach to musicians of color. (*Action Item*)
4. Receive and take appropriate action on the President and CEO's performance evaluation tool for May 2020 – April 2021 as recommended by the Executive Committee.³ (*Action Item*)
5. Receive and take appropriate action on a presentation from Cool River Consulting regarding Central Health's Compensation Philosophy. (*Action Item*)

6. Receive and discuss a presentation on coordination and collaboration with CommUnityCare Health Centers, Austin Public Health, and Travis County Health and Human Services on COVID-19 response. (*Information Item*)
7. Receive a briefing and discuss Fiscal Year (FY) 2021 Strategic Objectives, per Board-adopted budget resolution or Board directive, and receive updates on specific items including:
 - a. Workforce recruiting and leadership pathway strategies,
 - b. Adverse impact study as it relates to a potential affirmative action plan,
 - c. HUB vendor workplan, and
 - d. HUB vendor contracting data.
 (*Informational Item*)
8. 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.⁴ (*Action Item*)
9. 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.⁴ (*Informational Item*)
10. 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.⁵ (*Informational Item*)
11. Consider and take appropriate action to authorize the Central Health President and CEO, or other duly authorized board members or personnel, during the pendency any applicable COVID emergency order affecting operations of Central Health or until June 1, 2021 (whichever is first), to settle any liability claims, lawsuits, or similar matters after consultation with the Board Chair & Vice Chair.⁵ (*Action Item*)
12. Receive briefing from outside counsel and take appropriate action on EEOC Charge No. 451-2020-01440: *Wallace, Petitioner v. Central Health, Respondent*.⁵ (*Action Item*)
13. 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 §551.072 (Deliberation Regarding Real Property).

⁵ 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 planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

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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PUBLIC HEARING

October 28, 2020

AGENDA ITEM 1

Receive public comment on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 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.



MEMORANDUM

To: Central Health Board of Managers
From: Katie Coburn
CC: Mike Geeslin, President & CEO
Date: October 28, 2020
Re: Amending the Local Provider Participation Fund (LPPF) mandatory payment rate for FY 2020 – ACTION ITEM

Summary

Central Health staff recommend the Board amend the FY 2020 Local Provider Participation Fund (LPPF) mandatory payment rate to reduce the rate from 4.17% to 2.72% of net patient revenue of Travis County inpatient hospitals.

Background

On April 29, 2020, the Central Health Board of Managers approved the FY 2020 mandatory payment rate of 4.17% (an increase from 2.38%) to generate local funds necessary for estimated payments in the Uniform Hospital Rate Increase Program (UHRIP). This increase was based on HHSC’s spring UHRIP application to CMS in which they requested an increased UHRIP funding pool (\$3 billion) and a new allocation methodology. HHSC’s proposal would have increased UHRIP payments available to Travis County hospitals, requiring additional local funds to draw them down.

Texas learned in June that CMS did not approve HHSC’s proposal and instead approved a smaller funding pool increase (\$2.67 billion) and a revised allocation methodology. As a result, funds available in the UHRIP program to Travis County hospitals are less than what was estimated in April. The 2.72% rate generates sufficient local funds to satisfy all IGT requirements.

FY 2020 LPPF Mandatory Payment Rate – Board Action Summary

Date	Board Action	FY 2020 Rate
January 14, 2020	Set initial rate	2.38%
April 29, 2020	Increase rate	4.17%
October 28, 2020	(Recommended) Reduce rate	2.72%

The reduction of the FY 20 payment rate at this time will have the added benefit of improving cash flow for Travis County hospitals during the financial strain created by the coronavirus

pandemic.

Public input on the rate will be taken at a public hearing of the Board of Managers on October 28, 2020. The item will be taken up shortly afterward at the Central Health Board of Managers meeting. Notice of the hearing was emailed to Travis County inpatient hospital contacts and published in the Austin Chronicle on October 23, 2020.

We anticipate coming back to the Board in December to propose a new rate for FY 21.

Action Requested

Central Health staff request the Board amend the FY 2020 Local Provider Participation Fund (LPPF) mandatory payment rate to reduce the rate from 4.17% to 2.72% of net patient revenue of Travis County inpatient hospitals.



CENTRAL HEALTH

Travis County Local Provider Participation Program (LPPF)

FY 2020 Proposed Mandatory Payment Rate - AMENDMENT

Public Hearing
Central Health Board of Managers
October 28, 2020

Katie Coburn and Jeff Knodel



FY 2020 – LPPF Rate Action Summary

Date	Action	Rate
1/14/20	Set initial FY 20 rate	2.38%
4/29/20	Increase rate to include UHRIP	4.17%
10/28/2020	(Staff recommendation) Reduce rate to account for reduced UHRIP	2.72%





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BOARD MEETING

October 28, 2020

AGENDA ITEM C1

Approve the minutes of the Central Health Board of Managers September 2, September 9, and September 16, 2020 meetings.

MINUTES OF MEETING – SEPTEMBER 2, 2020
CENTRAL HEALTH
PUBLIC INPUT SESSION AND BOARD MEETING

On Wednesday, September 2, 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 Chair Bell, Treasurer Oliver, Secretary Valadez, Manager Jones, Manager Museitif, Manager Zamora (5:40 p.m.), and Manager Zuniga

Absent: Manager Aiken

PUBLIC INPUT SESSION

1. Present an overview of the proposed Central Health Fiscal Year (FY) 2021 budget and its associated tax rate.

Clerk's Notes: Discussion on this item began at 5:31 p.m. Ms. Lisa Owens, Deputy Chief Financial Officer, gave a brief presentation on the Fiscal Year 2021 proposed budget. The presentation included a look at the FY 2021 proposed tax rate, the Central Health FY 2021 proposed budget in millions of dollars, and Central Health's status with regard to the current budget calendar.

2. Receive public input on the Central Health Fiscal Year (FY) 2021 budget and its associated tax rate.

Clerk's Notes: Discussion on this item began at 5:37 p.m.

Clerk's Notes: Public Input began at 5:37 p.m. Janna Allen introduced 5 speaker(s) for the Public Input session. Members of the Board heard from: Rainee Collins, Tony Maldonado, Richard Franklin, Tina Byram, and Elizabeth Marrero.

REGULAR AGENDA

1. **Discuss and take appropriate action on the 1115 Medicaid Waiver Program, 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 5:52 p.m. Mr. Mike Geeslin, President & CEO, and Ms. Monica Crowley, Chief Planning and Strategy Officer, presented on this item. They presented an update on and requested action regarding the Master Agreement and Omnibus Services Agreement. The presentation included five main benefits of the Master Agreement and the purpose of the Omnibus Services Agreement.

At 5:58 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss agenda items 4 and 5 under Texas Government Code §551.071 Consultation with Attorney and §551.085 Governing Board of Certain Providers of Health Care Services.

At 6:54 p.m. the Board returned to open session.

Manager Bell moved that that the Central Health Board reasonably determine that Seton, now known as Ascension Texas, has failed to comply in several material respects with the performance standards contained in the agreements between Central Health and Seton and is in material breach of several

requirements under these agreements. Manager Bell further moved that the Board authorizes the President and CEO of Central Health to execute and deliver to Ascension Texas the following:

- notice of Material Breaches of the Amended and Restated Master Agreement pursuant to Sections 6.4.1 and 7;
- notice of Material Noncompliance with Performance Standards under the Omnibus Healthcare Services Agreement pursuant to Section 5.8.3; and
- notice of Material Breaches of the Omnibus Healthcare Services Agreement pursuant to Section 6.2.2.

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	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	For
Manager Julie Zuniga	For

2. Receive and discuss a presentation on the proposed Fiscal Year 2021 budget for the Community Care Collaborative.

Clerk's Notes: This item was not discussed.

No motion necessary.

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

At 6:57 p.m. Manager Valadez moved that meeting adjourn.

Manager Museitif 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	For

The meeting was adjourned at 6:57 p.m.

Sherri Greenberg, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers

MINUTES OF MEETING – SEPTEMBER 9, 2020
CENTRAL HEALTH
PUBLIC HEARING AND BOARD OF MANAGERS MEETING

On Wednesday, September 9, 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 Chair Bell, Treasurer Oliver, Secretary Valadez, Manager Jones, Manager Museitif (left at 9:05 p.m.), Manager Zamora, and Manager Zuniga

Absent: Manager Aiken

PUBLIC HEARING

- 1. Present an overview of the proposed Central Health Fiscal Year (FY) 2021 budget and its associated tax rate.**

Clerk’s Notes: Discussion on this item began at 5:30 p.m. Ms. Lisa Owens, Deputy Chief Financial Officer, gave a brief presentation on the Fiscal Year 2021 proposed budget. The presentation included a look at the FY 2021 proposed tax rate, the Central Health FY 2021 proposed budget in millions of dollars, and Central Health’s status with regard to the current budget calendar.

- 2. Receive public comment on the proposed Central Health Fiscal Year (FY) 2021 budget and its associated tax rate.**

Clerk’s Notes: Discussion on this item began at 5:35 p.m. Ivan Davila introduced 9 speaker(s) for the Public Hearing. The Board heard from Olga Campos Benz, Nakia Reynoso, Richard Franklin, Kalu James, Reenie Collins, Susanna Woody, and David King. Angie Newman and Shubhada Saxena also signed up to speak, but were not present when their names were called. Staff followed up with a phone call and an email to let them know that they could still submit their comments if they wish to.

- 3. Announce the date, time, and place of the meeting at which Central Health will vote to adopt the Fiscal Year (FY) 2021 budget and its associated tax rate.**

Clerk’s Notes: Chairperson Greenberg announced that the Central Health Board of Managers would vote on the Fiscal Year (FY) 2021 budget and its associated tax rate at the Board of Managers Meeting the following week on Wednesday, September 16, 2020, at 5:30 p.m.

Manager Valadez moved that that the Board close the Public Hearing.

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	For

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 6:08 p.m. Ivan Davila announced that there were no speakers signed up for Public Communication.

BOARD OF MANAGERS MEETING

CONSENT AGENDA

- C1. Approve the minutes of the Central Health Board of Managers August 19 and August 26, 2020 regular meetings.**
- C2. Receive the Quarterly Investment Report and ratify Central Health Investments for July 2020.**

Clerk's Notes: Discussion on this item began at 6:08 p.m.

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

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	For

REGULAR AGENDA

- 1. Receive and discuss a presentation on the proposed Central Health and Community Care Collaborative Fiscal Year 2021 Budgets, including ongoing budget strategies.**

Clerk's Notes: Discussion on this item began at 6:09 p.m. Chair Greenberg announced that the Community Care Collaborative Fiscal Year 2021 budget would not be discussed. Ms. Lisa Owens, Deputy Chief Financial Officer; Mr. Jeff Knodel, Chief Financial Officer; Mr. Jonathan Morgan, Chief Operating Officer; and Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, presented on the Central Health Fiscal Year 2021 budget. The presentation included a look at the FY 2021 proposed tax; the Central Health property tax impact statement for FY2020-2021; estimated tax by taxing entity; the Central Health FY 2021 proposed budget in millions of dollars; anticipated healthcare providers, and medical specialty programs; the FY 2021 Capital Budget; and Central Health's status with regard to the current budget calendar.

No motion necessary.

- 2. Receive and discuss a presentation on CommUnityCare Health Centers' Fiscal Year 2021 budget.**

Clerk's Notes: Discussion on this item began at 6:54 p.m. Ms. Joy Sloan, CommUnityCare Chief Financial Officer, and Mr. Jaeson Fournier, CommUnityCare Chief Executive Officer, presented the CommUnityCare Health Centers' Fiscal Year 2021 budget. The presentation included the CY2019 patient population characteristics; a three-year trend analysis of disease burden percent proportional to the total number of

patients; the external pressures on the FY 2020-2021 budget; draft budget assumptions; revenue trends; and potential opportunities for the FY 2020-2021 budget.

No motion necessary.

3. Receive and discuss a presentation from Integral Care on services and programs provided in Fiscal Year 2020 and future opportunities and challenges.

Clerk's Notes: Discussion on this item began at 7:42 p.m. Mr. Hal Katz, Integral Care Foundation Board of Directors, gave a brief update on Integral Care services and programs provided in Fiscal Year 2020. He stated that the Integral Care Board has implemented a Racial Equity Taskforce to ensure that Integral Care has in place what is necessary to ensure that the workforce and care providers allow people to feel a sense of belonging. He mentioned that a very detailed presentation was provided in the board backup for more information on everything Integral Care is doing.

No motion necessary.

4. 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 and new development in Eastern Travis County.

Clerk's Notes: Discussion on this item began at 7:51 p.m.

At 8:11 p.m. Chairperson Greenberg announced that the Board was convening in closed session to discuss the following:

- agenda item 4 under Texas Government Code §551.071, Consultation with Attorney, and Texas Government Code §551.072, Deliberation Regarding Real Property; and
- agenda item 6 under Texas Government Code §551.071, Consultation with Attorney, and Texas Government Code §551.085, Governing Board of Certain Providers of Health Care Services.

At 9:06 p.m. The Board returned to open session.

Manager Bell moved that that the Central Health Board delegate to the President & CEO the power to execute various contract amendments to increase the cumulative not-to-exceed amount available for architectural and engineering services, civil engineering services, surveying services, and geotechnical engineering services by a total of \$750,000 to expedite construction work in the priority areas in Eastern Travis County and on the Downtown Campus.

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	Abstain
Manager Maram Museitif	For
Manager Guadalupe Zamora	For
Manager Julie Zuniga	For

5. **Discuss and take appropriate action 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: This item was not discussed.

No motion necessary.

6. **Discuss and take appropriate action on 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: This agenda item was convened in closed session at 8:11 p.m. with agenda item 4. At 9:06 p.m. the Board returned to open session.

No motion necessary.

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

The meeting was adjourned at 9:06 p.m.

Sherrí Greenberg, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers

MINUTES OF MEETING – SEPTEMBER 16, 2020
CENTRAL HEALTH
BOARD OF MANAGERS

On Wednesday, September 16, 2020, a meeting of the Central Health Board of Managers convened in open session at 5:37 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 (left at 7:16 p.m., came back at 7:40 p.m.), Secretary Valadez, Manager Jones, Manager Museitif, Manager Zamora, and Manager Zuniga

Absent: Manager Aiken

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 5:38 p.m. Janna Allen introduced 3 speakers for Public Communication.

Members of the Board heard from: Reenie Collins, Paul Saldana, and Mike Geeslin.

CONSENT AGENDA

- C1. Receive and ratify Central Health Investments for August 2020.**
- C2. Take appropriate action on revisions to the Central Health Amended and Restated Bylaws as recommended by the ad hoc Policy and Bylaws Committee.**

Clerk's Notes: Chair Greenberg announced that Consent Agenda Item Number 2 would be moved to the agenda for the October Board of Managers Meeting

- C3. Approve the reappointment of Mr. Hal Katz and Dr. Guadalupe Zamora to the Integral Care Board of Trustees as recommended by the Executive Committee.**
- C4. Approve an Interlocal Cooperation Agreement between Central Health and Austin Public Health for Collaborative Health Planning.**

Clerk's Notes: Secretary Valadez announced that she would like to pull Consent Agenda Item Number 4 off of the Consent Agenda and onto the Regular Agenda.

- C5. Approve proposed changes to the Central Health values statement as recommended by the Executive Committee.**
- C6. Take appropriate action on a Central Health Historically Underutilized Business (HUB) disparity study as recommended by the Executive Committee.**

Clerk's Notes: Discussion on this item began at 5:50 p.m.

Manager Bell moved that that the Board approve Consent Agenda items C1 and C3, C5 and C6.

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	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	For
Manager Julie Zuniga	For

REGULAR AGENDA

C4. Approve an Interlocal Cooperation Agreement between Central Health and Austin Public Health for Collaborative Health Planning.

Clerk’s Notes: Discussion on this item began at 5:52 p.m. Ms. Monica Crowley, Chief Strategy and Planning Officer, presented on this item. Ms. Crowley stated that Central Health has been entering into collaborative work with the City of Austin and Travis County since 2015. She explained that for this work, planners from each party meet together periodically to collaborate on data, to share data resources, and to organize planning efforts. Their focus is on spaces where Central Health, Travis County, and the City of Austin are potentially co-locating or in priority areas in an attempt to avoid duplication of work and to amplify joint efforts.

Manager Bell moved that the Board approve an Interlocal Cooperation Agreement between Central Health and Austin Public Health for Collaborative Health Planning.

Manager Oliver seconded the motion.

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

1. Receive and discuss a presentation on the proposed Central Health and Community Care Collaborative Fiscal Year 2021 Budgets, including ongoing budget strategies.

Clerk’s Notes: Discussion on this item and Item 2 began at 7:31 p.m. Mr. Jeff Knodel, Chief Financial Officer, presented on items 1 and 2. Mr. Knodel noted that the Community Care Collaborative budget would not be presented. The presentation included the FY2021 proposed tax rate; the FY2021 proposed budget; the anticipated healthcare providers, specialties, and other programs; the FY 2021 capital budget; and lastly a review of the budget calendar. Mr. Knodel also noted that the Travis County Commissioner’s Court is scheduled for September 29, 2020. He stated that staff is requesting the approval of the FY 2021 Central Health budget.

No motion necessary.

2. Discuss and take appropriate action on the Central Health proposed Fiscal Year (FY) 2021 budget.

Clerk's Notes: Discussion on this item began at 7:31 p.m.

Manager Bell moved that that the Board approve the budget items in the Central Health Fiscal Year 2021 budget and resolution that pertains to The University of Texas at Austin.

Manager Museitif seconded the motion.

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

Manager Bell moved that that the Board approve the budget items in the Central Health Fiscal Year 2021 budget and resolution that pertains to The University of Texas System.

Manager Zuniga 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	Abstain
Manager Guadalupe Zamora	For
Manager Julie Zuniga	For

Manager Bell moved that the Board approve the budget items in the Central Health Fiscal Year 2021 budget and resolution that pertain to Integral Care and Project Access.

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	Abstain
Manager Julie Zuniga	For

Manager Museitif moved that the Board approve the budget items in the Central Health Fiscal Year 2021 budget and resolution that pertain to People's Community Clinic and Sendero Health Plans, Inc., and Manager Museitif further moved that the Sendero line item be increased by \$640,000 if HAAM presents a proposal to Central Health by the next scheduled board meeting on how it will reach minority musicians and such proposal is accepted by Central Health.

Manager Zamora seconded the motion.

Chairperson Sherri Greenberg	For
Vice Chairperson Charles Bell	Abstain
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	For

Mr. Mike Geeslin, President & CEO, read the resolution adopting the fiscal year 2021 budget into the record.

Manager Bell moved that that the Board approve the Central Health Fiscal Year 2021 budget and resolution for all items other than the items relating to The University of Texas at Austin, The University of Texas System, Integral Care, Project Access, People's Community Clinic, and Sendero Health Plans, Inc.

Manager Museitif 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	For

3. Discuss and take appropriate action on the Community Care Collaborative proposed Fiscal Year (FY) 2021 budget.

Chair Greenberg announced that Item 3 would not be taken up at this meeting.

4. Discuss and take appropriate action regarding Central Health's proposed 2021 tax rates:

- a. Total Maintenance and Operations Tax Rate;**
- b. Total Debt Service Tax Rate; and**
- c. Total Ad Valorem Tax Rate.**

Clerk's Notes: Discussion on this item began at 9:12 p.m. Mr. Jeff Knodel, Chief Financial Officer, briefly presented the FY 2021 proposed tax rate.

a. For the maintenance and operations tax rate, Manager Bell moved that the property tax rate be increased by the adoption of a tax rate of \$0.109717 for maintenance and operations, which is effectively a four and six tenths percent (4.6%) increase in the tax rate.

Manager Museitif seconded the motion.

The vote was recorded by roll call, and the Managers voted as follows:

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	For

b. For the debt service tax rate, Manager Bell moved that the property tax be decreased by the adoption of a tax rate of \$0.000589, which is effectively an eleven and seven tenths percent (11.7%) decrease in the tax rate.

Manager Valadez seconded the motion.

The vote was recorded by roll call, and the Managers voted as follows:

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	For

c. For the total tax rate, which is the sum of the maintenance and operations and debt service tax rates, Manager Bell moved that the property tax rate be increased by the adoption of a tax rate of \$0.110306, which is effectively a four and five tenths percent (4.5%) increase in the tax rate.

Manager Zamora seconded the motion.

The vote was recorded by roll call, and the Managers voted as follows:

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	For

5. Receive a report on fiscal year-to-date health care service expenditures made by, and accept the August 2020 financial statements for, Central Health and the Community Care Collaborative.

Clerk's Notes: Discussion on this item began at 9:22 p.m. Mr. Jeff Knodel, Chief Financial Officer, briefly presented the fiscal year-to-date healthcare service expenditures made by Central Health and the Community Care Collaborative, as well as the August 2020 financial statements. The Central Health August 2020 financial statement presentation included a balance sheet, as well as a sources and uses

report. The presentation also included healthcare delivery services, operating costs, and primary and specialty care costs. The Community Care Collaborative August 2020 financial statement presentation included a balance sheet, a sources and uses report, and a healthcare delivery costs summary. The combined fiscal year-to-date healthcare service expenditures presentation included the Central Health and Community Care Collaborative healthcare service highlights, as well as healthcare specialty care highlights. These included totals of what has been spent year to date and what has been budgeted for.

Manager Bell moved that the Board accept the August 2020 financial statements for Central Health and the Community Care Collaborative as recommended by staff.

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	For
Manager Maram Museitif	For
Manager Guadalupe Zamora	For
Manager Julie Zuniga	For

6. Take appropriate action on a Central Health-CommUnityCare memorandum of understanding agreement related to reimbursement for COVID-19 expenses.

Clerk’s Notes: Discussion on this item began at 9:29 p.m. Mr. Jeff Knodel, Chief Financial Officer, gave a brief presentation on the memorandum of understanding agreement between Central Health and CommUnityCare related to reimbursement for COVID-19 expenses. Mr. Knodel explained that under the agreement, Central Health will pay for any unreimbursed costs that CommUnityCare incurs around COVID-19 activities. Those activities can include testing, contact tracing, and obtaining equipment and supplies.

Manager Valadez moved that the Board approve the Memorandum of Understanding between Central Health and CommUnityCare for COVID-19 related expenses and authorize the Central Health President and CEO to execute the MOU for Central Health.

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	For
Manager Julie Zuniga	For

7. Receive a report on a Central Health employee Affirmative Action Study.

Chair Greenberg announced that Item 7 would not be taken up at this meeting.

8. Receive a final progress update on priorities detailed in the Fiscal Year 2020 Budget Resolution aligned with the Strategic Goals and Objectives.

Clerk's Notes: Discussion on this item began at 7:29 p.m. Mike Geeslin, President & CEO, presented on this item. He stated that a memo was provided in the backup, which covers some of the milestones that Central Health has been able to achieve this year with respect to the strategic objectives. He noted that staff is available to answer any questions the Board may have about the memorandum provided.

No motion necessary.

9. Discuss and take appropriate action on 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 6:14 p.m.

At 6:15 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 Attorney and Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services.

At 7:29 p.m. The Board returned to open session.

No motion necessary.

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

At 9:38 p.m. Manager Valadez moved that 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	For
Manager Julie Zuniga	For

The meeting was adjourned at 9:38 p.m.

Sherri Greenberg, Chairperson
Central Health Board of Managers

ATTESTED TO BY:

Cynthia Valadez, Secretary
Central Health Board of Managers



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

October 28, 2020

AGENDA ITEM C2

Receive and ratify Central Health Investments for September 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 \$43,009,851.29 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 10 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: October 28, 2020

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/1/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	<u>TexPool</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>1,034,000.00</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE:	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DATE:	<u>N/A</u>	BOND EQ. YIELD:	<u>0.1531%</u>
PRINCIPAL:	<u>1,034,000.00</u>	PURCHASED THRU:	<u>TexPool</u>
ACCRUED INT:	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>1,034,000.00</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>9/1/2020</u>	SETTLEMENT DATE:	<u>9/1/2020</u>

AUTHORIZED BY:
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 9/2/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	6,000,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE	N/A	PRICE:	100%
MATURITY DAT	N/A	BOND EQ. YIELD:	0.1500%
PRINCIPAL:	6,000,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT	N/A	BROKER:	N/A
TOTAL DUE:	6,000,000.00	CUSIP #:	N/A
TRADE DATE:	9/2/2020	SETTLEMENT DATE:	9/2/2020

AUTHORIZED BY: Reagan Grimes
CASH/INVESTMENT MANAGER

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM



DATE: 9/4/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	<u>TexStar</u>	FUND NAME:	<u>CENTRAL HEALTH</u>
PAR VALUE:	<u>1,981,924.96</u>	SAFEKEEPING NO:	<u>N/A</u>
CPN/DISC RATE:	<u>N/A</u>	PRICE:	<u>100%</u>
MATURITY DATE:	<u>N/A</u>	BOND EQ. YIELD:	<u>0.1375%</u>
PRINCIPAL:	<u>1,981,924.96</u>	PURCHASED THRU:	<u>TexStar</u>
ACCRUED INT:	<u>N/A</u>	BROKER:	<u>N/A</u>
TOTAL DUE:	<u>1,981,924.96</u>	CUSIP #:	<u>N/A</u>
TRADE DATE:	<u>9/4/2020</u>	SETTLEMENT DATE:	<u>9/4/2020</u>

AUTHORIZED BY:

CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/14/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	12,101,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1500%
PRINCIPAL:	12,101,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	12,101,000.00	CUSIP #:	N/A
TRADE DATE:	9/14/2020	SETTLEMENT DATE:	9/14/2020

AUTHORIZED BY:  
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 8/5/2020

TIME: 9:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	OKLAHOMA CNTY ISD GO	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 4,600,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	1.000%	PRICE:	101.3630000
MATURITY DATE:	9/1/2022	US TREASURY CONVENTION YLD	0.3000%
PRINCIPAL:	\$ 4,662,698.00	PURCHASED THROUGH:	STIFEL
ACCRUED INT:	\$ 2,044.44	BROKER:	MIKE BELL
TOTAL DUE:	\$ 4,664,742.44	CUSIP #:	678720KL6
TRADE DATE:	8/5/2020	SETTLEMENT DATE:	9/17/2020

AUTHORIZED BY: *Deborah A. Lauder milk*

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/21/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexStar	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	517,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1358%
PRINCIPAL:	517,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	517,000.00	CUSIP #:	N/A
TRADE DATE:	9/21/2020	SETTLEMENT DATE:	9/21/2020

AUTHORIZED BY: Reagan Grimes
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/11/2020

TIME: 10:00 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FHLMC Callable	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 10,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	0.440%	PRICE:	100.0000000
MATURITY DATE:	9/24/2024	US TREASURY CONVENTION YLD	0.4400%
PRINCIPAL:	\$ 10,000,000.00	PURCHASED THROUGH:	DAIWA CAPITAL MKTS
ACCRUED INT:	\$ 0.00	BROKER:	ANDY TAMAYO
TOTAL DUE:	\$ 10,000,000.00	CUSIP #:	3134GWSR8
TRADE DATE:	9/11/2020	SETTLEMENT DATE:	9/24/2020

AUTHORIZED BY: *Deborah A. Laudermilk*

CENTRAL HEALTH
INVESTMENT DEPARTMENT
SECURITY TRANSACTION FORM

DATE: 9/22/2020

TIME: 2:00 PM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	CITY OF DALLAS TX WATERWORKS REV	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 5,000,000.00	SAFEKEEPING NO:	P 31317
COUPON / DISCOUNT RATE	1.868%	PRICE:	103.0860000
MATURITY DATE:	10/1/2022	US TREASURY CONVENTION YLD	0.3330%
PRINCIPAL:	\$ 5,154,300.00	PURCHASED THROUGH:	WELLS FARGO
ACCRUED INT:	\$ 44,883.89	BROKER:	MIKE MINAHAN
TOTAL DUE:	\$ 5,199,183.89	CUSIP #:	23542JBH7
TRADE DATE:	9/22/2020	SETTLEMENT DATE:	9/24/2020

AUTHORIZED BY: *Deborah A. Lauder milk*

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/25/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexDaily	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	705,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.1300%
PRINCIPAL:	705,000.00	PURCHASED THRU:	TexDaily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	705,000.00	CUSIP #:	N/A
TRADE DATE:	9/25/2020	SETTLEMENT DATE:	9/25/2020

AUTHORIZED BY:  
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/29/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TexPool	FUND NAME:	CENTRAL HEALTH
PAR VALUE:	807,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.1416%
PRINCIPAL:	807,000.00	PURCHASED THRU:	TexPool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	807,000.00	CUSIP #:	N/A
TRADE DATE:	9/29/2020	SETTLEMENT DATE:	9/29/2020

AUTHORIZED BY:  
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: September 30, 2020

By Fund Type		
Operating	\$ 187,776,429.44	96.79%
LPPF	6,224,267.86	3.21%
Bond Proceeds	-	0.00%
Other	-	0.00%
Total Portfolio	\$ 194,000,697.30	100.00%

By Security Type		
Operating-		
TexasDAILY	\$ 32,105,845.57	17.10%
TexPool	\$ 47,919,968.73	25.52%
TexSTAR	\$ 9,316,295.77	4.96%
TexasTERM CP	5,000,000.00	2.66%
Non-Int Bearing Bank Account	1,190,000.00	0.63%
Certificates of Deposit	-	0.00%
Treasury Securities	-	0.00%
Government Agencies	59,995,000.00	31.95%
Commercial Paper	10,894,350.17	5.80%
Municipal Bonds	21,354,969.20	11.37%
Total	\$ 187,776,429.44	100.00%

LPPF-

TexPool	6,224,267.86	100.00%
Total	\$ 6,224,267.86	100.00%

Bond Proceeds-

TexPool	\$ -	#DIV/0!
Total	\$ -	#DIV/0!

Compared to Policy Limits		Actual %	Guidelines
TexasDAILY	32,105,845.57	17.21%	30.00%
TexPool	47,919,968.73	25.68%	50.00%
TexSTAR	9,316,295.77	4.99%	30.00%
TexasTERM CP	5,000,000.00	2.68%	30.00%
Total LGIPS	\$ 94,342,110.07	50.56%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	59,995,000.00	32.15%	75.00%
Commercial Paper	10,894,350.17	5.84%	20.00%
Municipal Bonds	21,354,969.20	11.45%	20.00%
	\$ 186,586,429.44	100.00%	

Commercial Papter by Entity as a Percentage of Portfolio

Credit Suisse	\$ 5,920,600.17	3.17%	5.00%
ING CP	\$ 4,973,750.00	2.67%	5.00%
	\$ 10,894,350.17	5.84%	20.00%

Municipal Bonds by Entity as a Percentage of Portfolio

Chippewa Valley School Go Bonds	\$ 2,022,800.00	1.08%	5.00%
Florida St Board Admin Fin Corp Rev	\$ 5,871,068.00	3.13%	5.00%
San Bernardino COPS	\$ 2,027,420.00	1.08%	5.00%
Harris County TX Transit	\$ 1,090,843.20	0.58%	5.00%
Oklahoma County OK ISD	\$ 4,662,698.00	2.48%	5.00%
City of Dallas Waterworks Rev	\$ 5,154,300.00	2.74%	
Texas Tech Univ	\$ 525,840.00	0.28%	5.00%
	\$ 21,354,969.20	11.37%	25.00%

Investment Revenue & Accrued Interest	September-20	Fiscal YTD
Interest/Dividends-		
TexasDAILY	\$ 4,493.32	\$ 470,034.03
TexPool	6,687.63	\$ 485,225.49
TexSTAR	1,157.47	\$ 84,064.85
TexasTERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ 137,500.00
Government Agencies	0.00	\$ 345,826.25
Commercial Paper	0.00	\$ 41,338.80
Municipal Bonds	0.00	\$ 586,003.86
	<u>\$ 12,338.42</u>	<u>\$ 2,149,993.28</u>
Discounts, Premiums, & Accrued Interest		
TexasTERM CP	\$ 1,232.87	\$ 42,386.25
-less previous accruals	0.00	\$ (39,016.39)
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ 125,899.95
-less previous accruals	0.00	\$ (172,002.29)
Government Agencies	42,511.75	\$ 839,116.41
-less previous accruals	0.00	\$ (489,627.62)
Commercial Paper	13,840.00	\$ 247,427.23
-less previous accruals	0.00	\$ -
Municipal Bonds	73,085.20	\$ 583,918.75
-less previous accruals	(60,454.27)	\$ (952,392.20)
	<u>\$ 70,215.55</u>	<u>\$ 185,710.09</u>
 Total Investment Revenue & Accrued Interest	 <u>\$ 82,553.97</u>	 <u>\$ 2,335,703.37</u>

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 \$1,394,000.00 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: October 28, 2020

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/28/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	1,356,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.1351%
PRINCIPAL:	1,356,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,356,000.00	CUSIP #:	N/A
TRADE DATE:	9/28/2020	SETTLEMENT DATE:	9/28/2020

AUTHORIZED BY: Reagan Grimes
 CASH/INVESTMENT MANAGER

CENTRAL HEALTH
 INVESTMENT DEPARTMENT
 SECURITY TRANSACTION FORM

DATE: 9/29/2020

TIME: 10:30

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	TEXPOOL	FUND NAME:	CENTRAL HEALTH LPPF
PAR VALUE:	38,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.1416%
PRINCIPAL:	38,000.00	PURCHASED THRU:	TEXPOOL
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	38,000.00	CUSIP #:	N/A
TRADE DATE:	9/29/2020	SETTLEMENT DATE:	9/29/2020

AUTHORIZED BY:  

 CASH/INVESTMENT MANAGER

CENTRAL HEALTH - LPPF INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: September 30, 2020

By Fund Type		
LPPF	\$ 6,224,267.86	100.00%
Total Portfolio	\$ 6,224,267.86	100.00%

By Security Type		
LPPF-		
TexasDAILY	\$ -	0.00%
TexPool	6,224,267.86	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	\$ 6,224,267.86	100.00%

LPPF Investment Revenue & Accrued Interest	September-20	Fiscal YTD
Interest/Dividends-		
TexasDAILY	0.00	\$ -
TexPool	617.65	\$ 120,855.73
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	\$ 617.65	\$ 120,855.73



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

October 28, 2020

AGENDA ITEM C3

Adopt the Fiscal Year 2021 Central Health Investment Policy as presented by the Travis County Cash/Investment Management Department.

INVESTMENT MANAGEMENT DEPARTMENT
TRAVIS COUNTY, TEXAS



Planning & Budget Office
700 Lavaca, Suite 1560
P.O. Box 1748
Austin, Texas 78767

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

DATE: October 6, 2020

TO: Sherri R. Greenberg, M.S., Chairperson
Charles E. Bell, M.D., M.S., Vice Chairperson
Julie Oliver, J.D., Treasurer
Cynthia Valadez, Sr., Secretary
Shannon Jones III, M.P.A., Manager
Maram Museitif, Manager, MPH, CPH
Guadalupe Zamora, M.D., Manager
Julie Zuniga, R.N., Manager

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

RE: Review and Approval of Travis County Healthcare District Investment and Collateral Policy and Procedures

In conjunction with our annual review of the Investment Policy and Procedures for the Travis County Healthcare District ("the Policy"), doing business as and also referred to as Central Health, Investment Management (IM) recommends no changes to the Travis County Healthcare District Investment and Collateral Policy and Procedures. There were no changes made this year since the Texas legislature was not in session.

Investment Advisory Committee

The Travis County Investment Advisory Committee members reviewed and agreed unanimously that no changes were necessary and unanimously approved the Travis County Investment Policy at their meeting on September 18, 2020. The Travis County Commissioners Court adopted the amended Travis County Investment Policy and Procedures on September 22, 2020.

It is the recommendation of the Travis County Investment staff that the Board of Managers for Central Health approve the adoption of Travis County Healthcare District Investment and Collateral Policy and Procedures for FY 2021.

Attachment A, Travis County Healthcare District Investment Policy - Final

cc: Mike Geeslin, President and CEO
Jeff Knodel, VP and CFO
Lisa Owens, VP, Financial Operations
Jessica Rio, County Executive, Planning and Budget
Diana Ramirez, Director Economic Development and Strategic Investing
Dolores Ortega-Carter, County Treasurer
Rhonda Ambrose, County Treasurer's Office

Travis County Healthcare District Investment & Collateral Policies and Procedures¹

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Subchapter A. General Provisions of Chapter

23.001 Authority

- (a) The Public Funds Investment Act and the Public Funds Collateral Act authorize the Board of Managers to promulgate this chapter on investment policy and procedures.
- (b) Texas Local Government Code Section 116.112(a) (Vernon 1994) authorizes the Board of Managers to invest the District funds in compliance with Texas Government Code Chapter 2256.

23.002 Application

This chapter governs the investment of the operating account portfolio, the pooled bond funds portfolio, the debt service portfolio, and the Local Provider Participation Funds (LPPF) portfolio. The pooled bond funds portfolio is managed in compliance with its governing ordinances and federal laws, including the Tax Reform Act of 1986, as amended, in addition to compliance with this chapter.

23.003 Effective Date

This chapter is effective upon adoption by the Board of Managers.

23.004 Definitions

- (a) In this manual, the following words and phrases have the following meanings:
 - (1) "Auditor" means the Travis County Auditor or her designees.
 - (2) "District" means the Travis County Healthcare District d/b/a Central Health
 - (3) "Investment Officer(s)" means the Travis County Chief Investment Officer and/or the Investment Manager or her designees.
 - (4) "Board of Managers" means the Central Health Board of Managers.
 - (5) "Treasurer" means the Travis County Treasurer or her designees.
- (b) In this chapter, the words "bond proceeds", "book value", "funds", "investing entity", "entity", "investment pool", "local government", "market value", "separately invested asset", "qualified representative", and "state agency" are used as defined in Texas Government Code Section 2256.002.
- (c) Whenever applicable, definitions in Chapter 2256 of the Texas Government Code and Chapter 298E of the Texas Health & Safety Code shall be used to interpret this chapter.

23.005 Construction and Interpretation

Despite any other provision to the contrary, this chapter must be construed to meet the following provisions:

- (1) This chapter must be construed liberally, so as to give the relevant parties the full authorization intended for the investment of all portfolios.
- (2) Throughout the chapter, words that begin with an initial capital are defined terms whose meaning may be found in Section 23.004, Chapter 2256 of the Texas Government Code, Chapter 298E of the Texas Health and Safety Code, or other statutes or regulations that this Chapter cites.
- (3) All hours stated in this chapter are stated in Central Standard Time or Central Daylight Saving Time, whichever is applicable in Austin, Texas at that time of year.

23.006 The Public Funds Investment Act

When this chapter is provided to broker/dealer/financial institutions, the Investment Management Office shall also include a copy of Texas Government Code Chapter 2256, which is titled the Public Funds Investment Act.

(23.007 - 23.010 Reserved for expansion)

Subchapter B. Investment Authority and Scope of Policy

23.011 Delegation of Investment Authority

- (a) Board of Managers delegates the authority to select investment instruments in which District or Paying Provider funds may be placed and to prepare any documentation necessary to evidence the investment of District and Paying Provider funds to the Chief Investment Officer, Investment Manager, and Senior Financial Analyst. Occasionally, the Board of Managers may designate in writing other Travis County personnel authorized to invest District or Paying Provider funds as back-ups.
 - (1) The Board of Managers approves or ratifies the investments, and the Board of Managers retains ultimate responsibility as fiduciaries of the assets of the District.
 - (2) The Chief Investment Officer, Investment Manager, and Senior Financial Analyst advise the Travis County Treasurer of the investment instruments purchased. The Travis County Treasurer's office, with the verification of the District's President and CEO or his or her authorized designee, wires the funds for the investment instruments purchased.
 - (3) No other person may invest, withdraw, transfer or manage District funds without the express written authority of the Board of Managers.

- (4) Authority granted under this section is effective until rescinded by Board of Managers or until termination of employment by Travis County of all of the persons in the designated positions or until elimination by Travis County of the designated positions.
- (b) These designated Investment Officers must perform their duties in compliance with Chapter 23 and Chapter 32, subchapter C, of the Travis County Code and with the Texas Public Funds Investment Act. When these Investment Officers act in good faith and in compliance with these chapters, they have no personal liability for their actions.
- (c) Officers and employees of any regional planning commission created under Texas Local Government Code Annotated Chapter 391 are not eligible to be designated any authority under this section.

23.012 District Investment Portfolio Structure

The funds that are entrusted to the Board of Managers for investment are divided into the following portfolios based on the source of funds:

- (1) The operating account portfolio means funds from the general fund account, the risk management fund account, the employee benefit fund account, the general county reserve account, and all other Travis County Healthcare District funds except capital projects, and debt service.
- (2) The pooled bond funds portfolio means bond funds from all capital projects except road district funds.
- (3) The debt service portfolio means all interest and sinking funds.
- (4) The LPPF portfolio means all funds received by the District from Paying Providers in connection with the Program described in Chapter 298E of the Texas Health & Safety Code and authorized by the Board of Managers.

