



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.

**STRATEGIC PLANNING COMMITTEE MEETING
Wednesday, February 11, 2026, 3:30 p.m.**

Videoconference meeting¹

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

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

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

<https://us06web.zoom.us/j/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

Meeting ID: 814 8545 4510

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The Committee may meet via videoconference with a quorum present in person and allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Committee will be physically present at the location posted in this meeting notice, all members of the public may observe the meeting virtually and participate in public comment, if desired, through the virtual meeting link or telephone number listed on this meeting notice.

A member of the public who wishes to make comments virtually during the Public Communication portion of the meeting must properly register with Central Health **no later than 2:00 p.m. on February 11, 2026**. Registration can be completed in one of three ways:

- Complete the virtual sign-in form at <https://www.centralhealth.net/meeting-sign-up/>;
- Call 512-978-9190 and leave a voice message with your full name, your request to comment via telephone, videoconference, or in-person at the meeting; or
- Sign-in at the front desk on the day of the meeting, prior to the start of the meeting.

Individuals who register to speak on the website or by telephone will receive a confirmation email and/or phone call by staff with instructions on how to join the meeting and participate in public communication.

PUBLIC COMMUNICATION

Public Communication rules for Central Health Board and Committee meetings include setting a fixed amount of time for a person to speak and limiting Board and Committee responses to public inquiries, if any, to statements of specific factual information or existing policy. The Public Communication portion of the meeting will begin at approximately 3:30 p.m.

COMMITTEE AGENDA²

1. Review and approve the minutes of the January 14, 2026 Strategic Planning Committee meeting. (*Action Item*)
2. Receive and discuss a presentation on the safety net focused Community Health Needs Assessment and Gap Analysis. (*Informational Item*)
3. Receive and discuss an update on the implementation of the Service Delivery Strategic Plan (Healthcare Equity Plan). (*Informational Item*)
4. Discuss and take appropriate action on a legal presentation and recommendation on the formation of a fundraising entity.³ (*Action Item*)
5. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

¹ This meeting may include a member of the Strategic Planning Committee participating by videoconference. It is the intent of the presiding officer to be physically present and preside over the meeting at Central Health Headquarters, 1111 Cesar Chavez, Austin, Texas 78702. This meeting location will be open to the public during the open portions of the meeting, and any member participating by videoconference shall be visible and audible to the public members in attendance whenever the member is speaking. **Members of the public are strongly encouraged to participate remotely through the toll-free videoconference link or telephone number provided.**

² The Strategic Planning 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.

- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

Any individual with a disability who plans to attend or view this meeting and requires auxiliary aids or services should notify Central Health as far in advance of the meeting day as possible, but no less than two days in advance, so that appropriate arrangements can be made. Notice should be given to the Board Governance Manager by telephone at (512) 978-8049.

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

Consecutive interpretation services from Spanish to English are available during Public Communication or when public comment is invited. Please notify the Board Governance Manager by telephone at (512) 978-8049 if services are needed.

Servicios de interpretación consecutiva del español al inglés están disponibles durante la Comunicación Pública o cuando se le invita al público a comentar. Notifique al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049 si necesita servicios.



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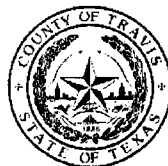
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Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
5 day of Feb 20 26
Dyana Limon-Mercado
County Clerk, Travis County, Texas
By [Signature] Deputy



J E

**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**



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

202680213

Feb 05, 2026 10:28 AM

Fee: \$0.00

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STRATEGIC PLANNING COMMITTEE

February 11, 2026

AGENDA ITEM 1

Review and approve the minutes of the January 14, 2026 Strategic Planning Committee meetings.
(*Action Item*)

MINUTES OF MEETING – JANUARY 14, 2026
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, January 14, 2026, a meeting of the Central Health Strategic Planning Committee convened in open session at 3:52 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Valerie Guerra.

Committee members present in person: Chair May, Manager Jefferson, and Manager Valadez

Committee members present via audio and video: Manager Brinson (arrived at 4:03 p.m.)

Board members present in person: Manager Kitchen, Manager Rodriguez, Manager Museitif, Manager Motwani (arrived at 4:14 p.m.), and Manager Martin

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 3:52 p.m. Chair May announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

- 1. Review and approve the minutes of the December 10, 2025 Strategic Planning Committee meeting.**

Clerk's Notes: Discussion on this item began at 3:53 p.m.

Manager Valadez moved that the Committee approve the minutes of the December 10, 2025 Strategic Planning Committee meeting.

Manager Martin seconded the motion.

Chairperson May	For
Manager Brinson	Absent
Manager Jefferson	For
Manager Valadez	For

- 2. Discuss and take appropriate action on a resolution providing Board guidance to staff Regarding Central Health's System Transformation Strategic Plan.**

Clerk's Notes: Discussion on this item began at 3:56 p.m. Dr. Lee, CEO, and Monica Crowley, Chief Strategy Officer, presented updates reflecting the Board of Managers' feedback on the System Transformation Policy and Strategic Plan Framework. She also provided a revised resolution for the Board's review and requested additional input.

Manager Kitchen moved that the Committee recommend that the Board adopt the resolution as amended by discussion.

Manager Valadez seconded the motion.

Chairperson May	For
Manager Brinson	Absent
Manager Jefferson	For
Manager Valadez	For

3. Confirm the next Strategic Planning Committee meeting date, time, and location.

Manager Valadez moved that the Committee adjourn.

Manager Jefferson seconded the motion.

Chairperson May	For
Manager Brinson	Absent
Manager Jefferson	For
Manager Valadez	For

The meeting was adjourned at 4:33 p.m.

ATTESTED TO BY:

Chair May, Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers



January 14, 2026

Resolution Providing Guidance Regarding Central Health's System Transformation Strategic Plan

This resolution constitutes formal Board guidance to staff regarding a system transformation strategic plan and authorizes the CEO to proceed with developing the plan for Board approval consistent with the terms deliberated and approved by the Central Health Board of Managers on January 28, 2026.

FY2026 Central Health Board of Managers

Geronimo Rodriguez, JD, Chair
Eliza May, MSSW, MLSW, Vice-Chair
Maram Museitif, DrPH, MPH, CPH, Treasurer
Manuel Martin, MD, Secretary
Ann Kitchen, JD, Past Chair, Manager
Cynthia Brinson, MD, Manager
Amit Motwani, Manager, Manager
Cynthia Valadez, Manager
Sedora Jefferson, JD, Manager

The Board of Managers (hereafter, “Board”) of the Travis County Healthcare District (the “District”), d/b/a Central Health, hereby adopts the Central Health System Transformation Strategic Plan resolution, which guides the development and contents of the Strategic Plan. The Board will review, amend, and adopt a new or updated System Transformation Strategic Plan, which will advance and complete the original Healthcare Equity Plan. The CEO will endeavor to present the draft Plan to the Board for approval by the end of calendar year 2026. The CEO is authorized to hire consultants as needed to complete the Plan.

The Board of Managers will actively direct the system transformation by exercising its governing responsibilities focused on these areas: system governance structure, strategic and policy direction, fiscal authorization, and performance oversight. The Board will approve the System Transformation Strategic Plan, and the system components, scope, and standards of the comprehensive continuum of care, including the system governance, infrastructure, financing, services, and partnerships required to close the long-standing gaps identified through the 2022 Community Health Needs Assessment (CHNA).

Through adoption of the System Transformation Strategic Plan aligned with the guidance in this resolution, the Board will establish the policy boundaries and success criteria for transformation, ensure prudent use of public resources, and hold the CEO accountable for measurable progress toward a fully realized local payer-provider public system that delivers timely, equitable, and high-quality care for all eligible residents.

The System Transformation Strategic Plan will include components that align with and operationalize the following guidance:

- A. The Board-adopted Strategic Plan will direct the Central Health President & CEO to establish, within five years, a comprehensive, coordinated continuum of care spanning primary through tertiary services that ensures all Travis County residents who need our services have timely and equitable access to high-quality, affordable, whole-person care. This care will be **patient-centered**, ambulatory-driven, trusted, and designed to measurably reduce disparities in access, experience, and health outcomes across geography and demographics. The CEO will collaborate with the CEOs of CommUnityCare and Sendero Health Plans on the joint planning, design, and implementation of the care continuum.



- B. To achieve this objective, the CEO shall **actively engage and communicate relevant updates to patients**, community organizations, neighborhood associations, advocacy groups, and clinical and academic partners in the design and implementation of the system, ensuring that those most affected have a voice in shaping how care is delivered. The CEO will develop draft communication and community engagement strategies for review by the Board Strategic Planning Committee and approval by the Central Health Board.

- C. The CEO shall prioritize direct delivery of clinical services by Central Health system entities, while cultivating high-performing partnerships and avoiding duplication, grounded in shared accountability, aligned incentives, **performance on Board approved benchmarks**, and clear **board approved** governance structures that promote a seamless, high-quality patient experience across the continuum of care. Benchmarks will be **evidence-based and** grounded in the joint Central Health and CommUnityCare Community Health Needs Assessment, and will include a geographic equity lens (e.g., zip codes/precincts/jurisdictions) to track changing needs and disparities over time. The Board will approve the benchmarks, targets, baseline measures, and reporting cadence used to track progress on access, equity, and quality.

- D. Transformation cannot happen in isolation. The CEO shall engage key partners - including Integral Care, the University of Texas at Austin, the City of Austin, Travis County, and many healthcare and social service organizations across the community – in co-designing and implementing the system. Partnerships will be structured with shared goals, clear roles, and aligned incentives to achieve the Board’s defined outcomes. The CEO shall continue to develop, in collaboration with Integral Care, a system of care to provide behavioral/mental health services for Central Health patients (MAP and MAP Basic), inclusive of funding mechanisms.

- E. The CEO shall leverage the District’s statutory powers and financial capacity, emphasizing infrastructure ownership, prudent management of reserves, transparent reporting, diversified public and private funding sources, and the strategic use of debt to achieve Board-approved benchmarks for access, equity, and quality. The system shall be designed for long-term sustainability **and to promote financial and operational efficiency**, maximizing available federal, state, and local funding to minimize the financial burden on Travis County taxpayers while ensuring that every

public dollar delivers lasting community value. The Board must approve capital and financing decisions, which will be presented as distinct Board agenda items with clear options, tradeoffs, and alignment with the Strategic Plan.

- F. The Strategic Plan will include a joint safety net focused Community Health Needs Assessment (CHNA) with CommUnityCare, Sendero, and a new service delivery capacity and gap analysis. **The CHNA study scope will be presented to the Central Health, CommUnityCare, and Sendero boards.** The updated CHNA will confirm and extend the findings of the 2022 CHNA through the updated 2026 CHNA while addressing needs related to closing identified persistent deficiencies across all domains of care, including acute hospital capacity and post-acute recovery services that were not addressed in the first phase of the Healthcare Equity Plan. Community engagement will be a key component of these assessments.
- G. The Strategic Plan proposed service delivery locations and identified capacity and gap analysis will be based on a demographic analysis which identifies the current and future locations and health care needs of the population Central Health serves. **The Board will consider the greatest needs of the most needy and vulnerable populations when setting priorities for service delivery.** The CEO will also consider analyses of city, county, and other relevant governmental bodies in completing the demographic analyses.
- H. The Board will approve the Central Health Comprehensive Facilities Plan, ensuring that capital investments, siting decisions, and operational sequencing align with the system’s clinical aims, access standards, and equity benchmarks, which the Board shall approve.
- I. The Board will approve additional strategic plans, including those identified in the Board adopted Table of Board Governance Decisions, for the purpose of aligning these plans with the System Transformation Strategic Plan. These additional plans include, but are not limited to, the Ambulatory Access and Quality Plan, Central Health / Integral Care Behavioral Health (BH) System of Care, Diversion System of Care, and Philanthropy Strategic Plan.

BE IT RESOLVED: The plan shall be financially and operationally balanced, ensuring that available fiscal resources and physical infrastructure are aligned to sustain current services



without compromising quality, access, or long-term sustainability and is aligned with Central Health's mission.

STRATEGIC PLANNING COMMITTEE

February 11, 2026

AGENDA ITEM 2

Receive and discuss a presentation on the safety net focused Community Health Needs Assessment and Gap Analysis. (*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>2/11/2026</u>
Who will present the agenda item? (Name, Title)	<u>Monica Crowley, Chief Strategy and Planning Officer, Senior Counsel Yvonne Camarena, Chief Nursing Officer, CommUnityCare JP Eichmiller, VP of Strategy</u>
General Item Description	<u>Joint Community Health Needs Assessment Update (CHNA)</u>
Is this an informational or action item?	<u>Informational</u>
Fiscal Impact	<u>NA</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) Central Health and CommUnityCare have submitted an RFP to engage a consultant to help develop the first joint CH/CUC CHNA.
- 2) The CHNA will focus on populations <200% FPL across the 11-county Central Texas region.
- 3) A collaborative, joint CHNA will reduce system redundancies, improve consistency and support aligned strategic and service delivery planning.
- 4) This approach received unanimous CUC board approval and will satisfy HRSA requirements.
- 5) Development of the CHNA will include collaboration with the City of Austin Demographer and other community organizations as part of an environmental scan/gap analysis.

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Presentation</u>
Estimated time needed for presentation & questions?	<u>30 minutes</u>
Is closed session recommended? (Consult with attorneys.)	<u>No</u>

Form Prepared By/Date
Submitted:

JP Eichmiller – 2/4/2026

Joint Community Health Needs Assessment Update

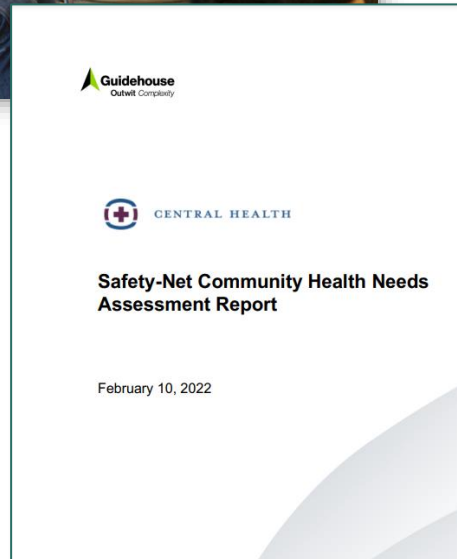
February 11, 2026

Monica Crowley, Chief Strategy and Planning Officer, Senior Counsel

Yvonne Camarena, CommUnityCare Chief Nursing Officer

JP Eichmiller, Vice President of Strategy

Background and Context

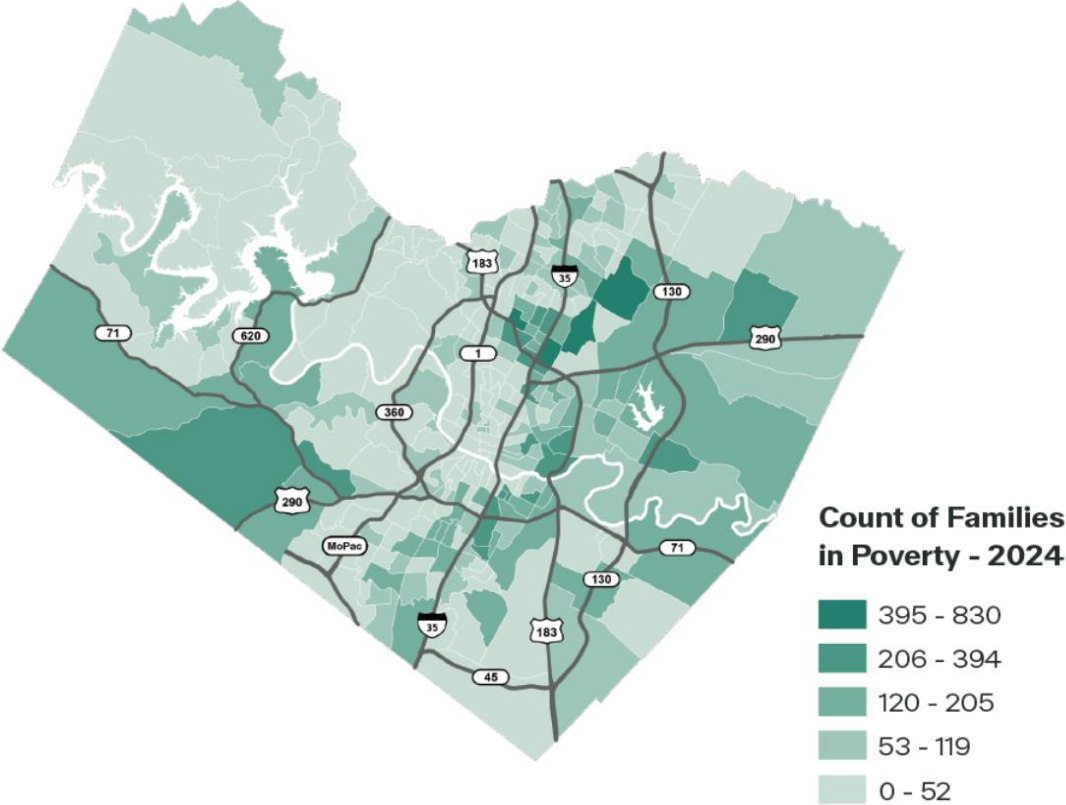


- **Community Health Needs Assessment (CHNA) serves as “snapshot of health” for a defined population and region**
- **Indicators and voices describe health status of community we were created to serve – <200% Federal Poverty Level**
- **CommUnityCare completed last CHNA in 2024**
 - **Required to develop CHNA at least every 3 years**
- **Central Health developed safety-net focused CHNA in 2022 in conjunction with Strategic Plan, Voice of the Community and Gaps Assessment**
- **2026 first collaborative CHNA**
 - **Reduces duplication across system**
 - **Improves consistency**
 - **Accelerates data-informed decision making**

Geographic Distribution of Poverty

- The highest numbers of people in poverty are primarily located along the I-35 corridor
- While most of those experiencing poverty still live in the I-35 corridor, the population also includes pockets of low-income residents in West and East Travis County
- Population in poverty continues to increase, but at slower rate than historically

