



**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, August 7, 2024, 1:00 p.m.**

**Or immediately following the Infrastructure Committee Meeting**

**Videoconference meeting<sup>1</sup>**

**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/86520521505?pwd=T1UHBU6pDOBfpgnMLUcdFOF49WaqQU.1>

Meeting ID: 865 2052 1505

Passcode: 938790

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

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

Or to participate by telephone only:

Dial: (346) 248 7799

Meeting ID: 865 2052 1505

Passcode: 938790

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 11:30 a.m. on August 7, 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 and Board responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of all Board and Committee meetings will begin at 1:00 p.m., unless a member of the public wishes to comment on a specific item on this agenda.

### **COMMITTEE AGENDA<sup>2</sup>**

1. Approve the minutes of the July 24, 2024 Budget and Finance Committee meeting. (*Action Item*)
2. Discuss and take appropriate action to approve setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings. (*Action Item*)
3. Receive and discuss a presentation on the proposed Central Health Fiscal Year (FY) 2025 tax rate and budget. (*Informational Item*)
4. Confirm the next Budget and Finance Committee meeting date, time, and location. (*Informational Item*)

<sup>1</sup> 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.**

- <sup>2</sup> 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 planee asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.



**STAYS IN FILE**



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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  
2 day of AUGUST 2024  
Dyana Limon-Mercado  
County Clerk, Travis County, Texas  
By [Signature] Deputy

**ARIEL HERNANDEZ**



**202481004**

**FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS**

*Dyana Limon-Mercado*

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

**Aug 02, 2024 11:10 AM**

**Fee: \$0.00      HERNANDEZA**

## **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.

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Board Manager Signature

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Date

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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?

**BUDGET & FINANCE COMMITTEE MEETING**  
**August 7, 2024**

**AGENDA ITEM 1**

Approve the minutes of the July 24, 2024 Budget and Finance Committee meeting. (*Action Item*)

MINUTES OF MEETING – JULY 24, 2024  
CENTRAL HEALTH  
BUDGET AND FINANCE COMMITTEE

On Wednesday, July 24, 2024, a meeting of the Central Health Budget and Finance Committee convened in open session at 4:03 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Yanes.

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**Committee members present in person:** Chair Museitif, Manager Martin, Manager Motwani (arrived at 4:09 p.m.), and Manager Valadez

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

**Board members present via audio and video:** Manager May

**PUBLIC COMMUNICATION**

**Clerk’s Notes:** Public Communication began at 4:05 p.m. Chair Museitif announced that no speakers signed up for Public Communication.

**COMMITTEE AGENDA**

- 1. Approve the minutes of the June 12, 2024 Budget and Finance Committee meeting.**

**Clerk’s Notes:** Discussion on this item began at 4:09 p.m.

Manager Museitif moved that the Committee approve the minutes of the June 12, 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 Kitchen	For
Manager Zamora	For
Manager Brinson	For
Manager May	Absent

- 2. Receive a presentation on the June 2024 financial statements for Central Health.**

**Clerk’s Notes:** Discussion on this item began at 4:10 p.m. Mr. Jeff Knodel, Chief Financial Officer, and Nicki Riley, Deputy Chief Financial Officer, presented the June 2024 financial statements for Central Health.

- 3. Receive an update on Central Health capital projects and take appropriate action to approve:**
  - a. an increased capital project budget for the renovation of the Hancock Center building; and**
  - b. setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings.**

**Clerk’s Notes:** Discussion on this item began at 4:16 p.m. Chair Museitif announced that 3.b. would not be considered because it will first go to the Infrastructure Committee for consideration before consideration by this Committee at the August 7th meeting.

Stephanie McDonald, VP Enterprise Alignment & Coordination, and Nicki Riley, Deputy Chief Financial Officer, presented an update on capital projects and then asked that the Committee approve the addition of \$88.1M to the project budget for the renovation of the Hancock Center building.

Manager Valadez moved that the Committee recommend that the Board approve the revised capital project budget for the renovation of the Hancock Center building.

Manager Motwani seconded the motion.

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

**4. 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 4:38 p.m. Jeff Knodel, Chief Financial Officer, and Nicki Riley, Deputy Chief Financial Officer, presented on the FY25 proposed budget. They shared updates to the budget that have been made since the last Budget and Finance Committee meeting on June 12, 2024.

**5. 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 Jones	For
Manager Kitchen	For
Manager Zamora	For
Manager Brinson	For
Manager May	For

The meeting was adjourned at 5:21 p.m.

ATTESTED TO BY:

---

Maram Museitif, Chairperson  
Central Health Budget and Finance Committee

---

Manuel Martin, Secretary  
Central Health Board of Managers

**BUDGET & FINANCE COMMITTEE MEETING**  
**August 7, 2024**

**AGENDA ITEM 2**

Discuss and take appropriate action to approve setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings. (*Action Item*)

## AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date August 7, 2024

Who will present the agenda item? (Name, Title) Jeff Knodel, Chief Financial Officer

General Item Description Discuss and take appropriate action to approve setting the capital budget for the renovation of the Continuing Education Center (CEC) buildings.

Is this an informational or action item? Action

Fiscal Impact \_\_\_\_\_

Recommended Motion (if needed – action item) Make a recommendation to the Central Health Board of Managers for approval of the \$11 million capital budget for the Clinic Education Center Phase One project.

