



Our Vision

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Our Mission

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STRATEGIC PLANNING COMMITTEE MEETING

Wednesday, June 10, 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

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

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

The Committee may meet via videoconference with a quorum present in person and will allow public participation via videoconference and telephone as allowed under the Open Meetings Act. Although a quorum of the Central Health Board will be physically present at the location posted in the meeting notice, all members of the public are free to observe the meeting through the YouTube link provided above and to participate in public comment, if desired, according to the instructions below.

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 June 10, 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 May 13, 2026 Strategic Planning Committee meeting. (*Action Item*)
2. Receive, discuss, and take appropriate action on updates related to the Central Health Foundation bylaws and administrative services agreement.³ (*Possible Action Item*)
3. Receive and discuss an update on Central Health's Surgical Services. (*Informational Item*)
4. Receive and discuss an update on the Mental Health Crisis Center and Continuum of Care in Travis County. (*Informational Item*)
5. Receive and discuss an update on the safety-net focused Community Health Needs Assessment and Gap Analysis process. (*Informational Item*)
6. Receive and discuss an update on the proposed Central Health Strategic Plan. (*Informational Item*)
7. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

Notes:

- 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.
- 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, , no full Board action will be taken.
- ³ Possible closed session discussion under Texas Government Code §551.071 (Consultation with Attorney).

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Cualquier persona con una discapacidad que planea asistir o ver esta reunión y requiera ayudas o servicios auxiliares debe notificar a Central Health con la mayor anticipación posible de la reunión, pero

no menos de dos días de anticipación, para que se puedan hacer los arreglos apropiados. Se debe notificar al Gerente de Gobierno de la Junta por teléfono al (512) 978-8049.

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.

Came to hand and posted on a Bulletin Board in the
County Recording Office, Austin, Travis County, Texas on this the
3 day of June 2026.
Dyana Limon-Mercado
County Clerk, Travis County, Texas
By Kalier Dugue Deputy
Kalier Dugue



202680836

**FILED AND RECORDED
OFFICIAL PUBLIC RECORDS**

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

Jun 03, 2026 02:12 PM

Fee: \$0.00

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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 1

Review and approve the minutes of the May 13, 2026 Strategic Planning Committee meeting.
(*Action Item*)

MINUTES OF MEETING – MAY 13, 2026
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, May 13, 2026, a meeting of the Central Health Strategic Planning Committee convened in open session at 3:34 p.m. in person at the Central Health Administrative Offices and remotely by toll-free videoconference. Clerk for the meeting was Briana Harris.

Committee members present in person: Chair May, Manager Brinson, Manager Jefferson, Manager Martin, Manager Motwani, Manager Museitif (arrived at 4:02 p.m.), Manager Rodriguez (arrived at 3:42 p.m.), and Manager Valadez

Committee members present via audio and video: Manager Kitchen

Absent: Manager Motwani

PUBLIC COMMUNICATION

Clerk’s Notes: Public Communication began at 3:34 p.m. Yesenia Ramos announced that no speakers signed up for Public Communication.

COMMITTEE AGENDA

1. Review and approve the minutes of the April 8, 2026 Strategic Planning Committee meeting.

Clerk’s Notes: Discussion on this item began at 3:35 p.m.

Manager Jefferson moved that the Committee approve the minutes of the April 8, 2026 Strategic Planning Committee meeting.

Manager Brinson seconded the motion.

Chair May	For
Manager Brinson	For
Manager Jefferson	For
Manager Kitchen	For
Manager Martin	For
Manager Motwani	Absent
Manager Museitif	Absent
Manager Rodriguez	Absent
Manager Valadez	For

2. Receive an update on Central Health’s respite care services.

Clerk’s Notes: Discussion on this item began at 3:36 p.m. Dr. Alan Schalscha, EVP and Chief Medical Officer; Dr. Audrey Kuang, Director of High-Risk Populations; and Ms. Megan Ruttiman, Director of Transition of Care and High-Risk Populations, presented an update on Central Health’s Medical Respite Program. The presentation included an overview of the program, Phase III metrics (medical respite at the Clinical Education Center), and information on the housing support pipeline following medical respite.

