



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.

EXECUTIVE COMMITTEE MEETING

Wednesday, February 11, 2026 3:30 p.m.

Or immediately following the Strategic Planning Committee meeting

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/81485454510?pwd=eH3vY1chuBvDWsCessNipjd7Vimj3A.1>

Meeting ID: 814 8545 4510

Passcode: 094890

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

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

Or to participate by telephone only:

Dial: (346) 248 7799

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- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
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PUBLIC COMMUNICATION

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REGULAR AGENDA²

1. Approve the minutes of the Central Health Executive Committee January 14, 2026 meeting. (*Action Item*)
2. Receive and discuss the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)
3. Review and discuss the compliance plan as recommended by the Chief Compliance Officer. (*Action Item*)
4. Discuss and receive feedback on a Board meeting seating chart. (*Informational Item*)
5. Discuss updates and Board input about East Cesar Chavez Neighborhood concerns regarding unhoused individuals and Central Health Administration's response to concerns. (*Informational Item*)
6. Discuss and take appropriate action to approve the President & CEO's goals for Fiscal Year 2026.^{3,4} (*Action Item*)
7. Receive an update on the Central Health Chief Legal Officer.³ (*Informational Item*)
8. Discuss and receive updates on required documentation of closed sessions of Central Health Board of Managers and committee meetings.³ (*Informational Item*)
9. Deliberation and possible action on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees.^{3,4} (*Action Item*)

10. Review and take appropriate action on the CommUnityCare CEO employment agreement.^{3,4} (*Action Item*)
11. 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-23-000398.³ (*Informational Item*)
12. Confirm the next regular Executive Committee meeting date, time, and location. (*Informational Item*)

Notes:

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- ² The Executive Committee may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Committee announces that the item will be considered during a closed session. A quorum of Central Health's Board of Managers may convene or participate via videoconference to discuss matters on the Committee agenda. However, Board members who are not Committee members will not vote on any Committee agenda items, nor will any full Board action be taken. If a quorum of the Executive Committee is not present, the items on this agenda may be taken up by the full Board of Managers in the meeting posted at the same time and location.
- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).
- ⁴ Possible closed session discussion under Texas Government Code §551.074 (Personnel Matters).

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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
5 day of Feb. 2026

Dyana Limon-Mercado
County Clerk, Travis County, Texas

By *[Signature]* Deputy

J E



**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

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

202680214

Feb 05, 2026 10:28 AM

Fee: \$0.00

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EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 1

Approve the minutes of the Central Health Executive Committee January 14, 2026 meeting. (Action Item)

MINUTES OF MEETING – JANUARY 14, 2026
CENTRAL HEALTH
EXECUTIVE COMMITTEE

On Wednesday, January 14, 2026, a meeting of the Central Health Executive Committee convened in open session at 6:02 p.m. remotely by toll-free videoconference and in person at the Central Health Administrative Offices. Clerk for the meeting was Valerie Guerra.

Committee members present in-person at Central Health: Chair Rodriguez, Vice Chair May, Treasurer Museitif, and Secretary Martin

Board members present in person: Manager Valadez, Manager Kitchen, Manager Jefferson, Manager Motwani (Departed at 6:10 p.m.),

COMMITTEE AGENDA

1. **Approve the minutes of the Central Health Executive Committee December 17, 2025 meeting.**

Clerk's Notes: Discussion on this item began at 6:10 p.m.

Manager Martin moved that the Committee approve the minutes of the Central Health Executive Committee December 17, 2025 meeting.

Manager Museitif seconded the motion.

Chairperson Geronimo Rodriguez	For
Vice Chairperson Eliza May	For
Treasurer Maram Museitif	For
Secretary Manuel Martin	For

2. **Receive and discuss the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings.**

Clerk's Notes: Discussion on this item began at 6:11 p.m. Perla Cavazos, Deputy Administrator, shared the tentative schedules and asked for feedback on any missing items.

3. **Review and discuss Central Health Committees, including their scopes of work and membership.**

Clerk's Notes: Discussion on this item began at 6:30 p.m. Chair Rodriguez and the committee members discussed the current committee scopes and memberships.

4. **Receive and discuss input regarding annual Central Health Board priorities and the process for considering Board member requests.**

Clerk's Notes: Discussion on this item began at 6:52 p.m. Chair Rodriguez led a discussion with the Committee regarding Board priorities and the process for evaluating Board member requests.

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

Clerk's Notes: Discussion on this item began at 7:04 p.m.

At 7:04 p.m. Chairperson Rodriguez announced that the Committee was convening in closed session to discuss agenda item 5 under Texas Government Code §551.071 (Consultation with Attorney) and Texas Government Code §551.074 (Personnel Matters).

At 8:39 p.m. the Committee returned to open session.

6. 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 7:04 p.m.

At 7:04 p.m. Chairperson Rodriguez announced that the Committee was convening in closed session to discuss agenda item 6 under Texas Government Code §551.071 (Consultation with Attorney).

At 8:39 p.m. the Committee returned to open session.

7. Confirm the next regular Executive Committee meeting date, time, and location.

Manager Museitif moved that the meeting adjourn.

Manager Jefferson seconded the motion.

Chairperson Geronimo Rodriguez	For
Vice Chairperson Eliza May	For
Treasurer Maram Museitif	For
Secretary Manuel Martin	For

The meeting was adjourned at 8:40 p.m.

ATTESTED TO BY:

Geronimo Rodriguez, Chairperson
Central Health Executive Committee

Manuel Martin, Secretary
Central Health Board of Managers

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 2

Receive and discuss the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings. (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date February 11, 2026

Who will present the agenda item? (Name, Title) Perla Cavazos, Chief Governance and Government Affairs Officer

General Item Description Receive and discuss the prioritization and tentative scheduling of items for consideration at future Central Health Board and Committee meetings.

Is this an informational or action item? Informational

Fiscal Impact _____

Recommended Motion (if needed – action item) _____

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

- 1) Attached is the February and March tentative agenda items for your review.
To assist with planning of future Board meeting and committee agendas, we will review and
- 2) discuss these items at Executive Committee on February 11th.
- 3) _____

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

Estimated time needed for presentation & questions? 10 minutes

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

Form Prepared By/Date Submitted: Briana Harris/February 4, 2026

February Tentative Schedules

February 11, 2025

Strategic Planning Committee

- Approve minutes
- Foundation presentation
- Update on current strategic plan (HEP) and what is left to complete
- Presentation on safety net focused CHNA and Gap Analysis

Executive Committee

- Approve minutes
- Tentative schedules
- Compliance plan (Action)
- Board seating chart
- Approve CEO goals
- Update on Chief Legal Officer
- ECC Neighborhood concerns
- Discussion on closed sessions
- Seton lawsuit update
- Personnel issues
- Discuss the recording of closed sessions

February 18, 2025

CUC Liaison Committee

- 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.
- Review and take appropriate action on the CommUnityCare CEO employment agreement.

February 25, 2025

Budget and Finance Committee

- Approve minutes
- CUC financials

- CH financials
- Audit approval

Board of Managers Meeting

Consent items

- Approve minutes
- Approve investments
- Approve Financials
- Approve audit

Standing agenda items

- CEO update
- Legislative update
- Birch lawsuit update
- Seton lawsuit update
- Personnel issues

Regular agenda items

- Awareness survey results
- Approve Compliance Plan
- TENTATIVE: Annual Compliance Risk Assessment
- FY27 OKR's
- Business cases and budget development process
- Foundation (Action Item)
- Approve CEO goals

March Tentative Schedules

March 4, 2025

CH/CUC/IC Briefing to City of Austin Public Health Committee

Austin City Hall
301 W 2nd St.
Austin, TX 78701

Community Conversation- The Year of Access

PRECINCT 3 - Howard
Oak Hill Community Center
5:30 - 7:30 p.m.

March 11, 2025

Strategic Planning Committee - NO MEETING

Executive Committee

- Approve minutes
- Tentative schedules
- Seton lawsuit update
- Personnel issues
- Discuss Proposed Forces Driving FY27 Strategic Initiatives

March 18, 2025

**No meetings currently scheduled*

March 25, 2025

Budget and Finance Committee

- Approve minutes
- CUC financials
- CH financials
- HUB report

Board of Managers Meeting

Consent items

- Approve minutes
- Approve investments

Standing agenda items

- CEO update
- Legislative update
- Birch lawsuit update
- Seton lawsuit update
- Personnel issues

Regular agenda items

- TENTATIVE: Annual Compliance Risk Assessment
- Annual report
- Approve FY27 Driving Forces
- Update on Board Policies

March 31, 2025

Travis County Commissioners Court

Quarter 2 Central Health Briefing

700 Lavaca St.

Austin, TX 78701

FY 2026 BOARD DECISIONS RELATED TO GOVERNANCE INFRASTRUCTURE

Under Texas Health and Safety Code Chapter 281 and the Central Health ByLaws, the Board of Managers is the governing body of the District and has the responsibility to manage, control, and administer the District. The Board appoints and holds the President and CEO accountable for operational matters specified in the ByLaws

Therefore, the Central Health Board needs to update and/or adopt our Board governance documents, in order to move Central Health forward with transforming the system of care we provide for patients. Our CEO and his team need direction and clarity from the Board in order to successfully implement the complex and ambitious changes Central Health is considering.