23.013 Prudence and Ethical Standards

These standards apply to Travis County Investment Officers and anyone acting on their behalf.

- (1) Prudence
 - (A) Travis County Investment Officers serve as fiduciaries of the District and are responsible for prudently investing the District's assets. The Investment Officers shall comply with the provisions of this section, the Public Funds Investment Act, and all other applicable laws.
 - (B) The Investment Officers shall observe the "prudent investor rule" when performing the duties of an investment officer within the applicable legal and policy constraints.

The prudent investor rule is restated as follows: The Investment Officers shall invest and manage District assets as a prudent investor would, by considering the purposes, terms, distribution requirements, and other circumstances of the portfolio. In satisfying this standard, the Travis County Investment Officers shall exercise professional care, skill, and judgment. Among the circumstances that an Investment Officer shall consider in investing and managing District assets include, but are not limited to the following:

- (i) general economic conditions;
- (ii) the yield curve;
- (iii) the role that each investment plays within the overall portfolio; and
- (iv) the risk/reward relationship of investments considered.

(C) In determining whether an Investment Officer has exercised prudence with respect to an investment decision, the determination shall be made as follows:

- (i) the Investment Officer's investment and portfolio management decisions must be evaluated not in isolation of an individual purchase or sale but in the context of the District's portfolio as a whole and as a part of an overall investment strategy having risk and return objectives reasonably suited to the portfolio; and
- (ii) whether the investment decision was consistent with this chapter.

(D) Investment Officers must be honest in the exercise of their duties and must not take actions that will discredit the District.

(E) Travis County Investment Officers must comply with the Travis County Healthcare District Ethics Policy.

(2) Avoidance of Conflicts of Interest

(A) Travis County Investment Officers shall be loyal to the interests of the District, the Board of Managers, and to Travis County residents, to the extent that such loyalty is not in conflict with other duties or legal requirements. Investment Officers shall avoid personal, employment, or business relationships that create conflicts of interest. Should the Investment Officers become aware of any conflict of interest, they have an affirmative duty to disclose and remedy the conflict promptly.

(B) A conflict of interest exists whenever Investment Officers have personal or private commercial or business relationships that could reasonably be expected to diminish their independence of judgment in the performance of their duties.

(C) Serving on the board of a local government investment pool shall not be prohibited. However, the Investment Officer who is a board member should not be allowed to invest funds in such local

government investment pool without additional approval from another authorized signer, who does not serve on the board of the proposed investment pool and is not a subordinate of the board member.

(3) Acceptance of Gifts

- (A) Investment Officers may not personally accept gifts or entertainment from vendors or consultants doing or seeking to do investment or banking related business with the District, except as noted below:
- (B) Gifts, which may be accepted under these guidelines, from a single vendor or consultant should not exceed \$50.00 per person in a given fiscal year. If gifts over \$50.00 are provided by a vendor or consultant, they must be returned, donated to a charitable cause, or shared with other District employees and disclosed to the President and CEO of the District. However, entertainment, food, or goods provided to all persons attending a conference or a continuing education activity and goods or services provided during meetings convened to conduct business necessary to manage a contract generally do not violate this prohibition.
- (C) In addition to the disclosure required to be made to the District President and CEO, disclosure shall be made to the Travis County Director of Economic Development and Strategic Investments of the acceptance of all gifts, entertainment, food, goods, or services no later than 30 days following the calendar quarter in which received.

23.014 Quality and Capability of Investment Management

The District shall pay for the following persons to receive investment training at courses and seminars offered by professional organizations and associations: the Chief Investment Officers, the President and CEO, and the Chief Financial Officer.

23.015 Disclosure of Personal Business

- (a) Investment Officers who have a personal business relationship, as described in Texas Government Code Section 2256.005(i), with any qualified representative offering to engage in an investment transaction with the District, shall file a statement disclosing that personal business interest with the Texas Ethics Commission and the Board of Managers.
- (b) Investment Officers who are related within the second degree by affinity or consanguinity, as determined under Texas Government Code Chapter 573, to an individual seeking to engage in an investment transaction with the District shall file a statement disclosing that relationship with the Texas Ethics Commission and the Board of Managers.

(23.016 - 23.020 Reserved for expansion)

Subchapter C. Investment Objectives

23.021 Safety of Principal

The primary investment objective of the District is to ensure the safety of principal placed in all portfolios. (See Subchapter E, Safety of Principal.)

23.022 Maintenance of Adequate Liquidity

The secondary investment objective of the District for all portfolios is to provide the liquidity necessary to pay obligations as they become due. (See Subchapter F, Liquidity.)

23.023 Return on Investments

- (a) The District must invest all its portfolios in eligible investments (see Section 23.043(b)) that yield the highest possible rate of return while providing the necessary protection of the principal. The District seeks to optimize return on investments in all portfolios. The goal of the Investment Officers is to match or outperform the twelve-month rolling average pf of the 1 Year Treasury. This rate is published by the U.S. Treasury Department and is comparable to the average maturity timeframe that is typical of the District Investment Portfolio. As with any benchmark, there could be economic situations, such as a period of rapidly changing interest rates that could prevent the portfolio from exceeding the benchmark. In addition, if funds are subject to yield restrictions due to federal arbitrage regulations, those funds are excluded from the yield calculation.
- (b) The District may only invest in a particular eligible investment if its yields are equal to or greater than the Treasury Convention or Street Convention yield provided by the Bloomberg Financial Information System or the Interactive Data Corporation yield on United States Treasury obligations of comparable maturity. The Chief Investment Officer and the Investment Advisory Committee may establish additional appropriate criteria for investment performance measures.

23.024 Additional Objectives for Pooled Bond Funds Portfolio

The major objectives for the pooled bond funds portfolio governed by federal arbitrage regulations are to maximize permitted market yield and to minimize investment costs.

(23.025 - 23.030 Reserved for expansion)

Subchapter D. Investment Strategies

23.031 Operating Account Portfolio

- (a) The primary objective of the investment strategy for the operating account portfolio is to create a diversified structure (see 23.048 through 23.051) which will experience minimal volatility during economic cycles, thus providing for preservation and safety of principal.
- (b) The secondary objective is to assure that anticipated cash expenditures are matched with adequate liquidity.
- (c) The tertiary objective is to ensure that the portfolio is invested in eligible short-to medium term securities that are high quality, marketable, complement each other in a laddered maturity structure, and that yield the highest possible rate of return while providing the necessary protection of principal. The dollar weighted average maturity of two and one-half years or less will be calculated using the stated final maturity dates of each security.

23.032 Debt Service Portfolio

The primary, secondary, and tertiary objectives of the investment strategy for the debt service portfolio are the same as the operating account portfolio. The suitable securities to accomplish these objectives are high quality, marketable, short-term securities that mature on or before the debt service payment dates. The securities suitable for this fund are described in Section 23.042.

23.033 Pooled Bond Funds Portfolio

The primary, secondary, and tertiary objectives of the investment strategy for the pooled bond funds portfolio are the same as the operating account portfolio. The suitable securities to accomplish these objectives are high quality, marketable, short-to-medium term securities that match forecasted project expenditures to investment maturities. In addition, a three month historical cash expenditure balance is maintained in highly liquid securities to cover unexpected project outlays. All eligible securities described by this Chapter 23 are suitable for this fund.

23.034 LPPF Portfolio

The primary, secondary, and tertiary objectives of the investment strategy for the LPPF portfolio are the same as the operating account portfolio. The suitable securities to accomplish these objectives are high quality, marketable, short-term securities that mature on or before the dates that the money in the LPPF must be transferred to accomplish the purposes for which such funds can be spent pursuant to Chapter 298E

of the Texas Health & Safety Code. The securities suitable for this fund are described in Section 23.042.

(23.0035 - 23.040 Reserved for expansion)

Subchapter E. Safety of Principal

23.041 Protection of Principal

- (a) The District seeks to control the risk of loss due to the failure of a security issuer or grantor.
 - (1) To control that risk, the District purchases only eligible investments, requires prior approval of qualified representatives/business organizations with which it transacts business, diversifies investments in all portfolios based on maturity and type, monitors the market price of investments by way of independent sources such as market telecommunication services and financial publications, when possible, or through an approved Broker/Dealer other than the one that sold the District the security, and collateralizes deposits.
 - (2) The quarterly report will identify the method and source used to monitor the market price of investments. The quarterly report will also indicate whether the method and source changed from the previous quarterly report.
- (b) The ratings of all investments held by the District are monitored on a regular basis to ensure that the investments remain eligible. If an investment is downgraded to a level lower than the minimum rating required by this chapter, the Investment Officers will take prudent action as described in Section 23.013(1).
- (c) In addition, the District must execute the purchase of individual eligible investments only on the “delivery versus payment” (DVP) method with the exception of investment pools and money market mutual funds to ensure that District funds are not released until the District has received the securities purchased.
- (d) Investment securities must be held in either the District’s name or the name of the Travis County Healthcare District LPPF by a third party custodian, as evidenced by safekeeping receipts from the institution with which the securities are deposited.
- (e) All investments made by the District must comply with all federal, state, and local statutes, rules, and regulations.

23.042 Purchasing Only Eligible Investments

- (a) Ineligible Investments: The following investments, which are legal investments under the Public Funds Investment Act, are ineligible investments for the District's funds, but not the funds placed in the LPPF Portfolio, which are sometimes referred to as the Paying Provider funds:
- (1) Collateralized mortgage obligations
 - (2) Any security the interest rate of which is determined by an index that adjusts opposite to the changes in a market index.
- (b) Eligible Investments: The following investments, which do not include all of the securities allowed by the Public Funds Investment Act, are the only eligible investments for all of the District's portfolios, except the LPPF Portfolio:
- (1) Obligations, including letters of credit, of the United States or its agencies and instrumentalities, including the Federal Home Loan Banks;
 - (2) Direct obligations of the State of Texas or its agencies and instrumentalities;
 - (3) Other obligations, the principal and interest on which are unconditionally guaranteed or insured by or backed by the full faith and credit of the State of Texas or the United States or their respective agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States;
 - (4) Obligations of states, agencies, counties, cities, and other political subdivisions of any state, so long as they are rated not less than A or its equivalent by a nationally recognized investment rating firm.
 - (5) Domestic commercial paper, including commercial paper issued in the United States by corporations doing business and having a significant market presence in the United States, which are wholly owned by foreign entities, and with a stated maturity of 270 days or less from the date of its issuance and that is rated not less than A-1 by Standard and Poor's and P-1 by Moody's, two nationally recognized credit rating agencies.
 - (6) Fully collateralized repurchase agreements including direct security repurchase agreements and reverse security repurchase agreements that:
 - (A) have a defined termination date that does not exceed 90 days after delivery;
 - (B) are placed either through a primary government securities dealer as defined by the Federal Reserve, or a financial institution doing business in this state;

- (C) are secured by a combination of cash and obligations described by Section 23.042(b)(1), its agencies or instrumentalities to include commercial paper that are pledged to the District, held in the District's name, and deposited with a third party selected and approved by the District; and
 - (D) have a market value at the time funds are disbursed of not less than the principal amount of the funds disbursed. (See Section 23.056, Collateral Requirements for Repurchase Agreements.)
- (7) Certificates of deposit issued by a depository institution that has its main office or a branch office in this state that are:
- (A) guaranteed or insured by the Federal Deposit Insurance Corporation or its successor; or
 - (B) secured by obligations that are described by Section 23.042(b)(1), 23.042(b)(2), 23.042(b)(3) or 23.042(b)(4) that have a market value of not less than 102% of the principal amount plus accrued interest of the certificates; and (See 23.052 Collateral Requirements for All Deposits.)
 - (C) secured in accordance with Government Code Chapter 2257 or in any other manner and amount provided by law for deposits of the investing entity.
- (8) Certificates of deposit when:
- (A) the funds are invested through a broker that has its main office or a branch office in this state and is selected from a list adopted by the District as required by Sections 23.043 through 23.047 or
 - (B) the broker or the District depository arranges for the deposit of the funds in certificates of deposit in one or more federally insured depository institutions, wherever located, for the account of the District;
 - (C) the full amount of principal and accrued interest of each of the certificates of deposit is insured by the United States or an instrumentality of the United States; and
 - (D) The District appoints one of the following as its custodian for these certificates of deposit
 - (i) the District depository,
 - (ii) the Texas Treasury Safekeeping Trust Company;
 - (iii) a Federal Reserve Bank or a branch of a Federal Reserve Bank; or
 - (iv) a Federal Home Loan Bank.
- (9) A no-load money market mutual fund ("MMMMF") that is registered with and regulated by the Securities and Exchange Commission and:

- (A) complies with the Securities and Exchange Commission Rule 2a-7 (17 C.F.R. sect 270.2a-7), promulgated under the Investment Company Act of 1940 (15 United States Code § 80a-1 et seq.); and
 - (B) provides the District with a prospectus and other information required by the Securities and Exchange Act of 1934 (15 United States Code. § 78a et seq.) or the Investment Company Act of 1940 (15 United States Code. § 80a-1 et seq.)
- (10) Public funds and local government investment pools (“LGIP”) if the following conditions are met:
- (A) the LGIP is organized under the Interlocal Cooperation Act, as amended;
 - (B) the Board of Managers has authorized investment in that particular LGIP;
 - (C) the assets of the LGIP consist exclusively of obligations that are authorized investments under Texas Government Code Chapter 2256, known as the Texas Public Funds Investment Act;
 - (D) the LGIP meets all eligibility acts including disclosure and reporting;
 - (E) the LGIP meets all management requirements of the Public Funds Investment Act, including existence and reliance on maintenance of advisory board, net asset value, maintenance ratings, and disclosing its policy regarding holding deposits in cash; and
 - (F) the LGIP maintaining a \$1.00 net asset value must calculate and report yield to investors in the pool in accordance with federal regulations applicable to money market funds. An LGIP using amortized cost accounting, to the extent reasonably possible, must stabilize at a \$1.00 net asset value, when rounded and expressed to two decimal places. The governing body of an investment pool using amortized cost account must also take action to eliminate or reduce to the extent reasonably practicable any dilution or unfair result to existing pool participants, including a sale of portfolio holdings, to attempt to maintain the ratio of market value of the portfolio divided by the book value of the portfolio between 0.995 and 1.005.(G) the LGIP must be continuously rated no lower than AAA or AAA-m or at an equivalent rating by at least one nationally recognized rating service.
- (11) A securities lending program in which the loan meets the following conditions:
- (A) The loan may be terminated at any time;
 - (B) The loan is placed through

- (i) a primary government securities dealer, as defined by 5 Code of Federal Regulation section 6801.102(f), as that regulation existed on September 1, 2003, or
 - (ii) a financial institution doing business in this state that is rated no less than A or its equivalent by two nationally recognized rating services;
- (C) The loan agreement has a term of one year or less and complies with the provisions of section 1058 of the Internal Revenue Code;
- (D) The loan is secured by
 - (i) cash invested in accordance with subsections (1), (2), (3), (4), (5), (8), or (9) of Section 23.042 for a term that ends no later than the expiration date of the loan agreement;
 - (ii) pledged irrevocable letters of credit issued by a bank that is organized and exists under the laws of the United States or any of its states and is continuously rated by at least one nationally recognized investment rating firm at not less than A or its equivalent; or
 - (iii) pledged securities issued by the United States government or its agencies and instrumentalities as described in Section 23.042(1) through (4) inclusive;
- (E) The loan agreement requires securities being held as collateral to be pledged to the District, held in the District's name, and deposited at the time the investment is made with a third party approved by Travis County Healthcare District;
- (F) The amount of the collateral is not be less than 102% of the market value of securities loaned, including accrued income with the market value of securities determined daily.

(c) Purchasing Eligible Investments

- (1) The Travis County Chief Investment Officer and the Travis County Investment Manager may invest all portfolios in the eligible investments described by Section 23.042. When contemplating a new type of investment instrument, the Chief Investment Officer will submit a description to the Travis County Attorney's Office to ensure that the proposed investment instruments are eligible investments described by Section 23.042.
- (2) If an investment that was eligible at the time of purchase becomes ineligible during the holding period, consistent with the Public Funds Investment Act, Section 2256.017, the Travis County Investment Officer is not required to liquidate the investment. The Travis County Investment Officer shall take all prudent measures that are consistent

with this Chapter to analyze the investment and determine the most prudent course of action to minimize any potential loss.

Requiring Approval of Broker/Dealer/Financial Institutions

23.043 Applications for Approval as Broker/Dealer/Financial Institutions

- (a) When a primary broker/dealer/financial institution applies for the Board of Managers' approval, the Travis County Investment Management Office provides a copy of the District's Investment and Collateral Policies and Procedures to the qualified representative of that institution. To qualify for approval, the qualified representative of the primary broker/dealer/financial institution must comply with the following requirements:
 - (1) Provide the most recent audited financial statements of the institution;
 - (2) Acknowledge receipt, thorough review, and understanding of the District's Investment and Collateral Policies and Procedures, and
- (b) When a non-primary broker/dealer/financial institution doing business that is regulated by the Comptroller of Currency or registered with the Securities and Exchange Commission applies for the Board of Managers' approval, the Travis County Investment Management Office provides a copy of the District's Investment and Collateral Policies and Procedures to the qualified representative of that institution. To qualify for approval, the qualified representative of the broker/dealer/financial institution must submit a written application that complies with the following requirements:
 - (1) Provides references who are public fund investment officers, preferably in Texas;
 - (2) Gives evidence of capital adequacy (See Section 23.044(b)(3));
 - (3) Acknowledges receipt, thorough review, and understanding of the District's Investment and Collateral Policies and Procedures;
 - (4) Includes a completed Broker/Dealer Questionnaire available on the Travis County Investment Management website.
- (c) The District strives to include in the application process broker/dealers located in Travis County who are currently serving institutional clients.

23.044 Qualifications for Approval as Broker/Dealer/Financial Institutions

The Travis County Investment Management Office reviews the applications of the broker/dealer/financial institutions for compliance with this policy and recommends broker/dealer/financial institutions for approval. Although having an office in Texas is not a required criteria, the District prefers working with broker/dealer/financial institutions with offices located in Texas.

- (a) To be recommended for approval, the qualified representative of the primary broker/dealer/financial institution must provide the information and comply with the requirements set forth in Section 23.043(a).
- (b) To be recommended for approval, a non-primary broker/dealer/financial institution and/or its qualified representative(s) must demonstrate possession of the following criteria:
 - (1) Institutional investment experience;
 - (2) Good references from public fund investment officers, preferably in Texas, with the exception of incumbents;
 - (3) For financial institutions, adequate capitalization in compliance with the Capital Adequacy Guidelines for Government Securities Dealers published by the New York Federal Reserve Bank;
 - (4) For brokers/dealers, adequate capitalization in compliance with the Securities and Exchange Commission;
 - (5) Acknowledgement of a thorough review and understanding of this Investment Policy and Procedures Chapter;
 - (6) Membership in good standing in the Financial Industry Regulatory Authority (FINRA) by broker/dealers and subsidiaries of national banks;
 - (7) Valid licensure from the State of Texas, except for national banks.
- (c) To be recommended for approval, broker/dealer/financial institutions previously approved by the Board of Managers will also be evaluated based on the following criteria:
 - (1) Performance since the last review based on participation in competitive bids documented on bid sheets; and
 - (2) Activity level based on proposals presented since the last review.

23.045 Approval of Broker/Dealer/Financial Institutions

The Board of Managers reviews the recommendations of the Travis County Chief Investment Officer and may approve any number of broker/dealer/financial institutions. The District and Investment Officers may only purchase securities, except for commercial paper, from qualified broker/dealer/financial institutions. Commercial paper shall be purchased in compliance with Section 23.101, captioned Competitive Bidding. The Travis County Chief Investment Officer may limit the number of institutions with which the District does business.

23.046 Annual Review of Approved Broker/Dealer/Financial Institutions

Each year new applicants and broker/dealer/financial institutions currently on the approved list must comply with Sections 23.043 and 23.044 and submit applications to the Travis County Investment Office. The Travis County Chief Investment Officer’s recommended changes to the approved list must be submitted to the Board of Managers for approval on an annual basis.

23.047 Removal from Approved List

When the Travis County Investment Management Office reviews and reevaluates the broker/dealer/financial institutions currently on the approved list, which review may occur any time that the Travis County Chief Investment Officer discovers good cause, the Travis County Chief Investment Officer may recommend that a broker/dealer/financial institution be removed from the approved list for any of the following reasons:

- (1) Placing the District’s funds at risk;
- (2) Inactivity of the broker/dealer/financial institution;
- (3) Failure to satisfy one or more of the criteria in Section 23.044;
- (4) Offering to sell investments other than eligible investments described by Section 23.042(b);
- (5) Consistently causing an administrative burden by inaccurate documentation or late verification of trade;
- (6) Consistently offering/bidding securities at non-competitive prices; or
- (7) Undergoing material change through divestiture, merger, purchase, or other similar corporate transformations.

Diversifying Portfolios

23.048 Diversifying Operating Account Portfolio by Type

The Investment Officer must minimize loss of principal in the operating account portfolio by diversifying investments by type and maturity. The Investment Officer must maintain diversity in the types of eligible investments purchased for all District portfolios (see Section 23.042(b) for a full description of eligible investments) by limiting the percentage for each type of eligible investment to the percentage listed in this section. These percentages will be applied to all District portfolios in aggregate. The limits will be tested each Friday and the Investment Officer will have 30 days following the test to bring the percentage back within the limits described below:

Investment Type	Percentage Limit for Combined Portfolios
Obligations of the U.S. – Treasury Notes/Bonds/Bills	100%
Obligations of U.S. Agencies – U.S. Agencies	75%

Direct obligations of the State of Texas or its agencies and instrumentalities	60%
Other obligations, the principal and interest on which are unconditionally guaranteed or insured by or backed by the full faith and credit of the State of Texas or the United States or their respective agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States.....	60%
Obligations of states, agencies, counties, cities, and other political subdivisions of any state. The Investment Officers must not invest more than 5% of the portfolio in municipal securities of a single entity (see Section 23.042(b) for full description)	20%
Domestic commercial paper. The Investment Officer must not invest more than 5% of the portfolio in the commercial paper of a single entity. If the amount held exceeds 5% during the life of the investment, the Investment Officer shall take all prudent measures that are consistent with this Chapter to analyze the investment and determine the most prudent course of action to minimize any potential economic loss. (See Section 23.042(b) for full description.).....	20%
Fully collateralized repurchase agreements are limited to 15% of the portfolio when purchased from an individual broker. (See Section 23.042(b) for full description.)	50%
Certificates of Deposit (See Section 23.042(b) for full description.)	50%
MMMF. The Investment Officers must not make an investment in any MMMF that exceeds 10% of the total assets of that MMMF. (See Section 23.042(b) for full description.)	20%
TexPool if the following conditions are met:	
(a) TexPool is organized under the Interlocal Cooperation Act, as amended;	
(b) the Board of Managers has authorized investment in TexPool;	
(c) the assets of TexPool consist exclusively of obligations that are authorized investments under Texas Government Code Chapter 2256, known as the Texas Public Funds Investment Act;	
(e) TexPool meets all eligibility requirements of the Public Funds Investment Act including disclosure and reporting; and	
(e) TexPool meets all management requirements of the Public Funds Investment Act, including existence and reliance on maintenance of advisory board, net asset value and maintenance ratings	50%
LGIPs. (See 23.042(b) for full description.)	30%
All LGIPs in total.....	80%

23.049 Diversifying All Other Portfolios by Type

- (a) Within the pooled bond funds portfolio and the debt service portfolio the proceeds of a single bond issue may be segregated and invested in a single eligible investment or group of eligible investments designed to facilitate compliance with arbitrage regulations if the Investment Officers or the District’s arbitrage advisors determine that this type of strategy is necessary to comply with federal arbitrage restrictions or to facilitate arbitrage recordkeeping and calculation.
- (b) In all other cases, the Investment Officers must apply the diversification and measurement requirements to the pooled bond funds portfolio combined with all the District Operating Account portfolio in accordance with Section 23.048, with the exception of the LPPF portfolio.
- (c) Due to the short-term nature of the funds in the LPPF portfolio, the diversification calculation for these funds will be calculated separately from the other District funds. All efforts will be made to diversify the LPPF portfolio when possible, but the primary objective of the investment strategy will be safety and liquidity in order to meet the cash flow needs of the fund.

23.050 Diversifying Operating Account Portfolio by Maturity

- (a) The Investment Officers must monitor the maturity dates of all investments in the operating account portfolio to minimize risk of loss from interest rate fluctuations and to ensure that the maturities do not exceed the anticipated cash flow requirements of the operating account portfolio. The Investment Officer must also monitor the maturity dates of all investments in the operating account portfolio to ensure that the dollar-weighted average maturity are less than 547 days. The weighted average maturity is calculated as of the end of each month using the stated final maturity dates for each security.
- (b) If these levels are exceeded, the Investment Officer shall take all prudent measures that are consistent with this Chapter to analyze the investment and determine the most prudent course of action to minimize any potential economic loss.
- (c) The maximum allowable stated maturity of any individual investment owned by the operating account portfolio is as follows (see Section 23.042(b) for full description of eligible investments):

Investment Type	Maturity Limit
Obligations of the U.S. – Treasury Notes/Bonds/Bills	4 years
Obligations of U.S. Agencies.....	4 years
Direct obligations of the State of Texas or its agencies and instrumentalities	4 years
Other obligations, the principal and interest on which are unconditionally guaranteed or insured by or backed by the full faith and credit of the State of Texas or the United	

States their respective agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States.....	4 years
Obligations of states, agencies, counties, cities, and other political subdivisions of any state (See Section 23.042(b) for full description).....	4 years
Domestic commercial paper (See Section 23.042(b) for full description.)	270 days
Fully collateralized repurchase agreements (See Section 23.042(b) for full description.)	90 days
Certificates of Deposit (See Section 23.042(b) for full description)	18 months
MMMF (See Section 23.042(b) for full description)	1 day
LGIPs (See Section 23.042(b) for full description)	1 day
TexasTERM local government investment pool	365 days

23.051 Diversifying All Other Portfolios by Maturity

- (a) The Investment Officers may limit the maturity of the pooled bond funds portfolio, the debt service portfolio, the LPPF portfolio, and the agency funds portfolio to the “temporary period”, as such term is defined by the Internal Revenue Code, Section 148, during which period bond proceeds may be segregated and invested at an unrestricted yield. After the temporary period ends, the Investment Officers must consider the anticipated cash flow requirements of the funds and invest the portions of the pooled bond funds portfolio, the debt service portfolio, agency funds portfolio, and the LPPF portfolio, subject to yield restriction within limits permitted by Federal arbitrage regulations.
- (b) The Investment Officers must monitor the maturity dates of all investments in the pooled bond funds portfolio, the debt service portfolio, and the LPPF portfolio to ensure that the dollar-weighted average maturity for each portfolio does not exceed one year. The weighted average maturity is calculated as of the end of each month using the stated final maturity dates for each security.
- (c) If these levels are exceeded, the Travis County Investment Officers shall take all prudent measures that are consistent with this Chapter to analyze the investment and determine the most prudent course of action to minimize any potential economic loss.
- (d) The maximum allowable stated maturity of any individual investment owned by the pooled bonds fund portfolio and the debt service portfolio, that is not subject to the temporary period, is the same as the operating portfolio (See Section 23.050); provided, however, that the maximum allowable stated maturity for the below investment types shall be as follows:

Investment Type	Maturity Limit
Obligations of the U.S. – Treasury Notes/Bonds/Bills	3 years
Obligations of U.S. Agencies.....	3 years

Collateralizing Deposits

23.052 Collateral Requirements for All Deposits

- (a) Certificates of deposit and bank deposits in financial institutions must be either federally insured or collateralized only with the following securities:
 - (1) Direct obligations of the United States or its agencies and instrumentalities;
 - (2) Other obligations, the principal and interest on which are unconditionally guaranteed or insured by or backed by the full faith and credit of the United States or its agencies and instrumentalities, including obligations that are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States;
 - (3) Letters of credit issued to the District by the Federal Home Loan Banks, if approved in advance by Travis County Healthcare District.
- (b) If an event causes an increase in collateral of more than \$50 million to be needed after noon on any business day, the market value of collateral must be equal to or greater than 100% of the par value of the certificates of deposit, plus accrued interest, and equal to or greater than 100% of the bank deposits plus accrued interest, less the amount insured by the Federal Deposit Insurance Corporation and may remain at that level until the next business day when additional collateral can be obtained. At all other times, the market value of collateral must be equal to or greater than 105% of the par value of the certificate of deposits plus accrued interest and equal to or greater than 105% of the bank deposits plus accrued interest, less the amount insured by the Federal Deposit Insurance Corporation.

23.053 Monitoring Collateral Adequacy for All Deposits

Financial institutions with which the District has certificates of deposit or bank deposits must provide the District with monthly reports that state the market values of collateral. The Investment Officers monitor the adequacy of collateral at least weekly. If the value of the collateral falls below the required level, the financial institution must pledge additional collateral no later than the end of the next business day after the value falls below the required level.

23.054 Substituting Collateral for All Deposits

- (a) If the financial institution collateralizing certificates of deposit and bank deposits wants to substitute new collateral, the financial institution must contact the Treasurer for approval;
- (b) The Investment Officer must calculate the value of the substituted collateral and determine that the substituted collateral is within the requirements of this Chapter and the depository bank contract;
- (c) The value of the new collateral must equal at least the value of the original collateral. If the collateral has sufficient value, the Treasurer may approve the substitution;
- (d) The Treasurer must notify the financial institution or the safekeeping agent holding the collateral when any substitution is approved. Although substitution is allowable, it should be limited to minimize a potential administrative burden. The Treasurer may limit substitutions and assess reasonable fees if requests for substitution become excessive or abusive.

23.055 Agreements and Safekeeping for All Deposits

Financial institutions serving as District depositories must enter into agreements for the safekeeping of collateral with both the District and its safekeeping agent, or agree to cooperate with the Federal Reserve Bank under the terms of its Pledgee Agreement Form, to define the District's rights to the collateral in case of default, bankruptcy, or bank closing. All collateral securing deposits is held by the safekeeping agent.

23.056 Collateral Requirements for Repurchase Agreements

Issuers of repurchase agreements must collateralize them with a combination of cash and obligations of the United States or its agencies or instrumentalities to include commercial paper. These issuers must wire transfer the collateral to the safekeeping agent designated by the District through the Federal Reserve System. If the collateral matures in one year or less, the value of the collateral must be at least 101% of the par value of the repurchase agreement plus accrued interest. If the collateral matures in one to two years, the value of the collateral must be at least 102% of the par value of the repurchase agreement plus accrued interest. Collateral maturity is limited to two years.

23.057 Monitoring Collateral Adequacy for Repurchase Agreements

The Investment Officer must monitor all collateral underlying repurchase agreements weekly. More frequent monitoring may be necessary during periods of market volatility. If the value of the collateral for a repurchase agreement falls below the required level, the Investment Officer must make a margin call unless the repurchase agreement matures within five business days and the difference between the value of the collateral and the required level is immaterial.

23.058 Substituting Collateral for Repurchase Agreements

Seller shall obtain written consent of the Healthcare District prior to substitution. The duration (or maturity) of securities offered as substitutes may not exceed the duration or maturity of the originally purchased securities.

23.059 Safekeeping of Repurchase Agreement Collateral

Issuers of repurchase agreements must transfer collateral for repurchase agreements to the safekeeping agent with whom the District has established a safekeeping agreement.

(23.060 - 23.070 Reserved for expansion)

Subchapter F. Liquidity

23.071 Achieving Liquidity

Investments are selected to meet anticipated cash needs. The Investment Officers must achieve liquidity by purchasing eligible investments described by Section 23.042(b) with active secondary markets, eligible MMMFs, and LGIPs.

23.072 Liquidating Investments

The Travis County Investment Officers may liquidate an investment to meet unanticipated cash requirements, to redeploy cash into other investments expected to outperform current holdings, or to adjust the portfolios for other reasons.

(23.0073 - 23.080 Reserved for expansion)

Subchapter G. Investment Return Achievement

23.081 Priority of Investment Goals

The Investment Officers must consider legality, safety, liquidity, diversification, risk, and rate of return in investment selection for all portfolios. Investments are made in securities with maturities corresponding to anticipated cash requirements. Investments are to take advantage of yield curves and earn additional returns. The Investment Officers must actively manage all District portfolios to enhance total income in compliance with the "prudent investor rule" described by Section 23.013. The Investment Officers may use bond swaps to achieve these management goals.

23.082 Bond Swaps

If the demand for a bond from a particular agency creates a situation where the yields in that agency's bonds are the same or less than an equivalent treasury security, swapping the agency's bond for a treasury security can improve the quality of the District's portfolios. If bonds in a particular maturity range are limited in the market,

swapping a bond in demand for a similar bond in a different maturity range may be advantageous.

- (1) The Investment Officers may swap a bond held in any District portfolio for a comparable bond in the market to improve portfolio yield even if the transaction results in an accounting loss.
- (2) The Investment Officers may swap a bond held in any District portfolio if the overall yield of the portfolio will not decrease after the swap and the date of maturity of the new security is less than 181 days after the maturity date of the old security.
- (3) The Investment Officers must solicit competitive bids for bond swaps. All bids received are documented and filed for auditing purposes.

(23.0083 - 23.090 Reserved for expansion)

Subchapter H. Investment Responsibilities by Office

23.091 Training

- (a) The Treasurer, the Investment Officers, the Chief Financial Officer and the Controller of the District shall attend at least one 10 hour training session from an independent source within twelve months after taking office. These persons shall also attend an 8 hour investment training session not less than once every two years, which two-year period shall begin on the first day of the District's fiscal year and shall end on the last day of the second consecutive fiscal year. Training must include education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolio, and compliance with the Public Funds Investment Act.
- (b) The independent sources approved by Commissioners Court are:
 - Government Finance Officers Association
 - Government Finance Officers Association of Texas
 - Government Treasurers Organization of Texas
 - Texas Association of Counties
 - Austin Treasury Management Association
 - Alliance of Texas Treasury Associations
 - Texas Municipal League
 - Texas Society of CPAs
 - Association of Government Accountants
 - University of North Texas
 - University of Texas
 - Texas A&M University
 - County Treasurers Association of Texas

23.092 Treasurer's Office

In the investment function, the Treasurer has the following responsibilities:

- (1) Notifying of Controlled Disbursement Requirements. The Treasurer notifies the Investment Officers if additional funds are required for the daily controlled disbursement to ensure that investments are liquidated in time to meet the controlled disbursement requirements.
- (2) Processing Investments. The Treasurer may transact wire transfers for District investment purposes. The Investment Officers notify the Treasurer of the amount to be transferred. The Treasurer transfers funds to the safekeeping account to purchase the investment. In addition, the Treasurer and the Investment Officers approve the wire transfer form.
- (3) Depositing Investment Principal and Interest. The Treasurer deposits principal and interest at maturity to the funds bank account indicated by the Investment Officers.
- (4) Ensuring Security of Investments. The Treasurer accesses the depository's files daily to verify the District's account balances. The Treasurer adds the certificates of deposit purchased by the Investment Officers to the total District's cash balances to obtain the total district balance. The Treasurer compares the total District balance to the total collateral purchased by the depository banks.
 - (a) The collateral must be 105% of the District's total balances held with the depository;
 - (b) If the collateral is less than 105% of the District's total balances, the Treasurer must contact the depository bank to verify that the depository bank has increased the collateral to the required level.

23.093 Investment Management Office

- (a) The Travis County Chief Investment Officer is the primary manager of the District's investment portfolios.
- (b) The Travis County Chief Investment Officer, the Travis County Investment Manager, and the Senior Financial Analyst make investment decisions and keep proper records of District investments. In the investment function, the Investment Officers have the following responsibilities:
 - (1) Developing Investment Strategies. The Investment Officers develop an investment strategy to administer investments of the District. The

Investment Officers use the following procedures in the investment strategy:

- (A) summarize the economic and market analysis;
 - (B) forecast available cash for investment;
 - (C) formulate strategies for asset mix, investment instruments, maturities, and target yields;
 - (D) monitor performance against the current investment strategy and evaluating reasons for variances;
 - (E) report portfolio performance for the previous quarter to the Board of Managers; and
- (2) Selecting and Processing Investments
- (A) The Investment Officers review the composition of the current portfolio and determine whether the securities under consideration maintain the portfolio within policy guidelines.
 - (B) The Investment Officers and the Treasurer approve the wire transfer form authorizing the transfer of funds for a specific investment transaction.
- (3) Documenting Investments and Providing Details. The Investment Officers retain documentation of all investment transactions, including bond swaps. The Investment Officers provide information and supporting documentation for all investment transactions to the President and CEO or Chief Financial Officer of the District for appropriate accounting and recording. The Investment Officers provide information and back-up documentation of all investment transactions to the Treasurer to ensure accurate calculation of cash position and accurate posting to appropriate fund bank accounts.
- (4) Developing Cash Flow Projections for All Portfolios. The Investment Officers analyze prior period data and meet with the President and CEO or Chief Financial Officer of the District to develop and amend cash flow projections to meet the District's cash requirements. The Travis County Investment Officers use cash flow projections to match assets and liabilities in addition to maximizing the return on investments.
- (5) Determining Cash Available for Investment. The Investment Officers determine the amount of District and Paying Provider funds available for investment each business day. All funds that can be legally invested and that are not required for that day's controlled disbursement are considered funds available for investment.
- (6) Monitoring Investment Performance
- (A) The Travis County Chief Investment Officer must routinely perform market and economic analyses to forecast probable market conditions for the investment period. Analysis is done by

assembling and analyzing current and trend data to develop and plan investment strategy. This analysis uses information obtained from investment advisors, brokers, investment industry publications, and investment industry information systems.

- (B) The Travis County Chief Investment Officer monitors the current and expected yield curves for interest rate movements. When interest rates are expected to decline, maturity ranges are extended within portfolio constraints and the limits set forth in this Chapter. When interest rates are expected to increase, maturity ranges are shortened. The Travis County Chief Investment Officer monitors yield spreads between various government agency issues and United States notes and bonds to determine the best value. The Travis County Chief Investment Officer summarizes economic and market trend information. The Travis County Chief Investment Officer also presents recommendations for investment strategy based on economic and market conditions.
- (7) Reconciling Investment Records and General Ledger. The Investment Officers provide the President and CEO of the District with a monthly report that states investments at par value, the identifying cusip number, the premium or discount, and the interest purchased. The report includes monthly and year-to-date interest accruals and amortization/accretion of premium/discount. The District's Chief Financial Officer reconciles this report to the investment accounts in the general ledger.
- (8) Providing Revenue Estimates for All Portfolios. The Travis County Chief Investment Officer provides an estimate of the investment revenue for the District's annual budget.

23.094 Auditor's Office

The Auditor, in conjunction with its annual financial audit, shall perform a compliance audit of management controls on investments and adherence to this Chapter and the Texas Public Funds Investment Act.

23.095 District Finance Department

The Chief Financial Officer of the District is the primary monitor of District transactions. The District's Finance Department staff, on the Chief Financial Officer's direction, prepares the general ledger and makes all entries in it. In the investment function, the Finance Department has the following responsibilities:

- (1) Posting Investments and Reconciling to the General Ledger. The Finance Department posts investment transactions, investment interest revenue received, and accrued interest income to the general ledger.

- (A) The Chief Financial Officer reviews and approves the monthly reconciliation of investments, investment interest revenue received, and accrued interest income to the general ledger.
 - (B) The Chief Financial Officer notifies the Investment Officers if there are any discrepancies between the monthly investment report described in Section 23.042(7) and the general ledger so that these two entities can work together to reconcile the differences.
- (2) Reconciling Safekeeping Reports with Investments. On a quarterly basis, the Finance Department reconciles the investment securities safekeeping report, which is provided to the Treasurer by the Depository Bank, to the report of currently owned investment securities as of that date, which is provided by the Investment Officers.
 - (3) Monitoring Arbitrage. The Finance Department monitors the District's arbitrage responsibilities, if necessary, and provides the bond fund transaction information required by the District's arbitrage advisors.
 - (4) Allocating Budget from Interest Revenue. The Finance Department allocates the interest revenue earned from investments proportionately to all funds that participate in the investment function.

23.096 District President and CEO

The President and CEO of the District is the chief custodian of District funds. The President and CEO receives funds due to the District, makes disbursements authorized by the Board of Managers after the checks are co-signed by one other authorized signatory for the District, and keeps proper records of District finances. The duties of the President and CEO under this section may be carried out on a daily basis by District Finance Department staff.

(23.097 - 23.100 Reserved for expansion)

Subchapter I. Investment Purchasing Procedures

23.101 Competitive Bidding

- (a) The District requires competitive bidding for all individual security purchases except for those transactions with MMMFs, LGIPs, treasuries purchased through the Federal Reserve Treasury Direct Accounts, and for government securities purchased at issue through an approved broker/dealer at the auction price. The Investment Officers may rely not only on yield in selecting MMMFs and LGIPs but also on adherence to applicable Securities and Exchange Commission (SEC) guidelines for MMMFs and other criteria determined by the Travis County Chief Investment Officer.

