



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.

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Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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

BUDGET AND FINANCE COMMITTEE MEETING

Wednesday, July 24, 2024, 4:00 p.m.

Videoconference meeting¹

A quorum of the Committee and the presiding officer will be present at:

Central Health Administrative Offices
1111 E. Cesar Chavez St.
Austin, Texas 78702
Board Room

Members of the public may attend the meeting at the address above, or observe and participate in the meeting by connecting to the Zoom meeting link listed below (copy and paste into your web browser):

<https://us06web.zoom.us/j/87317829902?pwd=Zkx6ZjIwZWp1bWp1aWp1eFZkdjR1ZjR2aU5kdz09>

Meeting ID: 873 1782 9902

Passcode: 275703

Links to livestream video are available at the URL below (copy and paste into your web browser):

<https://www.youtube.com/@tchealthdistrict:streams>

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 873 1782 9902

Passcode: 275703

The Committee may meet via videoconference with a quorum present in person and will allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, we strongly encourage all members of the public to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

Members of the public who attend in person should conduct a self-assessment before coming to the building to ensure they do not have a high temperature or any symptoms of COVID-19. Anyone who is symptomatic and/or has a fever should contact their healthcare provider for further instructions. Symptomatic members of the public can still participate, if desired, through the virtual meeting link or telephone number listed on this meeting notice. Resources related to COVID-19 can be found at the following link:

<https://www.centralhealth.net/covid-info/>.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 2:30 p.m. on July 24, 2024**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/sign-in/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Committee meetings include setting a fixed amount of time for a person to speak and limiting Committee and Board responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at 5:30 p.m., unless a member of the public wishes to comment on a specific item on this agenda.

COMMITTEE AGENDA²

1. Approve the minutes of the June 12, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive a presentation on the June 2024 financial statements for Central Health. (*Informational Item*)
3. Receive an update on Central Health capital projects and take appropriate action to approve:
 - a. an increased capital project budget for the renovation of the Hancock Center building; and
 - b. setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings. (*Action Item*)
4. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 tax rate and budget. (*Informational Item*)
5. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include one or more members of the Budget and Finance Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the

meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

- 2 The Budget and Finance Committee 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 Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda, and any Committee actions will be in conformance with the Central Health Bylaws.

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

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

Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the

19 day of July 2024

Dyana Limon-Mercado

County Clerk, Travis County, Texas

By E. Martinez Deputy

E. MARTINEZ



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas

202480958

Jul 19, 2024 03:41 PM

Fee: \$0.00

MARTINE



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Central Health Board of Managers Shared Commitments **Agreed adopted on June 30, 2021**

Whereas, the Board of Managers of Central Health has come together as a governing body to ensure the Vision of Central Health: Central Texas is a model health Community;

Whereas, the Board of Managers of Central Health bring this vision into reality by enacting the mission of caring for those who need it most and thereby improving the health of our community;

Whereas, the Board of Managers of Central Health achieves excellence toward this vision and mission through the stated values of Stewardship, Innovation, Respect, and Collaboration;

Whereas, the Board of Managers of Central Health further known as we in this document understand that systemic racism is the root of health inequities that emerge from a history of racism in Texas including Travis County that contributes to the social determinants of health that play a primary role in producing inequitable health outcomes;

Whereas, as an organization, Central Health is anti-racist and committed to a diverse and inclusive culture that seeks equity and social justice in the pursuit of its mission:

1. We Commit to informing all of our actions as Board Managers with the understanding that we are accountable to recognizing and to interrupting systems of oppression. This includes understanding the power structure in the United States, and Texas, and Travis County, that advantages certain community members and has historically disadvantaged other community members based on the color of their skin, race, ethnicity, language, and/or other characteristics. We further understand that to disrupt this power structure and the health inequities it produces, we must collaborate to collectively respond to the lived realities of all ethnicities, races, and identities disadvantaged within this system and all historically oppressed identities and communities disadvantaged within this system. We Commit to understanding that when disadvantaged communities compete against each other, we all lose in this system, and the only way forward is to work together for the benefit of all oppressed communities collectively.
2. We Commit to a model of Generative Leadership which requires us to understand and practice collaboration and accountability demonstrated by following our agreed upon meeting procedures and ensuring all members have the opportunity for comparable speaking time. We further Commit to intentionality prior to speaking including: considering: what is the goal of what I

- want to share; is this the right time to share it; and is this in keeping with our collective goal for this particular moment within this particular meeting?
3. We Commit to Generative Conflict which includes engaging in disagreements and differences in perspective in a way that deepens relationships and trust by expanding knowledge and understanding of each other, including expecting our ideas to be expanded and enriched by learning and engaging with other Board Manager ideas, choosing curiosity over competition of ideas, and anchoring our conversations in our common purpose.
 4. We Commit to practicing emotional intelligence as leaders which includes being aware of our own emotions and reactions and managing them, as well as being aware of our impact on others and managing this impact for the collective good when we are in our role as Board Managers.
 5. We Commit to being aware of our own privileges and advantages in the sociopolitical and economic structure of the United States, Texas, and Travis County to use these for the benefit of interrupting inequities across historically disadvantaged identities.
 6. We Commit to preventing the commission of microaggressions through the awareness of the history and oppression of diverse identities and communities. To this end, we Commit to strive to learn the historical context informing the lived realities of all historically oppressed identities and communities, and to use this to prevent use of language and commission of actions that can be harmful given these histories.
 7. If we inadvertently commit a microaggression, we strive to immediately become aware on our own of the harm we have caused. If another Board Manager generously helps us become aware of a microaggression we have committed we welcome the support in our learning and growing process as a leader and immediately express appreciation for having made us aware, own the mistake we have made, acknowledge the impact of the harm we have caused, and engage repair through apology and the articulation of what we will do to avoid the repetition of such harm in the future.
 8. If we observe one of our fellow Board Managers commit a microaggression, we Commit to calling them in by letting them know in a respectful and kind manner of the mistake that has been made.
 9. We understand that many of us, as survivors of historically oppressed identities and communities, carry internalized narratives of oppression, and we can inadvertently express these oppressions against others in ways that cause harm and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.
 10. We understand that even without the history of oppression potentiating the weight of harm, expressions of prejudice and rudeness can also cause harm to our shared aims, and we Commit to the same process identified in 7 and 8 to engage repair and return to generative collaborative processes.

11. We Commit to using our Racial and Social Justice Framework (next page) for decision-making as we work together for the collective good of our communities as we eradicate health inequities and create a model healthy community.
12. We understand that we are entrusted with a vital responsibility for our communities and are accountable stewards for the time and resources available to our Board of Managers. We understand that these commitments are entered into to ensure responsible stewardship of this time and resources through generative collaborative processes to reach our vision and mission and we agree that if we do not follow any one of these commitments we welcome our Board Manager colleagues to bring this to our attention through the agreed upon process reflected here and when this occurs, we commit to immediately acknowledging the mistake and engaging in a repair and correction process as indicated in these commitments so that our work to dismantle systemic racism and resulting barriers and achieve health equity can move forward.

Be it adopted that the above agreements will be honored and acted upon by each Board Manager as of 6/30/2021 and henceforth forward as indicated by signature below.

Board Manager Signature

Date

Board Manager Printed Name

Calling In and Repairing Harm

Calling In after Harm in Groups with Shared Values and Aims Stance

Hey, this thing you said/did hurt some folks or could hurt some folks.

A) Here's why that can be hurtful or,

B) Please do some research to learn the history of why that's hurtful.

Implied message: I know you are good and are on this journey with us and we are all going to make mistakes as we unlearn things.

Calling In after Harm in Groups with Shared Values and Aims Sample Language

- I know it wasn't your intention, but what you just said minimizes the horror of _____ e.g. the history of racism, enslavement, the holocaust, etc.
- I know it wasn't your intention but what you just said has the impact of implying that _____ are not competent or as intelligent as others.
- What you just said suggests that _____ people don't belong.
- That phrase has been identified as being disrespectful and painful to _____ people and it's important that we not use it.
- Oh, I have also used that term, but I have now learned that when we use it we are leaving out people who _____ or we are implying that _____ and the word people are learning to use now is _____.
- The term used now by people living with that identity is _____.

Repairing Harm after Microaggressions, Mistakes, and expressions of Prejudice

- Own / Name it
- Recognize the Impact
- Apologize (Do not share context or explanations)
- Make any amends that are possible
- State what you are going to do to learn and do better in the future.

Sample Language: Thank you so much for letting me know. You are right, I used this term or said that phrase and realize that it has the impact of minimizing the experience of _____ or implying that _____. I am deeply sorry and will practice learning the correct language and will research and learn more about this to ensure that I do not make this mistake and cause this harm in the future.

RACIAL and SOCIAL JUSTICE FRAMEWORK

Values and Anti-Racism/Anti-Oppression

- Is this consistent with our values?
- Are we taking steps so we cannot predict outcomes by race and other systemically disadvantaged characteristics?

Intentional and Accountable Storytelling

- What data are we using and has it been disaggregated by race? What is the source of the data? Who is it making visible and invisible? Whose experience is being centralized and whose is being marginalized in the data? Does the way we are using the data reflect the complexity of the issues and reflect the issues accurately?
- What are the stories and narratives we are telling? What is the purpose? Who is interpreting the meaning? Who's it meant for? Who's impacted and how?
- Are we refusing to be ahistorical? Are we fully considering history and the impacts of the historical context?

Power Analysis

- What are the power dynamics in this situation? What are the intersecting spheres of oppression at work in this situation?
- What are the cultural norms of white supremacy at work in this situation?
- Who would benefit and who would be harmed by this action/decision?
- Does this interrupt/disrupt or collude with/reinforce oppressive systems/power structures?
- If this is attempting a solution, where are we locating the problem?
- Does the solution/strategy we are proposing change the system or the individual?
- Who are we asking to change and why?

Relationships

- Who is in the room and who isn't and why? Who is sharing and who is not and why?
- Whose perspective is represented/who is left out? And who is doing the representing? Who do we believe, who do we find credible? Why? Why not?
- Whose experience is being centralized and whose experience is being marginalized? Who is gazing and who is being gazed upon?
- Are we boldly leading toward our racial justice aim by building a broad coalition of support?
- Are we operating from a similar/shared understanding of anti-racism work? Do we have a shared anti-racist understanding of where the problem is located and a shared anti-racist theory of change to generate a solution? Have we agreed upon a shared goal?



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BUDGET & FINANCE COMMITTEE MEETING

July 24, 2024

AGENDA ITEM 1

Approve the minutes of the June 12, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – JUNE 12, 2024
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, June 12, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 5:15 p.m. in person at the Central Health Administrative Offices Clerk for the meeting was Chris Hardick.

Committee members present in person: Chair Museitif, Manager Martin, Manager Motwani, and Manager Valadez

Board members present in person: Manager Brinson, Manager Kitchen, Manager Jones, Manager May, and Manager Zamora

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 5:15 p.m. Yesenia Ramos introduced no speaker(s) for Public Communication.