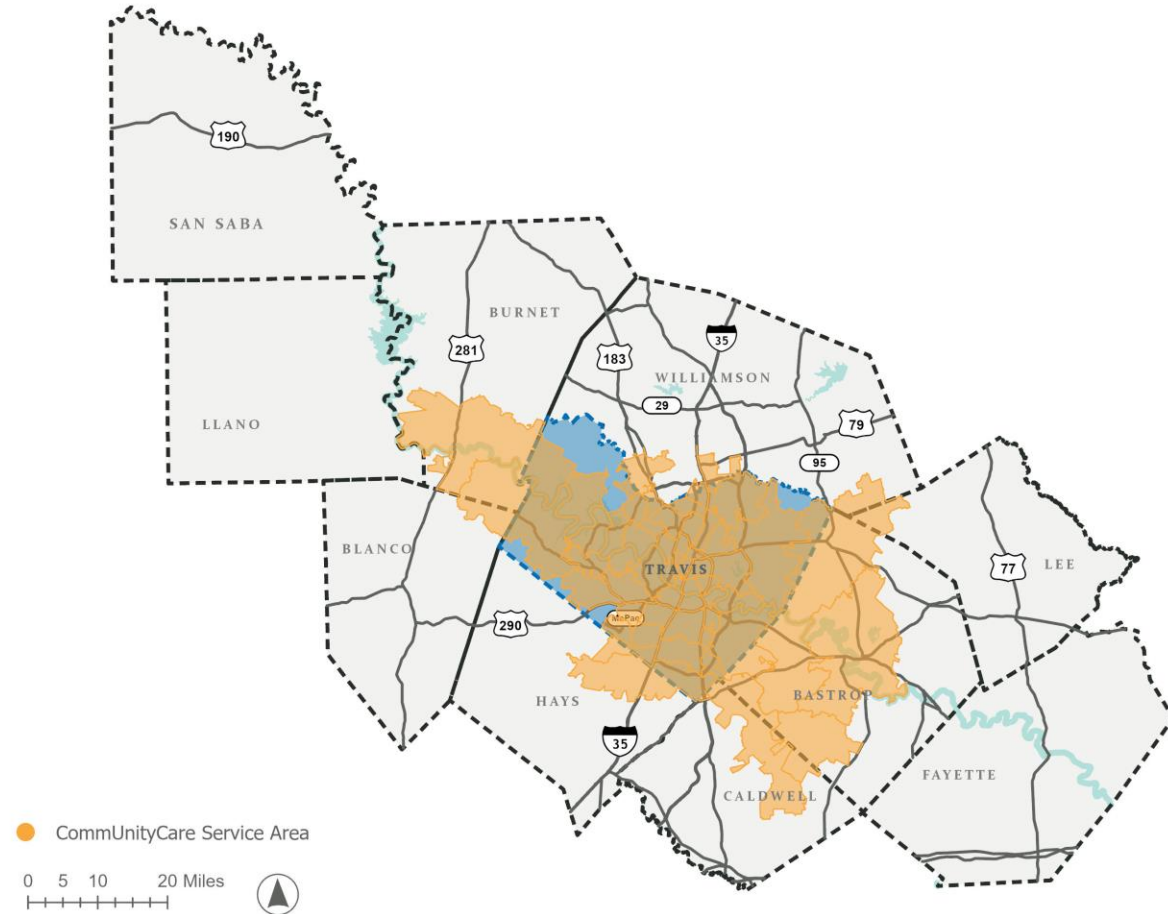
COUNT OF TRAVIS COUNTY FAMILIES IN POVERTY - 2024



Scope

- 11-county Level 1 catchment area - New
- Population <200% FPL
- Additional analysis of Travis County, CUC service area
- Used to inform updated Strategic Plan, Comprehensive Facilities Planning
- Assesses indicators across four domains
 - Population health
 - Community conditions
 - Structural determinants
 - Power dynamics

11-County Level 1 Trauma Catchment Area and CommUnityCare Federally Approved Service Area



Partner Alignment

CommUnityCare

- **Joint CHNA received unanimous CUC board endorsement**
- **CHNA will align with FQHC board requirements**
- **CH/CUC staff worked together to develop scope of work**
- **RFP for consultant selection released**

City of Austin Demographer

- **Met Feb. 6 to discuss continued collaboration**
- **Focus on housing, development, zoning**

Deliverables

Qualitative Assessment

- **Structured bilingual community engagement**
- **Focus groups**
- **Key informant interviews**

Quantitative Assessment

- **Population health status**
- **Social and structural determinants of health**
- **Utilization patterns, coverage status and access to care**

Capabilities and Gap Assessment

- **Evaluation of current system capabilities**
- **Highlight of access gaps and strategic opportunities**
- **Connects progress to past strategic planning work**

Timeline – Phase 1: Qualitative Assessment

		Calendar Year (CY) 2026										CY 2027	
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Phase 2: Qualitative Phase	Quantitative data gathering (community engagement/facilitated discussions)		X	X	X	X	X	X					
	Data analysis and synthesis						X	X	X				
	Assessment Report/ Narrative								X	X	X		
	Phase 2 presentation/ publication										X	X	X

Timeline – Phase 2: Quantitative Assessment

		Calendar Year (CY) 2026											CY 2027	
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Staging	Data needs assessment and data collection tool development	X	X											
	Phase 1: Quantitative Phase													
	Quantitative data gathering and analysis		X	X	X									
	Data analysis and synthesis				X	X	X							
	Assessment Report/ Narrative						X	X						
	Phase 1 presentation/ publication							X	X					

Timeline – Phase 3: Capabilities and Gap Assessment

		Calendar Year (CY) 2026										CY 2027	
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Phase 3: Capabilities and Gap Assessment	Data gathering		X	X	X	X	X	X					
	Data analysis and synthesis						X	X	X				
	Assessment Report/ Narrative								X	X	X		
	Phase 2 presentation/ publication										X	X	X



Thank You

DATE: February 11, 2026

TO: Strategic Planning Committee, Central Health

FROM: Dr. Nicholas Yagoda, Chief Executive Officer
Tara A. Trower, Deputy Chief Executive Office and Chief Strategy Officer

SUBJECT: Joint Community Health Needs Assessment (CHNA)

PURPOSE

To affirm CommUnityCare's Board of Directors' endorsement of the 2027 Community Health Needs Assessment (CHNA) in partnership with Central Health.

BACKGROUND

During the Board of Directors' meeting on January 27, 2026, CommUnityCare's Board of Director's formally endorsed the development of a Community Health Needs Assessment (CHNA) in partnership with Central Health, to be completed by February 2027.

CommUnityCare completed its last three CHNA's in-house, but due to the specialized skills needed, the work will need to be outsourced in FY 2026. Given Central Health's need to produce a current assessment, the executive teams pursued a joint solution to satisfy the entities' mutual need to conduct a robust assessment of the scope of project approved by the Health Resources and Services Administration (HRSA) and a broader service area in Central Texas.

As presented, the CHNA costs will be borne by Central Health and are not part of the approved health center budget. CommUnityCare staff and executive leadership, including Tara Trower as Deputy CEO, have played a critical role in the scope of work development; business case details; strategic planning alignment and sequencing. It should be noted that CommUnityCare's Board must approve the CHNA by April 2027 to meet its timeline for HRSA.

The board affirmed its support for:

1. Engaging a qualified external vendor to conduct the assessment;
2. Collaborating with Central Health on a shared scope of work aligned with Health Resources and Services Administration (HRSA) requirements; and

3. Advancing a comprehensive assessment across a broader Central Texas service area

The board further acknowledged:

1. CommUnityCare's Board of Directors retains sole authority to adopt its CHNA and Strategic Plan, consistent with Federally Qualified Health Center governance requirements; and
2. A formal review and proposed adoption of the CHNA by the CommUnityCare Board is scheduled for April 2027, in accordance with the Board's annual work plan.

The board indicated unanimous endorsement for the project as presented.

STRATEGIC PLANNING COMMITTEE

February 11, 2026

AGENDA ITEM 3

Receive and discuss an update on the implementation of the Service Delivery Strategic Plan (Healthcare Equity Plan). (*Informational Item*)

AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date Wednesday, February 11th 2026

Who will present the agenda item? (Name, Title) Monica Crowley (CSO), Jeff Knodel (CFO) and Central Health Staff

General Item Description Service Delivery Strategic Plan (Healthcare Equity Plan Progress Update

Is this an informational or action item? Informational Item

Fiscal Impact Not Applicable

Recommended Motion (if needed – action item) Not Applicable

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

- 1) Receive a brief overview of the development process and estimated funding required to implement the Board-adopted Service Delivery Strategic Plan (Healthcare Equity Plan), a 7-year, strategic plan to address unmet community healthcare needs and significant gaps.
- 2) Receive an update on Healthcare Equity Plan implementation, including what has been accomplished, progress to date, achievements, and remaining initiatives.
- 3) _____

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

Estimated time needed for presentation & questions? 30 mins

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

Form Prepared By/Date Submitted: Monica Crowley, 2/4/2026



FY26 Service Delivery Strategic Plan (Healthcare Equity Plan) Progress Update

Monica Crowley, Chief Strategy Officer & Sr. Counsel

Jeff Knodel, Chief Financial Officer

Cynthia Gallegos, VP of Operations

Strategic Planning Committee Meeting

February 11th, 2026



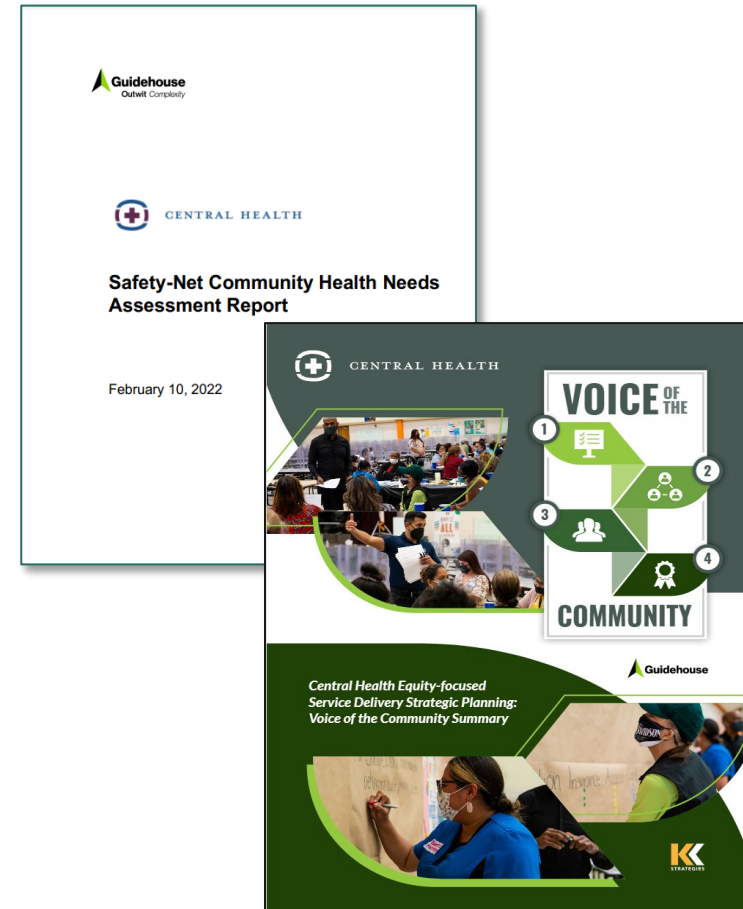
Agenda

- Service Delivery Strategic Plan (HEP): Overview
- Service Delivery Strategic Plan: Progress Update
- Questions & Answers
- Appendix

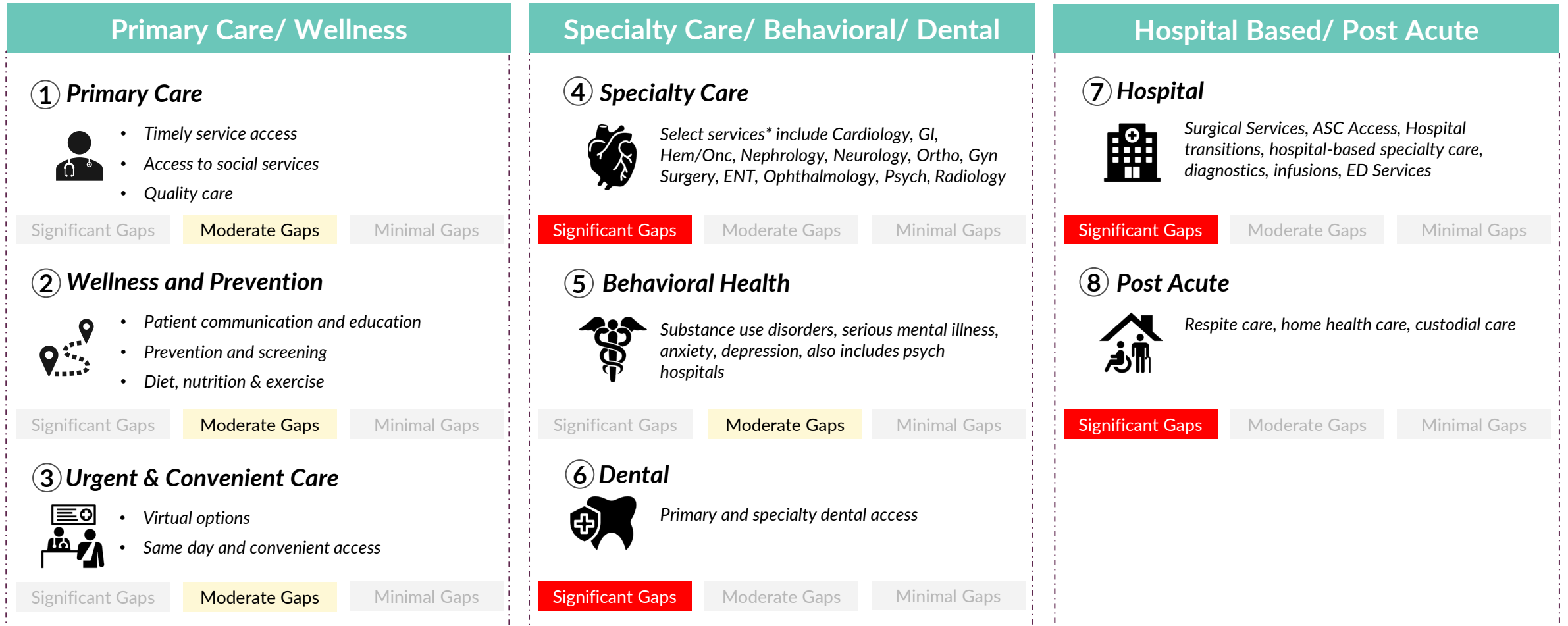
Board Adopted Service Delivery Strategic Plan (Healthcare Equity Plan) was Founded on the Voice of the Community

Overview and Process

- Started with Voice of the Community
- Conducted key assessments, founded in community and patient engagement, which identified significant gaps and unmet needs
- Analyzed qualitative and quantitative data to develop prioritized initiatives
- Developed a 7-year phased operational and implementation roadmap with cost estimates

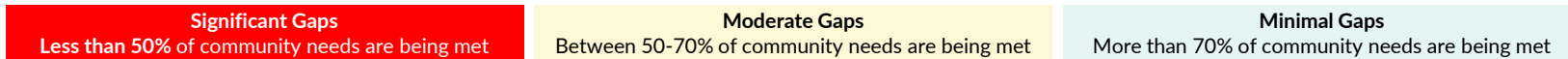


Healthcare Equity Plan Identified Significant Gaps and Unmet Community and Patient Needs



*Select services include but are not limited to these.

Legend



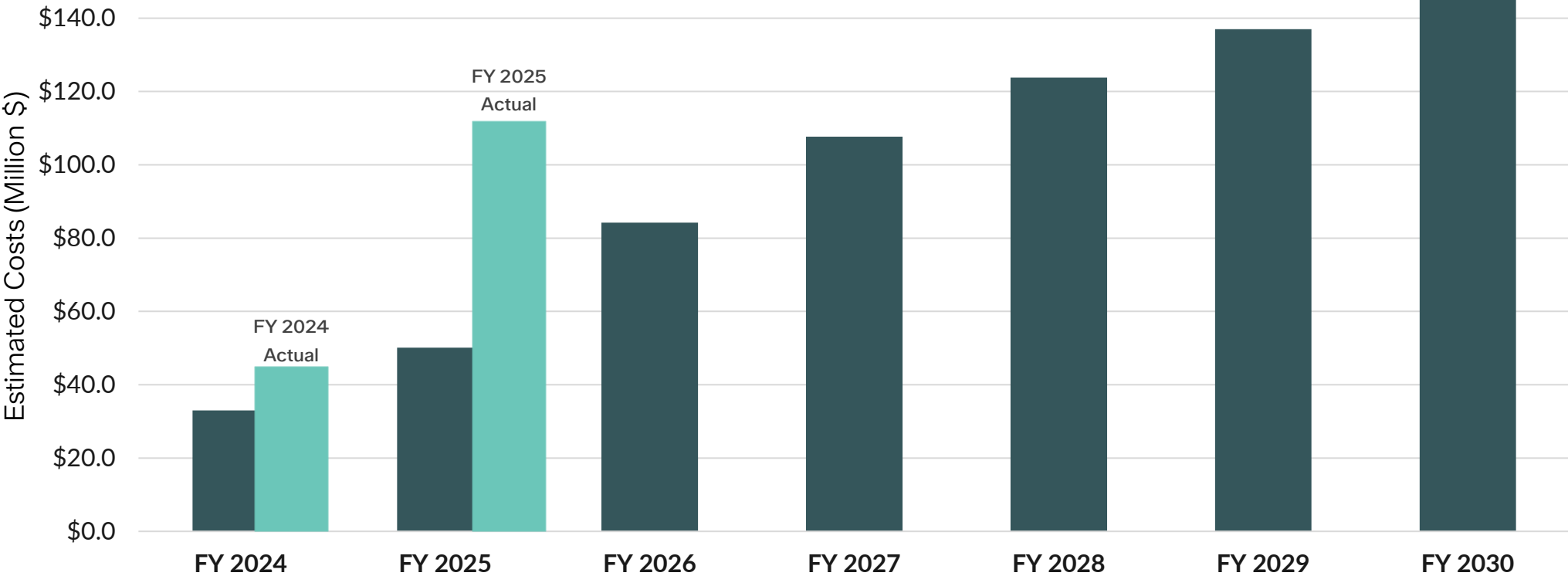
Developed and Prioritized Initiatives Based Upon Community Needs

Community Need	Initiatives
Expanded Access to Specialty Care	<ul style="list-style-type: none"> • Direct Clinical Capacity • Specialty Care, Care Coordination • Specialty Care Contracting and Relationships
Access to Mental Health Services	<ul style="list-style-type: none"> • Mental Health Clinical Processes and Staffing • Mental Health Data Access and Triage • Mental Health Facilities
Robust Post-Acute Care, Including Respite and Extensivists	<ul style="list-style-type: none"> • Post-Acute Care Contracting and Operations • Post-Acute Care Funding Support
Primary Care, including CUC HIV/AIDS Program and Pharmacy	<ul style="list-style-type: none"> • Patient Navigation • Primary Care Capacity
SUD and Addiction Medicine Services	<ul style="list-style-type: none"> • Respite and Recuperative Care • SUD Clinical Processes and Staffing • SUD Data Access and Triage
Access to Hospital Care	<ul style="list-style-type: none"> • Hospital Capacity • Hospital Care Coordination
Health Care for the Homeless	<ul style="list-style-type: none"> • Connection to Supportive and Affordable Housing • Funding Support • Mobile Care Clinic and High Risk Care Clinic
Expanded Access to Dental Care	<ul style="list-style-type: none"> • Dental Care Capacity and Facilities • Dental Staffing and Contracting
Care Coordination	<ul style="list-style-type: none"> • Care Coordination Program Alignment and Augmentation
Enrollment and Eligibility	<ul style="list-style-type: none"> • Enrollment & Eligibility Technology Optimization • Enrollment & Eligibility Procedures & Coordination

Community Need	Initiatives
Coverage Programs, Benefits, and Structures	<ul style="list-style-type: none"> • Coverage Program Benefit Enhancement • Coverage Program Information Delivery
Pharmacy	<ul style="list-style-type: none"> • Pharmacy Care Coordination • Pharmacy Capacity • Pharmacy Program Augmentation • 340B Pricing
Same-Day Care and Extended Hours	<ul style="list-style-type: none"> • Primary Care, Care Coordination • Primary Care Processes and Staffing • Urgent and Convenient Care
Expanded Access to Surgical and Procedural Care	<ul style="list-style-type: none"> • Surgical Clinical Capacity • Surgical Care Coordination
Social Determinants of Health (SDOH)	<ul style="list-style-type: none"> • SDOH Contracting and Relationships • SDOH Funding
Health Systems Interop. and Technology / Data and Analytics	<ul style="list-style-type: none"> • IT Governance, Reporting, and Interoperability • IT Career Development & Training
Support Functions	
General Support Costs	<ul style="list-style-type: none"> • Human Resources • Finance • Communications • General Administration • Strategy • Compliance

