



### **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.

## **SPECIAL CALLED BOARD OF MANAGERS MEETING**

**Wednesday, December 3, 2025, 3:00 p.m.**

**Or following the Ad Hoc Policy and Bylaws Committee Meeting**

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

**A quorum of the Board 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/82553233154?pwd=4mQ6mPcap9qW6Xt7Z11c9RwHJBuNXr.1>

Meeting ID: 825 5323 3154

Passcode: 505365

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: 825 5323 3154

Passcode: 505365

The Board 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 Central Health Board will be physically present at the location posted

in the meeting notice, all members of the public are free to observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on each meeting notice.

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 1:30 p.m. on December 3, 2025**. 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. Please leave a voice message with your full name and your request to comment via telephone at the meeting; with the name of the meeting at which you wish to speak; 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 the public hearing or 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 approximately 5:00 p.m.

### **CONSENT AGENDA**

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the vote on the motion to adopt the CONSENT AGENDA.

- C1. Approve the minutes of the Board of Managers October 22, 2025 meeting.
- C2. Receive and ratify Central Health Investments for October 2025.
- C3. Ratify staff's execution of Central Health's participation in the MiCTA Purchasing Organization, a telecommunications group purchasing cooperative established by Michigan public universities, and authorize continued participation.
- C4. Approve the amendments to the Interlocal Agreement with Travis County for cash and investment management, risk and claim management, legal services, and television broadcasting.

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

1. Approve the creation of a Special Ad Hoc Nominations Committee. (*Action Item*)

2. Approve the appointment of the Central Health Chief Compliance Officer.<sup>3</sup> (*Action Item*)
3. Receive and take appropriate action on the Sendero Health Plans, Inc. budget for Calendar Year 2026.<sup>4</sup> (*Action Item*)
4. Receive, discuss, and take appropriate action on the alignment of the CEO benefits package and the implementation of the recommended benefits changes.<sup>3, 5</sup> (*Action Item*)
5. Review and take appropriate action on key issues related to the Co-Applicant Agreement between Central Health and Central Texas Community Health Centers d/b/a CommUnityCare.<sup>5</sup> (*Action Item*)
6. Confirm the next regular Board meeting date, time, and location. (*Informational Item*)

Notes:

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- <sup>2</sup> The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.
- <sup>3</sup> Possible closed session discussion under Texas Government Code §551.074 (Personnel Matters).
- <sup>4</sup> Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).
- <sup>5</sup> Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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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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# STAYS IN FILE



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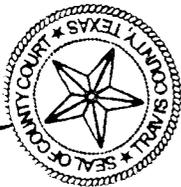
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Came to hand and posted on a Bulletin Board in the  
County Recording Office, Austin, Travis County, Texas on this the  
21 day of November 2025



Dyana Limon-Mercado  
County Clerk, Travis County, Texas

By [Signature] Deputy

**ARIEL HERNANDEZ**



**FILED AND RECORDED  
OFFICIAL PUBLIC RECORDS**

*Dyana Limon-Mercado*

Dyana Limon-Mercado, County Clerk  
Travis County, Texas

**202581628**

Nov 21, 2025 04:48 PM

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?



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## **BOARD MEETING**

**December 3, 2025**

## **AGENDA ITEM C1**

Approve the minutes of the Board of Managers October 22, 2025 meeting.

MINUTES OF MEETING – OCTOBER 22, 2025  
CENTRAL HEALTH  
BOARD OF MANAGERS

On Wednesday, October 22, 2025, a meeting of the Central Health Board of Managers convened in open session at 7:18 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Valerie Guerra.

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**Board members present at Central Health:** Chairperson Kitchen, Vice Chairperson Brinson, Secretary Martin, Manager Jones, Manager May, Manager Motwani, Manager Rodriguez (left 7:26 p.m.), and Manager Valadez.

**Absent:** Treasurer Museitif

**PUBLIC HEARING**

1. **Receive public comment on the proposed mandatory payment rate to be assessed on institutional healthcare providers during fiscal year 2026 under the local healthcare provider participation program (LPPF) in Travis County and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.101.**

**Clerk’s Notes:** Discussion on this item began at 7:19 p.m. Katie Coburn, Healthcare Finance Policy Director, provided a presentation requesting the Board consider and set the FY26 Mandatory Payment Rate 6.00%.

The Public Hearing began at 7:19 p.m. Yesenia Ramos announced that there were no speakers for the Public Hearing. However, earlier in the evening, Mr. Corbin Perfanis commented in favor of the District’s proposed LPPF rate setting.

Manager Valadez moved that the Board close the Public Hearing.

Manager Martin seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	Absent
Secretary Manuel Martin	For
Manager Shannon Jones	For
Manager Eliza May	For
Manager Amit Motwani	For
Manager Geronimo Rodriguez	Abstain
Manager Cynthia Valadez	For

**CONSENT AGENDA**

- C1. **Approve the minutes of the Board of Managers September 24, 2025 meeting.**
- C2. **Receive and ratify Central Health Investments for September 2025.**
- C3. **Approve the acquisition of two properties located in North and East Travis County as recommended by the Budget and Finance Committee.**
- C4. **Adopt a Resolution approving the issuance of the District’s Certificates of Obligation; approving the form of and requesting that the Travis County Commissioners Court approve**

and adopt order(s) to authorize the issuance of such certificates; and other related actions as approved by the Budget and Finance Committee.

- C5. Approve a resolution expressing intent to finance expenditures to be incurred as recommended by the Budget and Finance Committee.
- C6. Approve the capital project budgets as recommended by the Budget and Finance Committee
- C7. Approve the CommUnityCare CEO Personnel Policy as recommended by the Ad Hoc CommUnityCare Liaison Committee.
- C8. Approve the Annual Joint Staff Planning and Budgeting Methodology Pertaining to Health Center Program Funding as recommended by the CommUnityCare Liaison Committee.
- C9. Take appropriate action on key issues related to the Co-Applicant Agreement between Central Health and Central Texas Community Health Centers d/b/a CommUnityCare as recommended by the CommUnityCare Liaison Committee.

Manager May moved that the Board approve items C1 through C8. Item C9 was not taken.

Manager Brinson seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	Absent
Secretary Manuel Martin	For
Manager Shannon Jones	Abstain
Manager Eliza May	Abstain
Manager Amit Motwani	For
Manager Geronimo Rodriguez	For
Manager Cynthia Valadez	Abstain

### **REGULAR AGENDA**

- 1. Discuss and take appropriate action on the proposed mandatory payment rate to be assessed on institutional healthcare providers during Fiscal Year 2026 under the local healthcare provider participation program (LPPF) in Travis County and how the revenue derived from those payments is to be spent, as required by Texas Health & Safety Code §298E.151.

**Clerk's Notes:** Discussion on this item began at 7:23 p.m.

Manager Valadez moved that the Board approve the Fiscal Year 2026 LPPF mandatory payment rate at six percent (6%) of net patient revenue as recommended by staff.

Manager Martin seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	Absent
Secretary Manuel Martin	For
Manager Shannon Jones	For
Manager Eliza May	For
Manager Amit Motwani	For
Manager Geronimo Rodriguez	Abstain

Manager Cynthia Valadez

For

- 2. **Receive and discuss a report from the President & CEO on Fiscal Year 2025 Accomplishments, Priorities and Key Results.**

**Clerk's Notes:** Item was postponed.

- 3. **Review and provide direction to staff on the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings.**

**Clerk's Notes:** Item was postponed.

- 4. **Receive and discuss an overview of legislative and regulatory issues impacting the Central Health System.**

**Clerk's Notes:** Item was postponed.

- 5. **Receive and discuss a briefing regarding *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.**

**Clerk's Notes:** Discussion on this item began at 7:28 p.m.

At 7:28 p.m. Chairperson Kitchen announced that the Board was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 (Consultation with Attorney).

At 8:48 p.m. the Board returned to open session.

- 6. **Receive and discuss a briefing regarding *Birch, et al. v. Travis County Healthcare District d/b/a Central Health and Dr. Patrick Lee*, Cause No. D-1-GN-17-005824 in the 345<sup>th</sup> District Court of Travis County.**

**Clerk's Notes:** Item was postponed.

- 7. **Deliberation and possible action on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees.**

**Clerk's Notes:** Item was postponed.

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

Manager Valadez moved that the meeting adjourn.

Manager Brinson seconded the motion.