This Table is intended to provide a roadmap that will help the Board and CEO understand timing/sequencing and prepare for the major upcoming Board decisions.

The Table lists the final Board decisions related to Central Health governance infrastructure the Board will address in fiscal year 2026. The target dates will likely require adaptability and updating as we proceed, so the Central Health CEO and his team have sufficient time and resources to present documents to the Board for approval. Also, many of these decisions will involve discussions at Committee and/or Board meetings before documents are ready for final approval.

The Board and CEO may also identify over the next year, additional Board governance documents and/or policies that may be necessary.

TABLE OF BOARD DECISIONS RE GOVERNANCE INFRASTRUCTURE

Board Governance Decisions	Committee / Meeting	Target Date
Approve Co-Applicant Agreement revisions	Liaison Committee Board Meeting	1 st Quarter (Oct – Dec 25)
Direction on Ascension litigation	BOM	1 st Quarter (Dec 25)
Direction on Strategic Planning Process and System Transformation/Future State	SPC and BOM	1 st Quarter (Oct-Dec)
Board Training re Governance Responsibilities	Board Meeting	2 nd Quarter (Jan 28)
Approval of Philanthropy Structure	PHIL	2 nd Quarter (Feb)
Approve aligned Strategic Plan and System Transformation Plan with system partners	SPC Board Meeting	2 nd Quarter (Jan – March 26)
Approve Facilities System Plan	Infrastructure Com Board Meeting	3 rd Quarter (April – June 26)
Approve Other Strategic Plans as needed (Ambulatory Access and Quality Plan; Central Health / Integral Care BH System of Care)	Medical Com Board Meeting	3 rd Quarter (April – June 26)
Approve Data Reporting Dashboards	SPC and Medical Com Board Meeting	3 rd Quarter (April – June 26)
Approve CH Policies for Board Governance	ByLaw Com Board Meeting	3 rd Quarter (April – June 26)
Approve CH role in diversion system of care	Budget & Finance Board Meeting	3 rd Quarter (April – June 26)
Approve Facilities Purchases and Agreements to advance System Transformation Plan	Board Meeting	4 th Quarter (July – Sept 26)

Approve 2027 Budget and FY 2027 OKRs	Budget & Finance Board Meeting	4 th Quarter (August 26)
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EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 3

Review and discuss the compliance plan as recommended by the Chief Compliance Officer. (*Action Item*)

Purpose of the Compliance Plan

Compliance Plan - Scope

- **Establishes compliance program governance, reporting, escalation pathways, and implementation of core compliance program elements (risk assessment, training, audits/monitoring, reporting, investigations, corrective action)**
- **Defines authority, reporting relationships and escalation pathways**
- **Aligns with federal enforcement expectations and best practices**

Program Governance Highlights

- **Chief Compliance Officer reports to the President & CEO**
- **Authority to report to the Board of Managers without prior approval when warranted**
- **Compliance Committee, Executive Committee, and Board roles clearly defined**

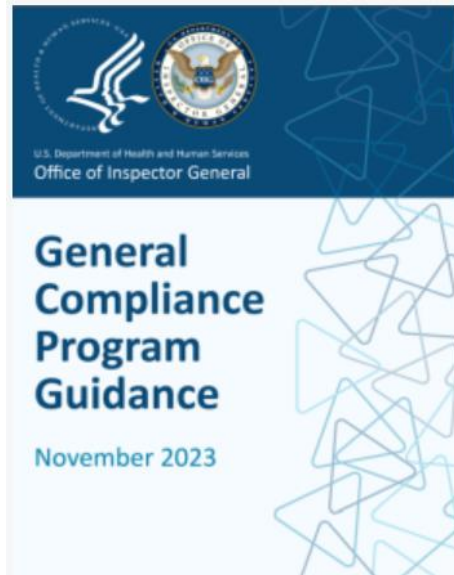
Regulatory Alignment

- **Structure to align with:**
 - **DOJ Evaluation of Corporate Compliance Programs**
 - **Office of Inspector General Compliance Program Guidance (2023)**

Compliance Guidance – Regulatory Alignment

Compliance Program Reference Documents

- HHS-OIG General Compliance Program Guidance - [HHS-OIG General Compliance Program Guidance | November 2023](#)
- DOJ Evaluation of Corporate Compliance Programs Guide (updated 2024) <https://www.justice.gov/criminal/criminal-fraud/page/file/937501/dl?inline=>
- OIG & HCCA Joint Guidance for Health Care Boards (2010) - [Practical Guidance for Health Care Governing Boards on Compliance Oversight](#)



U.S. Department of Justice
Criminal Division
Evaluation of Corporate Compliance Programs
(Updated September 2024)

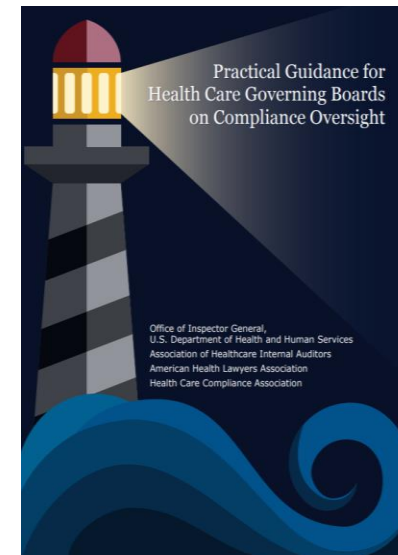
Introduction

The "Principles of Federal Prosecution of Business Organizations" in the Justice Manual describe specific factors that prosecutors should consider in conducting an investigation of a corporation, determining whether to bring charges, and negotiating plea or other agreements. JM 9-28.300. These factors include "the adequacy and effectiveness of the corporation's compliance program at the time of the offense, as well as at the time of a charging decision" and "the corporation's remedial efforts to implement an adequate and effective corporate compliance program or to improve an existing one." JM 9-28.300 (citing JM 9-28.800 and JM 9-28.1000). Additionally, the United States Sentencing Guidelines advise that consideration be given to whether the corporation had in place at the time of the misconduct an effective compliance program for purposes of calculating the appropriate organizational criminal fine. See U.S.S.G. § 8B2.1, 8C2.5(f), and 8C2.8(1). Moreover, Criminal Division policies on monitor selection instruct prosecutors to consider, at the time of the resolution, whether the corporation has made significant investments in, and improvements to, its corporate compliance program and internal controls systems and whether remedial improvements to the compliance program and internal controls have been tested to demonstrate that they would prevent or detect similar misconduct in the future to determine whether a monitor is appropriate.

This document is meant to assist prosecutors in making informed decisions as to whether, and to what extent, the corporation's compliance program was effective at the time of the offense, and is effective at the time of a charging decision or resolution, for purposes of determining the appropriate (1) form of any resolution or prosecution; (2) monetary penalty, if any; and (3) compliance obligations contained in any corporate criminal resolution (e.g., mentorship or reporting obligations).

Because a corporate compliance program must be evaluated in the specific context of a criminal investigation, the Criminal Division does not use any rigid formula to assess the effectiveness of corporate compliance programs. We recognize that each company's risk profile and solutions to reduce its risks warrant particularized evaluation. Accordingly, we make a reasonable, individualized determination in each case that considers various factors including, but not limited to, the company's size, industry, geographic footprint, regulatory landscape, and other factors, both internal and external to the company's operations, that might impact its compliance program. There are, however, common questions that we may ask in the course of making an individualized determination. As the Justice Manual notes, there are three "fundamental questions" a prosecutor should ask:

1. Is the corporation's compliance program well designed?
2. Is the program being applied earnestly and in good faith? In other words, is the program adequately resourced and empowered to effectively?





COMPLIANCE PLAN

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THE COMPLIANCE PLAN OF CENTRAL HEALTH

I. COMPLIANCE PLAN OVERVIEW

This document sets forth the Compliance Plan of Central Health. The purpose of this Compliance Plan is to define Central Health's policy and commitment to conducting its operations in accordance with applicable federal, state, and local regulatory requirements, as well as to uphold the highest standards of legal and ethical conduct. The Compliance Plan supports the detection, prevention, and correction of potential violations of law, regulation, or internal standards, and fosters a culture of compliance and accountability throughout Central Health.