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

- 1) Staff will share information regarding the CEC Phase One Capital Project and ask Managers to take action on approval of the capital budget.
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 15 minutes

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

Form Prepared By/Date Submitted: Briana Yanes/ August 2, 2024



# CEC Capital Budget Phase One

	CEC Floor One Medical Respite	Enterprise Human Resources and Facilities Management (Training rooms Floor and Portions Floor Two)	Additional Floors* Limited Clinical and Admin Use in Phase One
Upgrading Existing Building Systems	\$500,000	\$500,000	\$500,000 air quality, elevator, duct cleaning, etc.
IT Infrastructure	\$500,000	\$250,000	
Low Voltage Systems	\$150,000	\$250,000	
Construction	\$5,500,000	\$100,000	\$100,000
FF&E	\$1,000,000	\$500,000	\$150,000
Contingency	\$1,000,000		
<b>Total</b>	<b>\$8,650,000</b>	<b>\$1,600,000</b>	<b>\$750,000</b>
<b>Proposed Phase One</b>			<b>\$11,000,000</b>

**BUDGET & FINANCE COMMITTEE MEETING**  
**August 7, 2024**

**AGENDA ITEM 3**

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

## AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date August 7, 2024

Who will present the agenda item? (Name, Title) Jeff Knodel, Chief Finance Officer

General Item Description FY 2025 Proposed Budget and Tax Rate

Is this an informational or action item? Informational

Fiscal Impact \_\_\_\_\_

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

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

- 1) Discussion of the Central Health FY25 Proposed Budget.
- 2) Calculation of the Central Health FY25 Proposed Tax Rate with Certified Tax Roll.
- 3) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 20 minutes

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

Form Prepared By/Date Submitted: Jeff Knodel/August 2, 2024



# Trust Makes Healthcare Better

Fiscal Year 2025 Proposed Budget & Tax  
Rate

Jon Morgan, Chief Operating Officer  
Jeff Knodel, Chief Financial Officer

# Rosewood-Zaragosa Opening Day



# Truth-in-Taxation Requirements

## Proposed Tax Rate and Public Hearing

### NOTICE OF PUBLIC HEARING ON TAX INCREASE

PROPOSED TAX RATE	\$0.107969	per \$100
NO-NEW-REVENUE TAX RATE	\$0.099901	per \$100
VOTER-APPROVAL TAX RATE	\$0.109426	per \$100

The no-new-revenue tax rate is the tax rate for the 2024 tax year that will raise the same amount of property tax revenue for the Travis County Healthcare District d/b/a Central Health from the same properties in both the 2023 tax year and the 2024 tax year.

- The Board is required to approve a proposed tax rate to be included in a Public Hearing Notice
- The Board is required to set a date, time and location for a Public Hearing on the tax rate

# Requested Central Health Board Meeting Action: Propose Tax Rate and Public Hearing Schedule

We request that the Central Health Board of Managers

- approve a proposed property tax rate of 10.7969 cents per \$100 of taxable property value, which is 6.5% above the M&O No-New-Revenue Tax Rate in addition to Debt Service requirements to support Central Health's Fiscal Year 2025 budget.
- set the date, time and location of the Public Hearing for:

5:30 p.m., August 14, 2024  
Central Health Administrative Offices,  
1111 E. Cesar Chavez St., Austin, TX 78702