Chairperson Ann Kitchen	For
Vice Chairperson Cynthia Brinson	For
Treasurer Maram Museitif	Absent
Secretary Manuel Martin	For
Manager Shannon Jones	For
Manager Eliza May	For
Manager Amit Motwani	For
Manager Geronimo Rodriguez	Absent
Manager Cynthia Valadez	For

The meeting was adjourned at 8:50 p.m.

ATTESTED TO BY:

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Ann Kitchen, Chairperson  
Central Health Board of Managers

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Manuel Martin, Secretary  
Central Health Board of Managers



<b>Policy Title:</b> Oversight of Co-Applicant CEO Performance
<b>Policy #:</b> HR2-XXX
<b>Effective Date:</b> April 2025
<b>Revision Dates:</b>
<b>Review Dates:</b>
<b>Policy Owner:</b> Chief People Officer
<b>Executive Sponsor:</b> Central Health President & CEO
<b>Attachments:</b>

**I. PURPOSE**

The purpose of this policy is to outline the process regarding the oversight of the CommUnityCare Project Director.

**II. SCOPE**

This policy applies to the Central Health Board of Managers, the Co-Applicant Board of Directors, the Grantee, and the CommUnityCare Project Director.

**III. DEFINITIONS**

- **Co-Applicant Board of Directors** refers to the CommUnityCare Board of Directors.
- **CommUnityCare Project Director** refers to the CommUnityCare Chief Executive Officer (CEO).
- **Grantee** refers to Travis County Healthcare District, dba Central Health as the recipient of federal health center funding.
- **HRSA** refers to the Health Resources and Services Administration of the U.S. Department of Health and Human Services, which administers the federal health center program.

**IV. POLICY**

It is the policy of Central Health to address performance or code of conduct concerns related to the CommUnityCare Project Director in a manner consistent with the terms of the current Co-Applicant Agreement, federal, local and state law, and all applicable Central Health personnel policies.

**V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE**

- Co-Applicant Agreement Between Travis County Healthcare District and Central Texas Community Health Centers.
- Federal law, regulations, and guidance governing the health center program

## **VI. RELATED POLICIES AND PROCEDURES**

- Not Applicable

## **VII. PROCESS**

The Grantee and Co-Applicant Board agree to the following parameters and processes related to the oversight of the CommUnityCare Project Director. All bracketed "Section" references are to the Co-Applicant Agreement.

- a. The process for the Grantee to raise concerns regarding the behavior or performance of the CommUnityCare Project Director that Grantee believes requires formal investigation, disciplinary action, or any other change in employment status, including termination is as follows:
  - i. The Grantee will notify the Co-Applicant Board Chairperson in writing about the concerns regarding the CommUnityCare Project Director. If Grantee's administration has not notified Grantee's Board Chair previously, Grantee's Board Chair will be informed concurrently;
  - ii. The written notice to the Co-Applicant Board Chairperson will state the concern, any personnel policy Grantee believes was or may have been violated, and any proposed disciplinary action (if applicable);
  - iii. Grantee may request to meet with representatives of the Co-Applicant Board to discuss the concerns, which will be scheduled as soon as possible;
  - iv. The Co-Applicant Board will review the information provided and determine whether any action is necessary or appropriate, and if so, what action should be taken within ninety (90) days. If the incident is deemed "urgent" by the Grantee, the Grantee will explain its reasoning to the Co-Applicant Board Chairperson and indicate what harm may be suffered to either the Grantee, CommUnityCare, or the public regarding the incident or issue and why the urgency exists. Then, the Co-Applicant Board may place the CommUnityCare Project Director on paid administrative leave for a period of no more than 90 days while the issue is being investigated.
  - v. The Co-Applicant Board is responsible for determining appropriate disciplinary action, if any, and will follow the Co-Applicant Agreement and applicable Grantee personnel policies that are consistent with the Co-Applicant Agreement. The Co-Applicant Board will be responsible for determining disciplinary action and implementing same.
  - vi. If the Co-Applicant Board fails to act or takes action the Grantee does not agree with within the timeframes referenced herein, the Grantee's Board of Managers can authorize disciplinary action, up to and including termination of the CommUnityCare Project Director, provided that such possible action may only be taken or ratified by the Grantee Board of Managers if it is specifically noticed as an agenda item at a public meeting, with specific written notice to the Co-Applicant Board Chairperson and provision for reasonable input of no less than one hour from the Co-Applicant Board members at such meeting, whether in open or closed session (subject to any appropriate Open Meetings Act exceptions for closed deliberations).

## **Annual Joint Staff Planning and Budgeting Methodology Pertaining to Health Center Program Funding**

Annually, in accordance with the Co-applicant agreement, the CEOs of CommUnityCare Health Centers (CommUnityCare [CUC] or Health Center) and the Grantee (Central Health) will meet prior to development of the annual budget to develop budgetary guidelines and service delivery objectives.

Pursuant to the Co-applicant agreement between the Co-applicant Board of Directors (BOD) and Grantee and the Health Center HRSA-approved Scope of Project, CommUnityCare will provide healthcare delivery services, including but not limited to Medical, Dental, Behavioral Health, and Pharmacy Services.

It is the intent of the parties that:

- Subject to final approval of the annual budget in accordance with the Co-Applicant Agreement, Central Health will fund CUC \$98,800,000 on a cost-of-operations basis, the amount for which will be established every year during the budget development process. The amount for FY 2026 is \$98,800.00.
- Subject to final approval of the annual budget, and subject to CUC compliance with the requirements of the approved annual budget, Central Health will make 12 monthly payments to CUC over the course of the annual budget year, adjusted as necessary to sustain adequate operational cash levels to maintain 30-days+ cash on hand.
- CH and CUC staff will review actuals-to-budget and year-end projections on an agreed-upon frequency — no less than quarterly— and report the results to the Central Health Board. CH and CUC staff will also regularly discuss service line budget variances, progress on service delivery objectives and targeted outcomes and emerging opportunities and risks aligned with the Board established goals, and report the results to the CH Board.
- Throughout the budget year, Central Health and CUC will notify the other party of any proposed amendment to the budget and any such amendments must be approved by both parties, including approval by the Central Health Board of Managers in a duly called and noticed open meeting of the amounts specified in the bullet below.
- Substantial deviations from the approved annual Health Center budget or additional contemplated financial risks or obligations regarding the health center program and 330 grant, including those listed below, will be jointly evaluated and jointly approved, including approval by the Central Health Board of Managers in a duly called and noticed open meeting, to effectively plan for any anticipated financial impact to the health center program:
  - incurrence of debt of more than \$1,000,000
  - acquisition of another entity or line of business
  - divestiture of Health Center assets or lines of business that significantly alter service delivery

- payor contracts with greater than \$500,000 downside financial risk
  - purchases or new leases of real estate
  - capital or one-time expenses greater than \$500,000
- CH and CUC staff will jointly recommend, for final approval by the Co-Applicant BOD, any additions or material changes to CUC service lines, service locations and HRSA scope of services
- CUC will notify Central Health of its intent to establish activities or provide services outside of the HRSA approved scope of project; use of public health center resources (e.g. personnel, systems, facilities) for any out-of-scope activities must either be jointly approved by CUC and CH, including approval by the Central Health Board of Managers, or such activities must be solely funded with funds other than Health Center program income in a manner that is compliant with state and federal law.
- It is the intent of the parties that, in addition to the annual operating budget, Central Health and CUC will annually approve a reserve level equal to 30-days of cash on-hand based on the current year approved budget; each entity will equally share in the aggregate reserve level target; in FY26, this represents \$12 million of CUC reserves + additional \$12 million of designated CH reserves. Grant funds cannot be used as the source of reserve funding. Any use of reserves to meet cash flow needs will be reported to each respective board. CUC cash above and beyond \$12 million reserve will be applied to meet future cash flow and/or subsequent year budget needs. Actual approval of CH's reserve level may only be acted upon by the Central Health Board of Managers in a duly called and noticed open meeting.