- (b) At least three bids or offers must be solicited in all transactions involving individual securities. For those situations where it may be impractical or unreasonable to receive three bids for a District transaction due to secondary market availability, bids may be considered comparable for agencies with comparable structures and having maturities within 15 calendar days before and after the requested security. Competitive bidding for security swaps is also required. Bids may be solicited in any manner provided by law. All bids received must be documented and filed for auditing purposes.
- (c) At least three bids or offers must be solicited in transactions involving domestic commercial paper. These bids shall be obtained from approved broker/dealers or from a financial information source, such as Bloomberg. When bids are obtained from a financial information source, the commercial paper selected may be purchased directly from the issuer. Different issuers may be compared to select the highest yielding, domestic commercial paper. The Investment Officers may rely not only on yield in selecting commercial paper but also on other criteria determined by the Travis County Chief Investment Officer. The criteria to follow when soliciting bids are as follows:
 - (1) The maturity dates must be the same, and
 - (2) The method of settlement must be the same whether regular settlement next day or cash settlement same day.

23.102 Preliminary Requirements for Repurchase Agreements

Before the District enters into a repurchase agreement with any issuer, that issuer must sign a Master Repurchase Agreement and return it to the Investment Officers for filing. All Repurchase Agreements are recommended by the Investment Officers, reviewed by Travis County Attorney's Office, and approved by the Board of Managers.

23.103 Wire Transfer Procedures

- (a) In executing investment transactions, the Treasurer must use pre-formatted repetitive wire transfers, whenever possible, to restrict transfers of funds to pre-authorized accounts.
- (b) For transfer of investment funds via wire to non-district accounts, the agreement with the depository bank must require the depository bank to call the Investment Officer for confirmation that this transfer is authorized prior to the transfer.

(23.104 - 23.110 Reserved for expansion)

Subchapter J. Performance Evaluation and Reporting

23.111 Levels of Evaluation

Evaluation is conducted at several levels. The Investment Officers continually monitor and evaluate the investment performance. The Board of Managers evaluates the Travis County Investment Officers entire performance.

23.112 Performance Analysis and Reporting

The Travis County Chief Investment Officer determines the level and content of daily and weekly performance analysis and reporting. The Travis County Chief Investment Officer and the Board of Managers jointly decide the level and content of monthly performance analysis and reporting.

23.113 Quarterly Performance Analysis and Reporting

- (a) The Investment Officers must prepare, provide, and sign a quarterly summary report for each fund group that describes in detail the investment position of the District and evaluates investment performance based on this Chapter's investment objectives. The quarterly report will identify the method and source used to monitor the market price of investments and will also indicate whether the method and source changed from the previous quarterly report. This report must be submitted to the Board of Managers. A comparison of the performance of the District's portfolio to appropriate benchmarks selected by the Travis County Chief Investment Officer is presented. The report addresses compliance with this Chapter's diversification requirements by type and maturity. The report also includes the following information:
- (1) Cash availability,
 - (2) Market review,
 - (3) Investment strategy – next quarter,
 - (4) Performance measurement: the standard used by the District to measure its investment return is based on the yield to maturity of all investments in the portfolio, using the stated final maturity date of each security,
 - (5) Portfolio statistics,
 - (6) Collateral adequacy for repurchase agreements,
 - (7) Collateral adequacy for bank deposits and certificates of deposit,
 - (8) Investment activity,
 - (9) Market valuation:

- (A) at beginning of quarter, and
 - (B) at end of the quarter, for each portfolio,
 - (10) Distribution of investments by broker/dealer/financial institution,
 - (11) Distribution of investments by type of investment,
 - (12) Fully accrued interest for the reporting period,
 - (13) For each separately invested asset,
 - (A) state book value and market value at the beginning and end of the quarter by the type of asset and fund type,
 - (B) state maturity date, and
 - (C) state the fund for which it was acquired, and
 - (14) Signatures of the Travis County Chief Investment Officer and the Travis County Investment Manager certifying compliance with this Chapter and the Public Funds Investment Act.
- (b) The reference to Generally Accepted Accounting Principles in Section 23.113(a) relates only to internal reporting of investments by the Travis County Chief Investment Officer as required under Texas Government Code Section 2256.023, and does not apply to annual financial statements and other external reports of the District as a whole.

23.115 Annual Performance Analysis and Reporting

- (a) The Travis County Chief Investment Officer compiles the quarterly reports into an annual report at the end of each District fiscal year.
- (b) An independent auditor chosen to audit the District's annual financial statements must formally review the quarterly investment reports that are prepared in compliance with the Public Funds Investment Act. In conjunction with this audit, the District shall perform a compliance audit of management controls on investments and adherence to this Chapter. This review should be performed at least annually and the results reported to the Board of Managers.

(23.116 - 23.120 Reserved for expansion)

Subchapter K. Investment Policy Review And Amendment

23.121 Review Procedures

The Travis County Chief Investment Officer must review this Chapter annually to make revisions due to legislative actions and changing market conditions. This review must be done by the third quarter of the calendar year after each legislative session. The Travis County Chief Investment Officer must present a summary report of the review

with changes recommended to the Board of Managers. The Board of Managers must review this Chapter and investment strategies at least annually.

23.122 Changes to the Investment Policy

After adoption of this Chapter, the Board of Managers must approve any revisions to the Chapter before they become effective, by adopting a written instrument stating it has reviewed the Investment Policy and investment strategies. This written instrument must record any changes made to either the policy or strategies.

(23.123 - 23.130 Reserved for expansion)



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

October 28, 2020

AGENDA ITEM C4

Take appropriate action on revisions to the Central Health Amended and Restated Bylaws as recommended by the ad hoc Policy and Bylaws Committee.

**AMENDED AND RESTATED BYLAWS OF THE
TRAVIS COUNTY HEALTHCARE DISTRICT**

**EFFECTIVE SEPTEMBER 16, 2020
BOARD OF MANAGERS**

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**AMENDED AND RESTATED BYLAWS
OF THE
BOARD OF MANAGERS**

**TRAVIS COUNTY HEALTHCARE DISTRICT
D/B/A CENTRAL HEALTH**

PREAMBLE

The Travis County Healthcare District d/b/a Central Health (“District”) Board of Managers hereby adopts these Amended and Restated Bylaws to provide a framework for self-government of the District. This framework permits the District to operate pursuant to the Constitution and governing statutes of the State of Texas, including Chapter 281 of the Texas Health and Safety Code. Portions of these governing laws are included in these Bylaws for the purpose of clarification.

DEFINITIONS

“Board” means the Board of Managers of the District. The term “Board” shall have the same meaning as the term “board” under Chapter 281 of the Texas Health and Safety Code.

“Board Member” means a person appointed to serve on the Board and duly qualified. Board Members are Public Officers. Members may also be referred to as Managers.

“Commissioners Court” means the members of the Commissioners Court of Travis County, Texas, being the elected officials of Travis County who are responsible for appointing certain Board members.

“District” means the Travis County Healthcare District d/b/a Central Health.

“Duly Qualified” means that a Public Officer has satisfied all legal prerequisites to serve in the appointed office including completing and filing all legally required papers or bonds and swearing and recordation of all necessary oaths.

“Medical Executive Board” means a board created by Texas Health and Safety Code §281.02815 which is independent of the Board and is charged with adopting, maintaining, and enforcing policies to ensure that a physician employed by the District exercises the physician’s independent medical judgment in providing care to patients.

“Municipality” means the municipality with the largest population in Travis County.

“President and Chief Executive Officer (CEO)” means the individual appointed by the Board to perform the duties described in Article IX. The term “President and CEO” shall have the same meaning as the term “administrator” under Chapter 281 of the Texas Health and Safety Code.

“Program Budget” means a budget designed to reflect the costs of activities (programs) that are undertaken to achieve specific goals and objectives.

“Public Officer” means a person who is appointed or elected to a public office created by law, where the office has duties which involve the person exercising discretion over some sovereign function of government for the public.

“Travis County” means the Texas political subdivision that is surrounded by Williamson, Bastrop, Caldwell, Hays, Blanco, and Burnet Counties. Travis County is comprised of 1,023 square miles and its territory fully encompasses nine municipalities: Bee Cave, Creedmoor, Jonestown, Lago Vista, Lakeway, Manor, Rollingwood, Sunset Valley, and Westlake Hills. Portions of seven municipalities, most notably Pflugerville and Austin, extend outside of Travis County’s boundaries.

ARTICLE I

VISION

1.0 Central Texas is a model healthy community.

MISSION

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

PURPOSE

1.2 The purpose of the District is to provide hospital and medical care to the extent required by law and to fulfill any other lawful purpose.

ARTICLE II

RESPONSIBILITIES AND POWERS OF THE DISTRICT

2.0 It is the responsibility of the District to seek to meet the requirements imposed upon it by Texas law.

2.1 Notwithstanding anything herein to the contrary, the District shall have all powers and rights that have been granted under Article IX, Section 9 of the Texas Constitution, Chapter 281 of the Texas Health and Safety Code, and all other applicable laws.

ARTICLE III

DUTIES AND AUTHORITIES OF THE BOARD

- 3.0 To the extent not prohibited or limited by law, the Board shall,:
- (A) be the governing body of the District;
 - (B) approve the annual budget for the District;
 - (C) retain independent auditors to make an annual audit of the fiscal records of the District;
 - (D) accept the annual audit at an open meeting and make the annual audit publicly available;
 - (E) select the depository for the funds of the District;
 - (F) appoint the President and CEO of the District and a Compliance Officer for the District, and may appoint an Assistant Administrator;
 - (G) approve, adhere to, and enforce the policies developed for the operation of the District, unless otherwise delegated to the President and CEO;
 - (H) seek approval from the Commissioners Court on matters as required by law;
 - (J) approve, modify, or deny contracts, unless otherwise delegated to a committee or the President and CEO;
 - (K) develop a philosophy and strategic goals for the District to be reflected in a comprehensive, coordinated strategic plan (“Strategic Plan”);
 - (L) serve as an advocate for the District;
 - (M) appoint members to the governing boards of affiliated entities or other entities as provided by law, agreement, or other mechanism; and
 - (N) meet other requirements imposed by law upon the Board.

ARTICLE IV

APPOINTMENT OF THE BOARD

- 4.0 The Commissioners Court shall appoint four (4) members to the Board. The governing body of the Municipality shall appoint four (4) members to the Board, and the Commissioners Court and the Municipality shall jointly appoint one member to the Board. In selecting the members

of the Board, the Board shall encourage the Commissioners Court and the Municipality to consider the duties of the Board, the candidates' interests, availability, skills, and reputation for objectivity and fairness, as well as any legal conflicts that may impact the candidate's ability to effectively engage as a Board member.

- 4.1 The members of the Board serve staggered four-year terms, with as near as possible to one-fourth of the members' terms expiring each year.
- 4.2 Subject to agreement by the Commissioners Court and the governing body of the Municipality, appointments shall take place each December, with terms beginning on January 1.
- 4.3 Members of the Board shall serve the length of their term and are eligible for re-appointment.
- 4.4 If a member resigns or is otherwise incapable of fulfilling his or her term, the Commissioners Court and/or the Municipality, as applicable, shall appoint an interim member to the Board to serve until the permanent member's term expires.
- 4.5 In accordance with Article XVI, Section 17 of the Texas Constitution, members of the Board shall continue to perform the duties of their offices until their successors are duly qualified for the office.

ARTICLE V

CONFLICT OF INTEREST

- 5.0 The requirements in this Article V are in addition to all requirements the Board members may be subject to under any policies adopted by the Board.
- 5.1 Members of the Board shall comply with Chapter 171 of the Texas Local Government Code by recusing themselves from any vote or decision and abstaining from participation in discussions on matters in which they have a substantial interest.

ARTICLE VI

OFFICERS OF THE BOARD

CHAIRPERSON

- 6.0 The Chairperson of the Board serves as the chief officer of the Board and shall have responsibility and authority for:
 - (A) enforcing compliance with standards of ethical conduct and professional demeanor by the Board in their relations with each other, District staff, and the community that the District serves;

- (B) appointing Board members to serve on Board committees and the chair of ad hoc committees;
- (C) presiding over Board and Executive Committee meetings and, in the absence of another committee's chair, either presiding over the committee meeting or appointing another member of the committee to do so; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

VICE-CHAIRPERSON

6.1 The Vice-Chairperson of the Board shall have responsibility and authority for:

- (A) serving as chair of the Strategic Planning Committee unless the Board votes otherwise;
- (B) assisting the Chairperson as requested;
- (C) in the case of absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, perform the duties of the Chairperson until the Chairperson shall resume his or her office or until the expiration of the Chairperson's term as Chairperson; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

SECRETARY

6.2 The Secretary shall have responsibility and authority for:

- (A) ensuring the adequacy and accuracy of minutes taken or recordings of the Board meetings;
- (B) keeping a suitable record of each Board meeting and the Official Seal of the District, or delegating the keeping of such record and/or the Seal of the District to the President and CEO;
- (C) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson and Vice-Chairperson, perform the duties of the Chairperson until the Chairperson and/or Vice-Chairperson shall resume his or her office or until the terms of the elected Chairperson and Vice-Chairperson have expired; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

TREASURER

- 6.3 The Treasurer shall have responsibility and authority for:
- (A) serving as chair of the Budget and Finance Committee unless the Board votes otherwise;
 - (B) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, Vice-Chairperson, and Secretary, exercising the duties of the Chairperson, as Acting Chairperson, until the Chairperson, Vice-Chairperson, or Secretary shall resume his or her office or the terms of the Chairperson, Vice-Chairperson, and Secretary have expired; and
 - (C) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

ELECTIONS AND APPOINTMENTS

- 6.4 Every two (2) years, unless two-thirds of the Board vote to accept nominations for Board officers prior to the second year of the current Board officer's term, the members shall elect from among themselves a Chairperson, Vice-Chairperson, and Treasurer, and shall appoint a Secretary.
- 6.5 Nominations for the position of Chairperson, Vice-Chairperson, Treasurer, and any other position that requires election or appointment may be made by a Board member at a Board meeting or by a special ad hoc committee established pursuant to Section 7.1.1(A). Board members may nominate themselves for any Board officer position.
- 6.6 Elections or appointments conducted at Board meetings shall be conducted in an open meeting. Unless a different number is required by law, a majority vote of a quorum is required to elect a nominee for each position set forth in this Article VI.
- 6.7 When a Board officer position other than Chairperson becomes vacant, an election or appointment for the position shall take place at the next meeting of the Board, or as soon thereafter as practicable.
- 6.8 No Board member may hold the same office for more than one (1) term, unless two-thirds of the Board vote to suspend the term limits imposed by these Bylaws.
- 6.9 Board Officer elections shall be held at the annual meeting as described in Section 8.3(A). Officers shall take office as of the first day of the next year, unless the annual meeting and elections are delayed, in which case the newly elected officers shall take office the first day of the month following the annual meeting.

REMOVAL AND RESIGNATIONS

- 6.10 A Board member may be removed from office pursuant to Chapter 87 of the Texas Local Government Code or other Texas law. Additionally, a Board member may resign at any time by giving written notice to the Board Chairperson or Secretary and to the governmental entity that appointed the member (i.e., the Travis County Commissioners Court and/or the governing body of the Municipality). Any such resignation shall take effect as soon as a replacement is appointed and qualified to serve in the office.

ARTICLE VII

COMMITTEES

7.0 *BUDGET AND FINANCE COMMITTEE*

The Budget and Finance Committee shall be responsible for assisting the President and CEO in preparing the District's annual budget, reviewing and monitoring financial statements, advising on audit matters, and making recommendations regarding financial transactions. The Budget and Finance Committee shall meet at least monthly.

7.0.1. The Budget and Finance Committee shall also:

- (A) advise on financial policies of the District, as necessary;
- (B) assist in the selection of an external independent auditor; and
- (C) review the annual audit report prepared by the independent auditor.

7.0.2 The Budget and Finance Committee shall have standing authority to act on behalf of the Board with respect to the following:

- (A) approve the expenditure of funds for goods and services at any meeting of the committee at which at least seven (7) members of the committee (including, without limitation, any Board members who are not regular appointed members of the committee but who are appointed automatically to be members of the committee for such meeting in accordance with Section 7.7.3 of these Bylaws) are present, and with respect to such expenditure, at least five (5) of the committee members vote for approval at such meeting in a session that is open to the public;
- (B) approve the appointment of depositories;
- (C) ratify investments and take appropriate action on cash management, borrowings, and other District financial transactions; and

- (D) receive financial information from affiliated organizations.

7.1 ***EXECUTIVE COMMITTEE***

The Executive Committee shall be comprised of Board officers and shall be responsible for making recommendations concerning the types of appointments described in Article III, candidates for Board officers, the President and CEO's employment, items for future Board discussions, and compliance activities.

7.1.1 **The Executive Committee shall:**

- (A) ensure the formation of a special ad hoc committee comprised of two (2) Executive Committee members, one of whom must be the outgoing Board Chairperson, and two members of the Board who are not members of the Executive Committee for the purpose of (i) accepting nominations for Board officers; (ii) discussing the merits that a particular Board member may bring to the position that he or she has expressed interest in assuming; and (iii) making recommendations on candidates for Board officers. As outlined in Section 7.5, the outgoing Chairperson shall appoint the members of such special ad hoc committee, and he or she shall do so at least one (1) month prior to the date on which Board officers are set to be elected or appointed;
- (B) present the Board with nominations for candidates to the governing boards of affiliated entities or other entities who have contracts with or are under the oversight of the District. Appointed candidates shall receive no compensation for their services and shall represent the District in their service on the entity board;
- (C) conduct and make recommendations to the Board concerning the President and CEO's evaluation process and compensation;
- (D) review policies and other documentation related to the District's compliance program;
- (E) monitor and advise on compliance investigations and corrective action plans; and
- (F) seek input from District staff and Board members on governance processes, including the development of Board agendas under Section 8.18.

7.2 ***STRATEGIC PLANNING COMMITTEE***

The Strategic Planning Committee shall be responsible for developing the Strategic Plan and performance metrics and dashboards related to the business of the District.

7.2.1 The Strategic Planning Committee shall:

- (A) develop and present the Strategic Plan to the Board;
- (B) monitor the implementation of the Strategic Plan;
- (C) recommend interim updates to the Strategic Plan whenever such updates are, in the opinion of the committee, necessary to reflect the District's current operating environment or shifting priorities, such as new strategic initiatives;
- (D) assist in evaluating service delivery methods in relation to the implementation of the Strategic Plan;
- (E) develop and recommend communication strategies that align with the Strategic Plan and promote District initiatives;
- (F) develop and recommend community engagement strategies that align with the Strategic Plan and promote District initiatives; and
- (G) receive reports from District staff on the progress and results of communications and community engagement initiatives.

SPECIAL COMMITTEES AND SUBCOMMITTEES

7.3 Special ad hoc committees may be created by the Chairperson of the Board to perform specific tasks or to address specific issues. The formation of a special ad hoc committee must be approved by the Board, unless another section of these Bylaws gives a different person or body the ability to approve of the committee's creation. All special ad hoc committees are accountable to the Board.

7.4 Any committee may elect to perform any of its designated advisory functions by constituting any two of its members as a subcommittee for that purpose and reporting such action to the Board. Any such subcommittee may include non-board members in addition to members of the committee.

COMPOSITION AND TERM

7.5 Except as otherwise specified herein, committees shall be composed of no more than four Board members, each of whom shall be appointed by, and may be removed by, the Chairperson of the Board. The Chairperson of the Board shall be an ex-officio member, without vote, of all committees; provided, however, that the Chairperson shall be automatically appointed as a temporary committee member, with the right to vote, whenever such appointment is necessary to achieve a quorum of a committee.

- 7.6 Committee members are appointed for a term of one (1) year and shall serve until the end of this period or until the member’s successor is appointed, unless the member shall resign or be removed from the committee. The Chairperson may appoint an interim successor to the committee for a member whose Board term has expired and who is holding over as a Board member but who has resigned his or her committee position. Any such interim successor may serve until the meeting of the Board at which the Board votes to consent to the appointment of a new committee member.

QUORUM AND VOTING

- 7.7 Committees are advisory in nature and, unless they have been given authority to act on behalf of the Board under these Bylaws or through Board action, may not take action on their own other than to make recommendations to the Board. To the extent that committees are authorized to develop strategies and make recommendations, committee members have voting privileges.

7.7.1 Quorum Generally. A majority of the voting members of a committee shall constitute a quorum.

7.7.2 Quorum of the Budget and Finance Committee. A quorum of the Budget and Finance Committee shall consist of either: (A) a majority of the voting members of the committee or (b) a majority of the Board.

7.7.3 Special Voting Rights Related to the Budget and Finance Committee. All non-committee Board members in attendance at a Budget and Finance Committee meeting are automatically appointed as members of such committee and shall have the same voting rights, without limitations, as regularly-appointed members of the Budget and Finance Committee.

AGENDAS

- 7.8 The committee Chair shall have final approval of items to be placed on a committee agenda.

ADVISORY AND AUXILIARY COMMITTEES

- 7.9 If authorized or required by state law or Board policy, the Board shall appoint advisory or auxiliary committees of non-Board members to assist the District. These committees may be composed of volunteers, independent contractors, or employees. The terms, qualifications, and methods of appointment of these committees shall be governed by relevant state law, Board policy, and the Bylaws. The Board shall designate the chair and vice-chair, if any, of each such committee.

MEDICAL EXECUTIVE BOARD INTERACTION AND AUTHORITY

- 7.10 The Medical Executive Board (“MEB”) shall oversee, on behalf of the District, all aspects of the practice of medicine as defined by state law, including peer review,

credentialing, and the oversight of the safety, quality, and appropriateness of the care, treatment, and services provided to patients (“Practice of Medicine”). The Board shall not supervise or control the Practice of Medicine, as prohibited by Texas Occupations Code Title 3, Subtitle B.

- 7.11 In cooperation with the District’s Medical Executive Board, the Board shall develop and implement a conflict management process to resolve any conflict between a policy adopted by the Medical Executive Board and a policy of the District.
- 7.12 For all matters relating to the Practice of Medicine, each physician employed by the District shall ultimately report to the chair of the Medical Executive Board. For all standards of conduct or employee policies not involving the Practice of Medicine that apply to all employees of the District, each physician employed by the District shall ultimately report to the President and CEO.
- 7.13 In matters that may raise mixed issues involving the Practice of Medicine and standards of conduct applicable to all District employees, the District’s President and CEO and the Chair of the MEB shall resolve such issues through the District’s conflict management process.

ARTICLE VIII

MEETINGS OF THE BOARD

GENERAL PROVISION

- 8.0 All regular, annual, special, and emergency meetings of the Board shall be held in accordance with the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, and District policy.

REGULAR MEETINGS

- 8.1 Regular meetings of the Board shall be held at least once a month at the District headquarters, 1111 E. Cesar Chavez, Austin, Texas, unless another location is specified. The date and time of all regular meetings to occur during a calendar year will be established by the Chairperson and adopted at the annual Board meeting. When necessary, the Board may add or cancel a regular meeting or change the date of a regular meeting by motion adopted at a meeting of the Board. Regular meetings shall begin at a time designated by the Chairperson.

ANNUAL MEETINGS

- 8.2 The Board will conduct an annual meeting in December of each year or at another regular meeting designated by the Chair.
- 8.3 The following activities should occur at the annual meeting:

- (A) election and appointment of officers of the Board, if appropriate that year;
- (B) review of the Bylaws, if appropriate that year;
- (C) disclosure of conflict-of-interest statements by Board members; and
- (D) address such other matters as may come to the attention of the Board.

SPECIAL MEETINGS

- 8.4 Special meetings of the Board may be held on any date that permits the President and CEO to provide notice of the meeting in compliance with Chapter 551 of the Texas Government Code, and may be called by: (A) the Chairperson; (B) the written request of at least four (4) Board members to the President and CEO; or (C) a motion adopted at a meeting of the Board. Special meetings shall begin at a time designated by the Chairperson or a time specified by motion of the Board. The business to be discussed and acted upon at the special meeting shall be confined to the purpose or purposes for which the meeting was called.

EMERGENCY MEETINGS

- 8.5 Emergency meetings of the Board may be called by the Chairperson or the Vice-Chairperson after receiving confirmation from legal counsel that an emergency or urgent public necessity exists and if there are issue(s) whose consideration cannot be postponed until a special or regular meeting. Posting of notice for emergency meetings shall be done in accordance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code. An emergency or urgent public necessity exists only if immediate action is required by the Board because of (A) an imminent threat to public health and safety; or (B) a reasonably unforeseeable situation. At an emergency meeting, the Board may only deliberate and take action on matters directly related to responding to the emergency or urgent public necessity identified in the notice of the meeting, or other matters for which normal notice has been given under the Open Meetings Act.

ORDER OF BUSINESS

- 8.6 The order of business at Board meetings shall be determined by the Chairperson. The agenda may include reports from Board committees.

CLOSED SESSION

- 8.7 The Board may enter a closed session after establishing a quorum, calling the meeting to order, and announcing, in open session, that a closed session will be held in accordance with the policies and procedures of the Board and in compliance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.

QUORUM

- 8.8 The presence of the majority of the Board shall constitute a quorum for the transaction of business, but if a meeting must cease due to the lack of a quorum, the meeting chair may announce a later specified date when the meeting will be rescheduled with a quorum present. A quorum of the Board must be physically present at the main meeting location.

MANNER OF ACTION

- 8.9 Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is physically present shall be the action of the group. Board members participating via videoconference will be considered as present and voting in accordance with applicable laws, rules, and District policy.
- 8.10 No final action, decision, or vote shall be taken while the Board is convened in closed session, and any motion to adjourn must be made after the Board has reconvened in an open meeting.

NOTICE OF MEETING

- 8.11 Board meetings will be posted pursuant to the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.
- 8.12 Board members shall be notified of regular and special meetings at least seventy-two (72) hours prior to the scheduled time of the meetings.
- 8.13 Board members shall be notified of emergency meetings called under Section 8.5 above at least two hours prior to the time of the meeting.

RECORD OF MEETINGS

- 8.14 The Board shall either (A) prepare or direct the President and CEO to prepare minutes or (B) make a recording of each open meeting. The recording or minutes of meetings shall contain each subject of discussion and deliberation, all motions, seconds, and the vote, if any, on such motions. Minutes shall be signed by the presiding officer and attested to by the Secretary.

CONDUCT OF MEETINGS

- 8.15 The most recent edition of *Robert's Rules of Order Newly Revised*, when not in conflict with other Board-adopted rules of procedure, these Bylaws, or applicable law, shall be the rules of parliamentary procedure and order for the Board and its committees, except that there shall be no requirement to read the minutes and the chair of any meeting may (A) vote and (B) establish time limits for discussion of each agenda item without the necessity of receiving a two-thirds vote of the Board.

PUBLIC PARTICIPATION AT MEETINGS

- 8.16 Members of the public who desire to deliver oral comments at a Board or Committee meeting must complete the required sign-in form before the time set by the Board or Committee for public comment registration. The Board may develop a policy addressing how public comment will be received, including specifying the number of speakers allowed and the length of time each speaker may speak. Persons wishing to speak before the Board shall provide the following information:
- (A) name and address;
 - (B) the name of the person or group, if any, the speaker is representing;
 - (C) the agenda item upon which the person wishes to speak, if any; and
 - (D) if the matter does not relate to an agenda item, a brief description of the nature of the matter to be addressed by the speaker.
- 8.17 If a member of the public inquires about a subject for which notice has not been given as required by the Open Meetings Act, Chapter 551 of the Texas Government Code, the Board or Committee may provide a statement of specific factual information or a recitation of existing policy in response to the inquiry by the speaker. Any deliberation of or decision about the subject of the speaker's inquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

AGENDAS

- 8.18 The Chairperson shall have final approval of items to be placed on Board meeting agendas. The Vice-Chairperson may approve the Board agenda if the Chairperson of the Board is, or appears to be, unable to approve the agenda in time to allow the President and CEO to post the agenda in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code. The President and CEO shall be responsible for preparing, posting, and distributing the meeting agenda and any associated written materials to the Board.
- 8.19 The Chairperson may direct the President and CEO to add one or more agenda items to a posted agenda if there is time to post a revised agenda or supplement in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code.

ARTICLE IX

PRESIDENT AND CEO

- 9.0 The Board shall appoint a President and CEO who is qualified by training and experience. The President and CEO shall be held accountable for the management of the District and shall ensure that the District's activities are within the limits prescribed by law and the policies

adopted by the Board. Except as limited by law, District policy, or action of the Board, the President and CEO or designee shall, at a minimum:

- (A) advise and assist the Board in managing, controlling, and administering the District's business;
- (B) administer and enforce the policies, procedures, and rules necessary for the operation of the District;
- (C) employ, evaluate, and discharge all employees of the District, subject to an annual approved budget;
- (D) develop and maintain personnel policies and practices of the District;
- (E) prepare, revise, and recommend an annual budget that reflects expected revenues and expenditures to the Board and the Commissioners Court for approval;
- (F) spend budgeted funds in accordance with District policies and procedures in order to accomplish the strategic goals of the District;
- (G) make budget transfers between line items within the same Program Budget;
- (H) supervise the District's business affairs to ensure that funds are collected and used to the best possible advantage;
- (I) supervise the purchase of supplies, services, and equipment in accordance with District policies and procedures;
- (J) attend all meetings of the Board and committees thereof;
- (K) execute contracts, amendments, and renewals in accordance with Board approved policies and procedures;
- (L) execute documents on behalf of the Board which do not require individual discretion and are carried out as the result of statutory or regulatory mandates, or established procedures, including but not limited to, the execution of tax resale deeds and license agreements;
- (M) perform such other duties as may be delegated by the Board to serve the best interests of the District;
- (N) make an annual report to the Board, Commissioners Court, the Texas Health and Human Services Commission or its successor, and the comptroller as soon as practicable after the close of the fiscal year as required by Section 281.092 of the Texas Health and Safety Code;

- (O) perform duties as required by Section 281.071, Texas Health and Safety Code, concerning payment and support, as necessary;
- (P) serve as the agent for service of process on behalf of the District;
- (Q) oversee and make timely decisions on litigation matters in which the District is or may become named in a legal action, with the exception that the President and CEO may not accept or reject any settlement offer or initiate any legal action without Board approval;
- (R) inform the Board in the most appropriate manner of material operational or financial issues as identified by the Board;
- (S) identify threats and opportunities and make recommendations to the Board; and
- (T) meet such other requirements imposed by law or the Board upon the President and CEO.

- 9.1 The President and CEO serves at the will of the Board and for terms of not more than four (4) years. Before assuming duties, the President and CEO shall execute a bond payable to the District in the amount of not less than \$10,000, which bond is conditioned on the faithful performance of the President and CEO's duties and any other requirements determined by the Board. The President and CEO shall be entitled to compensation as determined by the Board.
- 9.2 If the President and CEO is incapacitated, absent for a period of more than 72 hours, or unable to perform his or her duties, the Assistant Administrator as described in Section 281.027, Texas Health and Safety Code, shall perform any or all of the duties of the President and CEO necessary for the operation of the District.
- 9.3 Notwithstanding the foregoing, the Board reserves its right to manage, control, and administer the District.

ARTICLE X

PUBLIC STATEMENTS AND PRONOUNCEMENTS

- 10.0 The Chairperson, after conducting reasonable due diligence, may make, or authorize his or her designee to make, public statements and pronouncements on behalf of the Board.

ARTICLE XI

INDEMNITY AND INSURANCE

- 11.0 If, as, upon such conditions, and to the extent permitted or required by Texas law, the District shall indemnify any member of the Board and the President and CEO against all costs and

expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the Board member or President and CEO's service, regardless of whether the action, suit, or proceeding is based on actions that occurred prior to or subsequent to the adoption of these Bylaws. The costs and expenses for which such persons shall be indemnified include attorney's fees and all amounts paid or payable by any Board member or the President and CEO (other than amounts paid or payable to the District itself), pursuant to any judgment or any reasonable settlement agreement.

- 11.1 The District may also, to the extent expressly permitted by Chapter 102 of the Texas Civil Practice and Remedies Code and any other applicable Texas laws, indemnify any other officer or employee of the District against all costs and expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the officer or employee's service to the District. Notwithstanding the foregoing, the District makes no express or implied guaranty or promise that it will indemnify an officer or employee in a particular situation, and no officer or employee of the District shall be entitled to rely upon this section for that purpose.
- 11.2 The District shall acquire liability insurance if, in the opinion of the Board, that insurance is reasonably affordable and, among other things, provides indemnity and/or defense of any member of the Board for claims or expenses, except to the extent prohibited by Texas law.
- 11.3 Nothing in Article XI is intended to, or should be construed to, require the District to indemnify any of the persons identified in Sections 11.0 and 11.1 above against the costs and expenses of any action, suit, or proceeding if:
 - (A) no law expressly permits the District to provide such indemnity; or
 - (B) such person(s) shall be finally adjudged in said action, suit, or proceeding or, in the event of a settlement, determined by the Board to have been guilty of violations of law, acting in bad faith, or exhibiting reckless or grossly negligent behavior in the performance of their duties to the District.
- 11.4 Additionally, any grant or denial of indemnity under this Article XI represents an exercise of discretionary functions of the Board.

ARTICLE XII

CONFLICT OF BYLAWS

- 12.0 If any provision of these Bylaws is now or hereinafter becomes in conflict with any federal or state statute, regulation, or any other law relating to the operation of the District, such statute or other law, as long as it is in effect, shall take precedence over these Bylaws.

ARTICLE XIII

AMENDMENTS AND ALTERATIONS TO BYLAWS

- 13.0 Every two (2) years, the Board shall review these Bylaws. Proposed revisions shall be submitted to the Board at least seven (7) working days prior to the meeting at which a vote to amend the Bylaws is scheduled. The submitted revisions must be in writing and include the exact wording of the existing Bylaws' language, if any, and the proposed change(s).

ARTICLE XIV

MISCELLANEOUS ORGANIZATIONAL PROVISIONS

- 14.0 The District fiscal year shall begin October 1 and shall end the following September 30.
- 14.1 The form of the official seal of the District shall consist of two hands shaking with a stethoscope superimposed over an outline of the State of Texas surrounded by two concentric circles with the name "Travis County Healthcare District" displayed in the space between the two circles. The seal may be either embossed or stamped. The Secretary has the responsibility of retaining the seal, but may delegate the retention of the seal to the President and CEO. Affixing the seal is not necessary to authenticate or attest a document unless the seal is required by applicable law.

ARTICLE XV

ADOPTION

- 15.0 These Amended and Restated Bylaws shall become effective immediately upon their acceptance and adoption and shall supersede all previous Bylaws heretofore adopted by the Board of the District.

Accepted and adopted by the Board of the Travis County Healthcare District at Austin, Travis County, Texas, on the 28th day of October, 2020.

Sherri Greenberg
Chairperson, Board of Managers
Travis County Healthcare District

Cynthia Valadez
Secretary, Board of Managers
Travis County Healthcare District

**AMENDED AND RESTATED BYLAWS OF THE
TRAVIS COUNTY HEALTHCARE DISTRICT**

**EFFECTIVE ~~JUNE 1XXX~~, 202019
BOARD OF MANAGERS**

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**AMENDED AND RESTATED BYLAWS
OF THE
BOARD OF MANAGERS**

**TRAVIS COUNTY HEALTHCARE DISTRICT
D/B/A CENTRAL HEALTH**

PREAMBLE

The Travis County Healthcare District d/b/a Central Health (“District”) Board of Managers hereby adopts these Amended and Restated Bylaws to provide a framework for self-government of the District. This framework permits the District to operate pursuant to the Constitution and governing statutes of the State of Texas, including Chapter 281 of the Texas Health and Safety Code. Portions of these governing laws are included in these Bylaws for the purpose of clarification.

DEFINITIONS

“Board” means the Board of Managers of the District. The term “Board” shall have the same meaning as the term “board” under Chapter 281 of the Texas Health and Safety Code.

“Board Member” means a person appointed to serve on the Board and duly qualified. Board Members are Public Officers. Members may also be referred to as Managers.

~~“President and Chief Executive Officer (CEO)” means the individual appointed by the Board to perform the duties described in Article IX. The term “President and CEO” shall have the same meaning as the term “administrator” under Chapter 281 of the Texas Health and Safety Code.~~

“Commissioners Court” means the members of the Commissioners Court of Travis County, Texas, being the elected officials of Travis County who are responsible for appointing certain Board members.

“District” means the Travis County Healthcare District d/b/a Central Health.

“Duly Qualified” means that a Public Officer has satisfied all legal prerequisites to serve in the appointed office including completing and filing all legally required papers or bonds and swearing and recordation of all necessary oaths.

“Medical Executive Board” means a board created by Texas Health and Safety Code §281.02815 which is independent of the Board and is charged with adopting, maintaining, and enforcing policies to ensure that a physician employed by the District exercises the physician’s independent medical judgment in providing care to patients.

“Municipality” means the municipality with the largest population in Travis County.

“President and Chief Executive Officer (CEO)” means the individual appointed by the Board to perform the duties described in Article IX. The term “President and CEO” shall have the same meaning as the term “administrator” under Chapter 281 of the Texas Health and Safety Code.

“Program Budget” means a budget designed to reflect the costs of activities (programs) that are undertaken to achieve specific goals and objectives.

“Public Officer” means a person who is appointed or elected to a public office created by law, where the office has duties which involve the person exercising discretion over some sovereign function of government for the public.

“Travis County” means the Texas political subdivision ~~in Central Texas whose geographical center is located at 30°18' north latitude and 97°45' west longitude and~~ that is surrounded by Williamson, Bastrop, Caldwell, Hays, Blanco, and Burnet Counties. Travis County is comprised of 1,023 square miles and its territory fully encompasses nine municipalities: Bee Cave, Creedmoor, Jonestown, Lago Vista, Lakeway, Manor, Rollingwood, Sunset Valley, and Westlake Hills. Portions of seven municipalities, most notably Pflugerville and Austin, extend outside of Travis County’s boundaries.

~~“Program Budget” means a budget designed to reflect the costs of activities (programs) that are undertaken to achieve specific goals and objectives.~~

ARTICLE I

VISION

- 1.0 Central Texas is a model healthy community.

MISSION

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

PURPOSE

- 1.2 The purpose of the District is to provide hospital and medical care to the extent required by law and to fulfill any other lawful purpose.

ARTICLE II

RESPONSIBILITIES AND POWERS OF THE DISTRICT

- 2.0 It is the responsibility of the District to seek to meet the requirements imposed upon it by Texas law.

- 2.1 Notwithstanding anything herein to the contrary, the District shall have all powers and rights that have been granted under Article IX, Section 9 of the Texas Constitution, Chapter 281 of the Texas Health and Safety Code, and all other applicable laws.

ARTICLE III

DUTIES AND AUTHORITIES OF THE BOARD

- 3.0 ~~The Board shall, T~~to the extent not prohibited or limited by law, the Board shall, seek to do the following:
- (A) be the governing body of the District;
 - (B) approve the annual budget for the District;
 - (C) retain independent auditors to make an annual audit of the fiscal records of the District;
 - (D) accept the annual audit at an open meeting and make the annual audit publicly available;
 - (E) select the depository for the funds of the District;
 - (F) appoint the President and CEO of the District and a Compliance Officer for the District, and may appoint ~~the~~an AssistantDeputy Administrator;
 - (G) approve, adhere to, and enforce the policies developed for the operation of the District, unless otherwise delegated to the President and CEO;
 - (H) seek approval from the Commissioners Court on matters as required by law;
 - (J) approve, modify, or deny contracts, unless otherwise delegated to a committee or the President and CEO;
 - (K) develop a philosophy and strategic goals for the District to be reflected in a comprehensive, coordinated strategic plan (“Strategic Plan”);
 - (L) serve as an advocate for the District;
 - (M) appoint members to the governing boards of affiliated entities or other entities as provided by law, agreement, or other mechanism; and
 - (N) meet other requirements imposed by law upon the Board.

ARTICLE IV

APPOINTMENT OF THE BOARD

- 4.0 The Commissioners Court shall appoint four (4) members to the Board. The governing body of the Municipality shall appoint four (4) members to the Board, and the Commissioners Court and the Municipality shall jointly appoint one member to the Board. In selecting the members of the Board, the Board shall encourage the Commissioners Court and the Municipality to consider the duties of the Board, the candidates' interests, availability, skills, and reputation for objectivity and fairness, as well as any legal conflicts that may impact the candidate's ability to effectively engage as a Board member.
- 4.1 The members of the Board serve staggered four-year terms, with as near as possible to one-fourth of the members' terms expiring each year.
- 4.2 Subject to agreement by the Commissioners Court and the governing body of the Municipality, appointments shall take place each December, with terms beginning on January 1.
- 4.3 Members of the Board shall serve the length of their term and are eligible for re-appointment.
- 4.4 If a member resigns or is otherwise incapable of fulfilling his or her term, the Commissioners Court and/or the Municipality, as applicable, shall appoint an interim member to the Board to serve until the permanent member's term expires.
- 4.5 In accordance with Article XVI, Section 17, of the Texas Constitution, members of the Board shall continue to perform the duties of their offices until their successors ~~have met~~ all are duly qualified ~~edations~~ for the office.