Initial Estimated Funding Phased Over 7 Years To Address Identified Community Needs

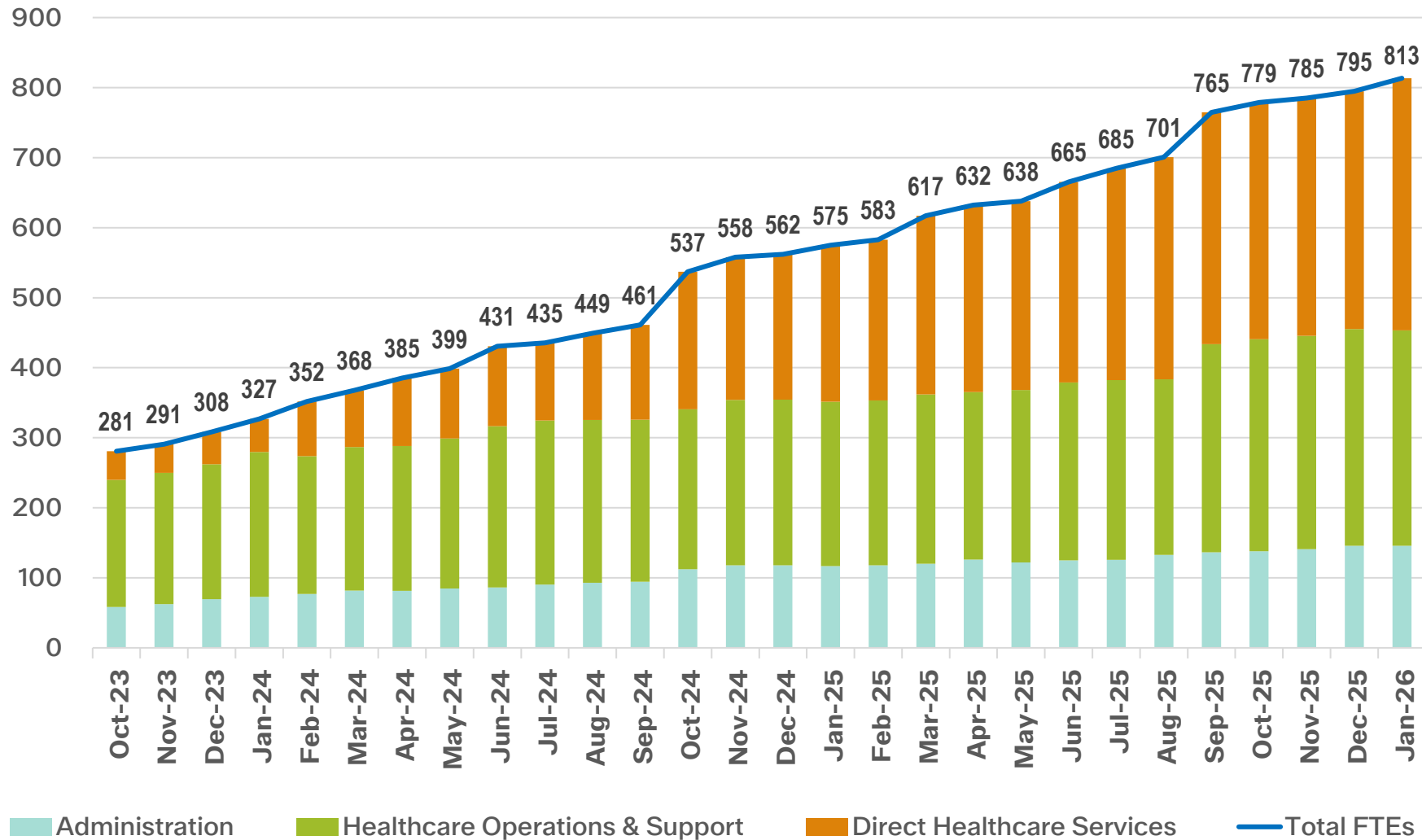
Estimated Cumulative Operating Costs of Initiatives by Fiscal Year



Total Estimated Operating Costs	\$682,392,474
Capital Expenditures (FY24-FY30)	\$128,887,048
Total Estimated Cumulative Costs	\$811,279,522

Note 1: Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.
 Note 2: Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.

Robust Workforce Needed to Implement the Healthcare Equity Plan (As of 1/31)



FTE Trends by Program

Program Area	Filled Positions	FY 2026 Budgeted
Admin	145	162
HCD Ops	308	373
Direct	360	514
TOTAL	813	1,049

Distribution of Total Filled Positions

Program Area	Percent
Admin	18%
HCD Ops	38%
Direct	44%

Note: Included within the Healthcare Equity Plan Performance Metrics, this measure involves tracking Full-Time Equivalent (FTE) allocations.

Healthcare Equity Plan Progress: Where We Were

Identified and Addressed Critical Gaps (FY23-25)

- Board adopted 7-year Healthcare Equity Plan, committing approximately \$800M to address significant system gaps
- Expanded services with Integral Care to maintain access to Outpatient Behavioral Health
- Established increased access to psychiatric, counseling and peer support services
- Launched and expanded Bridge Clinic and mobile services
- Expanded substance use prevention, including naloxone, diversion, and treatment services
- Established 5 SNF Care Teams and MA, CHW, and RN programs to support workforce development and employment pathways
- Strengthened care for people experiencing homelessness through mobile teams, partnerships with EMS and community organizations, and Permanent Supportive Housing Healthcare Collaborative (PSH HCC)

Key Achievements

- Established approximately 30 Direct Practice and Diagnostic Services, significantly reducing wait times
- Opened 5 Central Health Specialty, Primary & Wellness Clinics:
 - East Clinic
 - Capital Plaza
 - Rosewood-Zaragosa
 - Hornsby Bend
 - Del Valle
- Accelerated opening of 50 bed Respite Center at the CEC

Healthcare Equity Plan Progress: Where We Are

Alignment and Stabilization (FY26)

- Strengthening alignment under a shared vision, common goals, and commitment to build an integrated and equitable care system
- Expanding dialysis services, including joint planning for home dialysis
- Addressing food insecurity through mobile food FARMacies and medically tailored meals
- Continuing collaborative planning around Diversion, Mental and Behavioral Health Continuum of Care
- Streamlining business intelligence tools, AI solutions, software and communications platforms, and improving system interfaces and workflows, including patient touchpoints
- Maintaining financial stewardship by aligning resources and infrastructure to sustain current services without compromising quality, access, or long-term sustainability

Anticipated Achievements

- Phased opening of Hancock Center, expanding access to specialty, imaging, primary care, dental, and pharmacy services
- Expanding Sendero CHAP High-Risk Program Enrollment
- Conducting comprehensive facilities planning and continuing joint planning for ambulatory alignment and expanded clinical services, including Cancer Care Need Analysis and Joint CHNA

Healthcare Equity Plan Progress: What's Ahead

Scaling and Strategic Growth (FY27-30)

- Continue right-sizing and optimizing services while ensuring efficiency, financial sustainability, and system alignment
- Expand SNF Services to improve care coordination, manage higher-complexity patients and reduce avoidable inpatient hospital utilization
- Explore Buy/Build/Partner options for Ambulatory Surgical Center, Endoscopy, Advanced Imaging, Dialysis facilities dedicated to Safety-Net population
- Address emerging priorities or system needs not fully contemplated in the Healthcare Equity Plan, including specialty care at Northview, expanded pediatric behavioral and developmental health services, while continuing to make care highly affordable

Anticipated Achievements

- Improve access to acute hospital services, including surgical specialties
- Complete Hancock, Colony Park and Cameron Center, bringing vital services to the community



Questions



Appendix

Slide Index by Community Need

Community Need	Slide #	Community Need	Slide #
Expanded Access to Specialty Care	14	Care Coordination	22
Access to Mental Health Services	15	Enrollment and Eligibility	23
Robust Post-Acute Care, including Respite and Extensivists	16	Coverage Programs, Benefits, and Structures	24
Primary Care, including CUC HIV/AIDS Program; Same-Day Care and Extended Hours	17	Pharmacy	25
SUD and Addiction Medicine Services	18	Expanded Access to Surgical and Procedural Care	26
Access to Hospital Care	19	Social Determinants of Health (SDOH)	27
Health Care for the Homeless	20	Health Systems Interop. and Technology / Data and Analytics	28
Expanded Access to Dental Care	21	Facility Infrastructure and Support Functions	29

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$13,900,000 	<ul style="list-style-type: none"> \$31,900,000 					
Expanded Access to Specialty Care <ul style="list-style-type: none"> Direct Clinical Capacity Specialty Care, Care Coordination Specialty Care Contracting and Relationships 	<ul style="list-style-type: none"> East Clinic Opened Capital Plaza Opened RZ Clinic Opening Q4 FY24 Expansion Of CH Podiatry Establishing CH GI, Pulmonology, Nephrology, Supportive & Palliative Care, Wound Care, Hepatology, Infectious Disease, and Cardiology Hancock Schematic Design and Construction Planning Expanded Outpatient DME Access Central Health Specialty Care Services for Travis County Jail Inmates Workforce Development With ACC, Launched Medical Assistant Program Launched Tubal Ligations Women’s Health Services Launched Telemedicine Visits for Behavioral Health/Nutrition/Pharmacy Continue Dialysis Expansion, including Home Dialysis 	<ul style="list-style-type: none"> Operationalizing RZ and Optimizing Direct Clinical Services Continue Planning, Staging and Construction of Hancock and CEC, including Specialty Care Portfolio Establishing CH ENT and Rheumatology Expanding Contracted Access ASC, Anesthesia, GI, Sleep Studies, DME GME and UME Planning RN Externship Program CH Endocrinology CUC/CH Planning Of Dermatology Expansion 	<ul style="list-style-type: none"> Continue to Scale and Optimize CH Specialties Operationalized Audiology Services Hancock Phased Opening (Primary Including HIV, Same-Day Care & Extended Hours, Pharmacy) Assumption of Eyeglass Coverage and Optometry previously covered by St. Davids Foundation New Hearing Aid Coverage Med Gap Coverage Launched Nuclear Stress Tests GO-Live of PT and planning for OT and Neuro Launched FibroScans Remote Patient Monitoring Joint Planning for Additional Diagnostics DME Supplier Registration for Third Party Payors Launching GME And UME 	<ul style="list-style-type: none"> Planning for ST Hancock Phased Opening (Specialty, Dental) 			

Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.

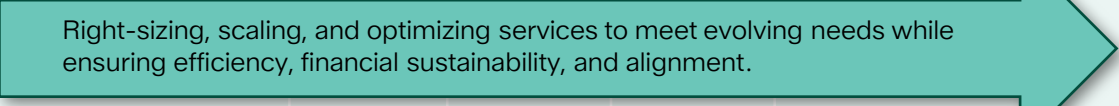
Impact Metric Abbreviations: BRKR = Budget Resolution Key Result, HEP = Healthcare Equity Plan. Initiatives Not Listed in Priority Order.

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$1,700,000 	<ul style="list-style-type: none"> \$5,700,000 					
Access to Mental Health Services <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Clinical Processes and Staffing <input type="checkbox"/> Mental Health Data Access and Triage <input type="checkbox"/> Mental Health Facilities 	<ul style="list-style-type: none"> Expanded Services Agreement with Integral Care to Maintain Access to Outpatient Behavioral Health Services Support Expansion of Diversion Services Related to Psychiatric Emergency Services Hired Director of Behavioral Health Services and Manager to Build Out CH Mental Health Services Expanded Psychiatric and Counseling Services at African American Youth Harvest Foundation (AAYHF) for Children and Families Impacted by Trauma Clinical Services Planning at ASH Campus 	<ul style="list-style-type: none"> CH Psychiatry Services Go-Live at Specialty Clinics and SNFs Scale In-Person and Virtual Psychiatry and Counseling Services Across Central Health Clinical Environments Established Behavioral Health Services at SNFs Launched Integral Care PSH HCC Services Established CH M3 Services, Supporting Integral Care (IC) PSH Facilities Clinical Services Planning At ASH Campus Mental Health Care Continuum Analysis and Planning with Partners Planning CH Peer Support Specialists in Medical Respite, ToC, Psych/BH, and Mobile Teams Expanded Psychiatry and Behavioral Health Counseling with UTHA Adding Psychiatric and Counseling Services at Austin Child Guidance Center Adding Peer Recovery Specialists Services through Sims Foundation 	<ul style="list-style-type: none"> Expanding Psych and BH Access to Include Referrals from External Partners Expand PSH HCC Services Operationalizing Planning CH Peer Support Specialists in Medical Respite, ToC, Psych/BH, and Mobile Teams Diversion Service Planning Expanded Access to IC Intake Specialists 				<ul style="list-style-type: none"> Assessing Funding Changes and Support for Preservation of Prioritized Mental Health Services Joint IC/CH Planning For Expanded/ Integrated IC Psych Intake Access, M3 Team Integration, Clozapine Clinic, Additional Outpatient Services Support Bi-Directional IC/CH EHR Access

- Consideration for Psychiatric Urgent and Crisis Care and Step Down Services
- Psychiatric Emergency Department Planning

Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.



Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning		
Estimated Plan Spend	<ul style="list-style-type: none"> \$2,100,000 	<ul style="list-style-type: none"> \$5,200,000 							
<p>Robust Post-Acute Care, Including Respite and Extensivists</p> <ul style="list-style-type: none"> ❑ Post-Acute Care Contracting and Operations ❑ Post-Acute Care Funding Support <p>Impact Metric</p> <ul style="list-style-type: none"> Central Health Medical Respite Bed Days at CEC: 932 Days (July-Sept 2025) 	<ul style="list-style-type: none"> Respite Bed Contract Expansions Initiated Cameron Road Planning Initial Planning of Central Health Bridge Program Central Health Skilled Nursing Direct Practice Services Go-Live Strengthened Pac Clinical Governance and Accountability to Sustain Post-Acute Strategy 	<ul style="list-style-type: none"> Scale Clinical Teams, Facilities and Practice Model for Post Acute and Respite Continue Planning at Cameron Road Initial Planning and Opening of Central Health Respite Facility at CEC Initial Planning and Opening of CEC High-Risk/Respite Clinic Expanded SNF Direct Practice (4th Location) IP Rehab Planning Launched and Expanded Bridge Mobile Added After Hours On-Call Services for SNF Direct Practice 	<ul style="list-style-type: none"> Continue Design and Planning of Cameron Road Launching Contracted Services for IP Rehab Assessing CH SNF Facility Needs Stabilizing and Optimize Central Health Respite Facility At CEC Expanding Bridge Clinic, Mobile, and SNF Teams Joint CUC/CH Planning for Transitions Clinic Network/sober Involved Health and Re-entry Services Launching Complex Care for Justice Involved Health Launching SNF/Respite Medication Delivery Pilot Research and Source PAC Waiver Programs Operationalize Contracted IP Rehab Services 	<p>Continued Planning, Development and Design of Cameron Road Facility Services with Phased Go-Lives Tentatively Planned for FY29 & 30</p>				<p>Expand Post-Acute Care Management to Ensure Patients Transitioned to Appropriate Settings Post Discharge, Expand SNF Services To Include Map Basic Enrollees</p>	
<p>Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.</p>									

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$5,600,000 	<ul style="list-style-type: none"> \$13,500,000 					
Primary Care, including CUC HIV/AIDS Program <input type="checkbox"/> Patient Navigation <input type="checkbox"/> Primary Care Capacity Same-Day Care and Extended Hours <input type="checkbox"/> Primary Care, Care Coordination <input type="checkbox"/> Primary Care Processes and Staffing <input type="checkbox"/> Urgent and Convenient Care	<ul style="list-style-type: none"> Hornsby Bend Clinic Opening Supporting Mobile Care Clinic Expansion with CUC Central Health Pharmacy Assistance Program (PAP) Established Began Partnership CUC/Black Men's Health Clinic 	<ul style="list-style-type: none"> Partner Discussions to Increase Same Day And Next Day Access Programming Services Model for Colony Park Health Center Adding Network Provider to Support Access to HIV Services Launched and Expanded Bridge Clinic and Mobile Del Valle Clinic Opening, including Retail Pharmacy/ Drive Thru 	<ul style="list-style-type: none"> Joint Planning CUC/CH Expanded Access at Northview Joint Planning CUC/CH South Austin Clinic Replacement Hancock Phased Opening (Primary including HIV, Same-Day Care & Extended Hours, Pharmacy) <div data-bbox="1274 782 1890 901" style="background-color: #008080; color: white; padding: 5px; margin-top: 10px;"> Expand HIV/AIDS Screening, Treatment, and Education at CommUnityCare and Hancock Center </div> <div data-bbox="1274 951 2499 1143" style="background-color: #008080; color: white; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> Continue growth of Bridge and Other Multi-Disciplinary Care Approaches for Medically Complex Patients Operationalize Expanded Primary Care Access in Identified High Need Areas (i.e., Rundberg/North Austin and South Austin) </div>	<ul style="list-style-type: none"> Hancock Phased Opening (Women's Health & Dental Services) Completion of Colony Park Construction Build 			
			Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.				

