



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.

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, April 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/88380902453?pwd=Zf2mGNfkXlaHhxBLFc9WL9WhQhvks5.1>

Meeting ID: 883 8090 2453

Passcode: 727585

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

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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 April 24, 2024**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- 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 responses to public inquiries, if any, to statements of specific factual information or existing policy.

COMMITTEE AGENDA²

1. Approve the minutes of the March 27, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive and discuss a report of Historically Underutilized Business (HUB) spending performance for Fiscal Year (FY) 2023. (*Informational Item*)
3. Receive and discuss instructions for submitting board member recommended FY2025 emerging priorities. (*Informational Item*)
4. Receive a presentation on the March 2024 financial statements for Central Health. (*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.



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CENTRAL HEALTH

STAYS IN FILE

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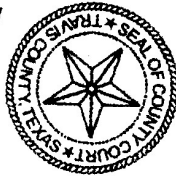
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Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
19th day of April 2024
Dyana Limon-Mercado
County Clerk, Travis County, Texas
By Ashley Miller Deputy
ASHLEY MILLER



202480557

FILED AND RECORDED
OFFICIAL PUBLIC RECORDS
Dyana Limon-Mercado
Dyana Limon-Mercado, County Clerk
Travis County, Texas
Apr 19, 2024 10:46 AM
Fee: \$0.00 **MILLERA**

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

April 24, 2024

AGENDA ITEM 1

Approve the minutes of the March 27, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – MARCH 27, 2024
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, March 27, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 4:08 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

Committee members present in person: Chair Museitif, Manager Martin (arrived at 4:11 p.m.), and Manager Valadez (arrived at 5:22 p.m.)

Committee members present via audio and video: Manager Motwani

Board members present via audio and video or in person: Manager Kitchen, Manager Brinson, Manager Jones, and Manager Zamora (arrived at 5:24 p.m.)

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 4:09 p.m. Yesenia Ramos introduced 6 speakers for Public Communication.

Members of the Board heard from: Mark McKim, Tara Trower, Kelenne Blake, Dr. Hemali Patel, Yesenia Ramos, and Kent Kasischke.

COMMITTEE AGENDA

1. Approve the minutes of the February 21, 2024 Budget and Finance Committee meeting.

Clerk’s Notes: Discussion on this item began at 4:34 p.m.

Manager Brinson moved that the Committee approve the minutes of the February 21, 2024 Budget and Finance Committee meeting.

Manager Jones seconded the motion.

Chairperson Museitif	For
Manager Martin	For
Manager Motwani	For
Manager Valadez	Absent
Manager Jones	For
Manager Kitchen	For
Manager Brinson	For

2. Receive a presentation on the February 2024 financial statements for Central Health.

Clerk’s Notes: Discussion on this item began at 4:35 p.m. Ms. Nicki Riley, Deputy Chief Financial Officer and Ms. Patti Bethke, Controller, presented the Central Health February financials.

3. Receive and discuss the Fiscal Year 2025 Strategic Priorities and Budget Development process and calendar.

Clerk’s Notes: Discussion on this item began at 4:41 p.m. Dr. Patrick Lee, President & CEO, and Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel, presented on strategic priorities and the proposed budget development timeline for FY25.

4. Receive updates on Central Health capital projects and take appropriate action to increase the budget for the Hornsby Bend capital project.

Clerk's Notes: Discussion on this item began at 5:04 p.m. Ms. Stephanie McDonald, VP of Enterprise Alignment and Coordination, and Ms. Nicki Riley, Deputy Chief Financial Officer, presented an update on major Central Health capital projects and requested a budget increase for the Hornsby Bend capital project.

Manager Kitchen moved that the Committee recommend that the Board of Managers increase the Hornsby Bend Health and Wellness Center project budget by \$900,000.

Manager Jones seconded the motion.

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

5. Discuss and take appropriate action directing the President & CEO to negotiate and execute an agreement with the Texas Department of Transportation for transfer of real property impacted by the I-35 Expansion project.

Clerk's Notes: Discussion on this item began at 5:12 p.m.

At 5:12 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 Consultation with Attorney and Texas Government Code §551 072 Deliberation Regarding Real Property.

At 5:23 p.m. the Committee returned to open session.

Manager Kitchen moved that the Committee recommend that the Board of Managers approve the settlement with TxDOT for the sale of the David Powell Clinic at 4614 N. IH 35 frontage road, subject to the delayed move-out date discussed in closed session, and direct staff to seek needed approval from the Travis County Commissioners Court.

Manager Brinson seconded the motion.

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

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

Manager Kitchen moved that the Committee adjourn.

Manager Valadez seconded the motion.

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

The meeting was adjourned at 5:25 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

April 24, 2024

AGENDA ITEM 2

Receive and discuss a report of Historically Underutilized Business (HUB) spending performance for Fiscal Year (FY) 2023. (*Informational 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 April 24, 2024

Who will present the agenda item? (Name, Title) Margaret Castillo, Senior HUB Analyst, Balena Bunch, Procurement Director and Nicki Riley, Deputy CFO

General Item Description Receive a report on the expenditures to Historically Underutilized Business in FY2023

Is this an informational or action item? Informational

Fiscal Impact None

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

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

- 1) Central Health officially launched its HUB Subcontracting program with a focus on construction contracts with a value of 500K or more.
With the addition of the Senior HUB Analyst, Central Health was able to expand its footprint by attending various Outreach events within the State of Texas, as well as recently hosting its own
- 2) on-site “Meet The Prime” event for one of the upcoming clinic sites.
Central Health spent approximately 22% of its eligible expenditures with HUB vendors in FY
- 3) 2023.

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

Estimated time needed for presentation & questions? 20 minutes

Is closed session recommended? (Consult with attorneys.) N/A

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

FY 2023 HISTORICALLY UNDERUTILIZED BUSINESS REPORT

Balena Bunch, Procurement Director

Margaret Castillo, Senior HUB Analyst

Nicki Riley, Deputy CFO



CENTRAL HEALTH



WHAT IS A HUB PROGRAM?



CENTRAL HEALTH

Historically Underutilized Business (HUB)

Program within Procurement that promotes full and equal procurement opportunities for small, minority, and women-owned businesses. A HUB must be at least 51% owned by one or more persons who are economically disadvantaged due to their identification as members of these groups above.