ARTICLE V

CONFLICT OF INTEREST

- 5.0 The requirements in this Article V are in addition to all requirements the Board members may ~~have be subject to~~ under any policies adopted by the Board.
- 5.1 Members of the Board shall comply with Chapter 171 of the Texas Local Government Code, by recusing themselves from any vote or decision and abstaining from participation in discussions on matters in which they have a substantial interest.

ARTICLE VI

OFFICERS OF THE BOARD

CHAIRPERSON

- 6.0 The Chairperson of the Board serves as the chief officer of the Board and shall have ~~the following responsibilities~~ responsibility and authority for:
- (A) enforcing compliance with standards of ethical conduct and professional demeanor by the Board in their relations with each other, District staff, and the community that the District serves;
 - (B) appointing Board members to ~~chair and~~ serve on Board committees and the chair of ad hoc committees;
 - (C) presiding over Board and Executive Committee meetings and, in the absence of ~~the another~~ committee's chair, either presiding over the committee meetings or appointing another member of the committee to do so; and
 - (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

VICE-CHAIRPERSON

- 6.1 The Vice-Chairperson of the Board shall have ~~the following responsibilities~~ responsibility and authority for:
- ~~(A)~~ (A) serving as chair of the Strategic Planning Committee unless the Board votes otherwise;
 - ~~(A)~~(B) assisting the Chairperson as requested;
 - ~~(B)~~(C) in the case of absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, perform the duties of the Chairperson until the Chairperson shall resume his or her office or until the expiration of the Chairperson's term as Chairperson ~~expires~~; and
 - ~~(D)~~(E) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

SECRETARY

- 6.2 The Secretary shall have ~~the following responsibilities~~ responsibility and authority for:
- (A) ensuring the adequacy and accuracy of minutes taken or recordings of the Board meetings;

- (B) keeping a suitable record of each Board meeting and the Official Seal of the District, or delegating the keeping of such record and/or the Seal of the District to the President and CEO;
- (C) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson and Vice-Chairperson, perform the duties of the Chairperson until the Chairperson and/or Vice-Chairperson shall resume his or her office or until the terms of the elected Chairperson and Vice-Chairperson have expired; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

TREASURER

6.3 The Treasurer shall have ~~the following responsibilities-responsibility~~ and authority for:

- (A) serving as chair of the Budget and Finance Committee unless the Board votes otherwise;
- (B) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, Vice-Chairperson, and Secretary, exercising the duties of the Chairperson, as Acting Chairperson, until the Chairperson, Vice-Chairperson, or Secretary shall resume his or her office or the terms of the Chairperson, Vice-Chairperson, and Secretary have expired; and
- (C) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

ELECTIONS AND APPOINTMENTS

6.4 Every two (2) years, unless two-thirds of the Board vote to accept nominations for Board officers prior to the second year of the current Board officer's term, the members shall elect from among themselves a Chairperson, Vice-Chairperson, and Treasurer, and shall appoint a Secretary. ~~The Board may appoint the President and CEO to serve as the Secretary of the Board. If the Board appoints the President and CEO to serve as the Secretary, the President and CEO shall not have the right to vote at Board meetings, and may not exercise the duties of higher officer position on the Board under Section 6.2(C).~~

6.5 Nominations for the position of Chairperson, Vice-Chairperson, Treasurer, and any other position that requires election or appointment may be made by a Board member at a Board meeting or by a special ad hoc committee established pursuant to Section 7.12.1(A). Board members may nominate themselves for any Board officer position.

6.6 Elections or appointments conducted at Board meetings shall be conducted in an open meeting. Unless a different number is required by law, a majority vote of a quorum is required

to elect a nominee for each ~~election position set forth in this Article VI~~required by these Bylaws.

6.7 When a Board officer position other than Chairperson becomes vacant, an election or appointment for the position shall take place at the next meeting of the Board, or as soon thereafter as practicable.

6.8 No Board member may hold the same office for more than one (1) term, unless two-thirds of the Board vote to suspend the term limits imposed by these Bylaws.

6.9 Board Officer elections shall be held at the annual meeting as described in Section 8.3(A). Officers shall take office as of the first day of the next year, unless the annual meeting and elections are delayed, in which case the newly elected officers shall take office the first day of the month following the annual meeting.

REMOVAL AND RESIGNATIONS

6.910 A Board member may be removed from office pursuant to Chapter 87 of the Texas Local Government Code or other Texas law. Additionally, a Board member may resign at any time by giving written notice to the Board Chairperson or Secretary and to the governmental entity that appointed the member (i.e., the Travis County Commissioners Court and/or the governing body of the Municipality). Any such resignation shall take effect as soon as a replacement is appointed and ~~sworn into~~qualified to serve in the office.

ARTICLE VII

COMMITTEES

7.0 *BUDGET AND FINANCE COMMITTEE*

The Budget and Finance Committee shall be responsible for assisting the President and CEO in preparing the District's annual budget, reviewing and monitoring financial statements, advising on audit matters, and making recommendations regarding financial transactions. The Budget and Finance Committee shall meet at least monthly.

7.0.1. The Budget and Finance Committee shall also:

- (A) advise on financial policies of the District, as necessary;
- (B) assist in the selection of an external independent auditor; and
- (C) review the annual audit report prepared by the independent auditor.

7.0.2 The Budget and Finance Committee shall have standing authority to act on behalf of the Board with respect to the following:

- (A) approve the expenditure of funds for goods and services at any meeting of the committee at which at least seven (7) members of the committee (including, without limitation, any Board members who are not regular appointed members of the committee but who are appointed automatically to be members of the committee for such meeting in accordance with Section 7.78.32 of these Bylaws) are present, and with respect to such expenditure, at least five (5) of the committee members vote for approval at such meeting in a session that is open to the public;
- (B) approve the appointment of depositories;
- (C) ratify investments and take appropriate action on cash management, borrowings, and other District financial transactions; and
- (D) receive financial information from affiliated organizations.

7.1 EXECUTIVE COMMITTEE

The Executive Committee shall be comprised of Board officers and shall be responsible for making recommendations concerning the types of appointments described in Article III, candidates for Board officers, the President and CEO's employment, items for future Board discussions, and compliance activities.

7.1.1 The Executive Committee shall:

- (A) ensure the formation of a special ad hoc committee comprised of two (2) Executive Committee members, one of whom must be the outgoing Board Chairperson, and two members of the Board who are not members of the Executive Committee for the purpose of (i) accepting ~~self~~-nominations for Board officers; (ii) discussing the merits that a particular Board member may bring to the position that he or she has expressed interest in assuming; and (iii) making recommendations on candidates for Board officers. As outlined in Section 7.75, the outgoing Chairperson shall appoint the members of such special ad hoc committee, and he or she shall do so at least one (1) month prior to the date on which Board officers are set to be elected or appointed;
- (B) present the Board with nominations for candidates to the governing boards of affiliated entities or other entities who have contracts with or are under the oversight of the District. Appointed candidates shall

receive no compensation for their services and shall represent the District in their service on the entity board;

- (C) conduct and make recommendations to the Board concerning the President and CEO's evaluation process and compensation;
- (D) review policies and other documentation related to the District's compliance program;
- (E) monitor and advise on compliance investigations and corrective action plans; and
- (F) seek input from District staff and Board members on governance processes, including the development of Board agendas under Section 8.18.

7.2 ***STRATEGIC PLANNING COMMITTEE***

The Strategic Planning Committee shall be responsible for developing the Strategic Plan and performance metrics and dashboards related to the business of the District.

7.2.1 **The Strategic Planning Committee shall:**

- (A) develop and present the Strategic Plan to the Board;
- (B) monitor the implementation of the Strategic Plan;
- (C) recommend interim updates to the Strategic Plan whenever such updates are, in the opinion of the committee, necessary to reflect the District's current operating environment or shifting priorities, such as new strategic initiatives;
- (D) assist in evaluating service delivery methods in relation to the implementation of the Strategic Plan;
- (E) develop and recommend communication strategies that align with the Strategic Plan and promote District initiatives;
- (F) develop and recommend community engagement strategies that align with the Strategic Plan and promote District initiatives ~~that are unrelated to the reuse and redevelopment of the Downtown Campus~~; and
- (G) receive reports from District staff on the progress and results of communications and community engagement initiatives.

~~7.3 REAL ESTATE COMMITTEE~~

~~The Real Estate Committee shall be responsible for managing the reuse and redevelopment of the Central Health Downtown Campus and for developing and making recommendations to the Board on other proposed real estate transactions, including sales, leases, or acquisitions and the methods to finance same, in order to accomplish the strategic goals of the District.~~

SPECIAL COMMITTEES AND SUBCOMMITTEES

- 7.34 Special ad hoc committees may be created by the Chairperson of the Board to perform specific tasks or to address specific issues. The formation of a special ad hoc committee must be approved by the Board, unless another section of these Bylaws gives a different person or body the ability to approve of the committee's creation. All special ad hoc committees are accountable to the Board.
- 7.45 Any committee may elect to perform any of its designated advisory functions by constituting any two of its members as a subcommittee for that purpose and reporting such action to the Board. Any such subcommittee may include non-board members in addition to members of the committee.

COMPOSITION AND TERM

- 7.56 Except as otherwise specified herein, committees shall be composed of no more than four Board members, each of whom shall be appointed by, and may be removed by, the Chairperson of the Board. The Chairperson of the Board shall be an ex-officio member, without vote, of all committees; provided, however, that the Chairperson shall be automatically appointed as a temporary committee member, with the right to vote, whenever such appointment is necessary to achieve a quorum of a committee.
- 7.67 Committee members are appointed for a term of one (1) year and shall serve until the end of this period or until the member's successor is appointed, unless the member shall resign or be removed from the committee. The Chairperson may appoint an interim successor to the committee for a member whose Board term has expired and who is holding over as a Board member, but who has resigned his or her committee position. Any such interim successor may serve until the meeting of the Board at which the Board votes to consent to the appointment of a new committee member.

QUORUM AND VOTING

- 7.78 Committees are advisory in nature and, unless they have been given authority to act on behalf of the Board under these Bylaws or through Board action, may not take action on their own other than to make recommendations to the Board. To the extent that committees are

authorized to develop strategies and make recommendations, committee members have voting privileges.

- 7.78.1 Quorum Generally. A majority of the voting members of a committee shall constitute a quorum.
- 7.78.2 Quorum of the Budget and Finance Committee. A quorum of the Budget and Finance Committee shall consist of either: (A) a majority of the voting members of the committee or (b) a majority of the Board.
- 7.78.3 Special Voting Rights Related to the Budget and Finance Committee. All non-committee Board members in attendance at a Budget and Finance Committee meeting are automatically appointed as members of such committee and shall have the same voting rights, without limitations, as regularly-appointed members of the Budget and Finance Committee.

AGENDAS

- 7.89 The committee Chair shall have final approval of items to be placed on a committee agenda.

ADVISORY AND AUXILIARY COMMITTEES

- 7.910 If authorized or required by state law or Board policy, the Board shall appoint advisory or auxiliary committees of non-Board members to assist the District. These committees may be composed of volunteers, independent contractors, or employees. The terms, qualifications, and methods of appointment of these committees shall be governed by relevant state law, Board policy, and the Bylaws. The Board shall designate the chair and vice-chair, if any, of each such committee.

MEDICAL EXECUTIVE BOARD INTERACTION AND AUTHORITY

- 7.10 The Medical Executive Board (“MEB”) shall oversee, on behalf of the District, all aspects of the practice of medicine as defined by state law, including peer review, credentialing, and the oversight of the safety, quality, and appropriateness of the care, treatment, and services provided to patients (“Practice of Medicine”). The Board ~~not~~ shall not supervise or control the Practice of Medicine, as prohibited by Texas Occupations Code Title 3, Subtitle B.
- 7.11 In cooperation with the District’s Medical Executive Board, the Board shall develop and implement a conflict management process to resolve any conflict between a policy adopted by the Medical Executive Board and a policy of the District.
- 7.12 For all matters relating to the Practice of Medicine, each physician employed by the District shall ultimately report to the chair of the Medical Executive Board. For all standards of conduct or employee policies not involving the Practice of Medicine that apply to all

employees of the District, each physician employed by the District shall ultimately report to the President and CEO.

7.134 In matters that may raise mixed issues involving the Practice of Medicine and standards of conduct applicable to all District employees, the District's President and CEO and the Chair of the MEB shall resolve such issues through the District's conflict management process.

ARTICLE VIII

MEETINGS OF THE BOARD

GENERAL PROVISION

8.0 All regular, annual, special, and emergency meetings of the Board shall be held in accordance with the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, and District policy.

REGULAR MEETINGS

8.1 Regular meetings of the Board shall be held at least once a month at the District headquarters, 1111 E. Cesar Chavez, Austin, Texas, unless another location is specified. The date and time of all regular meetings to occur during a calendar year will be established by the Chairperson and adopted at the annual Board meeting. When necessary, the Board may add or cancel a regular meeting or change the date of a regular meeting by motion adopted at a meeting of the Board. Regular meetings shall begin at a time designated by the Chairperson.

ANNUAL MEETINGS

8.2 The Board will conduct an annual meeting in December of each year or at another regular meeting designated by the Chair.

8.3 The following activities should occur at the annual meeting:

- (A) ~~installation election and appointment~~ of officers of the Board, if appropriate that year;
- (B) review of the Bylaws, if appropriate that year;
- (C) disclosure of conflict-of-interest statements by Board members; and
- (D) address such other matters as may come to the attention of the Board.

SPECIAL MEETINGS

- 8.4 Special meetings of the Board may be held on any date that permits the President and CEO to provide notice of the meeting in compliance with Chapter 551 of the Texas Government Code, and may be called by: (A) the Chairperson; (B) the written request of at least four (4) Board members to the President and CEO; or (C) a motion adopted at a meeting of the Board. Special meetings shall begin at a time designated by the Chairperson or a time specified by motion of the Board. The business to be discussed and acted upon at the special meeting shall be confined to the purpose or purposes for which the meeting was called.

EMERGENCY MEETINGS

- 8.5 Emergency meetings of the Board may be called by the Chairperson or the Vice-Chairperson after receiving confirmation determining from legal counsel that an emergency or urgent public necessity ~~warrant~~exists the meeting and ~~if there that the are~~ issue(s) whose consideration cannot be postponed until a special or regular meeting. Posting of notice for emergency meetings shall be done in accordance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code. An emergency or urgent public necessity exists only if immediate action is required by the Board because of (A) an imminent threat to public health and safety; or (B) a reasonably unforeseeable situation. At an emergency meeting, the Board may only deliberate and take action on matters directly related to responding to the emergency or urgent public necessity identified in the notice of the meeting, or other matters for which normal notice has been given under the Open Meetings Act.

ORDER OF BUSINESS

- 8.6 The order of business at Board meetings shall be determined by the Chairperson. The agenda may include reports from Board committees.

CLOSED SESSION

- 8.7 The Board may enter a closed session after establishing a quorum, calling the meeting to order, and announcing, in open session, that a closed session will be held in accordance with the policies and procedures of the Board and in compliance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.

QUORUM

- 8.8 The presence of the majority of the Board shall constitute a quorum for the transaction of business, but if a lesser number may adjourn meeting must cease due to the lack of a quorum, thea meeting chair may announce until a later specified date when the meeting will be rescheduled with a quorum ~~shall be~~ present. A quorum of the Board must be physically present at the main meeting location.

MANNER OF ACTION

- 8.9 Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is physically present shall be the action of the group. Board members participating via videoconference will be considered as present and voting in accordance with applicable laws, rules, and District policy.
- 8.10 No final action, decision, or vote shall be taken while the Board is convened in closed session, and any motion to adjourn must be made after the Board has reconvened in an open meeting.

NOTICE OF MEETING

- 8.11 Board meetings will be posted pursuant to the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.
- 8.12 Board members shall be notified of regular and special meetings at least seventy-two (72) hours prior to the scheduled time of the meetings.
- 8.13 Board members shall be notified of emergency meetings called under Section 8.5 above at least two hours prior to the time of the meeting.

RECORD OF MEETINGS

- 8.14 The Board shall either (A) prepare or direct the President and CEO to prepare minutes or (B) make a recording of each open meeting. The recording or minutes of meetings shall contain each subject of discussion and deliberation, all motions, seconds, and the vote, if any, on such motions. Minutes shall be signed by the presiding officer and attested to by the Secretary.

CONDUCT OF MEETINGS

- 8.15 The most recent edition of *Robert's Rules of Order Newly Revised*, when not in conflict with other Board-adopted rules of procedure, these Bylaws, or applicable law, shall be the rules of parliamentary procedure and order for the Board and its committees, except that there shall be no requirement to read the minutes and the chair of any meeting may (A) vote and (B) establish time limits for discussion of each agenda item without the necessity of receiving a two-thirds vote of the Board.

PUBLIC PARTICIPATION AT MEETINGS

- 8.16 Members of the public who desire to deliver oral comments at a Board or Committee meeting must complete the required sign-in form before the time set by the Board or Committee for public comment ~~agenda item is reached during the Board meeting~~ registration. The Board may develop a policy addressing how public comment will be received, including specifying the number of speakers allowed and the length of time each speaker may speak. Persons wishing to speak before the Board shall provide the following information:

- (A) name and address;
- (B) the name of the person or group, if any, the speaker is representing;
- (C) the agenda item upon which the person wishes to speak, if any; and
- (D) if the matter does not relate to an agenda item, a brief description of the nature of the matter to be addressed by the speaker.

8.17 If a member of the public inquires about a subject for which notice has not been given as required by the Open Meetings Act, Chapter 551 of the Texas Government Code, the Board or Committee may provide a statement of specific factual information or a recitation of existing policy in response to the inquiry by the speaker. Any deliberation or decision about the subject of the speaker's inquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

AGENDAS

- 8.18 The Chairperson shall have final approval of items to be placed on Board meeting agendas. The Vice-Chairperson may approve the Board agenda if the Chairperson of the Board is, or appears to be, unable to approve the agenda in time to allow the President and CEO to post the agenda in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code. The President and CEO shall be responsible for preparing, posting, and distributing the meeting agenda and any associated written materials to the Board.
- 8.19 The Chairperson may direct the President and CEO to add one or more agenda items to a posted agenda if there is time to post a revised agenda or supplement in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code. ~~In instances in which the Chairperson's direction is due to a perceived emergency or urgent public necessity, the President and CEO, in consultation with legal counsel, shall determine whether an emergency or urgent public necessity exists.~~

ARTICLE IX

PRESIDENT AND CEO

- 9.0 The Board shall appoint a President and CEO who is qualified by training and experience. The President and CEO shall be held accountable for the management of the District and shall ensure that the District's activities are within the limits prescribed by law and the policies adopted by the Board. Except as limited by law, District policy, or action of the Board, the President and CEO or designee shall, at a minimum:
 - (A) advise and assist the Board in managing, controlling, and administering the District's business;

- (B) administer and enforce the policies, procedures, and rules necessary for the operation of the District;
- (C) employ, evaluate, and discharge all employees of the District, subject to an annual approved budget;
- (D) develop and maintain personnel policies and practices of the District;
- (E) prepare, revise, and recommend an annual budget- that reflects expected revenues and expenditures to the Board and the Commissioners Court for approval;
- (F) spend budgeted funds- in accordance with District policies and procedures in order to accomplish the strategic goals of the District;
- (G) make budget transfers between line items within the same Program Budget;
- (H) supervise the District's business affairs to ensure that funds are collected and used to the best possible advantage;
- (I) supervise the purchase of supplies, services, and equipment in accordance with District policies and procedures;
- (J) attend all meetings of the Board and committees thereof;
- (K) execute contracts, amendments, and renewals in accordance with Board approved policies and procedures;
- (L) execute documents on behalf of the Board which do not require individual discretion and are carried out as the result of statutory or regulatory mandates, or established procedures, including but not limited to, the execution of tax resale deeds and license agreements;
- (M) perform such other duties as may be delegated by the Board to serve the best interests of the District;
- (N) make an annual report to the Board, Commissioners Court, the Texas Health and Human Services Commission or its successor, and the comptroller as soon as practicable after the close of the fiscal year as required by Section 281.092 of the Texas Health and Safety Code;
- (O) perform duties as required by Section 281.071, Texas Health and Safety Code, concerning payment and support, as necessary;
- (P) serve as the agent for service of process on behalf of the District;

- (Q) oversee and make timely decisions on litigation matters in which the District is or may become named in a legal action, with the exception that the President and CEO may not accept or reject any settlement offer or initiate any legal action without Board approval;
 - (R) inform the Board in the most appropriate manner of material operational or financial issues as identified by the Board;
 - (S) identify threats and opportunities and make recommendations to the Board; and
 - (T) meet such other requirements imposed by law or the Board upon the President and CEO.
- 9.1 The President and CEO serves at the will of the Board and for terms of not more than four (4) years. Before assuming duties, the President and CEO shall execute a bond payable to the District in the amount of not less than \$10,000, which bond is conditioned on the faithful performance of the President and CEO's duties and any other requirements determined by the Board. The President and CEO shall be entitled to compensation as determined by the Board.
- 9.2 If the President and CEO is incapacitated, absent for a period of more than 72 hours, or unable to perform his or her duties, the Assistant Administrator as described in Section 281.027, Texas Health and Safety Code, shall perform any or all of the duties of the President and CEO necessary for the operation of the District.
- 9.3 Notwithstanding the foregoing, the Board reserves its right to manage, control, and administer the District.

ARTICLE X

PUBLIC STATEMENTS AND PRONOUNCEMENTS

- 10.0 The Chairperson, after conducting reasonable due diligence, may make, or authorize his or her designee to make, public statements and pronouncements on behalf of the Board.

ARTICLE XI

INDEMNITY AND INSURANCE

- 11.0 If, as, upon such conditions, and to the extent permitted or required by Texas law, the District shall indemnify any member of the Board and the President and CEO against all costs and expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the Board member or President and CEO's service, regardless of whether the action, suit, or proceeding is based on actions that occurred prior to or subsequent to the adoption of these Bylaws. The costs and expenses for which such persons shall be indemnified include attorney's fees and all amounts paid or payable by any Board

member or the President and CEO (other than amounts paid or payable to the District itself), pursuant to any judgment or any reasonable settlement agreement.

- 11.1 The District may also, to the extent expressly permitted by Chapter 102 of the Texas Civil Practice and Remedies Code and any other applicable Texas laws, indemnify any other officer or employee of the District against all costs and expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the officer or employee's service to the District. Notwithstanding the foregoing, the District makes no express or implied guaranty or promise that it will indemnify an officer or employee in a particular situation, and no officer or employee of the District shall be entitled to rely upon this section for that purpose.
- 11.2 The District shall acquire liability insurance if, in the opinion of the Board, that insurance is reasonably affordable and, among other things, provides indemnity and/or defense of any member of the Board for claims or expenses, except to the extent prohibited by Texas law.
- 11.3 Nothing in Article XI is intended to, or should be construed to, require the District to indemnify any of the persons identified in Sections 11.0 and 11.1 above against the costs and expenses of any action, suit, or proceeding if:
- (A) no law expressly permits the District to provide such indemnity; or
 - (B) such person(s) shall be finally adjudged in said action, suit, or proceeding or, in the event of a settlement, determined by the Board to have been guilty of violations of law, acting in bad faith, or ~~exercising exhibiting reckless or grossly negligent~~ behavioree in the performance of their duties to the District.
- 11.4 Additionally, any grant or denial of indemnity under this Article XI represents an exercise of discretionary functions of the Board.

ARTICLE XII

CONFLICT OF BYLAWS

- 12.0 If any provision of these Bylaws is now or hereinafter becomes in conflict with any federal or state statute, regulation, or any other law relating to the operation of the District, such statute or other law, as long as it is in effect, shall take precedence over these Bylaws.

ARTICLE XIII

AMENDMENTS AND ALTERATIONS TO BYLAWS

- 13.0 Every two (2) years, the Board shall review these Bylaws. Proposed revisions shall be submitted to the Board at least seven (7) working days prior to the meeting at which a vote to

amend the Bylaws is scheduled. The submitted revisions must be in writing and include the exact wording of the existing Bylaws' language, if any, and the proposed change(s).

ARTICLE XIV

MISCELLANEOUS ORGANIZATIONAL PROVISIONS

- 14.0 The District fiscal year shall begin October 1 and shall end the following September 30.
- 14.1 The form of the official seal of the District shall consist of two hands shaking with a stethoscope superimposed over an outline of the State of Texas surrounded by two concentric circles with the name "Travis County Healthcare District" displayed in the space between the two circles. The seal may be either embossed or stamped. The Secretary has the responsibility of retaining the seal, but may delegate the retention of the seal to the President and CEO. Affixing the seal is not necessary to authenticate or attest a document unless the seal is required by applicable law.

ARTICLE XV

ADOPTION

- 15.0 These Amended and Restated Bylaws shall become effective immediately upon their acceptance and adoption and shall supersede all previous Bylaws heretofore adopted by the Board of the District.

Accepted and adopted by the Board of the Travis County Healthcare District at Austin, Travis County, Texas, on the ~~28~~⁹th day of ~~October~~^{May}, 20~~20~~¹⁹.

~~Guadalupe Zamora~~Sherri Greenberg
Chairperson, Board of Managers
Travis County Healthcare District

~~Abigail Aiken~~Cynthia Valadez
Secretary, Board of Managers
Travis County Healthcare District

**AMENDED AND RESTATED BYLAWS OF THE
TRAVIS COUNTY HEALTHCARE DISTRICT**

**EFFECTIVE SEPTEMBER 16, 2020
BOARD OF MANAGERS**

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**AMENDED AND RESTATED BYLAWS
OF THE
BOARD OF MANAGERS**

**TRAVIS COUNTY HEALTHCARE DISTRICT
D/B/A CENTRAL HEALTH**

PREAMBLE

The Travis County Healthcare District d/b/a Central Health (“District”) Board of Managers hereby adopts these Amended and Restated Bylaws to provide a framework for self-government of the District. This framework permits the District to operate pursuant to the Constitution and governing statutes of the State of Texas, including Chapter 281 of the Texas Health and Safety Code. Portions of these governing laws are included in these Bylaws for the purpose of clarification.

DEFINITIONS

“Board” means the Board of Managers of the District. The term “Board” shall have the same meaning as the term “board” under Chapter 281 of the Texas Health and Safety Code.

“Board Member” means a person appointed to serve on the Board and duly qualified. Board Members are Public Officers. Members may also be referred to as Managers.

“Commissioners Court” means the members of the Commissioners Court of Travis County, Texas, being the elected officials of Travis County who are responsible for appointing certain Board members.

“District” means the Travis County Healthcare District d/b/a Central Health.

“Duly Qualified” means that a Public Officer has satisfied all legal prerequisites to serve in the appointed office including completing and filing all legally required papers or bonds and swearing and recordation of all necessary oaths.

“Medical Executive Board” means a board created by Texas Health and Safety Code §281.02815 which is independent of the Board and is charged with adopting, maintaining, and enforcing policies to ensure that a physician employed by the District exercises the physician’s independent medical judgment in providing care to patients.

“Municipality” means the municipality with the largest population in Travis County.

“President and Chief Executive Officer (CEO)” means the individual appointed by the Board to perform the duties described in Article IX. The term “President and CEO” shall have the same meaning as the term “administrator” under Chapter 281 of the Texas Health and Safety Code.

“Program Budget” means a budget designed to reflect the costs of activities (programs) that are undertaken to achieve specific goals and objectives.

“Public Officer” means a person who is appointed or elected to a public office created by law, where the office has duties which involve the person exercising discretion over some sovereign function of government for the public.

“Travis County” means the Texas political subdivision that is surrounded by Williamson, Bastrop, Caldwell, Hays, Blanco, and Burnet Counties. Travis County is comprised of 1,023 square miles and its territory fully encompasses nine municipalities: Bee Cave, Creedmoor, Jonestown, Lago Vista, Lakeway, Manor, Rollingwood, Sunset Valley, and Westlake Hills. Portions of seven municipalities, most notably Pflugerville and Austin, extend outside of Travis County’s boundaries.

ARTICLE I

VISION

1.0 Central Texas is a model healthy community.

MISSION

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

PURPOSE

1.2 The purpose of the District is to provide hospital and medical care to the extent required by law and to fulfill any other lawful purpose.

ARTICLE II

RESPONSIBILITIES AND POWERS OF THE DISTRICT

2.0 It is the responsibility of the District to seek to meet the requirements imposed upon it by Texas law.

2.1 Notwithstanding anything herein to the contrary, the District shall have all powers and rights that have been granted under Article IX, Section 9 of the Texas Constitution, Chapter 281 of the Texas Health and Safety Code, and all other applicable laws.

ARTICLE III

DUTIES AND AUTHORITIES OF THE BOARD

- 3.0 To the extent not prohibited or limited by law, the Board shall,:
- (A) be the governing body of the District;
 - (B) approve the annual budget for the District;
 - (C) retain independent auditors to make an annual audit of the fiscal records of the District;
 - (D) accept the annual audit at an open meeting and make the annual audit publicly available;
 - (E) select the depository for the funds of the District;
 - (F) appoint the President and CEO of the District and a Compliance Officer for the District, and may appoint an Assistant Administrator;
 - (G) approve, adhere to, and enforce the policies developed for the operation of the District, unless otherwise delegated to the President and CEO;
 - (H) seek approval from the Commissioners Court on matters as required by law;
 - (J) approve, modify, or deny contracts, unless otherwise delegated to a committee or the President and CEO;
 - (K) develop a philosophy and strategic goals for the District to be reflected in a comprehensive, coordinated strategic plan (“Strategic Plan”);
 - (L) serve as an advocate for the District;
 - (M) appoint members to the governing boards of affiliated entities or other entities as provided by law, agreement, or other mechanism; and
 - (N) meet other requirements imposed by law upon the Board.

ARTICLE IV

APPOINTMENT OF THE BOARD

- 4.0 The Commissioners Court shall appoint four (4) members to the Board. The governing body of the Municipality shall appoint four (4) members to the Board, and the Commissioners Court and the Municipality shall jointly appoint one member to the Board. In selecting the members

of the Board, the Board shall encourage the Commissioners Court and the Municipality to consider the duties of the Board, the candidates' interests, availability, skills, and reputation for objectivity and fairness, as well as any legal conflicts that may impact the candidate's ability to effectively engage as a Board member.

- 4.1 The members of the Board serve staggered four-year terms, with as near as possible to one-fourth of the members' terms expiring each year.
- 4.2 Subject to agreement by the Commissioners Court and the governing body of the Municipality, appointments shall take place each December, with terms beginning on January 1.
- 4.3 Members of the Board shall serve the length of their term and are eligible for re-appointment.
- 4.4 If a member resigns or is otherwise incapable of fulfilling his or her term, the Commissioners Court and/or the Municipality, as applicable, shall appoint an interim member to the Board to serve until the permanent member's term expires.
- 4.5 In accordance with Article XVI, Section 17 of the Texas Constitution, members of the Board shall continue to perform the duties of their offices until their successors are duly qualified for the office.

ARTICLE V

CONFLICT OF INTEREST

- 5.0 The requirements in this Article V are in addition to all requirements the Board members may be subject to under any policies adopted by the Board.
- 5.1 Members of the Board shall comply with Chapter 171 of the Texas Local Government Code by recusing themselves from any vote or decision and abstaining from participation in discussions on matters in which they have a substantial interest.

ARTICLE VI

OFFICERS OF THE BOARD

CHAIRPERSON

- 6.0 The Chairperson of the Board serves as the chief officer of the Board and shall have responsibility and authority for:
 - (A) enforcing compliance with standards of ethical conduct and professional demeanor by the Board in their relations with each other, District staff, and the community that the District serves;

- (B) appointing Board members to serve on Board committees and the chair of ad hoc committees;
- (C) presiding over Board and Executive Committee meetings and, in the absence of another committee's chair, either presiding over the committee meeting or appointing another member of the committee to do so; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

VICE-CHAIRPERSON

6.1 The Vice-Chairperson of the Board shall have responsibility and authority for:

- (A) serving as chair of the Strategic Planning Committee unless the Board votes otherwise;
- (B) assisting the Chairperson as requested;
- (C) in the case of absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, perform the duties of the Chairperson until the Chairperson shall resume his or her office or until the expiration of the Chairperson's term as Chairperson; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

SECRETARY

6.2 The Secretary shall have responsibility and authority for:

- (A) ensuring the adequacy and accuracy of minutes taken or recordings of the Board meetings;
- (B) keeping a suitable record of each Board meeting and the Official Seal of the District, or delegating the keeping of such record and/or the Seal of the District to the President and CEO;
- (C) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson and Vice-Chairperson, perform the duties of the Chairperson until the Chairperson and/or Vice-Chairperson shall resume his or her office or until the terms of the elected Chairperson and Vice-Chairperson have expired; and
- (D) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

TREASURER

- 6.3 The Treasurer shall have responsibility and authority for:
- (A) serving as chair of the Budget and Finance Committee unless the Board votes otherwise;
 - (B) in the case of the absence, death, resignation, disability, refusal to serve, removal, or disqualification of the Chairperson, Vice-Chairperson, and Secretary, exercising the duties of the Chairperson, as Acting Chairperson, until the Chairperson, Vice-Chairperson, or Secretary shall resume his or her office or the terms of the Chairperson, Vice-Chairperson, and Secretary have expired; and
 - (C) performing such other duties as are assigned by statute, these Bylaws, or other action of the Board.

ELECTIONS AND APPOINTMENTS

- 6.4 Every two (2) years, unless two-thirds of the Board vote to accept nominations for Board officers prior to the second year of the current Board officer's term, the members shall elect from among themselves a Chairperson, Vice-Chairperson, and Treasurer, and shall appoint a Secretary.
- 6.5 Nominations for the position of Chairperson, Vice-Chairperson, Treasurer, and any other position that requires election or appointment may be made by a Board member at a Board meeting or by a special ad hoc committee established pursuant to Section 7.1.1(A). Board members may nominate themselves for any Board officer position.
- 6.6 Elections or appointments conducted at Board meetings shall be conducted in an open meeting. Unless a different number is required by law, a majority vote of a quorum is required to elect a nominee for each position set forth in this Article VI.
- 6.7 When a Board officer position other than Chairperson becomes vacant, an election or appointment for the position shall take place at the next meeting of the Board, or as soon thereafter as practicable.
- 6.8 No Board member may hold the same office for more than one (1) term, unless two-thirds of the Board vote to suspend the term limits imposed by these Bylaws.
- 6.9 Board Officer elections shall be held at the annual meeting as described in Section 8.3(A). Officers shall take office as of the first day of the next year, unless the annual meeting and elections are delayed, in which case the newly elected officers shall take office the first day of the month following the annual meeting.

REMOVAL AND RESIGNATIONS

- 6.10 A Board member may be removed from office pursuant to Chapter 87 of the Texas Local Government Code or other Texas law. Additionally, a Board member may resign at any time by giving written notice to the Board Chairperson or Secretary and to the governmental entity that appointed the member (i.e., the Travis County Commissioners Court and/or the governing body of the Municipality). Any such resignation shall take effect as soon as a replacement is appointed and qualified to serve in the office.

ARTICLE VII

COMMITTEES

7.0 *BUDGET AND FINANCE COMMITTEE*

The Budget and Finance Committee shall be responsible for assisting the President and CEO in preparing the District's annual budget, reviewing and monitoring financial statements, advising on audit matters, and making recommendations regarding financial transactions. The Budget and Finance Committee shall meet at least monthly.

7.0.1. The Budget and Finance Committee shall also:

- (A) advise on financial policies of the District, as necessary;
- (B) assist in the selection of an external independent auditor; and
- (C) review the annual audit report prepared by the independent auditor.

7.0.2 The Budget and Finance Committee shall have standing authority to act on behalf of the Board with respect to the following:

- (A) approve the expenditure of funds for goods and services at any meeting of the committee at which at least seven (7) members of the committee (including, without limitation, any Board members who are not regular appointed members of the committee but who are appointed automatically to be members of the committee for such meeting in accordance with Section 7.7.3 of these Bylaws) are present, and with respect to such expenditure, at least five (5) of the committee members vote for approval at such meeting in a session that is open to the public;
- (B) approve the appointment of depositories;
- (C) ratify investments and take appropriate action on cash management, borrowings, and other District financial transactions; and

- (D) receive financial information from affiliated organizations.

7.1 ***EXECUTIVE COMMITTEE***

The Executive Committee shall be comprised of Board officers and shall be responsible for making recommendations concerning the types of appointments described in Article III, candidates for Board officers, the President and CEO's employment, items for future Board discussions, and compliance activities.

7.1.1 **The Executive Committee shall:**

- (A) ensure the formation of a special ad hoc committee comprised of two (2) Executive Committee members, one of whom must be the outgoing Board Chairperson, and two members of the Board who are not members of the Executive Committee for the purpose of (i) accepting nominations for Board officers; (ii) discussing the merits that a particular Board member may bring to the position that he or she has expressed interest in assuming; and (iii) making recommendations on candidates for Board officers. As outlined in Section 7.5, the outgoing Chairperson shall appoint the members of such special ad hoc committee, and he or she shall do so at least one (1) month prior to the date on which Board officers are set to be elected or appointed;
- (B) present the Board with nominations for candidates to the governing boards of affiliated entities or other entities who have contracts with or are under the oversight of the District. Appointed candidates shall receive no compensation for their services and shall represent the District in their service on the entity board;
- (C) conduct and make recommendations to the Board concerning the President and CEO's evaluation process and compensation;
- (D) review policies and other documentation related to the District's compliance program;
- (E) monitor and advise on compliance investigations and corrective action plans; and
- (F) seek input from District staff and Board members on governance processes, including the development of Board agendas under Section 8.18.

7.2 ***STRATEGIC PLANNING COMMITTEE***

The Strategic Planning Committee shall be responsible for developing the Strategic Plan and performance metrics and dashboards related to the business of the District.

7.2.1 The Strategic Planning Committee shall:

- (A) develop and present the Strategic Plan to the Board;
- (B) monitor the implementation of the Strategic Plan;
- (C) recommend interim updates to the Strategic Plan whenever such updates are, in the opinion of the committee, necessary to reflect the District's current operating environment or shifting priorities, such as new strategic initiatives;
- (D) assist in evaluating service delivery methods in relation to the implementation of the Strategic Plan;
- (E) develop and recommend communication strategies that align with the Strategic Plan and promote District initiatives;
- (F) develop and recommend community engagement strategies that align with the Strategic Plan and promote District initiatives; and
- (G) receive reports from District staff on the progress and results of communications and community engagement initiatives.

SPECIAL COMMITTEES AND SUBCOMMITTEES

7.3 Special ad hoc committees may be created by the Chairperson of the Board to perform specific tasks or to address specific issues. The formation of a special ad hoc committee must be approved by the Board, unless another section of these Bylaws gives a different person or body the ability to approve of the committee's creation. All special ad hoc committees are accountable to the Board.

7.4 Any committee may elect to perform any of its designated advisory functions by constituting any two of its members as a subcommittee for that purpose and reporting such action to the Board. Any such subcommittee may include non-board members in addition to members of the committee.

COMPOSITION AND TERM

7.5 Except as otherwise specified herein, committees shall be composed of no more than four Board members, each of whom shall be appointed by, and may be removed by, the Chairperson of the Board. The Chairperson of the Board shall be an ex-officio member, without vote, of all committees; provided, however, that the Chairperson shall be automatically appointed as a temporary committee member, with the right to vote, whenever such appointment is necessary to achieve a quorum of a committee.

- 7.6 Committee members are appointed for a term of one (1) year and shall serve until the end of this period or until the member's successor is appointed, unless the member shall resign or be removed from the committee. The Chairperson may appoint an interim successor to the committee for a member whose Board term has expired and who is holding over as a Board member but who has resigned his or her committee position. Any such interim successor may serve until the meeting of the Board at which the Board votes to consent to the appointment of a new committee member.

QUORUM AND VOTING

- 7.7 Committees are advisory in nature and, unless they have been given authority to act on behalf of the Board under these Bylaws or through Board action, may not take action on their own other than to make recommendations to the Board. To the extent that committees are authorized to develop strategies and make recommendations, committee members have voting privileges.

7.7.1 Quorum Generally. A majority of the voting members of a committee shall constitute a quorum.

7.7.2 Quorum of the Budget and Finance Committee. A quorum of the Budget and Finance Committee shall consist of either: (A) a majority of the voting members of the committee or (b) a majority of the Board.

7.7.3 Special Voting Rights Related to the Budget and Finance Committee. All non-committee Board members in attendance at a Budget and Finance Committee meeting are automatically appointed as members of such committee and shall have the same voting rights, without limitations, as regularly-appointed members of the Budget and Finance Committee.