# FY 2025 Budget Highlights

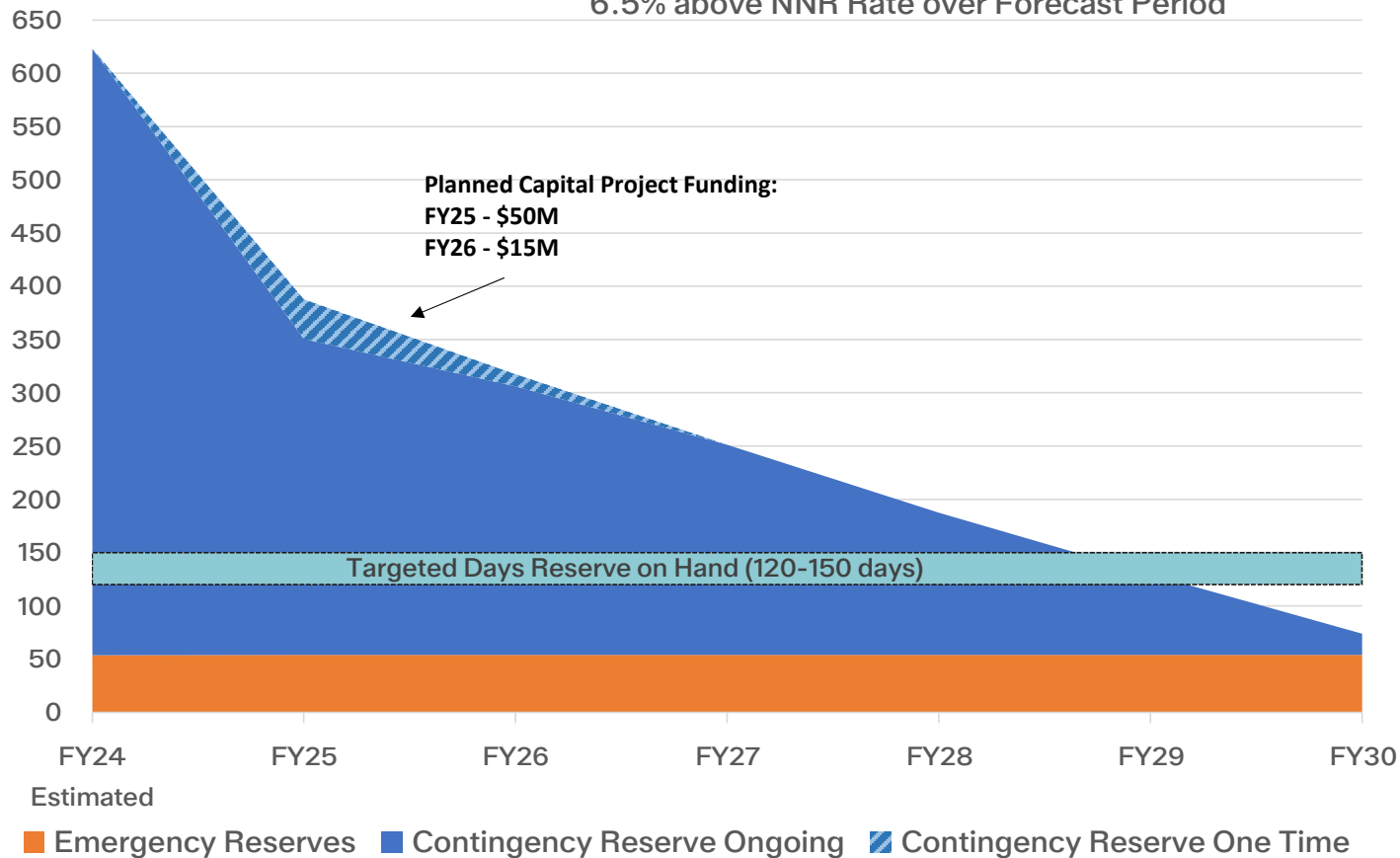
## *Financial Strength and Flexibility*

- FY25 Proposed Property Tax Rate is 6.5% above no new revenue rate
  - Certified Tax Roll has been received and final tax rates are reflected in the FY25 Proposed Budget
    - TCAD is experiencing a higher percentage of FY25 reduced property values due to current economic market conditions.
    - As a result, homestead properties will most likely incur higher tax payment increases than in previous years
  - Significant increases in FTEs and Expenditures
    - New Facilities (Rosewood-Zaragosa now open and Del Valle 12/24) and renovation at Continuing Educational Center (TBD)
    - Cash-funded Capital Projects resulting in future interest cost savings
    - Contingency Reserve Balance estimated to decrease by \$98.3 Million