Central Health is subject to legal, regulatory, and ethical requirements and considerations. It is the policy of Central Health that all its business and other practices be conducted at all times in compliance with all applicable laws and regulations of the United States, the State of Texas, all other applicable laws and ordinances, and the ethical standards/practices of the industry. In alignment with guidance from the U.S. Department of Health and Human Services Office of Inspector General (OIG), Central Health adopted a Compliance Plan that incorporates the OIG's Seven Elements of an effective Compliance Program. The seven core elements include: (1) compliance oversight, including the designation of a compliance officer and compliance committee; (2) implementing written policies and standards of conduct; (3) conducting effective training and education; (4) developing effective lines of communication; (5) conducting internal monitoring and auditing; (6) publicizing disciplinary guidelines, and (7) responding promptly to detected offenses and undertaking corrective action (*Policy Reference - Compliance Program (CMP-001P) Policy*).

This document serves as a guide to help implement a policy of compliance with all applicable standards. The Compliance Plan's focus is on promoting a culture of compliance including detecting, correcting, and preventing non-compliance, fraud, waste, and abuse, and Code of Conduct violations, and incorporating principles of continuous quality improvement into our methods.

Central Health is committed to conducting its business ethically and maintaining and promoting a system wide culture that emphasizes integrity; individual and institutional acceptance of responsibility; effective self-policing; and transparency in the relationships between Central Health and its key stakeholders, including government officials and agencies.

The Compliance Plan governs all activities conducted by Central Health. As the Hospital District for Travis County, Central Health is responsible for providing medical and hospital services to eligible people in Travis County including delivering direct healthcare services, working through our affiliates CommUnityCare and Sendero Health Plans and through administering the Medical Assistance Program (MAP) and MAP Basic programs. The Compliance Plan is holistically

applicable across all departments, functions, and service lines of Central Health. To ensure effective oversight, annual Compliance Work Plans are developed based on identified risk areas and outline targeted auditing and monitoring strategies tailored to specific operational and programmatic needs.

The Board of Managers will approve the Compliance Plan. By adopting this Compliance Plan, Central Health seeks to promote a working environment that fosters and expands these standards. All team members, contractors, and agents of Central Health are expected to comply with all laws and regulations, report non-compliance, cooperate in compliance investigations and implement corrective actions in accordance with the highest standards of ethical and professional conduct.

Central Health embraces the benefits associated with the implementation of this Compliance Plan to promote the following goals:

- Improve quality of health care services;
- Reduce the overall cost of health care services;
- Enhance health care operations;
- Demonstrate Central Health’s commitment to honest and responsible corporate conduct;
- Prevent fraud, waste and abuse;
- Increase the likelihood of preventing, identifying, and correcting unlawful and unethical behavior at an early stage;
- Encourage employees to report potential problems to allow for appropriate internal inquiry and corrective actions; and
- Through early detection and reporting, minimize financial loss to Central Health.

II. APPLICATION

A. Mission and Guiding Principle

The mission of Central Health is “by caring for those who need it most, Central Health improves the health of our community.” Central Health, Travis County's hospital district, is building a comprehensive, high-functioning healthcare system for residents with low incomes who need it most.

B. Code of Conduct

Central Health maintains and annually updates a written Code of Conduct that articulates its commitment to ethical behavior. The Code of Conduct is a key element of the Compliance Program and details the fundamental principles, values, and framework that guide everyday practice.

The Code of Conduct establishes the ethical standards team members must uphold in critical areas and aspects of Central Health’s operations. The Code of Conduct explains our commitment to

ethical standards and sets expectations for all employees in achieving and maintaining these standards.

The Code of Conduct applies to all business operations and all team members of Central Health. Representatives that are not directly employed by, but represent Central Health, such as contractors, consultants, and students, are directed to conduct themselves in a manner consistent with this Code of Conduct when they are acting on behalf of Central Health.

Central Health team members are trained on the Code of Conduct within 45 days of hire and, at a minimum, annually thereafter. Training includes a review of the Code of Conduct and the Compliance Plan. At the conclusion of training, team members are required to attest that they read and understand the Code of Conduct, agree to abide by its principles, and to report any suspected or possible violations.

Compliance with the Code of Conduct and all applicable policies and procedures is a condition of employment and an element in evaluating the performance of all team members, contractors, consultants, and students (***Policy Reference - Standards of Conduct (HR2-008P) Policy***). Due to the nature of Central Health's business, and responsibility for the appropriate use of taxpayer funds, conduct relating to billing, reimbursement, referrals, and the provision of health care services is of particular importance.

The following examples are brief descriptions of **prohibited conduct**:

- No Central Health team member or contractor shall knowingly submit any claims based on the provision of a health care provider's services when the person providing the service is not properly licensed.
- No Central Health team member or contractor shall submit any claims for services that the individual has reason to believe were not medically necessary, not properly documented or not payable by the program or payor to which the claim is submitted.
- No Central Health team member or contractor shall pay or offer to pay for referrals of items or services.
- No Central Health team member or contractor shall receive or solicit any payment for referrals of items or services.
- No Central Health team member or contractor shall knowingly make any false statement on behalf of Central Health in any claim or application for benefits for a patient.
- No Central Health team member shall retain funds from any governmental agency or other payor on behalf of Central Health, which the employee believes were not properly due to Central Health.

In addition to the above, the Central Health policy relating to health care fraud, waste, and abuse and related issues may be found in Central Health's online policy manager (***Policy Reference - Compliance with Fraud, Waste, and Abuse Laws and Regulations (FWA - 001P) Policy***).

C. Specific Laws and Regulations

Central Health’s team members, physicians, officers, directors, and contractors shall act with the highest level of integrity in all Central Health activities and comply with applicable laws and standards. Such representatives are expected to learn about, understand and follow Central Health’s policies and Federal and State laws and regulations that govern their activities.

Central Health’s team members, physicians, officers, directors and contractors are not expected to have expert knowledge of all legal and regulatory requirements that may apply to their responsibilities. However, it is expected that the Central Health Board of Managers and team members will be sensitive to legal and ethical issues, and the goal of this Compliance Plan is to give them the foundation to know enough to ask questions if they are uncertain about any given situation and the method of seeking advice.

Team members are expected to consult the Chief Compliance Officer regarding potential compliance issues and the applicability of legal and regulatory requirements.

D. Distribution of the Compliance Plan and Compliance Requirements

Central Health will provide a copy of this Compliance Plan to all Board Members, team members, and independent contractors to inform them of Central Health’s policy and their obligations for complying with the Compliance Plan. The term “contractor” means an individual who works within the Central Health’s environment or who is contracted to provide clinical, billing, or administrative services for Central Health.

As part of the new team member onboarding process, all new Central Health employees will receive information for reporting compliance concerns.

E. Adherence to the Compliance Plan and Compliance Requirements

Central Health is committed to compliance with the law. Compliance with the law is desirable for its own sake to fulfill Central Health’s role as a special purpose taxing district that upholds the highest standards and meets our obligations laid out in the Constitution and laws and regulations of Texas and the people of Travis County. Compliance is also important to avoid legal penalties, imprisonment of individuals, fines and/or exclusion of both individuals and Central Health from participation in government health care programs. *Any person who violates these laws will be subject to disciplinary action, up to and including immediate termination of their employment or affiliation with Central Health.*

III. RESPONSIBILITIES AND OVERSIGHT

A. Board of Managers Oversight

The Board of Managers has a duty to oversee Central Health’s compliance with laws and regulations and has therefore resolved to empower the Chief Compliance Officer to address compliance issues and implement this Compliance Plan. The Board Resolution Regarding the Compliance Program is attached as *Exhibit A*.

The Chief Compliance Officer maintains direct, regular, and open access to the Board and gives periodic reports to the Board regarding compliance activities.

B. Chief Compliance Officer

This Compliance Plan shall be implemented under the guidance and supervision of Central Health's Chief Compliance Officer.

It is the duty of the Chief Compliance Officer to oversee the implementation of this Compliance Plan; measure and assess its effectiveness; assure that team members and contractors are notified of compliance standards; coordinate education and training of employees; ensure a method for reporting issues of noncompliance; review and respond to reports of compliance issues; coordinate internal investigations; and report, as applicable and consistent with the approved compliance reporting policy, to the Board on the status Central Health's compliance efforts.

The Chief Compliance Officer reports to the President and Chief Executive Officer to ensure access to executive leadership and effective integration of the Compliance Program across the organization.

The Chief Compliance Officer is a member of the Executive Leadership Team, which supports direct engagement with senior leadership and integration of compliance oversight across Central Health.

This reporting relationship does not limit the Chief Compliance Officer's independence or authority. The Chief Compliance Officer has direct and unrestricted access to the Board of Managers and may communicate and report directly to the Board, without prior approval, when circumstances warrant, including matters involving significant compliance risk, regulatory exposure, or senior leadership.

The Chief Compliance Officer shall carry out their duties independently of operational management and without interference, delay, or retaliation.

All questions and concerns regarding compliance with the standards set forth in this Compliance Plan shall be directed to the Chief Compliance Officer. All Board Members and Central Health team members must cooperate fully and assist the Chief Compliance Officer as required in the exercise of their duties. If a Board Member or team member is uncertain whether specified conduct is prohibited, they must contact the Chief Compliance Officer for guidance prior to engaging in such conduct.