DISPARITY STUDY TIMELINE



CENTRAL HEALTH

- **FY 2021**
 - BOM and CEO recommended Disparity Study
- **FY 2022**
 - Colette Holt & Associates completed study with the following recommendations:
 - Hire HUB Specialist
 - Create HUB goals
 - Purchase/Implement HUB Software
- **FY 2023**
 - Hired HUB Specialist Margaret Castillo
 - Set HUB goals on 2 solicitations
 - Started HUB software implementation





ELIGIBLE EXPENDITURES



CENTRAL HEALTH

HUB programs can only be used for certain procurements according to State statute.

Eligible Expenditures: Construction Projects, Special Trade Skills, Commodities, and Professional Services.

Ineligible Expenditures: Benefits, claims and judgments, interfund transfers, interagency payments, investments, payment of interest, payment of principal, public assistance payments, rental and leases, utilities, salaries, wages, travel grants, scholarships, real estate purchases, right-of-way, emergency abatement response, healthcare services, and other expenses as determined by the State of Texas Disparity Study.



FY2023 SOLICITATIONS SUMMARY



CENTRAL HEALTH

63 Solicitations

- Over 32k e-mails were sent to HUB vendors notifying them of protentional opportunities
- 260 proposals submitted were HUB or had HUB Subcontractors

Solicitations included the following categories:

- Construction(RZ & Hancock), Software, Medical Equipment
- Professional or Consulting Services (Technology, training services, and housekeeping)
- Equipment/Goods (medical and network equipment)

91 contracts awarded in FY 2023

- 15 awards were to HUB prime vendors
- 5 awarded to primes that had HUB Subcontractors identified to participate in the work

SOLICITATION POSTINGS & TRADE ORGANIZATION OUTREACH



CENTRAL HEALTH

Solicitations are currently:

- Posted on Central Health's Website, BidNet, and State of Texas Comptroller's Website
- Advertised in the following newspapers; El Mundo, Austin American Statesman & The Villager
- E-mailed to Trade Organizations; Asian Contractors Association, Black American Contractors Association, Hispanic American Contractors Association, Women's Contractors Association and more...
- E-mailed to Austin LGBT Chamber of Commerce, Hispanic American Chamber of Commerce, Austin Area Urban League, Black American Chamber of Commerce, all major City Chambers, and more...
- Distributed at HUB Events



HUB OUTREACH



CENTRAL HEALTH

We attended several HUB outreach events, handing out CH HUB information flyers, networking with certified and potential HUBs, informing them how to register with CH:

- Senator Royce West Annual Spot Bid Fair (Dallas TX)
- Texas Facilities Commission HUB Fair – sponsored a table representing Central Health HUB program
- City of Austin - Small & Minority Business Resources-Business Connection - sponsored a table representing Central Health HUB program
- And more...

HUB VENDOR EVENTS AND OUTREACH EFFORTS



SAVE THE DATE 

2023 

MARKETING FOR SUCCESS

9TH Annual HUB VENDOR FAIR **FREE EVENT**

April 5, 2023
9:00 AM - 2:00 PM

State Agencies Universities, Cities, & Counties Exhibiting **Tables of Experts**

Presentations:

- Comptroller of Public Accounts (CPA)
- Department of Information Resources (DIR)

Tools for marketing:

- Capability statements techniques
- Government contracting
- HUB Certification
- CMBL Listing
- DIR Contracting
- Mentor Protégé Program
- Commodity Codes

Exhibitors include:

- Texas State Soil Water Conservation
- Comptroller of Public Accounts
- Department of Information Resources
- Texas Workforce Commission
- Department of Family and Protective Services
- University of Texas
- Texas Department of License and Regulation
- Health and Human Services Commission
- San Angelo State University
- Texas Department of Agriculture
- Texas Facilities Commission
- General Land Office
- City of Austin
- Texas Department of Criminal Justice... and MORE!!!

Texas Dept. of Motor Vehicles
Lone Star Conference Room
4000 Jackson Ave Bldg 1
Austin, TX 78751
Joy Simmons, TxDMV Asst. HUB Coordinator
(512) 465-4177
Joy.Simmons@btdmv.gov

[REGISTER HERE](#) HUB@btdmv.gov

DOING BUSINESS TEXAS STYLE

SPOT BID FAIR & HUB EXPO

MAY 23-24, 2023

IRVING CONVENTION CENTER

THE 2022 SPOT BID FAIR AWARDED MORE THAN \$2.4 MILLION IN CONTRACTS FOR GOODS AND SERVICES.

Join us in person for state procurement trainings and panel discussions, networking with state agencies and real-time bid opportunities!

FREE ADMISSION - REGISTRATION REQUIRED

REGISTER NOW

The "DOING BUSINESS TEXAS STYLE" SPOT BID FAIR is sponsored by State Sen. Royce West and the Comptroller of Public Accounts' Statewide Historically Underutilized Business (SHUB) Program.

FOR MORE INFORMATION, CONTACT THE EVENT/REGISTRATION PROGRAM MANAGER AT: EVENTS@HUB.TX.GOV



 **Yolanda Strey CTPM, CTCM** + Following
HUB Director at Texas Facilities Commission
2h • 

Mark Your Calendars!!

 **Texas Facilities Commission**
1,473 followers
3h • 

Prime Contractors, Subcontractors, Trades, Small Businesses & HUBs.
Save the Date: August 30, 2023, for the Texas Facilities Commission - HUB Huddle & Expo. Network and learn of new business opportunities.

TEXAS FACILITIES COMMISSION
2023 HUB HUDDLE & EXPO

Save the Date

August 30, 2023
Barbara Jordan Building, 1601 Congress Ave.
Austin, Texas 78701 | 9AM-4PM



2023 CITY OF AUSTIN'S
MINORITY & SMALL BUSINESS CONNECTION

The City is open for business. Join us to learn how to grow your business, get resources and more.

Tuesday, Sept. 12
8 a.m. - 6 p.m.

Palmer Events Center
900 Barton Springs Rd.



WorkQuest

September 26, 2023 10:00am - 2:00pm


ABOUT PRODUCTS SERVICES LOCATIONS NEWS EVENTS BLOG CONTACT

Celebrate with us!

16TH ANNUAL ARTIE LEE HINDS AWARD DINNER & 35TH ANNUAL PRODUCTS AND SERVICES EXPO

On behalf of WorkQuest, we would like to extend an invitation to you and your colleagues to take part in the upcoming

16th annual Artie Lee Hinds Award Dinner and the 35th annual Products and Services Expo.

