



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, September 25, 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/81788604159?pwd=3Wq6Pye7jxUbwtfhQQ0e7uM1IbzCYW.1>

Meeting ID: 817 8860 4159

Passcode: 636731

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 September 25, 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 Board and Committee meetings include setting a fixed amount of time per person to speak and limiting Board and Committee 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 August 21, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Receive a presentation on the August 2024 financial statements for Central Health. (*Informational Item*)
3. Discuss and take appropriate action on a surplus Debenture between Sendero and Central Health.³ (*Action Item*)
4. 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.
- 3 Possible closed session discussion under Texas Government Code §551.085 Governing Board Of Certain Providers Of Health Care Services and Texas Government Code §551.071 Consultation with Attorney.

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
20 day of September 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**

202481280

Sep 20, 2024 01:01 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

September 25, 2024

AGENDA ITEM 1

Approve the minutes of the August 21, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – AUGUST 21, 2024
CENTRAL HEALTH
BUDGET AND FINANCE COMMITTEE

On Wednesday, August 21, 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, Manager Motwani, and Manager Valadez

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

Board members present via audio and video: Manager Brinson

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 4:10 p.m. Yesenia Ramos introduced one speaker for Public Communication.

Members of the Board heard from: Mia Greer

COMMITTEE AGENDA

1. **Approve the minutes of the August 7, 2024 Budget and Finance Committee meeting.**

Clerk’s Notes: Discussion on this item began at 4:14 p.m.

Manager Motwani moved that the Committee approve the minutes of the August 7, 2024 Budget and Finance Committee meeting.

Manager Valadez seconded the motion.

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

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

Clerk’s Notes: Discussion on this item began at 4:15 p.m. Mr. Jeff Knodel, Chief Financial Officer and Mr. Jon Morgan, Chief Operating Officer presented the proposed FY25 tax rate and budget.

3. **Receive a presentation on the July 2024 financial statements for Central Health.**

Clerk's Notes: Discussion on this item began at 4:47 p.m. Chair Museitif announced that material were provided in the backup packet and there would be no presentation on this item.

4. Receive and discuss the quarterly financial and operational report for CommUnityCare Health Centers.

Clerk's Notes: Discussion on this item began at 4:50 p.m. Chair Museitif announced that this item would be postponed to the next Budget and Finance Committee meeting

5. Receive and discuss the quarterly financial and operational report for Sendero Health Plans.

Clerk's Notes: Discussion on this item began at 4:48 p.m. Ms. Sharon Alvis, Sendero President & CEO, and Ms. Karen Ator, Sendero Chief Strategy Officer, gave a presentation that included updates on the expansion of coverage in the community and the value of owning and HMO. Lastly, they gave an update on the Third Party Administrator.

At 5:13 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 5 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services.

At 5:39 p.m. the Committee returned to open session.

6. Discuss and take appropriate action to modify surplus debentures, between Sendero and Central Health.

Clerk's Notes: Discussion on this item began at 5:13 p.m.

At 5:13 p.m. Chairperson Museitif announced that the Committee was convening in closed session to discuss agenda item 6 under Texas Government Code §551.085 Governing Board of Certain Providers of Health Care Services and Texas Government Code §551.071 Consultation with Attorney.

At 5:39 p.m. the Committee returned to open session.

Manager Valadez moved that the Committee recommend that the Board amend the Sendero Surplus Debenture 1 repayment triggers as recommended by staff and authorize the President and CEO to negotiate and execute agreements to document those amendments.

Manager Motwani seconded the motion.

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

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

Manager Valadez moved that the Committee adjourn.

Manager Jones seconded the motion.

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

The meeting was adjourned at 5:41 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

September 25, 2024

AGENDA ITEM 2

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



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

Central Health

Financial Statement Presentation

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

Central Health Board of Managers

Budget and Finance Committee

September 25, 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 - Specialty
- Slide 9 HCD - Direct Services



- August fiscal year-to-date collected net property tax revenue is \$312 million (97.2%), compared to \$278 million (97.2%) year-to-date July 2023 (as percent of adjusted tax levy).
- Healthcare Delivery is \$202 million for the year as of 08/31/2024, compared to \$166 million for prior year.
- TCHD LPPF total restricted balance as of 08/31/2024 is \$6.3 million.
- For the University of Texas Affiliation Agreement \$35 million was paid as of 08/31/2024.
- Sendero High Risk Claims Advance receivable is \$10 million as of 08/31/2024.