C. Responsibilities

The President and CEO, and Board of Managers are responsible for:

- i. Exemplifying a culture of compliance and ethics throughout Central Health.
- ii. Setting the expectation for compliance and ethics as a core responsibility for all team members.

- iii. Ensuring that the Chief Compliance Officer and Compliance Department have sufficient staffing, resources, and financial support to perform their responsibilities.
- iv. Consulting with the Chief Compliance Officer on compliance matters and supporting the effective operation of a robust and dynamic Compliance Program.
- v. Coordinating with the Chief Compliance Officer and Compliance Department to periodically evaluate the Compliance Program to ensure that it (i) functions as intended, (ii) serves the purposes for which it has been designed, and (iii) enables Central Health to meet its high standards and commitment to compliance and ethics.
- vi. Promoting and maintaining a work environment where concerns can be raised, openly discussed, and reported without fear of retaliation, and
- vii. Complying with all the requirements set forth in the Compliance Plan and Compliance policies and procedures as organizational leaders.

The Compliance Officer is responsible for:

- i. Designing, implementing, and overseeing an effective Compliance Program that meets the expectations set forth in United States Sentencing Guidelines and Office of Inspector General's Compliance Program Guidance.
- ii. Staffing and leading a Compliance Department responsible for ensuring performance of the Compliance Program components described herein.
- iii. Keeping informed of developments and trends in healthcare compliance and using such information to enhance the Compliance Program.
- iv. Keeping the CEO, the members of the Central Health Compliance Committee and the Board regularly informed of Compliance Program developments, as well as industry best practices and government enforcement actions related to the Compliance Program; and
- v. Periodically assessing the effectiveness of the Compliance Program to determine that it (i) functions as intended; (ii) serves the purposes for which it has been designed; (iii) is reflective of current laws, developments, and industry best practices; and (iv) enables Central Health to meet its high standards and commitment to compliance.

Team members are responsible for:

- i. Acting in compliance with the performance of their duties and in their conduct.
- ii. Supporting the Compliance Program (leaders have a heightened responsibility to do so).
- iii. Reading, understanding, and complying with the Code of Conduct and all other compliance and privacy policies and procedures.
- iv. Completing all required compliance and ethics training in a timely manner.
- v. Reporting potential compliance issues to their leader, another member of the management team, the People Department, the Chief Compliance Officer, or the Compliance and Ethics Hotline; and
- vi. Cooperating with the Compliance Department in the performance of compliance investigations and auditing and monitoring activities.

Leaders have additional responsibilities to:

- i. Demonstrate and emphasize the importance of compliance and ethics.

- ii. Model behaviors in support of compliance and ethics.
- iii. Assess compliance and ethics as part of performance measurement for all team members.
- iv. Maintain an environment where individuals can comfortably ask questions or raise compliance concerns without fear of retaliation.
- v. Provide appropriate and timely responses to questions or concerns, in consultation with the Compliance Department, as needed.
- vi. Maintain communication with the Compliance Department about potential compliance and ethics concerns.
- vii. Shall set an example of a strong commitment to compliance; and
- viii. Shall encourage open communication among team members concerning compliance matters.

D. Compliance Governance, Oversight, and Administration

Central Health has appointed a Chief Compliance Officer who is responsible for overseeing and monitoring the Compliance Program. The Chief Compliance Officer has a direct reporting relationship to the Chief Executive Officer and maintains direct, unrestricted access to the Board of Managers. The Chief Compliance Officer may report directly to the Board of Managers on significant compliance risks, regulatory matters, or issues involving senior leadership, as warranted.

The Chief Compliance Officer is a member of the Central Health Executive Leadership Team and maintains direct line of communication with Compliance Leadership for CommUnityCare and Sendero Health Plans, and the Central Health Chief Legal Officer. This enables the Chief Compliance Officer to learn and know about areas of needed collaboration, best practices and current fraud trends from across the country. The Chief Compliance Officer regularly informs the Chief Executive Officer, the Compliance Committee, the Executive Committee of the Board, and the Board of Managers of material compliance risks, program updates, investigations, or issues requiring governance attention.

The Chief Compliance Officer has the authority to access information and records relevant to compliance oversight, including, but not limited to policies, contracts, billing and claims data, documentation, workforce records, and records related to arrangements with vendors, contractors, suppliers, agents, and physicians, consistent with applicable law. The Chief Compliance Officer is authorized to review contracts and financial arrangements that may implicate referral, payment, or inducement risks and to seek the advice of legal counsel where appropriate.

E. Compliance Committee

Central Health maintains a Compliance Committee composed of executive-level leadership, including the President and Chief Executive Officer. The Chief Compliance Officer serves as Chair of the Compliance Committee. A formal Compliance Committee Charter outlining the Committee's purpose, authority, and responsibilities is submitted to the Board of Managers for approval. The Compliance Committee documents its decisions and action items and ensures timely

follow-up on recommendations to support the effectiveness of the Compliance Program. The Compliance Committee reports to the Chief Executive Officer and provides regular compliance reporting to the Executive Committee of the Board, consistent with the Board's bylaws. The Executive Committee reviews compliance activities, compliance program documentation, and matters requiring escalation and makes recommendations to the Board of Managers, as appropriate. The Compliance Officer has direct access to the Board of Managers and may report directly to the Board on significant compliance risks, regulatory matters, or issues involving senior leadership, as warranted.

The Compliance Plan and Compliance Work Plan are reviewed and updated at least annually by the Compliance Committee and presented to the Executive Committee and Board of Managers, as appropriate. The Compliance Committee receives regular reporting on progress against the Compliance Work Plan.

Compliance Committee Responsibilities

The Compliance Committee's functions related to the Compliance Plan include:

- i. Analyzing Central Health's legal, regulatory, and contractual compliance requirements and evaluating associated risk areas
- ii. Assessing existing policies and procedures addressing identified risk areas for alignment with the Compliance Plan
- iii. Recommending and overseeing, in coordination with department leadership, the effectiveness of internal controls, auditing, and monitoring activities designed to support compliance with applicable standards, policies, and procedures
- iv. Determining strategies to promote adherence to the Compliance Plan and to support the detection and reporting of potential violations
- v. Defining and reviewing compliance performance metrics, including issues reviewed, audit follow-up completion, training compliance rates, and reporting activity
- vi. Addressing other functions where compliance impacts operating structure and daily routine of Central Health's delivery of services.
- vii. Establishing sub-committees, as appropriate to support the effective implementation of the Compliance Program..

The Compliance Committee shall meet on a quarterly basis. All Compliance Committee discussions, findings, decisions, etc. shall be documented via the formal minutes taken at each Compliance Committee meeting.

IV. COMPLIANCE REQUIREMENTS

A. Risk Assessment, Auditing, and Monitoring

Central Health maintains an organization-wide, risk-based compliance program designed to prevent, detect, and correct noncompliance across all operational and service areas. A formal compliance risk assessment is conducted to identify and prioritize compliance risks and to inform

the development of the annual Compliance Work Plan, auditing, and monitoring activities. The compliance risk assessment includes:

- Identification of key compliance risk areas including but not limited to billing, coding, environment of care, privacy and security, and referral arrangements.
- Integration of input from leadership employees, and prior audit and monitoring results, regulatory guidance, and enforcement trends.
- Documentation of risk prioritization decisions mitigation plans, and corrective action plans.
- Reporting of Risk Assessment findings and mitigation strategies to the Compliance Committee, Executive Committee and the Board of Managers, as appropriate.

Work Plans will be developed for operational and service areas based on risk and will differentiate the monitoring and auditing efforts, respectively.

Annually thereafter, a compliance risk assessment will be completed to evaluate the ongoing compliance-related risks that have the potential for legal, financial, and/or operational implications and appropriate mitigation strategies will be implemented as warranted.

Auditing and monitoring activities will be calibrated based on the results of the annual compliance risk assessment, previous auditing and monitoring activities, and compliance investigations. Auditing may be conducted by Central Health team members or by third party contractors. When activities are conducted outside of the Compliance Department, Compliance maintains oversight responsibility to ensure independence, consistency, and appropriate escalation of findings.

The Chief Compliance Officer and the Compliance Department will oversee the compliance audits of various business areas within Central Health in a manner consistent with applicable audit standards. Audits may be conducted by Central Health team members or through contracted third parties. As examples, these audits may be used to determine whether:

- i. The policies and procedures mentioned in this Compliance Plan are current and complete.
- ii. Bills are accurately coded and accurately reflect the services provided (as documented in the medical record).
- iii. Documentation is being completed correctly and timely (***Documentation in the Medical Health Record SOP HCD-ADM-002SOP***).
- iv. Services or items provided are reasonable and necessary.
- v. Any incentives for unnecessary services exist.
- vi. Privacy and security standards are being met.