COMMITTEE AGENDA

1. Approve the minutes of the May 22, 2024 Budget and Finance Committee meeting.

Clerk’s Notes: Discussion on this item began at 5:17 p.m.

Manager Museitif moved that the Committee approve the minutes of the May 22, 2024 Budget and Finance Committee meeting.

Manager Kitchen seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For
Manager Kitchen	For
Manager Zamora	For
Manager Brinson	For
Manager May	For
Manager Jones	For

2. Discuss and take appropriate action on a recommendation of the Central Health Tax Year 2024 homestead property tax exemption rate and homestead exemption amounts for Travis County residents who are over 65 or disabled.

Clerk’s Notes: Discussion on this item began at 5:18 p.m. Mr. Jeff Knodel, Chief Financial Officer, and Ms. Nicki Riley, Deputy Chief Financial Officer, presented on property tax exemptions. They began by informing Managers that staff is requesting action from the Board on a recommendation to the Travis County Commissioners Court for local property tax exemptions amounts including homestead, over 65, and disabled. The presentation included a history of exemptions and a look at tax year 2024 and tax year 2025 property tax exemptions for the City of Austin and Travis County. Next, the presentation included a property tax exemption analysis. Ms. Riley announced that Central Health has historically had the same exception as Travis County. Lastly, she announced that the staff’s recommendation is to stay in line with Travis County for tax year 2025.

Manager Valadez moved that the Committee recommend that the Board approve that the over 65 or disabled exemption is set at an amount of \$154,000.

Manager Kitchen seconded the motion.

Chairperson Museitif	Abstain
Manager Martin	Opposed
Manager Motwani	Opposed
Manager Valadez	For
Manager Brinson	For
Manager Kitchen	For
Manager Jones	Abstain
Manager May	For
Manager Zamora	For

Manager Kitchen moved that the Committee recommend that the Board approve a 20% homestead exemption amount.

Manager Valadez seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For
Manager Kitchen	For
Manager Zamora	For
Manager Brinson	For
Manager May	For
Manager Jones	For

The Budget and Finance Committee recessed at 5:39 p.m. to take up Public Communication at the Board of Managers Meeting.

The Budget and Finance Committee returned from recess at 7:40 p.m.

3. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 budget and tax rate.

Clerk's Notes: Discussion on this item began at 7:40 p.m. Dr. Patrick Lee, President & CEO; Mr. Jon Morgan, Chief Operating Officer; and Mr. Jeff Knodel, Chief Financial Officer, presented on the proposed FY 2025 budget. The proposed budget incorporated the implementation of the approved Healthcare Equity Plan and would require a 6.5% increase above the no-new-revenue tax rate in order to support the long-term financial sustainability of the Healthcare Equity Plan.

4. Confirm the next Budget and Finance Committee meeting date, time, and location.

Manager Kitchen moved that the Committee adjourn.

Manager Valdez seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	For

Manager Kitchen	For
Manager Zamora	For
Manager Brinson	For
Manager May	For
Manager Jones	For

The meeting was adjourned at 8:30 p.m.

ATTESTED TO BY:

Maram Museitif, Chairperson
Central Health Budget and Finance Committee

Manuel Martin, Secretary
Central Health Board of Managers



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BUDGET & FINANCE COMMITTEE MEETING

July 24, 2024

AGENDA ITEM 2

Receive a presentation on the June 2024 financial statements for Central Health. (*Informational Item*)



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

Central Health

Financial Statement Presentation

FY 2024 – as of June 30, 2024 (Preliminary)

Central Health Board of Managers

Budget and Finance Committee

July 24, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



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- Slide 3 Highlights
- Slide 4 Balance Sheet
- Slide 5 Sources & Uses
- Slide 6 Blank
- Slide 7 HCD - Summary
- Slide 8 HCD - Direct Services

- June fiscal year-to-date collected net property tax revenue is \$312 million (97.2%), compared to \$278 million (97.2%) year-to-date June 2023 (as percent of adjusted tax levy).
- Healthcare Delivery is \$166 million for the year as of 06/30/2024, compared to \$112 million for prior year.
- TCHD LPPF total restricted balance as of 06/30/2024 is \$7.8 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.

Financial Statement may include rounding differences



	Preliminary as of 6/30/2024	as of 6/30/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	2,502,377	4,838,387
SHORT TERM INVESTMENTS	654,075,388	522,927,021
LEASE RECEIVABLE SHORT TERM*	10,422,200	11,600,579
ACCOUNTS RECEIVABLE TAX	5,459,181	3,994,337
OTHER RECEIVABLES	9,879,988	7,760,924
TOTAL UNRESTRICTED CURRENT ASSETS	682,339,134	551,121,248
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	7,816,154	2,801,941
RESTRICTED FOR CAPITAL ACQUISITION	177,536,917	106,970,139
TOTAL RESTRICTED CASH & INVESTMENTS	185,353,071	109,772,080
TOTAL CURRENT ASSETS	867,692,205	660,893,329
LONG TERM ASSETS		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,711,345	239,287,301
TOTAL LONG TERM ASSETS	361,794,345	351,370,301
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	172,739,158	151,323,847
TOTAL ASSETS	1,402,225,708	1,163,587,477
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	17,842,847	8,412,796
SALARIES & BENEFITS PAYABLE	8,597,330	6,128,914
DEBT SERVICE PAYABLE	10,259,627	4,445,000
DEFERRED TAX REVENUE	4,518,572	3,568,115
TOTAL CURRENT LIABILITIES	41,218,375	22,554,825
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	7,816,154	2,801,941
DEBT SERVICE PAYABLE	160,238,481	71,854,942
LEASE & SUBSCRIPTION LIABILITIES*	56,459,842	47,727,950
DEFERRED REVENUE*	230,376,320	239,596,849
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	454,890,797	361,981,682
TOTAL LIABILITIES	496,109,172	384,536,507
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	204,338,172	171,163,907
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	655,039,287	569,167,227
TOTAL NET ASSETS	906,116,536	779,050,970
LIABILITIES AND NET ASSETS	1,402,225,708	1,163,587,477

* GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



SOURCES / USES	JUN 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	(107,855)	312,108,688	312,456,814	100%	278,195,786
LEASE REVENUE	1,580,374	14,673,045	12,022,497	122%	14,407,207
INVESTMENT AND OTHER REVENUE	2,926,356	23,855,112	7,500,000	318%	15,544,569
TOBACCO SETTLEMENT REVENUE	0	5,194,413	4,500,000	115%	4,828,924
TOTAL SOURCES	4,398,875	355,831,258	336,479,311	106%	312,976,485
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	18,537,267	165,816,805	295,246,807	56%	111,669,691
ADMINISTRATIVE PROGRAM	1,838,720	19,081,277	30,944,445	62%	14,692,943
UT AFFILIATION AGREEMENT	0	0	35,000,000	0%	0
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	23,000,000
TOTAL USES	20,375,988	192,917,322	369,210,492	52%	149,362,634
EXCESS SOURCES / (USES)	(15,977,113)	162,913,936	(32,731,181)		163,613,851
RESERVE BALANCES:					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



Details for Health Care Delivery on the following slides.

DRAFT



HEALTHCARE DELIVERY SUMMARY	JUN 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	5,203,093	48,632,386	71,782,200	68%	42,218,908
SPECIALTY CARE, INCLD DENTAL	2,067,962	13,170,420	30,188,000	44%	10,492,171
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	2,500,669	14,588,168	20,675,000	71%	5,562,118
PHARMACY	993,179	8,013,818	18,000,000	45%	8,051,874
POST ACUTE CARE	471,646	3,193,995	7,250,000	44%	2,886,119
COMMUNITY HEALTHCARE INITIATIVES FUND	30,400	211,145	875,000	24%	135,107
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	11,266,949	87,809,932	150,770,200	58%	69,346,298
DIRECT SERVICES	1,500,993	8,013,496	29,276,374	27%	351,412
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	12,767,941	95,823,428	181,046,574	53%	69,697,710
ACA PREMIUM ASSIST	991,160	9,161,236	18,587,364	49%	9,927,189
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	236,199	2,064,422	2,957,400	70%	2,457,528
HEALTHCARE OPERATIONS & SUPPORT	4,005,541	34,387,965	71,689,007	48%	24,081,709
DEBT AND OTHER FINANCING USES	536,426	24,379,753	20,966,462	116%	5,505,555
TOTAL HEALTHCARE DELIVERY	18,537,268	165,816,804	295,246,807	56%	111,669,691



HEALTHCARE DELIVERY - SPECIALTY CARE	JUN 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments
HCD-Ancillary Services	497,545	1,018,898	2,998,000	34%	439,520	Mammography, DME, Prosthetics, Transportation
HCD-Cardiology	89,230	578,412	1,215,000	48%	286,100	
HCD-Dental	205,633	1,599,845	1,500,000	107%	993,455	
HCD-Dermatology	94,517	733,458	915,000	80%	670,679	
HCD-Dialysis	29,074	812,302	3,000,000	27%	539,709	
HCD-Endocrinology	68,261	499,586	830,000	60%	476,335	
HCD-Ear, Nose & Throat ENT	66,790	360,221	900,000	40%	120,224	
HCD-Gastroenterology	177,408	950,584	2,030,000	47%	937,009	
HCD-General Surgery	18,063	228,347	600,000	38%	354,801	
HCD-Gynecology	285,238	1,472,979	1,550,000	95%	1,005,755	
HCD-Infectious Disease	644	6,329	100,000	6%	0	
HCD-Musculoskeletal	193,323	1,555,611	2,500,000	62%	1,450,145	
HCD-Nephrology	10,454	85,800	200,000	43%	82,689	
HCD-Neurology	9,100	45,500	100,000	46%	38,907	
HCD-Oncology	26,044	459,982	2,900,000	16%	452,102	
HCD-Ophthalmology	17,968	1,011,587	3,100,000	33%	1,068,835	
HCD-Podiatry	109,377	614,266	1,300,000	47%	694,033	
HCD-Project Access	0	0	330,000	0%	0	Agreement Inactive
HCD-Pulmonology	27,267	192,184	425,000	45%	273,101	
HCD-Referral Management	0	25,000	585,000	4%	122,040	
HCD-Rheumatology	51,079	239,796	300,000	80%	202,939	
HCD-Sexual & Reproductive Svc	90,949	676,229	2,210,000	31%	283,794	
HCD-Specialty Care Reserve	0	0	300,000	0%	0	
HCD-Urology	0	3,503	300,000	1%	0	
Total Healthcare Delivery - Specialty Care	2,067,962	13,170,420	30,188,000	44%	10,492,171	



Questions ? Comments ?

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Balance Sheet

Current Assets

Cash and Cash Equivalents – \$2.5M compared to \$4.8M same month prior year.

Short-term Investments – Short-term investments were \$654M at month-end.