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning	
Estimated Plan Spend	<ul style="list-style-type: none"> \$316,000 	<ul style="list-style-type: none"> \$1,500,000 						
SUD and Addiction Medicine Services <ul style="list-style-type: none"> ☐ Respite and Recuperative Care ☐ SUD Clinical Processes and Staffing ☐ SUD Data Access and Triage 	<ul style="list-style-type: none"> Expanded Capacity at Community Medical Services and Addiction & Psychotherapy Services to Include Methadone Services for MAP Basic Partnered with Sobering Center for Treatment Holdovers to Facilitate Residential Treatment Services Expand Access to Methadone through CMS and Aeschbach 	<ul style="list-style-type: none"> Completed Renovation and Build of Wellness & Holistic Addiction Medicine (WHAM)/ MAT Clinic at Capital Plaza with CUC Recruiting Department Leadership and Continue Developing Launched Naloxone Distribution through Community Partnerships and Vending Machines Piloted Direct Medical Services Through CH Bridge Teams Supporting Integral Care (IC) Diversion Services (15th St.) Planning Expanded Partnership With Sobering Center for Treatment Holdovers to Facilitate Inpatient Recovery Expanding Substance Use Disorder Treatment Services, Including Methadone 	<ul style="list-style-type: none"> Joint Planning and Expansion For Naloxone Distribution And Program Management Expanding Partnership With Sobering Center For Treatment Holdovers To Facilitate Inpatient Recovery Expanding Access to Detoxification and Residential Treatment Services Hired Medical Director of Addiction Medicine and Continue Service Line Planning 	<p>Continued Planning, Development and Design of Cameron Road Facility Services with Phased Go-Lives Tentatively Planned for FY29 & 30</p>				<ul style="list-style-type: none"> Continue Developing Care Models for Alcohol and Stimulant Addiction including Detox Services Continue Expanding WHAM Treatment through CH clinical service environments Collaboration with TCSO and SUD Treatment Partners to Expand Inductions and Treatment for Justice-Involved Populations
<p>Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.</p>								

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$173,000 	<ul style="list-style-type: none"> \$681,000 					
<p>Access to Hospital Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital Care Coordination <input type="checkbox"/> Hospital Capacity 	<ul style="list-style-type: none"> Expansion of Inpatient Transitions of Care (ToC) at Seton Medical Center Austin Expanded Access to Women's Health Reproductive Health Surgical Procedures with People's Community Clinic (PCC) 	<ul style="list-style-type: none"> Expanded Inpatient and ER Transitions of Care Teams in Local Hospitals Expanded Access to CH Women's Health/Reproductive Health Surgical Procedures Expanding Access to Women's Health Reproductive Health Surgical Procedures with Lone Star Circle of Care (LSCC) Assessing Potential Impact of Ongoing Litigation 	<ul style="list-style-type: none"> Expansion of Inpatient Transitions of Care (ToC) at St. David's South Resolve Ascension Litigation 				
<p>Impact Metric</p> <ul style="list-style-type: none"> Coordinated 1,002 YTD Hospital to Outpatient Care Transitions Between CH Providers and Hospital Case Managers. 	<p>Continue Monitoring Services Potentially Impacted by Changing Hospital and Programmatic Landscape</p>						
<p>Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.</p>							

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$715,000 	<ul style="list-style-type: none"> \$3,600,000 					
<p>Health Care for the Homeless</p> <ul style="list-style-type: none"> ❑ Connection to Supportive and Affordable Housing ❑ Funding Support ❑ Mobile Care Clinic and High-Risk Care Clinic <p>Impact Metric</p> <ul style="list-style-type: none"> Through expanded Bridge teams,, provided 1,731 visits. (BRKR) 	<ul style="list-style-type: none"> Respite Clinic Go-Live Respite Bed Expansion at Arch, Marshalling Yard and Parson’s House Expand CUC Street Medicine Program ATCEMS Contract to Support C4/Virtual Consults, Alternative Transports, MAT Inductions and Community Health Paramedics Initiated Cameron Road Planning Expanded Services Agreement with Integral Care to Maintain Access to Outpatient Behavioral Health Services and Support Expansion of Diversion Services Related to Psychiatric Emergency Services (PES) 	<ul style="list-style-type: none"> CEC Respite Facility Opens Respite Clinic Transitions to CEC Continue Build Out of Bridge Teams Expanding Integral Care Mobile Teams through the PSH HCC Expanding CUC Mobile Team through PSH HCC Exploring PSH Opportunities (Mobile Loaves and Fishes Housing Partnership + Onsite Provider & Potential Clinic) Participating in Homeless Management Information System Through ECHO Participating in PSH Voucher Program for CH Respite Participants through Family Eldercare Agreement Launched Naloxone Distribution Through Partnerships and Vending Machines 	<ul style="list-style-type: none"> Expanding Contracted Respite Beds for Step-Down Operationalizing 3 Additional Bridge/Mobile Teams, including Unhoused, Justice-involved, PSH HCC Environments Case Management for Community First! Village & Family Eldercare Communities Exploring Homeless Services Navigation With Community Partners Expanding Medical Respite and Substance Use Disorder Treatment Services Continued Joint CUC/CH Planning for CareCo Clinic Capacity and Operations to Support High-risk Populations Collaborative Planning with Austin-Travis County Emergency Medical Services, CUC, IC, COA and Local Non-profit Partners Joint Planning for Naloxone Distribution and Program Management 		<ul style="list-style-type: none"> Coordinating with Local Partners to Provide Aligned Health Care Services for PSH and Other Housing and Shelter Facilities Provide Wraparound Medical Services to Unhoused Individuals Through Additional Service Locations Continue Expanding Mobile Care Services to include Access to Mental Health Services and Chronic Diseases Management 		

Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$154,000 	<ul style="list-style-type: none"> \$2,600,000 					
Expanded Access to Dental Care <ul style="list-style-type: none"> Dental Care Capacity and Facilities Dental Staffing and Contracting 	<ul style="list-style-type: none"> Del Valle Service Planning to Include Dental Expanding Oral Surgery Access Expanded Access to Primary Care Dental Through Manos De Cristo in FY24 Initial Planning for Colony Park Health Center 	<ul style="list-style-type: none"> Del Valle Clinic Opening (June) Added New Capacity for Pediatric Sedated Dental Services Continue Expanding Oral Surgery Access 	<ul style="list-style-type: none"> Joint Planning With CUC for In-house Denture Provision Expanded Primary Care Dental Services through Contracted Services Assessing in-house oral surgery service line Joint Planning for Northview Clinical Services 	<ul style="list-style-type: none"> Hancock Phased Opening (Specialty, Dental) 	<ul style="list-style-type: none"> Begin CH Direct Practice Oral Surgery 		
			<ul style="list-style-type: none"> Build Dental Capacity at New Clinic Sites 				
			<p>Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.</p>				

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$2,400,000 	<ul style="list-style-type: none"> \$6,600,000 					
Care Coordination <input type="checkbox"/> Care Coordination Program Alignment and Augmentation	<ul style="list-style-type: none"> Continue Staffing of Central Health Patient Navigation Center to Support Expanding Services Launched Transitional Care at Home CHWs Embedded Across Transitions of Care and Respite to Support Care Coordination Expanded Complex Case Management 	<ul style="list-style-type: none"> Developing and Implementing Strategic Approach to Social Determinants Health Expanding Care at Home Services, including Additional Teams 	<ul style="list-style-type: none"> Coordinate CH, CUC and Sendero Case Management Functions and Teams Enhance Navigation Center Cross-System Coordination Assessment of Home Health Agency Licensure to support in-home PT/OT services Launching Embedded Psychiatric Intake to Facilitate Transition to Integral Care Hiring an Oncology Navigator 	<ul style="list-style-type: none"> Continue to Enhance Navigation Center Cross-System Coordination 			

Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$1,100,000 	<ul style="list-style-type: none"> \$1,900,000 					
Enrollment and Eligibility <input type="checkbox"/> Enrollment & Eligibility Technology Optimization <input type="checkbox"/> Enrollment & Eligibility Procedures & Coordination	<ul style="list-style-type: none"> Virtual Enrollment Expanded to Dell Seton, Ascension Seton Medical Center and Hornsby Bend Developing Enrollment Access at Cesar Chavez for Individuals Experiencing Homelessness Developing Process with Travis County Sherriff's Office to Increase Enrollment Efforts of Justice Involved Prior to Discharge 	<ul style="list-style-type: none"> Joint Planning to Develop Enterprise Enrollment and Eligibility Strategy Implemented Onsite Eligibility for New Central Health Clinical Environments Expanded Virtual Enrollment and Eligibility Services, Resources, and Activities, including Enrollment Class for Justice Involved Health Expanded Translation and Interpretation Vendors Translating MAP Application into Additional Languages Implemented Real-time Eligibility Verification for MAP & MAP-B Member Coverage Implemented In-Person Enrollment in Hospitals CH Financial Assistance Coverage Program Go-Live Expanded In-person Enrollment Options At Sunrise Church Expanded Marketplace / ACA / Medicaid Enrollment Assistance Expanded MAP and Soar Assistance for Individuals Experiencing Homelessness 	<ul style="list-style-type: none"> Aligning and Standardizing Eligibility and Financial Screening Efforts to Improve System Coordination Improving Interfaces Between Eligibility and Enrollment and Financial Screening Tools and Epic for Better Integration Improving Interfaces and Workflows to Increase Efficiency for Staff and Enhance Patient Experience Continue to Expand Virtual Application Opportunities Continue to Expand On-site and On-demand Enrollment Services for Patients Experiencing Homelessness Launched CH Clinical Pharmacy Program and Service Line Continue to Integrate and Enhance Translation and Interpretation Services 				

Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.

Initiative Achievements, Current Progress and Fiscal Year Planning

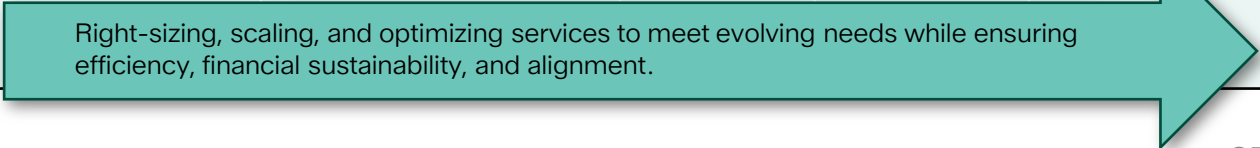
Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$898,000 	<ul style="list-style-type: none"> \$898,000 					
Coverage Programs, Benefits, and Structures <input type="checkbox"/> Coverage Program Benefit Enhancement <input type="checkbox"/> Coverage Program Information Delivery <div data-bbox="45 735 402 1163" style="background-color: #fce4d6; padding: 10px; border: 1px solid #ccc;"> Impact Metric <ul style="list-style-type: none"> Increased Sendero High-Risk Program Enrollment from 700 in FY24 to 1,000 in FY26 (BRKR) </div>	<ul style="list-style-type: none"> Expanded the Premium Assistance Program to MAP Basic 150 Members Expanded Enrollment into CHAP Expansion (High-Risk) Program Developing a Central Health Financial Assistance Program Continue Developing Justice Involved Health Coverage Program 	<ul style="list-style-type: none"> Expand on Justice Involved Health Enrollment Initiative to Access Additional Specialty Care Services Explore Opportunities to Expand Standard MAP Enrollment Period to 12 Months Launch Financial Assistance Program Begin Implementation of Third Party Payer Enrollment for CH Clinical Environments including Medicare, Medicaid and Sendero Launch Clinical Pharmacy and PAP Program Implemented Coverage Program for Justice-involved, including Travis County Residents Over 200% FPL and Out-of-county Residents Explore and Plan for Sendero CHAP Expansion 	<ul style="list-style-type: none"> Dialysis Expansion, including Joint Planning Analysis for Home Dialysis Benefits Enhancements to include Eyeglasses and Hearing Aid Coverage Expanded Sendero CHAP High-Risk Program Enrollment Operationalize Third Party Payer Enrollment and Contracting Planning Medication Gap Coverage 				
<div style="background-color: #4db6ac; color: white; padding: 10px; border: 1px solid #ccc; display: inline-block;"> Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment. </div>							

Initiative Achievements, Current Progress and Fiscal Year Planning

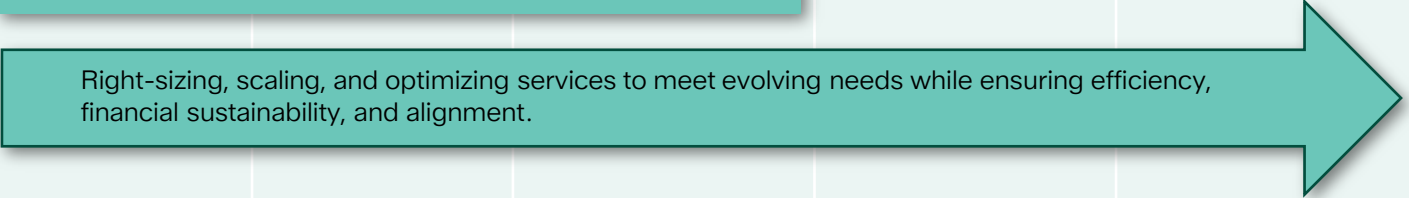
Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$155,000 	<ul style="list-style-type: none"> \$902,000 					
Pharmacy <ul style="list-style-type: none"> ❑ Pharmacy Care Coordination ❑ Pharmacy Capacity ❑ Pharmacy Program Aug. ❑ 340B Pricing 	<ul style="list-style-type: none"> Central Health Pharmacy Assistance Program (PAP) Established 	<ul style="list-style-type: none"> Launched CH Clinical Pharmacy Program and Service Line Joint Planning for SNF/Respite Medication Delivery Del Valle Clinic Opening, including Retail Pharmacy/ Drive-Thru Implementing Insulin Pumps in coordination with CH Endocrinology Service Go-live Joint Planning of Infusion Services for CUC and CH Clinical Environments 	<ul style="list-style-type: none"> Joint Planning of Infusion Services Joint Planning for Operational Improvements, including 340B revenue capture Implemented System Pharmacy Leadership Structure Planning Medication Gap Coverage Hancock Phased Opening (Primary Including HIV, Same-day Care & Extended Hours, Pharmacy) Joint Centralized Pharmacy Fill Planning 	<ul style="list-style-type: none"> Colony Park Go-Live Including Retail/Drive-Thru Pharmacy 			

- 340B Optimization Opportunities
- Optimize Pharmacy Services Footprint Through Partnerships, Consolidation, and Building Additional Pharmacy Capacity and Co-locating/Near Clinics
- Continue Evaluating and Enhancing Pharmacy Benefits Plan to Meet Patient Needs

Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.



Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> • \$0 	<ul style="list-style-type: none"> • \$ 1,300,000 					
<p>Expanded Access to Surgical and Procedural Care</p> <ul style="list-style-type: none"> ❑ Surgical Clinical Capacity ❑ Surgical Care Coordination 	<ul style="list-style-type: none"> • Pre-surgery Clearance and Optimization Clinic • Hired a General Surgeon to Create Additional Access for Endoscopy and Begin Surgical Practice Planning • Established Tubal Ligation Services at ASC, Enhancing Women's Health Offerings • Expanded Access to Women's Health Reproductive Health Surgical Procedures at People's Community Clinic (PCC) 	<ul style="list-style-type: none"> • Expansion of Services within UTHA ASC • Begin CH General Surgery Practice • Expanding Access to Women's Health Reproductive Health Surgical Procedures at Lone Star Circle of Care (LSCC) • Launched ENT Office and ASC Procedures 	<ul style="list-style-type: none"> • Launched CH Inpatient Gen Surgery Services • Planning Limb Salvage Services • Launched In-Office Procedures 	<ul style="list-style-type: none"> • Recruit and Employ Surgical Specialty Providers to Provide Consultations and Surgical Services • Build Surgical Capacity for High-Volume Low-Acuity Surgeries 	<p>Explore Buy/Build/Partner options for Ambulatory Surgical Center, Dedicated to Safety-Net population</p>		
<p>Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.</p> 							

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$514,000 	<ul style="list-style-type: none"> \$666,000 					
<p>Social Determinants of Health (SDOH)</p> <ul style="list-style-type: none"> SDOH Contracting and Relationships SDOH Funding <p>Impact Metric</p> <ul style="list-style-type: none"> Distributed over 28,000 lbs. of fresh healthy food through CH Mobile Food FARMacies 	<ul style="list-style-type: none"> Internal Workgroup Initiated to Identify SDOH Gaps and Establish Central Health Strategy Developed Central Health Community Healthcare Initiative Fund (CHIF) 2.0 Expanded Loaner Device Program to Transitions of Care Patients Hired Grants Manager 	<ul style="list-style-type: none"> Launched Central Health Community Healthcare Initiative Fund (CHIF) 2.0 Developed and Implementing Strategic Approach to Social Determinants Health Expanded Access to Transportation Assistance Expanded Translation and Interpretation Vendors Developing Translation of MAP Application into Additional Languages Expanded Access to Mobile Clinical Services, (MAP/MAP-B) Enrollment, Assessments, Navigation Support through Hungry Hill Foundation 	<ul style="list-style-type: none"> Piloting Transportation Route for CH SNF Patients and Respite Participants to Clinic Services and Other Social Services Launched Medically Tailored Meal Delivery Service Expanded to 5 CH Mobile Food FARMacies, and planning to add locations/monthly events Launched a workforce development program addressing food insecurity in partnership with The Other Ones Foundation and GoodWorks Austin 				
			<ul style="list-style-type: none"> Connect Patients to Adult Education and Literacy Programs Begin a Partnering with Local Non-Profits (e.g., Subsidized Housing Organizations) to Connect Unhoused Individuals to Shelters and Supportive Housing 				
			<p>Right-sizing, scaling, and optimizing services to meet evolving needs while ensuring efficiency, financial sustainability, and alignment.</p>				

Initiative Achievements, Current Progress and Fiscal Year Planning

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$10,000,000 	<ul style="list-style-type: none"> \$22,000,000 					
Health Systems Interop. and Technology / Data and Analytics <input type="checkbox"/> IT Governance, Reporting, and Interoperability <input type="checkbox"/> IT Career Dev. & Training	<ul style="list-style-type: none"> Cloud Enterprise Data Warehouse Platform Established Data Governance Platform Enterprise Master Patient Index (EMPI) Implementation Implementation of Epic Interfaces with Clinical Partners to Support Data Sharing 	<ul style="list-style-type: none"> Design Phase 1 Of INFRAM (Infrastructure Adoption Model) to Support Digital Modality Activities Implement Data Governance Application Tool Continuation of Cloud Enterprise Data Warehouse Platform Implementation Continue Building Data Sharing Capacity with FQHCs and Other Partners Completed Implementation and Validation of EMPI Consolidated analytics, data engineering, and data integration under one leadership model to strengthen alignment and deliver more automated, accurate, and timely reporting Built and Deployed System HIPAA-Compliant AI Voice Assistant Continued Epic Optimization to Improve Clinical, Operational, and Financial Reporting and Dashboards 	<ul style="list-style-type: none"> Implement Shared System PM Software Tool / Expand ServiceNow Consolidating and Transitioning Business Intelligence Tools to Streamline Operations Implement Software With Enhanced Functionality Including Procurement and Budget Software Procure AV Meeting & Event Support Joint Planning to Implement AI Tools to Improve Operational Efficiencies, Including Patient Navigation, Interpretation, Business Process and Clinical Documentation Support. Implementation of Cisco Unified Communications Platform Complete Migration to Cloud Data Warehouse 				
Impact Metric	<ul style="list-style-type: none"> Processed more than 2.7 billion security events across our environment. Through advanced filtering, correlation, and analytics, fewer than 29 real threats requiring investigation. 						
				<ul style="list-style-type: none"> Iterative expansion and enhancements to Epic in alignment with clinical services Ongoing Implementation of Unified Communications Platform Two-Way Data Exchange with CUC Pharmacies and Primary Care Partners PAC Clinical Information Exchange Across EMRs 			
				<p>Right-sizing, scaling, and optimizing technology and analytical capabilities to meet evolving needs while ensuring efficiency, financial sustainability, and system alignment.</p>			

Initiative Achievements, Current Progress and Fiscal Year Planning

Note: The below timeline reflects anticipated dates, actual clinic and facility opening dates are subject to change based on construction progress and other factors.