As vendors and third parties can pose significant compliance risks to Central Health, Central Health will implement a comprehensive oversight program that aligns with best practices and guidance from the Office of Inspector General Compliance Program Guidance (GCPG). Central Health will enhance its oversight of external parties by implementing structured onboarding and compliance training requirements, requiring documented attestations of policy adherence, and expanding screening procedures beyond basic exclusion checks. Additionally, high-risk vendors—

particularly those involved in billing, referrals, or access to protected health information—should be subject to ongoing monitoring and performance audits. Contracts should include clear compliance obligations, audit rights, and provisions for corrective actions. These enhancements will strengthen accountability, mitigate regulatory risk, and reinforce Central Health’s commitment to ethical and lawful business practices.

Results of compliance audits and monitoring activities are reviewed by the Compliance Committee and escalated to the Executive Committee and the Board of Managers when findings present material risk, require governance action, or involve senior leadership.

B. Reporting

Central Health maintains open and effective lines of communication to encourage the reporting of potential compliance concerns. All team members shall promptly report any information regarding noncompliance with or any other known or suspected violation of applicable laws, regulations, ethical standards or Central Health policy. Failure to report a known compliance issue is a violation of Central Health policy and will subject a team member to disciplinary action, including termination.

Reporting issues of noncompliance may be accomplished in a variety of ways. The team member may report the incident directly to the Chief Compliance Officer either verbally or in writing. If reporting through the Compliance and Ethics Hotline, the team member may choose to identify themselves or to remain anonymous. The Chief Compliance Officer will strive to shield the identity of reporting individuals wanting to remain anonymous. However, it is recognized that there may be situations in which the investigation may lead to the disclosure of the reporter’s identity. Anonymity is not guaranteed.

Team members may also utilize the following mechanisms to report compliance issues in accordance with Central Health policies:

- Compliance Department’s email at CHCompliance@centralhealth.net
- Hotline Website: www.lighthouse-services.com/centralhealth
- Toll-Free Telephone: (833) 770-0080 (English)
- Toll-Free Telephone: (800) 216-1288 (Spanish)
- Email to Hotline Vendor: reports@lighthouse-services.com (must reference Central Health with the report)
- Fax: (215) 689-3885 (must reference Central Health with the report)

No team member who reports a compliance issue in good faith will be subject to disciplinary action or punished in any way for making a report. However, submission of a report by a team member that the team member knows is false or misleading will subject the team member to disciplinary action, including termination.

An individual whose report of misconduct contains admissions of personal wrongdoing will not be guaranteed protection from disciplinary action simply because they made the report. In

determining what disciplinary action may be taken against a reporting individual, Central Health may consider an individual's own admissions of wrongdoing, provided, however, that their involvement was not previously known to Central Health, its discovery was not imminent, and the admission was complete and truthful. The weight to be given the self-reporting will depend on all the facts known at the time Central Health makes its disciplinary decision (***Policy Reference - Reporting and Non-Retaliation (CMP-006P) Policy***).

C. Incident / Noncompliance Investigation

Upon receipt of a report, other information suggesting a possible compliance issue or finding from audit results, the Chief Compliance Officer will conduct a brief review of the issue to determine if the report constitutes a potential compliance violation. If it is determined that the report constitutes a potential or actual violation, the Chief Compliance Officer will make a record of the information and confer with the Chief Legal Officer. The Chief Compliance Officer, along with the Chief Legal Officer and/or outside hired legal counsel, may decide who should conduct the investigation: the Chief Compliance Officer alone or with the assistance of other team members, legal counsel, or an outside expert retained by legal counsel. Investigations will commence as soon as reasonably possible following the receipt of information suggesting a possible compliance issue. Investigation activities may include, but are not limited to, the following:

- Interviews of the complainant and others.
- A review of relevant documents.
- A review of applicable laws/regulations.

Team members are expected to cooperate fully with any investigation conducted in response to a report concerning compliance issues.

D. Corrective Action

If, upon conclusion of an investigation, it appears there is a substantiated compliance concern, the Chief Compliance Officer shall ensure a corrective action plan is formulated and implemented. The Chief Compliance Officer may obtain the advice and guidance of legal counsel, and others as appropriate in ensuring a corrective action plan is formulated and implemented. The corrective action plan will be designed to ensure the specific issue is addressed and, to the extent possible, similar problems do not occur in other departments or areas. Examples of corrective actions include but are not limited to: 1) adopting new policies and procedures to prevent recurrence of the problem, 2) imposing restrictions on duties certain individuals are allowed to perform, 3) specific education and training for the team member, 4) education and training for all team members, 5) discipline of the employee, and/or 6) disclosure to appropriate oversight authorities.

If the investigation reveals possible non-compliant conduct, Central Health shall proceed as follows:

- If the problem relates to billing, cease any questioned billing until the problem is corrected or clarified.
- Initiate appropriate disciplinary action if needed in accordance with the Corrective Discipline Policy.

- If determined necessary after consultation with the Chief Legal Officer, notify appropriate State or Federal officials.
- Repay improper payments received and provide education on appropriate billing procedure. The Chief Compliance Officer, the CEO, and the Chief Legal Officer, as necessary, shall determine at what level any necessary repayment will be made, and whether any particular disclosures should be made.

Due to the importance of monitoring efforts, any issue for which a corrective action plan is implemented may be targeted for future monitoring. These issues shall be tracked by the Chief Compliance Officer. All pertinent information learned during investigations will be incorporated into Board Members and Central Health team members' education and training to prevent recurrence of the non-compliant activity.

On a periodic basis, the Chief Compliance Officer will report to the Compliance Committee any investigation undertaken and the results of that investigation. The Compliance Committee may report this information to the Central Health Board of Managers as determined by the Chair of the Compliance Committee, the Chief Compliance Officer (*Policy Reference - Compliance Investigations (CMP-008P) Policy*).

E. Enforcement and Discipline

A team member's commitment to compliance and ethical conduct may be noted for purposes of the team member's performance evaluation.

Disciplinary action against any team member involved in dishonest conduct, including, but not limited to, suspension or termination, may be taken under any of the following circumstances (these circumstances do not constitute an exhaustive list):

- If the team member authorizes or participates in any action which constitutes a violation of applicable laws, regulations, or ethical standards/policies of Central Health
- If the team member fails to promptly report a known or suspected violation of applicable laws, regulations, or ethical standards/policies of Central Health, or if the team member withholds information from the Chief Compliance Officer concerning a violation about which they are aware.
- If the team member attempts to retaliate or participate in retaliation against a team member who reports a compliance issue in good faith.
- If the team member makes a report of a compliance issue which the team member knows to be false or misleading, or
- If the team member interferes or fails to cooperate fully with Central Health's efforts to investigate or address any compliance report.

Central Health intends to be consistent in its enforcement of compliance; however, Central Health reserves the right to exercise discretion in penalizing those who violate these standards including team members, contractors and vendors. Disciplinary actions may extend to individuals responsible for the failure to prevent, detect, or report an offense.

All disciplinary actions will be consistent with Central Health’s applicable policies and procedures. All disciplinary actions and all documentation will be sent to the People Department for proper filing. Department leaders are expected to keep the appropriate copy of the disciplinary actions for their records in a secure location (*Policy Reference - Standards of Conduct (HR2-008P) Policy*).

V. TRAINING, AWARENESS AND COMPETENCE

Within three (3) months after the Compliance Plan is adopted by Central Health, all Central Health team members shall be required to acknowledge the Compliance Plan within the Central Health Learning Management System and must attend an introductory training session regarding the contents of this Compliance Plan. Some team members may receive additional specialized training appropriate to the areas in which they work, such as claims development and billing practices and procedures training. New Central Health team members will be educated regarding the contents of the Compliance Plan during their onboarding.

At the time a team member is educated about the Compliance Plan, the team member must sign the acknowledgment attached to this Compliance Plan as *Exhibit B* and saved within the team member’s Learning Management System profile. Reading this Compliance Plan and signing the acknowledgment will be a condition to employment with Central Health.

A. New Employee and Annual Trainings

All new Central Health team members are required to complete the new team member Compliance training within 45 days of employment and then again annually during the designated annual training (*Policy Reference - Orientation, Annual Training, & Department Onboarding Policy HR2-007P*).

B. Periodic Training

All Central Health team members are required to receive periodic training on the Central Health’s Compliance Plan and pertinent policies and topics.

C. Specialized Training

Specific Central Health team members may receive specialized training because of the areas in which they work. This specialized training may focus on complex or high-risk operational areas. As new developments or concerns arise, the Chief Compliance Officer may require additional training sessions for some or all Central Health team members. Such training shall utilize in-house subject-matter experts whenever possible. However, if deemed necessary, the services of outside experts may be enlisted to conduct specialized or highly technical training.

The Chief Compliance Officer or a designee will also be available to create and deliver location and department specific compliance, contractual and plan integrity training.

The Chief Compliance Officer or a designee will ensure there is a record of attendance at each session or documentation of completion of each course is retained.

VI. POLICY AND PROCEDURES

Central Health has policies and procedures that capture its commitment to compliance and effectively address compliance obligations. The policies and procedures also account for specific areas of compliance and ethics risks relevant to healthcare organizations.