### **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.

# **BOARD MEETING**

## **December 3, 2025**

# **AGENDA ITEM C2**

Receive and ratify Central Health Investments for October 2025

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH - LPPF

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for LPPF demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health LPPF, execute the investment of these funds in the total amount of \$3,732,257.14 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 4 page(s).
- 2.) that the County Treasurer, acting on behalf of Central Health LPPF, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: November 19, 2025

\_\_\_\_\_  
CHAIR, BOARD OF MANAGERS

\_\_\_\_\_  
VICE CHAIR, BOARD OF MANAGERS

\_\_\_\_\_  
MANAGER



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/8/2025

Time: 1:30PM

**The following transaction was executed on behalf of Central Health:**

Description: Tex Pool LPPF

Fund Name: Transfer  
OP to TCHD LPPF

Par Value: \$1,065,488.82

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.1314%

Principal: \$1,065,488.82

Purchased Thru: Tex Pool LPPF

Accured Int: N/A

Broker: N/A

Total Due: \$1,065,488.82

CUSIP #: N/A

Trade Date: 10/8/2025

Settlement Date: 10/8/2025

Authorized by: *Deborah Laudermilk*  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/20/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: TexPool LPPF Fund Name: Transfer  
OP to TCHD LPPF

Par Value: \$249,502.32 Safekeeping No.: N/A

CPN/DISC Rate: N/A Price: 100%

Maturity Date: N/A Bond Eq Yield: 4.1255%

Principal: \$249,502.32 Purchased Thru: TexPool LPPF

Accured Int: N/A Broker: N/A

Total Due: \$249,502.32 CUSIP #: N/A

Trade Date: 10/20/2025 Settlement Date: 10/20/2025

Authorized by:

Reagan Linn  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/20/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: TexPool LPPF

Fund Name: Central Health LPPF

Par Value: \$140,000.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.1577%

Principal: \$140,000.00

Purchased Thru: TexPool LPPF

Accrued Int: N/A

Broker: N/A

Total Due: \$140,000.00

CUSIP #: N/A

Trade Date: 10/20/2025

Settlement Date: 10/20/2025

Authorized by:

Reagan Linn  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/22/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: TexPool LPPF

Fund Name: Central Health LPPF

Par Value: \$2,277,266.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.1365%

Principal: \$2,277,266.00

Purchased Thru: TexPool LPPF

Accured Int: N/A

Broker: N/A

Total Due: \$2,277,266.00

CUSIP #: N/A

Trade Date: 10/22/2025

Settlement Date: 10/22/2025

Authorized by: *Deborah Laudermilk*  
Cash / Investment Manager

CENTRAL HEALTH - LPPF INVESTMENT REPORT  
 PORTFOLIO STATISTICS  
 DATE: October 31, 2025

By Fund Type		
LPPF	\$ 10,435,610.08	100.00%
<b>Total Portfolio</b>	<b>\$ 10,435,610.08</b>	<b>100.00%</b>

By Security Type		
LPPF-		
TexasDAILY	\$ -	0.00%
TexPool	\$ 10,435,610.08	100.00%
TexSTAR	\$ -	0.00%
TexasTERM CP	\$ -	0.00%
Non-Int Bearing Bank Account	\$ -	0.00%
Certificates of Deposit	\$ -	0.00%
Treasury Securities	\$ -	0.00%
Government Agencies	\$ -	0.00%
Commercial Paper	\$ -	0.00%
Municipal Bonds	\$ -	0.00%
<b>Total</b>	<b>\$ 10,435,610.08</b>	<b>100.00%</b>

LPPF Investment Revenue & Accrued Interest	October-25	Fiscal YTD
Interest/Dividends-		
TexasDAILY	0.00	0.00
TexPool	29,699.74	29,699.74
TexSTAR	0.00	0.00
TexasTERM CP	0.00	0.00
Certificates of Deposit	0.00	0.00
Treasury Securities	0.00	0.00
Government Agencies	0.00	0.00
Commercial Paper	0.00	0.00
Municipal Bonds	0.00	0.00
<b>LPPF Total Investment Revenue &amp; Accrued Interest</b>	<b>\$ 29,699.74</b>	<b>\$ 29,699.74</b>

STATE OF TEXAS

COUNTY OF TRAVIS

CENTRAL HEALTH

Whereas, it appears to the Board of Managers of the Central Health, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of Central Health, execute the investment of these funds in the total amount of \$31,093,771.51 in legally authorized securities as stipulated in the Travis County Healthcare District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 11 pages.
- 2.) that the County Treasurer, acting on behalf of Central Health, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: November 18, 2025

\_\_\_\_\_  
CHAIR, BOARD OF MANAGERS

\_\_\_\_\_  
VICE CHAIR, BOARD OF MANAGERS

\_\_\_\_\_  
MANAGER



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/1/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: Texas Daily Select

Fund Name: Central Health

Par Value: \$318,000.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.3000%

Principal: \$318,000.00

Purchased Thru: Texas Daily Select

Accrued Int: N/A

Broker: N/A

Total Due: \$318,000.00

CUSIP #: N/A

Trade Date: 10/1/2025

Settlement Date: 10/1/2025

Authorized by: *Deborah Laudermilk*  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/1/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: Texas Daily Select

Fund Name: Central Health

Par Value: \$133,300.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.3000%

Principal: \$133,300.00

Purchased Thru: Texas Daily Select

Accrued Int: N/A

Broker: N/A

Total Due: \$133,300.00

CUSIP #: N/A

Trade Date: 10/1/2025

Settlement Date: 10/1/2025

Authorized by: *Deborah Laudermilk*  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/1/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: Texas Daily Select

Fund Name: Central Health

Par Value: \$16,830.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.3000%

Principal: \$16,830.00

Purchased Thru: Texas Daily Select

Accrued Int: N/A

Broker: N/A

Total Due: \$16,830.00

CUSIP #: N/A

Trade Date: 10/1/2025

Settlement Date: 10/1/2025

Authorized by: *Deborah Laudermilk*  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/1/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: Texas Daily Select

Fund Name: Central Health

Par Value: \$3,000,000.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.3000%

Principal: \$3,000,000.00

Purchased Thru: Texas Daily Select

Accrued Int: N/A

Broker: N/A

Total Due: \$3,000,000.00

CUSIP #: N/A

Trade Date: 10/1/2025

Settlement Date: 10/1/2025

Authorized by: *Deborah Laudermilke*  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/2/2025

Time: 10:30

The following transaction was executed on behalf of Central Health:

Description: TexPool Fund Name: Central Health

Par Value: \$14,201,000.00 Safekeeping No.: N/A

CPN/DISC Rate: N/A Price: 100%

Maturity Date: N/A Bond Eq Yield: 4.1709%

Principal: \$14,201,000.00 Purchased Thru: TexPool

Accrued Int: N/A Broker: N/A

Total Due: \$14,201,000.00 CUSIP #: N/A

Trade Date: 10/2/2025 Settlement Date: 10/2/2025

Authorized by: Reagan Dennis  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/16/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: TexPool

Fund Name: Central Health

Par Value: \$514,200.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.1687%

Principal: \$514,200.00

Purchased Thru: TexPool

Accrued Int: N/A

Broker: N/A

Total Due: \$514,200.00

CUSIP #: N/A

Trade Date: 10/16/2025

Settlement Date: 10/16/2025

Authorized by:

Reagan Lewis  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/16/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: TexPool Fund Name: Central Health

Par Value: \$233,000.00 Safekeeping No.: N/A

CPN/DISC Rate: N/A Price: 100%

Maturity Date: N/A Bond Eq Yield: 4.1687%

Principal: \$233,000.00 Purchased Thru: TexPool

Accrued Int: N/A Broker: N/A

Total Due: \$233,000.00 CUSIP #: N/A

Trade Date: 10/16/2025 Settlement Date: 10/16/2025

Authorized by:

Reagan Linn  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/20/2025

Time: 10:30

**The following transaction was executed on behalf of Central Health:**

Description: TexPool Fund Name: Central Health

Par Value: \$560,000.00 Safekeeping No.: N/A

CPN/DISC Rate: N/A Price: 100%

Maturity Date: N/A Bond Eq Yield: 4.1577%

Principal: \$560,000.00 Purchased Thru: TexPool

Accured Int: N/A Broker: N/A

Total Due: \$560,000.00 CUSIP #: N/A

Trade Date: 10/20/2025 Settlement Date: 10/20/2025

Authorized by:

Reagan Linn  
Cash / Investment Manager

CENTRAL HEALTH  
INVESTMENT DEPARTMENT  
SECURITY TRANSACTION FORM

DATE: 10/17/2025

TIME: 11:30 AM

The following transaction was executed on behalf of Central Health:

DESCRIPTION:	FFCB Bullet	FUND NAME:	CENTRAL HEALTH OPERATING
PAR VALUE:	\$ 12,000,000.00	SAFEKEEPING NO:	P 31317
CUPON / DISCOUNT RATE	3.560%	PRICE:	100.0000
MATURITY DATE:	10/27/2028 US TREASURY CONVENTION YLD		3.5600%
PRINCIPAL:	\$ 12,000,000.00	PURCHASED THROUGH:	RBC
ACCRUED INT:	\$ 0.00	BROKER:	ERIC AJLOUNY
TOTAL DUE:	\$ 12,000,000.00	CUSIP #:	3133ETK71
TRADE DATE:	10/17/2025	SETTLEMENT DATE:	10/27/2025