Community Need and Initiative(s)	FY24 Achievements	FY25 Achievements	FY26 Progress	FY27 Planning	FY28 Planning	FY29 Planning	FY30 Planning
Estimated Plan Spend	<ul style="list-style-type: none"> \$5,100,000 	<ul style="list-style-type: none"> \$12,800,000 					
Facility Infrastructure and Support Functions <ul style="list-style-type: none"> <input type="checkbox"/> New Facility Builds, Expansions <input type="checkbox"/> Human Resources <input type="checkbox"/> Operational <input type="checkbox"/> Finance <input type="checkbox"/> Communications <input type="checkbox"/> General Administration <input type="checkbox"/> Strategy <input type="checkbox"/> Compliance 	<ul style="list-style-type: none"> East Clinic Opened Capital Plaza Opened RZ Clinic Opened Hornsby Bend Clinic Opened TPA Start-up 	<ul style="list-style-type: none"> Began Transition Of Support Functions to CEC Del Valle Clinic Opening (June) Build Out Revenue Cycle Capability Consolidated Epic Training 	<ul style="list-style-type: none"> Phased Completion of Hancock Construction Build Ambulatory CHNA to Enable Future Joint Planning Work Launched Joint Facilities and Biomed Departments Fleet Management Planning for Centralized Instrument Sterilization Joint Planning for Northview Clinical Services Other Joint Service Planning 	<ul style="list-style-type: none"> Completion Of Hancock Construction Build Completion Of Colony Park Construction Build <p>Planning, Continued Development and Design of Cameron Road Facility Services</p>			
<p>Substantial Deployment and Scaling of Operational Support and Functions, Including Clinical Program Build and Design, Regulatory and Compliance, Onboarding, Training and Education, Providers, Support Staff, Resource Allocation, Equipment Procurement, Technology, Workflow Planning, Revenue Cycle, Required to Stand-Up, Operationalize and Stabilize New Facility Builds/Clinics</p>							

Cost Estimates to Implement the Healthcare Equity Plan

Estimated Costs by Fiscal Year by Community Need

Community Need	Initiatives	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Expanded Access to Specialty Care	<ul style="list-style-type: none"> Direct Clinical Capacity Specialty Care, Care Coordination Specialty Care Contracting and Relationships 	\$ 12,191,280	\$ 18,204,033	\$ 34,075,825	\$ 45,872,649	\$ 51,335,031	\$ 54,596,707	\$ 57,170,949
Access to Mental Health Services	<ul style="list-style-type: none"> Mental Health Clinical Processes and Staffing Mental Health Data Access and Triage Mental Health Facilities 							
Robust Post-Acute Care, Including Respite and Extensivists	<ul style="list-style-type: none"> Post-Acute Care Contracting and Operations Post-Acute Care Funding Support 	\$ 2,007,566	\$ 3,773,148	\$ 6,410,173	\$ 8,890,371	\$ 9,892,545	\$ 12,198,492	\$ 13,484,543
Primary Care, including CUC HIV/AIDS Program and Pharmacy	<ul style="list-style-type: none"> Patient Navigation Primary Care Capacity 	\$ 2,000,000	\$ 3,050,000	\$ 3,775,200	\$ 4,358,144	\$ 5,284,791	\$ 6,039,411	\$ 6,512,896
SUD and Addiction Medicine Services	<ul style="list-style-type: none"> Respite and Recuperative Care SUD Clinical Processes and Staffing SUD Data Access and Triage 	\$ 833,750	\$ 2,168,166	\$ 4,687,813	\$ 7,282,079	\$ 7,535,751	\$ 7,786,153	\$ 8,041,888
Access to Hospital Care	<ul style="list-style-type: none"> Hospital Capacity Hospital Care Coordination 	\$ 750,000	\$ 768,750	\$ 787,500	\$ 3,493,750	\$ 3,575,000	\$ 3,656,250	\$ 3,737,500
Health Care for the Homeless	<ul style="list-style-type: none"> Connection to Supportive and Affordable Housing Funding Support Mobile Care Clinic and High Risk Care Clinic 	See Note 3 below	\$ 405,410	\$ 1,672,159	\$ 1,891,316	\$ 1,943,442	\$ 1,995,345	\$ 2,048,206
Expanded Access to Dental Care	<ul style="list-style-type: none"> Dental Care Capacity and Facilities Dental Staffing and Contracting 	\$ 400,000	\$ 704,688	\$ 1,275,750	\$ 1,644,750	\$ 1,980,000	\$ 2,227,500	\$ 2,484,000
Care Coordination	<ul style="list-style-type: none"> Care Coordination Program Alignment and Augmentation 	\$ 2,876,863	\$ 5,592,723	\$ 9,195,487	\$ 10,825,531	\$ 12,011,684	\$ 12,962,561	\$ 13,750,123
Enrollment and Eligibility	<ul style="list-style-type: none"> Enrollment & Eligibility Technology Optimization Enrollment & Eligibility Procedures & Coordination 							
Coverage Programs, Benefits, and Structures	<ul style="list-style-type: none"> Coverage Program Benefit Enhancement Coverage Program Information Delivery 							

Note 1: Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.

Note 2: Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.

Note 3: Additional funding for services related to Healthcare for the Homeless is reflected in Specialty Care, Post-Acute including Respite, Primary Care and SUD.

Cost Estimates to Implement the Healthcare Equity Plan

Estimated Costs by Fiscal Year by Community Need

Community Need	Initiatives	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Pharmacy	<ul style="list-style-type: none"> Pharmacy Care Coordination Pharmacy Capacity Pharmacy Program Aug. 340B Pricing 	\$ -	\$ -	\$ 3,300,000	\$ 3,300,000	\$ 5,600,000	\$ 5,600,000	\$ 5,900,000
Same-Day Care and Extended Hours	<ul style="list-style-type: none"> Primary Care, Care Coordination Primary Care Processes and Staffing Urgent and Convenient Care 	\$ -	\$ -	\$ 105,000	\$ 161,250	\$ 220,000	\$ 281,250	\$ 287,500
Expanded Access to Surgical and Procedural Care	<ul style="list-style-type: none"> Surgical Clinical Capacity Surgical Care Coordination 	\$ -	\$ -	\$ -	\$ -	\$ 3,335,833	\$ 7,356,794	\$ 10,044,058
Social Determinants of Health (SDOH)	<ul style="list-style-type: none"> SDOH Contracting and Relationships SDOH Funding 	\$ 1,024,375	\$ 1,312,043	\$ 1,808,618	\$ 1,899,756	\$ 1,956,748	\$ 2,015,451	\$ 2,075,914
Health Systems Interop. and Technology / Data and Analytics	<ul style="list-style-type: none"> IT Governance, Reporting, and Interoperability IT Career Dev. & Training 	\$ 6,844,420	\$ 8,122,919	\$ 9,623,362	\$ 10,293,991	\$ 11,105,906	\$ 12,036,995	\$ 12,571,620
Support Functions								
General Support Costs	<ul style="list-style-type: none"> Human Resources Finance Communications General Administration Strategy Compliance 	\$ 4,069,065	\$ 6,040,577	\$ 7,531,054	\$ 7,756,986	\$ 7,989,695	\$ 8,229,386	\$ 8,476,268
Total Operating Expenses		\$ 32,997,319	\$ 50,142,455	\$ 84,247,942	\$ 107,670,572	\$ 123,766,427	\$ 136,982,295	\$ 146,585,465
Capital Expenditures	<ul style="list-style-type: none"> Debt Service 	\$ 14,653,762	\$ 18,130,282	\$ 18,132,747	\$ 19,491,882	\$ 19,491,349	\$ 19,491,217	\$ 19,495,810
Operating Expenses + Capital Expenditures		\$ 47,651,081	\$ 68,272,737	\$ 102,380,688	\$ 127,162,454	\$ 143,257,775	\$ 156,473,513	\$ 166,081,274

Total Operating Expenses (FY24-FY30)	\$ 682,392,474
Capital Expenditures (FY24-FY30)	\$ 128,887,048
Total Estimated Cumulative Costs	\$ 811,279,522

Note 1: Financial estimates were prepared in conjunction with Central Health leadership based upon agreed upon assumptions.

Note 2: Cost estimates associated with crosscutting projects and initiatives are attributed to one community need to promote efficiency and maximize available resources.



Thank you

Questions?

Board Update: Healthcare Equity Plan Progress

Identify and Address Critical Gaps (Where We Were)	Alignment and Stabilization (Where We Are)	Scaling and Strategic Growth (What Is Outstanding)
<ul style="list-style-type: none"> • (FY23) Central Health Board adopted a 7-year Healthcare Equity Plan committing nearly \$800M to address significant system gaps, informed by the Voice of the Community and key assessments • (FY23-25) Established approximately 30 Direct Practice and Diagnostic Services, including GI, Pulmonology, Nephrology, Supportive & Palliative Care, Wound Care, Hepatology, Infectious Disease, Cardiology, and Endocrinology • (FY24-25) Accelerated opening of 5 Central Health Specialty, Primary & Wellness Clinics (East Clinic, Capital Plaza, Rosewood-Zaragosa, Hornsby Bend, and Del Valle) • (FY24-25) Established 5 SNF Care Teams and MA, CHW, and RN programs to support workforce pipeline • (FY25) Opened new 50-bed Central Health Respite Center at the CEC • (FY25) Strengthened care for people experiencing homelessness through mobile teams, partnerships with EMS and community organizations 	<ul style="list-style-type: none"> • (FY26) Phased opening of Hancock Center to bring specialty, imaging, primary care, and pharmacy services closer to the community • (FY26) Continue joint planning around Diversion, Mental and Behavioral Health Continuum of Care • (FY26) Continue joint planning around comprehensive facilities planning, ambulatory planning and clinical services • (FY26) Strengthen alignment under a shared vision, common goals, and a commitment to build an integrated and equitable care system for Travis County • (FY26) Maintain financial stewardship and system focus by aligning resources and infrastructure to sustain current services without compromising quality, access, or long-term sustainability 	<ul style="list-style-type: none"> • Continue right-sizing and optimizing services while ensuring efficiency, financial sustainability, and alignment • Explore Buy/Build/Partner options for Ambulatory Surgical Center, dedicated to Safety-Net population • Expand SNF Services to improve care coordination, manage higher-complexity patients and reduce avoidable inpatient hospital utilization • Completion of Hancock, Colony Park and Cameron Center, bringing vital services to the community • Improve access to acute hospital services • Address emerging priorities or system needs not fully contemplated in the Healthcare Equity Plan, including specialty care at Northview, and expanded pediatric behavioral and developmental health services, while continuing to make care highly affordable

Board Adopted Service Delivery Strategic Plan (Healthcare Equity Plan) Founded on Community Engagement and Key Assessments

Data-Driven and Community- and Stakeholder-Focused Processes

Completed key assessments, founded on community and patient engagement, to identify critical gaps and unmet needs in the safety-net system

Developed and phased initiatives over 7 years to design the operational and implementation roadmap, including cost estimates

Community Engagement

- Community Engagement Report
- Community Conversations
- Patient Engagement Surveys
- Patient Interviews
- Community Townhall (7/13/2023)

Partial Attachment B

Administration
People Department
Administration
Office of the CEO & Governance
Health System Legal Affairs
Strategy
Government Affairs
Communications
Compliance
Finance
Procurement

Direct Healthcare Services
Therapy and Counseling
Psychiatry & Addiction Care
Cardiology
Endocrinology
Gastroenterology
Nephrology
Neurology
Physical Medicine & Rehab
Podiatry
Pulmonology
Rheumatology
Palliative Care
Pharmacy
Specialty Care Total
Transitions of Care
Medical Respite & Bridge
Diagnostics and Other services
Patient Navigation
Clinical Support

Healthcare Delivery Operations & Support
Eligibility & Enrollment
Operations - Clinical and Network
Facilities Management & Real Estate
Health & Wellness Operations
Quality Assessment & Performance
Community Engagement & Outreach
Network Services & Project Management
Healthcare Strategy
ACA Premium Subsidies
Joint Technology

Central Health - Healthcare Equity Plan KPIs

Developed With Guidehouse to Measure Impact and Presented to Central Health Board on April 10, 2024



Access Metrics: Assesses a patient's timely and appropriate access to healthcare.
Quality Metrics: Measures and evaluates the effectiveness, safety, efficiency and patient-centeredness of healthcare processes and outcomes.
Care Coordination Metrics: Evaluates effectiveness of care coordination programs.
Patient Experience Metrics: Measures the level of satisfaction that patients have with their healthcare experience.
Volume Metrics: Measures the quantity of people and quantity or frequency of healthcare services provided
Labor Metrics: Evaluates appropriate staffing levels against industry benchmarks, goals, and targets.
Financial Metrics: Measures revenue, expenses, and other financial measures.
IT / Interoperability Metrics: Tracks relevant aspects of quality regarding IT activities and projects.
Throughput Metrics: Evaluates the effectiveness of patients moving through the healthcare system.

Access and Capacity – FY26

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

Community Need	FY 2025 Budget Highlights
Expand Access to Specialty Care	<p>\$30.8M increase from FY2024 Direct Healthcare Services including:</p> <ul style="list-style-type: none">• Adding a significant number of specialty service lines with the opening of Rosewood-Zaragosa Multispecialty Clinic• Funding supports a 10x increase in patient volume over FY2024
Healthcare for the Homeless	<p>\$2.2M for a full year of two Bridge Teams, one mobile and one clinic based</p>
Access to Mental Health Services	<p>\$2.9M added in Direct Healthcare services for Psychiatry, therapy and counseling services</p> <p>\$20.6M Integral Care funding for Psychiatric Inpatient, Outpatient, Emergency Services and Medication Assisted Therapy</p>

Direct Services from April Financials



DIRECT SERVICES	Apr 2025	FY 2025 YTD	FY 2025 Budget	Percent of Budget Used	FY 2024 YTD	Actual FTEs	Budget FTEs	April 2025 Patient Encounters	FYTD 2025 Patient Encounters	Service Line Start Date	Co Hires
Diagnostics and Other Services	\$ 195,609	\$ 1,257,813	\$ 4,395,034	29%	\$ 380,538	19.5	37.9	349	1,486	various	0.8
Clinical Support	965,514	5,574,138	13,826,160	40%	1,681,638	70.8	103.0	N/A	N/A	N/A	-
Endocrinology	-	-	762,556	0%	-	-	5.0	-	-	N/A	-
Rheumatology	9,416	23,818	656,943	4%	-	0.1	6.6	-	-	N/A	-
Cardiology	97,464	829,043	2,437,279	34%	144,570	7.0	11.0	121	502	9/30/2024	-
Gastroenterology	102,431	824,657	2,953,976	28%	517,936	7.0	12.5	300	1,822	10/2/2023	1.4
Nephrology	17,844	357,232	1,859,200	19%	132,175	4.0	7.8	96	598	2/1/2024	0.5
Neurology	-	-	2,019,556	0%	122,844	-	1.0	-	-	N/A	-
Podiatry	162,884	892,092	2,192,929	41%	677,533	10.0	11.0	237	1,297	10/23/2023	-
Pulmonology	38,993	519,287	1,497,711	35%	455,486	6.6	11.0	115	737	10/2/2023	-
Palliative Care	64,533	373,906	958,984	39%	100,861	5.9	7.4	74	388	2/5/2024	-
Pharmacy	86,231	465,721	1,849,580	25%	5,643	7.0	13.0	79	330	4/3/2024	-
Behavioral Health	67,027	475,089	1,227,110	39%	46,134	6.0	15.0	183	897	3/20/2024	-
Patient Navigation Center	468,761	3,435,788	6,105,265	56%	1,054,127	50.0	60.5				-
Psychiatry	55,784	185,915	1,674,311	11%	-	2.5	6.7	49	161	10/3/2024	-
Medical Respite	232,192	1,343,065	5,239,210	26%	232,108	25.0	62.0	260	877	8/23/2023	0.5
Transition of Care	505,828	3,077,907	10,388,044	30%	1,608,401	45.6	73.0	453	1,557	11/15/2023	-
Total Direct Services	\$ 3,070,511	\$19,635,471	\$ 60,043,848	33%	\$7,159,994	266.9	444.4	2,316	10,652		3.2

KPI: Actual Dollars Spent on Purchased and Direct Healthcare Services

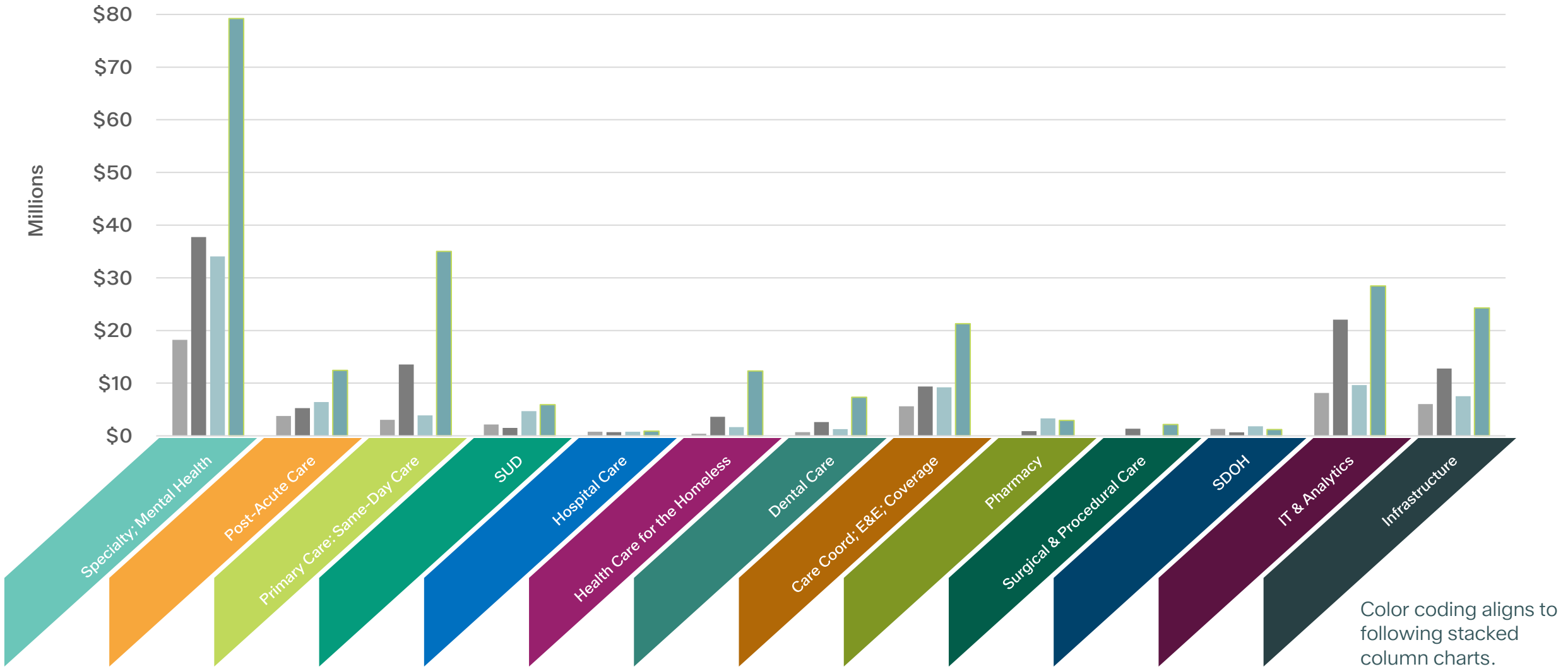
Table View

Category	Q1-2023	Q1-2024	Q1-2025	Q2-2023	Q2-2024	Q2-2025	Q3-2023	Q3-2024	Q4-2023	Q4-2024
Purchased Healthcare Services	\$16,461,655	\$23,208,334	\$34,588,766	\$42,850,106	\$54,690,627	\$68,782,800	\$69,346,297	\$87,809,932	\$98,887,378	\$126,259,396
Specialty	\$2,392,705	\$3,764,351	\$6,741,799	\$5,961,527	\$7,356,793	\$12,506,255	\$10,492,171	\$13,170,420	\$14,799,810	\$19,050,859
Primary	\$11,911,311	\$14,546,474	\$16,906,173	\$27,071,222	\$31,971,006	\$37,650,140	\$42,218,908	\$48,632,386	\$59,976,323	\$69,426,589
Post Acute	\$368,804	\$1,028,665	\$1,196,262	\$1,824,317	\$2,484,678	\$2,891,167	\$2,886,119	\$3,193,995	\$3,886,746	\$5,171,631
Pharmacy	\$1,643,991	\$2,348,280	\$4,973,226	\$5,199,380	\$5,503,396	\$6,918,414	\$8,051,874	\$8,013,818	\$10,621,719	\$14,070,636
Other	\$9,360	\$23,400	\$65,798	\$66,107	\$44,440	\$149,125	\$135,107	\$211,145	\$630,602	\$338,412
Behavioral	\$135,484	\$1,497,164	\$4,705,508	\$2,727,553	\$7,330,314	\$8,667,699	\$5,562,118	\$14,588,168	\$8,972,178	\$18,201,269
Central Health Direct Practice	\$25,707	\$1,334,868	\$7,068,842	\$144,930	\$5,730,774	\$16,564,012	\$351,412	\$8,013,496	\$913,869	\$13,839,750
Direct Healthcare Services	\$25,707	\$1,334,868	\$7,068,842	\$144,930	\$5,730,774	\$16,564,012	\$351,412	\$8,013,496	\$913,869	\$13,839,750
Total	\$16,487,362	\$24,543,202	\$41,657,608	\$42,995,036	\$60,421,401	\$85,346,812	\$69,697,709	\$95,823,428	\$99,801,247	\$140,099,146