 TEXAS DEPARTMENT OF LICENSING & REGULATION


TDLR's First Annual
BREAKING BOUNDARIES
HUB Expo

October 23, 2023, 9 a.m. - 3:30 p.m.
Commons Conference Center
University of Texas
10100 Burnet Fwy, Bldg 137, Austin TX 78758

AGENDA

- 9 - 9:30 a.m. Registration and Networking
- 9:30 a.m. - 3:30 p.m. Visit Expo Exhibits
- 9:30 - 9:45 a.m. Opening Remarks and Introductions
Mike Arismendez, Executive Director
State Agencies Co-Sponsors Introductions
- 9:45 - 10 a.m. Mentor Protégé Presentation (Eosvit & 3rd I Procurement)
- 10 - 11 a.m. Mentor Protégé Presentation (Taurus Technologies & Tekgration)
- 11 - 12 p.m. Texas Comptroller of Public Accounts (CPA) Presentation
- 1 - 2 p.m. Department of Information Resources (DIR) Presentation
- 2 - 3 p.m.

Much appreciation to all state agencies participating as co-sponsors. Lunch on your own or optional. Cafe is on-site.

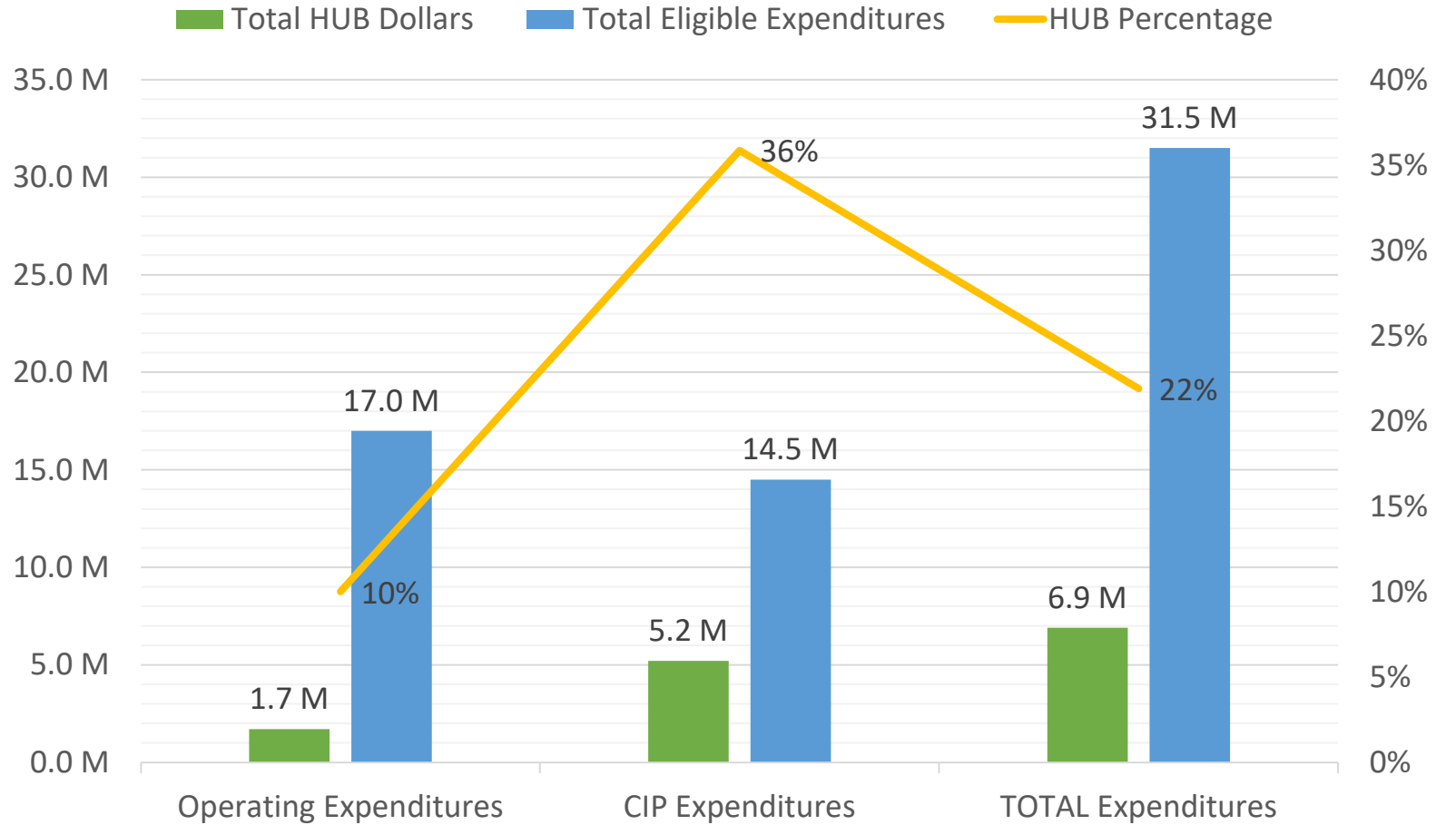


FY 2023 OPERATING AND CIP EXPENDITURES



CENTRAL HEALTH

FY 2023 OPERATING AND CIP EXPENDITURES



Numbers in Millions

FY 2023 HUB COMPARISON TO OTHER GOVERNMENT ENTITIES



CENTRAL HEALTH

Entity Name	Eligible Expenditures	HUB Dollars	Percentage
City of Austin	\$1,823,635,181	\$116,382,341	6%
Travis County	\$202,842,193	\$38,710,943	19%
State of Texas	\$29,334,301,886	\$3,754,520,230	13%
Central Health	\$31,486,937	\$6,857,984	22%