These policies and procedures ensure that all officers, directors, and team members know and understand what is required to ensure that Central Health observes and maintains high standards of ethical conduct in its business and operational practices. Policies and procedures will be reviewed annually and accessible to employees as they provide guidance on operational processes as well as compliance related topics that impact daily management of patients during service delivery.

Central Health maintains and enforces policies and procedures that define and support the Compliance Plan and address, at minimum, in the following areas: Reporting potential incidents of non-compliance or fraud, waste, and abuse, protecting the confidentiality of patient identifiable health information, providing security for access to and transmission of protected health information, compliance training for team members, contractors and volunteers, screening for exclusion or suspension from federal and state programs, and anonymous compliance reporting.

VII. ACCOUNTABILITY, RESPONSIBILITY, AND SCREENING PROGRAM

Central Health will not contract with, employ, or bill for services rendered by an individual or entity that (A) is or has been sanctioned, excluded or ineligible to participate in state or Federal government health care programs; (B) is suspended or debarred from state or Federal government health care contracts; or (C) has been convicted of a criminal offense related to the provision of health care items or services.

Central Health shall have appropriate procedures in place to ensure it does not employ or utilize Board Members, Central Health team members, agents, vendors or contractors whom the organization knew, or should have known, to have engaged in illegal activities or other conduct inconsistent with the Compliance Plan.

VIII. PLAN MODIFICATION

The Compliance Plan is the foundation for a dynamic program that provides a flexible framework for adapting to the changing healthcare environment in which Central Health operates within. It is reviewed at least annually by the Chief Compliance Officer, and the Central Health Compliance Committee to ensure that it functions as intended, serves the purpose for which it has been designed, and enables Central Health to meet its high standards and commitment to compliance.

Maintaining organizational compliance is something that is not done once, nor is the effort complete once the program has been implemented. Central Health's leadership, and the Chief Compliance Officer, with the Board's assurance, will continually strive to improve the Compliance

Plan and ensure it is tailored to issues relevant to Central Health's operations and the needs of Central Health's patients. When violations of Central Health's standards occur, they will be evaluated to determine how they could be prevented in the future and, if needed, the Compliance Plan and related policies and procedures will be modified accordingly. Central Health's team members will be educated as needed regarding any changes in the Compliance Plan or policies.

The Chief Compliance Officer is responsible for assessing the overall effectiveness of Central Health's Compliance Program. To strengthen this process and align with guidance from the Office of Inspector General (OIG) and the Department of Justice (DOJ), the Compliance Plan tracks metrics including training completion rates and comprehension scores, analyzes hotline usage and the nature of reported concerns, monitors the timeliness of investigations and corrective actions, and administers employee surveys to assess awareness and culture of compliance. In addition, Central Health will consider periodic benchmarking against peer organizations and industry standards and engage external evaluators periodically for independent assessment.

IX. OVERVIEW OF RELEVANT LAWS

There are many federal and state laws that may govern Central Health. A general overview of some of the healthcare fraud and abuse laws that might apply is attached as **Exhibit C**. This overview is accurate as of the time this Compliance Plan was adopted. There may be changes to these laws periodically which are not reflected in Exhibit C. The reader should seek further guidance as necessary from the Chief Compliance Officer.

X. REPORTING

The following contact information shall be used to report fraud, waste and abuse:

Chief Compliance & Risk Officer

Central Health

Austin, TX 78702

Email: CHCompliance@centralhealth.net

Compliance Department

Email: CHCompliance@centralhealth.net

Compliance and Ethics Hotline (Anonymous Reporting option)

Hotline Website: www.lighthouse-services.com/centralhealth

Toll-Free Telephone: (833) 770-0080 (English)

Toll-Free Telephone: (800) 216-1288 (Spanish)

Email: reports@lighthouse-services.com*

Fax: (215) 689-3885*

*Must reference Central Health with the report

XI. SUMMARY

The Central Health Compliance Plan confirms the establishment of a Compliance Officer, a Compliance Committee, and a program for effective training and education; auditing and monitoring; and the prevention, detection and resolution of fraud, waste and abuse. Effective and clear lines of communication have been established and internal investigation and disciplinary processes developed. Specific controls have been set in place to prevent and detect compliance issues, and procedures are in place for the reporting of non-compliance with applicable healthcare laws and regulations.

Central Health has established a clear commitment to compliance and program integrity.

EXHIBIT A

RESOLUTION OF THE TRAVIS COUNTY HEALTHCARE DISTRICT D/B/A CENTRAL HEALTH BOARD OF MANAGERS REGARDING THE COMPLIANCE PROGRAM

WHEREAS, the policy of Central Health has been always to conduct its business in compliance with applicable federal, state and local laws and regulations, and to adhere to the highest ethical standards; and

WHEREAS, Central Health recognizes that even unknowing violations of laws and regulations by Central Health employees, contractors and agents can subject the organization to

civil and criminal penalties, tarnish its reputation for professionalism, and lead to unfavorable publicity; and

WHEREAS, Central Health recognizes that the federal agencies responsible for enforcement of laws and regulations applicable to healthcare providers have encouraged the development and implementation of formal compliance programs by healthcare providers; and

WHEREAS, Central Health believes that the development and implementation of a formal compliance program is consistent with the organization's efforts to improve quality and performance, and further reflects the organization's long-standing commitment to conduct its business in compliance with applicable Federal laws and regulations and applicable State laws and regulations and the highest ethical standards; and

WHEREAS, Central Health wishes to ensure that the Compliance Program is effective in identifying and correcting practices and policies that are not in compliance with applicable laws and regulations, including, where necessary, by providing for disciplinary action against those employees, contractors and agents that fail to comply with such laws and regulations; and

WHEREAS, Central Health further wishes the Compliance Program to formalize, and reflect specific standards of conduct and policies for educating and training employees, contractors and agents with respect to those standards, review and continually enhance internal controls and monitoring systems, and foster effective communication and responsiveness to address compliance issues.

NOW, THEREFORE, BE IT RESOLVED that the Board of Managers of this organization adopts the attached Compliance Plan. The Board of Managers shall receive periodic progress reports on the development, implementation, and ongoing operation of this Compliance Program.

ADOPTED this __ day of _____, 2025 by the Central Health Board of Managers.

Chairperson
Central Health Board of Managers

EXHIBIT B

ACKNOWLEDGMENT ATTESTATION

I, _____ the undersigned team member, contractor or agent of Central Health, do hereby acknowledge that I have read and reviewed Central Health’s Compliance Plan.

I understand the content of the Compliance Plan and am fully aware that I must comply with these standards or face disciplinary measures.

I will cooperate fully with the Chief Compliance Officer in the ongoing implementation of the Compliance Plan.

In addition, I will fully offer the Chief Compliance Officer my assistance during all auditing, monitoring, and investigational activities related to my position at Central Health.

Signature

Date

Print/Type Name

Position

Note: This acknowledgement form will be signed and stored electronically as a part of the onboarding process, annually, and as needed periodically.

EXHIBIT C

HEALTH CARE FRAUD AND ABUSE LAWS

Federal False Claims Act

The federal False Claims Act (31 U.S.C. § 3729-3733) is a federal law that imposes penalties on any person or organization that knowingly makes a false record or files a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or any state health care program. “Knowingly” includes having actual knowledge that a claim is false or acting with “reckless disregard” as to whether a claim is false. Examples of potential false claims include knowingly billing Medicare for services that were not provided, submitting inaccurate or misleading claims for actual services provided, or making false statements to obtain payment for services.

The federal False Claims Act contains provisions that allow private parties, also known as “qui tam relators,” with original information concerning fraud involving government health care programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government. The federal False Claims Act protects anyone who files a lawsuit under the Act from being fired, demoted, threatened or harassed by his or her employer as a result of filing a False Claims Act lawsuit. Remedies for retaliation include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorney fees.

There are significant penalties for violating the federal False Claims Act. Financial penalties to an organization that submits a false claim can total as much as three times the amount of the claim plus fines. In addition to fines and penalties, the courts can impose criminal penalties against individuals and organizations for willful violations of the False Claims Act.

Program Fraud Civil Remedies Act

In addition to the remedies available under the False Claims Act, the Program Fraud Civil Remedies Act (“PFCRA”) (31 U.S.C. § 3801 - 3812) provides an administrative remedy for false claims or statements submitted to certain federal agencies, including the U.S. Department of Health and Human Services. Generally, the PFCRA imposes civil monetary penalties on any person who makes, presents, or submits, or causes to be made, presented, or submitted, claims or statements that the person knows or has reason to know are false, fictitious or fraudulent. Persons violating the PFCRA are subject to civil monetary penalties of up to \$5,500 per false claim or statement and up to twice the amount claimed in lieu of damages. The PFCRA is generally limited to claims amounting to \$150,000 or less.