3. Present and discuss documents related to the Central Health Foundation governance model.

Clerk’s Notes: Discussion on this item began at 4:26 p.m.

At 4:28 p.m. Chairperson May announced that the Committee was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 (Consultation with Attorney).

At 5:55 p.m. the Committee returned to open session.

Manager Jefferson moved to approve the proposed model three as the governance model for continued development and direct staff and counsel to finalize the foundation formation documents for a charitable foundation to support Central Health’s philanthropic fundraising efforts including drafting the bylaws for the Committee’s review and approval and upon such approval to forward a recommendation to the Board for consideration and action.

Manager Museitif seconded the motion.

Chair May	For
Manager Brinson	For
Manager Jefferson	For
Manager Kitchen	For
Manager Martin	For
Manager Motwani	Absent
Manager Museitif	For
Manager Rodriguez	For
Manager Valadez	For

4. Discuss proposed Fiscal Year 2027 System Key Performance Indicators.

Clerk’s Notes: Discussion on this item began at 4:01 p.m. Dr. Pat Lee, President and CEO, presented the proposed fiscal year 2027 key performance indicators (KPIs) and noted that a supporting memo was included in the packet. He explained that KPIs are positioned as a companion to the Board’s annual OKRs, translating strategic priorities into an ongoing measurement system that supports execution, accountability, and early issue detection. He shared that the proposed FY2027 KPIs are organized into four domains: Access, Quality, Economics, and People, which reflect the core dimensions required to deliver on Central Health’s mission. Within each domain, the memo outlines specific metrics, such as lead times, key clinical quality measures, non-tax revenue, and workforce stability indicators, and describes how staff will measure and report them to the Board on a quarterly basis.

5. Receive and discuss an update on the Sobering Center.

Clerk’s Notes: Discussion on this item began at 4:26 p.m.

At 4:28 p.m. Chairperson May announced that the Committee was convening in closed session to discuss agenda item 3 under Texas Government Code §551.071 (Consultation with Attorney) and Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).

At 5:55 p.m. the Committee returned to open session.

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

Manager Valadez moved that the Committee adjourn.

Manager Rodriguez seconded the motion.

Chair May	For
Manager Brinson	For
Manager Jefferson	For
Manager Kitchen	For
Manager Martin	For

Manager Motwani	Absent
Manager Museitif	For
Manager Rodriguez	For
Manager Valadez	For

The meeting was adjourned at 6:05 p.m.

ATTESTED TO BY:

Chair May, Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers



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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 2

Receive, discuss, and take appropriate action on updates related to the Central Health Foundation bylaws and administrative services agreement.³ (*Possible 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 6.10.2026

Who will present the agenda item? (Name, Title) Virginia Potter, Development Director; Husch Blackwell

Notetaker (Name, Title) Kim Gabbitas, Grants Manager

General Item Description Receive and discuss governance recommendations from legal counsel on entity formation

Is this an informational or action item? Possible action item

Fiscal Impact _____

Recommended Motion (if needed – action item) _____

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

- 1) Revisiting the bylaws and administrative services agreement contents with integrated feedback from 1x1 meetings with committee members
- 2) 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.) No (handouts will be shared at the meeting since it is closed session)

Estimated time needed for presentation & questions? 60 minutes

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

Form Prepared By/Date Submitted: Virginia Potter, prepared on 6.2.2026



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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 3

Receive and discuss an update on Central Health's Surgical Services. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date 6.10.26

Who will present the agenda item? (Name, Title) Catie Mavroudis MD and Jawad Ali MD (Associate Director of Surgery)

Notetaker (Name, Title) N/A

General Item Description Overview of General Surgery Service line

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) General Surgery services overview
- 2) General Surgery volume and access
- 3) General Surgery future focus
- 4) _____

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

Estimated time needed for presentation & questions? 10 min

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

Form Prepared By/Date Submitted: Viktoria Samuel 6.3.2026



CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT

General Surgery

Catherine Mavroudis, MD MBA

Jawad Ali, MD FACS

June 10, 2026 – Central Health Board Meeting





Celebrating our first year of increasing access to high-value surgical care for low-income residents in Travis County.