AGENDAS

- 7.8 The committee Chair shall have final approval of items to be placed on a committee agenda.

ADVISORY AND AUXILIARY COMMITTEES

- 7.9 If authorized or required by state law or Board policy, the Board shall appoint advisory or auxiliary committees of non-Board members to assist the District. These committees may be composed of volunteers, independent contractors, or employees. The terms, qualifications, and methods of appointment of these committees shall be governed by relevant state law, Board policy, and the Bylaws. The Board shall designate the chair and vice-chair, if any, of each such committee.

MEDICAL EXECUTIVE BOARD INTERACTION AND AUTHORITY

- 7.10 The Medical Executive Board ("MEB") shall oversee, on behalf of the District, all aspects of the practice of medicine as defined by state law, including peer review,

credentialing, and the oversight of the safety, quality, and appropriateness of the care, treatment, and services provided to patients (“Practice of Medicine”). The Board shall not supervise or control the Practice of Medicine, as prohibited by Texas Occupations Code Title 3, Subtitle B.

7.11 In cooperation with the District’s Medical Executive Board, the Board shall develop and implement a conflict management process to resolve any conflict between a policy adopted by the Medical Executive Board and a policy of the District.

7.12 For all matters relating to the Practice of Medicine, each physician employed by the District shall ultimately report to the chair of the Medical Executive Board. For all standards of conduct or employee policies not involving the Practice of Medicine that apply to all employees of the District, each physician employed by the District shall ultimately report to the President and CEO.

7.13 In matters that may raise mixed issues involving the Practice of Medicine and standards of conduct applicable to all District employees, the District’s President and CEO and the Chair of the MEB shall resolve such issues through the District’s conflict management process.

ARTICLE VIII

MEETINGS OF THE BOARD

GENERAL PROVISION

8.0 All regular, annual, special, and emergency meetings of the Board shall be held in accordance with the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, and District policy.

REGULAR MEETINGS

8.1 Regular meetings of the Board shall be held at least once a month at the District headquarters, 1111 E. Cesar Chavez, Austin, Texas, unless another location is specified. The date and time of all regular meetings to occur during a calendar year will be established by the Chairperson and adopted at the annual Board meeting. When necessary, the Board may add or cancel a regular meeting or change the date of a regular meeting by motion adopted at a meeting of the Board. Regular meetings shall begin at a time designated by the Chairperson.

ANNUAL MEETINGS

8.2 The Board will conduct an annual meeting in December of each year or at another regular meeting designated by the Chair.

8.3 The following activities should occur at the annual meeting:

- (A) election and appointment of officers of the Board, if appropriate that year;
- (B) review of the Bylaws, if appropriate that year;
- (C) disclosure of conflict-of-interest statements by Board members; and
- (D) address such other matters as may come to the attention of the Board.

SPECIAL MEETINGS

- 8.4 Special meetings of the Board may be held on any date that permits the President and CEO to provide notice of the meeting in compliance with Chapter 551 of the Texas Government Code, and may be called by: (A) the Chairperson; (B) the written request of at least four (4) Board members to the President and CEO; or (C) a motion adopted at a meeting of the Board. Special meetings shall begin at a time designated by the Chairperson or a time specified by motion of the Board. The business to be discussed and acted upon at the special meeting shall be confined to the purpose or purposes for which the meeting was called.

EMERGENCY MEETINGS

- 8.5 Emergency meetings of the Board may be called by the Chairperson or the Vice-Chairperson after receiving confirmation from legal counsel that an emergency or urgent public necessity exists and if there are issue(s) whose consideration cannot be postponed until a special or regular meeting. Posting of notice for emergency meetings shall be done in accordance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code. An emergency or urgent public necessity exists only if immediate action is required by the Board because of (A) an imminent threat to public health and safety; or (B) a reasonably unforeseeable situation. At an emergency meeting, the Board may only deliberate and take action on matters directly related to responding to the emergency or urgent public necessity identified in the notice of the meeting, or other matters for which normal notice has been given under the Open Meetings Act.

ORDER OF BUSINESS

- 8.6 The order of business at Board meetings shall be determined by the Chairperson. The agenda may include reports from Board committees.

CLOSED SESSION

- 8.7 The Board may enter a closed session after establishing a quorum, calling the meeting to order, and announcing, in open session, that a closed session will be held in accordance with the policies and procedures of the Board and in compliance with the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.

QUORUM

- 8.8 The presence of the majority of the Board shall constitute a quorum for the transaction of business, but if a meeting must cease due to the lack of a quorum, the meeting chair may announce a later specified date when the meeting will be rescheduled with a quorum present. A quorum of the Board must be physically present at the main meeting location.

MANNER OF ACTION

- 8.9 Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is physically present shall be the action of the group. Board members participating via videoconference will be considered as present and voting in accordance with applicable laws, rules, and District policy.
- 8.10 No final action, decision, or vote shall be taken while the Board is convened in closed session, and any motion to adjourn must be made after the Board has reconvened in an open meeting.

NOTICE OF MEETING

- 8.11 Board meetings will be posted pursuant to the requirements set forth in the Open Meetings Act, Chapter 551 of the Texas Government Code.
- 8.12 Board members shall be notified of regular and special meetings at least seventy-two (72) hours prior to the scheduled time of the meetings.
- 8.13 Board members shall be notified of emergency meetings called under Section 8.5 above at least two hours prior to the time of the meeting.

RECORD OF MEETINGS

- 8.14 The Board shall either (A) prepare or direct the President and CEO to prepare minutes or (B) make a recording of each open meeting. The recording or minutes of meetings shall contain each subject of discussion and deliberation, all motions, seconds, and the vote, if any, on such motions. Minutes shall be signed by the presiding officer and attested to by the Secretary.

CONDUCT OF MEETINGS

- 8.15 The most recent edition of *Robert's Rules of Order Newly Revised*, when not in conflict with other Board-adopted rules of procedure, these Bylaws, or applicable law, shall be the rules of parliamentary procedure and order for the Board and its committees, except that there shall be no requirement to read the minutes and the chair of any meeting may (A) vote and (B) establish time limits for discussion of each agenda item without the necessity of receiving a two-thirds vote of the Board.

PUBLIC PARTICIPATION AT MEETINGS

- 8.16 Members of the public who desire to deliver oral comments at a Board or Committee meeting must complete the required sign-in form before the time set by the Board or Committee for public comment registration. The Board may develop a policy addressing how public comment will be received, including specifying the number of speakers allowed and the length of time each speaker may speak. Persons wishing to speak before the Board shall provide the following information:
- (A) name and address;
 - (B) the name of the person or group, if any, the speaker is representing;
 - (C) the agenda item upon which the person wishes to speak, if any; and
 - (D) if the matter does not relate to an agenda item, a brief description of the nature of the matter to be addressed by the speaker.
- 8.17 If a member of the public inquires about a subject for which notice has not been given as required by the Open Meetings Act, Chapter 551 of the Texas Government Code, the Board or Committee may provide a statement of specific factual information or a recitation of existing policy in response to the inquiry by the speaker. Any deliberation of or decision about the subject of the speaker's inquiry shall be limited to a proposal to place the subject on the agenda for a subsequent meeting.

AGENDAS

- 8.18 The Chairperson shall have final approval of items to be placed on Board meeting agendas. The Vice-Chairperson may approve the Board agenda if the Chairperson of the Board is, or appears to be, unable to approve the agenda in time to allow the President and CEO to post the agenda in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code. The President and CEO shall be responsible for preparing, posting, and distributing the meeting agenda and any associated written materials to the Board.
- 8.19 The Chairperson may direct the President and CEO to add one or more agenda items to a posted agenda if there is time to post a revised agenda or supplement in compliance with the Open Meetings Act, Chapter 551 of the Texas Government Code.

ARTICLE IX

PRESIDENT AND CEO

- 9.0 The Board shall appoint a President and CEO who is qualified by training and experience. The President and CEO shall be held accountable for the management of the District and shall ensure that the District's activities are within the limits prescribed by law and the policies

adopted by the Board. Except as limited by law, District policy, or action of the Board, the President and CEO or designee shall, at a minimum:

- (A) advise and assist the Board in managing, controlling, and administering the District's business;
- (B) administer and enforce the policies, procedures, and rules necessary for the operation of the District;
- (C) employ, evaluate, and discharge all employees of the District, subject to an annual approved budget;
- (D) develop and maintain personnel policies and practices of the District;
- (E) prepare, revise, and recommend an annual budget that reflects expected revenues and expenditures to the Board and the Commissioners Court for approval;
- (F) spend budgeted funds in accordance with District policies and procedures in order to accomplish the strategic goals of the District;
- (G) make budget transfers between line items within the same Program Budget;
- (H) supervise the District's business affairs to ensure that funds are collected and used to the best possible advantage;
- (I) supervise the purchase of supplies, services, and equipment in accordance with District policies and procedures;
- (J) attend all meetings of the Board and committees thereof;
- (K) execute contracts, amendments, and renewals in accordance with Board approved policies and procedures;
- (L) execute documents on behalf of the Board which do not require individual discretion and are carried out as the result of statutory or regulatory mandates, or established procedures, including but not limited to, the execution of tax resale deeds and license agreements;
- (M) perform such other duties as may be delegated by the Board to serve the best interests of the District;
- (N) make an annual report to the Board, Commissioners Court, the Texas Health and Human Services Commission or its successor, and the comptroller as soon as practicable after the close of the fiscal year as required by Section 281.092 of the Texas Health and Safety Code;

- (O) perform duties as required by Section 281.071, Texas Health and Safety Code, concerning payment and support, as necessary;
- (P) serve as the agent for service of process on behalf of the District;
- (Q) oversee and make timely decisions on litigation matters in which the District is or may become named in a legal action, with the exception that the President and CEO may not accept or reject any settlement offer or initiate any legal action without Board approval;
- (R) inform the Board in the most appropriate manner of material operational or financial issues as identified by the Board;
- (S) identify threats and opportunities and make recommendations to the Board; and
- (T) meet such other requirements imposed by law or the Board upon the President and CEO.

- 9.1 The President and CEO serves at the will of the Board and for terms of not more than four (4) years. Before assuming duties, the President and CEO shall execute a bond payable to the District in the amount of not less than \$10,000, which bond is conditioned on the faithful performance of the President and CEO's duties and any other requirements determined by the Board. The President and CEO shall be entitled to compensation as determined by the Board.
- 9.2 If the President and CEO is incapacitated, absent for a period of more than 72 hours, or unable to perform his or her duties, the Assistant Administrator as described in Section 281.027, Texas Health and Safety Code, shall perform any or all of the duties of the President and CEO necessary for the operation of the District.
- 9.3 Notwithstanding the foregoing, the Board reserves its right to manage, control, and administer the District.

ARTICLE X

PUBLIC STATEMENTS AND PRONOUNCEMENTS

- 10.0 The Chairperson, after conducting reasonable due diligence, may make, or authorize his or her designee to make, public statements and pronouncements on behalf of the Board.

ARTICLE XI

INDEMNITY AND INSURANCE

- 11.0 If, as, upon such conditions, and to the extent permitted or required by Texas law, the District shall indemnify any member of the Board and the President and CEO against all costs and

expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the Board member or President and CEO's service, regardless of whether the action, suit, or proceeding is based on actions that occurred prior to or subsequent to the adoption of these Bylaws. The costs and expenses for which such persons shall be indemnified include attorney's fees and all amounts paid or payable by any Board member or the President and CEO (other than amounts paid or payable to the District itself), pursuant to any judgment or any reasonable settlement agreement.

- 11.1 The District may also, to the extent expressly permitted by Chapter 102 of the Texas Civil Practice and Remedies Code and any other applicable Texas laws, indemnify any other officer or employee of the District against all costs and expenses reasonably incurred or imposed upon the same in connection with any action, suit, or proceeding that results from the officer or employee's service to the District. Notwithstanding the foregoing, the District makes no express or implied guaranty or promise that it will indemnify an officer or employee in a particular situation, and no officer or employee of the District shall be entitled to rely upon this section for that purpose.
- 11.2 The District shall acquire liability insurance if, in the opinion of the Board, that insurance is reasonably affordable and, among other things, provides indemnity and/or defense of any member of the Board for claims or expenses, except to the extent prohibited by Texas law.
- 11.3 Nothing in Article XI is intended to, or should be construed to, require the District to indemnify any of the persons identified in Sections 11.0 and 11.1 above against the costs and expenses of any action, suit, or proceeding if:
- (A) no law expressly permits the District to provide such indemnity; or
 - (B) such person(s) shall be finally adjudged in said action, suit, or proceeding or, in the event of a settlement, determined by the Board to have been guilty of violations of law, acting in bad faith, or exhibiting reckless or grossly negligent behavior in the performance of their duties to the District.
- 11.4 Additionally, any grant or denial of indemnity under this Article XI represents an exercise of discretionary functions of the Board.

ARTICLE XII

CONFLICT OF BYLAWS

- 12.0 If any provision of these Bylaws is now or hereinafter becomes in conflict with any federal or state statute, regulation, or any other law relating to the operation of the District, such statute or other law, as long as it is in effect, shall take precedence over these Bylaws.

ARTICLE XIII

AMENDMENTS AND ALTERATIONS TO BYLAWS

- 13.0 Every two (2) years, the Board shall review these Bylaws. Proposed revisions shall be submitted to the Board at least seven (7) working days prior to the meeting at which a vote to amend the Bylaws is scheduled. The submitted revisions must be in writing and include the exact wording of the existing Bylaws' language, if any, and the proposed change(s).

ARTICLE XIV

MISCELLANEOUS ORGANIZATIONAL PROVISIONS

- 14.0 The District fiscal year shall begin October 1 and shall end the following September 30.
- 14.1 The form of the official seal of the District shall consist of two hands shaking with a stethoscope superimposed over an outline of the State of Texas surrounded by two concentric circles with the name "Travis County Healthcare District" displayed in the space between the two circles. The seal may be either embossed or stamped. The Secretary has the responsibility of retaining the seal, but may delegate the retention of the seal to the President and CEO. Affixing the seal is not necessary to authenticate or attest a document unless the seal is required by applicable law.

ARTICLE XV

ADOPTION

- 15.0 These Amended and Restated Bylaws shall become effective immediately upon their acceptance and adoption and shall supersede all previous Bylaws heretofore adopted by the Board of the District.

Accepted and adopted by the Board of the Travis County Healthcare District at Austin, Travis County, Texas, on the 28th day of October, 2020.

Sherri Greenberg
Chairperson, Board of Managers
Travis County Healthcare District

Cynthia Valadez
Secretary, Board of Managers
Travis County Healthcare District



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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BOARD MEETING

October 28, 2020

AGENDA ITEM C5

Take appropriate action to authorize the President & CEO to enter a contract with Colette Holt & Associates for a Central Health Historically Underutilized Business (HUB) disparity study.



MEMORANDUM

To: Central Health Board of Managers
From: Lisa Owens, Deputy Chief Financial Officer
Cc: Jeff Knodel, Chief Financial Officer
Mike Geeslin, President and CEO
Balena Bunch, Procurement Manager
Date: October 23, 2020
Re: Central Health Historically Underutilized Business (HUB) Workplan Update

Overview:

The Central Health procurement department is providing an update to the Board of Managers on our current Historically Underutilized Business (HUB) Workplan (attached), HUB Outreach and Disparity Study.

Synopsis:

In FY2020 Central Health developed a workplan to continuously improve HUB outreach and expand awareness opportunities for doing business with Central Health. In addition, in FY2021 Central Health will be conducting its first disparity study to inform our HUB policy and operations in future years.

HUB Highlights – FY2020 Preliminary Formal Solicitation Summary

As we are still finalizing the details of our FY2020 expenditures and will have HUB dollars spent with HUB's in January. Please see attached summary of HUB participation in our formal solicitations issued in FY2020. We had a successful transition to electronic submission of all proposals which will create additional data reporting opportunities.

HUB Workplan Highlights – October 2020

Please see attached workplan with notes on each initiative.

Disparity Study Update

At the September 16th Board of Managers Meeting the Board of Managers approved pursuit of a contract with Colette Holt & Associates in order to conduct a disparity study of Central Health.

We received a proposal from Colette Holt & Associates with a scope of work to begin this twelve-month study. The terms and conditions of the Central Health contract are being developed using our interlocal agreement with Travis County which allows us to reference many of the same terms and conditions already negotiated. The project fee will be \$275,000 and funds were budgeted in FY2021. Colette Holt & Associates will present to the Board of Managers upon commencement of the Disparity Study.

Fiscal Impact:

We estimate approximately \$400,000 in uses of funds for FY2021 to fund HUB Outreach and Disparity Study activities. This includes consulting, outreach expenses and staff resources.

Action Requested:

Authorize the President & CEO to enter into a contract with Colette Holt & Associates for an amount not to exceed \$275,000.

FY2020 Preliminary Formal Solicitations Summary

- 11 Requests for Proposals (RFP)
 - ~47,000 emails notified and 27.2% of notified were HUB or Small Business (SB)
 - 617 reviewed the proposals and 42.3% viewers were HUB/SB
 - 80 proposals submitted and 32.5% proposers were HUB or Subcontractor HUB
- RFP's included the following commodities:
 - 1 Construction
 - 4 Professional or consulting services
 - 1 Software (with implementation services)
 - 5 Employee benefit plans
- 5 contracts awarded; 6 solicitations still active
 - Three contracts (60%) awarded with Subcontractor HUB opportunities
- Outreach Activities:
 - Two small business/HUB events and one virtual HUB expo attended
 - Internal planning for upcoming construction projects
 - Internal planning for enhancing public awareness about open solicitations (social media)



Central Health
HUB Outreach Expansion and Reporting
 Workplan and Draft Timeline

DRAFT

Goal	Activity	Q4	Q1	Q2	Q3	Notes as of October 23
		July-Sept	Oct-Dec	Jan-Mar	Apr - June	
Develop specific HUB good faith outreach efforts for formal solicitations and contracts						
	Incorporate process for targeted outreach plan development for each formal solicitation posted	[Grey Box]				Staff will develop plans for formal solicitations by the end of December. Started internal cross functional team meetings to discuss expanding outreach and awareness.
	Create data collection process for informal solicitations to gather information on HUB status consistently		[Grey Box]			This work will begin with in Q1 FY2021 and is not at risk at this time.
	Identify practices for increasing the number of HUB quotes for informal solicitations with specific targets		[Grey Box]			This work will begin with in Q1 FY2021 and is not at risk at this time.
Track data that measures and reports good faith effort						
	Develop mechanism for reporting on both formal and informal solicitation outreach to HUB vendors	[Grey Box]				Current systems are being evaluated to determine capabilities and new contracts management software will include enhanced reporting. This work will continue throughout Q1 FY2021.
	Collect and report on key data points for each solicitation: - Number of HUBs alerted to opportunities - Number of HUBs proposing and - Award HUB status		[Grey Box]			Summary of FY2020 solicitations collected and new systems will be created to automate reporting and increase reporting frequency.
Identify solicitations with HUB sub-contracting opportunities and require prime contractors to provide additional specific plans						
	Enhance process for tracking subcontractor participation and HUB status		[Grey Box]			This work will begin with in Q1 FY2021 and is not at risk at this time.
Identify opportunities to refer vendors to City of Austin or Travis County business development, training and certifications and work						
	Enhance the HUB vendor database through partnership with City of Austin and Travis County	[Grey Box] <i>Ongoing</i>				This work is ongoing and we will develop opportunities to use our new software investments to capture data sets, in addition to exploring opportunities for using existing data sets from other government entities.
Develop social media program for procurement department to promote upcoming solicitations						
	Use existing community engagement team, advisory committees and social media to promote solicitations	[Grey Box]				We have had limited formal solicitations due to our remote work environment and support of COVID-19 response. However, this work is anticipated to be on track for development in Q1 and Q2 FY2021.
	Develop a social media strategy, program and operational plan for Procurement Department			[Grey Box]		This work will begin with in Q2 FY2021 and is not at risk at this time.

Central Health
HUB Outreach Expansion and Reporting
 Workplan and Draft Timeline

DRAFT

Goal	Activity	Q4 July-Sept	Q1 Oct-Dec	Q2 Jan-Mar	Q3 Apr - June	Notes as of October 23
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Host specific events to raise awareness of large upcoming projects, that have high participation opportunities

Create community events specific to large construction projects and opportunities for significant HUB participation

<i>As opportunities arise</i>

In coordination with the work efforts of the Eastern Travis County Subcommittee we anticipate a construction focused HUB event in Q2 FY2021. In addition, a cross-functional team has been created internally to work on these opportunities.

Develop Reporting Structure and Calendar

Identify and implement new reporting tools from contract management and purchase order software investments

--

Our Contracts Management Software is in the implementation phase and our existing systems are being evaluated to improve reporting and tracking.

Update the annual reporting to the Board of Managers and enhance with additional features

--

The annual report will include more reporting elements and interim reports are being developed.



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 1

Discuss and take appropriate action on the proposed amended mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2020 under the local healthcare provider participation program (LPPF) in Travis County as required by Texas Health & Safety Code §298E.101.



MEMORANDUM

To: Central Health Board of Managers
From: Katie Coburn
CC: Mike Geeslin, President & CEO
Date: October 28, 2020
Re: Amending the Local Provider Participation Fund (LPPF) mandatory payment rate for FY 2020 – ACTION ITEM

Summary

Central Health staff recommend the Board amend the FY 2020 Local Provider Participation Fund (LPPF) mandatory payment rate to reduce the rate from 4.17% to 2.72% of net patient revenue of Travis County inpatient hospitals.

Background

On April 29, 2020, the Central Health Board of Managers approved the FY 2020 mandatory payment rate of 4.17% (an increase from 2.38%) to generate local funds necessary for estimated payments in the Uniform Hospital Rate Increase Program (UHRIP). This increase was based on HHSC’s spring UHRIP application to CMS in which they requested an increased UHRIP funding pool (\$3 billion) and a new allocation methodology. HHSC’s proposal would have increased UHRIP payments available to Travis County hospitals, requiring additional local funds to draw them down.

Texas learned in June that CMS did not approve HHSC’s proposal and instead approved a smaller funding pool increase (\$2.67 billion) and a revised allocation methodology. As a result, funds available in the UHRIP program to Travis County hospitals are less than what was estimated in April. The 2.72% rate generates sufficient local funds to satisfy all IGT requirements.

FY 2020 LPPF Mandatory Payment Rate – Board Action Summary

Date	Board Action	FY 2020 Rate
January 14, 2020	Set initial rate	2.38%
April 29, 2020	Increase rate	4.17%
October 28, 2020	(Recommended) Reduce rate	2.72%

The reduction of the FY 20 payment rate at this time will have the added benefit of improving cash flow for Travis County hospitals during the financial strain created by the coronavirus

pandemic.

Public input on the rate will be taken at a public hearing of the Board of Managers on October 28, 2020. The item will be taken up shortly afterward at the Central Health Board of Managers meeting. Notice of the hearing was emailed to Travis County inpatient hospital contacts and published in the Austin Chronicle on October 23, 2020.

We anticipate coming back to the Board in December to propose a new rate for FY 21.

Action Requested

Central Health staff request the Board amend the FY 2020 Local Provider Participation Fund (LPPF) mandatory payment rate to reduce the rate from 4.17% to 2.72% of net patient revenue of Travis County inpatient hospitals.



CENTRAL HEALTH

Travis County Local Provider Participation Program (LPPF)

FY 2020 Proposed Mandatory Payment Rate - AMENDMENT

Public Hearing
Central Health Board of Managers
October 28, 2020

Katie Coburn and Jeff Knodel



FY 2020 – LPPF Rate Action Summary

Date	Action	Rate
1/14/20	Set initial FY 20 rate	2.38%
4/29/20	Increase rate to include UHRIP	4.17%
10/28/2020	(Staff recommendation) Reduce rate to account for reduced UHRIP	2.72%





CENTRAL HEALTH



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@CentralHealthTX



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 2

Receive a report on fiscal year-to-date healthcare service expenditures made by, and accept the preliminary September 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 2020 – as of Sept 30, 2020 (Preliminary)

Central Health Board of Managers

October 28, 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 September, collected net property tax revenue is \$215 million compared to \$198 million as of September 2019.
- Tax collected through September 2020 is 98% of the adjusted tax levy compared to 99% as of September 2019.
- Healthcare Delivery is \$149 million for the twelve months ending 09/30/2020.
- GAAP reporting Net Assets increased \$82 million year-over-year.
- TCHD LPPF total restricted balance of LPPF as of 09/30/2020 is \$6 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 9/30/2020	as of 9/30/2019
Current Assets		
Cash and cash equivalents	887,856	1,005,650
Short-term investments	180,226,613	96,060,587
Ad valorem taxes receivable	1,840,933	1,203,466
Other receivables	2,039,392	4,124,702
Prepaid expenses	519,876	328,274
Total Current Assets	185,514,670	102,722,679
Restricted Cash and Investments or Noncurrent		
Restricted for capital acquisition	6,837,999	5,991,347
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	6,249,368	12,813,388
Total Restricted Cash and Investments or Noncurrent	125,170,367	130,887,735
Capital Assets		
Land	13,425,967	12,546,211
Buildings and improvements	132,649,346	130,395,330
Equipment and furniture	10,002,034	9,551,257
Construction in progress	2,779,287	1,483,800
Less accumulated depreciation	(47,458,776)	(43,094,537)
Total Capital Assets	111,397,858	110,882,061
Total Assets	422,082,895	344,492,476



Liabilities	Preliminary	
	as of 9/30/2020	as of 9/30/2019
Current Liabilities		
Accounts payable	7,497,916	3,356,630
Salaries and benefits payable	1,673,294	1,446,079
Other Payables	21,792	91,563
Debt service payable, short-term	1,187,649	1,092,203
Deferred tax revenue	-	21,793
Other deferred revenue	610,000	616,466
Total Current Liabilities	10,990,651	6,624,734
Restricted or Noncurrent Liabilities		
Funds held for TCHD LPPF	6,249,368	12,813,388
Debt service payable, long-term	6,105,000	7,285,000
Deferred Revenue	-	610,000
Total Restricted of Noncurrent Liabilities	12,354,368	20,708,388
Total Liabilities	23,345,020	27,333,121
Net Assets		
Unrestricted	287,496,945	206,277,293
Investment in Capital Assets	111,240,930	110,882,061
Total Net Assets	398,737,875	317,159,355
Liabilities and Net Assets	422,082,895	344,492,476



Sources / Uses	Sep 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Sources					
Property Tax Revenue	1,705,321	215,109,261	214,906,371	100%	197,810,630
Lease Revenue	903,109	11,887,787	13,749,848	86%	13,204,829
Other Revenue	511,127	2,816,104	2,150,000	131%	110,910
Tobacco Settlement Revenue	-	3,819,376	3,500,000	109%	3,523,773
Contingency Reserve (Carryforward)	-	64,898,396	56,499,497	115%	52,648,775
Total Sources	3,119,557	298,530,924	290,805,716	103%	267,298,917
Uses of Funds					
Healthcare Delivery	9,249,445	148,524,641	278,017,581	53%	198,042,335
Administrative Program					
Salaries and benefits	419,474	4,742,913	5,903,601	80%	4,058,975
Consulting Fees	205,947	691,551	1,187,720	58%	250,959
Legal Fees	90,650	1,095,469	1,390,820	79%	797,886
Other Purchase Goods and Services	163,542	1,202,869	2,417,737	50%	1,240,774
Total Administrative Program	879,613	7,732,802	10,899,878	71%	6,348,594
Tax Collection Expenses	78,728	1,764,790	1,888,258	93%	1,577,987
Total Uses	10,207,786	158,022,233	290,805,716	54%	205,968,916
Excess Sources / (Uses)	(7,088,229)	140,508,691			61,330,001



Healthcare Delivery Summary	Sep 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Inter-Governmental Transfers (IGTs)	1,981,925	49,769,894	61,694,651	81%	117,958,420
Healthcare Services					
Member Payment to CCC	-	-	-	0%	35,348,600
Primary Care - (see detail on Slide 11)	4,317,601	45,053,385	50,270,000	90%	1,127,749
Specialty Care, incld Dental & Behavioral Health	332,892	5,559,311	9,823,856	57%	-
Pharmacy	(414,654)	8,431,103	11,600,000	73%	-
Post Acute Care	-	-	5,400,000	0%	-
All Other Healthcare Services	45,293	1,075,567	5,269,990	20%	1,412,029
Indigent Care & Hospital Performance Incentive	-	-	52,925,000	0%	-
Subtotal Healthcare Services	4,281,132	60,119,366	135,288,846	44%	37,888,378
ACA Premium Assist, Education, Enrollment	844,011	9,564,506	9,856,120	97%	5,156,755
Healthcare Facilities and Campus Redevelopment	435,282	3,920,029	10,996,170	36%	5,856,318
Healthcare Delivery Operating Costs	1,699,446	14,503,929	26,044,728	56%	5,972,375
Debt, Reserves and Transfers	7,649	10,646,917	34,137,066	31%	25,210,089
Total Healthcare Delivery	9,249,445	148,524,641	278,017,581	53%	198,042,335



Details for Health Care Delivery on the following slides.

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Healthcare Delivery - Detail	Sep 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Intergovernmental Transfers (IGTs)					
Private - Uncompensated Care	-	-	-	0%	15,228,042
DSMC - Uncompensated Care	-	(907,876)	-	0%	14,256,758
DSH - Disproportionate Share	1,981,925	29,848,916	36,120,000	83%	33,431,254
DSRIP - CCC	-	20,828,853	25,574,651	81%	32,150,830
DSRIP - DSMC, Dell Children's	-	1	-	0%	22,207,318
DSRIP - St. David's	-	-	-	0%	684,218
Subtotal Intergovernmental Transfers (IGTs)	1,981,925	49,769,894	61,694,651	81%	117,958,420
Healthcare Services					
Member Payment to CCC	-	-	-	0%	35,348,600
Primary Care - (see detail on Slide 11)	4,317,601	45,053,385	50,270,000	90%	1,127,749
Specialty Care, incld Dental - (see detail on Slide 12)	292,687	5,013,530	8,940,000	56%	-
Specialty Care, Behavioral Health	40,205	545,781	883,856	62%	-
Pharmacy	(414,654)	8,431,103	11,600,000	73%	-
Post Acute Care	-	-	5,400,000	0%	-
Reproductive and Sexual Health	(6,147)	405,792	1,950,000	21%	-
Health care services, Pay for Success	-	-	600,000	0%	-
Medical Administration / ICC payment	51,440	617,275	719,990	86%	617,275
Primary & Specialty Care Reserves	-	52,500	2,000,000	3%	794,754
Indigent Care	-	-	50,225,000	0%	-
Hospital Performance Incentives	-	-	2,700,000	0%	-
Subtotal Healthcare Services	4,281,132	60,119,366	135,288,846	44%	37,888,378

(continued on next page)



Healthcare Delivery Detail (continued)	Sep 2020	FY20 YTD	FY20 Budget	Percent of Budget Used	FY19 YTD
Healthcare Operations and Support					
ACA and Premium Assistance Programs					
High Risk Premium Programs	651,311	6,820,914	7,000,000	97%	2,547,794
CHAP Program	179,661	2,159,543	2,251,800	96%	2,013,640
ACA Enrollment and Education Services	13,039	584,049	604,320	97%	595,321
Subtotal ACA & Premium Assist Program	844,011	9,564,506	9,856,120	97%	5,156,755
Healthcare Facilities and Campus					
Salaries and benefits	8,752	330,453	432,555	76%	355,821
Consulting Services	77,281	77,281	5,872,788	1%	79,067
Legal Fees	3,690	183,835	234,000	79%	192,908
Other Goods & Svc incl. UT Ground Lease	345,559	3,328,460	4,456,827	75%	5,228,522
Subtotal Healthcare Facilities and Campus	435,282	3,920,029	10,996,170	36%	5,856,318
Healthcare Delivery Operating Costs					
Salaries and benefits	908,364	9,671,668	15,367,495	63%	3,891,342
Consulting Services	18,706	75,923	1,073,000	7%	142,008
Legal Fees	2,262	107,841	184,500	58%	121,143
Other Services and Purchased Goods	770,114	4,648,497	9,419,733	49%	1,817,882
Subtotal HCD Operating Cost	1,699,446	14,503,929	26,044,728	56%	5,972,375
Debt Service, Reserves and Transfers					
Debt Service	7,649	1,290,627	1,373,283	94%	1,370,089
FY2020 Capital reserve	-	2,950,000	2,950,000	100%	2,840,000
FY2020 Emergency reserve	-	6,406,290	6,406,290	100%	1,000,000
FY2020 Sendero Risk Based Capital	-	-	-		20,000,000
FY2020 Contingency reserve appropriation			23,407,493		-
Subtotal Debt, Reserves and Transfers	7,649	10,646,917	34,137,066	31%	25,210,089
Total Healthcare Delivery	9,249,445	148,524,641	278,017,581	53%	198,042,335



Healthcare Delivery - Primary Care	Sep 2020	FY20 YTD	FY20 Budget	Percent of Budget Used
Primary Care				
CommUnity Care	3,709,732	38,277,155	39,000,000	98%
Lone Star Circle of Care	354,448	5,193,051	6,400,000	81%
People's Community Clinic	274,402	1,948,846	2,500,000	78%
Other Primary Care	(20,981)	(365,666)	2,370,000	-15%
Subtotal Primary Care Services	4,317,601	45,053,386	50,270,000	90%

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Healthcare Delivery - Specialty Care	Sep 2020	FY20 YTD	FY20 Budget	Percent of Budget Used
Specialty Care				
Ancillary Services	(1,208)	20,133	100,000	20%
Cardiology	34,721	134,541	150,000	90%
Consultation Services	0	0	75,000	0%
Dental Specialty	(10,004)	782,932	1,000,000	78%
Dermatology	(225,904)	492,909	550,000	90%
Durable Medical Equipment	941	17,992	115,000	16%
Ear, Nose & Throat ENT	42,864	346,952	400,000	87%
Endocrinology	71,296	270,551	300,000	90%
Gastroenterology	110,108	832,666	1,650,000	50%
General Surgery	4,464	137,443	300,000	46%
Gynecology IPU	7,361	19,251	100,000	19%
Nephrology	0	0	200,000	0%
Oncology	27,437	402,643	700,000	58%
Ophthalmology	121,357	829,302	1,725,000	48%
Orthotics & Prosthetics	23,898	136,912	200,000	68%
Podiatry	(13,678)	46,047	250,000	18%
Pulmonology	57,667	325,665	375,000	87%
Rheumatology	45,957	159,386	150,000	106%
Specialty Care	(5,893)	28,144	450,000	6%
Wound Care	1,303	30,060	150,000	20%
Total Specialty Care	292,687	5,013,529	8,940,000	56%



Questions ? Comments ?

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Balance Sheet (Assets) – Slide 4

Current Assets

Cash and Cash Equivalents – \$888K compared to \$1.0M September 2019

Short-term Investments – Short-term investments were \$180M at month-end and restricted investments of \$7.0M for capital acquisitions.

Ad Valorem Taxes Receivable – \$1.8M balance is composed of:

Gross Tax Receivables	\$	4.5M
Taxable Assessed Valuation Adjustment		0M
Est. Allowance for Doubtful collections		(2.7)M
Total Taxes Receivable	\$	1.8M

Other Receivables – Other receivables total \$2.0M and consists of intercompany balances:

- CommUnityCare - \$958K
- Sendero - \$624K
- Community Care Collaborative - \$114K
- Accrued Interest - \$298K
- Miscellaneous Receivables – \$45K

Prepaid Expenses – \$520K balance composed of:

- Prepaid Insurance - \$96K
- TCAD Appraisal Fees - \$236K
- Software - \$67K
- Prepaid Rents – \$62K
- Professional Services and Memberships - \$35K
- Deposits - \$24K

Total Current Assets – \$185M



Balance Sheet (Assets) – Slide 4 (continued)

Restricted Cash & Investments or Noncurrent

Investments Restricted for Capital Acquisition – \$7.0M 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 - \$6.2M

Capital Assets – \$111M, net of accumulated depreciation

Total Assets – **\$422M**



Current Liabilities – Slide 5

Accounts Payable – Major components of the \$7.5M balance are:

- \$5.2M estimated IBNR for healthcare services.
- \$908K estimated month-end vendor invoices due.
- \$1.4M 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.

Other Payables – \$22K includes capital lease obligation related to medical equipment leased at Southeast Health and Wellness Center.

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

Other Deferred Revenue - \$610K consists of the lease revenue \$610K for Block 164 Yr3 (FY21) from 2033 LLP

Total Current Liabilities – \$11M



Restricted or Noncurrent Liabilities – Slide 5 (continued)

Funds held for TCHD LPPF - \$6.2M 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 – \$12M

Total Liabilities – \$23M

Net Assets

Unrestricted Net Assets – \$287M

Investment in Capital Assets – \$111M

Total Net Assets – \$399M

Total Liabilities and Net Assets – \$422M



Sources and Uses Report – Slide 6

September financials → twelve months of the fiscal year, 100% of the fiscal year.

Sources – Total \$3.1M for the month

Property Tax Revenue – Net property tax revenue for the month was \$1.7M. Net revenue includes \$234K current month's collections; \$1.5M uncollectible property tax; \$7K in adjustments for prior year delinquent taxes; \$700 in unclaimed foreclosures.

Lease Revenue – \$903K recorded for Seton lease payment and the UT ground lease.

Other Revenue – \$511K investment income for the month, \$2.8M YTD, compared to \$111k YTD last year.

Uses of Funds – Total \$10.2M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$9.3M for the month and \$149M YTD compared to \$198M YTD thru September 2019.

Administration Program – \$880K in expense for the month, which includes:

- Personnel costs – \$419K
- Consulting services – \$206K
- Legal fees – \$91K
- Other general and administrative – \$164K

Tax Collection Expenses – \$79K for the month.

Excess Sources/(Uses) – \$(7.1)M in September. Current YTD is \$140M compared to prior year 2019 YTD of \$61M.

Healthcare Delivery Expense – Slide 7**Healthcare Delivery Expense** – Total \$9.3M September; \$149M YTD compared to \$198M September 2019.Intergovernmental Transfers (“IGT’s”) – YTD \$49.8M compared to \$118M last year.Healthcare Services – Healthcare delivery providers’ expense for September totaled \$4.3M, which includes:

- Primary care – \$4.3M
- Specialty Care (including Dental and Behavioral Health) – \$333K
- Pharmacy - \$(415)K
- All Other Healthcare Services - \$45K

ACA Premium Assist, Education, Enrollment – \$844K in expenses for the month.Healthcare Facilities and Campus Redevelopment - \$435K in expense for the month and \$3.9M YTD.Healthcare Delivery Operating Cost – \$1.7M in expenses for the month and includes:

- Personnel costs – \$908K
- Consulting Services – \$19K
- Legal Fees - \$2K
- Other services and purchased goods – \$7770K, including expenses related to capital projects, totaling \$158k

Debt, Reserves and Transfer – \$8K in Debt Service expense for the month**Total Healthcare Delivery** - for the month of September was \$9.3M.

Community Care Collaborative

Financial Statement Presentation

FY 2020 – as of September 30, 2020 (Preliminary)

Central Health Board of Managers
Board of Managers Meeting
October 28, 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

September 2020



- * Cash is at \$27 million compared to \$34 million last year.
- * Total Liabilities are at \$10.5 million as of the end of September 2020.
- * Net Assets at the end of September are \$16.8 million.