Federal Anti-Kickback Statute

The federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)) makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward

referrals of items or services reimbursable by a federal health care program. Remuneration includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

If a transaction falls within a statutory exception or a regulatory “safe harbor” to the Anti-Kickback Statute, it is not treated as a violation. The safe harbor regulations were enacted to cover practices unlikely to result in fraud or abuse. For a safe harbor to apply, each and every requirement set forth in the regulation must be satisfied. However, even where a transaction does not fall within a safe harbor, it does not necessarily mean it is illegal; the transaction will be subject to scrutiny, and the more safe harbor conditions satisfied, the more likely it will be found not to violate the Anti-Kickback Statute.

Penalties for violation of the federal Anti-Kickback Statute include:

- Fines up to \$25,000;
- Imprisonment for up to five years;
- Exclusion from participation, regardless of whether a criminal conviction is obtained; and/or
- Civil monetary penalty equal to triple the amount of damages to the government, plus \$50,000 for each violation.

Federal Physician Self-Referral Law (“Stark Law”)

The federal Stark Law (42 U.S.C. § 1395nn) prohibits physicians from referring patients who participate in Medicare for certain “designated health services” to an entity in which the physician (or an immediate family member) has a financial relationship, unless an exception is met. The statute also prohibits an entity furnishing the services pursuant to a prohibited referral from presenting a claim or bill to Medicare. Allegations of Stark Law violations are often coupled with federal False Claims Act allegations.

A financial relationship includes an ownership or investment interest in the entity providing the service, or an ownership or investment interest in a separate entity which holds an ownership or investment interest in the entity providing the service. It also includes a compensation arrangement between the physician (or an immediate family member) and the entity.

“Designated health services” covered by the Stark Law includes the following:

- Clinical laboratory services;
- Physical therapy services;
- Occupational therapy services;
- Radiology services, including magnetic resonance imaging, computerized axial tomography scans, and ultrasound services;
- Radiation therapy services and supplies;
- Durable medical equipment and supplies;

- Parenteral and enteral nutrients, equipment, and supplies;
- Prosthetics, orthotics, and prosthetic devices and supplies;
- Home health services;
- Outpatient prescription drugs;
- Inpatient and outpatient hospital services; and
- Outpatient speech-language pathology services.

If a physician or entity violates this statute, significant civil sanctions may be imposed, including:

- Mandatory denial of payment;
- Recoupment of amounts collected in violation of the statute;
- Exclusion from participation in Federal health care programs;
- Civil monetary penalty of up to \$15,000 for each bill or claim the person knew or should have known was for a service for which payment may not be made, plus treble damages; and/or
- Civil monetary penalty of up to \$100,000 for each arrangement or scheme which the physician or entity knew or should have known has a principal purpose of assuring referrals which would be in violation of the Stark Law.

The Stark Law also requires that any entity providing designated health services report to the government information concerning the entity's ownership, investment, and compensation arrangements. Failure to meet this reporting requirement would subject the entity to a civil monetary penalty of up to \$10,000 for each day the reporting requirement was to have been met.

Numerous exceptions apply to the Stark Law. However, unlike the safe harbors for the Anti-Kickback statute, if one of these exceptions is not satisfied, the relationship is automatically illegal, and the physician and entity are subject to sanctions.

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 4

Discuss and receive feedback on a Board meeting seating chart. (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date	<u>February 11, 2026</u>
Who will present the agenda item? (Name, Title)	<u>Chair Rodriguez</u>
General Item Description	<u>Discuss and receive feedback on a board meeting seating chart.</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u></u>
Recommended Motion (if needed – action item)	<u>N/A</u>

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

- 1) Chair Rodriguez will discuss a proposed board meeting seating chart with the Committee.
- 2)
- 3)
- 4)
- 5)

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Verbal update</u>
Estimated time needed for presentation & questions?	<u>10 minutes</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>
Form Prepared By/Date Submitted:	<u>Briana Harris/February 4, 2026</u>

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 5

Discuss updates and Board input about East Cesar Chavez Neighborhood concerns regarding unhoused individuals and Central Health Administration's response to concerns. (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date	<u>Wednesday, February 11, 2026</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Pat Lee, Central Health President & CEO</u>
General Item Description	<u>Update on the actions to address encampment and safety concerns at Cesar Chavez Office.</u>
Is this an informational or action item?	<u>Informational Item</u>
Fiscal Impact	<u>Added security to the Cesar Chavez Administrative Office (Mon-Fri, 7am-midnight)</u>
Recommended Motion (if needed – action item)	<u>N/A</u>

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

- 1) **Central Health has responded with immediate, cross-functional action:** leadership convened an internal strike team spanning communications, medical, infrastructure, and government affairs to address outreach, sanitation, and coordination in a unified way.
- 2) **Immediate operational changes are underway:** enhanced security coverage (evenings and weekends), increased sanitation, and a pilot of late-day outreach by the Medical Bridge mobile team and ECHO are being implemented to mitigate short-term risks while longer-term solutions are explored.
- 3) **Long-term resolution requires multi-agency coordination beyond Central Health alone:** effective solutions depend on coordinated assessments and housing pathways led by partners such as the City of Austin, APD, EMS, ECHO, and others. Council Member Velásquez has offered to convene these partners.
- 4) _____
- 5) _____

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Email sent to neighbors on Wednesday, February 4 on next steps.</u>
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Estimated time needed for presentation & questions? 10 – 15 minutes

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

Form Prepared By/Date Submitted: Yesenia Ramos / Thursday, February 5, 2026

Sent via email on: Wednesday, February 4, 2026 between 4:30 – 5:15 p.m.

Subject: Update on Actions to Address Encampment and Safety Concerns at Cesar Chavez Office

Recipients: Shannon Taylor, Frank Bowers, Jennifer Johnson, Janus Anderson, Emma Kieninger, Andria Hill, Sandra Boone, Colonel Lori Diseati, David Arroyo, Molly Omelchuck, Robert Mendoza, Tiago Soromenho, Wendy Wampler, Bill Hamilton

Sent by: Yesenia Ramos, Central Health Community Engagement Manager

Sent on behalf of Dr. Pat Lee, Central Health President & CEO

Dear Neighbors,

Thank you again for coming to our board meeting and sharing your concerns so candidly. I heard the frustration and fear in your voices – and I want to say again this is our neighborhood too. Public safety – your safety – matters. We are determined to find a solution that protects you and the people that we serve.

I assembled an internal strike team led by our Senior Vice President and Chief Communications Officer, Ted Burton working with our Community Engagement Manager, Yesenia Ramos. The team includes our Chief Governance and Government Affairs Officer/Deputy Administrator, Chief Medical Officer, Chief Infrastructure Officer, and Director of System Integration, Healthcare for the Homeless.

I want to summarize what we are doing now, and what we are proposing next, and we will stay engaged with you.

What We are Doing Now

- **Security:** We have contacted our security contractor to increase their security presence at Cesar Chavez into evenings and weekends starting this Friday, Feb. 5. They will be on-site 7 days a week from 7 a.m. to Midnight. This will provide an enhanced after business hours presence. A security person will walk the perimeter of our property regularly and monitor activity from the front desk via cameras. Their role will be to observe and report suspicious or inappropriate activity. We also realize a trespassing enforcement strategy is needed, and we are working on this.

- **Outreach:** Central Health’s Medical Bridge mobile team will pilot late day visits to connect people experiencing homelessness to housing, health care (e.g., Medical Access Program), and support services. If effective, we will explore making this an ongoing program on a consistent schedule.

- **Coordination:** Austin City Council Member Jose Velásquez has offered to convene a multi-partner meeting with neighbors, staff, and partners to ensure we are engaging in a coordinated response. Agencies include the City of Austin’s Homeless Strategy Office, APD, Austin EMS, Austin Public

Library, and nonprofits such as ECHO. Working with partners, our goal is to move people off the streets and into supportive housing. To do that, ECHO emphasizes that we need coordinated assessments not only to understand the population at this location, but to create pathways to housing and support.

- **Sanitation:** We are continuing daily litter pickup on our property to reduce immediate health risks for neighbors and those staying on site. Our landscaping contractor will also help with cleanup. When necessary, we will contact our vendor for a biohazard cleanup. We are contacting Cap Metro and asking that they maintain their bus stop in front of our building (e.g., emptying the trash, etc.).

Next steps

We are providing our Board of Managers with an update Wednesday, Feb. 11 during the Executive Committee meeting, and we will continue to keep an open dialogue with you. We'll share updates, progress, and roadblocks as quickly as possible.

If you have immediate concerns or added information to share, please contact Yesenia Ramos at 512-978-8145 or Yesenia.Ramos@centralhealth.net. For non-urgent updates, we will continue to send periodic email notices.

I recognize this is a difficult and emotional situation. It won't be solved overnight or by a single action. Central Health's mission is to care for our most vulnerable neighbors – and we must also protect public safety. We're committed to doing both.

We will keep you updated as plans develop and timelines firm up.

Sincerely,

A handwritten signature in cursive script that reads "Patrick T. Lee".