Short-Term Lease Receivables GASB87* - \$10.4M

Ad Valorem Taxes Receivable – \$5.5M balance is composed of:

Gross Tax Receivables	\$ 13.4M
Taxable Assessed Valuation Adjustment	(4.4)M
Est. Allowance for Doubtful collections	(3.5)M
Total Taxes Receivable	\$ 5.5M

Other Receivables – Other receivables total \$9.9M and includes intercompany balances:

- Accrued Interest - \$3.9M
- CUC - \$2.6M
- Sendero - \$1.9M, including risk payment - \$828K
- CUC/SHP Health claim insurance - \$439K
- Prepaid Expenses – \$772K
- Miscellaneous - \$275K

Restricted TCHD LPPF Cash & Investments - \$7.8M

Restricted for Capital Acquisition - \$178M



June 2024 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

Total Current Assets – \$868M

Long Term Assets

Sendero Paid-in-Capital – \$83.0M includes \$12M additional funding in current year (unchanged)

Sendero Surplus Debenture – \$37.1M (unchanged)

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

Long-Term Lease Receivables GASB87* - \$238M

Capital Assets – \$173M, net of accumulated depreciation.

Total Assets – \$1.4B

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Current Liabilities

Accounts Payable – Major components of the \$17.8M balance are:

- \$16.5M estimated IBNR for healthcare services.
- \$1.3M invoices payable

Salaries and Benefits Payable – \$8.6M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$10.2M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$4.5M

Total Current Liabilities – \$41M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$7.8M receipts from participants in the LPPF.

Debt Service Payable and Premium, Long-Term – \$160.2M balance (unchanged):

	Series 2020	Series 2021	Series 2021	Series 2023	Series 2023	Totals
	(refunded)	Clinics: Hornsby Bend Del Valle Health	Admin: Hancock	Clinic: Rosewood Zaragosa	Clinics: Cameron Center Colony Park	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		11.7 M		7.0 M		
Taxable LT	1.3 M		51.9 M		85.8 M	
Premium		1.4 M	0.5 M	0.7 M		
Totals	1.3 M	13.1 M	52.4 M	7.7 M	85.7 M	160.2 M

\$7.285M was originally issued in 2011 for the North Central clinic and refunded May 2020. \$72.9M was issued in 2021 for two clinics and an administration building. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96* - \$56M

Deferred Revenue Long-Term GASB87* - \$230M

Total Restricted or Noncurrent Liabilities – \$455M

Total Liabilities – \$496M

Net Assets

Restricted For Capital Assets - \$204M

CO Construction – \$127M

Investment in Capital Assets – \$77M

Emergency Reserve - \$47M

Unrestricted Net Assets – \$655M

Total Net Assets – \$906M

Total Liabilities and Net Assets – \$1.4B

*Governmental Accounting Standards Board statements 87 & 96, Leases (GASB87) and Subscription-Based Information Technology Arrangements (GASB97 SBITAs), new accounting standards require entities to report future long-term obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of these requirements. The new rules require recognition of a lease or SBITA liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.

Sources and Uses Report

June financials → ninth month, 75% of the fiscal year.

Sources – Total \$4.4M for the month

Property Tax Revenue – Net property tax revenue for the month was \$(108)K. Net revenue includes \$59K current month's collections; \$84K Penalties and Interest; and (\$251K) in adjustment for prior year delinquent taxes.

Lease Revenue – \$1.6M for Downtown Campus, Cameron, Hancock Clinic, and land leases

Investment and Other Revenue/Expense – \$2.9M primarily for investment income

Tobacco Settlement Revenue - \$5.2M YTD to budget of \$4.5M

Uses of Funds – Total \$20M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$18.5M for the month and \$166M YTD compared to \$112M Prior YTD.

Administration Program – \$1.8M in expense for the month and \$19M YTD compared to \$15M Prior YTD.

UT Affiliation Agreement - \$0, to be expensed in August 2024.

Transfer to Emergency Reserve - \$8M YTD to budget of \$8M

Excess Sources/(Uses) – (\$16M) current month. Current YTD is \$163M compared to \$164M Prior YTD.



Central Health

Financial Statement Presentation

FY 2024 – as of May 31, 2024 (Preliminary)

Central Health Board of Managers

Budget and Finance Committee

July 24, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



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- Slide 7 HCD - Summary
- Slide 8 HCD - Specialty



- May fiscal year-to-date collected net property tax revenue is \$312 million (97.2%), compared to \$279 million (97.2%) year-to-date May 2023 (as percent of adjusted tax levy).
- Healthcare Delivery is \$147 million for the year as of 05/31/2024, compared to \$96 million for prior year.
- TCHD LPPF total restricted balance as of 05/31/2024 is \$89 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.
Financial Statement may include rounding differences



	Preliminary as of 5/31/2024	as of 5/31/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	5,346,729	3,191,030
SHORT TERM INVESTMENTS	675,899,490	542,625,500
LEASE RECEIVABLE SHORT TERM*	10,504,901	11,204,898
ACCOUNTS RECEIVABLE TAX	6,100,305	5,565,328
OTHER RECEIVABLES	8,022,273	5,729,152
TOTAL UNRESTRICTED CURRENT ASSETS	705,873,698	568,315,908
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	89,007,069	35,680,134
RESTRICTED FOR CAPITAL ACQUISITION	169,713,811	109,157,648
TOTAL RESTRICTED CASH & INVESTMENTS	258,720,880	144,837,782
TOTAL CURRENT ASSETS	964,594,578	713,153,690
LONG TERM ASSETS		
SENDERO PAID-IN CAPITAL	83,000,000	71,000,000
SENDERO SURPLUS DEBENTURE	37,083,000	37,083,000
ADVANCE RECEIVABLE	4,000,000	4,000,000
LEASE RECEIVABLE LONG TERM*	237,725,217	239,768,628
TOTAL LONG TERM ASSETS	361,808,217	351,851,628
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	172,138,840	150,727,237
TOTAL ASSETS	1,498,541,636	1,215,732,555
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	16,497,757	14,018,236
SALARIES & BENEFITS PAYABLE	7,847,763	4,782,380
DEBT SERVICE PAYABLE	9,712,601	4,445,000
DEFERRED TAX REVENUE	5,013,039	4,227,739
TOTAL CURRENT LIABILITIES	39,071,161	27,473,356
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	89,007,069	35,680,133
DEBT SERVICE PAYABLE	160,249,080	71,730,234
LEASE & SUBSCRIPTION LIABILITIES*	56,563,931	45,448,917
DEFERRED REVENUE*	231,144,697	240,365,227
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	536,964,778	393,224,511
TOTAL LIABILITIES	576,035,938	420,697,867
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	207,725,009	173,301,142
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	668,041,612	583,013,710
TOTAL NET ASSETS	922,505,697	795,034,688
LIABILITIES AND NET ASSETS	1,498,541,636	1,215,732,555

* GASB87 & GASB96 reporting requirement for leases and Subscription-Based Information Technology Arrangements.



SOURCES / USES	MAY 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	134,454	312,216,543	312,456,814	100%	278,683,703
LEASE REVENUE	1,718,542	13,092,672	12,022,497	109%	12,833,833
INVESTMENT AND OTHER REVENUE	2,729,668	20,928,755	7,500,000	279%	13,605,698
TOBACCO SETTLEMENT REVENUE	0	5,194,413	4,500,000	115%	4,828,924
TOTAL SOURCES	4,582,664	351,432,383	336,479,311	104%	309,952,157
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	18,508,568	147,279,537	295,246,807	50%	96,606,498
ADMINISTRATIVE PROGRAM	2,337,722	17,242,557	30,944,445	56%	11,417,357
UT AFFILIATION AGREEMENT	0	0	35,000,000	0%	0
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	23,000,000
TOTAL USES	20,846,290	172,541,334	369,210,492	47%	131,023,855
EXCESS SOURCES / (USES)	(16,263,626)	178,891,049	(32,731,181)		178,928,302
RESERVE BALANCES:					
EMERGENCY RESERVE		46,739,076	46,739,076		38,719,836
CONTINGENCY RESERVE			377,296,303		441,168,057



Details for Health Care Delivery on the following slides.

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HEALTHCARE DELIVERY SUMMARY	MAY 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	7,275,558	43,429,293	71,782,200	61%	34,036,878
SPECIALTY CARE, INCLD DENTAL	1,591,516	11,102,458	30,188,000	37%	8,599,166
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	1,602,212	12,087,500	20,675,000	58%	5,931,224
PHARMACY	69,687	7,020,639	18,000,000	39%	6,519,739
POST ACUTE CARE	312,052	2,722,349	7,250,000	38%	2,491,316
COMMUNITY HEALTHCARE INITIATIVES FUND	61,745	180,745	875,000	21%	111,707
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	10,912,770	76,542,985	150,770,200	51%	57,690,030
DIRECT SERVICES	1,182,300	6,512,503	29,276,374	22%	270,996
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	12,095,070	83,055,488	181,046,574	46%	57,961,026
ACA PREMIUM ASSIST	973,227	8,170,076	18,587,364	44%	8,798,416
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	224,397	1,828,223	2,957,400	62%	2,160,767
HEALTHCARE OPERATIONS & SUPPORT	4,679,448	30,382,424	71,689,007	42%	22,305,442
DEBT AND TRANSFERS	536,426	23,843,327	20,966,462	114%	5,380,847
TOTAL HEALTHCARE DELIVERY	18,508,568	147,279,537	295,246,807	50%	96,606,498



HEALTHCARE DELIVERY - SPECIALTY CARE	MAY 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments	
HCD-Ancillary Services	(223,294)	521,353	2,998,000	17%	390,244	Includes additional services: Anesthesia, Mammography, DME, Prosthetics, Transportation	
HCD-Cardiology	66,034	489,181	1,215,000	40%	255,031		
HCD-Dental	346,675	1,394,213	1,500,000	93%	986,527		
HCD-Dermatology	99,903	638,941	915,000	70%	202,921		
HCD-Dialysis	11,731	783,229	3,000,000	26%	456,174		
HCD-Endocrinology	104,372	431,325	830,000	52%	430,198		
HCD-Ear, Nose & Throat ENT	78,161	293,430	900,000	33%	122,947		
HCD-Gastroenterology	129,711	773,176	2,030,000	38%	770,481		
HCD-General Surgery	26,855	210,285	600,000	35%	256,946		
HCD-Gynecology	192,835	1,187,741	1,550,000	77%	879,646		
HCD-Infectious Disease	4,455	5,686	100,000	6%	0		
HCD-Musculoskeletal	161,805	1,362,288	2,500,000	54%	1,311,249		
HCD-Nephrology	9,956	75,346	200,000	38%	73,396		
HCD-Neurology	4,550	36,400	100,000	36%	32,825		
HCD-Oncology	51,647	433,939	2,900,000	15%	283,574		
HCD-Ophthalmology	144,202	993,619	3,100,000	32%	859,983		
HCD-Podiatry	118,700	504,889	1,300,000	39%	441,828		
HCD-Project Access	0	0	330,000	0%	0		Agreement Inactive
HCD-Pulmonology	19,799	164,917	425,000	39%	231,648		
HCD-Referral Management	(12,586)	25,000	585,000	4%	117,090		
HCD-Rheumatology	41,427	188,717	300,000	63%	179,563		
HCD-Sexual & Reproductive Svc	213,997	585,281	2,210,000	26%	316,896		
HCD-Specialty Care Reserve	0	0	300,000	0%	0		
HCD-Urology	581	3,503	300,000	1%	0		
Total Healthcare Delivery - Specialty Care	1,591,516	11,102,458	30,188,000	37%	8,599,166		



Questions ? Comments ?