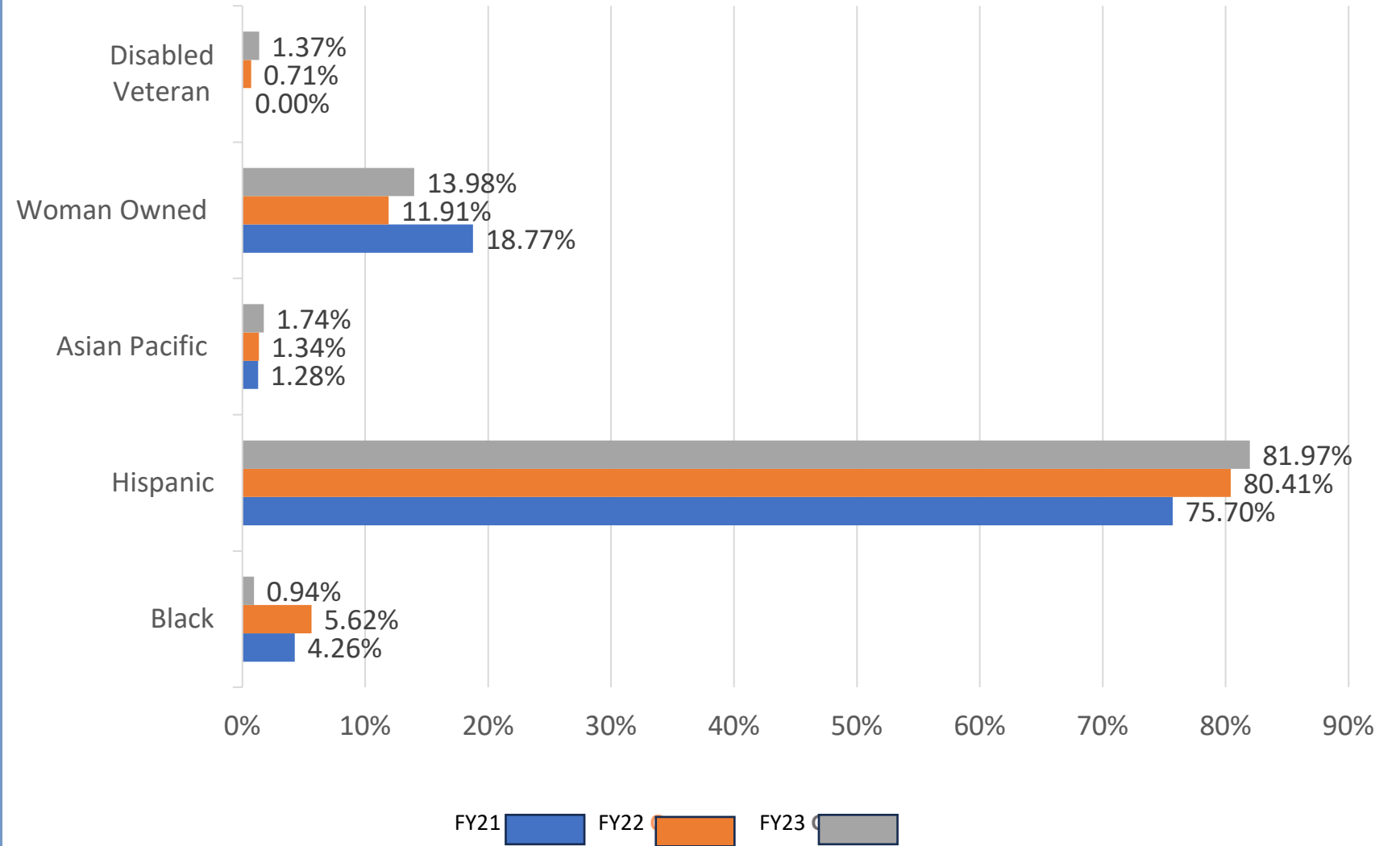
Data taken from entity websites

3 YEAR HUB SPEND BY CLASSIFICATION



CENTRAL HEALTH

3 YEAR HUB SPEND BY CLASSIFICATION



HUB SPEND BY ETHNICITY/GENDER



CENTRAL HEALTH

Description	Ethnicity/Gender	Dollars
Native American Male	AI/M	\$ 1,330
Native American Female	AI/F	\$ -
Woman Owned/Female	WO/F	\$ 959,060
Asian Pacific Male	AS/M	\$ -
Asian Pacific Female	AS/F	\$ 117,849
Black American Female	BL/F	\$ 62,315
Black American Male	BL/M	\$ 2,075
Hispanic American Female	HI/F	\$ 2,301,685
Hispanic American Male	HI/M	\$ 3,320,057
Disabled Veteran Male	DV/M	\$ 93,614
		\$ 6,857,984

CENTRAL HEALTH HUB MARKETING TOOLS



CENTRAL HEALTH

FAIR & EQUAL PROCUREMENT OPPORTUNITIES

Central Health's Historically Underutilized Business (HUB) Program encourages minority and woman-owned companies to do business with us.

ARE YOU HUB-CERTIFIED?

SIGN UP TO LEARN ABOUT UPCOMING OPPORTUNITIES

CENTRAL HEALTH
CENTRALHEALTH.NET/BUSINESS- OPPORTUNITIES

CENTRAL HEALTH

OPORTUNIDADES DE CONTRATACIÓN JUSTAS Y EQUITATIVAS

El Programa de Empresas Históricamente Subutilizadas (HUB) de Central Health facilita nuestros negocios con empresas propiedad de minorías y mujeres.

El programa promueve los principios sensibles a razas y sexos, para motivar que las empresas de mujeres y minorías hagan negocios con nosotros.

Central Health reconoce todas las acreditaciones locales y estatales, incluyendo:

- Departamento de Recursos para Negocios Pequeños y de Minorías de la Ciudad de Austin (MBE/WBE)
- Oficina del Contralor General del Estado de Texas (HUB)
- Agencia Regional de Certificación del Sur Central de Texas (SCTRCA)

INSCRÍBASE PARA OBTENER INFORMACIÓN SOBRE LAS PRÓXIMAS OPORTUNIDADES:
CENTRALHEALTH.NET/BUSINESS- OPPORTUNITIES
Para obtener más información, contacte a Margaret A. Castillo al 512.978.8247 o HUB@centralhealth.net.

Visítenos en línea en centralhealth.net, y síguenos en nuestras redes sociales en @CentralHealthTX.



B2GNOW HUB SOFTWARE



CENTRAL HEALTH

B2GNow offers comprehensive functionality for managing all aspects of our diversity, workforce, and labor compliance programs.

- B2GNow stores a list of HUB vendors utilized by the State of Texas and City of Austin.
- We utilize B2GNow to help set HUB goals, verify current vendors' HUB status, contract compliance, and report on HUB dollars spent by category and ethnicity/gender.
- B2GNow allows prime contractors to enter the dollars paid to HUB subcontractors. HUB subcontractors can then verify those amounts in the system.
- Other government entities that utilize B2GNow are City of Austin, Capital Metro, Comptroller's Office, and TXDOT.