AUTHORIZED BY:

Deborah Laudermilk



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/28/2025

Time: 10:30

The following transaction was executed on behalf of Central Health:

Description:	<u>TexPool Bond Proceeds to Operating</u>	Fund Name:	<u>Central Health</u>
Par Value:	<u>\$59,441.51</u>	Safekeeping No.:	<u>N/A</u>
CPN/DISC Rate:	<u>N/A</u>	Price:	<u>100%</u>
Maturity Date:	<u>N/A</u>	Bond Eq Yield:	<u>4.1651%</u>
Principal:	<u>\$59,441.51</u>	Purchased Thru:	<u>TexPool Bond Proceeds to Operating</u>
Accured Int:	<u>N/A</u>	Broker:	<u>N/A</u>
Total Due:	<u>\$59,441.51</u>	CUSIP #:	<u>N/A</u>
Trade Date:	<u>10/28/2025</u>	Settlement Date:	<u>10/28/2025</u>

Authorized by:

Reagan Linn  
Cash / Investment Manager



Central Health  
Investment Department  
Security Transaction Form

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Date: 10/31/2025

Time: 10:30

The following transaction was executed on behalf of Central Health:

Description: Texas Daily Select

Fund Name: Central Health

Par Value: \$58,000.00

Safekeeping No.: N/A

CPN/DISC Rate: N/A

Price: 100%

Maturity Date: N/A

Bond Eq Yield: 4.2500%

Principal: \$58,000.00

Purchased Thru: Texas Daily Select

Accured Int: N/A

Broker: N/A

Total Due: \$58,000.00

CUSIP #: N/A

Trade Date: 10/31/2025

Settlement Date: 10/31/2025

Authorized by: *Deborah Laudermilk*  
Cash / Investment Manager

CENTRAL HEALTH MONTHLY INVESTMENT REPORT  
 PORTFOLIO STATISTICS

DATE: October 31, 2025

By Fund Type

Operating	\$	611,239,151.26	85.72%
LPPF		10,435,610.08	1.46%
Bond Proceeds		91,351,435.28	12.81%
Other		-	0.00%
Total Portfolio	\$	<u>713,026,196.62</u>	<u>100.00%</u>

By Security Type

**Operating-**

TexasDAILY	\$	2,593,581.82	0.42%
TexasDAILY Select	\$	169,873,347.62	27.79%
TexPool	\$	17,721,111.54	2.90%
TexSTAR	\$	219,655.67	0.04%
TexasTERM CP		-	0.00%
Non-Int Bearing Bank Account		438,284.01	0.07%
Certificates of Deposit		-	0.00%
Treasury Securities		-	0.00%
Government Agencies		386,787,770.00	63.28%
Commercial Paper		-	0.00%
Municipal Bonds		33,605,400.60	5.50%
Total	\$	<u>611,239,151.26</u>	<u>100.00%</u>

**LPPF-**

TexPool		10,435,610.08	100.00%
Total	\$	<u>10,435,610.08</u>	<u>100.00%</u>

**Bond Proceeds-**

TexPool	\$	91,351,435.28	100.00%
Total	\$	<u>91,351,435.28</u>	<u>100.00%</u>

Compared to Policy Limits

		Actual %	Guidelines
TexasDAILY	2,593,581.82	0.36%	30.00%
TexasDAILY Select	169,873,347.62	23.84%	30.00%
TexPool	119,508,156.90	16.77%	50.00%
TexSTAR	219,655.67	0.03%	30.00%
TexasTERM CP	0.00	0.00%	30.00%
Total LGIPS	\$ 292,194,742.01	41.00%	70.00%
Certificates of Deposit	-	0.00%	50.00%
Treasury Securities	-	0.00%	100.00%
Government Agencies	386,787,770.00	54.28%	75.00%
Commercial Paper	-	0.00%	20.00%
Municipal Bonds	33,605,400.60	4.72%	20.00%
	\$ <u>712,587,912.61</u>	<u>100.00%</u>	

CENTRAL HEALTH MONTHLY INVESTMENT REPORT

Commercial Paper by Entity as a Percentage of Portfolio

\$	-	0.00%	20.00%
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Municipal Bonds by Entity as a Percentage of Portfolio

City of Lafayette LA Utility - Rev	\$ 5,870,448.00	17.47%	5.00%
LA Unified SD - GO	\$ 6,039,360.00	17.97%	5.00%
ST Washington - GO	\$ 8,840,872.60	26.31%	5.00%
State of Hawaii - GO	\$ 2,812,170.00	8.37%	5.00%
Tulsa OK ISD - GO	\$ 5,000,000.00	14.88%	5.00%
TX Pub Fin Auth	\$ 5,042,550.00	15.01%	5.00%
	<u>\$ 33,605,400.60</u>	<u>100.00%</u>	<u>25.00%</u>

Investment Revenue & Accrued Interest

October-25

Fiscal YTD

Interest/Dividends-

TexasDAILY	\$ 9,096.92	\$ 9,096.92
TexasDAILY Select	\$ 660,174.30	\$ 660,174.30
TexPool	474,676.50	\$ 474,676.50
TexSTAR	1,126.15	\$ 1,126.15
TexasTERM CP	0.00	\$ -
Certificates of Deposit	0.00	\$ -
Treasury Securities	0.00	\$ -
Government Agencies	514,200.00	\$ 514,200.00
Commercial Paper	0.00	\$ -
Municipal Bonds	150,130.00	\$ 150,130.00
	<u>\$ 1,809,403.87</u>	<u>\$ 1,809,403.87</u>

Discounts, Premiums, & Accrued Interest

TexasTERM CP	\$ -	\$ -
-less previous accruals	0.00	\$ -
Certificates of Deposit	0.00	\$ -
-less previous accruals	0.00	\$ -
Treasury Securities	0.00	\$ -
-less previous accruals	0.00	\$ -
Government Agencies	1,276,366.80	\$ 1,276,366.80
-less previous accruals	(425,643.33)	\$ (425,643.33)
Commercial Paper	0.00	\$ -
-less previous accruals	0.00	\$ -
Municipal Bonds	87,689.53	\$ 87,689.53
-less previous accruals	(131,410.58)	\$ (131,410.58)
	<u>\$ 807,002.42</u>	<u>\$ 807,002.42</u>

Total Investment Revenue & Accrued Interest

\$ 2,616,406.29

\$ 2,616,406.29



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## **BOARD MEETING**

## **December 3, 2025**

## **AGENDA ITEM C3**

Ratify staff's execution of Central Health's participation in the MiCTA Purchasing Organization, a telecommunications group purchasing cooperative established by Michigan public universities, and authorize continued participation as recommended by the Budget and Finance Committee.



### 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 12/3/25

Who will present the agenda item? (Name, Title) Balena Bunch, Procurement Director

General Item Description Ratification of MiCTA Purchasing Organization Membership

Is this an informational or action item? Action

Fiscal Impact \$400 annual subscription

Recommended Motion (if needed – action item) Approve ratification of MiCTA Purchasing Organization Membership

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

- 1) This will allow the CH System to have access to mobile devices/services provided to its patients at deeply discounted rates
- 2) This program automates a current manual process
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 15 minutes, if needed

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

Form Prepared By/Date Submitted: Balena Bunch/November 24, 2025



# CENTRAL HEALTH

## TRAVIS COUNTY HOSPITAL DISTRICT

### MEMORANDUM

**To:** Central Health Board of Managers  
**From:** Balena Bunch, Procurement Director  
**CC:** Nicki Riley, Deputy Chief Financial Officer  
Jeff Knodel, Chief Financial Officer  
Dr. Patrick Lee, President and CEO  
**Date:** November 11, 2025  
**Re:** Central Health New Purchasing Organization Memberships

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#### Overview

Central Health's procurement policy authorizes the use of established local, state and national purchasing cooperatives to provide best value to Central Health. Texas Local Government Code Chapter 271 requires Board authorization to join a purchasing cooperative.

To support current Healthcare Delivery activities and provide best value, Central Health has identified MiCTA Technology Solutions as a new purchasing organization that provides access to preferred pricing for communication solutions.

Central Health operates a small Loaner Device Program that provides basic, no-internet phones to MAP members who cannot reliably be reached for appointments, transportation, medication refills, or other care-related needs. Phones are issued only with a provider, nurse, or case manager order and are used strictly for health-related communication.