Strategic Plan Operating Investment for FY 2025 and FY 2026

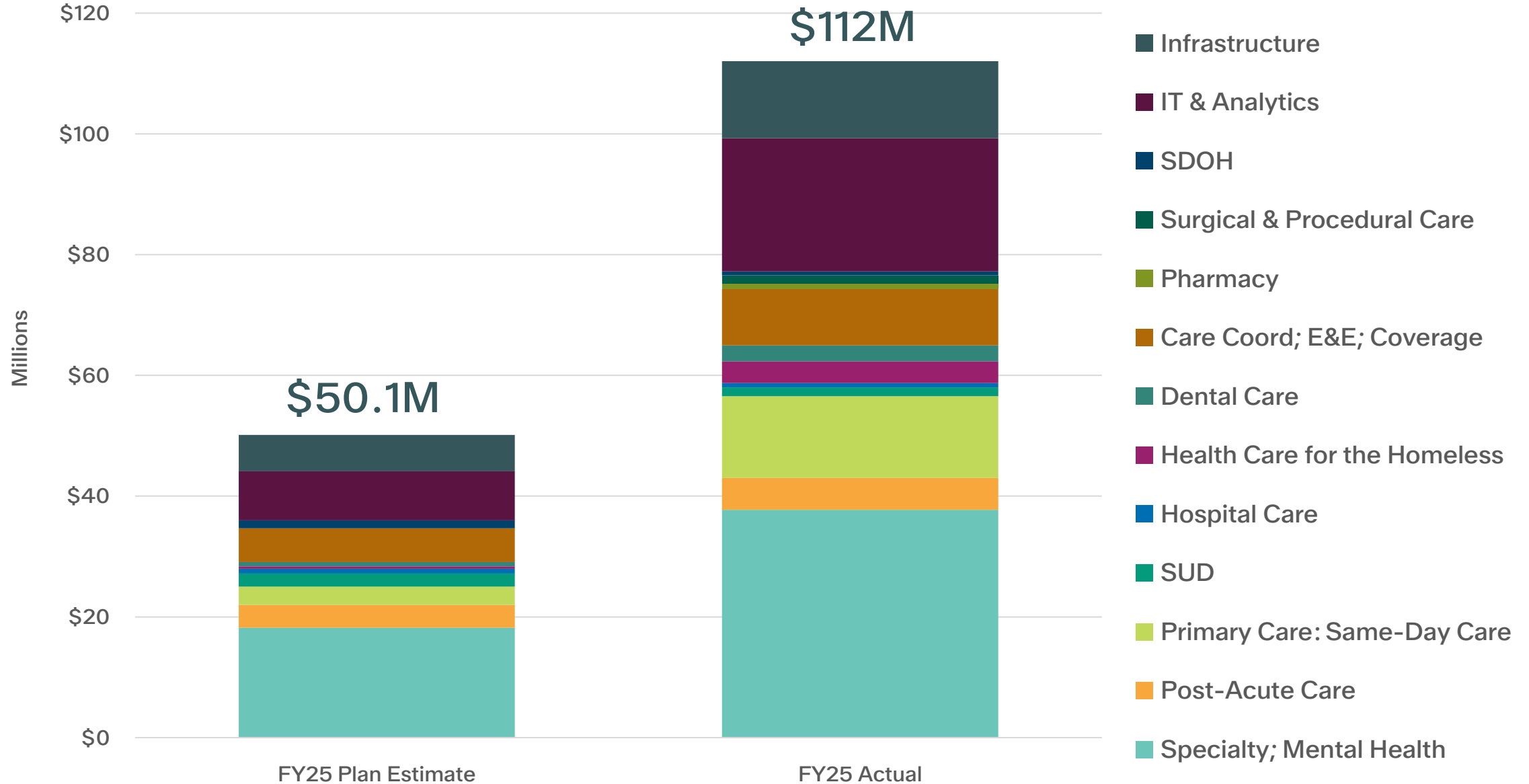
by Community Need

■ FY25 Plan Estimate ■ FY25 Actual ■ FY26 Plan Estimate ■ FY26 Budgeted

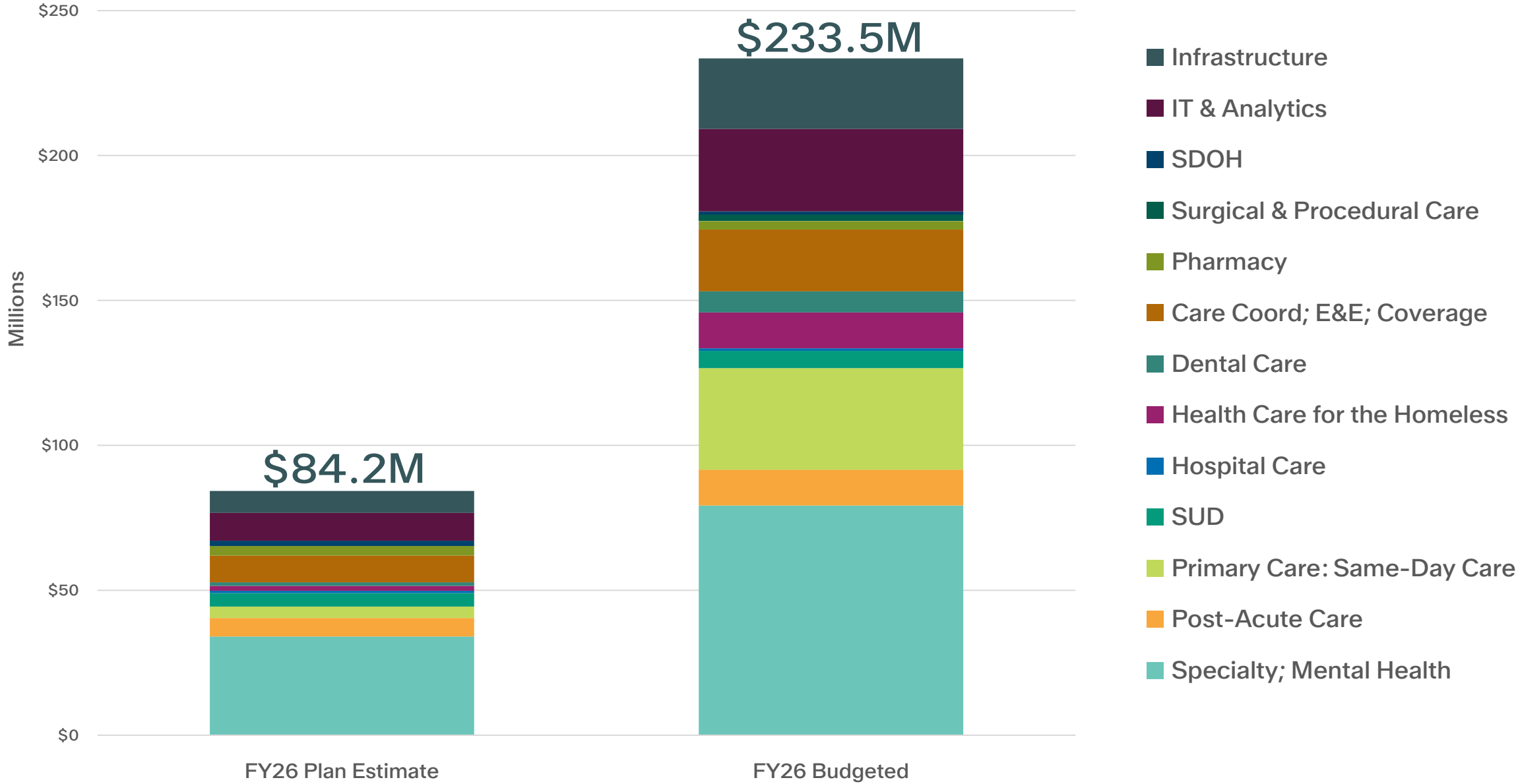


Color coding aligns to following stacked column charts.

FY 2025 Strategic Plan Operating Investments



FY 2026 Strategic Plan Operating Investments



Sources: Central Health Healthcare Equity Plan; Multiview accounting software. Note: Capital excluded. "Infrastructure" includes both Admin and Real Estate & Facilities.

Updated Project Timelines and Go-Lives

Operating Projects	Planning, Execution, Scaling Major Projects	Launch or Go-Live	Accelerated or Shifted Timeline	Expanding/Scaling Services	New Investment/ Emerging Opportunity
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Note: Originally timing-based, numbers now reflect updated initiatives.

	FY23 (YR0)	FY24 (YR1)	FY25 (YR2)	FY26 (YR3)	FY27 (YR4)	FY28 (YR5)	FY29 (YR6)	FY30 (YR7)
Expanded Access to Specialty Care								
2. RZ Clinic			2					
11. East Clinic		11						
12. Capital Plaza Clinic		12						
4. Hancock Clinic						4		
Access to Mental Health Services								
9. Support of Diversion Center Pilot		9						
19. Launch Direct Practice Behavioral Health & Psychiatry			19					
20. Expanded Integral Care Services -- OP BH			20					
21. Expanded Integral Care Services – PES / Diversion			21					
Robust Post-Acute Care, Including Respite and Extensivists								
6.Planning and Phased Build of Cameron Center Medical Respite ¹							6	
13. CEC Medical Respite & Clinic				13				
14. SNF Direct Care		14						
Primary Care, including CUC HIV/AIDS Program and Pharmacy								
1. Del Valle Clinic			1					
3. Hornsby Bend Clinic		3						
22. Joint CUC/CH Planning for North Austin/Rundberg and South Austin								
23. Colony Park Clinic ¹						22		
Same-Day Care and Extended Hours								
SUD and Addiction Medicine Services								
8. Planning and Phased Build of Cameron Ctr. Med. Detox & SUD Treatment							8	
17. Expansion of Services, Including Sobering Center			17					
Access to Hospital Care								
Health Care for the Homeless								
10. High Risk Care Clinic			10					
15. Bridge and Mobile Services		15						
16. PSH HCC			16					
Expanded Access to Dental Care								
1. Del Valle Clinic			1					
3. Hornsby Bend Clinic		3						
4. Hancock Clinic ¹						4		
Care Coordination								
5. Patient Navigation Center		5						
Enrollment and Eligibility								
Coverage Programs, Benefits, and Structures								
Pharmacy								
Expanded Access to Surgical and Procedural Care								
7. Surgical Specialty Practice			7					
18. Network Surgical Services Expansion				18				
Social Determinants of Health								
Health Systems Interop. and Technology / Data and Analytics								

Source: ¹1/2026 Development Timeline presented at CH Infrastructure Committee

Board Adopted Service Delivery Strategic Plan (Healthcare Equity Plan) Founded on Community Engagement and Key Assessments

Completed key assessments, founded on community and patient engagement, to identify critical gaps and unmet needs in the safety-net system

Developed and phased initiatives over 7 years to design the operational and implementation roadmap, including cost estimates

Safety-Net Community Health Needs Assessment Report
February 10, 2022

Strategic Systems of Care Planning
Equity-focused Service Delivery Strategic Plan Presentation
February 9, 2022

Central Health's Prioritized Needs

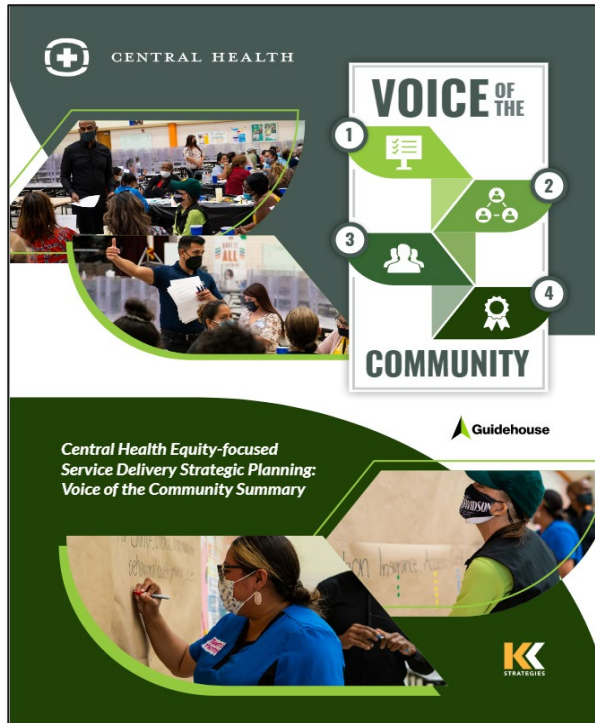
Primary Care	Specialty Care / Behavioral / Dental	Hospital-Based Care / Post-Acute Care
<ul style="list-style-type: none"> 3. Health Care for the Homeless 8. Expanded Access to Same-Day Care and Extended Hours, Including Virtual Options 9. Expanded Access to Primary Care, including CUC HIV/AIDS Program and Pharmacy 	<ul style="list-style-type: none"> 1. Expanded Access to Specialty Care 4. Substance Use Disorder and Addiction Medicine Services, Including MAT and Alcohol Addiction 7. Access to Mental Health Services 10. Expanded Access to Dental Care 	<ul style="list-style-type: none"> 2. Robust Post-Acute Care, Including Respite and Extensivists 5. Expanded Access to Surgical and Procedural Care 6. Expanded Access to Hospital Care
Foundational Enablers		
<ul style="list-style-type: none"> Additional Access Points and Infrastructure (e.g., Facilities, Technology, etc.) Care Coordination Comprehensive Multi-Disciplinary Care Eligibility and Enrollment Services Expanded Access to General Prevention and Wellness Health Systems Interoperability and Technology Management of Chronic Conditions Pharmacy Physician and Clinical Workforce Supply, Including Demographically-Diverse Workforce* 		
Coverage Programs, Benefits, and Structures		Social Determinants of Health
<ul style="list-style-type: none"> Extended Enrollment Period for MAP Increased Enrollment of Eligible Populations Restructure copays to remove patient barriers Additional coverage services and 		<ul style="list-style-type: none"> Improved Community Transitions for Justice-Involving Individuals Access to Healthy Foods Technology and Internet Access

Community Need	Fiscal Year (FY)									
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Expanded Access to Specialty Care		★ 2		★ 4						
Robust Post-Acute Care, Including Respite and Extensivists				★ 6						
Health Care for the Homeless				★ 10						
SUD and Addiction Medicine Services				★ 8						
Expanded Access to Surgical and Procedural Care							★ 7			
Access to Hospital Care										
Access to Mental Health Services		★ 9								
Same-Day Care and Extended Hours										
Primary Care, Including CUC HIV/AIDS Program and Pharmacy		★★ 1, 3								
Expanded Access to Dental Care		★★ 1, 3		★ 4						
Health Systems Interop. and Technology / Data and Analytics										
Enrollment and Eligibility										
Pharmacy										
Care Coordination		★ 5								
Social Determinants of Health										
Coverage Programs, Benefits, and Structures										

* Denotes Workforce Planning

Data-Driven and Community- and Stakeholder-Focused Processes

Board Adopted Service Delivery Strategic Plan (Healthcare Equity Plan) Founded on Community Engagement and Key Assessments



Completed key assessments, founded in community and patient engagement, to identify critical gaps and unmet needs

Developed a 7-year phased operational and implementation roadmap with cost estimates

Data-Driven and Community- and Stakeholder-Focused

- Safety Net Community Health Needs Assessment
 - Voice of The Community Report
 - Community Conversations
 - Patient Engagement Surveys
- Patient Interviews and Journey Maps
 - Community Townhall

Focus for Today

- Service Delivery Strategic Plan (HEP): Overview
- Service Delivery Strategic Plan: Progress Update
- Questions & Answers
- Appendix

Board Update: Healthcare Equity Plan Progress

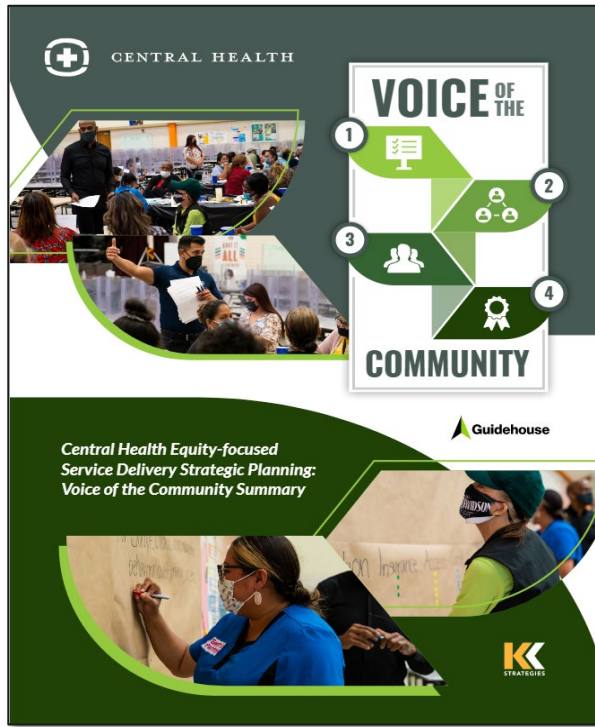
Spotlight

- **(FY23-25) Established approximately 30 Direct Practice and Diagnostic Services, including:**
 - **GI**
 - **Pulmonology**
 - **Nephrology**
 - **Supportive & Palliative Care**
 - **Wound Care**
 - **Hepatology**
 - **Infectious Disease**
 - **Cardiology**
 - **Endocrinology**
 - **ENT**
 - **Rheumatology**
 - **Increased access to Podiatry and Dental services**
- **(FY24-25) Accelerated opening of 5 Central Health Specialty, Primary & Wellness Clinics (East Clinic, Capital Plaza, Rosewood-Zaragosa, Hornsby Bend, and Del Valle)**
- **(FY25) Opened new 50-bed Central Health Respite Center at the CEC**

Identify and Address Critical Gaps (Where We Were)