LOOKING FORWARD



CENTRAL HEALTH

- Full implementation of B2GNow Software
- Continue to increase our HUB Participation, refine and update policies and procedures
- Partner with local organizations to sponsor HUB events
- Continue to look for opportunities to partner with Community stake holders & groups

Questions or Comments?



CENTRAL HEALTH

Our Vision

Central Texas is a model healthy community.

Our Mission

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

Our Values

Central Health will achieve excellence through:

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

Innovation - We create solutions to improve healthcare access.

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 & FINANCE COMMITTEE MEETING

March 27, 2024

AGENDA ITEM 3

Receive and discuss instructions for submitting board member recommended FY2025 emerging priorities. (*Informational 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 April 24, 2024

Who will present the agenda item? (Name, Title) Monica Crowley, Chief Strategy and Planning Officer & Sr. Counsel

General Item Description Receive and discuss instructions for submitting board member recommended FY2025 emerging priorities.

Is this an informational or action item? Informational Item

Fiscal Impact _____

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

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

- 1) Staff will share the process that board members will use to submit recommended FY25 emerging priorities.
- 2) _____

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

Estimated time needed for presentation & questions? 20 minutes

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

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

Board Member Emerging Priority Recommendation Process

Submission Window: Wednesday, April 24 – Wednesday, May 24

Key Process Dates and Activities	
April 24	Recommendation process opens for Board Member Emerging Priorities (see notes below for additional details on requesting and submitting a form)
May 24	Deadline for Board Member Emerging Priorities recommendations to be received by Briana Yanes
June 12	Catalogue of recommended Board Member Emerging Priorities presented to the Board and staff recommendations discussed with Board for feedback and follow up
Late June/Early July	FY 2025 Strategic Priorities finalized including Board Member recommended Emerging Priorities

If interested, please request Board Member Emerging Priorities Recommendation Form (“Form”) from Briana Yanes (Briana.Yanes@centralhealth.net). This is a collaborative process that is intended to enhance our annual budget development process.

If you have additional questions or need further support, please contact Briana Yanes and we will put together a team to help. As you are completing the form, please review the “Driving Forces” that were developed collaboratively between the Board and staff and then validated by the Board.

Please submit your completed Form, with as much information as you have, to Briana Yanes. You may also submit supporting information if you have any. Additional information is not required.

Board Member Emerging Priorities Recommendations will be catalogued and then evaluated for feasibility, alignment and impact by the Central Health Executive Team with follow up questions and recommendations brought back to the Board for further consideration.

Board Emerging Priorities Recommendations initial consideration criteria:

- How does the priority align with FY 2025 Driving Forces?
- How is the priority relevant to needs of the population served by Central Health?
- How will the priority improve equity/care/health of the population served by Central Health?
How can success of the priority be measured?
- How feasible is the priority today for Central Health?



FY2025 Emerging Priorities Board Recommendation Form

Please submit completed form with as much information as you have to Briana Yanes by May 24, 2024. More information is available on the Board Member Emerging Priorities Recommendation Process sheet. Please add additional pages if more space is needed. This is a collaborative process - so please contact Briana if you have any questions and we will put together a team to help.

* Required

1. Board Member Name

2. Recommended priority? *

3. What problem does this priority help fix? Which Driving Force does this priority address? *

4. How do we know it's a problem? This could be personal experience, anecdotes, studies, data, community input. Please help us understand the problem as best we can. You can also copy and paste in links to other information. *

5. Where in Travis County is the problem most acute? An area, a neighborhood, the whole county? *

6. Who does it help? Is there a specific population or group most in need? *

7. Why is this a priority? *

8. What would success look like? *

9. What are the risks if we don't address this in the next two years? *

10. Please attach or note other supporting information about this priority (e.g., links to reports, articles, documents).

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



BOARD VALIDATED AND SUGGESTED DRIVING FORCES



CENTRAL HEALTH

Changing Landscape

- Artificial intelligence enhancements and safeguards
- Community focus on addressing homelessness
- UT hospitals construction announcement
- Shifting demographics impacting access and service planning
- Window of opportunity with new leadership at a number of organizations



Workforce Competition and Market Conditions

- Need to continue to capitalize on what we learned about working together during the pandemic such as the need to address health disparities
- Affordability gap, including housing, childcare and transportation
 - Need to innovate, collaborate and drive towards equity
 - Increased competition for talent



Data Sharing and Exchange Ecosystem

- TX Health & Human Services Commission focus on data strategy
- Health Information Exchange fatigue around challenges



Regulatory and Funding Policies



- Resizing of Federal Funding Pool and Supplemental Payment Programs (e.g., Uncompensated Care)
- Regulatory uncertainty



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

BUDGET & FINANCE COMMITTEE MEETING

April 24, 2024

AGENDA ITEM 4

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



Central Health

Financial Statement Presentation

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

Central Health Board of Managers

Budget and Finance Committee

April 24, 2024

Jeff Knodel, CFO

Nicki Riley, Deputy CFO

Patti Bethke, Controller



- Slide 2 Index
- Slide 3 Highlights
- Slide 4 Balance Sheet
- Slide 5 Sources & Uses
- Slide 6 Blank
- Slide 7 HCD - Summary
- Slide 8 HCD - Specialty



- March fiscal year-to-date collected net property tax revenue is \$312 million (96.9%), compared to \$279 million (96.9%) year-to-date March 2023 of the adjusted tax levy.
- Healthcare Delivery is \$110 million for the year as of 03/31/2024, compared to \$67 million for prior year.
- TCHD LPPF total restricted balance of LPPF as of 03/31/2024 is \$16 million.
- Additional Sendero Paid-in-Capital payment of \$12M in December 2023 and \$1M advance payment for High-risk Program

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.