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Balance Sheet

Current Assets

Cash and Cash Equivalents – \$5.3M compared to \$3.2M same month prior year.

Short-term Investments – Short-term investments were \$676M at month-end.

Short-Term Lease Receivables GASB87* - \$10.5M

Ad Valorem Taxes Receivable – \$6.1M balance is composed of:

Gross Tax Receivables	\$ 13.6M
Taxable Assessed Valuation Adjustment	(4.0)M
Est. Allowance for Doubtful collections	(3.5)M
Total Taxes Receivable	\$ 6.1M

Other Receivables – Other receivables total \$8.0M and includes intercompany balances:

- Accrued Interest - \$4.2M
- CUC - \$1.2M
- Sendero - \$1.6M, including risk payment - \$750k
- CUC/SHP Health claim insurance - \$223
- Prepaid Expenses – \$501k
- Miscellaneous - \$335k

Restricted TCHD LPPF Cash & Investments - \$89M

Restricted for Capital Acquisition - \$170M

Total Current Assets – \$965M



Long Term Assets

Sendero Paid-in-Capital – \$83.0M includes \$12M additional funding in current year (unchanged)

Sendero Surplus Debenture – \$37.1M (unchanged)

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

Long-Term Lease Receivables GASB87* - \$238M

Capital Assets – \$172M, net of accumulated depreciation.

Total Assets – \$1.5B

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Current Liabilities

Accounts Payable – Major components of the \$16M balance are:

- \$15M estimated IBNR for healthcare services.
- \$633K invoices payable

Salaries and Benefits Payable – \$7.8M balance is comprised of the accrued liability for salary costs unpaid at month-end, the value of accrued personal time off.

Debt Service Payable, Short-Term – \$9.7M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$5.0M

Total Current Liabilities – \$39M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$89M receipts from participants in the LPPF.

Debt Service Payable and Premium, Long-Term – \$160.3M balance (unchanged):

	Series 2020	Series 2021	Series 2021	Series 2023	Series 2023	Totals
	(refunded)	Clinics: Hornsby Bend Del Valle Health	Admin: Hancock	Clinic: Rosewood Zaragosa	Clinics: Cameron Center Colony Park	
	General Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	Certificates of Obligation Bonds	
Non-tax LT		11.7 M		7.0 M		
Taxable LT	1.3 M		51.9 M		85.8 M	
Premium		1.4 M	0.5 M	0.7 M		
Totals	1.3 M	13.1 M	52.4 M	7.7 M	85.8 M	160.3 M

\$7.285M was originally issued in 2011 for the North Central clinic and refunded May 2020. \$72.9M was issued in 2021 for two clinics and an administration building. \$99.4M was issued in 2023 for two clinics. Annual payments are due on 3/1 for all Series.

Lease/SBITA Payable GASB87 and GASB96* - \$57M

Deferred Revenue Long-Term GASB87* - \$231M

Total Restricted or Noncurrent Liabilities – \$537M

Total Liabilities – \$576M



Net Assets

Restricted For Capital Assets - \$208M

CO Construction – \$129M

Investment in Capital Assets – \$78M

Emergency Reserve - \$47M

Unrestricted Net Assets – \$668M

Total Net Assets – \$923M

Total Liabilities and Net Assets – \$1.5B

*Governmental Accounting Standards Board statements 87 & 96, Leases (GASB87) and Subscription-Based Information Technology Arrangements (GASB97 SBITAs), new accounting standards require entities to report future long-term obligations, previously reported as operating activity, on the balance sheet to convey control of the right to use the non-financial asset. This will significantly increase long term governmental balance sheets as a result of these requirements. The new rules require recognition of a lease or SBITA liability and an intangible asset while lessors are required to recognize lease receivables and a deferred inflow of resources on their financial statements.



Sources and Uses Report

May financials → eighth month, 66% of the fiscal year.

Sources – Total \$4.6M for the month

Property Tax Revenue – Net property tax revenue for the month was \$134k. Net revenue includes \$288K current month's collections; \$97K Penalties and Interest; and (\$251K) in adjustment for prior year delinquent taxes.

Lease Revenue – \$1.7M for Downtown Campus, Cameron, Hancock Clinic, and land leases

Investment and Other Revenue/Expense – \$2.7M primarily for investment income

Tobacco Settlement Revenue - \$5.2M YTD to budget of \$4.5M

Uses of Funds – Total \$21M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$18.5M for the month and \$147M YTD compared to \$97M Prior YTD.

Administration Program – \$2.3M in expense for the month and \$17M YTD compared to \$11M Prior YTD.

UT Affiliation Agreement - \$0, to be expensed in August 2024.

Transfer to Emergency Reserve - \$8M YTD to budget of \$8M

Excess Sources/(Uses) – (\$16M) current month. Current YTD is \$179M compared to \$179M Prior YTD.



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.

Right by All - By being open, anti-racist, equity-minded, and respectful in discourse, we honor those around us and do right by all people.

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BUDGET & FINANCE COMMITTEE MEETING

July 24, 2024

AGENDA ITEM 3

Receive an update on Central Health capital projects and take appropriate action to approve:

- a. an increased capital project budget for the renovation of the Hancock Center building; and
- b. setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings. (*Action Item*)



AGENDA ITEM SUBMISSION FORM

This form is to provide a general overview of the agenda item in advance of posting for the Board meeting. Proposed motion language is a recommendation only and not final until the meeting and may be changed by the Board Manager making the motion. All information in this form is subject to the Public Information Act.

Agenda Item Meeting Date July 24, 2024

Who will present the agenda item? (Name, Title) Nicki Riley, Deputy Chief Financial Officer
Stephanie McDonald, VP of Enterprise Alignment and Coordination

General Item Description Capital projects update; and Hancock Center project budget request; and Continuing Education Center (CEC) project budget request.

Is this an informational or action item? Action Item

Fiscal Impact _____

Recommended Motion (if needed – action item) Approve a revised project budget for the renovation of the Hancock Center building.

Key takeaways about agenda item, and/or feedback sought from the Board of Managers:

- 1) Staff will give an update on capital projects.
- 2) _____
- 3) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) PPT

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Briana Yanes/ July 19, 2024



Capital Projects Update; and Hancock Center Project Budget Request

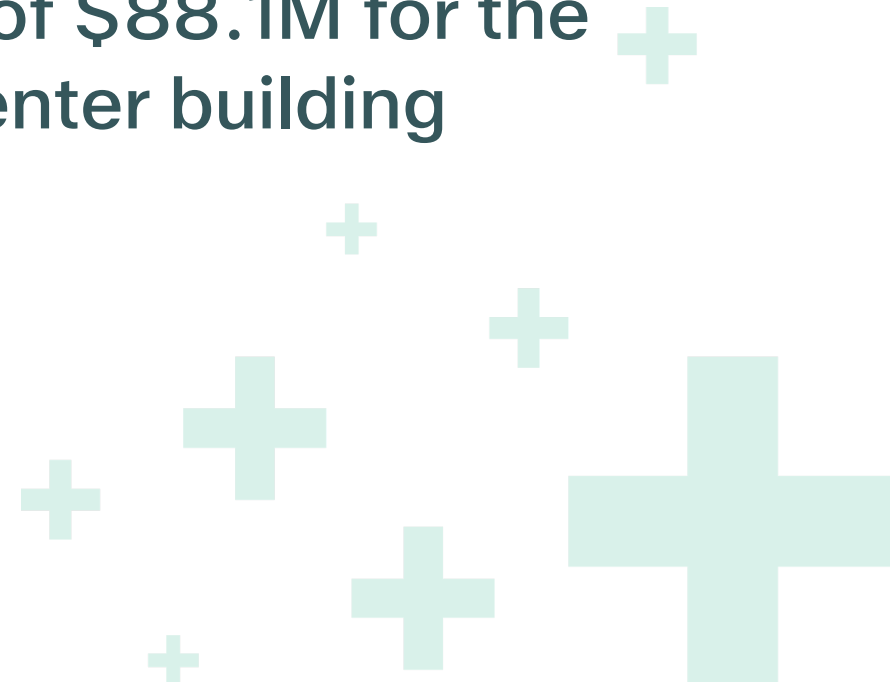
Central Health Board of Managers
Budget and Finance Committee
July 24, 2024

Nicki Riley, Deputy CFO

Stephanie McDonald, VP of Enterprise
Alignment and Coordination



- ✓ Receive Capital Projects update
- ✓ Approve the following budget actions for the following projects:
 - An increased project budget of \$88.1M for the renovation of the Hancock Center building





Central Health
Capital Projects - Budget Status
June 2024
(in millions)

Project	Approved Budget	Spend Since Inception	Budget Additions	Available Budget
⁽¹⁾ Del Valle Health and Wellness Center	\$15.1	(\$10.3)		\$4.8
⁽¹⁾⁽²⁾ Hancock Clinical Services and Admin	\$62.6	(\$24.6)	\$88.1	\$126.1
⁽¹⁾ Rosewood Zaragosa Specialty Clinic	\$9.0	(\$5.8)		\$3.2
⁽¹⁾ Cameron Center	\$90.6	(\$14.6)		\$76.0
Colony Park Health and Wellness Center	\$16.1	(\$0.8)		\$15.4

⁽¹⁾ Debt Financed

⁽²⁾ Contingent on BOM approval



**Central Health
Hancock Center - Additional Budget Approval Needed
June 2024**

(1) Hancock Center				
Budget Category	Approved Budget	Spend Since Inception	Budget Additions	Revised Budget
Due Diligence, Land Acquisition & Regulatory	\$10,000,000	(\$18,700,000)	\$8,700,000	\$18,700,000
Professional Services	\$0	(\$5,193,990)	\$11,250,000	\$11,250,000
Construction	\$50,000,000	(\$678,301)	\$56,700,000	\$106,700,000
Furniture, Fixtures & Equipment	\$2,590,000	\$0	\$5,250,000	\$7,840,000
Contingency	\$0	\$0	\$6,210,000	\$6,210,000
Total Estimated Project Cost	\$62,590,000	(\$24,572,290)	\$88,110,000	\$150,700,000

(1) Debt Financed (\$43M of debt proceeds remaining)