# Reserve Strategy

Days of Reserve  
6.5% above NNR Rate over Forecast Period

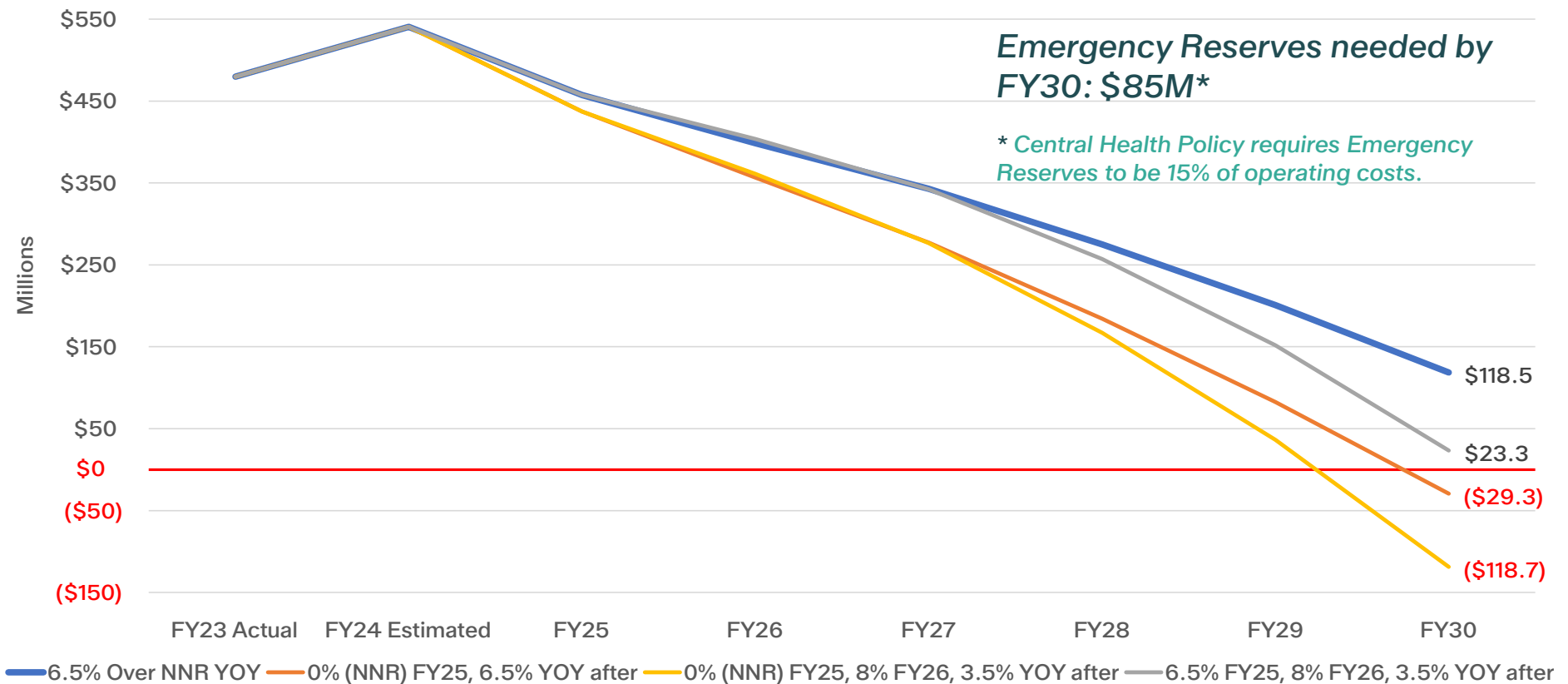


Savings for planned spending on Healthcare Equity Plan

Savings for unplanned or emergency events

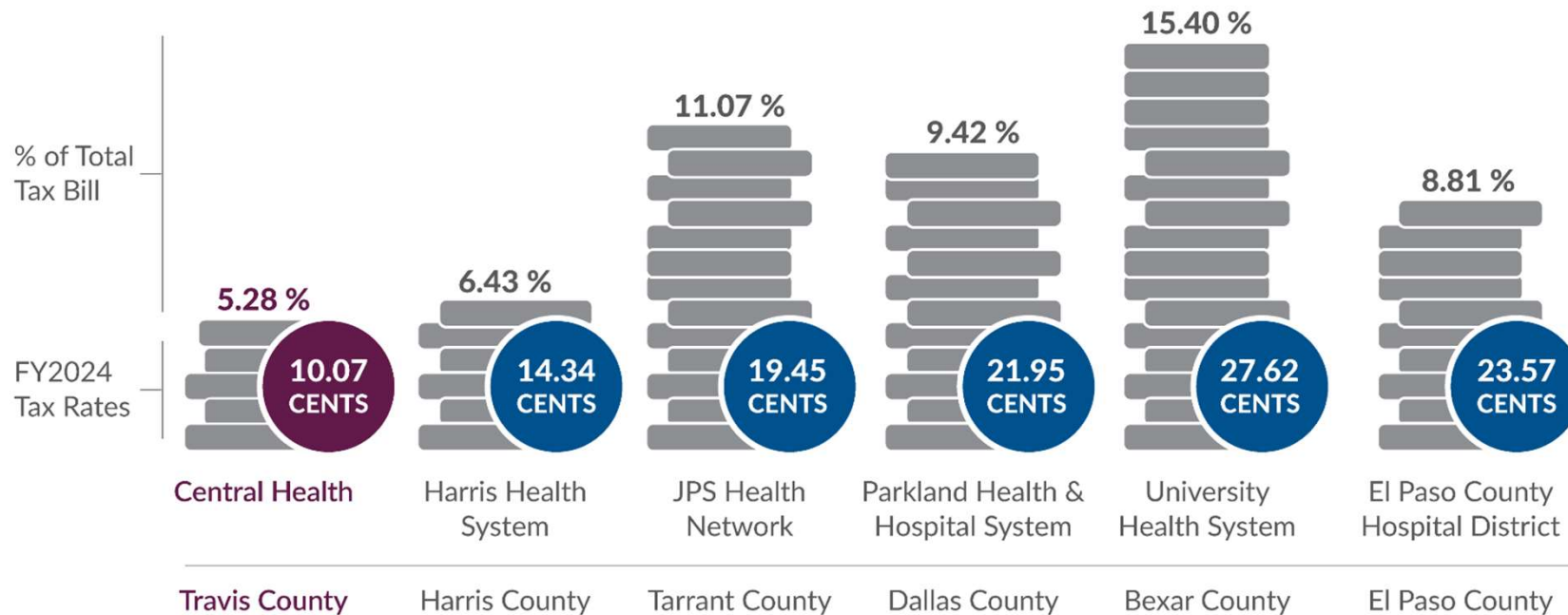
# Reserve Balance Scenarios

Total Reserve Balance



# Hospital District Tax Impact Comparisons

*FY 2024 Approved Tax Rates by District*



\*Central Health does not own or operate a hospital

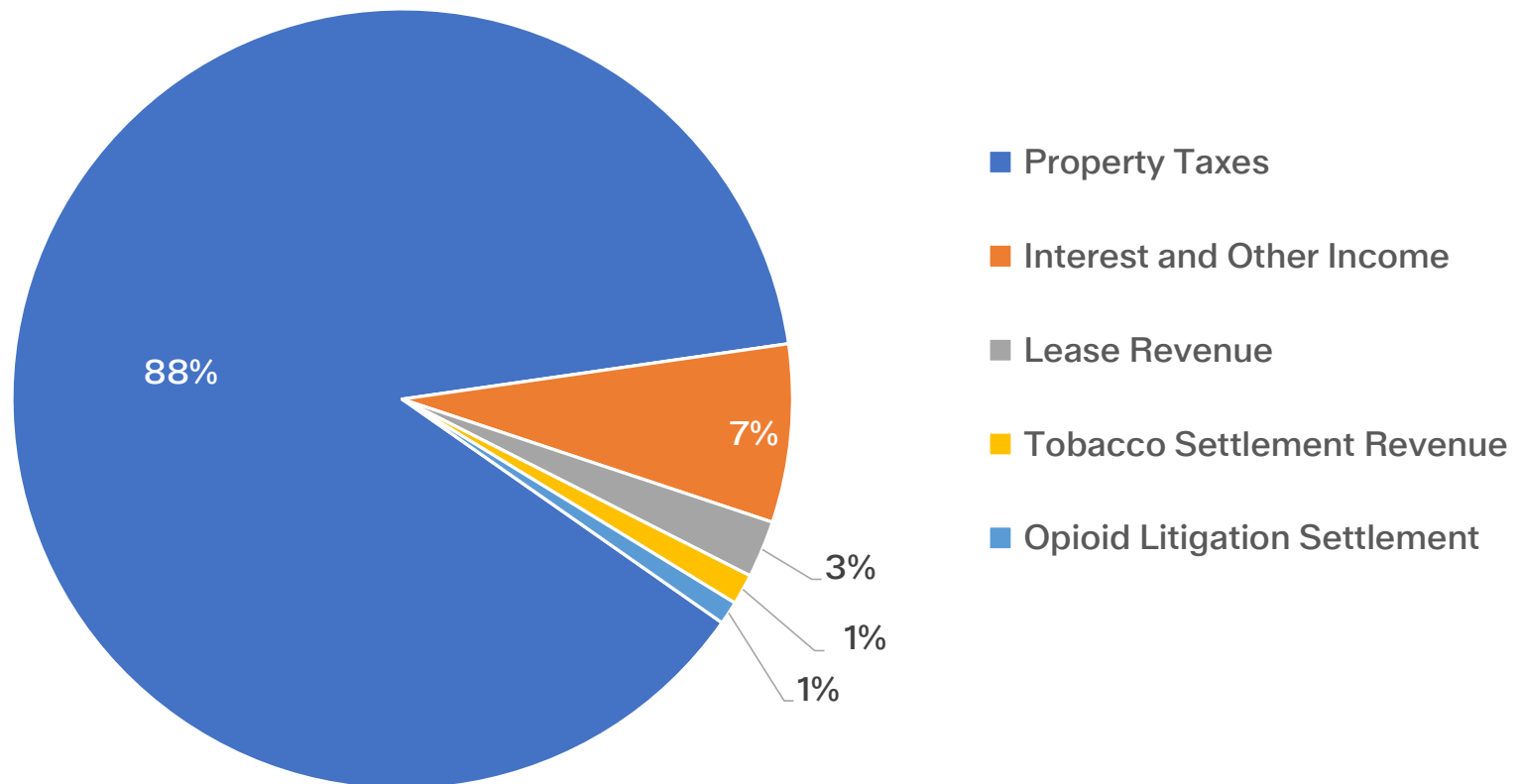
# Tax Rate Impact to Average Homestead

6.5% over No-New-Revenue Rate

AVERAGE HOMESTEAD	FY24 Approved	FY25 Proposed
Average Taxable Homestead Value	\$475,286	\$504,003
Tax Rate	10.0692	10.7969
Tax Bill	\$478.57	\$544.17
Average Taxable Homestead Property Tax will increase by \$66		
Homestead Exemption	65 & Older	Disability
20% (maximum allowable by state law)	\$154,000	\$154,000

# Revenue – Central Health

FY25 Preliminary Budget



# Attachment A

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 7/24/2024	FY 2025 PROPOSED BUDGET 8/7/2024	Version Change
<b>TAX RATE</b>	<b>0.100692</b>	<b>0.107559</b>	<b>0.107969</b>	<b>0.00041</b>
FTEs	530.5	856.9	916.4	59.5
Beginning Balance (Contingency Reserve)	407,730,068	494,040,391	494,040,391	-
<b>REVENUE</b>				
Property Taxes	312,456,814	345,363,154	346,638,452	1,275,298
Lease Revenue	12,022,497	9,361,825	9,361,825	(0)
Tobacco Litigation Settlement	4,500,000	5,000,000	5,000,000	-