	Preliminary as of 03/31/2024	as of 03/31/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	6,676,605	4,091,099
SHORT TERM INVESTMENTS	707,258,168	568,314,331
LEASE RECEIVABLE SHORT TERM*	10,764,178	10,417,308
ACCOUNTS RECEIVABLE TAX	8,937,139	7,700,385
OTHER RECEIVABLES	6,481,910	6,725,663
TOTAL UNRESTRICTED CURRENT ASSETS	740,118,001	597,248,785
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	16,236,595	1,217,970
RESTRICTED FOR CAPITAL ACQUISITION	169,495,798	110,558,891
TOTAL RESTRICTED CASH & INVESTMENTS	185,732,393	111,776,861
TOTAL CURRENT ASSETS	925,850,394	709,025,647
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*	237,287,544	240,726,693
TOTAL LONG TERM ASSETS	361,370,544	352,809,693
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	170,621,993	130,996,336
TOTAL ASSETS	1,457,842,930	1,192,831,676
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	19,334,458	11,545,462
SALARIES & BENEFITS PAYABLE	6,888,504	4,058,394
DEBT SERVICE PAYABLE	8,618,551	4,615,353
DEFERRED TAX REVENUE	7,173,743	6,040,116
TOTAL CURRENT LIABILITIES	42,015,256	26,259,325
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	16,236,595	1,217,969
DEBT SERVICE PAYABLE	160,270,278	71,310,464
LEASE & SUBSCRIPTION LIABILITIES*	57,166,297	42,841,107
DEFERRED REVENUE*	232,681,452	241,901,982
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	466,354,622	357,271,521
TOTAL LIABILITIES	508,369,878	383,530,847
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	202,704,010	155,144,770
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	700,029,967	615,436,223
TOTAL NET ASSETS	949,473,052	809,300,829
LIABILITIES AND NET ASSETS	1,457,842,930	1,192,831,676

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



SOURCES / USES	MAR 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	1,976,006	311,715,266	312,456,814	100%	278,063,192
LEASE REVENUE	1,903,200	10,214,621	12,022,497	85%	9,686,267
INVESTMENT AND OTHER REVENUE	3,342,892	15,134,960	7,500,000	202%	7,791,543
TOBACCO SETTLEMENT REVENUE	0	0	4,500,000	0%	0
TOTAL SOURCES	7,222,099	337,064,848	336,479,311	100%	295,541,002
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	24,203,402	110,322,066	295,246,807	37%	66,896,215
ADMINISTRATIVE PROGRAM	1,715,056	13,207,435	30,944,445	43%	9,125,403
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	25,918,458	131,548,741	369,210,492	36%	99,021,618
EXCESS SOURCES / (USES)	(18,696,359)	205,516,107	(32,731,181)		196,519,384
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	MAR 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	5,141,881	31,966,941	71,782,200	45%	27,071,222
SPECIALTY CARE, INCLD DENTAL	1,035,488	7,360,860	30,188,000	24%	5,961,527
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	3,977,248	7,330,314	20,675,000	35%	2,727,553
PHARMACY	564,610	5,503,396	18,000,000	31%	5,199,380
POST ACUTE CARE	125,476	2,484,678	7,250,000	34%	1,824,316
COMMUNITY HEALTHCARE INITIATIVES FUND	0	38,600	875,000	4%	66,107
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	10,844,703	54,684,788	150,770,200	36%	42,850,106
DIRECT SERVICES	1,080,762	4,185,395	29,276,374	14%	144,930
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	11,925,465	58,870,182	181,046,574	33%	42,995,036
ACA PREMIUM ASSIST	994,170	6,214,283	18,587,364	33%	6,671,073
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	223,091	1,384,110	2,957,400	47%	1,331,026
HEALTHCARE OPERATIONS & SUPPORT	3,084,251	21,083,016	71,689,007	29%	15,112,650
DEBT, RESERVES AND TRANSFERS	7,976,426	22,770,475	20,966,462	109%	786,430
TOTAL HEALTHCARE DELIVERY	24,203,402	110,322,066	295,246,807	37%	66,896,215