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 8/31/2024	as of 8/31/2023
ASSETS		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	7,421,832	5,787,921
SHORT TERM INVESTMENTS	584,468,576	482,585,029
LEASE RECEIVABLE SHORT TERM*	10,256,004	12,395,734
ACCOUNTS RECEIVABLE TAX	4,038,131	3,020,303
OTHER RECEIVABLES	21,044,662	6,046,247
TOTAL UNRESTRICTED CURRENT ASSETS	627,229,206	509,835,234
RESTRICTED CASH & INVESTMENTS		
RESTRICTED TCHD LPPF CASH & INVESTMENTS	6,305,137	27,707,119
RESTRICTED FOR CAPITAL ACQUISITION	171,320,271	204,306,385
TOTAL RESTRICTED CASH & INVESTMENTS	177,625,408	232,013,503
TOTAL CURRENT ASSETS	804,854,613	741,848,738
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*	237,683,466	238,320,034
TOTAL LONG TERM ASSETS	361,766,466	350,403,034
TOTAL CAPITAL ASSETS, NET of DEPRECIATION	173,521,404	152,267,260
TOTAL ASSETS	1,340,142,483	1,244,519,032
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	22,619,883	17,085,209
SALARIES & BENEFITS PAYABLE	8,904,964	5,752,952
DEBT SERVICE PAYABLE	8,035,000	4,689,282
DEFERRED TAX REVENUE	3,413,671	2,688,049
TOTAL CURRENT LIABILITIES	42,973,519	30,215,492
RESTRICTED OR NONCURRENT LIABILITIES		
FUNDS HELD FOR TCHD LPPF	6,305,137	27,707,119
DEBT SERVICE PAYABLE	160,217,283	171,511,704
LEASE & SUBSCRIPTION LIABILITIES*	55,502,119	47,642,146
DEFERRED REVENUE*	228,839,565	238,060,095
TOTAL RESTRICTED OR NONCURRENT LIABILITIES	450,864,105	484,921,063
TOTAL LIABILITIES	493,837,623	515,136,555
NET ASSETS		
RESTRICTED FOR CAPITAL ASSETS	203,099,640	266,672,307
RESTRICTED FOR OPIOID SETTLEMENT	4,664,833	0
RESTRICTED	46,739,076	38,719,836
UNRESTRICTED	591,801,310	423,990,334
TOTAL NET ASSETS	846,304,860	729,382,477
LIABILITIES AND NET ASSETS	1,340,142,483	1,244,519,032

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



SOURCES / USES	AUG 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
SOURCES					
PROPERTY TAX REVENUE	(64,277)	312,095,262	312,456,814	100%	278,156,735
LEASE REVENUE	1,570,247	17,813,847	12,022,497	148%	17,553,135
INVESTMENT AND OTHER REVENUE	5,667,737	32,510,566	7,500,000	433%	19,894,033
TOBACCO SETTLEMENT REVENUE	0	5,194,413	4,500,000	115%	4,828,924
OPIOID SETTLEMENT REVENUE	4,664,833	4,664,833	0	0%	0
TOTAL SOURCES	11,838,540	372,278,921	336,479,311	111%	320,432,828
USES OF FUNDS					
HEALTHCARE DELIVERY PROGRAM	18,050,366	202,495,169	295,246,807	69%	142,590,479
ADMINISTRATIVE PROGRAM	1,022,334	22,665,764	30,944,445	73%	17,069,576
UT AFFILIATION AGREEMENT	0	35,000,000	35,000,000	100%	22,430,000
TRANSFER TO EMERGENCY RESERVES	0	8,019,240	8,019,240	100%	23,000,000
TOTAL USES	19,072,700	268,180,173	369,210,492	73%	205,090,055
EXCESS SOURCES / (USES)	(7,234,160)	104,098,748	(32,731,181)		115,342,773
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	AUG 2024	FY24 YTD	FY24 Budget	Percent of Budget Used	FY23 YTD
PURCHASED HEALTHCARE SERVICES					
PRIMARY CARE	6,827,321	59,910,484	71,782,200	83%	54,797,839
SPECIALTY CARE, INCLD DENTAL	1,211,877	15,933,954	30,188,000	53%	13,206,477
SPECIALTY BEHAVIORAL HEALTH AND SUBSTANCE USE	2,634,155	17,926,746	20,675,000	87%	8,664,495
PHARMACY	866,130	9,737,155	18,000,000	54%	9,805,512
POST ACUTE CARE	607,430	4,227,647	7,250,000	58%	3,185,871
COMMUNITY HEALTHCARE INITIATIVES FUND	0	288,412	875,000	33%	256,802
ALL OTHER HEALTHCARE SERVICES	0	0	2,000,000	0%	0
SUBTOTAL PURCHASED HEALTHCARE SERVICES	12,146,914	108,024,398	150,770,200	72%	89,916,996
DIRECT SERVICES	1,372,248	10,759,934	29,276,374	37%	624,670
MAP ELIGIBILITY - INCREASE IN PERIOD	0	0	1,000,000	0%	0
SUBTOTAL HEALTHCARE SERVICES	13,519,162	118,784,332	181,046,574	66%	90,541,667
ACA PREMIUM ASSIST	965,657	12,325,968	18,587,364	66%	12,170,020
HEALTHCARE FACILITIES AND CAMPUS REDEVELOPMENT	208,240	2,494,340	2,957,400	84%	3,064,484
HEALTHCARE OPERATIONS & SUPPORT	2,857,233	43,474,275	71,689,007	61%	30,739,121
DEBT AND OTHER FINANCING USES	500,074	25,416,253	20,966,462	121%	29,075,187
TOTAL HEALTHCARE DELIVERY	18,050,366	202,495,169	295,246,807	69%	165,590,479