MAIN ENTRY FROM PARKING Proposed



MAIN ENTRY APPROACH Proposed

Central Health Headquarters & Multipurpose Care Center



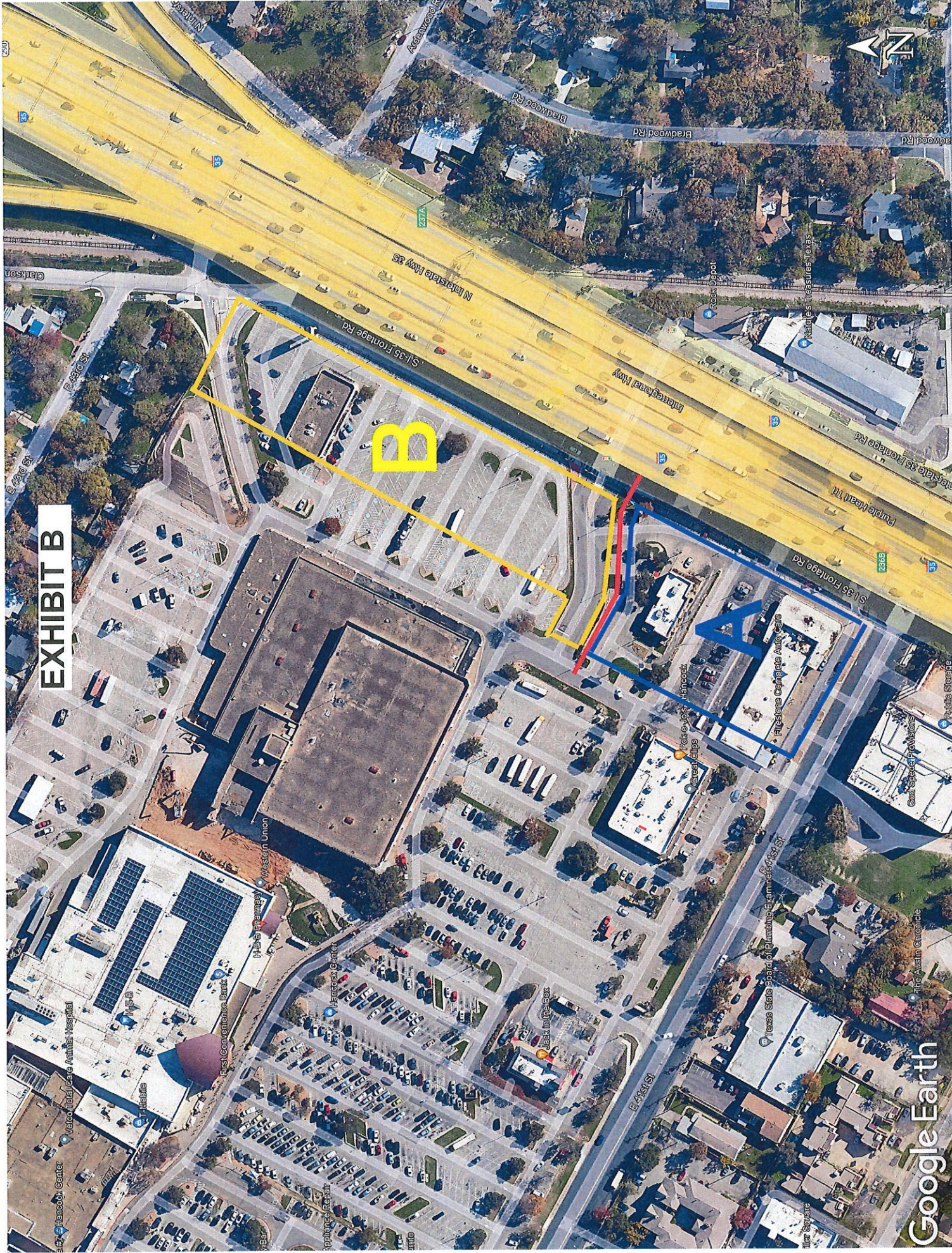


EXHIBIT B

B

A



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BUDGET & FINANCE COMMITTEE MEETING

July 24, 2024

AGENDA ITEM 4

Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 tax rate and budget. (*Informational Item*)



CENTRAL HEALTH

AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date July 24, 2024

Who will present the agenda item? (Name, Title) Nicki Riley, Deputy Chief Financial Officer
Kim Johnson, Budget Director

General Item Description Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 budget and tax rate.

Is this an informational or action item? Informational

Fiscal Impact _____

Recommended Motion (if needed – action item) N/A

- Key takeaways about agenda item, and/or feedback sought from the Board of Managers:
- The FY 2025 proposed budget incorporates the implementation of the approved Healthcare
 - 1) Equity Plan.
 - The budget was prepared at a 6.5% increase above the no new revenue tax rate in order to
 - 2) support the long-term financial sustainability of the Healthcare Equity Plan.
 - 3) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) Presentation- Due to timing or need to discuss real-time for context, the backup for this item will be provided next week. This is an informational item only and future meetings will be conducted to further discuss and take action on the FY 2025 budget and tax rate

Estimated time needed for presentation & questions? 30 minutes

Is closed session recommended? (Consult with attorneys.) No

Form Prepared By/Date Submitted: Jeff Knodel/July 19, 2024



Trust Makes Healthcare Better

Fiscal Year 2025 Proposed Budget Updates

Central Health Board of Managers

Budget & Finance Committee

July 24, 2024

Nicki Riley, Deputy Chief Financial Officer

Jeff Knodel, Chief Financial Officer

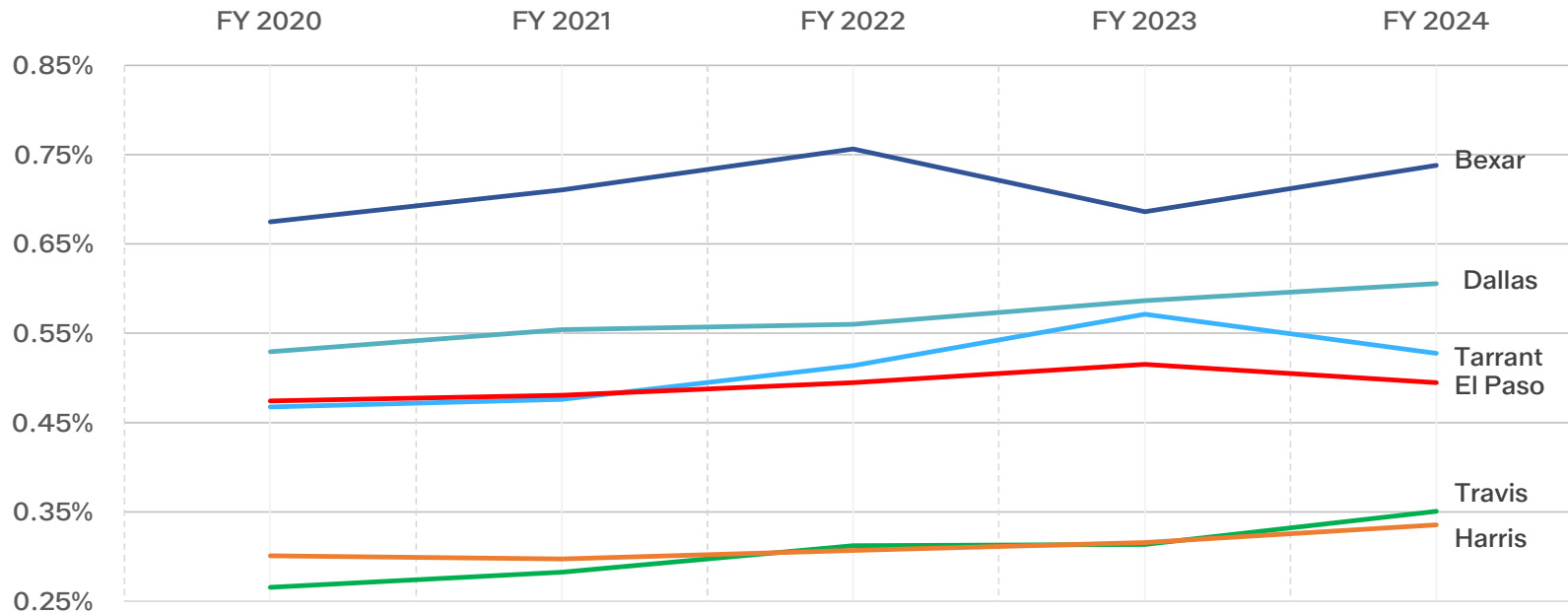
FY 2025 Budget Highlights

Financial Strength and Flexibility

- FY25 Proposed Property Tax Rate is 6.5% above no new revenue rate
 - Certified Tax Roll recently received and final tax rates to be presented at 8/7 meeting
 - Significant increases in FTEs and Expenditures
 - New Facilities (Rosewood-Zaragosa 8/24 and Del Valle 12/24) and renovation at Continuing Educational Center (CEC)
 - Cash-funded Capital Projects resulting in future interest cost savings
 - Contingency Reserve Balance estimated to decrease by \$87.4 Million
 - TCAD is experiencing a higher percentage of FY25 reduced property values due to current economic market conditions. As a result, homestead properties will most likely incur higher tax payment increases than in previous years

Hospital District Income Comparisons

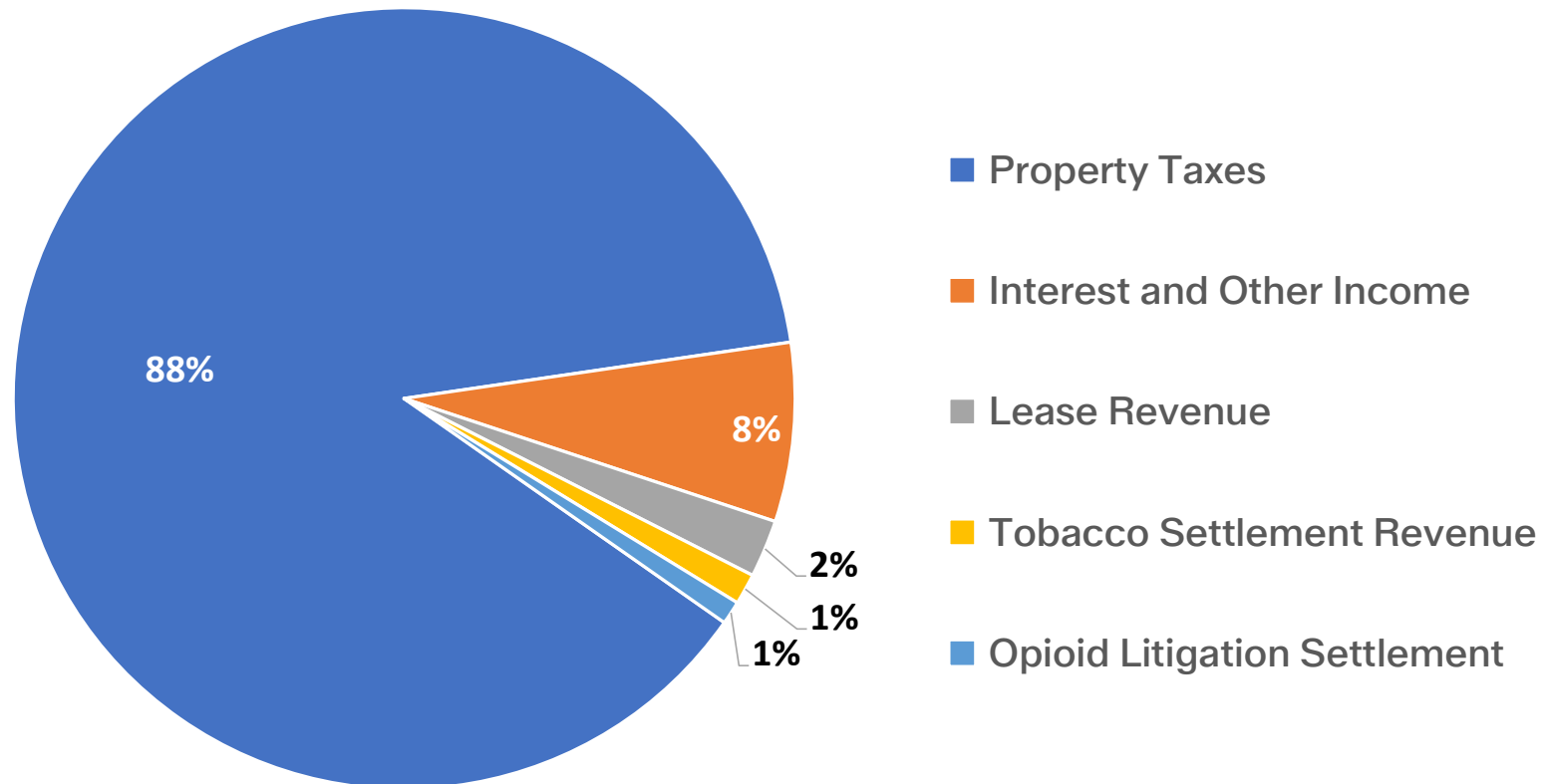
Property Tax payment as % of Average Household Income
in Counties