Preliminary

Balance Sheet Community Care Collaborative

As of September 2020



Community Care Collaborative

	as of 9/30/2020	as of 9/30/2019
Assets		
Cash and Cash Equivalents	27,137,951	33,944,523
Other Receivables	(0)	393,998
Prepaid and Other	216,320	221,069
Total Assets	<u>27,354,271</u>	<u>34,559,590</u>
Liabilities		
AP and Accrued Liabilities	5,851,932	16,197,520
Deferred Revenue	4,350,228	1,961,042
Other Liabilities	215,983	254,083
Accrued Payroll	112,360	415,158
Total Liabilities	<u>10,530,502</u>	<u>18,827,803</u>
Net Assets	<u>16,823,769</u>	<u>15,731,787</u>
Liabilities and Net Assets	<u>27,354,271</u>	<u>34,559,590</u>

Preliminary

Sources and Uses Report, Budget vs Actual

Fiscal Year-to-Date through September 2020



Sources of Funds	Approved Budget	YTD Actual	YTD % of Budget	Prior YTD Actual
DSRIP Revenue	61,168,472	60,901,165	100%	75,365,262
Member Payment - Seton ⁽¹⁾	0	0	0%	21,266,490
Member Payment - Central Health ⁽¹⁾	0	0	0%	35,348,600
Operations Contingency Carryforward	5,362,495	10,731,787	200%	5,088,307
Other Sources	100,000	124,821	125%	1,314,104
Total Sources of Funds	66,630,967	71,757,772	108%	138,382,763
Uses - Programs				
Healthcare Delivery	19,630,967	16,123,035	82%	82,889,364
UT Services Agreement	35,000,000	35,000,000	100%	35,000,000
DSRIP Project Costs	12,000,000	8,810,969	73%	9,761,612
Total Uses	66,630,967	59,934,004	90%	127,650,976
Net Sources (Uses)	-	11,823,769		10,731,787
Net Assets		16,823,769		15,731,787

⁽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 September 2020



	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	650,759	71%	48,530,089
Specialty Care	3,908,000	2,198,240	56%	5,987,487
Specialty Behavioral Health	8,000,000	7,963,874	100%	9,117,343
Specialty Dental Care	0	(8,710)	0%	834,871
Post-Acute Care	2,675,000	2,491,540	93%	2,241,648
Pharmacy	0	0	0%	5,369,057
Medical Management	0	0	0%	1,645,000
Urgent and Convenient Care	475,000	166,062	35%	155,372
Healthcare Delivery - Operations	2,849,742	2,661,269	93%	9,008,497
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	16,123,035	82%	82,889,364

Preliminary

Thank You

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Community Care
COLLABORATIVE

a partnership of Central Health and Seton Healthcare Family

Preliminary



September 2020 FYTD Preliminary Financial Statements (unaudited)
Page 1 of 4

Balance Sheet

Current Assets

Cash and Cash Equivalents – \$27.1M

Other Receivables – \$0K

Prepaid and Other – \$216K – Atrium Security deposit, Insurance, Rent, and MCG license

Total Assets – \$27.3M

Liabilities

Accounts Payable and Accrued Liabilities – \$5.9M, which includes:

- \$5.7M estimated IBNR (Incurred But Not Received) for providers
- \$64K non-provider accruals
- \$114K due to Central Health

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

Other Liabilities – \$216K; includes leasehold improvement allowance liability of \$84K and Deferred Rent of \$132K

Payroll Liabilities – \$112K; includes PTO liability

Total Liabilities – \$10.5M



September 2020 FYTD Preliminary Financial Statements (unaudited)
Page 2 of 4

Net Assets

Unrestricted Net Assets – \$16.8M

Total Net Assets – \$16.8M

Total Liabilities and Net Assets – \$27.3M

Sources and Uses Report

September financials → twelve months, 100% of the fiscal year

Sources of Funds, Year-to-Date

DSRIP Revenue - \$60.9M

Operations Contingency - \$10.7M from FY2019 (This includes emergency reserves of \$5M)

Other Sources – \$125K for interest income

Uses of Funds, Year-to-Date

Operating Expenses
Healthcare Delivery
(Excluding DSRIP)

	<u>Approved Budget</u>	<u>YTD Actual</u>	<u>YTD % of Budget</u>	<u>Prior YTD Actual</u>
Healthcare Delivery				
Primary Care & Emergency Transport	921,822	650,759	71%	48,530,089
Specialty Care	3,908,000	2,198,240	56%	5,987,487
Specialty Behavioral Health	8,000,000	7,963,874	100%	9,117,343
Specialty Dental Care	0	(8,710)	0%	834,871
Post-Acute Care	2,675,000	2,491,540	93%	2,241,648
Pharmacy	0	0	0%	5,369,057
Medical Management	0	0	0%	1,645,000
Urgent and Convenient Care	475,000	166,062	35%	155,372
Healthcare Delivery - Operations	2,849,742	2,661,269	93%	9,008,497
Operations Contingency Reserve	801,403	0	0%	0
Total Healthcare Delivery	19,630,967	16,123,035	82%	82,889,364

UT Services Agreement – Year-to-date \$35M

DSRIP Project Costs – Year-to-date \$8.8M, primarily made up of provider earnings to date of:

- Community Care - \$6.4M
- Lone Star Circle of Care - \$2.0M
- Hospice Austin - \$102K

DRAFT

Healthcare Services Supplemental Report-

Central Health & Community Care Collaborative

Healthcare Services - CH & CCC Highlights	Current Year YTD Actual	FY20 Budget	Percent of Budget Used	Prior Year YTD Actual	YOY % Change
Primary Care	45,870,206	51,666,822	89%	49,813,210	-8%
Specialty Care, incld Dental - (see detail on next slide)	7,203,061	12,848,000	56%	6,822,359	6%
Specialty Care, Behavioral Health	8,509,655	8,883,856	96%	9,117,343	-7%
Pharmacy	8,431,103	11,600,000	73%	5,369,057	57%
Post Acute Care	2,491,540	8,075,000	31%	2,241,648	11%
Sum of Services Reported - CH & CCC	72,505,565	93,073,678	78%	73,363,615	-1%

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Healthcare Specialty Care - CH & CCC	Current Year YTD Actual	FY20 Budget	Percent of Budget Used	Prior Year YTD Actual	YOY % Change	Comments/Notes (greater than +/- 50% and +/- \$90K)
Ancillary Services	18,227	110,000	17%	17,792	2%	
Cardiology	197,301	250,000	79%	148,249	33%	
Consultation Services	16,050	150,000	11%	24,980	-36%	
Dental - Specialty	774,222	1,000,000	77%	834,871	-7%	
Dermatology	457,187	600,000	76%	372,909	23%	
Ear, Nose & Throat ENT	363,476	500,000	73%	279,365	30%	Service expansion increased clinic and surgical volumes
Endocrinology	234,815	300,000	78%	278,412	-16%	
Gastroenterology	729,085	1,700,000	43%	783,633	-7%	
General Surgery (New FY19)	128,210	325,000	39%	60,215	113%	New program late in FY19
Gynecology IPU	358,976	675,000	53%	478,429	-25%	
Nephrology (New FY20)	0	250,000	0%	n/a	n/a	New program FY20
Oncology	402,643	700,000	58%	289,052	39%	
Ophthalmology	916,774	1,825,000	50%	1,379,861	-34%	
Orthotics & Prosthetics	128,987	200,000	64%	206,644	-38%	
Musculoskeletal	1,472,777	1,700,000	87%	1,387,957	6%	
Podiatry (New FY20)	46,047	250,000	18%	n/a	n/a	New program FY20
Pulmonology	287,125	375,000	77%	385,982	-26%	
Rheumatology	142,730	150,000	95%	158,110	-10%	
Palliative Care	5,519	25,000	22%	591	834%	
Physical Medicine and Rehabilitation	0	100,000	0%	0	n/a	
Urology	0	250,000	0%	337,856	-100%	Pending Agreement
Other - Multi & Specialty Care	492,850	1,263,000	39%	(602,548)	-182%	
Wound Care (New FY20)	30,060	150,000	20%	n/a	n/a	New program FY20
Total Specialty Care Svcs Reported CH & CCC	7,203,060	12,848,000	56%	6,822,359	6%	

Note: Management analyzed services lines fluctuating greater than +/-50% and +/- \$90,000. Please refer to comments noted above.



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

October 28, 2020

REGULAR AGENDA ITEM 3

Receive and take appropriate action on a proposal from the Health Alliance for Austin Musicians (HAAM) to expand outreach to musicians of color.



MEMORANDUM

To: Central Health Board of Managers
From: Kit Abney Spelce, Senior Director of Eligibility Services
Cc: Jon Morgan, Chief Operating Officer
Jeff Knodel, Chief Financial Officer
Mike Geeslin, President and CEO
Date: October 23, 2020
Re: Agenda Item #3: Health Alliance for Austin Musicians (HAAM) proposal – Action Item

Overview:

At the September 16th Board of Managers meeting, the Managers approved the Central Health Fiscal Year 2021 budget and resolution along with a motion requesting the Sendero Premium Assistance Programs line item be increased by \$640,000 to increase the number of musicians that can be enrolled in premium assistance. The increased funding is contingent on the Health Alliance for Austin Musicians (HAAM) presenting their proposal to increase the diversity of the enrollees and approval of the Central Health Board of Managers.

Synopsis:

In 2020 Central Health, in a partnership with HAAM (Health Alliance for Austin Musicians), provided premium assistance funding for uninsured Travis County musicians living at or below 200% of the Federal Poverty Level requesting assistance. During the enrollment period, approximately 400 musicians were not able to participate in the Program due to increased interest in participation and limited funding.

HAAM and SIMS are responsible for outreach and education to their members on Marketplace insurance and the availability of premium assistance from Central Health. Once a musician is enrolled in a Sendero Silver plan by Foundation Communities, the Central Health Eligibility Department is notified. The Eligibility team monitors the enrollment against the budget and alerts HAAM and SIMS when the budgeted amount is reached.

During the FY 21 Budget hearings HAAM made a request to the Board to add an additional \$640,000 to the FY21 Central Health Premium Assistance Program budget to allow an additional 400 musicians to receive premium assistance if they enroll in a Sendero Silver Plan in 2021. The additional amount was added to the FY 21 Central Health budget and is contingent upon Central Health Board of Managers approval of an outreach plan to improve the diversity of HAAM members.

Fiscal Impact:

Included in the FY 21 Central Health budget in the amount of \$640,000

Action Requested:

Staff requests the Board of Managers take appropriate action on a proposal from the Health Alliance for Austin Musicians (HAAM) to expand outreach to musicians of color.



HEALTH ALLIANCE FOR AUSTIN MUSICIANS

October 20, 2020

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

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EMERITUS

Diana Resnik
Edward Safady

CHIEF EXECUTIVE OFFICER

Reenie Collins

Dear Mr. Geeslin and The Central Health Board of Managers,

The Health Alliance for Austin Musicians is pleased to present you with additional information regarding our request of the Board on Sept. 16, 2020 for additional funding in the amount of \$641,088 for the Central Health Premium Assistance program granting Austin's low-income, underserved musicians with access to healthcare. As we discussed at previous meetings, this partnership program between HAAM, Central Health and Sendero has been very successful over the past four years and has resulted in thousands of musicians having access to care through the Central Health funding of the Sendero Plan for them. However, each year the funding has been depleted. Last year, HAAM had to turn away over 400 musicians who would have been able to be insured with Sendero Insurance had the program not run out of funding.

At the September meeting, the Board and staff asked that HAAM come back with a plan that outlined additional information around the specific efforts to extend services to musicians of color as well as other vulnerable at-risk musicians with no access to healthcare. Below is the additional information requested. HAAM is committed to working with Central Health and other community organizations to increase efforts directly targeting musicians of color and we have already begun working on those efforts.

With ACA Marketplace Open Enrollment starting November 1, we are just a few days away from planning for how many musicians will be able to enroll in the program. We respectfully present the detail on our efforts to reach more musicians of color and we hope that we can conclude this process to start actively doing outreach immediately.

In all, HAAM represents over 2,600 musicians who have access to a wide variety of healthcare services, but we know that our premium assistance program through Central Health and Sendero is not only our most value added but the one that is truly lifesaving. HAAM believes that we are at extreme risk over the next 18 months of being unable to maintain even our current numbers, much less handle our goal of outreach to minority and underserved communities or the additional influx of musicians who may have lost insurance through a second job that will now be reaching out to HAAM.

We look forward to answering any of your questions and to furthering our efforts together to ensure that Austin's musicians have continued access to affordable healthcare.

Respectfully,

Reenie Collins, CEO
Health Alliance for Austin Musicians



HEALTH ALLIANCE FOR AUSTIN MUSICIANS

myhaam.org | 512-541-HAAM

Addendum to HAAM Request to Central Health Board of Managers

HAAM is pleased to come back before the Central Health Board of Managers and Staff with additional information around the specific efforts to extend services to musicians of color as well as other vulnerable at-risk musicians with no access to healthcare. On September 16, 2020 The Central Health Board of Managers supported the resolution to fund additional Premium Assistance of \$641,088 to cover 366 low-income musicians living in Travis County and requested additional information about our metrics and outreach efforts. Below is the additional information requested and we hope to conclude this process to start actively doing outreach as ACA Marketplace Open Enrollment starts November 1st, only a few days away.

HAAM is confident that our proven ability to fully utilize premium assistance funding will cover 336 additional low-income residents of Travis County with a special focus on reaching musicians of color.

HAAM is committed to health equity for all Austin musicians and recognizes that availability and access to healthcare is particularly challenging for marginalized populations. The organization is moving forward with specific, proactive and inclusive steps to ensure that HAAM's services are equally accessible to musicians of every genre, race and identity.

HAAM is putting a value for equity into action through HAAM's Outreach Partnership Program. The program improves access to HAAM's offerings for musicians of color through comprehensive strategies, methods, and outcomes. Through collaboration with key community partners, including the communications team at Central Health, HAAM is connecting health care navigation, outreach, and enrollment services directly to musicians of color. This outreach program provides culturally competent education and information with high touch, high impact health navigation resources to remove barriers to health security and coverage. The program is rooted in the national evidence-based research that demonstrates the highest increase in access to healthcare is achieved when programming includes strong partnership with key community organizations.

Goals

- To expand awareness, education and access to health navigation support and health coverage for musicians of color, specifically increased enrollments in the CH PAP program
- To strengthen representation, diversity and equity within HAAM's client base, enabling the organization to most effectively serve musicians of color
- To reduce barriers for musicians of color, increase understanding and support of healthcare providers and social service agencies, and increase culturally competent responsiveness in healthcare

Guiding Tenets



HEALTH ALLIANCE FOR AUSTIN MUSICIANS

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Success will be achieved when healthcare resources and support are distributed with significantly more equity to Austin musicians, evidenced through a notable increase in musicians of color gaining health coverage, accessing support resources and demonstrated through increased health outcomes for the community of color. Such a shift will not bolster only the health, but also the visibility, voice and success of diverse musician groups.

- The effort is not a one-time project, but a lasting commitment and priority
- HAAM's commitment to solid measurement of efforts AND outcomes
- The underlying focus remains on benefits of comprehensive healthcare coverage for the full community
- Inclusion is an orientation, not a single invitation
- Success will be reached when diverse populations are interwoven into the functionality of HAAM
- HAAM's expansion creates a foundational, lasting culture shift among the music industry in Austin
- Incorporating diverse populations is a sign the organization is working

Partners

Partnership collaboration is the cornerstone of the Outreach Partnership Program and vital to its impact. Program partners serve as a relational conduit, strengthening the reach toward a united goal of increasing healthcare access for musicians of color. Partners are at the table, deeply rooted into the outreach work and their meaningful contributions create community transformation.

Collaboration takes place in:

- Central Health, Communications Team, and Sendero Health Plans
- Culturally competent review of existing literature
- Development of outreach, resource and education materials
- Digital (social, newsletter, video, web) and print outreach campaign consultation and development
- Distribution of outreach content through established partner channels
- Infusion of cultural expertise into organization offerings and practices
- Working with established community leaders and musicians in communities of color
- Creation of a warm pathway to the ACA and HAAM

Method

Implementation using a comprehensive, best-practice approach:



HEALTH ALLIANCE FOR AUSTIN MUSICIANS

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Collaboration. Partnering with trusted community organizations through development and implementation of outreach programming

Cultural Competence. Personalized and culturally-responsive direct outreach from trusted sources, including individualized phone calls, emails and direct mail aiming to actively invite and remove barriers to eligibility, screening and enrollment.

Representation. Working with existing community leaders and musicians in communities of color to assist with representation of HAAM and our services.

Communication. Using customized information materials, offering communication options in the musicians' preferred language, increasing culturally-informed communication to musician organizations

Accountability. Improving population-specific data collection and reporting to ensure cultural and linguistic competence in reaching, engaging and supporting the focus population

Navigation. Facilitating personalized assistance through the ACA Marketplace enrollment process, specialized focus on digital equity and inclusion through tailored access communication options, well-being checks throughout the pandemic

Amplification. Continuing follow-up through partner organization channels to inform focus population of support offerings and opportunities, sharing culturally inclusive healthcare literacy materials

Outcomes

Metrics. Measurement of output and related outcomes, informing on the number of individuals educated, reached and assisted with applications, outreach events, ACA coverage, tracking total increased diversity among HAAM musicians. Quarterly updates based on HAAM and ACA enrollment cycle, short and long term data.

Satisfaction Survey. Impact measured using culturally sensitive, attuned and relevant methodology including client self-report, evidence-based instruments, both qualitative and quantitative measures.

Stakeholder Engagement. Collaborations with key stakeholders including advocates, community-based organization and providers with early engagement and regular meetings, including ongoing information sharing; bolstered collaborative partnership with Sendero and Central Health's Communications team.



HEALTH ALLIANCE FOR AUSTIN MUSICIANS

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Training and Expertise Development. All outreach and education assisters required to receive training and certification through the CMS training modules, with on-going support to assisters following training.

Harnessing Data. Creation of a centralized database for outreach metrics and to track enrollment.



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

October 28, 2020

REGULAR AGENDA ITEM 4

Receive and take appropriate action on the President and CEO's performance evaluation tool for May 2020 – April 2021 as recommended by the Executive Committee.³



Memorandum

To: Executive Committee Members

From: Susan Lara Willars, Enterprise VP of Human Resources

Cc: Mike Geeslin, President & CEO

Re: CEO Performance Evaluation Tool & 2019-2020 Opportunities

Date: October 23, 2020

SYNOPSIS:

Below is a synopsis of the information the Executive Committee will be asked to consider and discuss at the October 28 meeting. More backup is forthcoming on Monday, October 26.

360 Evaluation

The Board of Managers made a request in June 2020 to assess a 360 evaluation as part of the 2021 CEO performance evaluation tool. Central Health contracted with Diane McNally Consulting as part of the assessment. Ms. McNally will provide expertise and guidance on the 360-evaluation process during the Executive Committee meeting on October 28.

Recommendation:

Staff asks that the Executive Committee make a recommendation to the full Board to either include the 360 evaluation as part of the 2021 CEO performance evaluation tool or keep it separate.

2020 Opportunities

The Board of Managers completed the 2020 CEO Performance evaluation in May and identified and documented twenty-six (26) opportunities.

Recommendation:

It is recommended the committee review the opportunities and select three (3) high priority areas for the CEO to attain by May 2021.



CENTRAL HEALTH

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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 5

Receive and take appropriate action on a presentation from Cool River Consulting regarding Central Health's Compensation Philosophy.



MEMORANDUM

To: Central Health Board of Managers
From: Susan Willars, Enterprise Vice President of Human Resources
CC: Mike Geeslin, President and CEO
Date: October 23, 2020
Re: Revised Compensation Philosophy

Synopsis

In August, the Board of Managers participated in a survey that provided guidance to the feedback session held on August 26 with Michael Hannah from Cool-River Consulting.

On October 28, at the Board of Manager's meeting, Michael Hannah will present the draft compensation philosophy outlining the recommended revisions and discussing key items. The key items are as follows:

- Key objectives of the total compensation philosophy
- Total program elements & objectives
- Key principles related to total compensation
- Employee value proposition

Recommendation:

Approve the recommended revisions to Central Health's Compensation Philosophy.

Enclosed

Attachment 1

Includes the draft version of the revised Central Health's Compensation Philosophy.

Attachment 2

Includes the recommended changes to Central Health's 2007 Compensation Philosophy in a redlined format.

Attachment 1

Draft - Revised Compensation Philosophy

Central Health

We are a local government-funded enterprise, created in 2004, to fund and coordinate the provision of health care and related services to vulnerable Travis County residents. We have grown dramatically from a governmental start-up into a broad functioning enterprise adapting to the health care needs of the community. By caring for those who need it most, Central Health improves the health of our community.

Amended Document Methodology

Our total compensation philosophy document that was originally created in 2007 was evaluated and updated during the period of July – October 2020. The methodology used to update our document is based on an inclusive and best practice process, that included direct input and dialogue with the Board of Managers during a session facilitated by an independent compensation consulting firm on August 19, 2020.

Prior to that session, the consulting firm gathered preliminary perspectives from the individual Board members on specific business, talent and compensation topics to assist in refining the compensation philosophy to appropriately reflect the current environment in which Central Health operates. Key themes uncovered in the data gathering process identified specific elements that required further conversation with the Board of Managers. Based on the feedback provided by the members during that August 19th meeting, the compensation consulting firm updated this document to reflect those perspectives. The intent is that our compensation philosophy reflects external market best practice, as well as account for our organization’s unique operating environment, talent needs and financial considerations.

The remaining content presented within this document reflects our newly defined and approved compensation philosophy along with the associated guiding principles of our organization.

Total Compensation Philosophy Objectives

Central Health is committed to providing our employees with a total compensation package that is competitive within the markets in which we compete for talent. The District and the 501(c)(3) organizations and affiliates want to be the preferred employers within our operational area(s). Offering competitive compensation is a critical part of an employee value proposition that also includes training, career opportunities, a healthy culture in which to work, and a work/family balance.

The key objectives of our total compensation philosophy are to:

- Align with the Mission, purpose and values of the organization
- Support and link to Central Health’s enterprise-wide strategic plan
- Promote an inclusive and diverse talent environment
- Provide a balanced view related to individual performance and internal “equity”
- Account for the varying perspectives of the organization’s stakeholders - taxpayers, governmental entities, members and beneficiaries, employees and the public at large

Guiding Principles for Compensation

Our total compensation philosophy reflects Central Health's accountability to taxpayers and promoting fiscal discipline while also reflects the desire to achieve our talent goals within the unique competitive talent space where we reside. We remain committed to limiting long-term financial liabilities for the taxpayers of Travis County, its members and beneficiaries. However, the need and desire to attract and retain key talent to achieve the stated Mission and strategic plan also needs to be taken into consideration. The key is finding the appropriate balance between these two divergent objectives.

Overall, we will focus on competitive cash compensation and self-directed health and retirement benefits, where contributions and funding are the primary responsibility of our employees. Any financial commitments by us end when an employee leaves employment.

We are committed to the following key principles related to total compensation:

- Tie rewards directly to achieving our key strategies and measured performance:
 - implement a patient-focused and coordinated health care system,
 - develop and execute a health care delivery strategy, and
 - implement a sustainable financial model.
- Achieve our top three key talent objectives:
 - meeting diversity and inclusion goals,
 - finding and attracting qualified people, and
 - retention of key talent.
- Support the following desired cultural values:
 - collaboration,
 - an empowered workforce,
 - innovation, and
 - performance and accountability driven.

Considering the desired outcomes noted above, we want to equally balance “externally competitive pay” with promoting “internal equity”.

In terms of what we wish to reward, the Board of Managers' policy supports three major factors:

- Central Health's enterprise performance,
- Individual performance, and
- Individual skill development
 - The skill and/or certification must be relevant to the role the individual currently resides or equips them for another role within the organization

The compensation philosophy and corresponding compensation programs also consider trends in modern healthcare, as well as the public sector and general industry. This reflects the fact that in addition to competing with private healthcare delivery and health plan sectors for employees, we must compete for employees within the local Austin, Texas talent market to effectively conduct our business.

Total Compensation Program Elements & Objectives

The following program elements are employed for managing compensation:

- Pay competitively within the labor markets where we compete for talent.
 - Our target labor markets may vary by role type and/or job level as determined appropriate by the executive management team.
- Pay equitably and inclusively internally (internal equity) and externally (competitive).
- An individual’s pay is based on their job-related skills and the performance achievement of stated goals, both organizationally and individually.
- Salaries for the majority of positions are targeted around the 50th percentile of the external market, with variation expected in individual pay for skills, knowledge, experience, performance and impact on Central Health.
 - Direct patient care roles or those roles with a shortage of available local talent may require specific position salaries targeted to around the 62.5th percentile of the external market.
 - Example: Medical Assistants
 - Roles that fall within this category will be regularly reviewed and approved by the executive management team/HR. In addition, if a role’s talent supply increases it may revert to the target 50th Percentile position.
- For employees that go “above and beyond” in their role or take on additional responsibilities outside their normal work area, the organization, with approval from the executive management team/HR, may provide some type of discretionary recognition award.
 - What qualifies as “Above and beyond” performance will be determined by each entity within their established program guidelines.
- Employee benefits will be market driven and targeted to the 50th percentile.
- Rewards and benefits funding and financing will be done in a manner that supports our pay for performance orientation and fiscal stewardship.

We, the Board of Managers has considered and believes that the following table details the “targeted” base pay positioning and geographic scope of comparisons:

Role Category	Relative Position to the Market	Geographic Scope
Executive Leadership	50 th percentile	United States
Management	50 th percentile	Southwest Region of U.S.
Direct Patient Care	62.5 th percentile	Southwest Region/U.S.
Technical & Office Staff*	50 th percentile	Austin, TX
Administration & Support	50 th percentile	Austin, TX

**For hard to fill and/or limited availability of talent in the market, a 62.5th Percentile approach may be applied at the approval of senior leadership/HR.*

The benefits offered to full-time and part-time employees are more typical of those offered by a not-for-profit or private company than a public entity.

- Paid holidays,
- Paid Time Off (“PTO”) plan, and
- Retirement Plan that is a defined contribution plan rather than a defined benefit plan.
- There is no commitment for retiree health insurance costs.

We strive to fully and effectively communicate to all employees, on an ongoing basis, the philosophy, purpose, operation and effect of our various programs.

Equal Opportunity Employer

It is the policy of Central Health to make employment decisions based on merit and business needs and not on race, color, citizenship status, national origin, sex (including pregnancy, gender, gender identity or expression, sexual orientation, age, religion, disability, marital status, veteran status, or any other factor protected by law.

(HR 1-004)

Position openings are posted publicly, and the most highly qualified individuals are selected. Due to the specialized healthcare-focused skills required for many of our positions, there is competition with other comparable not-for-profit healthcare and health plan organizations to find those very highly qualified individuals.

“It is the policy of Central Health to pay compensation that is nondiscriminatory and competitive and to evaluate all jobs in order to establish a consistent basis for measuring and establishing the relative worth of each job. The unique characteristics of Central Health are considered when determining the Central Health’s classification and compensation program including its pay structure. Central Health will, consider as appropriate, participate in, conduct or purchase compensation surveys covering other similar employers with similar jobs.” (HR3-003)

We design and administer our various HR programs to drive our commitment to inclusion and diversity goals. On a regular and ongoing basis, we will actively analyze our data and trends related to hiring, promotion and compensation to ensure we are addressing any historical disparities in practices.

Note: Travis County Healthcare District does business as Central Health, along with its enterprise affiliates Sendero Health and CommUnityCare Health Centers.

Central Health’s Employee Value Proposition

We value the following compensation and benefits practices:

- Diversity, equity and inclusion in the workforce practices that are clearly reflected in the pay system,
- Adherence to core values of our organization,
- Team outlook and collaboration in all activities,
- Excellence in work and excellence in service to all customers, and
- People who seek to learn, grow their skills and capabilities and demonstrate their proficiency in their job

Determining Market Position

We participate in multiple and relevant salary surveys to source comparable and reasonable market data, including:

- The Society of Human Resources Management healthcare segment survey (annual),
- The Warren Report (annual),
- Kenexa Compensation Survey (annual),
- CompData, and
- The Economic Research Institute (ERI) Database which is purchased.

Use of multiple survey sources ensures that our salaries are consistent with salaries for like jobs in the market. Any changes to our salary structure are approved by the President & CEO based on these established compensation methods. In addition to reviewing compensation levels, employee benefits are reviewed as part of the business planning process to ensure that our programs remain competitive.

Performance Evaluations

Performance evaluations for all employees (except the CEO) are performed between October and December. Employees are evaluated on their performance against:

- Our stated Values,
- The requirements as defined in their Job Descriptions, and
- Individual goals are set with their manager's concurrence during the previous review to be accomplished during the evaluation year.

An individual's salary increase will be directly impacted by the results of their annual performance evaluation. In addition, an individual's current base salary and where it falls within the salary range is also taken into account. In situations where the base salary is at the top of the salary range, a lump sum award will be provided.

President & CEO Compensation

The President & CEO is hired via an employment contract and works directly for the Board of Managers. All other employees work for the President & CEO. Each year the Board of Managers conducts a performance evaluation for the President & CEO and compensation is adjusted according to the evaluation. The Board of Managers is responsible for managing the hiring and performance monitoring of the President & CEO.

**Attachment 2:
Redlined version – Compensation Philosophy**



CENTRAL HEALTH

Total Compensation Philosophy and History

Summary Central Health's Mission

~~Central Health is a~~ We are a local ~~government~~ government-funded ~~tal~~ enterprise, entity created in 2004 to fund and coordinate the provision of health care and related services to vulnerable Travis County residents. ~~Beginning in 2007, the District underwent an extensive public process with the Board, staff and consultants to develop a total compensation philosophy that is distinct from other local governmental entities and more representative of the health care industry from which employees are drawn.~~

~~Central Health was~~ We have grown dramatically from a governmental start-up ~~that has developed into a broad fully functioning enterprise entity over time and continues to grow and undergo rapid change due to the industry environment of adapting to the health care needs of the community. This has occurred in a period of continued change within the economic, social and healthcare environments.~~

Amended Document Methodology

~~-Our total compensation philosophy document that was originally created in 2007 was evaluated and updated during the period of July—October 2020. The methodology used to update our document is based on an inclusive and best practice process, that included direct input and dialogue with the Board of Managers during a session facilitated by an independent compensation consulting firm on August 19, 2020.~~

~~Prior to that session, the consulting firm gathered preliminary perspectives from the individual Board members on specific business, talent and compensation topics to assist in refining the compensation philosophy to appropriately reflect the current environment in which Central Health operates. Key themes uncovered in the data gathering process identified specific elements that required further conversation with the Board of Managers. Based on the feedback provided by the members during that August 19th meeting, the compensation consulting firm updated this document to reflect those perspectives. The intent is that our compensation philosophy reflects external market best practice, as well as account for our organization's unique operating environment, talent needs and financial considerations.~~

~~The remaining content presented within this document reflects our newly defined and approved compensation philosophy along with the associated guiding principles of our organization.~~

~~When this total compensation philosophy was under development, Central Health chose not to create a long term financial obligation for the taxpayers of Travis County and thus did not implement a defined benefit retirement plan and instead established a defined contribution plan. In addition, a commitment towards retiree health insurance does not exist. These choices place a much greater risk to employees of Central Health towards long term financial planning options rather than the employer assuming these risks. This is in contrast to the majority of existing governmental entities.~~

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Total Compensation Philosophy and History

Total Compensation Philosophy Objectives

Central Health is committed to providing our employees with a total compensation package that is competitive within the markets in which we compete for talent. The District and the 501(c)(3) organizations and affiliates want to be the preferred employers within our operational area(s). Offering competitive compensation is a critical part of an employee value proposition that also includes training, career opportunities, a healthy culture in which to work, and a work/family balance.

~~The financial commitment of Central Health ends completely when an employee leaves employment. There are no long term liabilities for future pension costs or retiree health insurance costs. This approach drives the remainder of the total compensation structure. There are no cost of living increases, only performance based pay, there are limited holidays and only Paid Time Off — there is no sick leave. The compensation philosophy was created with a modern health care and public sector mix in mind. One result of this structure is that the annual salaries may appear higher than one might expect if compared to municipal or county entities. However, Central Health must recruit employees from the private health care sector in order to conduct its business. The last major difference is that employees utilize their salaries to match and further fund their retirement plans, for which they are at risk, as there is not a defined benefit retirement plan.~~

The key objectives of our total compensation philosophy are to:

- Align with the Mission, purpose and values of the organization
- Support and link to Central Health’s enterprise-wide strategic plan
- Promote an inclusive and diverse talent environment
- Provide a balanced view related to individual performance and internal “equity”
- Account for the varying perspectives of the organization’s stakeholders – taxpayers, governmental entities, members and beneficiaries, employees and the public at large

Total Compensation Guiding Principles for Compensation

Our total compensation philosophy reflects Central Health’s accountability to taxpayers and promoting fiscal discipline while also reflects the desire to achieve our talent goals within the unique competitive talent space where we reside. We remain committed to limiting long-term financial liabilities for the taxpayers of Travis County, its members and beneficiaries. However, the need and desire to attract and retain key talent to achieve the stated Mission and strategic plan also needs to be taken into consideration. The key is finding the appropriate balance between these two divergent objectives.

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Total Compensation Philosophy and History

Overall, we will focus on competitive cash compensation and self-directed health and retirement benefits, where contributions and funding are the primary responsibility of our employees. Any financial commitments by us end when an employee leaves employment.

We are committed to the following key principles related to total compensation:

- Tie rewards directly to achieving our key strategies and measured performance:
 - implement a patient-focused and coordinated health care system,
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- Achieve our top three key talent objectives:
 - meeting diversity and inclusion goals,
 - finding and attracting qualified people, and
 - retention of key talent.

- Support the following desired cultural values:
 - collaboration,
 - an empowered workforce,
 - innovation, and
 - performance and accountability-driven.

Considering the desired outcomes noted above, we want to equally balance “externally competitive pay” with promoting “internal equity”.

In terms of what we wish to reward, the Board of Managers’ policy supports three major factors:

- Central Health’s enterprise performance,
- Individual performance, and
- Individual skill development...provide an example or two (the type of skill development that would be considered must be directly relevant to the area in which you).

The compensation philosophy and corresponding compensation programs also consider trends in modern healthcare, as well as the public sector and general industry. This reflects the fact that in addition to competing with private healthcare delivery and health plan sectors for employees, we must compete for employees within the local Austin, Texas talent market to effectively conduct our business.

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Total Compensation Program Elements & Objectives

The following program elements are employed for managing compensation:

- Pay competitively within the labor markets where we compete for talent.
 - Our target labor markets may vary by role type and/or job level as determined appropriate by senior leadership.
- Pay equitably and inclusively internally (internal equity) and externally (competitive).
- An individual’s pay is based on their job related skills and the performance achievement of stated goals, both organizationally and individually.
- Salaries for the majority of positions are targeted around the 50th percentile of the external market, with variation expected in individual pay for skills, knowledge, experience, performance and impact on Central Health.
 - Highly competitive direct patient care roles or those with a shortage of available local talent (for example, Medical Assistants and others identified by senior leadership/HR) may require specific position salaries targeted to around the 62.5th percentile of the external market.
 - Specific roles identified for this group will be regularly reviewed and validated by senior leadership/HR.
- For employees that go “above and beyond” (as defined by each entity within their established program guidelines) in their role, the organization, with approval from senior leadership/HR, will provide some type of discretionary recognition award.
- Employee benefits will be market driven and targeted to the 50th percentile.
- Rewards and benefits funding and financing will be done in a manner that supports our pay for performance orientation and fiscal stewardship.

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We, the Board of Managers has considered and believes that the following table details the “targeted” base pay positioning and geographic scope of comparisons:

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<u>Executive Leadership</u>	<u>50th percentile</u>	<u>United States</u>
<u>Management</u>	<u>50th percentile</u>	<u>Southwest Region of U.S.</u>
<u>Direct Patient Care</u>	<u>62.5th percentile</u>	<u>Southwest Region/U.S.</u>



CENTRAL HEALTH

Total Compensation Philosophy and History

<u>Technical & Office Staff*</u>	<u>50th percentile</u>	<u>Austin, TX</u>
<u>Administration & Support</u>	<u>50th percentile</u>	<u>Austin, TX</u>

*For hard to fill and/or limited availability of talent in the market, a 62.5th Percentile approach may be applied at the approval of senior leadership/HR.

The benefits offered to full-time and part-time employees are more typical of those offered by a not-for-profit or private company than a public entity.

- Paid holidays,
- Paid Time Off (“PTO”) plan, and
- Retirement Plan that is a defined contribution plan rather than a defined benefit plan.
- There is no commitment for retiree health insurance costs.

We strive to fully and effectively communicate to all employees, on an ongoing basis, the philosophy, purpose, operation and effect of our various programs.

Note: ~~Travis County Healthcare District does business as Central Health.~~ Equal Opportunity Employer

“It is the policy of the Travis County Healthcare District (TCHD) to be an equal opportunity employer and to select individuals based upon being the best suited for the position sought and their ability to perform the essential functions of the position sought.” (HR 2-001)

~~We publicly post p~~osition openings are posted publicly and ~~select~~ the most highly qualified individuals are selected. Due to the specialized healthcare-focused skills required for many of our positions, ~~we compete~~there is competition with other large comparable healthcare and health plan-organizations to find those very highly qualified individuals. ~~As a component part of our posting process we commonly use professional association websites so that our postings reach professional candidates from all segments of the community~~

“It is the policy of the Travis County Healthcare District (TCHD) to pay compensation that is nondiscriminatory and competitive and to evaluate all jobs in order to establish a consistent basis for measuring and establishing the relative worth of each job. The unique characteristics of the TCHD are considered when determining the TCHD’s classification and compensation program including its pay structure. The TCHD will, when considered appropriate, participate in, conduct or purchase compensation surveys covering other similar employers with similar jobs.” (HR3-003)

We design and administer our various HR programs to drive our commitment to inclusion and diversity goals. On a regular and ongoing basis, we will actively analyze our



Total Compensation Philosophy and History

data and trends related to hiring, promotion and compensation to ensure we are addressing any historical disparities in practices.

Note: Travis County Healthcare District does business as Central Health, along with its enterprise affiliates Sendero Health and CommUnityCare Health Centers.

Central Health's Employee Value Proposition

We value the following compensation and benefits practices:

- Diversity, equity and inclusion in the workforce practices that are clearly reflected in the pay system,
- Adherence to core values of our organization,
- Team outlook and collaboration in all activities,
- Excellence in work and excellence in service to all customers, and
- People who seek to learn, grow their skills and capabilities and demonstrate their proficiency in their job

Determining Market Position

We regularly participate in multiple and relevant salary surveys to source comparable and reasonable market data, including:

- The Society of Human Resources Management healthcare segment survey (annual),
- The Warren Report (annual),
- Kenexa Compensation Survey (annual)
- CompData, and
- have purchased The Economic Research Institute (ERI) Database which is purchased, we also u

Use of multiple survey sources ensures that to make sure our salaries are consistent with salaries for like jobs in the market. Any changes to our salary structure are approved by the President & CEO based on these established compensation methods. In addition to reviewing compensation levels, employee benefits are reviewed as part of the business planning process to ensure that our programs remain competitive.

Performance Evaluations

"It is the policy of the Travis County Healthcare District (TCHD) that the job performance of each regular employee should be evaluated periodically by the employee's supervisor." (HR 2-016)

The President & CEO is hired via an employment contract and works directly for the Board of Managers. All other employees work for the President & CEO. The Board of Managers conduct a performance evaluation each year for the President & CEO and compensation is adjusted according to the evaluation. The Board of Managers has a personnel committee

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Total Compensation Philosophy and History

~~which is specifically devoted to the hiring and performance monitoring of the President & CEO.~~

Performance evaluations for all employees (except the CEO) are performed every December. Employees are evaluated on ~~4~~ their performance against:

- ~~1) our~~ Our stated Values,
- ~~2) their performance against~~ The requirements as stated in their Job Descriptions, and
- ~~3) their~~ Individual goals set with their manager's concurrence the previous December to be accomplished during the evaluation year.

An individual's salary increase will be directly impacted by the results of their annual performance evaluation. In addition, an individual's current base salary and where it falls within the salary ranges is also taken into account. In situations where the base salary is at the top of the salary range, a lump sum award will be provided. Each area is numerically rated on a five-point scale and then the employee's overall performance is rated.

~~The This processes and the outcomes serve as a basis for compensation decisions, along with other relevant factors. procedures stated above are performed to make sure we are in compliance with the Compensation Philosophy approved by our Board of Managers in November, 2007 and copied (in part) for you below.~~

~~Annual increases (if funding is approved by the Board of Managers) are based on the employee's performance rating. No increases are granted for employees receiving a rating less than 3.0 (Meets Expectations). There are no automatic across the board cost of living increases.~~ ANNUAL PERFORMANCE EVALUATION PROGRAM AND RESULTS DIRECTLY LINK TO AN INDIVIDUAL'S SALARY INCREASE OPPORTUNITY. IN ADDITION TO THIS, THEIR POSITION WITHIN THEIR ROLE'S PAY RANGE IS TAKEN INTO ACCOUNT. IN SITUATIONS WHERE AN INDIVIDUAL'S SALARY IS AT THE TOP OF THE RANGE A LUMP SUM AWARD WILL BE PROVIDED.

President & CEO Compensation

The President & CEO is hired via an employment contract and works directly for the Board of Managers. All other employees work for the President & CEO. Each year the Board of Managers conducts a performance evaluation for the President & CEO and compensation is adjusted according to the evaluation. The Board of Managers is responsible for managing the hiring and performance monitoring of the President & CEO.

Compensation Philosophy Statement (approved by the Board of Managers 11/15/2007)

"Management of the Travis County Healthcare District and the 501(c)(3) Non-profit Community Health Centers believe in rewarding the efforts and success of its staff through a series of results-

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Total Compensation Philosophy and History

oriented compensation plans. Our philosophy is to pay:

- *Competitively in our industry labor markets*
- *Equitably internally and externally*
- *Rewards based on the achievement of stated goals*
- *Salaries and variable pay based at the 50th percentile of the industry labor markets*

Variable pay, which will include performance incentives, and employee benefits will be market driven at the 50th percentile. Funding and financing will be done in a manner that supports our pay for performance orientation.