Patient Revenue	-	300,000	300,000	-
Other	7,500,000	28,741,200	28,741,200	-
<b>TOTAL REVENUE</b>	<b>336,479,311</b>	<b>388,766,179</b>	<b>390,041,477</b>	<b>1,275,298</b>
<b>Available Budgeted Resources</b>	<b>744,209,379</b>	<b>882,806,570</b>	<b>884,081,868</b>	<b>1,275,298</b>
<b>EXPENSES</b>				
Healthcare Delivery	295,246,806	344,833,239	353,461,994	8,628,755
Administration	28,647,030	36,330,990	38,505,948	2,174,958
UT Affiliation Agreement	35,000,000	35,000,000	35,000,000	-
Other Financing Uses	8,019,240	59,979,490	61,381,015	1,401,525
<b>Total Expenses</b>	<b>366,913,076</b>	<b>476,143,719</b>	<b>488,348,957</b>	<b>12,205,238</b>
<b>Increase/Decrease in Fund Balance</b>				
Ending Contingency Reserve Balance	377,296,303	406,662,850	395,732,910	(10,929,940)
<b>Total Appropriated Resources</b>	<b>744,209,379</b>	<b>882,806,570</b>	<b>884,081,868</b>	<b>1,275,298</b>
<b>RESERVES</b>				
Emergency Reserves	46,739,076	56,718,565	58,120,090	1,401,525

# Staff Recommendations

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

## Alignment of Recommended Proposals to Existing Priorities

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

## Proposals Recommended for Business Case and/or RFP Process

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

# Access and Capacity

Value: Increase access and capacity to comprehensive, high-quality, equitable health care services.