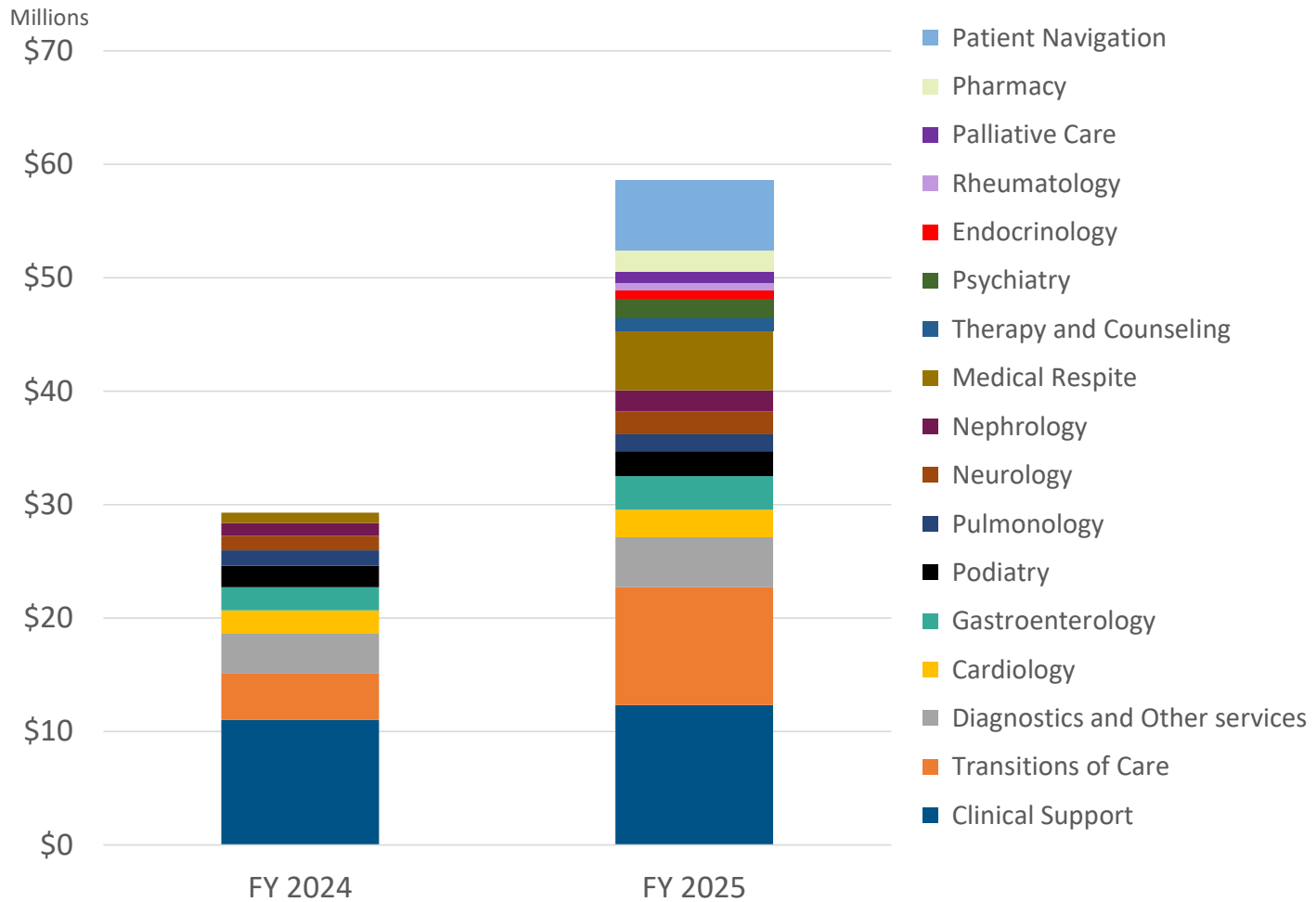
	Travis	Harris	Tarrant	Dallas	Bexar	El Paso
Avg 5-year tax payment	\$415	\$316	\$537	\$600	\$635	\$367
Average Household Income	\$136,162	\$101,349	\$105,037	\$105,776	\$89,010	\$73,928

Revenue – Central Health

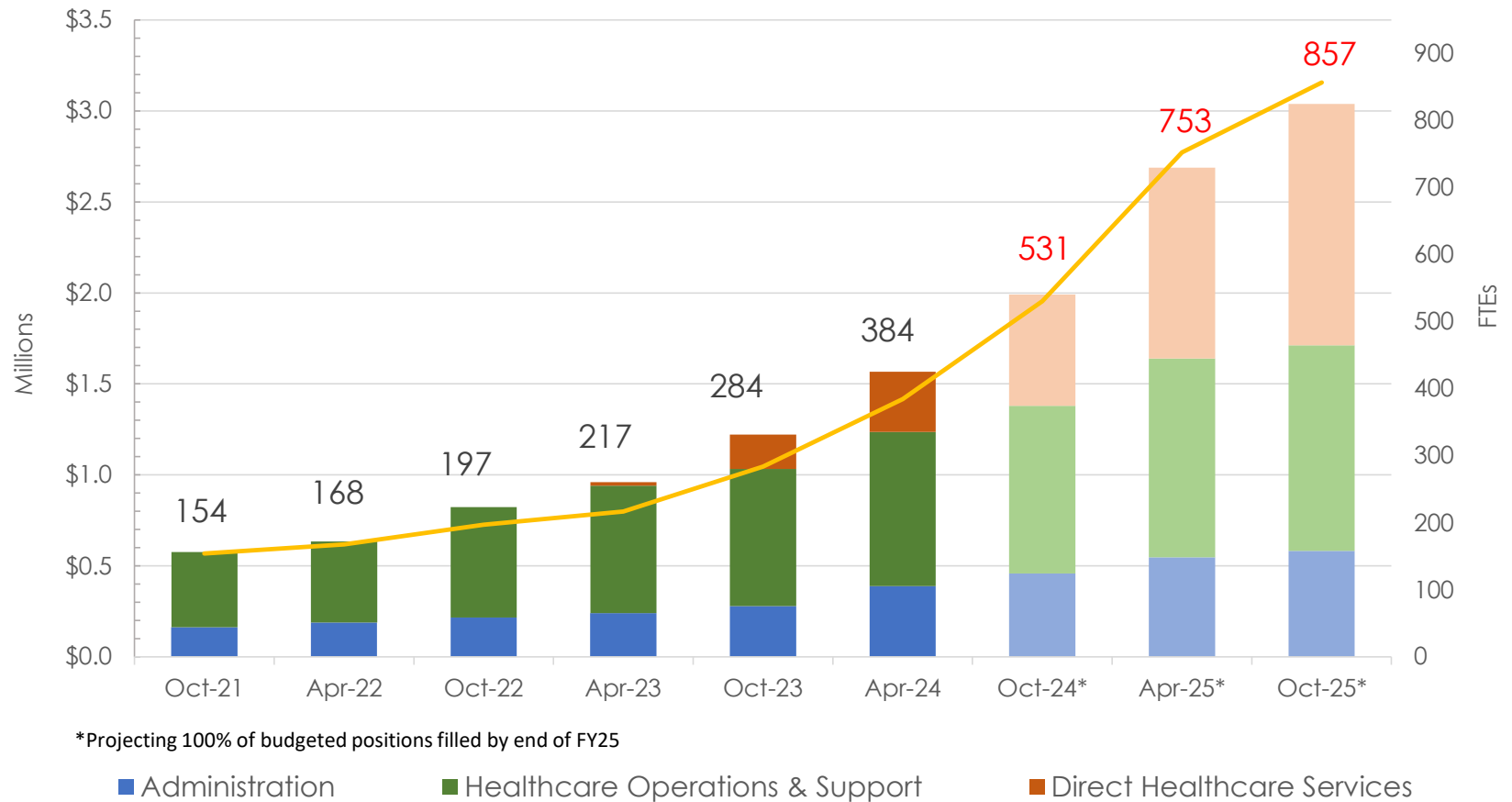
FY25 Preliminary Budget



Investment in Direct Healthcare Services



FTE Trend (Actuals and Forecast)



Attachment A

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 6/12/2024	FY 2025 PROPOSED BUDGET 7/24/2024	Change between versions	Notes
TAX RATE	0.100692	0.104393	0.107559	0.003166	
FTEs	530.5	837.3	856.9	19.7	Updated property value estimates from TCAD Enterprise allocation changes
Beginning Balance (Contingency Reserve)	407,730,068	494,040,391	494,040,391	-	
REVENUE					
Property Taxes	312,456,814	344,827,418	345,363,154	535,736	New TCAD estimates; new property increase
Lease Revenue	12,022,497	9,218,670	9,361,825	143,155	
Tobacco Litigation Settlement	4,500,000	5,000,000	5,000,000	-	
Patient Revenue	-	-	300,000	300,000	Same as in forecast
Other	7,500,000	27,241,200	28,741,200	1,500,000	Included Sendero Note interest from forecast also
TOTAL REVENUE	336,479,311	386,287,288	388,766,179	2,478,891	
Available Budgeted Resources	744,209,379	880,327,679	882,806,570	2,478,891	
EXPENSES				0	
Healthcare Delivery	295,246,806	339,137,132	344,833,239	5,696,107	
Administration	28,647,030	36,428,127	36,330,990	(97,137)	
UT Affiliation Agreement	35,000,000	35,000,000	35,000,000	-	
Other Financing Uses	8,019,240	59,979,490	59,979,490	-	to Capital Reserve; to Emergency Reserve
Total Expenses	366,913,076	470,544,749	476,143,719	5,598,971	
Increase/Decrease in Fund Balance					
Ending Contingency Reserve Balance	377,296,303	409,782,930	406,662,850	(3,120,080)	
Total Appropriated Resources	744,209,379	880,327,679	882,806,570	2,478,891	
RESERVES					
Emergency Reserves	46,739,076	56,718,565	56,718,565	-	