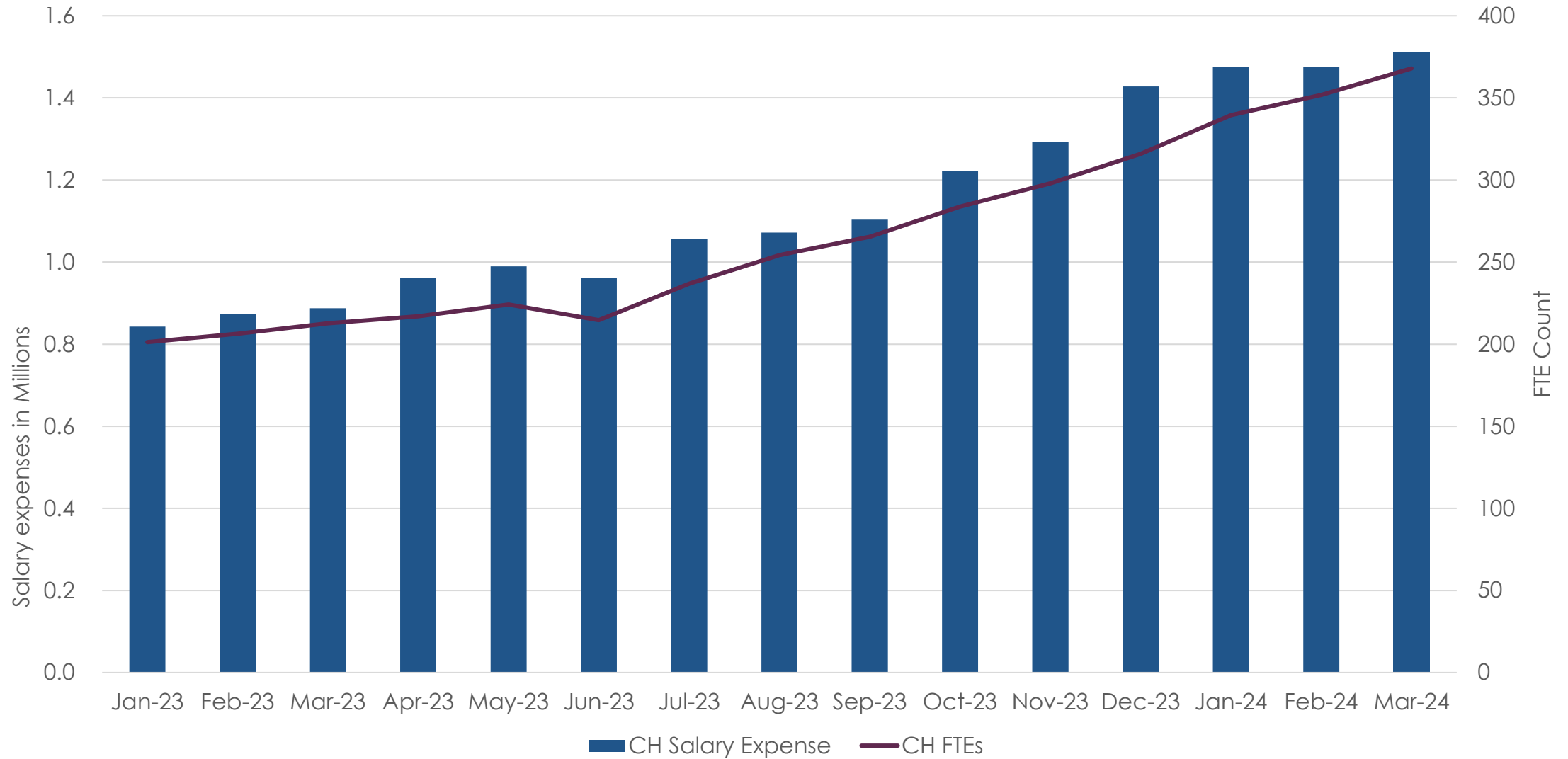
HEALTHCARE DELIVERY - SPECIALTY CARE	MAR 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments	
HCD-Ancillary Services	2,105	161,883	2,998,000	5%	265,298	Includes additional services: Anesthesia, Mammography, DME, Prosthetics.	
HCD-Cardiology	17,062	239,593	1,215,000	20%	169,356		
HCD-Dental	173,608	788,871	1,500,000	53%	514,961		
HCD-Dermatology	17,876	403,508	915,000	44%	363,694		
HCD-Dialysis	33,312	752,492	3,000,000	25%	485,457		
HCD-Endocrinology	5,975	275,183	830,000	33%	286,217		
HCD-Ear, Nose & Throat ENT	16,992	176,011	900,000	20%	67,130		
HCD-Gastroenterology	59,772	603,316	2,030,000	30%	554,783		
HCD-General Surgery	36,434	138,770	600,000	23%	144,091		
HCD-Gynecology	44,875	555,706	1,550,000	36%	371,654		
HCD-Infectious Disease	163	1,141	100,000	1%	0		
HCD-Musculoskeletal	180,991	1,026,388	2,500,000	41%	1,002,092		
HCD-Nephrology	9,533	57,200	200,000	29%	30,929		
HCD-Neurology	4,550	27,300	100,000	27%	17,915		
HCD-Oncology	106,291	340,504	2,900,000	12%	224,219		
HCD-Ophthalmology	122,300	713,688	3,100,000	23%	600,587		
HCD-Podiatry	57,665	347,279	1,300,000	27%	362,915		
HCD-Project Access	0	0	330,000	0%	0		Agreement Inactive
HCD-Pulmonology	26,391	157,365	425,000	37%	167,592		
HCD-Referral Management	5,715	35,655	585,000	6%	89,060		
HCD-Rheumatology	22,317	133,900	300,000	45%	104,108		
HCD-Sexual & Reproductive Svc	89,801	422,184	2,210,000	19%	139,469		
HCD-Specialty Care Reserve	0	0	300,000	0%	0		
HCD-Urology	1,762	2,923	300,000	1%	0		
Total Healthcare Delivery - Specialty Care	1,035,488	7,360,860	30,188,000	24%	5,961,527		



Questions ? Comments ?