Community Need	FY 2025 Budget Highlights
Expand Access to Specialty Care	<p><b>\$30.8M</b> increase from FY2024 Direct Healthcare Services including:</p> <ul style="list-style-type: none"> <li>➤ Adding a significant number of specialty service lines with the opening of Rosewood-Zaragosa Multispecialty Clinic</li> <li>➤ FY25 target of 30,000 annual patient visits, <b>10X</b> the expected FY24 volume</li> </ul>
Healthcare for the Homeless	<p><b>\$2.2M</b> for a full year of two Bridge Teams, one mobile and one clinic based</p>
Access to Mental Health Services	<p><b>\$2.9M</b> added in in Direct Healthcare services for Psychiatry, therapy and counseling services</p>
Robust Post Acute Care, including Respite and Extensivists	<p><b>\$2.1M</b> increase to Transitions of Care to expand teams within skilled nursing facilities</p> <p><b>\$4M</b> in contracts with skilled nursing facilities</p> <p>FY25 target of 1,440 bed days operated by Central Health and 3,000 contracted bed days, a 30% increase over FY24 targets</p>



# Access and Capacity continued

Value: Increase access and capacity to comprehensive, high-quality, equitable health care services.

Community Need	FY 2025 Budget Highlights
Substance Use Treatment and Addiction Medicine Services	<ul style="list-style-type: none"> <li>➤ <b>\$7.8M</b> in Specialty Behavioral Health including substance use treatment               <ul style="list-style-type: none"> <li>• Peer Recovery support staff and treatment services in Behavioral Health</li> </ul> </li> </ul>
Expanded Access to Dental Care	<ul style="list-style-type: none"> <li>➤ <b>\$16.9M</b> in Specialty and Primary Care Dental Services               <ul style="list-style-type: none"> <li>• Adding Dental Care capacity at Del Valle Health &amp; Wellness Center</li> <li>• Future investment in facilities to expand capacity with the addition of future services at Hancock Specialty Clinic and Colony Park Health Center</li> </ul> </li> </ul>

# Care Coordination

**Value: Enhance the quality, safety, efficiency and effectiveness of care transitions to better meet patient needs, remove barriers and improve outcomes.**

Community Need	FY 2025 Budget Highlights
Program Alignment and Augmentation	<ul style="list-style-type: none"> <li>➤ <b>\$3.6M</b> increase and 21 additional FTEs at Patient Navigation center</li> </ul>
Access to Hospital Care	<ul style="list-style-type: none"> <li>➤ <b>\$1M</b> increase and 12 additional staff within Transitions of Care to add additional care teams in emergency rooms and inpatient floors who will               <ul style="list-style-type: none"> <li>• Support care coordination with Central Health network providers</li> <li>• Identify, screen, track and monitor care to achieve better patient outcomes</li> <li>• Work with hospital case management teams to identify patients at high risk of readmission to proactively facilitate discharge planning</li> </ul> </li> </ul>
Social Determinants of Health (SDoH)	<ul style="list-style-type: none"> <li>➤ <b>\$1M</b> in Community Health Initiatives Fund expanding programs focusing on food insecurity</li> </ul>

# Member Enrollment and Engagement

**Value:** Enhance member enrollment and engagement through multiple outreach, communication touch points and drive effective use of coverage program benefits.

Community Need	FY 2025 Budget Highlights
Enrollment and Eligibility	<ul style="list-style-type: none"> <li>➤ <b>\$2.6M</b> increase in the Eligibility and Enrollment budget to expand:               <ul style="list-style-type: none"> <li>• On-site enrollment services at clinical locations</li> <li>• Virtual enrollment options</li> <li>• Justice involved screening and enrollment</li> <li>• MAP and SOAR disability application assistance for individuals experiencing homelessness</li> </ul> </li> </ul> <p>With the goal of reducing the percentage of uninsured Travis County residents among CUC patients and increase transition of MAP Basic enrollees into Medicaid/CHIP if eligible.</p>
Coverage Programs, Benefits, and Structures	<ul style="list-style-type: none"> <li>➤ Continue exploring opportunities to increase standard MAP enrollment period to 12 months</li> <li>➤ Enrollment in ACA plans including additional patient transitions to Sendero for dialysis, organ transplants and STEM cell therapy</li> </ul>

# System Of Care Infrastructure

Value: Strengthen organizational infrastructure, coordination and integration to support growth, joint service-delivery planning and timely sharing of healthcare data.