HEALTHCARE DELIVERY - SPECIALTY CARE	AUG 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments
HCD-Ancillary Services	180,342	1,277,335	2,998,000	43%	600,762	Mammography, DME, Prosthetics, Transportation
HCD-Cardiology	82,277	717,628	1,215,000	59%	379,971	
HCD-Dental	(7,981)	1,734,537	1,500,000	116%	1,534,438	
HCD-Dermatology	66,738	886,222	915,000	97%	848,590	
HCD-Dialysis	161,106	1,043,237	3,000,000	35%	748,993	
HCD-Endocrinology	76,034	646,800	830,000	78%	607,404	
HCD-Ear, Nose & Throat ENT	87,630	465,428	900,000	52%	143,475	
HCD-Gastroenterology	124,962	1,188,049	2,030,000	59%	1,221,582	
HCD-General Surgery	28,602	282,482	600,000	47%	335,759	
HCD-Gynecology	(104,535)	1,527,635	1,550,000	99%	1,225,192	
HCD-Infectious Disease	9,236	23,334	100,000	23%	0	
HCD-Musculoskeletal	141,866	1,883,866	2,500,000	75%	1,567,990	
HCD-Nephrology	0	75,075	200,000	38%	101,075	
HCD-Neurology	5,049	57,606	100,000	58%	41,744	
HCD-Oncology	119,897	712,857	2,900,000	25%	571,939	
HCD-Ophthalmology	156,938	1,315,561	3,100,000	42%	1,224,289	
HCD-Podiatry	78,360	753,736	1,300,000	58%	782,393	
HCD-Project Access	0	0	330,000	0%	0	Agreement Inactive
HCD-Pulmonology	37,914	299,800	425,000	71%	364,253	
HCD-Referral Management	0	38,680	585,000	7%	172,220	
HCD-Rheumatology	17,741	273,609	300,000	91%	260,036	
HCD-Sexual & Reproductive Svc	(50,298)	726,385	2,210,000	33%	474,372	
HCD-Specialty Care Reserve	0	0	300,000	0%	0	
HCD-Urology	0	4,094	300,000	1%	0	
Total Healthcare Delivery - Specialty Care	1,211,877	15,933,954	30,188,000	53%	13,206,477	



HEALTHCARE DELIVERY - DIRECT SERVICES	AUG 2024	FY24 YTD	FY24 BUDGET	Percent of Budget Used	FY23 YTD	Comments
DIRECT SERVICES - Transitions of Care	248,901	1,809,490	4,074,868	44%	0	
DIRECT SERVICES - Behavioral Health	61,150	190,751	0	0%	0	
DIRECT SERVICES - Cardiology	61,369	296,280	2,079,895	14%	0	
DIRECT SERVICES - Gastroenterology	234,529	1,203,112	2,039,621	59%	34,017	
DIRECT SERVICES - Multidisciplinary	46,697	209,063	0	0%	0	
DIRECT SERVICES - Nephrology	15,368	270,689	1,129,700	24%	56,582	
DIRECT SERVICES - Neurology	18,728	211,703	1,264,294	17%	29,783	
DIRECT SERVICES - Palliative Care	27,518	244,360	0	0%	0	
DIRECT SERVICES - Podiatry	149,780	1,252,818	1,877,022	67%	196,425	
DIRECT SERVICES - Pulmonology	44,103	710,007	1,370,648	52%	19,956	
DIRECT SERVICES - Medical Respite	88,059	561,708	906,886	62%	0	
DIRECT SERVICES - Bridge Program	4,542	7,857	0	0%	0	
DIRECT SERVICES - Lab	1,897	201,125	250,000	80%	287,908	
DIRECT SERVICES - Diagnostics	30,774	280,271	669,136	42%	0	
DIRECT SERVICES - Pharmacy	40,851	121,054	0	0%	0	
DIRECT SERVICES - Specialty Care Clinic Admin	104,050	1,506,518	6,792,707	22%	0	Medical Assistants, Nurses, Clinic Management Team, Patient Access Representative team
DIRECT SERVICES - Specialty Care Clinical Support	193,933	1,683,128	6,821,596	25%	0	EPIC and Transportation
Total Healthcare Delivery - Direct Services	1,372,248	10,759,934	29,276,374	37%	624,670	



Questions ? Comments ?