Attachment B

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 6/12/2024	FY 2025 PROPOSED BUDGET 7/24/2024	Version Change	Notes
HEALTHCARE DELIVERY					
Purchased Healthcare Services					
Primary Care: Medical, Dental, & Behavioral Health	71,782,200	73,957,000	73,957,000	-	
Specialty Care: Including Specialty Dental	30,188,000	31,153,000	31,153,000	-	
Specialty Care: Behavioral Health	20,675,000	24,150,000	24,150,000	-	
Post Acute Care	7,250,000	8,100,000	8,100,000	-	
Pharmacy	18,000,000	19,000,000	19,000,000	-	Moved 1M of Inmate Health into Pharmacy - 6/27
Community Health Care Initiatives Fund	875,000	875,000	1,000,000	125,000	
Purchased Healthcare Services	150,770,200	157,235,000	157,360,000	125,000	
Direct Healthcare Services					
Therapy and Counseling		1,175,079	1,227,110	52,031	
Psychiatry		1,518,414	1,674,311	155,897	
Cardiology	2,079,895	2,419,523	2,437,279	17,756	
Endocrinology		715,207	762,556	47,349	
Gastroenterology	2,039,621	2,849,444	2,953,976	104,532	
Nephrology	1,129,700	1,670,781	1,859,200	188,419	
Neurology	1,264,294	1,979,851	2,019,556	39,705	
Podiatry	1,877,022	2,165,098	2,192,929	27,831	Correction to fte start calculation
Pulmonology	1,370,648	1,416,644	1,497,711	81,067	
Rheumatology		445,075	656,943	211,868	
Palliative Care		929,391	958,984	29,593	
Pharmacy		1,763,105	1,849,580	86,475	
Transitions of Care	4,074,868	9,528,345	10,388,044	859,699	
Medical Respite	906,886	5,220,785	5,239,210	18,425	
Diagnostics and Other services	3,511,294	4,226,785	4,355,034	168,249	
Patient Navigation		5,999,815	6,105,265	105,450	Budget was in Ops & Support in FY24
Clinical Support	11,022,146	9,904,526	12,326,160	2,421,634	Clinical educators moved here from HR
Direct Healthcare Services Total	29,276,374	53,927,868	58,543,848	4,615,980	
MAP Eligibility - Increase in eligibility period	1,000,000	-	-		
Total Healthcare Services	181,046,574	211,162,868	215,903,848	4,740,980	

Attachment B

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 6/12/2024	FY 2025 PROPOSED BUDGET 7/24/2024	Version Change	Notes
Healthcare Operations & Support					
Salary and Benefits	33,878,558	39,318,453	40,803,278	1,484,825	Adjustment to JTT Allocation and business case calculation correction
ACA Healthcare Premium Assistance Programs	18,587,364	19,300,000	19,300,000	-	
Real Estate and Facilities	7,619,360	19,958,801	19,958,801	-	Centralized facility costs, fleet program, receiving functions
UT land lease for teaching hospital	1,037,550	1,037,550	1,165,441	127,891	Rate increases by CPI_U annually
Legal	766,000	108,000	58,000	(50,000)	Removed duplicate budget
Consulting	2,315,000	2,120,000	2,120,000	-	
Other professional goods & services	10,922,140	4,721,700	4,721,700	-	
Outreach and Education	1,927,211	4,115,250	3,090,250	(1,025,000)	Comm Eng business case revision and removal of double budget
Insurance and Risk Management	400,000	100,000	100,000	-	
Information Technology	13,855,455	13,177,000	13,752,800	575,800	Jtt allocation updates
Travel, training and professional development	1,186,250	1,267,750	1,188,100	(79,650)	removal of duplicate values
Other operating expenses	738,883	211,600	211,600	-	
Health Care Capital Line of Credit	500,000	-	-	-	
Debt service - principal retirement	7,440,000	8,085,000	8,035,000	(50,000)	Final debt service \$\$
Debt service - interest	7,026,462	6,453,161	6,424,421	(28,740)	Final debt service \$\$
Transfer to Sendero Risk-Based Capital	6,000,000	8,000,000	8,000,000	-	
Total Healthcare Operations & Support	114,200,233	127,974,265	128,929,391	955,126	
Total Healthcare Delivery	295,246,807	339,137,133	344,833,239	5,696,106	

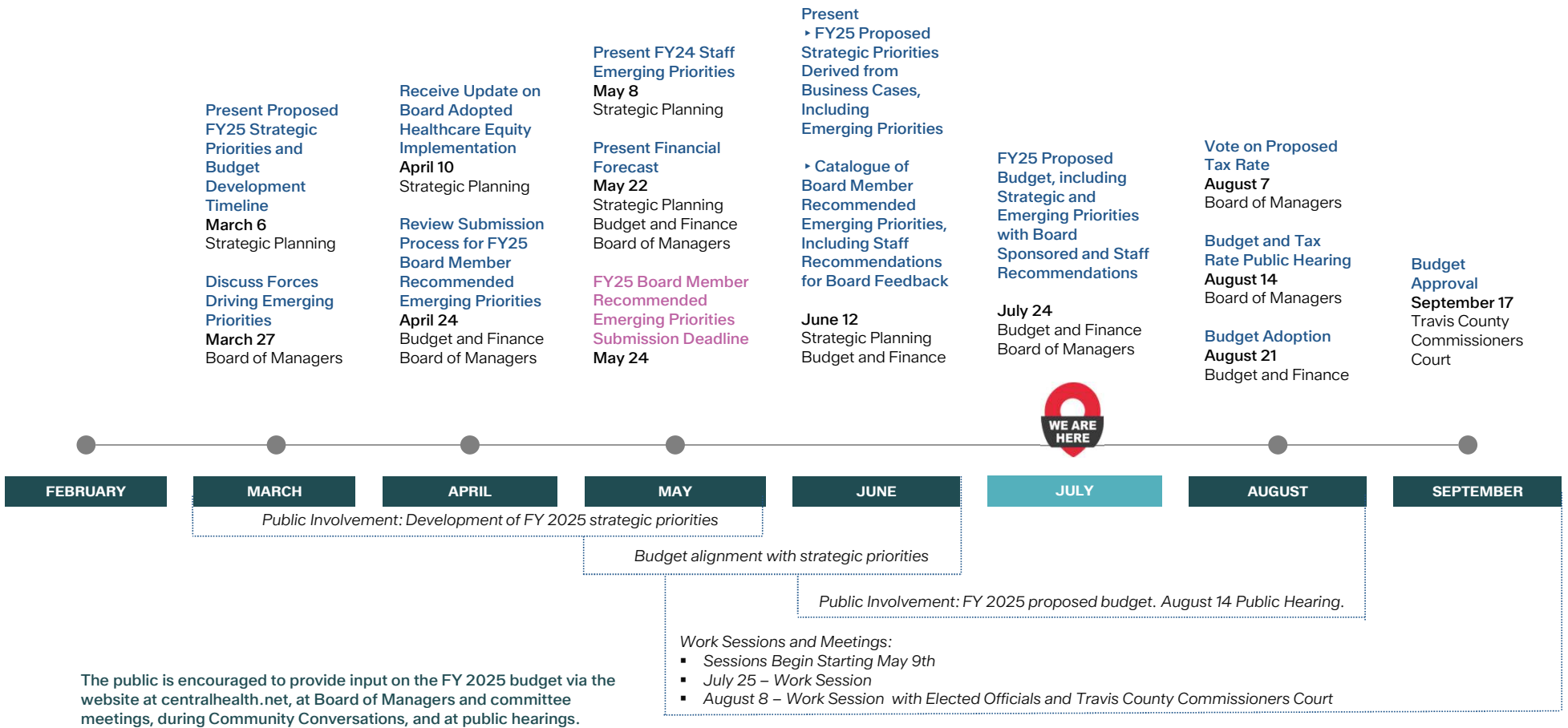
Attachment B

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 6/12/2024	FY 2025 PROPOSED BUDGET 7/24/2024	Version Change	Notes
ADMINISTRATION				0	
Salary and Benefits	15,308,898	21,480,410	21,179,228	(301,182)	Move of clinical educators to DS support
Legal	2,745,136	2,775,000	2,775,000	-	
Consulting	2,419,750	2,593,623	2,593,623	-	
Investment and Financial Services	126,000	200,000	200,000	-	
Other professional goods & services	2,093,775	1,783,613	1,758,613	(25,000)	Realigned expense to Training & development
Marketing and Communications	249,061	779,080	779,080	-	
Leases, Utilities, Security and Maintenance	1,253,250	1,491,500	1,491,500	-	
Insurance and Risk Management	412,500	500,000	500,000	-	
Phones, Computer Equipment and supplies	1,149,186	1,597,046	1,643,359	46,313	HR allocation updates
Travel, training and professional development	386,695	797,568	979,568	182,000	HR allocation updates; realignment to training & dev
Other operating expenses	205,365	63,950	38,950	(25,000)	Realign expenses to training and development
Appraisal District Svcs	1,213,118	1,249,512	1,249,512	-	
Tax Collection Expense	1,084,297	1,116,826	1,142,559	25,732	Based on 2.39 Per parcel/478,059 parcels
UT Affiliation Agreement	35,000,000	35,000,000	35,000,000	-	
OTHER FINANCING USES					
Transfer to capital reserve		50,000,000	50,000,000	-	
Transfer to emergency reserve	8,019,240	9,979,490	9,979,490	-	
RESERVES					
Contingency Reserves	377,296,303	409,782,928	406,662,850	(3,120,078)	
TOTAL EXPENSES	744,209,380	880,327,679	882,806,570	2,478,891	