- (FY23) Central Health Board adopted a 7-year Healthcare Equity Plan committing nearly \$800M to address significant system gaps, informed by the Voice of the Community and key assessments
- (FY24-25) Expanded services with Integral Care to maintain access to Outpatient Behavioral Health
- (FY24-25) Established and increased access to psychiatric, counseling and peer support services
- (FY24-25) Launched And Expanded Bridge Clinic and Mobile Services
- (FY25) Strengthened care for people experiencing homelessness through mobile teams, partnerships with EMS and community organizations, and permanent supportive housing Healthcare Collaborative (PSH HCC)
- (FY24-25) Expanded substance use prevention, including naloxone, diversion, and treatment services
- (FY24-25) Established 5 SNF Care Teams and MA, CHW, and RN programs to support workforce development and employment pathways

Board Adopted Service Delivery Strategic Plan (Healthcare Equity Plan) Founded on Community Engagement and Key Assessments



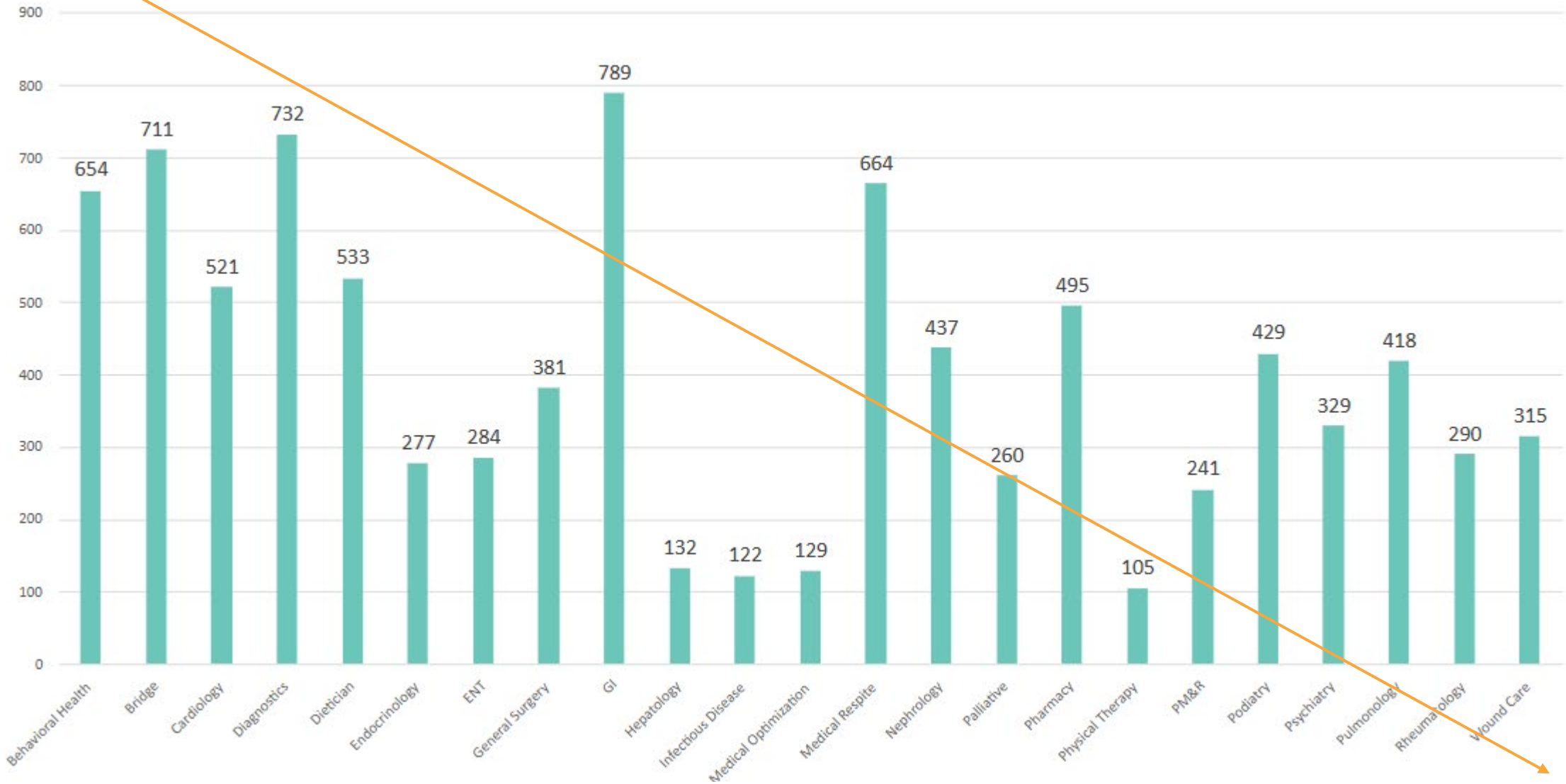
Key assessments, founded in community and patient engagement identified critical gaps and unmet needs

Developed a 7-year phased operational and implementation roadmap with cost estimates

Data-Driven and Community- and Stakeholder-Focused

- Safety Net Community Health Needs Assessment
 - Voice of The Community Report
 - Community Conversations
 - Patient Engagement Surveys
 - Patient Interviews and Journey Maps
 - Community Townhall

Central Health Direct Practice Visits by Service Line (FY26 Q1)



STRATEGIC PLANNING COMMITTEE

February 11, 2026

AGENDA ITEM 4

Discuss and take appropriate action on a legal presentation and recommendation on the formation of a fundraising entity.³ (*Action Item*)

AGENDA ITEM SUBMISSION FORM

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

Agenda Item Meeting Date	<u>2.11.2026</u>
Who will present the agenda item? (Name, Title)	<u>Virginia Potter, Development Director; Kim Gabbitas, Grants Manager; Husch Blackwell</u>
General Item Description	<u>Receive and discuss recommendations from legal counsel on entity formation</u>
Is this an informational or action item?	<u>Action item</u>
Fiscal Impact	<u></u>
Recommended Motion (if needed – action item)	<u>To proceed with the legal formation of a foundation entity as a 501(c)(3) Public Charity (Supporting Organization structure)</u>

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

- 1) An understanding of and official support for the recommendations for the legal and governance structures
- 2) Access to summaries of the committee’s work over the course of 2025
- 3) Clear understanding of what deliverables and work products are coming up the work ahead

What backup will be provided, or will this be a verbal update? (Backup is due one week before the meeting.)	<u>Yes</u>
Estimated time needed for presentation & questions?	<u>45 minutes</u>
Is closed session recommended? (Consult with attorneys.)	<u>Yes</u>
Form Prepared By/Date Submitted:	<u>Virginia Potter, prepared on 2.11.2026</u>

Philanthropy Update

Strategic Planning Committee

Virginia Potter, Development Director

Kim Gabbitas, Grants Manager

Hal Katz, Husch Blackwell

2/11/2026

Agenda

- Committee Feedback
- The Bottom Line
- Key Follow Up: Legal Briefing on Entity Structure
- Next Steps
- Contents of Handouts

Last Committee Meeting

Austin Philanthropic Landscape

Local and national trends, details on institutional funders, and recommendations

1x1 Awareness Meetings

To gage awareness and alignment in the community

Handouts:

Austin Philanthropic Landscape Assessment

Philanthropy Business Plan Outline

Your Feedback

Purpose & Positioning:

How should Central Health define the complementary roles of the district and its foundation to reinforce collaboration, not competition?

Governance & Oversight:

What lessons from peer district foundations should inform a governance model that maintains transparency, accountability, and board authority?

Board Focus:

Which topics (structure, risk, alignment, or policy) warrant deeper, closed-session discussion as we shape the foundation's design?

For this Committee Meeting

Bottom Line Up Front

Highlights of the content shared over the year

Legal Briefing

Entity type and governance

Handouts:

- **Executive Summaries of 2025 Presentations and Materials**
- **Draft Bylaws**
- **Draft Foundation Board Charter**
- **Draft nomination process**
- **Draft Board of Directors member profile**
- **Draft Leadership Advisory Council member profile**

The Bottom Line

- Austin's philanthropic potential is deep, diverse, and largely untapped, especially among emerging donors.
- 94% of community leaders we engaged strongly value Central Health's mission and want to see it grow.
- A small governing board ensures accountability and alignment; a broader leadership council expands reach and fundraising power.
- Today: Legal and structural work underway to ensure compliance and transparency.
- Action: Seeking direction to refine legal framework and craft initial slate of prospective supporters.



Legal Briefing: Entity Structure Review and Recommendation

Purpose and Objectives

Legal Authority

501(c)(3) Overview

Decision Framework

<u>Factors</u>	<u>Option A: Public Charity</u>	<u>Option B: Supporting Org</u>	<u>Option C: Private Foundation</u>
Control by Central Health	Moderate–High	High	Very High (via funding source)
Fundraising Flexibility	High	High	Limited
Regulatory Burden	Moderate	Moderate–High	High
Donor Appeal	Strong	Strong	Weaker
Governance Complexity	Low	Moderate	Moderate–High

<u>Feature</u>	<u>Public Charity</u>	<u>Supporting Org</u>	<u>Private Foundation</u>
Funding Source	Broad donors / government	One or few charities	Single donor / entity
Control	Independent or limited	Controlled by supported org	Controlled by donor
Grants to Others	Flexible	Only to supported org(s)	Strict expenditure responsibility
Excise Taxes	None	None	1.39% on investment income
Annual Distribution	No requirement	No requirement	Must distribute 5% assets annually
Lobbying Limits	Limited	Limited	Prohibited

Governance Structure Options

Board Composition *Options*

Proposed Entity Options

Oversight and Compliance

<u>District</u>	<u>Structure</u>	<u>Member</u>	<u>Governance Type</u>
Dallas*	Board-only	None	Supporting Org
Harris	Board-only	None	Supporting Org
Bexar & El Paso	Single Member	District	Supporting Org
Sendero (Central Health)	Single Member	Central Health	Supporting Org
JPS	Board-only	None	Supporting Org

*Also utilizes an Advisory Board.

Strategy

Recommended Structure

Implementation Steps Staff & Legal

Next Steps for Board

Next Steps

- Continue to partner with legal counsel to develop formation activities
- Begin drafting interim administrative and fiscal procedures necessary to initiate operations
- Continue engaging in awareness meetings
- Continued alignment with Budget & Finance as well as Infrastructure Committees in planning for FY26

Asynchronous Work

- Review in depth and provide feedback on Foundation's Articles of Incorporation and Bylaws
- Review in depth and provide feedback on Foundation Board Charter and Board Member Job Descriptions and candidates
- Examine and offer feedback inaugural governing board and leadership council members recommendations
- Continued alignment with Budget & Finance as well as Infrastructure Committees

80

March BOM

Resolution to proceed with entity formation and inaugural foundation board members in March at BOM meeting



Contents of Handouts

Committee Questions from September

Executive Summaries of 2025 Presentations and Materials

Draft Bylaws

Draft Foundation Board Charter

Draft nomination process

Draft Board of Directors member profile

Draft Leadership Advisory Council member profile



Thank You

September Committee Questions

Fundraising and Differentiation:

- What staffing model is needed to support fundraising?
- How can we tailor our value proposition to different audiences (donors, peers, CEOs)?
- How can we connect fundraising outcomes to measurable community impact?
- What funding sources should we pursue to fill identified gaps?
- How do we ensure we are not competing with (but complementing) others' efforts?

Governance & Structure:

- What can we learn from governance models in other health districts?
- How can we design a structure that preserves clear board oversight?
- Which peer districts should we invite to share their approaches?
- What topics should be prioritized for closed session discussion?

Review of previous presentation content:

1. Exploring a development program (April)
2. Austin Philanthropic Landscape Assessment (September)
3. Review of peer hospital foundations (May & June)

Why us, and why now?

Exploring the Need for a Central Health Fundraising Entity

In April, we presented the key drivers toward developing a Central Health fundraising entity. The cost of meeting the health needs of central Texans is far beyond what Central Health can afford on the tax base alone. With increasing demand for our services and lost federal funding for local organizations, the financial burden is only increasing. A fundraising entity is an opportunity to build greater financial stability and support for the work we do.

We know there is an increase in demand for our services – services that change lives and reshape communities. We have built up our patient navigation capacity, bolstered eligibility and enrollment services, and increased specialty care visits exponentially. We have enhanced mental health services through investments in outpatient care, substance use treatment, and more.

We also know there is far more work to be done: There are more than 200,000 more Travis County residents who could benefit from MAP and MAP Basic and affordable specialty care. We are investing in workforce development, enrollment and outreach, and the clinical facilities this growth requires. As we presented in April – and as has been presented to the Board of Managers and a number of committees – we project our reserves will steadily continue to decrease throughout the remainder of our current strategic plan.

Drastic slashes to federal funding for health care and social services will dramatically impact health outcomes across the United States. Local organizations are already feeling the strain: Austin Public Health lost \$15 million in grant funding, Foundation Communities had health navigator funding slashed by 90%, and the Central Texas Food Bank is now spending \$1.3 million a month to meet demand after a \$5.5 million federal cut. Central Health is not backing down from our investments, including innovative Food is Medicine programs and \$40M for health care for the homeless.

What are our opportunities?

Reviewing the Philanthropic Landscape in Austin

In September, we presented a report on the current landscape of philanthropy and wealth in our region; the findings of our report show that the current landscape presents both opportunities and challenges for a new Central Health fundraising entity.

Giving nationally is strong, with healthcare as a growing sector, and locally there is a unique mix of major foundations, community funds, corporate partners, and emerging high-net-worth donors. Foundations and DAFs remain powerful vehicles for giving, while corporate philanthropy is expanding slowly with potential for growth in employee giving programs. Demographic shifts in Central Texas, notably the emergence of younger, higher-income households, present an opportunity to engage donors in new ways.

Austin is a wealthy city. The starkness of income disparities illustrates that well: One in every six Travis County residents is served by Central Health, CommUnityCare, or Sendero; simultaneously, wealthy households in Austin have some of the highest disposable incomes in the state and wealth that soars past the typical benchmarks of their age groups. The “Great Wealth Transfer,” an estimated generational transfer of \$124 trillion in assets to heirs, living spouses, and charities through planned giving over the next 15 years, is well under way; in a city like Austin, with a robust population of young working professionals, this may have an unprecedented impact.

The 2025 tax cliff, when many of the measures introduced in the 2017 Tax Cuts and Jobs Act (e.g. the increases to individual standard deductions and the adjusted gross income limit for tax deductible charitable donations) are set to expire, will have a notable effect on individual and corporate giving. Paired with decreases in federal funding, economically-driven changes to giving patterns may increase competition for private dollars and put additional pressure on nonprofit fundraising. The actual effects of these changes remain to be seen.

With this confluence of factors, Austin’s culture of philanthropy is in a constant state of growth and change. This is a promising moment. Indeed, in one of our most encouraging findings yet, we have learned there is already strong support for Central Health among business leaders and funders.

Over the summer, we had over 60 strategic conversations across five key stakeholder categories: institutional funders, community-based organizations, workforce/chamber leaders, health care leaders, and community health champions. The organizations we met with collectively represent \$11 billion in giving capacity and serve the same population we seek to impact. Participants expressed strong alignment with our mission and high enthusiasm about partnering with us – even among the 44% who rated their awareness of Central Health as low prior to these meetings.

What can we learn from our peers?

Reviewing the Models and Successes of Peer Hospital District Foundations

In May and June, we shared information gathered from hospital district foundations throughout the state. A summary of the information we presented in May is included at the end of this document. These entities play a vital role in strengthening community health systems, either by filling operational gaps, funding innovation, or investing in long-term infrastructure and sustainability. We learned how they have impacted their communities, where they have found success, and how they balance independence and alignment.

The hospital district foundations we reviewed are all supporting organizations for the hospital districts, though methods differ. For example, Parkland Health Foundation focuses on driving major initiatives to increase access to care. That includes innovative programs like the Extending Maternal Care After Pregnancy (eMCAP) initiative to reduce maternal mortality, new community clinics, and capital projects. Meanwhile, the Harris Health Strategic Fund was created to fundraise for one specific capital project – a new hospital campus – and JPS Foundation primarily funds sustaining and expanding core safety-net services. University Health in San Antonio concentrates on transformative programs and innovation, including a state-of-the-art trauma and emergency center.

Governance models also differ. In most models, the district retains authority over some types of large gifts and has clear processes for how unspent or restricted funds are handled. District leadership often has a seat at the table to ensure alignment between public responsibility and the foundation's philanthropic work. On the foundation side, strong boards bring practical financial insight and serve as strategic partners. They're key to making sure fundraising priorities are mission-aligned, and they use policies, like gift acceptance and naming guidelines, to safeguard the foundation's role and reputation.

Finally, effective models create consistent lines of accountability to both internal and external audiences. That includes regular reporting to both boards, internal audit mechanisms, and taking early steps toward more public-facing transparency, not just to meet standards, but to strengthen trust.

These layers work together to make sure the foundation supports, rather than complicates, the district's mission. It's about clarity, accountability, and building public confidence as we explore new ways to meet community needs.

Peer Hospital Foundations
(May 2025 Research Summary)

Purpose

This report analyzes how Texas health-related foundations raise and allocate funds, offering insight into potential models for a Central Health–affiliated foundation.

1. Strategic Funding Approaches

Health system foundations use five main strategies (often in combination) to strengthen financial sustainability and expand community impact

Approach	What It Means	Key Pros	Potential Drawbacks
Grant-Seeking	Securing funds from government, corporate, and major foundations.	Brings in outside resources; fosters partnerships.	Competitive, time-limited, labor-intensive.
Subsidizing Programming	Filling gaps in hospital operations (e.g., uninsured care, extra clinic staff).	Immediate community impact; aligns with mission.	Maintains status quo vs. innovation; risk if donor funding drops.
Targeting New Programs	Using philanthropy as venture capital for new clinics, outreach, or innovations.	High-impact, donor excitement, scalable success.	Risk of failure; sustainability challenges.
Capital Projects	Funding for buildings, technology, and infrastructure.	Visible, lasting impact; strong donor appeal.	Costly, cyclical, may divert focus from programs.
Endowment Building	Growing permanent funds for long-term stability.	Sustainable income stream; donor legacy potential.	Slow impact; less appeal for donors wanting immediate results.

2. Peer Hospital Foundation Models (Texas Examples)

The report profiles 10 leading entities showing how different strategies align with their missions

Entity	Location	Main Focus	Example Programs
Parkland Health Foundation	Dallas	New Programs + Capital	\$150M hospital campaign; maternal health initiative; community clinics.
Harris County Hospital District Foundation	Houston	Subsidizing Programs + Targeted Projects	Funds trauma upgrades, clinic staff, community health initiatives.
JPS Foundation	Fort Worth	Subsidizing Programs	Patient assistance, uninsured care, transport.
University Health Foundation	San Antonio	New Programs	Specialty clinics, trauma & emergency center upgrades.
UMC Foundation	El Paso	Grant-Seeking + Subsidy	Attracts grants; funds trauma and neonatal care.
El Paso Children's Foundation	El Paso	Grant-Seeking + New Programs	Child health programs, specialized pediatric care.
St. David's Foundation	Central Texas	New Programs (Community Grants)	\$80M/year in community grants; largest U.S. mobile dental program.
Episcopal Health Foundation	Houston-based	New Programs (Systems Change)	\$22.8M in grants; focus on root causes like housing, mental health.

Memorial Hermann Foundation	Houston	Subsidizing + Capital	Funds charity care and facility upgrades.
Baylor Scott & White Foundation	Central TX	Subsidizing + Innovation	Supports research, education, and major capital projects.

3. Comparing Models: Public vs. Private Foundations

The final section compares Hospital District Foundations (like Parkland) and Private Health Foundations (like St. David’s).