The current program is manual. Staff must physically add minutes and track each device. Through membership in MiCTA, a group purchasing cooperative, Central Health can access Verizon's discounted and centrally managed device program. Under this contract, staff will be able to add minutes, activate or disable devices, and manage phones through a secure online portal, improving efficiency and oversight.

The contract cost is \$12,000 for 100 phones for one year, and funding is already budgeted.

All program safeguards remain in place: members must have active MAP and be in case management; phones have no data or apps; and devices are deactivated after three unsuccessful contact attempts or returned at the end of case management.

#### Fiscal Impact

MiCTA membership requires a \$400 annual membership fee, which has already been paid due to timing needs. Despite this cost, joining MiCTA will result in significant overall savings through access to competitively bid contracts and reduced operating expenses.

#### Action Requested

Staff recommends the Board of Managers approve the attached resolution ratifying and authorizing Central Health to join the MiCTA Technology Solutions Purchasing Organization (attached).



## New Member Application / Change of Information Form

This Information Is A/An:  New Submission  Update

Organization: \_\_\_\_\_ # of Full Time Employee's (FTE): \_\_\_\_\_  
Main Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Web-Site: \_\_\_\_\_

1. Check one that applies:

- Government/State     Healthcare     Higher Ed     Library     K-12  
 Religious/Charitable     Public Sector     Financial     Other: \_\_\_\_\_

2. Are you a Non-Profit?:  501c3  501c6 or  Other\*\*\*: \_\_\_\_\_

3. What is your primary reason(s) for participating in the MiCTA programs? \_\_\_\_\_

4. How did you hear about MiCTA? \_\_\_\_\_

5. Which approved vendor do you plan to use? \_\_\_\_\_

Primary Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
( Same as Main)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing/Invoice  
Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
( Same as Main)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization: \_\_\_\_\_

Other Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Same as Main

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Same as Main

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail or fax application with payment to:

**MiCTA**  
**4352 Bay Road # 207**  
**Saginaw, MI 48603**

*Credit Card, Check or Money Orders Accepted*

**Annual Membership Fee**

- \$200 - Under 300 FTE's\*
- \$400 - Over 300 FTE's\*
- \$400 - ISD, RESD, ESA, ESD\*\*

\*FTE's – Full Time Employee's  
(2 Part Time Employees = 1 Full Time Employee)

\*\*Membership will cover all K-12 Schools in your District.  
\*\*\*Non-Profit Group Purchasing Organizations (GPOs) may not qualify for membership

You can also fill out an online application and pay online at [www.mictatech.org](http://www.mictatech.org) - by clicking the "Join Now"

Type of Card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Name on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_ @ \_\_\_\_\_

**A RESOLUTION OF THE BOARD OF MANAGERS OF THE TRAVIS COUNTY HEALTHCARE DISTRICT, D/B/A CENTRAL HEALTH, APPROVING THE TERMS AND CONDITIONS OF AN INTERLOCAL AGREEMENT BETWEEN MICTA TECHNOLOGY SOLUTIONS PURCHASING ORGANIZATION, WHICH PROVIDES A COOPERATIVE PURCHASING PROGRAM FOR CERTAIN GOODS AND SERVICES, AND DESIGNATING DR. PATRICK LEE, PRESIDENT AND CEO, AS THE OFFICIAL REPRESENTATIVE OF THE TRAVIS COUNTY HEALTHCARE DISTRICT RELATING TO THE PROGRAM.**

**WHEREAS**, the Board of Managers of the Travis County Healthcare District, d/b/a Central Health (“Central Health”) has been presented a proposed Interlocal Agreement (the “Interlocal Agreement”) by and between the MiCTA Technology Solutions Purchasing Organization (“MiCTA”), and Central Health and has found the agreement as presented to be acceptable and in the best interests of the District; and

**WHEREAS**, Central Health, pursuant to the authority granted under Sections 271.101 and 271.102 of the Texas Local Government Code, desires to participate in the MiCTA program as participation in this program will be beneficial to the taxpayers through the anticipated savings to be realized;

**NOW, THEREFORE, IT IS HEREBY:**

**RESOLVED**, that the terms and conditions of the Interlocal Agreement are hereby in all things approved; and it is further

**RESOLVED**, that the Central Health President and CEO, Dr. Patrick Lee or his successor, under the general direction of the Central Health Board of Managers, is hereby designated to act for Central Health in all matters relating to MiCTA, including the designation of specific contracts in which Central Health desires to participate; and it is further

**RESOLVED**, that this resolution shall become effective from and after the date of its passage.

**DULY PASSED AND APPROVED THIS THE 19<sup>TH</sup> DAY OF NOVEMBER, 2025.**

ATTESTED TO BY:

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Ann Kitchen, Chairperson  
Central Health Board of Managers

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Manuel Martin, Secretary  
Central Health Board of Managers



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## **BOARD MEETING**

**December 3, 2025**

## **AGENDA ITEM C4**

Approve the amendments to the Interlocal Agreement with Travis County for cash and investment management, risk and claim management, legal services, and television broadcasting as recommended by the Budget and Finance Committee.



### 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 12/03/2025

Who will present the agenda item? (Name, Title) Nicki Riley, Deputy CFO

General Item Description Approve Third Amendment to the Travis County Interlocal Agreement

Is this an informational or action item? Action

Fiscal Impact \$36,737.80

Recommended Motion (if needed – action item) Approve Third Amendment of Interlocal Cooperation Agreement Between The

Travis County Healthcare District and Travis County, Texas for Cash Management and Investment Services, Risk and Claim Management, Legal Services, and Television Broadcasting

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

1)The County is proposing increased charges for cash and investment management services

2)The increase is \$36,737.80 (35%)

3)The Travis County Commissioners Court approved this Third Amendment on September 30, 2025

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

Estimated time needed for presentation & questions? 5 min

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

Form Prepared By/Date Submitted: \_\_\_\_\_



## CENTRAL HEALTH

### MEMORANDUM

To: Central Health Board of Managers  
From: Nicki Riley, Deputy CFO  
CC: Jeff Knodel, CFO  
Date: 12/3/2025  
Re: Third Amendment of Interlocal Agreement with Travis County

---

#### **Purpose**

We are requesting Board approval of the Third Amendment of Interlocal Agreement Between the Travis County Healthcare District and Travis County, Texas for Cash Management and Investment Services, Risk and Claim Management, Legal Services, and Television Broadcasting.

#### **Background**

Central Health receives cash management and investment services from Travis County through an existing Interlocal Agreement. Travis County has issued the Third Amendment to update pricing for these services as part of the broader agreement. Please note that Central Health no longer utilizes this interlocal for television broadcasting services.

#### **Fiscal Impact**

Under this amendment, the annual cost for cash management and investment services increases from \$104,918.65 to \$141,656.45. This represents an increase of \$36,737.80 (35%).

Even with this adjustment, the amended cost remains reasonable when compared to the significantly higher financial and operational commitments Central Health would incur to perform these services in-house. In addition, this increase can be absorbed within the approved budget. During the annual budget process, Central Health routinely accounts for and incorporates anticipated increases of this nature for essential contracted services

#### **Recommendation**

Approve the Third Amendment of Interlocal Agreement Between the Travis County Healthcare District and Travis County, Texas for Cash Management and Investment Services, Risk and Claim Management, Legal Services, and Television Broadcasting.

**THIRD AMENDMENT OF INTERLOCAL COOPERATION AGREEMENT BETWEEN  
THE TRAVIS COUNTY HEALTHCARE DISTRICT  
AND  
TRAVIS COUNTY, TEXAS  
FOR CASH MANAGEMENT AND INVESTMENT SERVICES,  
RISK AND CLAIM MANAGEMENT, LEGAL SERVICES, AND TELEVISION  
BROADCASTING**

This Third Amendment of the Interlocal Cooperation Agreement for Cash Management and Investment Services, Risk Management Services, Risk and Claim Management, Legal Services and Television Broadcasting (this "Amendment") is entered into between the Travis County Healthcare District d/b/a Central Health ("Central Health"), a hospital district created under Chapter 281 of the Texas Health & Safety Code (the "Act"), and County of Travis, (the "County"), a corporate and political subdivision of the State of Texas.

**RECITALS**

The initial Interlocal Cooperation Agreement (the "Agreement") between Central Health and the County for the services began on October 1, 2018.

The parties amended the Agreement effective October 1, 2021 ("First Amendment".)

The parties further amended the Agreement effective December 21, 2022 ("Second Amendment".)