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Balance Sheet

Current Assets

Cash and Cash Equivalents – \$7.4M compared to \$5.8M same month prior year.

Short-term Investments – Short-term investments were \$584M at month-end.

Short-Term Lease Receivables GASB87* - \$10.3M

Ad Valorem Taxes Receivable – \$4.0M balance is composed of:

Gross Tax Receivables	\$ 12.7M
Taxable Assessed Valuation Adjustment	(5.2)M
Est. Allowance for Doubtful collections	(3.5)M
Total Taxes Receivable	\$ 4.0M

Other Receivables – Other receivables total \$21.0M and includes intercompany balances:

- Sendero - \$10.9M, including risk payment
- Accrued Interest - \$4.7M
- CUC - \$3.3M
- Prepaid Expenses – \$1.6M
- Miscellaneous - \$404K
- CUC/SHP Health claim insurance - \$96K

Restricted TCHD LPPF Cash & Investments - \$6.3M

Restricted for Capital Acquisition - \$171M



August 2024 Preliminary Monthly Financial Statements (unaudited)

Page 2 of 6

Total Current Assets – \$805M

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 – \$174M, net of accumulated depreciation.

Total Assets – \$1.3B

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Current Liabilities

Accounts Payable – Major components of the \$22.6M balance are:

- \$18.4M estimated IBNR for healthcare services.
- \$4.2M invoices payable

Salaries and Benefits Payable – \$8.9M 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 – \$8.0M in Certificates of Obligation and Interest Payable for Series 2020, 2021 and 2023 Taxable and non-Taxable debt.

Deferred Tax Revenue - \$3.4M

Total Current Liabilities – \$43M

Restricted or Noncurrent Liabilities

Funds held for TCHD LPPF - \$6.3M 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* - \$229M



August 2024 Preliminary Monthly Financial Statements (unaudited)
Page 5 of 6

Total Restricted or Noncurrent Liabilities – \$451M

Total Liabilities – \$494M

Net Assets

Restricted For Capital Assets - \$203M

CO Construction – \$126M

Investment in Capital Assets – \$77M

Restricted for Opioid Settlement - \$4.6M

Emergency Reserve - \$47M

Unrestricted Net Assets – \$592M

Total Net Assets – \$846M

Total Liabilities and Net Assets – \$1.3B

*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.



August 2024 Preliminary Monthly Financial Statements (unaudited)
Page 6 of 6

Sources and Uses Report

August financials → eleventh month, 92% of the fiscal year.

Sources – Total \$11.8M for the month

Property Tax Revenue – Net property tax revenue for the month was (\$64K). Net revenue includes \$190K current month's collections; \$86K Penalties and Interest; and (\$340K) 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 – \$5.7M primarily for investment income

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

Opioid Settlement Revenue - \$4.6M received in August; \$4.6M YTD

Uses of Funds – Total \$19M for the month

Total Healthcare Delivery Program – Total healthcare delivery expenses were \$18.0M for the month and \$202M YTD compared to \$143M Prior YTD.

Administration Program – \$1.0M in expense for the month and \$23M YTD compared to \$17M Prior YTD.

UT Affiliation Agreement - \$35M

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

Excess Sources/(Uses) – (\$7M) current month, current YTD is \$104M compared to \$115M 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.

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

BUDGET & FINANCE COMMITTEE MEETING

September 25, 2024

AGENDA ITEM 3

Discuss and take appropriate action on a surplus Debenture between Sendero and Central Health.³
(*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 September 25, 2024

Who will present the agenda item? (Name, Title) Sharon Alvis, Sendero CEO
Jeff Knodel, CH CFO

General Item Description Discuss and take appropriate action on a surplus Debenture between Sendero and Central Health.

Is this an informational or action item? Action

Recommended Motion (if needed – action item) Approve action on a surplus Debentures, between Sendero and Central Health.

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

- 1) _____
- 2) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.) No backup.

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Jeff Knodel/September 20, 2024



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BUDGET & FINANCE COMMITTEE MEETING

September 25, 2024

AGENDA ITEM 4

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