Compensation Philosophy

- *The District and the 501(c)(3) want to be preferred employers within their operational area(s).*
- *We recognize that we are in a competitive market for exceptional talent at all levels.*
- *We are committed to providing to our employees a total compensation package that is competitive with the markets in which we compete for talent, and a mix of pay and benefits that best fits the needs of our employees, recognizing that we compete for talent in different labor markets, and that we have a responsibility towards our community as stewards of the use of public funds.*
- *We commit to paying competitive total compensation within each relevant labor market and within the resources of the organization.*
- *We believe that competitive compensation is a critical part of a total employment relationship that also includes training, career opportunities, a healthy culture in which to work, and a work/family balance.*

We value:

- *Adherence to core values of the organization*
- *Team outlook in all activities*
- *Excellence in our work and excellence in our service to our customers.*

Competitor organizations' compensation and benefits will be reviewed regularly as part of the business planning process and will include local, regional and national healthcare organizations, and broader general industry comparisons and local geographical markets as appropriate to assure that our program remains competitive.

The programs for all employees will provide forms of compensation that vary and are leveraged on the basis of organizational responsibility and performance, as well as the nature of the job, including individual and organizational elements with a strong orientation toward safety, quality, patient care and financial measures.

We will strive to fully and effectively communicate to all employees on an ongoing basis the philosophy, purpose,



CENTRAL HEALTH

Total Compensation Philosophy and History

operation and effect of the various programs.

We will review prevailing pay practices for all job groups periodically and will adjust pay and benefit plans in accordance with our policy and financial ability.

Central Health Benefits

The benefits we offer our full-time and part-time employees are listed below. As you will note, they are more typical of those offered by a private company than a public entity. We have seven paid holidays per year, we use Paid Time Off (PTO), not vacation and sick time, and our retirement plan is a defined contribution plan rather than a defined benefit plan. There is not a commitment for retiree health insurance costs either.

Benefit List

- ~~Medical Plan available to employees and their dependents (shared cost between employee and employer)~~
- ~~Two Dental Plans available to employees and their dependents (employee only coverage for Basic Plan is employer paid, and all other levels of coverage are shared cost between employee and employer)~~
- ~~Vision Plan (employee paid)~~
- ~~Basic Life Insurance — 1 times annual salary (employer paid)~~
- ~~Supplemental Life Insurance (employee paid)~~
- ~~Basic AD&D Insurance — 1 times annual salary (employer paid)~~
- ~~Supplemental AD&D Insurance (employee paid)~~
- ~~Long Term Disability (employer paid)~~
- ~~Short Term Disability dependents (shared cost between employee and employer)~~
- ~~Medical and Dependent Care Spending Accounts (employee paid)~~
- ~~Employee Assistance Plan (employer paid)~~
- ~~Prepaid Legal Services (employee paid)~~
- ~~Back up Care Program — 60 hours of care underwritten per year (employer paid)~~
- ~~401(a) Retirement Plan — Defined Contribution Plan (employee funded at 6% of annual salary with an employer match equal to 100% of the employee contribution) — mandatory participation~~
- ~~457 Deferred Compensation Plan (employee funded, the employer matches 50% of the first 4% of salary contributed) — voluntary participation~~
- ~~Paid Time Off (PTO) (accrual based on years of service) —~~
- ~~Seven (7) paid Holidays per year~~

Central Health Organizational Development Timeline

April 2005 — The first employee to be hired is the President & CEO. There is no benefit structure in place at that time. Through an inter-local agreement with Travis County, their employees provide the essential services necessary to fulfill start-up functions for Central Health.



CENTRAL HEALTH

Total Compensation Philosophy and History

~~**September 2005**—The first non-CEO employee of Central Health is hired. A basic benefit structure is in place as a temporary measure which lasts until 2009, when the full and total compensation structure is fully implemented.~~

~~**January 2006**—The first cadre of essential employees (approximately seven employees) are now in place and the organization is relying less upon Travis County employees.~~

~~**November 2007**—The Compensation Philosophy is developed and adopted by the Board of Managers in a public meeting. Central Health now has 15 employees.~~

~~**May 2009**—Due to the impending transfer of 490 city employees some into Central Health and most heading into the non-profit health center, Senate Bill 1063 is developed and passed to allow Central Health's retirement system to be proportionate with the City of Austin's retirement system. A legal hitch is discovered and in the final analysis, all employees must technically be employees of the governmental entity (TCHD) in order to maintain their proportionality with the city retirement system.~~

~~**November 2007–April 2009**—The organization is now focused on building the needed organizational infrastructure to transition the City of Austin — Community Health Centers and Medical Assistance Program (MAP) into the Central Health structure. Central Health creates a 501-C3 non-profit to house the Community Health Centers. The MAP employees will transition into Central Health proper and the Community Health Center employees will be assigned to work for the new non-profit “CommUnityCare.”~~

~~**March 1, 2009**—475 employees transition employment from the Community Health Centers in the City of Austin to the newly created CommUnityCare and 23 employees transition from the City MAP into Central Health proper. Central Health grows from 15 employees to 38 employees on March 1, 2009. All employees are now technically employees of Central Health in order to preserve their proportionate retirement service.~~

~~**March 2009**—The President & CEO creates an Executive Team. Central Health has now grown to a level of complexity and delineated areas that necessitate additional Executive sponsorship. Three employees are promoted.~~

~~**March 2011**—The first “official” employee for Sendero Health Plans (created in early 2011) is added to begin building the provider network the new insurance plan will need. The CEO is added in December 2011. Sendero currently employs 33 people.~~

~~**September 2012**—The Eligibility department (the largest department in Central Health) is reclassified to build a “career ladder” and allow greater flexibility in hiring people at one level, and allow them to grow into other levels as their experience and skills increase. They previously had three levels of Eligibility employee. The department is changed to have seven levels of Eligibility worker. Employee skills are assessed and all current employees are placed into the appropriate level.~~



CENTRAL HEALTH

Total Compensation Philosophy and History

~~October 2013—CommunityCare has 580 employees, Central Health has 65 employees, Sendero Health Plans has 33 employees for a total of 678 employees.~~



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

October 28, 2020

REGULAR AGENDA ITEM 6

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



MEMORANDUM

To: Central Health Board of Managers
CC: Perla Cavazos; Megan Cermak
From: Mike Geeslin
Date: October 22, 2020
Re: Agenda Item 6, Report on coordination and collaboration on COVID-19 response
Informational Item

Overview

The pandemic caused by COVID-19 prompted a community-wide response in Travis County that involves several government and non-government organizations. The discussion pursuant to Agenda Item 5 is in response to the Board's request for additional information about how Central Health coordinates with other partners and their respective roles in the pandemic response.

Details

The Board established the following strategic objective in the Fiscal Year 2021 Budget Resolution:

Support ongoing COVID-19 response efforts for the benefit of Central Health funded patients, including support of clinical partners' testing operations, contact tracing, vaccination efforts to reduce seasonal flu spread and utilization of critical care resources, outreach and education in high-risk zip codes and communities, and other mitigation efforts.

At its October 2020 meeting, the Board will hear from Central Health staff, CommUnityCare, Austin Public Health, and Travis County Health and Human Services. The conversation will provide insight into the following:

1. Each organization's role and responsibility in the pandemic response
2. Highlights and/or major accomplishments
3. Lessons learned

This presentation is designed to provide a better understanding of how we work together as part of the response efforts coordinated through local emergency authority.

Recommendation or Action

None at this time.

###



CENTRAL HEALTH



Community COVID Response

Mike Geeslin, Stephanie Hayden, Sherri Fleming & Jaeson
Fournier

October 27, 2020



Central Health's Role and Alignment

- Remote Work Environment, with limited exception
- All Operations Functional: As a health care district and joint operations shared with CommUnity Care and Sendero (e.g., Joint Tech, HR, Facilities)
- Community Support
 - **Communications - High risk zip codes, multi-lingual; flu**
 - **Contact Tracing - Support of CUC**
 - **Testing Site - Logistical support for CUC**
 - **PPE Campaign - Community Partnerships**



CENTRAL HEALTH



CommUnityCare



SENDERO
HEALTH PLANS



@CentralHealthTX

Central Health's Role and Alignment

- Continued management and operation of Medical Access Program + Call Center; mission fulfillment



- Health care districts have somewhat undefined role in a public health emergency
- We aligned our strengths with local Emergency Operations Command as a government agency
- ...for the benefit of the safety net population





COVID-19 Update

Central Health Board Meeting

STEPHANIE Y. HAYDEN, LMSW

DIRECTOR

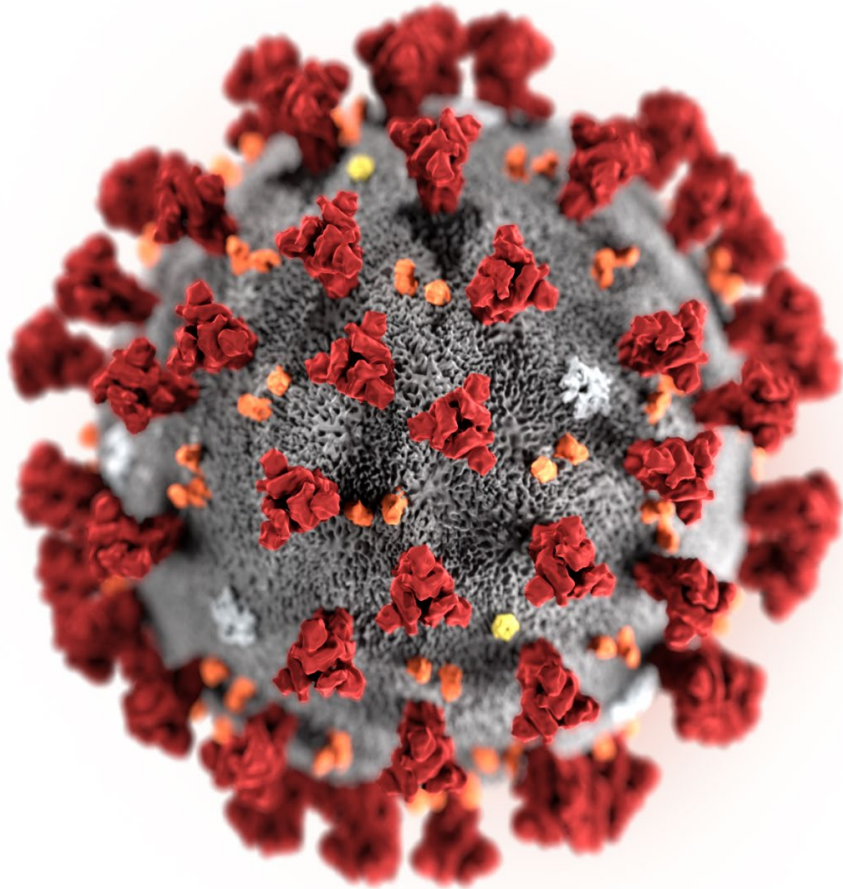
OCTOBER 28, 2020



Presentation Overview

- Public Health Response
- Social Services Branch
- COVID-19 Data
- COVID-19 Vaccine Distribution
- Texas Department of State Health Services COVID-19 Vaccine Plan

COVID-19 Response



- ❖ Department Operations Center
- ❖ Emergency Operations Center
 - ❖ Formation of strike teams and task forces through the EOC
- ❖ Epidemiology and Surveillance are conducting contact tracing for all positive cases within Travis county.
- ❖ Partnering with healthcare providers
- ❖ Testing platform
- ❖ Medical Hotline

Social Services Branch

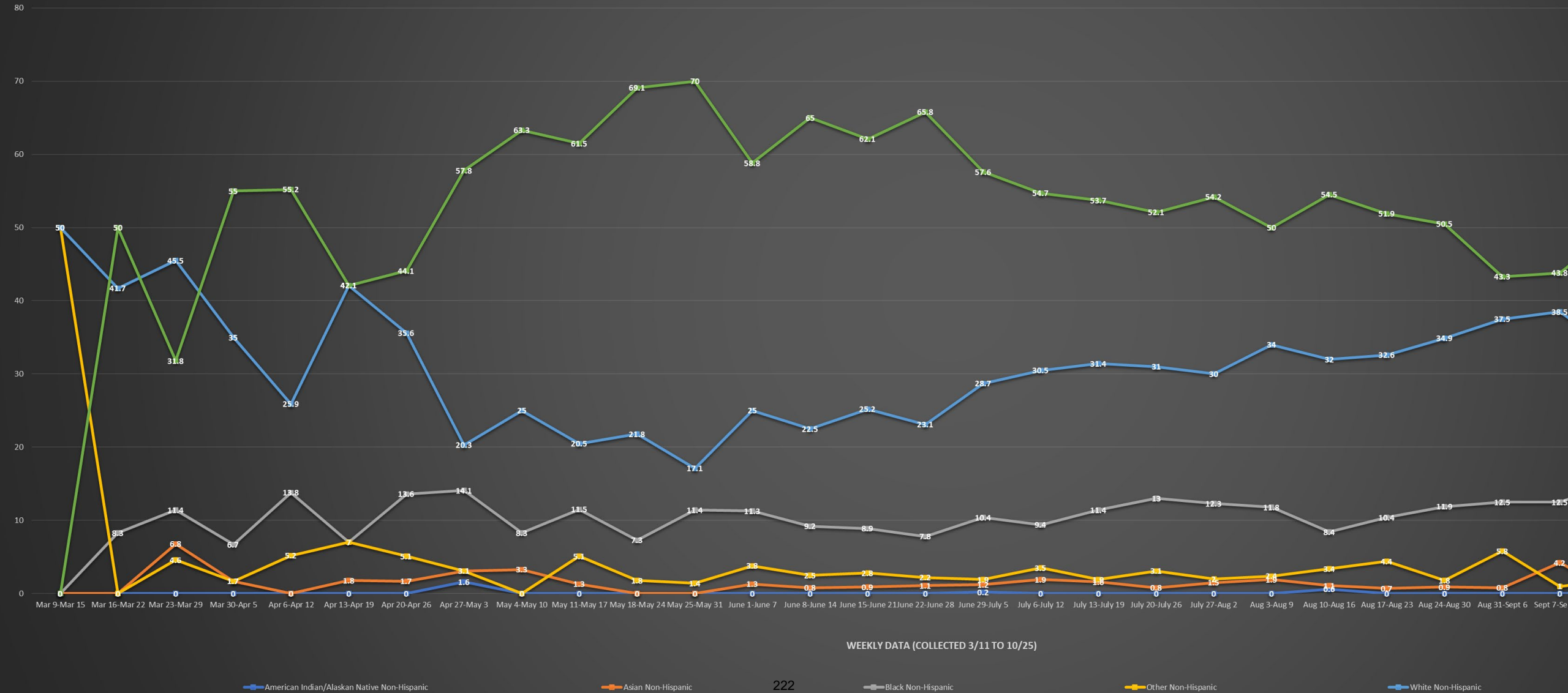
- EOC – COVID-19



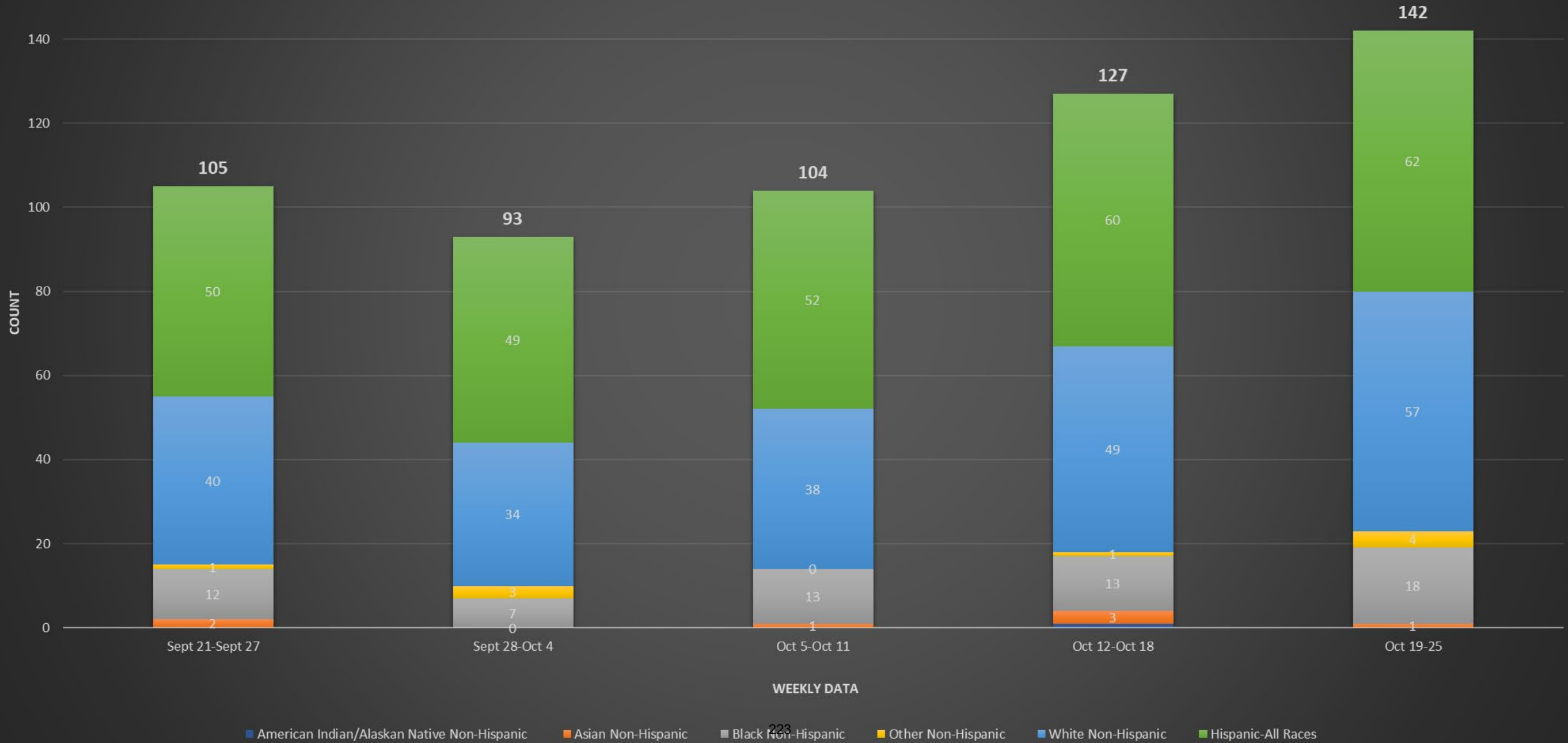
Outreach, Financial and Supportive Services

- Food Access
- Increase behavioral health services and counseling opportunities
- Partner Agencies
- Outreach Efforts
 - Email information to social services distribution list
 - Certified Minority- & Women-Owned construction businesses
 - Emailed construction business owners registered and/or certified within local database
 - Mailing information to community
 - Flyers provided directly to clients
 - Phone calls made to contacts
- Website
 - Dashboards for desktop and mobile
- Financial Assistance
 - Business Owners
 - High Risk Workers
 - RISE 1.0
 - RISE 2.0
 - RENT
 - Austin Energy program
- Targeted Efforts
- Television and Radio marketing

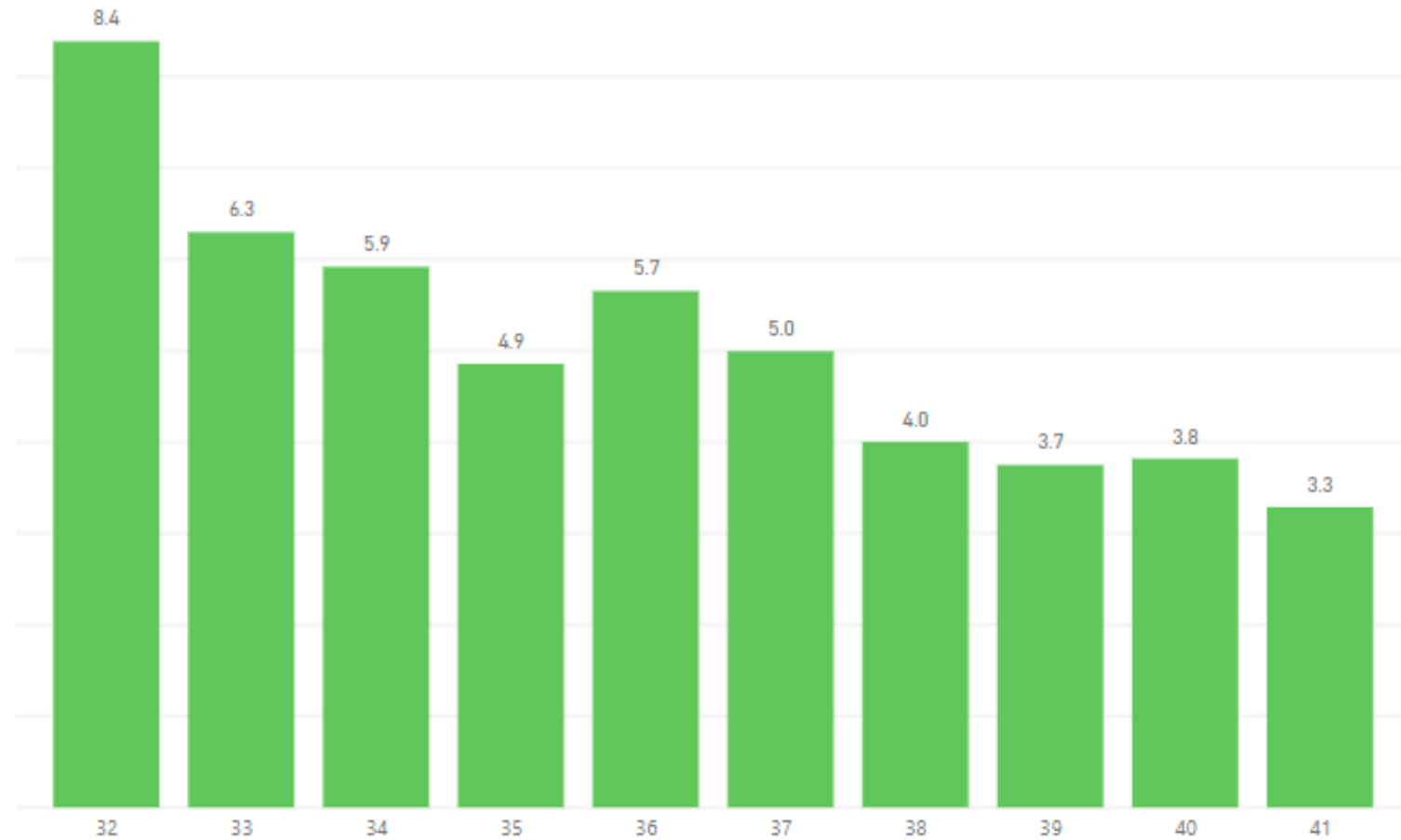
City of Austin - Travis County COVID-19 Hospitalization by Race & Ethnicity (Austin MSA)



Count of Weekly Hospitalizations by Race/Ethnicity (Austin MSA)



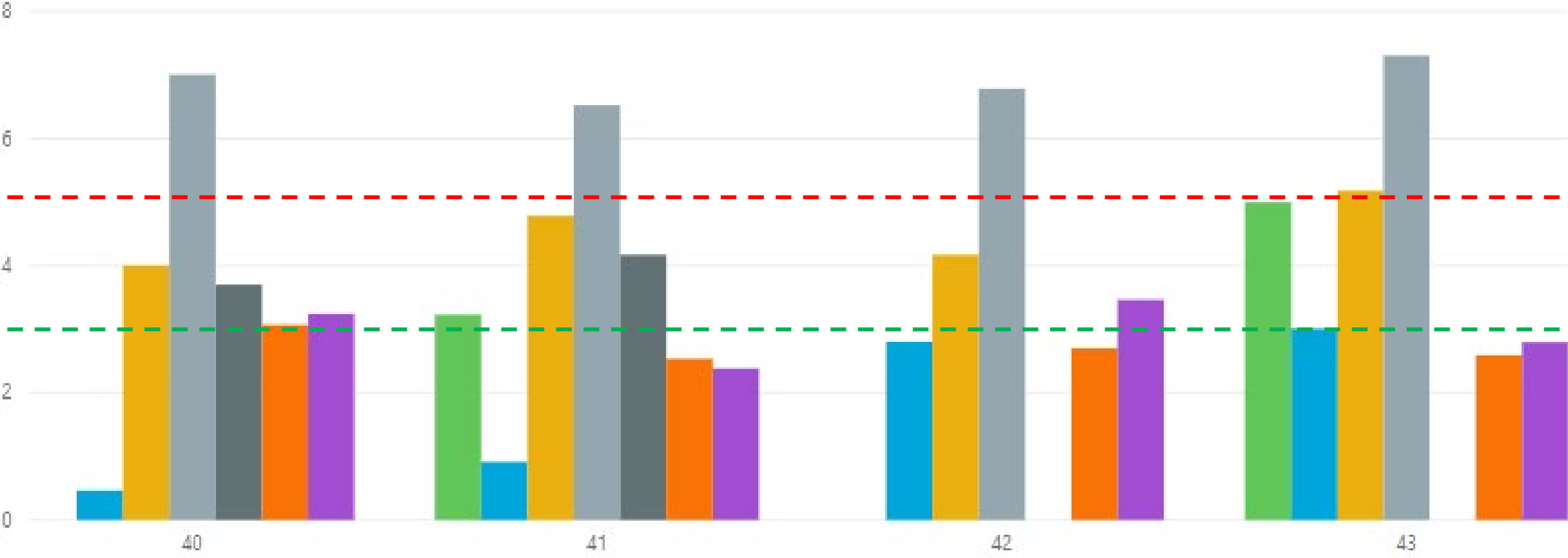
Percent Positive by Test Collection Week - Last 12 Weeks



Travis
County
COVID-19
Percent
Positive by
Week

Percent Positive By Race/Ethnicity - Last Four Weeks

Race/Ethnicity
 ● American Indian or Alaska Native
 ● Asian
 ● Black or African American
 ● Hispanic or Latino
 ● Native Hawaiian or Other Pacific Islander
 ● Other
 ● White



COVID-19: Risk-Based Guidelines

Recommended thresholds 7-day average hospital admits	Stage	Practice Good Hygiene	Maintain Social Distancing	Wear Facial Coverings	Higher Risk Individuals Aged 65+, diabetes, high blood pressure, heart, lung and kidney disease, immunocompromised, obesity			Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/ Shopping	Workplaces Open
		Stay Home If Sick			Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/ Shopping				
		Avoid Sick People			Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/ Shopping				
0	Stage 1	•			Greater than 25		Except with precautions	Gathering size TBD			All businesses
< 10	Stage 2	•	•	•	Greater than 10		Except as essential	Greater than 25			Essential and reopened businesses
10 - 39	Stage 3	•	•	•	Social and greater than 10	•	Except as essential	Social and greater than 10			Essential and reopened businesses
40 - (70 to 123)*	Stage 4	•	•	•	Social and greater than 2	•	Except as essential	Social and Greater than 10	•	Except expanded essential businesses	Expanded essential businesses
> (70 - 123)* (depending on rate of increase)	Stage 5	•	•	•	Outside of household	•	Except as essential	Outside of household	•	Except as essential	Essential businesses only

* The exact hospitalization average trigger will depend on the rate of increase. A faster increase in the daily average will trigger stage 5 risk recommendations when the number reaches the lower end of this range.

Use this color-coded alert system to understand the stages of risk. This chart provides recommendations on what people should do to stay safe during the pandemic. Individual risk categories identified pertain to known risks of complication and death from COVID-19. This chart is subject to change as the situation evolves.



BIOPHARMA LEADER'S PLEDGE

- Leaders sign pledge - according to a press release dated September 8, 2020.
- The pledge was signed by the chief executives of American drug makers Johnson & Johnson, Merck, Moderna, Novavax and Pfizer, and European companies AstraZeneca, BioNTech, GlaxoSmithKline and Sanofi.
- “Pledge to make the safety and well-being of vaccinated individual’s top priority”.
- “Continue to adhere to high scientific and ethical standards regarding the conduct of clinical trials and the rigor of manufacturing processes”.
- “Only submit for approval or emergency use authorization after demonstrating safety and efficacy through a Phase 3 clinical study that is designed and conducted to meet requirements of expert regulatory authorities such as FDA”.
- “Work to ensure a sufficient supply and range of vaccine options, including those suitable for global access”.
- Food and Drug Administration (FDA) approval.

Vaccine Distribution Coalition

Austin and Travis
County

This effort will have an equity framework to reach target populations.

- Key partners:
 - City, County and other Governmental staff
 - Chief Equity Officer
 - Community Organizations
 - Local Mental Health Authority
 - Community Support and Advocates
 - Health-care Providers
- Goals:
 - Develop plans and strategies to reach the desired level of vaccination coverage for our community
 - Identify Priority Populations
 - Community Messaging and Engagement

COVID-19 Vaccination Plan

Texas

- Texas Department of State Health Services released their plan last week.
- They are encouraging providers (public and private) to sign up to administer vaccine to the public.
- Phase Approach
 - Phase 1: Potentially limited vaccine available (November-December)
 - Phase 2: Large Number of Doses available (January – July)
 - Phase 3 Likely Sufficient supply (July- October)
 - Phase 4: Sufficient supply (October onward)
- The department will utilize Austin Salesforce for vaccine management.
- Vaccine will be free



Questions?

STEPHANIE Y. HAYDEN, LMSW

DIRECTOR

TRAVIS COUNTY HEALTH AND HUMAN SERVICES UPDATE



CENTRAL HEALTH BOARD OF MANAGERS

October 28, 2020

COVID-19 SUPPORT

Partnered with APH in response

Co-Lead on Social Services Branch

County Community Centers remained operational, serving virtually

Home-Visiting Programs continued to support families virtually

COVID-19 SUPPORT



- Virtual Summer Employment Program
- Support to Seniors through Coming Of Age (Virtual Volunteer Appreciation Event)
- Expansion Of Basic Needs/Emergency Food

Travis County CRF Allocations

- Received a total of \$61,147,507.20
- Allocated across the following:
 - \$10,000,000 TCTX Thrive Small Business Grant Program (April 28)
 - \$10,000,000 TC HHS Rental Assistance (May 12)
 - \$7,333,920 Allocation to Small Cities (June 29)
 - \$5,000,000 - *Food Access, Workforce Development, Outreach, Child Care and TCTX Serve (August 25)*
 - \$8,813,587.20 County Joint Response
 - \$20,000,000 County Direct Response

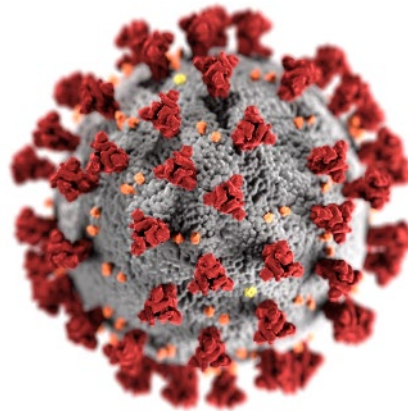
TCTX SERVE

- Grant program to provide relief to non-profit social service providers in response to COVID-19
 - Funded by Coronavirus Relief Fund (CRF) -
 - Building on EDSI – TCTX Thrive
 - Partner with BCL of Texas
 - As of 10-28-20, the total for all requests is \$2,715,648.76. Of those, \$250,000 is associated with applicants that have been deemed ineligible, pending any appeals.
 - Potentially 30 agencies, up to \$50,000.



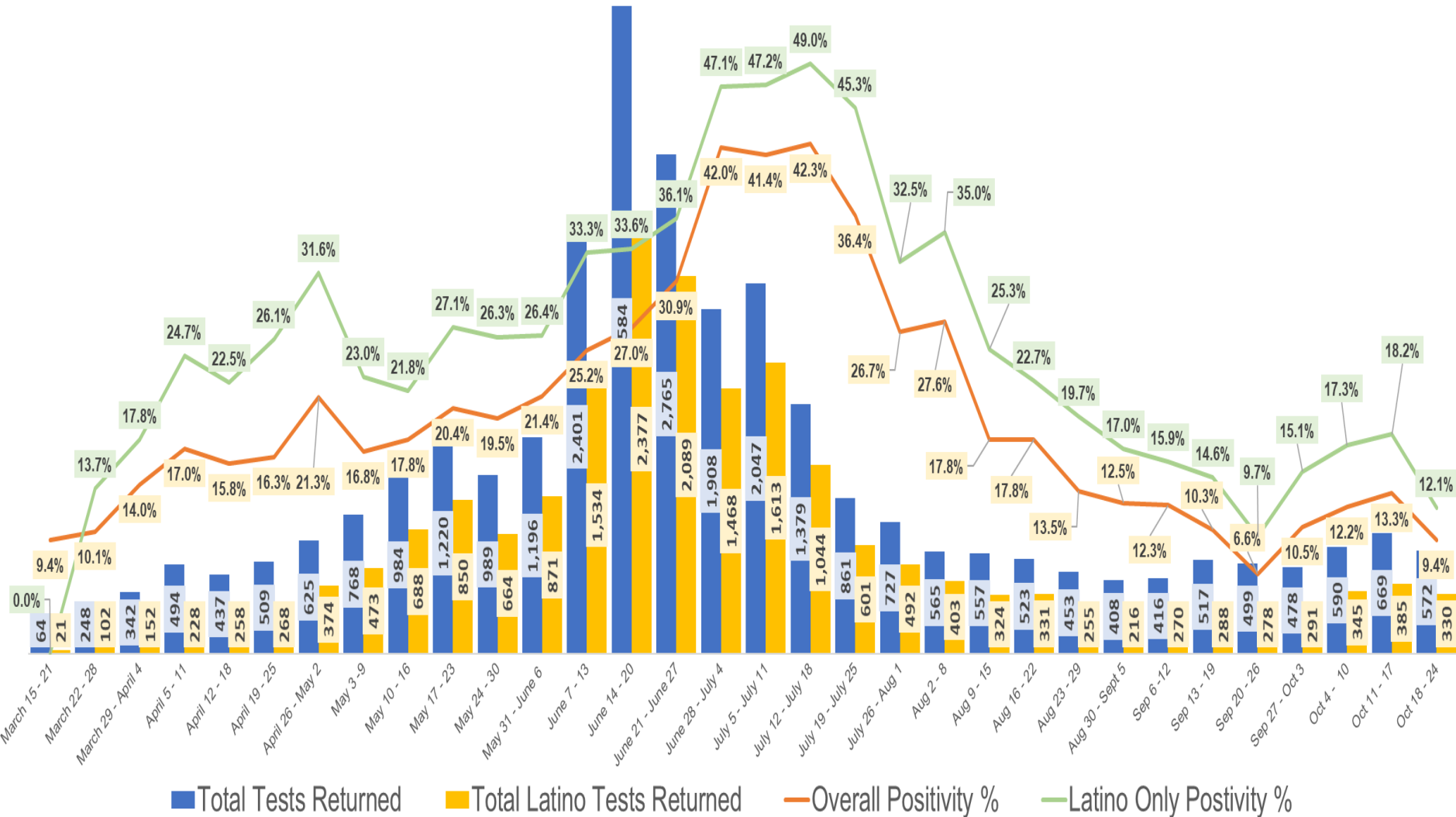
Coronavirus Response Update

October 28th, 2020



Testing for COVID-19

Coronavirus Testing and Positivity Rate by Week Through October 24, 2020



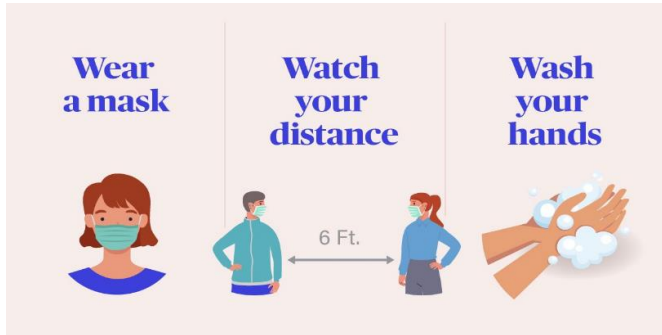
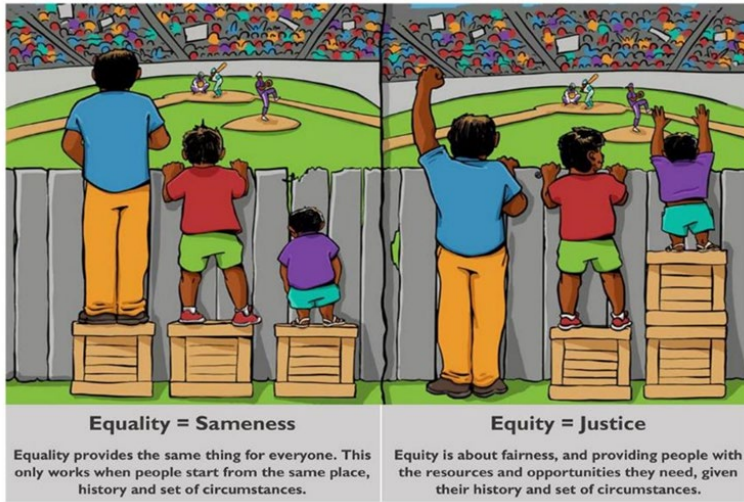
CommUnityCare Response to COVID

To date:

CommUnityCare has provided over 31,000 coronavirus PCR Tests since mid-March.

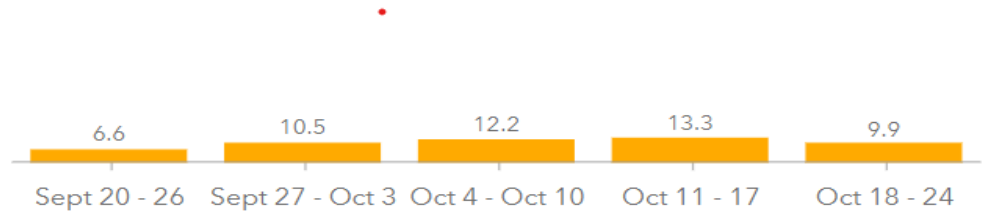
- ❖ African Americans represent 7.2% of tests provided with a positivity rate of 11.2%.
- ❖ Asians represent 1.7% of tests provided with a positivity rate of 12.7%.
- ❖ Latinos represent 66.8% of tests provided with a positivity rate of 32.2%.
- ❖ Native Americans represent 0.6% of tests provided with a positivity rate 18.1%.
- ❖ Native Hawaiian/Pacific Islanders represent 0.5% of tests provided with a positivity rate of 21.8%.
- ❖ White non-Latinos represent 15.0% of tests provided with a positivity rate of 8.0%.
- ❖ About 12,000 or 40.2% of tests provided have been provided to CommUnityCare patients with a positivity rate of 25.4%. African Americans represent the highest proportion of CUC patients vs non-CUC individuals tested (i.e. 40.3% vs. 59.7%).
- ❖ Travis County residents represent 83.2% of tests provided with a positivity rate of 25.7%. Of note, 83.9% of Travis County residents tested were uninsured and had a higher positivity rate of 27.2% compared to a positivity rate of 17.8% for insured Travis County residents tested.
- ❖ Uninsured individuals represent 84.2% of all tests provided with a positivity rate of 26.6%.

Health Equity First and Foremost



Coronavirus Dashboard

% Positivity Rate for the last 5 Weeks For All Races/Ethnicities

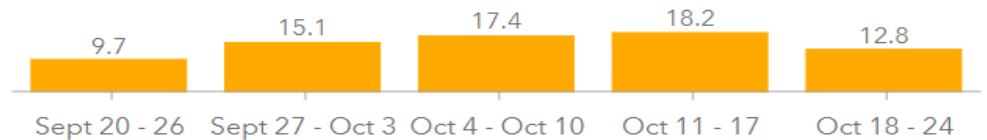


Total Returned Tests by week: Sept 20 - 25 = 499; Sept 27 - Oct 3 = 478; Oct 4 - Oct 10 = 589; Oct 11 - 17 = 670; Oct 18 - 24 = 454.

Last update: 29 minutes ago

By Week | By Age | By Language | CUC Patients | By Insurance

% Positive Tests for the last 5 Weeks Latino Ethnicity - All Races



Total Returned Tests by week: Sept 20 - 26 = 278; Sept 27 - Oct 3 = 291;; Oct 4 - Oct 10 = 345; Oct 11 - 17 = 385; Oct 18 - 24 = 258.

239 Source: <https://communitycaretx.org/> accessed 10/27/2020

Other COVID-19 Related Initiatives

- ❖ Influenza vaccine campaign
 - Have capacity to provide 55,000 plus flu vaccines through our health centers.
 - Thanks to support from Central Health we have capacity to provide another 10,000 flu vaccines through our COVID drive-thru locations to Travis County uninsured residents.
- ❖ COVID-19 Vaccine
 - Registering sites / providers to provide COVID-19 vaccines.
- ❖ PPE Distribution Campaign through our health centers in partnership with Central Health.
- ❖ Provided weekly COVID-19 Community Updates on our COVID-19 related initiatives.
- ❖ Recently initiated on-site COVID-19 Antigen tests.
- ❖ Maintained access to care throughout the pandemic thanks to rapid implementation of telehealth initiatives. Only 5.5% less patients served for the 12-month period ending September 30, 2020 compared to the same prior period despite the local COVID-19 shutdown.