Pursuant to section 6.12 of the Agreement, Central Health and the County desire to amend the agreement to increase fees for services for cash management and investment services provided by County.

**AMENDMENT**

- 1.0 Pursuant to 6.12 of the Agreement, Section 1.2 of the Interlocal Cooperation Agreement is deleted in its entirety and the following is inserted in its place:
  - 1.2 During the Agreement Term, the County will provide cash management and investment services for the operating account portfolio, the pooled bond funds portfolio, and the debt service portfolio of Central Health through the Travis County Cash/Investment Management Division of the Planning and Budget Office ("Cash/Investment Management") and through the Travis County Treasurer's Office ("Treasurer") as described in subsections 1.2.1 and 1.2.2 below. In exchange for these Services, Central Health agrees to pay the County the total annual sum of \$141,656.45, which sum will be paid in monthly installments of \$11,804.70.
  
- 2.0 County and Central Health incorporate this Amendment into the initial Agreement as amended in Amendment One and Amendment Two. County and Central Health ratify all terms and conditions of the initial Agreement as amended by Amendments One, Two, and Three

4.0 Effective Dates. The changes in this Amendment are effective October 1, 2025.

This Third Amendment has been executed and delivered on behalf of Central Health and the County as of the date set forth below by their duly authorized representatives in one or more counterparts, which together will constitute one agreement.

TRAVIS COUNTY HEALTHCARE  
DISTRICT D/B/A CENTRAL HEALTH

COUNTY OF TRAVIS, TEXAS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Patrick Lee, MD  
President and CEO

\_\_\_\_\_  
Andy Brown  
County Judge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## **BOARD MEETING**

**December 3, 2025**

## **REGULAR AGENDA ITEM 1**

Approve the creation of a Special Ad Hoc Nominations Committee. (*Action Item*)

**ADDITIONAL CENTRAL HEALTH 2025 COMMITTEES  
NOVEMBER 2025**

**Board of Managers:**

This memo is to appoint the members of the special ad hoc committee on Nominations per ByLaws section 7.1.1.(A).

This memo also appoints Cynthia Valadez to the Ad Hoc CUC Liaison Committee and clarifies my role as an ex-officio member and Chair of that Committee. (ByLaws Section 7.6)

As always, thank you to each of you for your agreement to participate – your time and ideas are very much appreciated!

Best  
Ann Kitchen  
Chair, Central Health Board of Managers  
512.228.1645

**SPECIAL AD HOC NOMINATIONS COMMITTEE**

**Scope:** Responsible for (1) accepting nominations for Board officers; (2) discussing the merits that a particular Board member may bring to the position that he or she has expressed interest in assuming; and (3) making recommendations on candidates for Board officers. (See ByLaws Section 7.1.1(A) and 7.6)

Eliza May, Committee Chair  
Cynthia Valadez  
Manel Martin, CH Board Secretary  
Ann Kitchen, CH Board Chair



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## **BOARD MEETING**

### **December 3, 2025**

## **REGULAR AGENDA ITEM 2**

Approve the appointment of the Central Health Chief Compliance Officer.<sup>3</sup> (*Action Item*)



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## **BOARD MEETING**

### **December 3, 2025**

## **REGULAR AGENDA ITEM 3**

Receive and take appropriate action on the Sendero Health Plans, Inc. budget for Calendar Year 2026.<sup>4</sup> (*Action Item*)



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## **BOARD MEETING**

### **December 3, 2025**

## **REGULAR AGENDA ITEM 4**

Receive, discuss, and take appropriate action on the alignment of the CEO benefits package and the implementation of the recommended benefits changes.<sup>3, 5</sup> (*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 December 3, 2025

Who will present the agenda item? (Name, Title) Jeannie Virden, Chief People Officer

General Item Description Benefits Review

Is this an informational or action item? Action Item

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

Recommended Motion (if needed – action item) To approve alignment of the CEO benefits package as reviewed and agreed upon by the Board.

To approve implementation of the recommended benefit changes.

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

- 1) Align CEO's benefits across the system to ensure consistency and equity.  
Implementation of proposed benefit adjustments to maintain competitiveness, support
- 2) retention, and align with the organization's total rewards strategy.
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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

Estimated time needed for presentation & questions? 30 minutes for Review & Discussion

Is closed session recommended? (Consult with attorneys.) Closed Session

Form Prepared By/Date Submitted: Jeannie Virden – November 24, 2025



<b>Policy Title:</b> Holiday & Well-being Time Off	
<b>Policy #:</b> HR4 – 004P	
<b>Effective Date:</b> December 2007	
<b>Last Review Date:</b> October 2025	
<b>Policy Owner:</b> Vice President, People Rewards & Development	
<b>Executive Sponsor:</b> Chief People Officer	
<b>Attachments:</b> None	
<input type="checkbox"/> <b>Central Health &amp; Sendero Specific</b>	<input checked="" type="checkbox"/> <b>Enterprise Included</b>

**I. PURPOSE**

The purpose of this policy is to document dates in which the **Central Health System** will observe holidays and the well-being day, as well as outline the requirements to be eligible for holiday and special pay.

**II. SCOPE**

This policy applies to all **Central Health** system **Team Members**.

**III. DEFINITIONS**

- **Central Health** or **Central Health System** refers to Central Health, CommUnityCare, and Sendero.
- **Team Members** or **System Team Members** refers to **Team Members** working at Central Health, CommUnityCare, and Sendero.
- **Regular Full-Time Team Members** are regularly scheduled to work at least thirty (30) or more hours a week. Generally, they are eligible for the full benefits package, subject to the terms, conditions, and limitations of each benefit program. Holiday and Well-being hours for **Regular Full-Time Team Members** working less than forty (40) hours are prorated based on their scheduled hours (holiday) or FTE (well-being).
- **Regular Part-Time Team Members** are regularly scheduled to work between twenty (20) and twenty-nine (29) hours each week. Generally, they are eligible for the full benefits package, subject to the terms, conditions, and limitations of each benefit program. Floating Holiday and Well-being hours for **Regular Part- Time Team Members** are prorated based on their scheduled hours (holiday) or FTE (well-being).
- **Part-Time Team Members with No Benefits** are regularly scheduled to work less than twenty (20) hours each week and do not qualify for benefits, including Paid Time Off (PTO), Holiday, and Well-being hours.
- **Temporary Team Members** are those hired as interim placements to temporarily supplement the workforce or to assist in the completion of a specific project and are temporarily scheduled to work the company's schedule for a limited duration.

Employment beyond any initially stated period does not in any way imply a change in employment status. **Temporary Team Members** may be scheduled to work on a **Full Time, Part Time** or **PRN** status and will not qualify for benefits, including Paid Time Off (PTO), Holiday, and Well-being hours.

- **Paid Time Off (PTO)** is classified as hours taken off from work, requested and approved in advance per the **Team Member's** accrued amount of PTO hours. Paid Time Off can be used for absences from work due to illness, vacation, or to attend to personal affairs. Management reserves the right to designate when some or all PTO must be taken.

**IV. POLICY**

It is the policy of the **Central Health System** to designate and observe certain days each year as holidays and well-being days. Eligible **Team Members** will be given a day off with pay for each holiday observed as per the following guidelines.

**V. RELEVANT STATUTES, REGULATIONS OR GUIDANCE**

None

**VI. RELATED POLICIES AND PROCEDURES**

HR 3 – 001P: Pay Practices

HR 3 – 002P: Team Member Classifications

HR 4 – 002P: Paid Time Off – Non-Executive Team Members HR 4 – 011P: Paid Time Off – Executive Team Members

**VII. PROCESS**

1. **Central Health** observes the following holidays and the well-being day:

New Year's Day	Observed
Martin Luther King Jr. (MLK) Day	Observed
Memorial Day	Observed
Independence Day	Observed
Labor Day	Observed
Thanksgiving Day	Observed
Friday After Thanksgiving	Observed
Christmas Day	Observed
Floating Holiday	1 Day of Your Choice (Paid at Year End if Not Used)
Well-being Day	8 Hours (Use or Lose)