Aspect	Hospital District Foundation	Private Health Foundation
Funding Source	Annual philanthropy, grants, campaigns	Endowment income (e.g., hospital sale proceeds)
Revenue Stability	Variable, donor-dependent	Stable, investment-based
Use of Funds	Supports affiliated hospital’s programs, facilities	Grantmaking to external nonprofits
Focus	Fill operational gaps, complement taxpayer funding	Address regional health equity and prevention
Cadence	Continuous fundraising	Multi-year strategic grants

Key Takeaways:

- Texas peers show that philanthropy can transform access and innovation when strategically aligned with system goals.
- For Central Health, the most successful path will balance mission alignment, donor engagement, and sustainable structure.

Central Health Foundation

Board Charter (Draft)

1. Purpose and Mission Alignment

The Central Health Foundation (CHF) advances health equity in Travis County by raising and stewarding philanthropic support to expand access to quality care for those people with the greatest barriers to care.

Working collaboratively with individuals, businesses, and community organizations, the Foundation supports Central Health’s mission by funding system priorities and fueling innovation across the local safety-net healthcare system.

2. Governance Structure

The Central Health Foundation uses a two-tier governance model:

- 1. Board of Directors: A fiduciary body responsible for governance, strategic oversight, and alignment with Central Health’s mission and legal framework, with Central Health reserving certain powers.**
- 2. Leadership Council: A non-fiduciary body composed of civic and business leaders who provide advice, advocacy, and philanthropic support.**

Reserved Powers of Central Health Board of Managers

To preserve alignment with Central Health’s mission and its supporting-organization relationship, Central Health, acting through its Board of Managers (the “Board of Managers”), as the Foundation’s sole member, retains the following reserved powers with respect to the Foundation:

Appointment of Directors: Appoint (and remove, as provided in the Foundation’s bylaws) a majority of the Foundation’s Board Directors. The Board of Managers may, by written designation, delegate this appointment authority to a designee (e.g., the Foundation Board Chair or the Central Health President & CEO) and may modify or revoke such designation at any time.

Governing Document Amendments: Approve any amendment or restatement of the Foundation’s certificate of formation, bylaws, or other governing documents (including

any changes affecting the Foundation's mission or purpose, its status and obligations as a supporting organization of Central Health, or director appointment or other reserved power provisions).

Structural Matters: Approve the issuance or admission of any new membership interests and the creation of any subsidiary entity of the Foundation.

Tax-Exempt Status: Approve any action that Central Health determines is likely to cause the Foundation or any subsidiary entity to lose its status as an organization described in Section 501(c)(3) of the Code or its federal tax exemption under Section 501(a) of the Code.

Budgets and Financial Oversight: Approve the Foundation's annual operating and capital budgets and conduct an ongoing review of financial performance compared to the approved annual operating and capital budget.

Property and Asset Actions: Approve the mortgage, lease, or other encumbrance of any property (real, personal, or mixed) of the Foundation; the sale, gift, or other disposition of any such property; and the purchase, lease, or acquisition of any such property by the Foundation.

Personnel Policies: Approve the Foundation's policies and procedures relating to the employment of all Foundation personnel, which shall conform to Central Health's policies and procedures.

Fundamental Transactions: Approve any merger, consolidation, dissolution, liquidation, or other fundamental transaction of the Foundation (including any merger, dissolution, or consolidation), to the extent permitted by law.

3. Board of Directors

Purpose

Provide governance, accountability, and strategic direction for the Foundation.

Core Responsibilities

*(adapted from **The Governance Institute, Hospital Foundation Board model**)*

- **Mission Alignment:** Ensure all Foundation activities align with Central Health’s vision and community impact priorities.
- **Financial Stewardship:** Oversee budgets, audits, and investment management to ensure prudent use of funds.
- **Fundraising Leadership:** Actively engage in cultivation, solicitation and stewardship.
- **Executive Oversight:** Hire, support, and evaluate the Foundation’s President/Executive Director.
- **Compliance & Ethics:** Uphold bylaws, legal and fiduciary obligations, and conflict-of-interest standards.
- **Strategic Partnership:** Coordinate with Central Health leadership to ensure strategic alignment and mutual accountability.

Composition & Terms

- **Size:** 5–7 members
- **Appointment:** A majority of voting directors are appointed by the Central Health Board of Managers (or its designated appointment authority), consistent with the Foundation’s governing documents.
- **Term:** Three-year terms, renewable once
- **Officers:** Chair, Vice Chair, Secretary/Treasurer
- **Ex Officio Members:** Foundation CEO (non-voting)

Meetings

- **Meets quarterly, with additional sessions as needed.**
- **A majority of voting members constitute a quorum.**

Individual Board Member Expectations

(adapted from Governance Institute, Individual Board Member and JPS Foundation Statement of Understanding)

- **Attend meetings and participate in at least three Central Health events.**

- **Make an annual personal financial contribution.**
- **Serve as an ambassador and advocate for the Foundation.**
- **Uphold confidentiality and ethics standards.**
- **Participate in ongoing education about Central Health’s system and community needs.**

4. Leadership Advisory Council

Purpose

Expand the Foundation’s reach through strategic advice, community engagement, and philanthropic advocacy.

Key Roles

To broaden the Foundation’s reach through strategic advice, community engagement, and philanthropic advocacy. The Council amplifies the Foundation’s mission by connecting it to key community, corporate, and civic leaders.

Key Roles

(adapted from *Board Member Profiles Framework*)

- **Connector & Bridge-Builders: Align diverse stakeholders and facilitate partnerships.**
- **Wealth Connectors & Major-Gifts Leaders: Open doors to high-capacity donors and corporate partners.**
- **Civic Conveners: Bring visibility, credibility, and influence to advance the Foundation’s priorities across all major industries.**

Responsibilities

- **Advise on advancement strategy for Board of Directors approval.**
- **Leverage networks to expand philanthropic support.**
- **Serve as visible ambassadors for the Foundation and lead campaigns as needed**

- **Participate in fundraising events, awareness campaigns, and strategic conversations.**
- **Identify prospective Council members.**
- **Provide counsel, but not governance or fiduciary oversight.**

Membership & Structure

- **Size: 20-30 members**
- **Appointment: Board of Directors approves leadership roles; Council manages member nomination process.**
- **Term: Renewable annual appointments.**
- **Chair or Co-Chairs: Serve as liaisons to the Foundation Board.**
- **Meetings: Two to three times per year, jointly or separately from the Board.**

5. Relationship Between Board & Advisory Council

- **The Board of Directors retains final authority for all governance, financial, and policy decisions, subject to Central Health's reserved authority.**
- **The Leadership Advisory Council serves in a consultative capacity, informing strategy, serving as advocates, and leading fundraising initiatives.**
- **A liaison mechanism (typically the Board Chair and Foundation President) ensures communication and collaboration between the two bodies.**
- **At least one joint annual meeting will be held to align goals and celebrate progress.**

6. Ethical Standards and Accountability

All members (Board and Advisory) commit to:

- **Adhering to the Foundation's Code of Conduct, Conflict-of-Interest, and Confidentiality policies.**
- **Acting in good faith, consistent with the duties of care, loyalty, and obedience outlined in nonprofit governance law.**

- **Serving as ambassadors of Central Health’s mission and values.**

7. Evaluation and Review

- **The Board conducts an annual self-assessment and review committee effectiveness.**
- **The Leadership Council will provide feedback annually on its engagement, influence, and partnership outcomes.**
- **This charter will be reviewed every two years and updated as the Foundation evolves.**

DRAFT BOARD RESOLUTION

Central Health Board of Managers

Authorizing the Formation of the Central Health Foundation

WHEREAS, Central Health’s mission is to provide access to quality healthcare for Travis County residents with low income and those who are uninsured; and

WHEREAS, the Board of Managers recognizes that philanthropic partnerships and private investment are essential to advancing the mission of Central Health, expanding community impact, and accelerating progress toward health equity; and

WHEREAS, Central Health staff have recommended the creation of a supporting nonprofit organization, the Central Health Foundation, to develop and steward philanthropic resources that align with Central Health’s strategic priorities; and

WHEREAS, the Foundation will be established as a Texas nonprofit corporation and will seek IRS 501(c)(3) tax-exempt status as a public charity organized and operated exclusively for charitable and educational purposes; and

WHEREAS, the proposed governance structure for the Central Health Foundation includes:

- **A Board of Directors of approximately five to seven members with fiduciary, strategic, and policy oversight responsibilities, including representatives from Central Health leadership; and**

- **A Community & Business Leadership Advisory Council comprised of civic, corporate, and philanthropic leaders who will provide strategic advice, partnership development, and philanthropic advocacy; and**

WHEREAS, the formation of the Central Health Foundation aligns with the District’s strategic plan by expanding financial sustainability, enabling community investment in health equity, and strengthening partnerships with public and private entities;

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Authorization to Form a Nonprofit Corporation

The Board of Managers hereby authorizes Central Health staff and legal counsel to take all necessary actions to incorporate the Central Health Foundation as a Texas nonprofit corporation and to apply for recognition of exemption under Section 501(c)(3) of the Internal Revenue Code.

2. Adoption of Proposed Structure

The Board of Managers approves the two-tier governance model for the Foundation consisting of:

- **A Board of Directors is responsible for fiduciary oversight, compliance, and strategic alignment; and**
- **A Community & Business Leadership Advisory Council serving in a non-fiduciary advisory and ambassadorial capacity.**

3. Initial Formation Activities

The President & CEO of Central Health, or their designee, is authorized to:

- **Draft and file the Foundation’s Certificate of Formation and Bylaws consistent with this resolution;**
- **Develop and submit for Board review the initial Foundation Board Charter and Board Member Job Descriptions;**
- **Identify and recommend initial board members for approval by the Board of Managers;**
- **Establish interim administrative and fiscal procedures necessary to initiate operations.**

4. Reporting and Oversight

The Foundation shall operate as a supporting organization of Central Health. The Foundation's Board of Directors shall report annually to the Central Health Board of Managers, providing updates on financial performance, compliance, and alignment with Central Health's mission.

5. Effective Date

This Resolution shall take effect immediately upon adoption.

DRAFT

Updated Central Health Foundation Board Member Opportunity Profile

Our Mission

The Central Health Foundation exists to make good health possible for everyone in Travis County, especially our neighbors with low income and those who are uninsured. We're building a new kind of foundation for Austin: one that brings together philanthropy, community, and innovation to expand access to care and improve health for those who need us most across Central Texas.

The Opportunity

As a founding governing board member, you will help shape the vision, relationships, and resources that will power this new foundation.

We are looking for leaders who want to:

- **Lend their expertise and judgment as part of a small, high-impact fiduciary board.**
- **Be visible champions for the mission of health access for those who need us most in Austin.**
- **Help build a foundation that is trusted, effective, and deeply accountable to the community.**

This is both a governing role and a community leadership role, with the opportunity to guide strategy, ensure sound stewardship, and help build momentum and trust in the care we offer.

What You'll Do

As a member of the Governing Board, you will:

- **Uphold and advance the mission, vision, and values of Central Health and the Foundation.**
- **Provide fiduciary oversight: approve budgets, review financial reports, oversee audits, and guide investment and grantmaking decisions aligned with Central Health's priorities and reserved authority.**

- **Ensure the Foundation operates in compliance with its bylaws, legal obligations, conflict-of-interest, confidentiality, and ethics policies.**
- **Provide guidance to (or collaborate with) the Central Health CEO in hiring and evaluating the Foundation’s chief executive (President/Executive Director), as applicable.**
- **Review reports from and provide broad guidance to the Leadership Advisory Council, ensuring strong alignment between fiduciary decisions and community engagement.**
- **Serve as a visible ambassador for Central Health and the Foundation by sharing our story, elevating our impact, and strengthening trust with community, civic, and philanthropic partners.**
- **Engage fully: attend quarterly board meetings, participate in at least three Central Health or Foundation events per year, and take part in occasional strategy sessions or retreats as needed.**

Who You Are

You are a values-driven leader who cares deeply about health equity and the future of Austin. You may bring:

- **Experience in governance, healthcare and life sciences, philanthropy, accounting, marketing, finance, law, public service, technology, human capital and culture, or community leadership.**
- **A track record of sound judgment, integrity, and stewardship of public or philanthropic resources.**
- **Relationships and credibility in business, civic, philanthropic, or community circles.**
- **A willingness to ask thoughtful questions, listen deeply, and make informed decisions on behalf of the community.**

Above all, you are ready to use your expertise, reputation, and networks to expand access to care for those who need it most.

What's Expected

- **Time: Approximately 4–6 hours per month, on average, including meeting preparation, board meetings, and community or fundraising events.**
- **Giving: An annual personal philanthropic contribution at a level that is meaningful to you, plus active participation in cultivating and stewarding donors.**
- **Term of Service:**
 - **Standard term of two (2) years, with the option to be reappointed once (maximum of four consecutive years of service), consistent with the Foundation's charter.**

Why Now

This is a rare opportunity to serve as a founding fiduciary leader to help build a healthier community and create something that has never been achieved anywhere else. Together, we can make Austin a place where access to care truly belongs to everyone.

Together, we can:

- **Expand access to quality care**
- **Build new partnerships**
- **Create a healthier, more equitable Central Texas**

Updated Central Health Foundation Leadership Advisory Council Member Profile

Our Mission

The Central Health Foundation exists to make good health possible for everyone in Travis County, especially our neighbors with low income and those who are uninsured. We're building a new kind of foundation for Austin: one that brings together philanthropy, community, and innovation to expand access to care and improve health for those who need us most across Central Texas.

The Opportunity

As a founding Leadership Advisory Council member, you will help shape the relationships, visibility, and philanthropic support that will power this new foundation.

We are looking for leaders who want to:

- **Give generously and encourage others to do the same.**
- **Open doors in the community and connect us to new partners, donors, and advocates.**
- **Be visible champions for the mission of health access for those who need us most in Austin.**

This is a non-fiduciary, ambassadorial leadership role. This opportunity is one for you to use your influence, networks, and voice to build momentum, trust, and support for Central Health's work. The Governing Board retains fiduciary and policy oversight; the Leadership Advisory Council focuses on fundraising, friend-raising, and storytelling.

What You'll Do

As a member of the Leadership Council, you will:

- **Serve as a visible ambassador by sharing Central Health's story, helping the community understand our mission, and elevating the importance of equitable access to care.**
- **Advise thoughtfully on philanthropic strategy, partnerships, and community needs, providing insight to the Governing Board and Foundation leadership.**

- **Participate in key events and meetings, including Leadership Council gatherings (2–3 per year) and major Foundation or Central Health events and campaigns.**
- **Fundraise and “friend-raise:” introduce the Foundation to people, companies, and organizations who share our values and care about health equity.**
- **Lead by example with a personally meaningful annual gift and active participation in fundraising campaigns, sponsorships, or special events.**
- **Help identify and welcome future Leadership Council members, ensuring that the group reflects the diverse communities of -the eight county region.**

Who You Are

You are a visionary, a connector, a problem-solver, and someone who believes that a healthy community is everyone’s responsibility. You might bring:

- **Relationships in business, philanthropy, civic life, or community organizing.**
- **Experience in healthcare, finance, community leadership, public service, or social impact.**
- **A genuine commitment to helping Central Health expand care and improve health for those who need it most.**

Above all, you are comfortable using your influence to do good and inviting others to join you in investing in our community’s health.

What’s Expected

- **Time: On average, about 3–5 hours per month, including Council meetings (2–3 times per year), outreach, and events.**
- **Giving: An annual contribution that is meaningful to you, plus active involvement in fundraising, whether through personal giving, hosting, sponsoring, or introducing new supporters.**

Why Now

This is an opportunity to make a lasting difference, to help build a healthier community and create something that has never been achieved anywhere else. Together, we can make Austin the place where access to care truly belongs to everyone.

Together, we can:

- **Expand access to quality care**
- **Build new partnerships**
- **Create a healthier, more accessible Central Texas**

Board of Directors (fiduciary body) Nomination Process

Collective Responsibility: The full Board of Directors is responsible for identifying, vetting, and recommending Board members. No separate nominating committee is used.

Review of Board Needs

Every two years, the Board reviews its composition, skills, diversity, and strategic needs using a simple Board Composition Matrix. The Board should consider representation from the major industries represented in the community (e.g., technology, banking, healthcare and life sciences, investment, real estate and construction, research and education, media and entertainment, hospitality, and manufacturing).

Candidate Identification

Any Board member may propose candidates. Candidates should demonstrate:

- **Commitment to Central Health's mission**
- **Experience relevant to governance, marketing, accounting, human capital, law, finance, healthcare, philanthropy, compliance, culture, or community leadership**
- **A values-driven leader who cares about health equity and Austin's future**
- **Credibility and relationships across business, civic, or community circles**
- **Highest ethical standards and public trust Sound judgment and integrity**
- **A commitment to thoughtful inquiry, deep listening, and community-minded decision-making**

Vetting & Evaluation

A shared, distributed vetting process includes:

- **One-on-one conversation with a current Board member**
- **Review of potential conflicts of interest**
- **Discussion of expectations (fiduciary duties, participation, and time commitment)**
- **Foundation President provides non-voting staff support**

Board Vote & Appointment

- **The Board of Directors votes to recommend new members or term renewals.**
- **The Central Health Board of Managers approves all Board of Directors appointments, per the Foundation charter.**

Onboarding

New members complete orientation covering:

- **Mission , history and structure of the organization, and the current strategy**
- **Fiduciary duties**
- **Annual engagement expectations**
- **Key policies and upcoming priorities**
- **Complete board training and enter into board agreement**

Board Term Length

- **Three-year terms**
- **Members may serve up to two consecutive terms**
- **Maximum consecutive service: 6 years**

Leadership Advisory Council (ambassadorial, non-fiduciary body)

Nomination Process

Member-Driven Process: Any Leadership Council or Board of Directors member may nominate candidates.

Candidate Identification

Candidates should demonstrate:

- **Commitment to Central Health’s mission**
- **Experience relevant to governance, finance, law, healthcare, accounting, investing, marketing, philanthropy, compliance, or community leadership**
- **Past fundraising experience and/or service on a fundraising board**

- **A values-driven leader who cares about health equity and Austin’s future**
- **Credibility and relationships across business, civic, or community circles**
- **Highest ethical standards and public trust Sound judgment and integrity**
- **A commitment to thoughtful inquiry, deep listening, and community-minded decision-making**

Screening

- **Completion of a short interest form**
- **Conversation with the Council Chair(s) and Foundation President**
- **Conflict of interest review (if applicable)**

Appointment

- **The Leadership Advisory Council nominates new members for approval by the Foundation Board of Directors.**
- **The Board of Directors shall select a Chair and one or more Co-Chairs, who need not be nominated by the Leadership Advisory Council (as described under the Bylaws).**

Annual Renewal

Leadership Council members are appointed annually and may be reappointed based on engagement and participation.

General Expectations (Both Bodies)

All members agree to:

- **Uphold Central Health Foundation’s Code of Conduct, Conflict-of-Interest, and Confidentiality policies**
- **Act as ambassadors for Central Health’s mission**

- **Maintain high ethical standards**
- **Engage actively through meetings, events, and philanthropic support**

Policy Review

This policy is reviewed every two years and updated as needed to support the Foundation's growth and maturity.

STRATEGIC PLANNING COMMITTEE

February 11, 2026

AGENDA ITEM 5

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