Special Thanks to Our Team!





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

October 28, 2020

REGULAR AGENDA ITEM 7

Receive briefing and discuss Fiscal Year (FY) 2021 Strategic Objectives, per Board-adopted budget resolution or Board directive, and receive updates on specific items including:

- a. Workforce recruiting and leadership pathway strategies,
- b. Adverse impact study as it relates to a potential affirmative action plan,
- c. HUB vendor workplan, and
- d. HUB vendor contracting data.



MEMORANDUM

To: Central Health Board of Managers
CC: Perla Cavazos; Vanessa Sweet; Emily Farris
From: Mike Geeslin
Date: October 21, 2020
Re: Agenda Item 7, Reporting on Strategic Objectives Fiscal year 2021 - **Informational Item**

Overview

The Fiscal Year 2021 Budget Resolution requires periodic reports on the work related to advancing Central Health's strategic objectives as established by the Board. This memo provides prompts for discussion on the scope and format of the reporting and identifies focus reports that will begin this month.

Details

The following strategic objectives were established by the Board in the Fiscal Year 2021 Budget Resolution:

- Eastern Travis County (ETC) - Three Focus Areas
- Cultural: Workforce Assessments & Diversity, Recruitment, Retention, Pathways
- Cultural: HUB Disparity Study & Work Plan
- COVID Response - Outreach to Communities & Support for Care Partners
- Systems Strategy and Health Equity Development
- Specialty Care Access
- MAP Call Center
- EHR/Epic
- Telemedicine, e-consults, and virtual care
- Case Management & Outreach
- Hospital Payment Model
- Brackenridge/Downtown Campus
- Maintain Reserves

Management would appreciate input on level of detail to be reported and the preferred format. Additionally, focus reports will be provided from time to time either to the full

Board or a committee. Focus reports will go into greater detail beyond the summary of status, risk, and final objective.

OPTION: Table

Table (approximation, subject to formatting and style changes)

ITEM Description	Work Update or Milestone Achieved	Future Milestones (as applicable)	EOY Goal or Success Definition	On Track or At Risk	Comments

Focus Reports & Support Schedules (Samples, not exhaustive)

- * Cultural: Workforce Assessments & Diversity, Recruitment, Retention, Pathways
- * Cultural: HUB Disparity Study & Work Plan
- Systems Based Planning & Equity

* These items marked with an asterisk will be discussed in detail at the October 2020 Board meeting.

OPTION: List

List

ITEM - Description

Work Update or Milestones

Future Milestones (as applicable)

EOY Goal or Success Definition

On Track or At Risk

Comments

Recommendation or Action

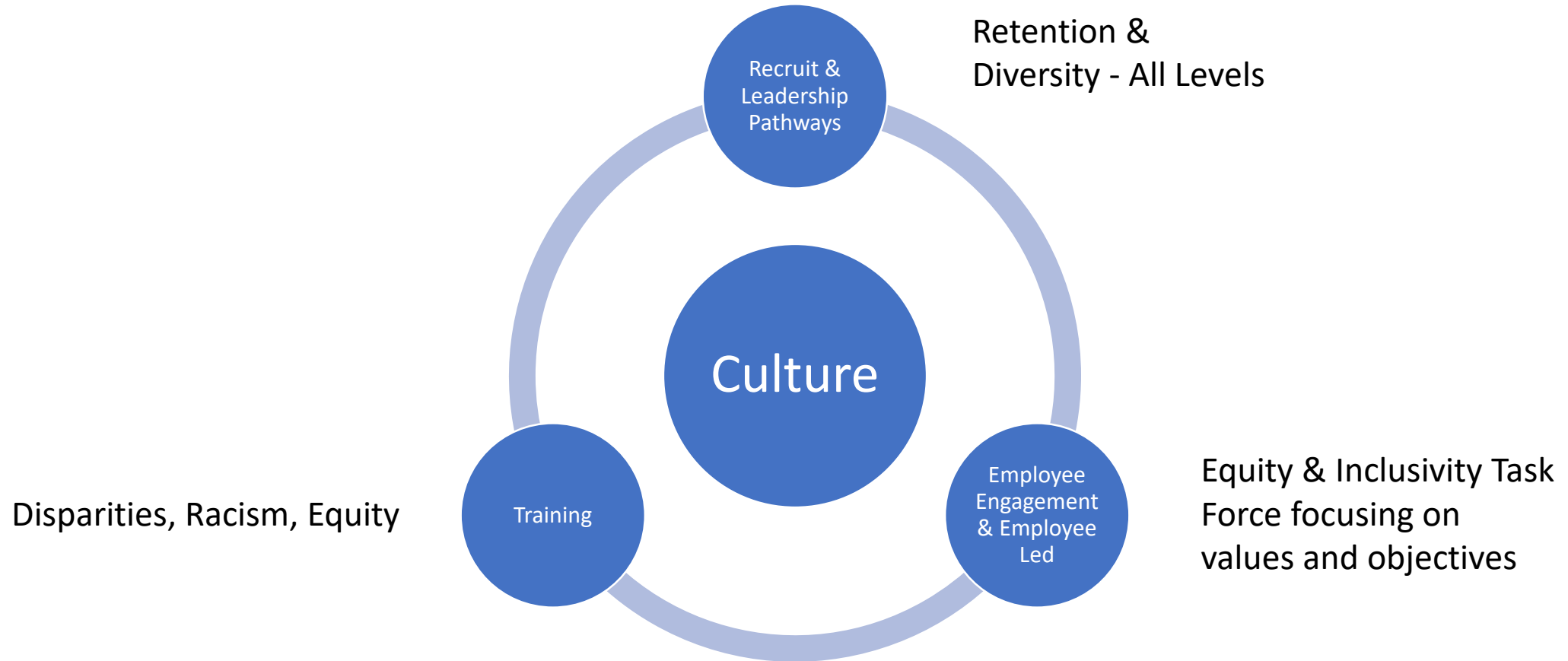
Provide feedback on the nature of the reporting.

###

Overview – Culture: Workforce



Overview – Culture: Workforce





MEMORANDUM

To: Central Health Board of Managers
From: Susan Willars, Enterprise Vice President of Human Resources and Betsy Good, HRIS and Compensation Analyst
CC: Mike Geeslin, President and CEO
Date: 10/23/2020
Re: Central Health internal equity analysis within management-level selection decisions

Background

The Central Health Board of Managers expressed interest in an in-depth review of potential underrepresentation of racial/ethnic groups within Central Health's management-level positions, including the assessment of developing a voluntary affirmative action plan.

An internal equity analysis of hiring decisions made at the management level was conducted to determine if any relationship exists between the selection decision and membership to any particular racial and/or ethnic group.

On October 28, the Board of Managers will receive a presentation of the process, analysis and recommendations. The analysis was divided into the following sections:

- I. Background information
- II. A summary of the Supreme Court standard for the development of voluntary affirmative action plans including EEOC procedural steps for when there is a finding of adverse impact within an organization
- III. A complete description of the characteristics of the data utilized for the analysis
- IV. Charts and graphs intended to assist in visualizing the relatedness (or lack thereof) of the data
- V. A detailed description of the method used to attain the results, citing the sources of various information for the convenience of the managers of the board
- VI. Lastly, there is a summary included that gives an overall synopsis of the conclusions drawn and actions available.
- VII. The final section of the analysis is followed by a page citing the references used, as well as a slide summarizing the analyst's background.

Attachment

The presentation of Central Health's Internal Equity Analysis: Management-Level Selection Decisions.

CENTRAL HEALTH INTERNAL EQUITY ANALYSIS: MANAGEMENT-LEVEL SELECTION DECISIONS

- BACKGROUND INFORMATION
- SUMMARY OF ESTABLISHED REQUIREMENTS AND PROCEDURES
 - DESCRIBING THE DATA
- COMPARATIVE CHARTS & GRAPHS
 - METHOD
 - RESULTS
 - SUMMARY
 - REFERENCES
- ABOUT THE AUTHOR

BACKGROUND

- Central Health examined management-level selection decisions to determine if any evidence of adverse impact were present among these decisions. The results of this analysis will provide the information needed for the organization’s decision on developing and implementing a Voluntary Affirmative Action Plan (VAAP).
- Adverse impact is defined by the Uniform Guidelines on Employee Selection Procedures as, “A substantially different rate of selection in hiring, promotion or other employment decision which works to the disadvantage of members of a race, sex or ethnic group” (1978).
- “The Federal agencies have adopted the Guidelines to provide a uniform set of principles governing use of employee selection procedures which is consistent with applicable legal standards and validation standards generally accepted by the psychological profession and which the Government will apply in the discharge of its responsibilities” (Questions and Answers to Clarify and Provide a Common Interpretation of the Uniform Guidelines on Employee Selection Procedures, 1979).

SUMMARY OF SUPREME COURT REQUIREMENTS AND EEOC PROCEDURES

- To concisely summarize the standard on VAAPs set by the Supreme Court (which has also been adopted by the Equal Employment Opportunity Commission [EEOC]), the intent must be to use these types of plans as a temporary method to correct findings of racial imbalance, and conversely are not to be used to maintain current balance within an organization.
- The EEOC has outlined the process steps for when there has been a finding of adverse impact within an organization. These steps would be required to be followed prior to an implementation of a VAAP, and were designed to determine *where* the adverse impact is occurring and therefore what exactly the VAAP would be developed to correct.

Process steps:

- 1) An analysis and subsequent finding that adverse impact is found to occur for the overall selection process for a particular job
- 2) An analysis of each step of the selection process for that job
- 3) Validation of any step where adverse impact has been found to exist.; If validation cannot be proven, then a VAAP *may* be considered a lawful solution to address the underrepresentation that had occurred when using a test or process that could not attain the requisite validation.

DESCRIBING THE DATA

This study was conducted via complete adherence to the Uniform Guidelines, such that:

- Any applicant who selected to opt out of providing the racial/ethnic group to which he or she identified with was removed from the analyses.
- Incomplete applications and withdrawals of applications were removed from the analyses as those individuals are not considered as having actually applied to the position.
- Both the “American Indian or Alaska Native” group as well as the “Native Hawaiian or Other Pacific Islander” group were removed from the data as neither racial group made up at least 2% of the data itself, nor that of the Austin population.
- If an offer of employment was made and subsequently declined, this offer was counted as a hire.

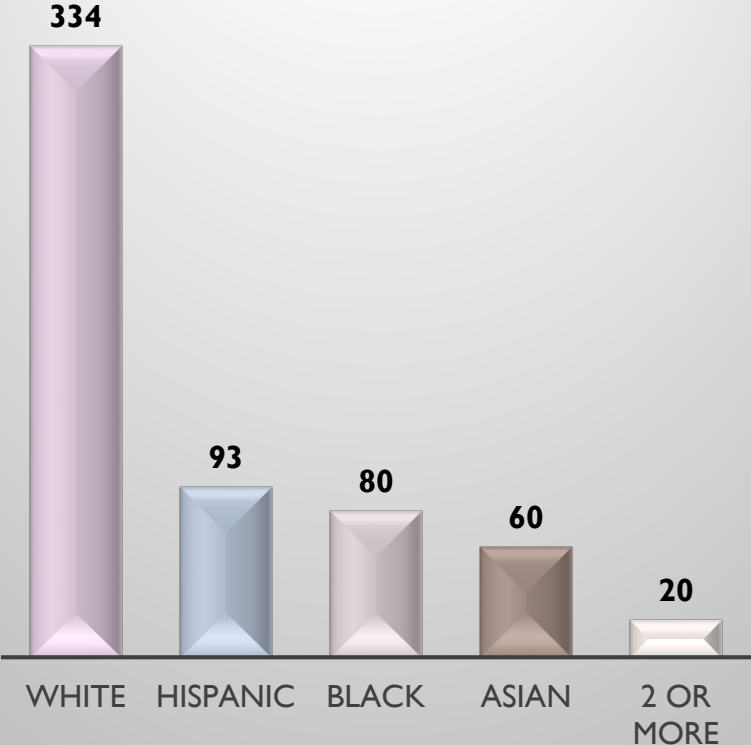
DESCRIBING THE DATA, CONTINUED

- The period covered in this analysis is August 2018 to July 2020. Due to a system integration in 2018, historical data prior to August 2018 was not available.
- Our analysis included 587 applicants, 28 hires/promotions, and 21 positions.
 - Of the 28 affirmative selection decisions, 16 were offers/hires, and 12 were promotions.
 - Of the 21 positions, six were supervisor positions, 11 were manager-level, four were director positions.
 - There are three reasons for the difference between the 28 selections and the 21 positions:
 - 1) A subsequent selection was made due to turnover (e.g., the initial employee left the organization and so required an additional selection for that same job).
 - 2) A position necessitated hiring more than one person for the same role (e.g., two separate employees needed for the role of “Service Delivery Manager”).
 - 3) The selections include people who were offered the position yet declined the offer, as discussed in the previous slide.

RAW DATA

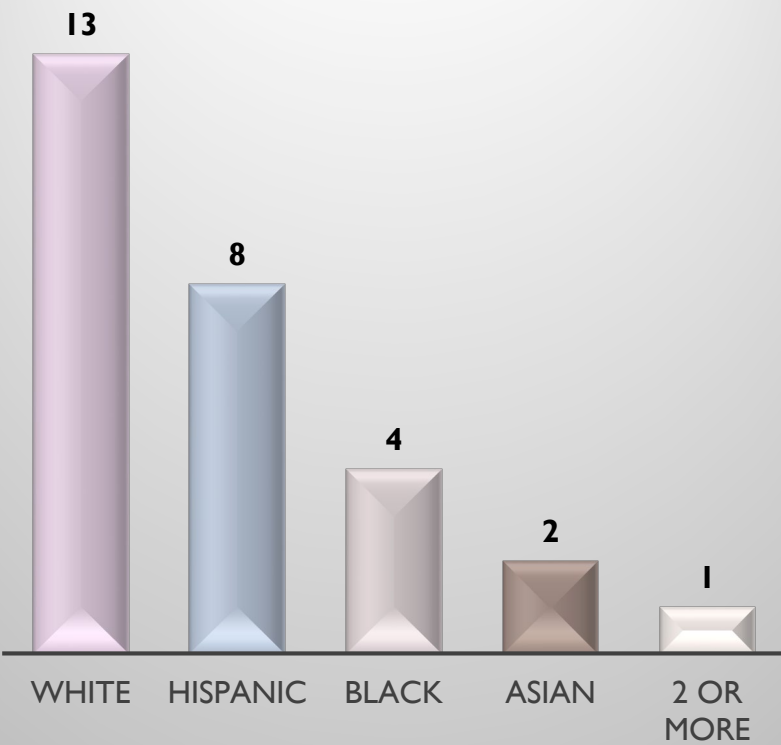
APPLICANTS PER RACIAL/ETHNIC GROUP

587 Applicants



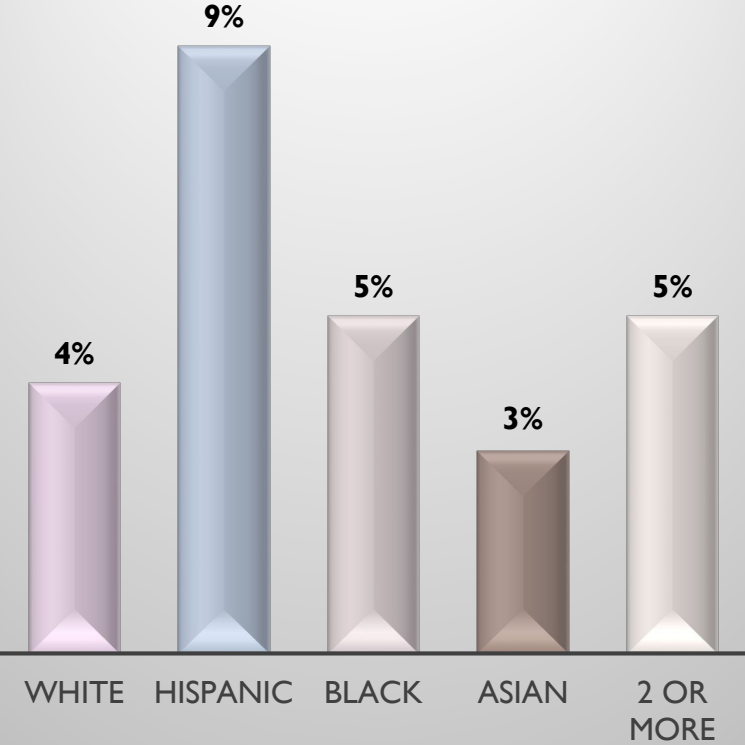
HIRING DECISIONS PER RACIAL/ETHNIC GROUP

28 Hires/Promotions



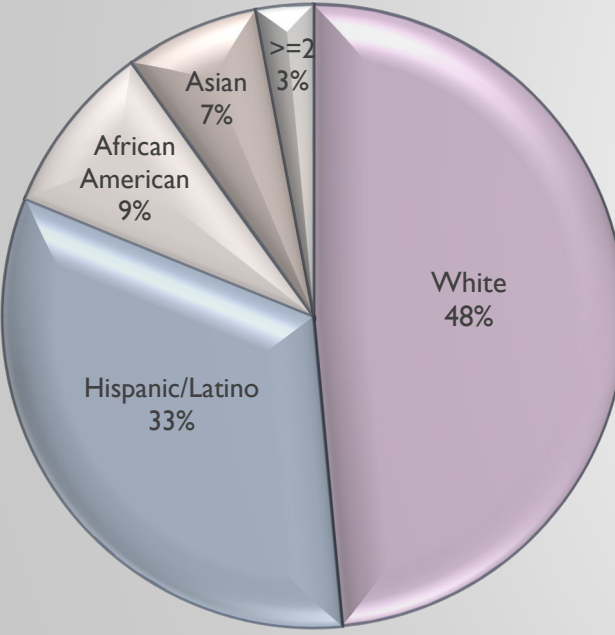
HIRES MADE RELATIVE TO SIZE OF APPLICANT POOL

Actual Percent Selected

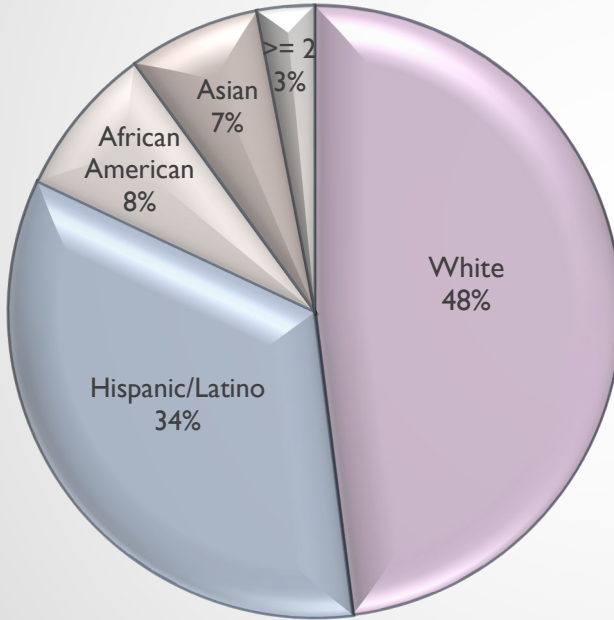


RACIAL/ETHNIC MAKEUP OF AUSTIN & TRAVIS CO. RELATIVE TO MANAGEMENT HIRES/PROMOTIONS

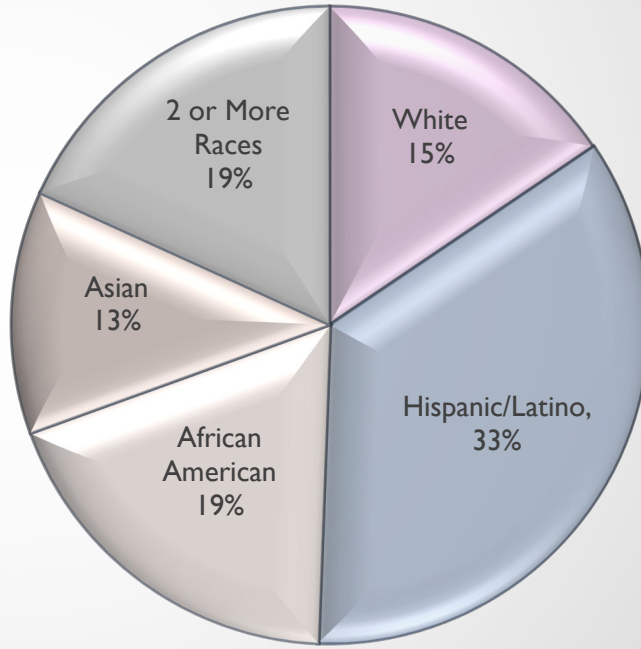
TRAVIS CO. RACIAL/ETHNIC POPULATION



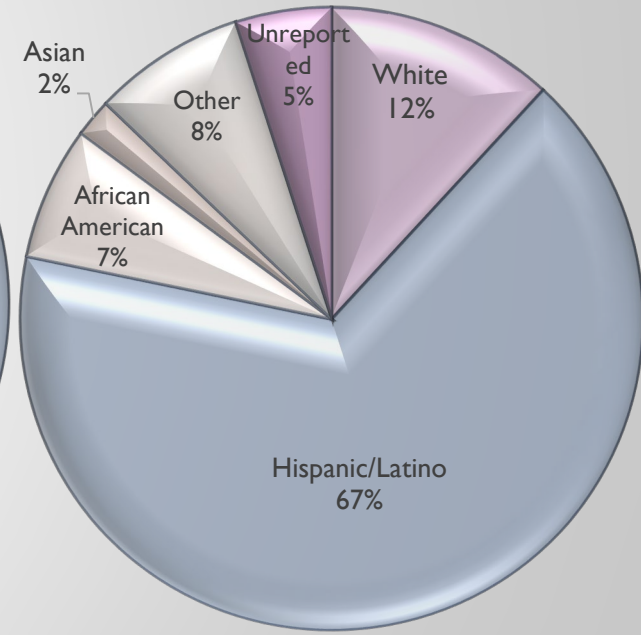
AUSTIN RACIAL/ETHNIC POPULATION



RELATIVE PROPORTION OF HIRES/PROMOTIONS



POPULATION SERVED DEMOGRAPHICS



METHOD

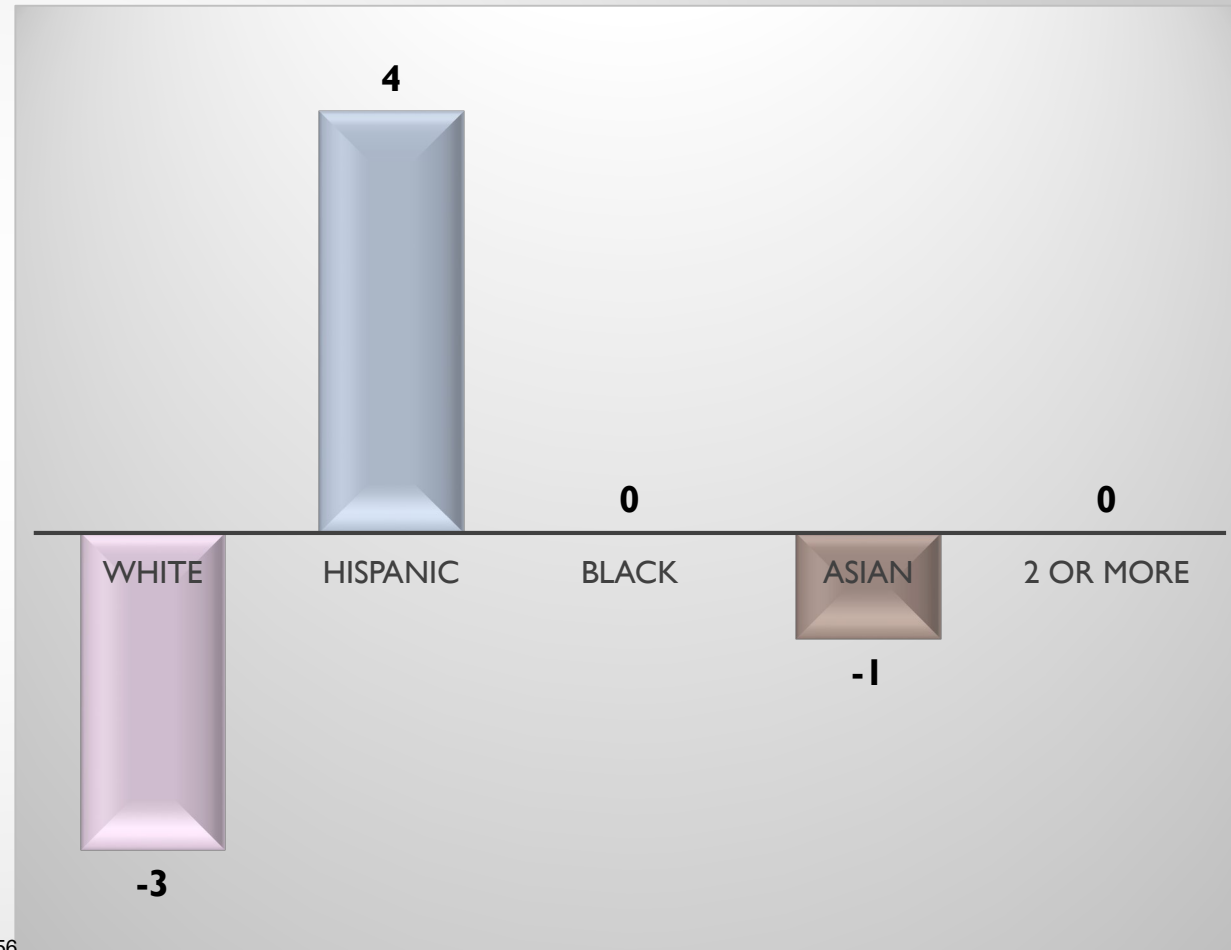
- The OFCCP (Office of Federal Contract Compliance) oversees Executive Order 11246, which in part requires Affirmative Action Plans for government contractors. This agency has relied most commonly upon two distinct statistical tests to ensure conclusions are as accurate as possible. One of these tests is Fischer's Exact Test or FET, used especially when the sample size is less than 30 (Morgan, 2010) which, at 28, describes our company. The other is the Chi-Square, which produces highly unreliable results when the sample size is small (Kadane, 1990).
- Due to our sample size, FET is not only the most accurate of the two most widely-used statistical methods, but it also provides another advantage – that of exact probability values rather than other measures that only provide approximate probabilities (Kadane, 1990).
- In addition, linear regression was used, which is statistically the most powerful test possible for this data of this type. Its use in court cases has grown widely, especially in cases involving racial/ethnic discrimination (Rubinfeld, 2000; Fisher, 1980).
- Norris (1987) states, "One of the most sophisticated statistical techniques used to date in employment discrimination law is...regression analysis. The application of...regression analysis offers great and, perhaps, the only potential for addressing certain types of Title VII claims..." (p. 63).

RESULTS

DISCUSSION OF FISCHER'S EXACT TEST AND THE RESULTS OF THAT ANALYSIS

- The table on the right illustrates the deviations from the predicted/theoretical hiring decisions versus the actual decisions. This is another benefit to FET – the availability of the theoretical frequencies of any given outcome that can be compared to the actual frequencies of that same outcome.
- For example, the model predicted the Asian racial group would have an additional hire/promotion on top of the actual outcome for that group, and the Hispanic/Latino group were predicted to have four less hires/promotions than had actually occurred.
- This test was able to prove that a relationship between the two different groups studied (that of hiring/promotion decisions, and the other being membership to any of the particular racial groups) is so unlikely to exist that claiming otherwise would be incorrect up to 91% of the time.

THE DIFFERENCE BETWEEN ACTUAL HIRES VERSUS PREDICTED HIRES



RESULTS, CONTINUED

- The two tests previously described were used to determine if there was a significant relationship to be found in this analysis: Fischer's Exact Test (FET) and regression analysis.
- As just discussed in the previous slide, Fischer's Exact Test did not show a significant relationship between the two variables within this analysis:
 - 1) Hire/promotion decisions and
 - 2) Membership to any particular racial/ethnic group
- Likewise, linear regression did not show a significant relationship between either of the two variables above. In addition to being able to show relatedness between two or more variables, regression equation modeling also has the capability to explain and/or predict outcomes. This benefit, however, is predicated upon evidence of a relationship existing in the first place – which this data is unable to produce.

SUMMARY OF FINDINGS & PRESENTATION CONCLUSION

REFERENCES

Fisher, F. M. (1980). Multiple Regression in Legal Proceedings. *Columbia Law Review*, 80(4), p. 702.
<https://www.jstor.org/stable/1122137?seq=1>

Kadane, J. B. (1990), A Statistical Analysis of Adverse Impact of Employer Decisions, *Journal of the American Statistical Association*, 85(412), p. 931. <https://www.jstor.org/stable/2289589>

Morgan, D. (2010). *Statistical Significance Standards for Adverse Impact Analysis*. Retrieved from <http://adverse-impact.com/wp-content/uploads/2015/02/Statistical-Significance-Testing-for-Adverse-Impact-Measurement.pdf>

Norris, B.A. (1987). Multiple Regression Analysis in Title VII Cases: A Structural Approach to Attacks of “Missing Factors” and “Pre-Act Discrimination.” *Law and Contemporary Problems*, 4(49), 63.
<https://pdfs.semanticscholar.org/d91d/9c5723e70ee1b1653e3814a46874b9944ccb.pdf>

Questions and Answers to Clarify and Provide a Common Interpretation of the Uniform Guidelines on Employee Selection Procedures, 44 Fed. Reg. 11996, 11998 (March, 1979). <https://www.eeoc.gov/laws/guidance/questions-and-answers-clarify-and-provide-common-interpretation-uniform-guidelines>

Rubinfeld, D. L. (2000). Reference Guide on Multiple Regression. *Reference Manual on Scientific Evidence* (2nd ed.) Federal Judicial Center. https://www.law.berkeley.edu/files/Rubinfeld_Multiple%20Regression.pdf

Uniform Guidelines on Employee Selection Procedures, ²⁵⁹ 29 C.F.R. § 1607 (1978). <http://uniformguidelines.com/>

ABOUT THE AUTHOR

Betsy Good, HR Information Systems and Compensation Analyst. Ms. Good earned a Master of Science in Industrial/Organizational Psychology degree from the University of Tennessee; the program focused on scientific methods and thinking, advanced univariate and multivariate statistical analysis, experimental design, survey development and validation, measurement/scale construction, and development and validation of employee selection procedures.

In addition to her advanced education on data analytics, she has ten (10) years of experience working with data and determining the significance of potential relationships. While working as a Human Capital Manager in the Philippines, Ms. Good was responsible for a large-scale, concurrent validation study on a pre-selection assessment, as well as an in-depth analyses of turnover across the globe. While an HR Manager in Bensalem, PA, she devised and implemented the collection of anonymous Equal Employment Opportunity data to analyze the presence/absence of adverse impact within that organization. A similar yet more extensive analytical approach was used in the study for Central Health.

CENTRAL HEALTH'S COMMITMENT TO DIVERSITY & INCLUSION:

- Workforce training on the Diversity & Inclusion (D&I) Initiative
- Workforce training on identifying and addressing racial disparities and health inequities in their daily work
- Culture enhancements: Set expectations and factors of accountability
- Focus on the identified strategies and tactics of the D&I initiative that will enhance the hiring & employee promotion practices
- Create the Employee Resource Groups
- Focus on the Recruitment Strategy to expand the diversity of the applicant pool
- Enhancement of the exit interview tool: Effective October 1
 - Measures and provides feedback on:
 - Equitable treatment of staff
 - Staff's opinion on diversity and inclusion efforts
 - Management's conduct and ethical behavior



MEMORANDUM

To: Central Health Board of Managers
From: Susan Willars, Enterprise Vice President of Human Resources
CC: Mike Geeslin, President and CEO
Date: 10/23/2020
Re: Recruiting Strategy

Background:

The Human Resources Department recently completed and implemented a recruitment strategy that enhances the Central Health recruitment efforts by focusing on a plan at attracting candidates from diverse backgrounds that reflect the members of the communities we serve.

Overview:

The recruitment strategy has two (2) critical components, which are summarized below:

- I. Develop Our Employer Brand:** In a competitive job market, one of the most important factors in attracting diverse and qualified candidates is to define Central Health's employer brand. Ultimately we want to be an employer of choice, and for that to happen we must focus on being well-known as a quality performer in our industry; be able to demonstrate our commitment to diversity & inclusivity; and be shown to have a great culture. We can do this by highlighting our key accomplishments and having a competitive compensation and benefits program. These qualities will greatly extend our reach to candidates.
- II. Enhance Our Recruitment Strategy:** We will collaborate with all colleges and universities including those identified as having a diverse student population within Texas, to post jobs for graduating students and alumni. We will also attend recruiting and career fairs¹, and we utilize LinkedIn groups which will target a more diverse audience. Lastly, we have established a shared resource to plan our attendance at career fairs in-person or virtually, as the pandemic allows.

¹ <https://uncf.org/programs/texas-impact>



MEMORANDUM

To: Central Health Board of Managers
From: Susan Willars, Enterprise Vice President of Human Resources
CC: Mike Geeslin, President and CEO
Date: 10/22/2020
Re: Diversity & Inclusion Initiative Update & Organizational Development Update

Updates:

Diversity & Inclusion Initiative:

The Central Health Equity & Inclusion Subcommittees completed their work on defining their purpose, vision, value statements, and overarching goals.

Additionally, the new Central Health Employee Resource Groups and its intended goals of incorporating this initiative's efforts throughout the workforce is planned to occur before the end of this year.

Lastly, the Health Equity training is planned to begin within the start of the next quarter and will assist Central Health staff in identifying and addressing racial disparities and health inequities in their day-to-day roles.

Organizational Development:

The Emerging Leader Program, which serves to provide opportunities for staff advancement through tools and education serves as a pipeline of future leaders for the Central Health Enterprise. The graduated class from the June 2020 program is serving in an advisory capacity for the new program enrollees that will start class in January 2021. The program is highly structured and follows a curriculum that involves coursework and requires attendance for success.



MEMORANDUM

To: Central Health Board of Managers
From: Lisa Owens, Deputy Chief Financial Officer
Cc: Jeff Knodel, Chief Financial Officer
Mike Geeslin, President and CEO
Balena Bunch, Procurement Manager
Date: October 23, 2020
Re: Central Health Historically Underutilized Business (HUB) Workplan Update

Overview:

The Central Health procurement department is providing an update to the Board of Managers on our current Historically Underutilized Business (HUB) Workplan (attached), HUB Outreach and Disparity Study.

Synopsis:

In FY2020 Central Health developed a workplan to continuously improve HUB outreach and expand awareness opportunities for doing business with Central Health. In addition, in FY2021 Central Health will be conducting its first disparity study to inform our HUB policy and operations in future years.

HUB Highlights – FY2020 Preliminary Formal Solicitation Summary

As we are still finalizing the details of our FY2020 expenditures and will have HUB dollars spent with HUB's in January. Please see attached summary of HUB participation in our formal solicitations issued in FY2020. We had a successful transition to electronic submission of all proposals which will create additional data reporting opportunities.

HUB Workplan Highlights – October 2020

Please see attached workplan with notes on each initiative.

Disparity Study Update

At the September 16th Board of Managers Meeting the Board of Managers approved pursuit of a contract with Colette Holt & Associates in order to conduct a disparity study of Central Health.

We received a proposal from Colette Holt & Associates with a scope of work to begin this twelve-month study. The terms and conditions of the Central Health contract are being developed using our interlocal agreement with Travis County which allows us to reference many of the same terms and conditions already negotiated. The project fee will be \$275,000 and funds were budgeted in FY2021. Colette Holt & Associates will present to the Board of Managers upon commencement of the Disparity Study.

Fiscal Impact:

We estimate approximately \$400,000 in uses of funds for FY2021 to fund HUB Outreach and Disparity Study activities. This includes consulting, outreach expenses and staff resources.

Action Requested:

Authorize the President & CEO to enter into a contract with Colette Holt & Associates for an amount not to exceed \$275,000.

FY2020 Preliminary Formal Solicitations Summary

- 11 Requests for Proposals (RFP)
 - ~47,000 emails notified and 27.2% of notified were HUB or Small Business (SB)
 - 617 reviewed the proposals and 42.3% viewers were HUB/SB
 - 80 proposals submitted and 32.5% proposers were HUB or Subcontractor HUB
- RFP's included the following commodities:
 - 1 Construction
 - 4 Professional or consulting services
 - 1 Software (with implementation services)
 - 5 Employee benefit plans
- 5 contracts awarded; 6 solicitations still active
 - Three contracts (60%) awarded with Subcontractor HUB opportunities
- Outreach Activities:
 - Two small business/HUB events and one virtual HUB expo attended
 - Internal planning for upcoming construction projects
 - Internal planning for enhancing public awareness about open solicitations (social media)



Central Health
HUB Outreach Expansion and Reporting
 Workplan and Draft Timeline

DRAFT

Goal	Activity	Q4	Q1	Q2	Q3	Notes as of October 23
		July-Sept	Oct-Dec	Jan-Mar	Apr - June	
Develop specific HUB good faith outreach efforts for formal solicitations and contracts						
	Incorporate process for targeted outreach plan development for each formal solicitation posted	[Grey Box]				Staff will develop plans for formal solicitations by the end of December. Started internal cross functional team meetings to discuss expanding outreach and awareness.
	Create data collection process for informal solicitations to gather information on HUB status consistently		[Grey Box]			This work will begin with in Q1 FY2021 and is not at risk at this time.
	Identify practices for increasing the number of HUB quotes for informal solicitations with specific targets		[Grey Box]			This work will begin with in Q1 FY2021 and is not at risk at this time.
Track data that measures and reports good faith effort						
	Develop mechanism for reporting on both formal and informal solicitation outreach to HUB vendors	[Grey Box]				Current systems are being evaluated to determine capabilities and new contracts management software will include enhanced reporting. This work will continue throughout Q1 FY2021.
	Collect and report on key data points for each solicitation: - Number of HUBs alerted to opportunities - Number of HUBs proposing and - Award HUB status		[Grey Box]			Summary of FY2020 solicitations collected and new systems will be created to automate reporting and increase reporting frequency.
Identify solicitations with HUB sub-contracting opportunities and require prime contractors to provide additional specific plans						
	Enhance process for tracking subcontractor participation and HUB status		[Grey Box]			This work will begin with in Q1 FY2021 and is not at risk at this time.
Identify opportunities to refer vendors to City of Austin or Travis County business development, training and certifications and work						
	Enhance the HUB vendor database through partnership with City of Austin and Travis County	[Grey Box]			<i>Ongoing</i>	This work is ongoing and we will develop opportunities to use our new software investments to capture data sets, in addition to exploring opportunities for using existing data sets from other government entities.
Develop social media program for procurement department to promote upcoming solicitations						
	Use existing community engagement team, advisory committees and social media to promote solicitations	[Grey Box]				We have had limited formal solicitations due to our remote work environment and support of COVID-19 response. However, this work is anticipated to be on track for development in Q1 and Q2 FY2021.
	Develop a social media strategy, program and operational plan for Procurement Department			[Grey Box]		This work will begin with in Q2 FY2021 and is not at risk at this time.

Central Health
HUB Outreach Expansion and Reporting
 Workplan and Draft Timeline

DRAFT

Goal	Activity	Q4 July-Sept	Q1 Oct-Dec	Q2 Jan-Mar	Q3 Apr - June	Notes as of October 23
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Host specific events to raise awareness of large upcoming projects, that have high participation opportunities

Create community events specific to large construction projects and opportunities for significant HUB participation

<i>As opportunities arise</i>

In coordination with the work efforts of the Eastern Travis County Subcommittee we anticipate a construction focused HUB event in Q2 FY2021. In addition, a cross-functional team has been created internally to work on these opportunities.

Develop Reporting Structure and Calendar

Identify and implement new reporting tools from contract management and purchase order software investments

--

Our Contracts Management Software is in the implementation phase and our existing systems are being evaluated to improve reporting and tracking.

Update the annual reporting to the Board of Managers and enhance with additional features

--

The annual report will include more reporting elements and interim reports are being developed.



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

October 28, 2020

REGULAR AGENDA ITEM 8

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.³



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 9

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.⁴



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 10

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.⁵



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 11

Consider and take appropriate action to authorize the Central Health President and CEO, or other duly authorized board members or personnel, during the pendency any applicable COVID emergency order affecting operations of Central Health or until June 1, 2021 (whichever is first), to settle any liability claims, lawsuits, or similar matters after consultation with the Board Chair & Vice Chair.⁵



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 12

Receive briefing from outside counsel and take appropriate action on EEOC Charge No. 451-2020-01440: *Wallace, Petitioner v. Central Health, Respondent*.⁵



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BOARD MEETING

October 28, 2020

REGULAR AGENDA ITEM 13

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