Community Need	FY 2025 Budget Highlights
Health Systems Interoperability and Technology/Data and Analytics	<ul style="list-style-type: none"><li>➤ <b>\$3.1M</b> increase to support the electronic medical records system and analyze data for performance and quality monitoring and reporting</li><li>➤ <b>\$13M</b> increase to support technology and cybersecurity enhancements necessary to operate a high functioning healthcare system</li></ul>
Foundation Enablers	<ul style="list-style-type: none"><li>➤ <b>\$6.1M</b> increase in operational support, primarily for new clinical facilities</li><li>➤ <b>\$9.8M</b> increase human resources needs, administration, compliance, finance and accounting support, and community outreach and education to effectively communicate with the public and other stakeholders</li></ul>

# Attachment B – Healthcare Services

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 7/24/2024	FY 2025 PROPOSED BUDGET 8/7/2024	Version Change
<b>HEALTHCARE DELIVERY</b>				
<b>Purchased Healthcare Services</b>				
Primary Care: Medical, Dental, & Behavioral Health	71,782,200	73,957,000	73,957,000	-
Specialty Care: including Specialty Dental	30,188,000	31,153,000	31,153,000	-
Specialty Care: Behavioral Health	20,675,000	24,150,000	25,750,000	1,600,000
Post Acute Care	7,250,000	8,100,000	8,100,000	-
Pharmacy	18,000,000	19,000,000	19,000,000	-
Community Health Care Initiatives Fund	875,000	1,000,000	1,000,000	-
<b>Purchased Healthcare Services</b>	<b>150,770,200</b>	<b>157,360,000</b>	<b>158,960,000</b>	<b>1,600,000</b>
<b>Direct Healthcare Services</b>				
Therapy and Counseling		1,227,110	1,227,110	-
Psychiatry		1,674,311	1,674,311	-
Cardiology	2,079,895	2,437,279	2,437,279	-
Endocrinology		762,556	762,556	-
Gastroenterology	2,039,621	2,953,976	2,953,976	-
Nephrology	1,129,700	1,859,200	1,859,200	-
Neurology	1,264,294	2,019,556	2,019,556	-
Podiatry	1,877,022	2,192,929	2,192,929	-
Pulmonology	1,370,648	1,497,711	1,497,711	-
Rheumatology		656,943	656,943	-
Palliative Care		958,984	958,984	-
Pharmacy		1,849,580	1,849,580	-
Transitions of Care	4,074,868	10,388,044	10,388,044	-
Medical Respite	906,886	5,239,210	5,239,210	-
Diagnostics and Other services	3,511,294	4,395,034	4,395,034	-
Patient Navigation		6,105,265	6,105,265	-
Clinical Support	11,022,146	12,326,160	13,826,160	1,500,000
<b>Direct Healthcare Services Total</b>	<b>29,276,374</b>	<b>58,543,848</b>	<b>60,043,848</b>	<b>1,500,000</b>
MAP Eligibility - Increase in eligibility period	1,000,000		-	
<b>Total Healthcare Services</b>	<b>181,046,574</b>	<b>215,903,848</b>	<b>219,003,848</b>	<b>3,100,000</b>

# Attachment B – Healthcare Operations

DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 7/24/2024	FY 2025 PROPOSED BUDGET 8/7/2024	Version Change
<b>HEALTHCARE DELIVERY</b>				
<b>Healthcare Operations &amp; Support</b>				
Salary and Benefits	33,878,558	40,803,278	46,232,033	5,428,755
ACA Healthcare Premium Assistance Programs	18,587,364	19,300,000	19,300,000	-
Real Estate and Facilities	7,619,360	19,958,801	19,958,801	-
UT land lease for teaching hospital	1,037,550	1,165,441	1,165,441	-
Legal	766,000	58,000	58,000	-
Consulting	2,315,000	2,120,000	2,120,000	-
Other professional goods & services	10,922,140	4,721,700	4,721,700	-
Outreach and Education	1,927,211	3,090,250	3,190,250	100,000
Insurance and Risk Management	400,000	100,000	100,000	-
Information Technology	13,855,455	13,752,800	13,752,800	-
Travel, training and professional development	1,186,250	1,188,100	1,188,100	-
Other operating expenses	738,883	211,600	211,600	-
Health Care Capital Line of Credit	500,000	-	-	-
Debt service - principal retirement	7,440,000	8,035,000	8,035,000	-
Debt service - interest	7,026,462	6,424,421	6,424,421	-
Transfer to Sendero Risk-Based Capital	6,000,000	8,000,000	8,000,000	-
<b>Total Healthcare Operations &amp; Support</b>	<b>114,200,233</b>	<b>128,929,391</b>	<b>134,458,146</b>	<b>5,528,755</b>
<b>Total Healthcare Delivery</b>	<b>295,246,807</b>	<b>344,833,239</b>	<b>353,461,994</b>	<b>8,628,755</b>