Attachment C

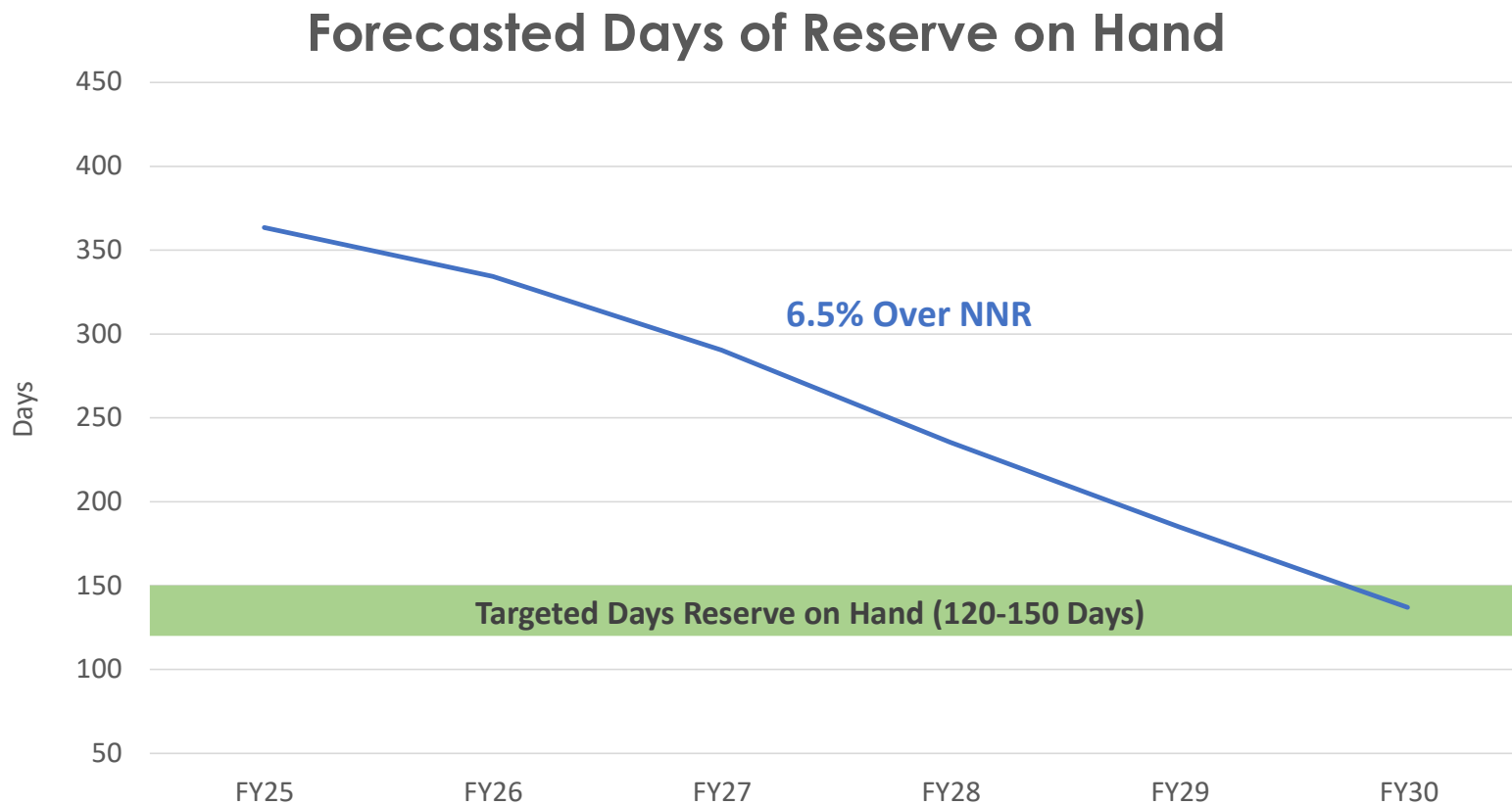
DESCRIPTION	FY 2025 PROPOSED BUDGET 6/12/2024
RESTRICTED Revenue	
Opioid Litigation Settlement	3,800,000
RESTRICTED Expense	
Opioid Abatement Expenses	3,800,000
Ending Balance	-

FY 2025 Strategic Priorities and Budget Development Timeline



Reserve Forecast

As Presented on May 22, 2024



Staff Recommendations

Value: Align impact of emerging priorities to overall vision, strategic plan, organizational goals and use data driven insights to inform prioritization.

Alignment of Recommended Proposals to Existing Priorities

- SJ – Enhance outreach and services for men of color by directly funding community service providers including Balck Men's Health Clinic and adding support for the African American Family Support Conference
- CV – Prioritize healthcare services for Latinos experiencing homelessness who have been underrepresented in homeless services needs assessments
- AK – Explore working with TexHealth Central Texas to leverage additional funding streams to expand access to health insurance coverage for low income Travis County residents
- MM – Propose initiative to remove social media in local schools through Central Health Equity Policy Council
- AM – Conduct outreach to service/hospitality industry employees to promote enrollment in coverage
- AM – Develop more community health workers
- AM – Explore effective, ethical application of AI and other emerging technologies

Proposals Recommended for Business Case and/or RFP Process

- MMDrPH – Develop Business Case to develop plan to improve cancer survivorship care to ensure seamless access across the continuum from screening, to diagnosis, to post treatment follow-up
- CV – Solicit vendor for Hispanic Family Support Conference through RFP to move forward with planning and implementation
- AK – Develop Business Case for expansion of EMCOT teams to meet needs of CH population
- AK/AM – Focus second Community Health Initiatives Fund (CHIF) RFP solicitation on food insecurity and food as medicine as part of Central Health's development of a fully aligned SDOH/NMDoH strategy



" We are strongest when we are One Trunk, Many Branches"

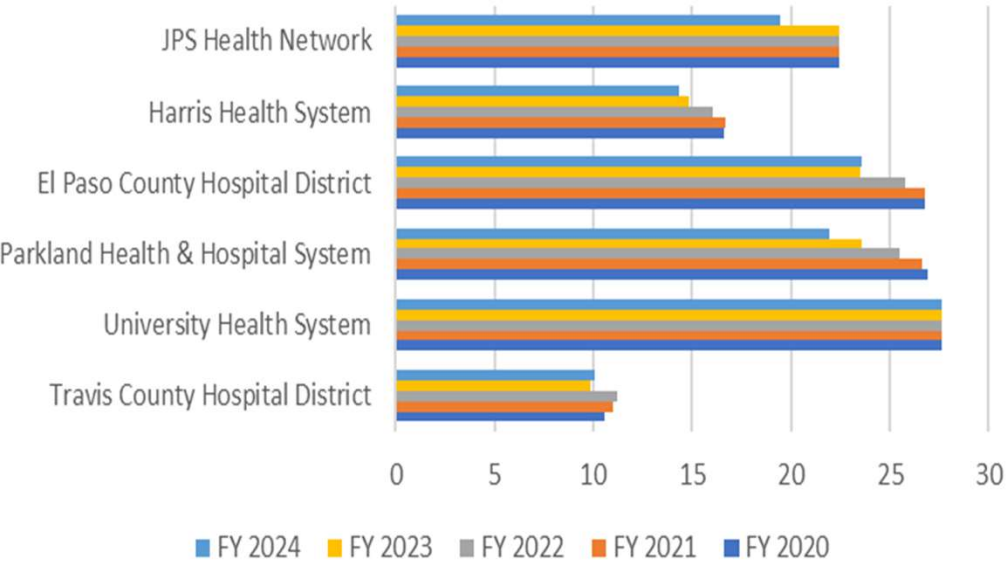


Thank you

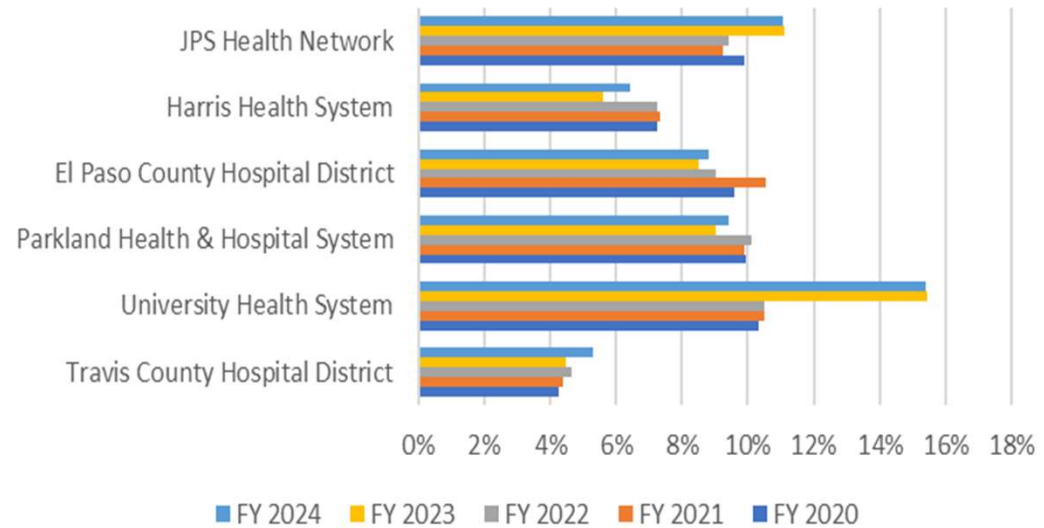
Questions?

Five Year Historical Ad Valorem Data

Texas Major Hospital Districts
Ad Valorem Rates (cents/\$100) 2020-2024



Texas Major Hospital Districts
Overlapping Taxing Jurisdiction % 2020-2024



*Travis County Hospital District does not own or operate a hospital.

FY25 Board Member Recommended Emerging Priorities

Board Member	Board Member Recommended Emerging Priority Proposal Summaries
Maram Museitif, DrPH	Improve cancer survivorship care, by establishing a robust transitions of care program including warm hand-offs, care management and data-sharing to ensure seamless access across the continuum from screening, to diagnosis, to post treatment follow up. Provide targeted training and education on survivorship care to healthcare providers and foster close coordination between PCPs and specialists.
Shannon Jones	Enhance outreach and clinical services for men of color by directly funding community service providers and agencies more reflective of the issues impacting men of color including the Black Men’s Health Clinic and support for the development and implementation of an African American Support Conference.
Cynthia Valadez	Prioritize healthcare services for Latinos experiencing homelessness who are often underrepresented in local and national counts, concentrating on East Austin, Pflugerville, Rundberg, Northeast, Eastern Travis County, Dove Springs, Riverside/Montopolis, S. Central, and Shady Hollow.
Cynthia Valadez	Increase funding to support planning, focus and implementation of a future Hispanic Family Support Conference. Conference topics could be focused on mental health, substance use disorders, and intellectual and developmental disabilities.
Manuel Martin	Explore the effect of social media on the mental health of children, adolescents and young adults and implement a harm reduction plan through education of the public and move to remove social media from schools K-12.
Ann Kitchen	Explore working with TexHealth Central Texas to leverage additional funding streams to expand access to health insurance coverage for certain low income, uninsured individuals in Travis County.
Ann Kitchen	Expand existing and/or create new “food as medicine” program with community partners.
Amit Motwani	Expand Premium Assistance Program to provide coverage for un/der insured Service/Hospitality Industry Employees in Travis County.
Amit Motwani	Develop Food as Medicine Programs for residents of Eastern Travis County to provide access to healthful food options in a sustainable manner.
Amit Motwani	Develop a team of Community Health Workers and expand scope to address SDOH within/outside enterprise, with a primary focus on the eastern crescent and Rundberg.
Amit Motwani	Allocate substantial resources to become a leader in healthcare artificial intelligence (AI) and integrate advanced technologies into building expansive, equitable system of care. Develop a task force to learn effective application of emerging technologies.



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BUDGET & FINANCE COMMITTEE MEETING

July 24, 2024

AGENDA ITEM 5

Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)