DRAFT

Central Health Salary and employee growth

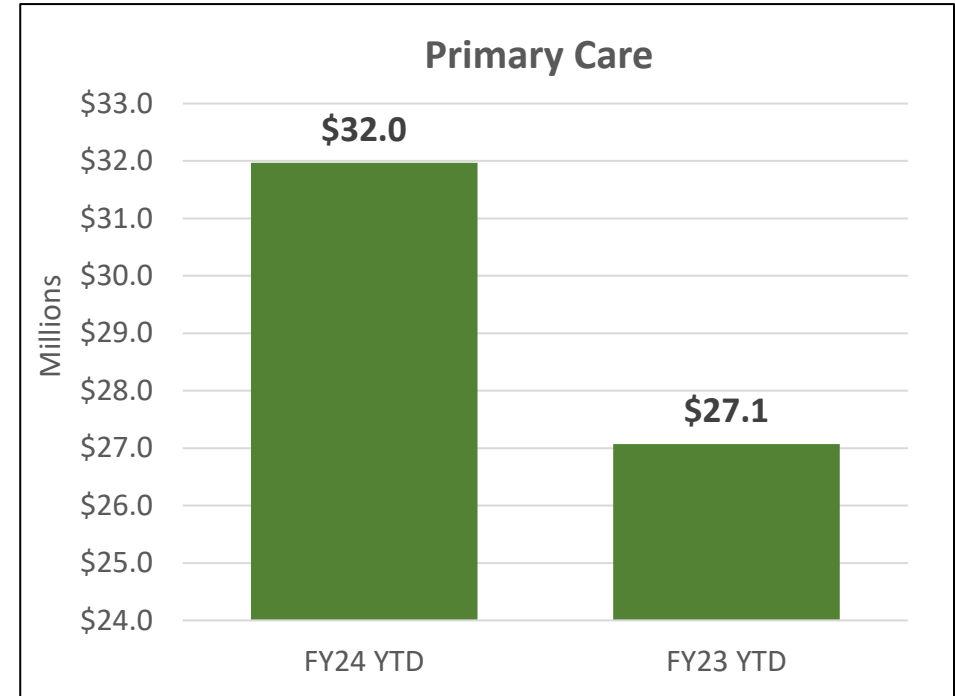
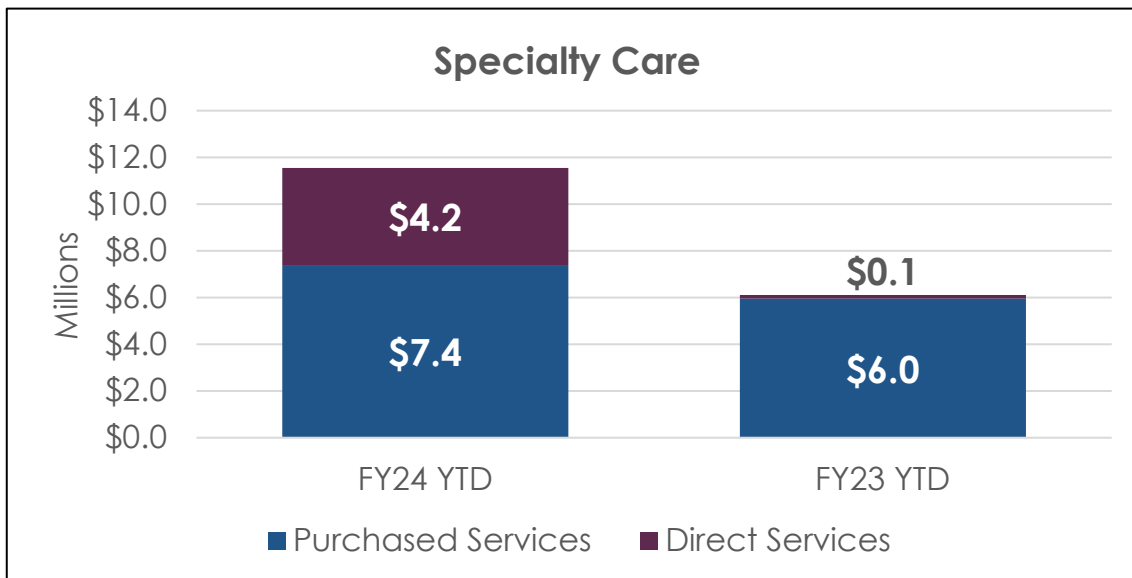
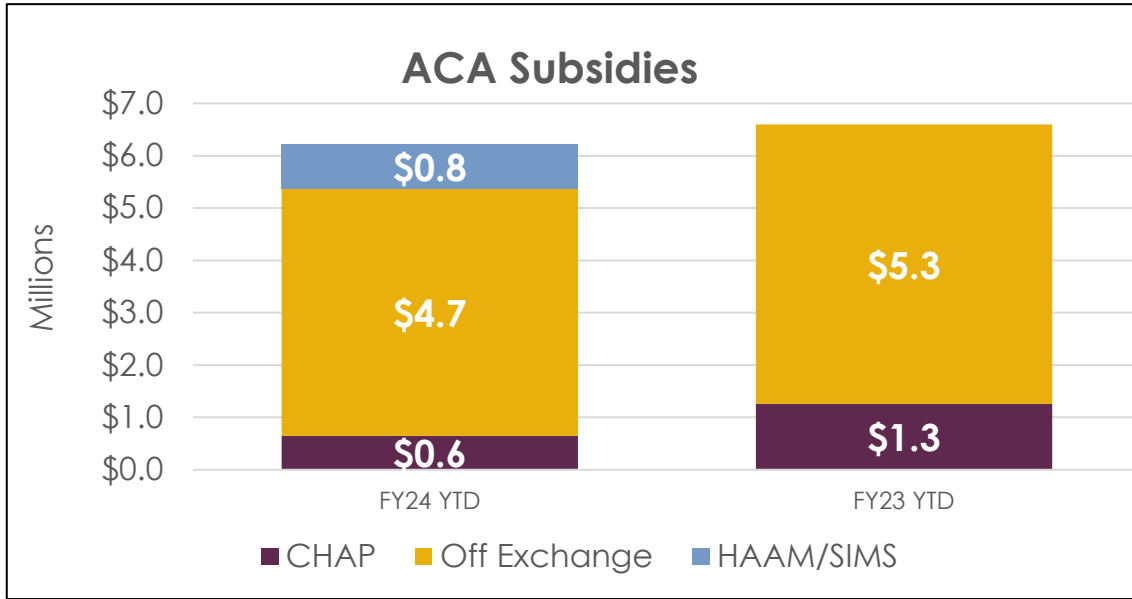


CENTRAL HEALTH

HEALTHCARE IS GETTING BETTER

Healthcare Expenses

YTD through March YOY Comparison



CENTRAL HEALTH

HEALTHCARE IS GETTING BETTER



Balance Sheet

Current Assets

Cash and Cash Equivalents – \$6.7M compared to \$4.1M same month prior year.

Short-term Investments – Short-term investments were \$707M at month-end.

Short-Term Lease Receivables GASB87* - \$11M

Ad Valorem Taxes Receivable – \$9M balance is composed of:

Gross Tax Receivables	\$ 15.1M
Taxable Assessed Valuation Adjustment	(2.6)M
Est. Allowance for Doubtful collections	(3.5)M
Total Taxes Receivable	\$ 9.0M

Other Receivables – Other receivables total \$6.5M and includes intercompany balances:

- Accrued Interest - \$3.4M
- Sendero - \$1.6M, including risk payment - \$828k
- CUC - \$404k
- Prepaid Expenses – \$729k
- Miscellaneous - \$274k

Restricted TCHD LPPF Cash & Investments - \$16M

Restricted for Capital Acquisition - \$169M

Total Current Assets – \$926M



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* - \$237M

Capital Assets – \$171M, net of accumulated depreciation.

Total Assets – \$1.5B

DRAFT



Current Liabilities

Accounts Payable – Major components of the \$19M balance are:

- \$17M estimated IBNR for healthcare services.
- \$2M invoices payable

Salaries and Benefits Payable – \$6.9M 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 – \$8.6M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$7.2M

Total Current Liabilities – \$42M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$16M receipts from participants in the LPPF.

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

	Series 2020	Series 2021	Series 2023	
	General 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		1.9 M	0.7 M	
Totals	1.3 M	65.5 M	93.5 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* - \$233M

Total Restricted or Noncurrent Liabilities – \$466M

Total Liabilities – \$508M

Net Assets

Restricted For Capital Assets - \$203M

CO Construction – \$128M

Investment in Capital Assets – \$75M

Emergency Reserve - \$47M



Unrestricted Net Assets – \$700M

Total Net Assets – \$949M

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

March financials → sixth month, 50% of the fiscal year.

Sources – Total \$7.2M for the month

Property Tax Revenue – Net property tax revenue for the month was \$2M. Net revenue includes \$2.1M current month's collections; \$250K Penalties and Interest; and (\$327K) in adjustment for prior year delinquent taxes.

Lease Revenue – \$1.9M for Downtown Campus, Cameron, Hancock Clinic, and land leases

Investment and Other Revenue/Expense – \$3M primarily for investment income

Uses of Funds – Total \$26M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$24M for the month and \$110M YTD compared to \$67M Prior YTD.

Administration Program – \$1.7M in expense for the month and \$13M YTD compared to \$9M Prior YTD.

Excess Sources/(Uses) – (\$18.7M) current month. Current YTD is \$206M compared to \$197M Prior YTD.



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.

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 & FINANCE COMMITTEE MEETING

April 24, 2024

AGENDA ITEM 5

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