# Attachment B – Administration and Other

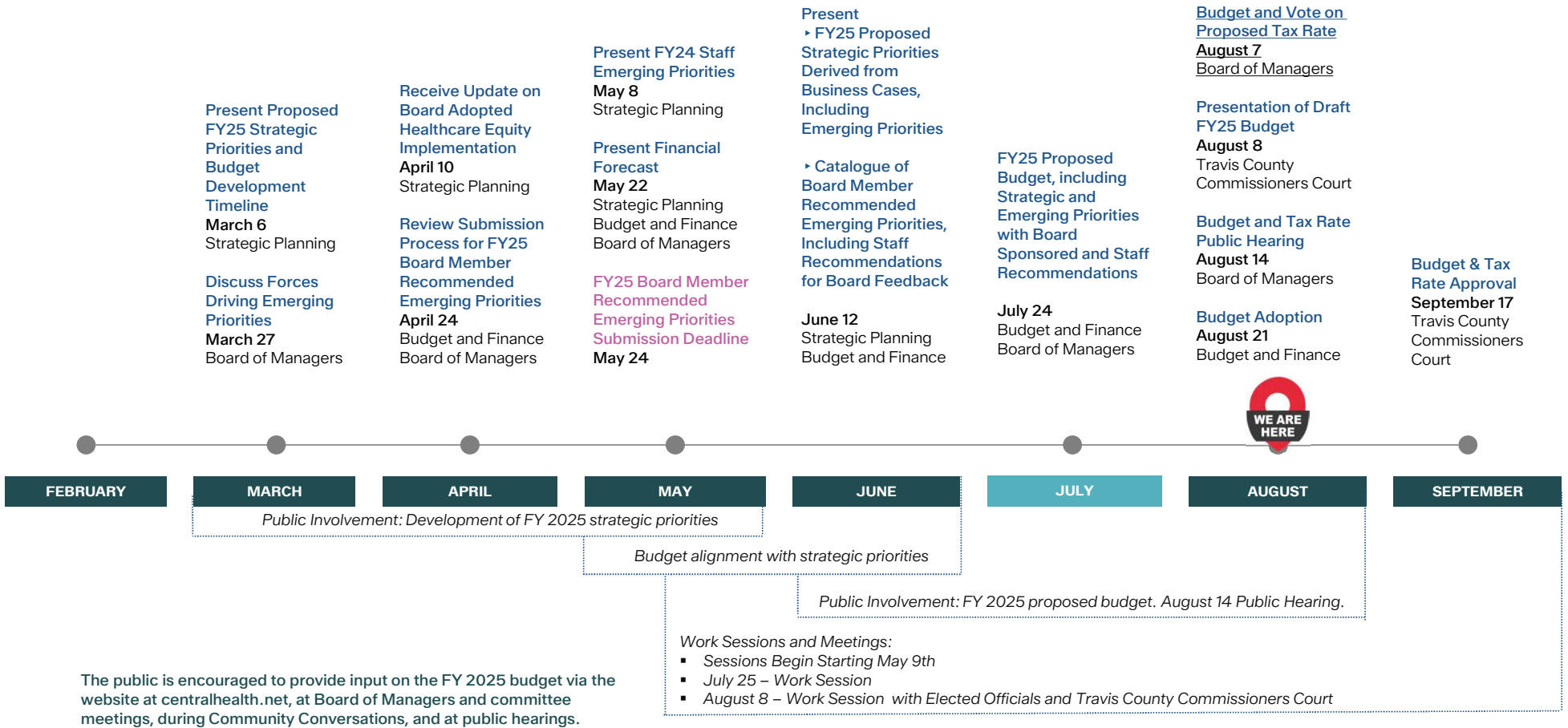
DESCRIPTION	FY 2024 APPROVED BUDGET	FY 2025 PROPOSED BUDGET 7/24/2024	FY 2025 PROPOSED BUDGET 8/7/2024	Version Change
<b>ADMINISTRATION</b>				
Salary and Benefits	15,308,898	21,179,228	23,354,186	2,174,958
Legal	2,745,136	2,775,000	2,775,000	-
Consulting	2,419,750	2,593,623	2,593,623	-
Investment and Financial Services	126,000	200,000	200,000	-
Other professional goods & services	2,093,775	1,758,613	1,758,613	-
Marketing and Communications	249,061	779,080	779,080	-
Leases, Utilities, Security and Maintenance	1,253,250	1,491,500	1,491,500	-
Insurance and Risk Management	412,500	500,000	500,000	-
Phones, Computer Equipment and supplies	1,149,186	1,643,359	1,643,359	-
Travel, training and professional development	386,695	979,568	979,568	-
Other operating expenses	205,365	38,950	38,950	-
Appraisal District Svcs	1,213,118	1,249,512	1,249,512	-
Tax Collection Expense	1,084,297	1,142,559	1,142,559	-
<b>Total Administration</b>	<b>28,647,031</b>	<b>36,330,990</b>	<b>38,505,948</b>	<b>2,174,958</b>
UT Affiliation Agreement	35,000,000	35,000,000	35,000,000	-
<b>OTHER FINANCING USES</b>				
Transfer to capital projects		50,000,000	50,000,000	-
Transfer to emergency reserve	8,019,240	9,979,490	11,381,015	1,401,525
<b>RESERVES</b>				
Contingency Reserves	377,296,303	406,662,850	395,732,910	(10,929,940)
<b>TOTAL EXPENSES</b>	<b>744,209,380</b>	<b>882,806,570</b>	<b>884,081,868</b>	<b>1,275,298</b>

# Attachment C

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



# FY 2025 Strategic Priorities and Budget Development Timeline





# Thank you

Questions?

**BUDGET & FINANCE COMMITTEE MEETING**  
**August 7, 2024**

**AGENDA ITEM 4**

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