**NOTES:**

- If Christmas Eve (December 24<sup>th</sup>) falls on a weekday, some **Central Health System** sites and offices may close at noon. For **Team Members** working at those sites, Christmas Eve Special Pay may apply. Additional information regarding the Christmas Eve Special Pay is provided in Section 9.
  - Additional information regarding the Floating Holiday is provided in Section 10.
  - Additional information regarding the Well-being Day is provided in Section 11.
2. **Full-Time Team Members** are eligible to receive their regular pay rate for each observed holiday that falls on a day they are normally scheduled to work. **Part-Time Team Members** are eligible to receive pro-rated holiday pay based on their standard workday for each observed holiday that falls on a day they are normally scheduled to work. Immediate supervisors may adjust the **Team Member's** work schedule for the week to prevent the payment of hours greater than the total weekly budgeted hours. **Temporary Team Members** and **Team Members** on temporary layoff or furlough are not eligible to receive holiday pay.
  3. To receive holiday pay, an eligible **Team Member** must be at work or taking an approved absence (pre-approved PTO, FMLA, PLOA or other authorized leave) on the workdays immediately preceding and immediately following the day on which the holiday is observed. In determining whether to approve an absence not requested in advance, supervisors should consider the **Team Member's** leave history (e.g., patterns of leave usage and the leave balance) and other pertinent factors. If a **Team Member** is absent on one or both of these days because of an illness or injury, **Central Health** may require verification of the reason for the absence before approving holiday pay.
  4. A designated holiday that occurs on a Saturday or Sunday will be observed by the **Central Health System** on the preceding Friday or following Monday at the discretion of the Central Health President & CEO. Please refer to the published yearly calendar to find which day the specific holiday will be observed.
  5. If a holiday occurs during the time in which an eligible **Team Member** has approved PTO, the holiday will be charged as holiday pay, not against PTO.
  6. **The Central Health System** recognizes that some **Team Members** may wish to observe, as periods of worship or commemoration, certain days not included in **Central Health's** regular holiday schedule. Accordingly, **Team Members** who would like to take a day off for those reasons should request the time off in advance through the timekeeping system. **Team Members** may use the floating holiday, the well-being day, or accumulated PTO for these occasions, or they may take time off as unpaid if PTO hours are not available.
  7. **The Central Health System** may schedule work on an observed holiday as necessary. **Full-Time** and **Part-Time Team Members** who are required to work on a holiday will be paid their regularly scheduled hours for the holiday. Additionally, **Full-Time and Part-Time Team**

**Members** will be paid for the hours actually worked. For **Team Members** eligible for overtime pay, actual hours worked on a holiday shall be counted in the total hours for the work period to determine if the overtime rate is applicable. Overtime compensation will be paid only for actual hours worked over forty (40) in a single workweek.

8. Time off for which holiday pay is received will not be counted as hours worked when calculating total hours worked for overtime purposes in any workweek.

9. **Christmas Eve Special Pay**

- When Christmas Eve (December 24<sup>th</sup>) falls on a weekday, designated **Central Health System** sites and offices will close at 12:00 pm.
- **Team Members** working at the designated sites and offices that close at noon will be provided special pay for the remainder of their scheduled shift if they work their regularly scheduled shift until noon.
- If the **Team Member** reports to work but does not work the required timeframe, the **Team Member** will not qualify for the special pay and will need to take PTO for hours missed.
- If the **Team Member** is on PTO or not scheduled to work on Christmas Eve (December 24<sup>th</sup>), the **Team Member** will not qualify for the special pay.
- Christmas Eve Special Pay does not accrue, rollover, or have a cash value.

10. **Floating Holiday**

- **Team Members** may choose to take their floating holiday on any day of the year except on the already established holidays.
- For the floating holiday team members will be paid their full day pay based on their schedule.
- If a **Team Member** does not take their floating holiday during the calendar year, they will receive a “cash out” of eight (8) hours for full-time and four (4) hours for part-time on their last paycheck in December.
- **Team Members** hired after September 30<sup>th</sup> will not qualify for the floating holiday until the new calendar year.
- **Team Members** and Supervisors have the responsibility to plan schedules that meet the operational needs of the organization and the time off needs of the **Team member**. To balance the two, **Team Members** should request the floating holiday at least two (2) weeks in advance through UKG Ready, the time and attendance system. Supervisors should approve or deny the time off request between two (2) and five (5) days from the date the request was submitted.
- Any unused balance will transfer with the team member moving entities during a transfer.

11. **Well-being Day**

- **Team Members** may choose to take their well-being day in hour increments (not to exceed the maximum scheduled hours of work per day) or as a full day anytime during

- the year except on the already established holidays.
- For the Well-being Day team members will be paid up to eight (8) hours pro-rated based on their FTE.
  - **Team Members** hired after September 30<sup>th</sup> will not qualify for the well-being day until the new calendar year.
  - **Team Members** and Supervisors have the responsibility to plan schedules that meet the operational needs of the organization and the time off needs of the **Team Member**. To balance the two, **Team Members** should request well-being hours at least two (2) weeks in advance through UKG Ready, the time and attendance system. Supervisors should approve or deny the time off request between two (2) and five (5) days from the date the request was submitted.
  - The well-being day does not accrue, rollover, or have a cash value and will not be paid out upon termination.
  - Hours must be used prior to the end of the last pay period of the given year, otherwise they will be forfeited. No well-being hours will be approved or paid during the last pay period of the year.





**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.

## **BOARD MEETING**

### **December 3, 2025**

## **REGULAR AGENDA ITEM 5**

Review and take appropriate action on key issues related to the Co-Applicant Agreement between Central Health and Central Texas Community Health Centers d/b/a CommUnityCare.<sup>5</sup> (*Action Item*)

## MEMORANDUM

To Central Health Board of Managers  
From: Ann Kitchen, Central Health Board Chair  
Dr. Cynthia Brinson, Central Health Board Vice-Chair  
Date: November 17, 2025  
RE: Motion to Ensure Collaborative Relationship with CommUnity Care

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The purpose of this Memorandum is to recommend a motion for consideration to articulate the will of the Board regarding the collaborative relationship with CommUnity Care.

The attached Motion provides direction for four of the key issues identified by Central Health for discussion with the CUC team. These are the issues most critical to advancing conversations with CUC related to the Co-Applicant Agreement.

All of these issues were discussed in detail with our Liaison Committee in the meeting on November 3<sup>rd</sup>. The Committee members are Dr. Cynthia Brinson, Geronimo Rodriquez, Eliza May, and Ann Kitchen (ex-officio). In addition to the Committee members, over a majority of Board members were present during that meeting. The discussion addressed a draft proposed motion, Dr. Lee's perspective, and Board members' questions and comments.

The attached motion only addresses the issues that were thoroughly discussed at the November 3<sup>rd</sup> Liaison Committee meeting. The Committee and other Board members present identified additional information needed to think through other issues like asset management. The Committee will schedule another meeting to discuss the issues not yet thoroughly discussed.

Please note that the scope of the discussions with the CUC Team is limited to matters necessary to the Co-Applicant Agreement. Although there may be some overlap that must be discussed, matters that only impact the EVP position within the Central Health system structure are for discussion with our Central Health Board and our CEO.

### **Attached Documents:**

Co-Applicant Agreement Issues Motion 111925 – document for Board vote

### Background Documents:

- 1) Co-Applicant Agreement Key Issues List (this document was shared with CUC Team)
- 2) Required Co-Applicant Board Authorities and Responsibilities (this document was shared at the November 3<sup>rd</sup> Committee meeting and lists federal law requirements with citations)

## **MOTION TO ENSURE COLLABORATIVE RELATIONSHIP WITH COMMUNITY CARE**

**PURPOSE:** Central Health is transforming our services to achieve a coordinated, ambulatory-driven system of care for our patients – an objective shared by our system partners CommUnity Care and Sendero.

Central Health cannot achieve this vision for our patients alone.

The Central Health Board is responsible for approving the final revised Co-Applicant Agreement. The Board recognizes that ensuring a collaborative, transparent, and accountable relationship with CommUnityCare is necessary to success in achieving this objective. The revised Co-Applicant Agreement, as well as a signed contract with the CUC CEO, must be completed to move forward with our transformational vision.

**DIRECTION:** The Central Health Board directs the Central Health CEO to incorporate this motion's terms in the draft revised Co-Applicant Agreement developed in joint discussions with the CommUnity Care Board and the Central Health CUC Liaison Committee.

The Central Health Board may direct additional terms in future meetings, as recommended by the Board CUC Liaison Committee and as needed to advance discussions with the CUC Team.