Pat Lee, MD
Central Health President and CEO



January 27, 2026

Re: Support for the East César Chavez Neighborhood Community Homeless Task Force

Dear Chairman Rodriguez, Board Members, and Dr. Patrick Lee, President & CEO:

On behalf of the East César Chavez Neighborhood Association and Neighborhood Plan Contact Team (ECCNA–NPCT), I am writing to formally raise urgent safety and operational concerns related to conditions on and around Central Health–owned properties in the East Cesar Chavez neighborhood, and to request specific actions to address them.

At our January 21, 2026 public meeting, the ECCNA–NPCT voted unanimously to send this letter and to establish a new **ECC Community Homeless Task Force**, chaired by **Shannon Taylor**, to coordinate neighborhood reporting, communication, and advocacy related to these issues.

Context and Current Conditions

Central Health permits ongoing, daily camping at its facility located at 1111 E. Cesar Chavez St., in direct violation of Texas state law and Austin city ordinance.

Texas Penal Code § 48.05 (Prohibited Camping) makes it unlawful to camp in a public place, including sidewalks, streets, alleys, and areas in front of businesses or organizations. “Camping” is defined as residing temporarily in a place with shelter, including tents, tarpaulins, sleeping bags, blankets, or any other temporary, semipermanent, or permanent shelter designed to protect a person from weather conditions. These prohibitions apply to all public properties, including those owned or operated by Central Health.

Austin City Code § 9-4-11 prohibits camping in public areas, including streets, parking lots, pedestrian ways, and the common areas of hospitals, office buildings, and other public facilities.

Central Health does not have the authority to waive or override state law or city ordinance and is obligated to comply with both. By allowing illegal camping and trespassing, Central Health is creating spillover impacts in the surrounding neighborhood. Individuals camping at the site have been observed defecating and urinating on neighboring residential properties, using illegal drugs, and discarding used needles in the area.

While neighbors support Central Health’s mission to provide healthcare services to unhoused individuals, we respectfully request that Central Health cease allowing its property to be used as an unlawful camping site or shelter, activities that fall outside its legal authority and taxpayer-funded mission.

In 2024, the ECCNA-NPCT sent a coordinated letter to the Mayor and City Manager, signed by 50 residents and 25 local organizations, requesting their coordinated support as we anticipated that surrounding construction would increase pressure on our neighborhood.

Since then, over the past year, and with increasing intensity in recent months, residents and businesses adjacent to Central Health facilities have experienced:

- Repeated trespassing on Central Health property and adjacent residential parcels
- Escalating intimidation and threatening behavior toward residents and visitors
- Sanitation hazards, including trash, needles, and human waste
- Fires and fire hazards, creating immediate life-safety risks
- An increase in reported violent incidents

We recognize that homelessness is a systemic issue and that Central Health plays a critical role in providing care and services. However, the current conditions near these facilities pose acute safety risks to residents, patients, staff, and the broader public and require clearer enforcement pathways and interagency coordination.

Requests for Action

We respectfully request that Central Health take the following actions:

1. ***Immediate Request: Authorize a Standing Trespass Agreement with APD***
Allow APD to enforce trespass violations on Central Health property outside of business hours without requiring on-site staff to initiate each call. This is critical for timely response during evenings and weekends.
2. ***Immediate Request: Extend Security and Enforcement Beyond Working Hours***
Currently Central Health employs a private security guard to enforce trespassing laws during business hours and board meetings at 1111 E. We request that Central Health extend the hours of security presence to midnight each day, including weekends.
3. ***Ongoing, long-term request: Improve Interagency Coordination***
Coordinate with the City of Austin Homeless Strategy Office, Austin Public Library, city council, and APD to align operational protocols, signage, and response expectations across contiguous public facilities.
4. ***Designate a Central Health Point of Contact and Commit to Ongoing Dialogue***
Provide a named staff liaison for ongoing coordination with the ECC Community Homeless Task Force, and engage in continued dialogue beyond the January 28 Board meeting to establish a sustainable approach that balances access to care with neighborhood safety and livability.

Commitment to Collaboration

The ECC-NPCT and the ECC Community Homeless Task Force are committed to working collaboratively with Central Health and City partners. Our goal is clear rules, consistent enforcement, and humane, coordinated responses that protect both vulnerable populations and the neighborhood that hosts these facilities.

We also want to note that the Austin Public Library, which operates the adjacent Terrazas Library, has agreed to these same operational measures, including improved signage, coordination with APD, and clearer after-hours enforcement pathways. Aligning protocols across adjacent public facilities would significantly improve safety outcomes while reducing confusion for staff, responders, and the public.

Thank you for your attention to these concerns. We appreciate the opportunity to participate in the January 28 Central Health Board meeting and look forward to continued collaboration.

Sincerely,



Eric Pace, Chair
ECCNPCT / ECCNA

cc:

District 3 Council Member, Jose Velasquez
ECC Community Homeless Task Force, Shannon Taylor
Terrazas Branch Library Manager, Danny Walker

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 6

Discuss and take appropriate action to approve the President & CEO's goals for Fiscal Year 2026.^{3,4} (*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	<u>February 11, 2026</u>
Who will present the agenda item? (Name, Title)	<u>Dr. Pat Lee</u>
General Item Description	<u>Central Health CEO Top Goals FY2026</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>None</u>
Recommended Motion (if needed – action item)	<u>None</u>

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

- 1) Strategic Board Alignment
- 2) Clinical Excellence
- 3) Financial Sustainability
- 4) People and Community

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Handout</u>
Estimated time needed for presentation & questions?	<u>20-30 Min</u>
Is closed session recommended? (Consult with attorneys.)	<u>Yes</u>
Form Prepared By/Date Submitted:	<u>Lucas Bustelo 02/05/2025</u>

EXECUTIVE COMMITTEE
February 11, 2026

AGENDA ITEM 7

Receive an update on the Central Health Chief Legal Officer.³ (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date February 11, 2026

Who will present the agenda item? (Name, Title) Pat Lee and Leslie Dippel

General Item Description Update on Central Health Chief Legal Officer Search

Is this an informational or action item? Informational

Fiscal Impact _____

Recommended Motion (if needed – action item)

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

- 1) Pursuant to Chapter 281, Central Health is represented by the Travis County Attorney and may employ additional legal counsel when the Board may determine additional counsel is advisable
- 2) The Travis County Attorney's Office wishes to hire and designate an Assistant County Attorney to serve as the CLO for and perform work dedicated to the senior executive leadership of Central Health
- 3) The CLO for Central Health will be an employee of the TCAO and report to the TCAO and Central Health will reimburse the County for the CLO's compensation.
- 4) Central Health has engaged a search firm to assist in recruiting for this position and candidates are being screened for interview.
- 5) _____

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

Estimated time needed for presentation & questions? 20 minutes

Yes closed session needed

Is closed session
recommended? (Consult
with attorneys.)

Form Prepared By/Date
Submitted:

Monica Crowley, 02/04/2026

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 8

Discuss and receive updates on required documentation of closed sessions of Central Health Board of Managers and committee meetings.³ (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date February 11, 2026

Who will present the agenda item? (Name, Title) Chair Rodriguez
David Duncan, Travis County Attorneys Office

General Item Description Recording of closed sessions

Is this an informational or action item? Informational

Fiscal Impact _____

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

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

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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

Estimated time needed for presentation & questions? 15 minutes

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

Form Prepared By/Date Submitted: Briana Harris/February 4, 2026

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 9

Deliberation and possible action on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees.^{3,4} (*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 February 11, 2026

Who will present the agenda item? (Name, Title) _____

General Item Description Deliberation and possible action on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees.

Is this an informational or action item? Action

Fiscal Impact _____

Recommended Motion (if needed – action item) As needed

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

- 1) This item will be taken up in closed session.
- 2) _____

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

Estimated time needed for presentation & questions? TBD

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Harris/February 4, 2026

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 10

Review and take appropriate action on the CommUnityCare CEO employment agreement. ^{3,4}
(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 February 11, 2026

Who will present the agenda item? (Name, Title) Dr. Pat Lee

General Item Description Review and take appropriate action on the CommUnityCare CEO employment agreement.

Is this an informational or action item? Action

Fiscal Impact _____

Recommended Motion (if needed – action item) _____

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

- 1) This item will be discussed in closed session.
- 2) _____

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

Estimated time needed for presentation & questions? 20 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Harris/February 05, 2026

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 11

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-23-000398.³ (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date February 11, 2026

Who will present the agenda item? (Name, Title) _____

General Item Description 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.

Is this an informational or action item? Informational

Fiscal Impact _____

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

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

- 1) Brief update in closed session.
- 2) _____

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

Estimated time needed for presentation & questions? 15 minutes

Is closed session recommended? (Consult with attorneys.) Yes

Form Prepared By/Date Submitted: Briana Harris/ February 4, 2026

EXECUTIVE COMMITTEE

February 11, 2026

AGENDA ITEM 12

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