### **CENTRAL HEALTH ADOPTS THE FOLLOWING TERMS:**

#### **1.A. Process for Establishing Aligned Strategic Direction**

**The Central Health (CH) and CommUnityCare Boards are responsible for alignment of each organization's respective strategic plans. The Liaison and Strategic Planning Committees for each organization, in consultation with staff, are charged with jointly developing processes for ensuring alignment, including a process to obtain community input, and recommending these processes to the respective Boards for approval.**

#### **1.B. CEO and Staff Reporting**

- *Resolved By Central Health Board Approved MOU: Health Center staff report to and through the CUC CEO consistent with CH Personnel Policies that align with agreements.*
- *Resolved by Central Health Board Approved MOU and Personnel Policy: CUC CEO oversight process by CH CEO and CH Board*

**Health Center staff relationship to Central Health counterparts is collaborative, for purpose of advancing aligned strategic direction. Structures for health center staff reporting will be determined jointly by both CH and CUC CEOs to best advance the**

aligned strategic direction and collaborative approach. CH and CUC CEOs will provide these agreed upon structures to CH and CUC Boards for approval.

CUC CEO has dual reporting responsibilities to CUC Board for HRSA compliance with scope of project, and to CH CEO for public accountability.

CommUnityCare Board retains discretion and autonomy over the health center's day-to-day operations (outside of areas identified in Budget MOU), subject to operating within aligned strategic direction and performance targets approved by the CH and CommUnity Care Boards.

### **3. Alignment of CommUnityCare Bylaws and Agreements to Co-Applicant Agreement**

Revise CUC ByLaws to state in the event of any conflict between the ByLaws and Co-Applicant Agreement, the Co-Applicant Agreement shall control per federal law as amended from time to time.

ByLaws require CH CEO and Board be notified of all proposed changes and any amendments Central Health believes affect it's HRSA responsibilities and receive written approval from CH Board.

All other agreements, including Administrative EF and Services Agreements, should be reviewed, updated, and harmonized with the revised Co-Applicant Agreement, and approved by the CH and CUC Boards.

### **4. Accountability and Transparency**

Central Health and CommUnityCare shall develop collaborative and transparent processes to ensure Central Health's real-time access to all information related to the health center project (including HRSA filings, communications through EHB, financial records, and service delivery data) except where restricted by law or regulation.

Processes should ensure ongoing, information transparency

The CEOs will promptly inform the Boards in the event of unresolved disputes related to information sharing.

## Co-Applicant Agreement Key Issues List

*These issues are intended to be in addition to issues identified by CommUnity Care in their list of items for discussion, except where noted as resolved. Central Health agrees to discuss the areas that CommUnity Care has identified for discussion.*

### **1. Process for Aligning Strategy, Policies and Operations**

Discuss the process for ensuring that Central Health and CommUnityCare strategies are aligned, and that policies and operations are carried out in accordance with the aligned strategies.

#### **a. Process for Establishing Aligned Strategic Direction**

Discuss a process for ensuring alignment of the health center's and Central Health's strategic direction.

#### **b. CEO and Staff Reporting**

Discuss the framework for the health center CEO's reporting to the Central Health CEO, in addition to the CommUnityCare Board, and how the reporting relationships will differ in terms of purpose and scope. Health center staff reporting to and through the CommUnityCare CEO was agreed to in the MOU, but health center staff relationship (for example dotted or solid line reporting) to Central Health counterparts (e.g., CFO, CMO) has not been addressed.

#### **c. Health Center Policies and Policymaking**

Discuss the continued application of Central Health personnel and financial management policies to the health center including the process for establishing and documenting the review of revised or additional policies that may be requested to apply to the health center. Discuss the process for establishing other types of health center policies where alignment with Central Health policies and/or involvement of Central Health in the development of certain policies is critical to mission alignment. As indicated in CommUnityCare's list of issues, to be discussed is the role that Central Health should have in the development of, or approval of, Health Center policies and procedures (other than those related to fiscal and personnel issues) and other than those that HRSA requires the health center board to adopt.

#### **d. Operational Management**

Discuss delegation of operational management processes, such as the Joint Staff Planning and Budget Methodology, to staff. Any delegated processes would address the

development of the detailed operational processes needed to implement the governance principles outlined above

## **2. Asset Ownership**

Discuss the range and ownership of assets associated with the health center project, including capital (facilities and equipment) and financial assets (i.e., Program Income).

## **3. Alignment of CommUnityCare Bylaws and Other Agreements to Co-Applicant Agreement**

Discuss approach to ensuring CommUnityCare Bylaws are aligned with the Co-Applicant Agreement, as revised, and making other revisions as appropriate. Relatedly, discuss ensuring that any other agreements between Central Health and CommUnityCare are updated to align with the Co-Applicant Agreement.

## **4. Accountability and Transparency**

Discuss Central Health's access to health center operational and financial information and reports, filings and communications with HRSA, including through HRSA's grants management service, the Electronic Handbook (EHB), the free exchange of information between Central Health and CommUnityCare staff, and Central Health's rights related to reviewing and auditing any CommUnityCare books and records relating to the health center project.

### **Issues CommUnityCare Identified as Resolved**

- **CEO Oversight:** Issues related to the selection, discipline, supervision and dismissal of the CommUnityCare CEO were detailed and approved by the Central Health Board of Managers in the **CEO MOU**, the **CEO Agreement and the Personnel Policy**, and are thus considered resolved by both parties.
- **CEO Authority:** Issues related to CommUnityCare staff reporting to and through the CommUnityCare CEO, consistent with Central Health personnel policies that align with agreements between the entities, were detailed, outlined, and approved by the Central Health Board of Managers in the **CEO MOU**, and are thus considered resolved by both parties.
  - *Central Health: Health center staff reporting to and through the CommUnityCare CEO was agreed to in the MOU, but health center staff relationship (for example dotted or solid line reporting) to Central Health counterparts (e.g., CFO, CMO) has not been addressed.*

- **Budget Process:** Issues related to Central Health funding of the Health Center budget are addressed in the **Joint Staff Planning and Budgeting Methodology which has been approved by the Central Health Board of Managers**. In addition to the process for determining the annual budget, the Budget Methodology speaks to processes for (1) Central Health payments to CommUnityCare; (2) budget variances; (3) health center reserves; (4) budget amendments; (5) any additions or material changes to service lines, service locations, and scope of services; (5) out-of-scope activities; and (6) Central Health Board of Managers approvals.
  
- **CUC Oversight Over Health Center Policies and Procedures:** It is understood that the CommUnityCare Board will develop all health center policies that HRSA requires the health center board to adopt (e.g., scope and availability of services, service site location, hours of operations, billing and collection policies, quality assurance programs) with the exception of certain fiscal and personnel policies that are developed by Central Health consistent with the agreements between the entities.
  - *Central Health: As indicated in CommUnityCare’s list of issues, to be discussed is the role that Central Health should have in the development of, or approval of, Health Center policies and procedures (other than those related to fiscal and personnel issues).*

## **Required Co-Applicant Board Authorities and Responsibilities**

The HRSA Health Center Compliance Manual outlines the following authorities and responsibilities that must be held and exercised by the co-applicant board.<sup>1</sup>

### Oversight Responsibilities

- Assuring that the center is operated in compliance with applicable Federal, State, and local laws and regulations.

### Authorities Relating to the Project Director

- Approving the selection and termination/dismissal of the health center's Project Director/Chief Executive Officer (CEO).

### Policy Setting Authorities

- Establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies when needed. Specifically, the health center governing board must have authority for:
  - Adopting policies for financial management practices and a system to ensure accountability for center resources, ***unless established by the public agency grantee***, including periodically reviewing the financial status of the health center and the results of the annual audit to ensure appropriate follow-up actions are taken.
  - Establishing and maintaining general personnel policies for the health center, ***unless established by the public agency grantee***.
  - Establishing, adopting and updating (at least once every three years) health care policies—specifically, the Sliding Fee Discount Program, Quality Improvement/Assurance, Billing and Collections policies, and policies related to scope and availability of services, service site location(s), and hours of operation of service sites.

### Budget and Health Center Applications

- Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue.

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<sup>1</sup> 42 C.F.R. § 51c.304(d); HRSA, Health Center Program Compliance Manual, Chapter 19: Board Authority (last updated October 3, 2025), available at <https://bphc.hrsa.gov/compliance/compliance-manual>.

## Planning and Evaluation Authorities

- Developing an overall plan for the Health Center Program project under the direction of the governing board.
- Providing direction for long-range planning, including but not limited to identifying health center priorities and adopting a three-year plan for financial management and capital expenditures.
- Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, ensuring appropriate follow up actions are taken, and developing a process for hearing and resolving patient complaints.



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## **BOARD MEETING**

### **December 3, 2025**

## **REGULAR AGENDA ITEM 6**

Confirm the next regular Board meeting date, time, and location. (*Informational Item*)