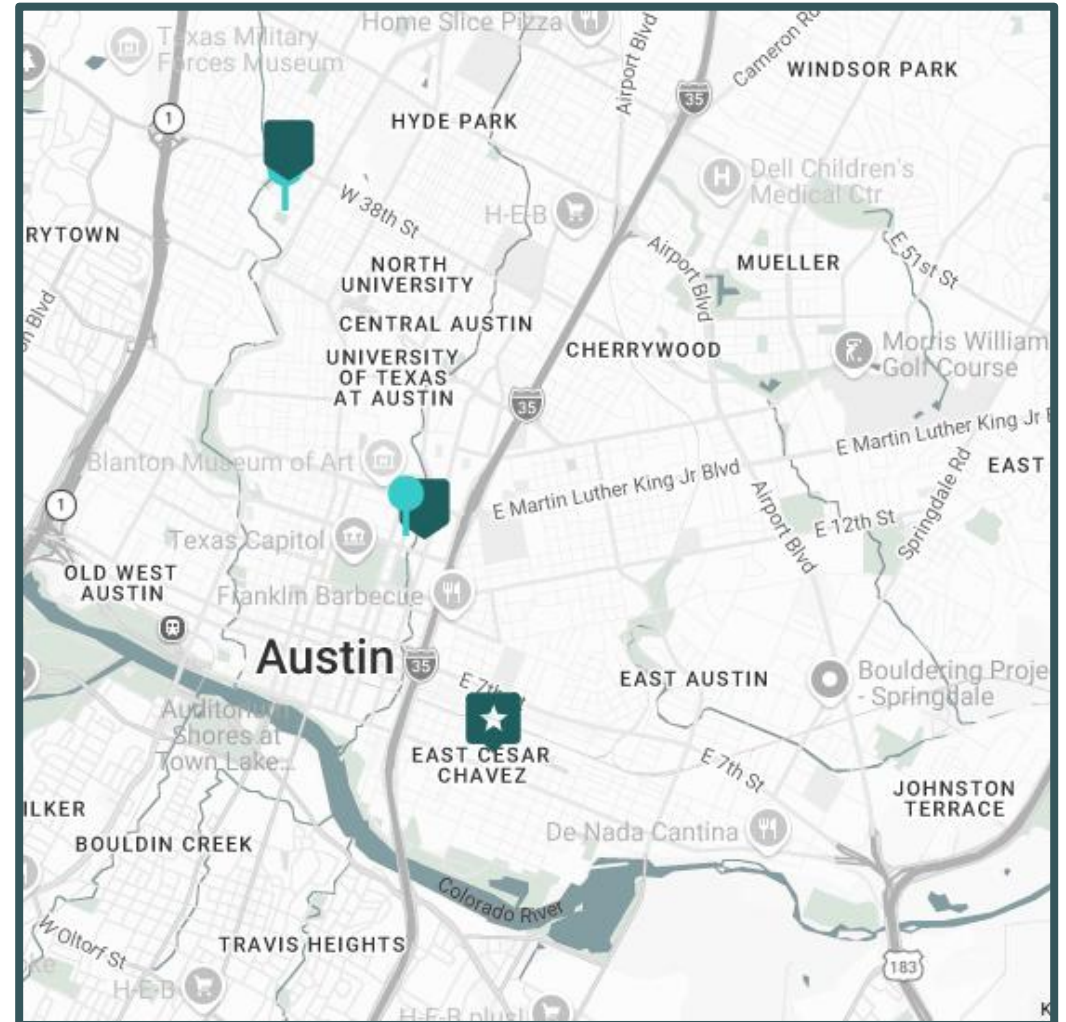
Agenda

- Introduction
- The Access
 - Metrics
- The Build
 - ERAS Protocol
 - Safe Surgery for Unhoused Patients
 - Surgeon Quality Dashboard
- The Path Forward



Introduction

- 1.8 FTE General Surgeons
 - 1 RN
 - 2 dedicated MAs
- CH Infrastructure
 - Operations Support
 - Navigation Center
 - Triage & After-Hours RNs
 - Facilities & IT teams

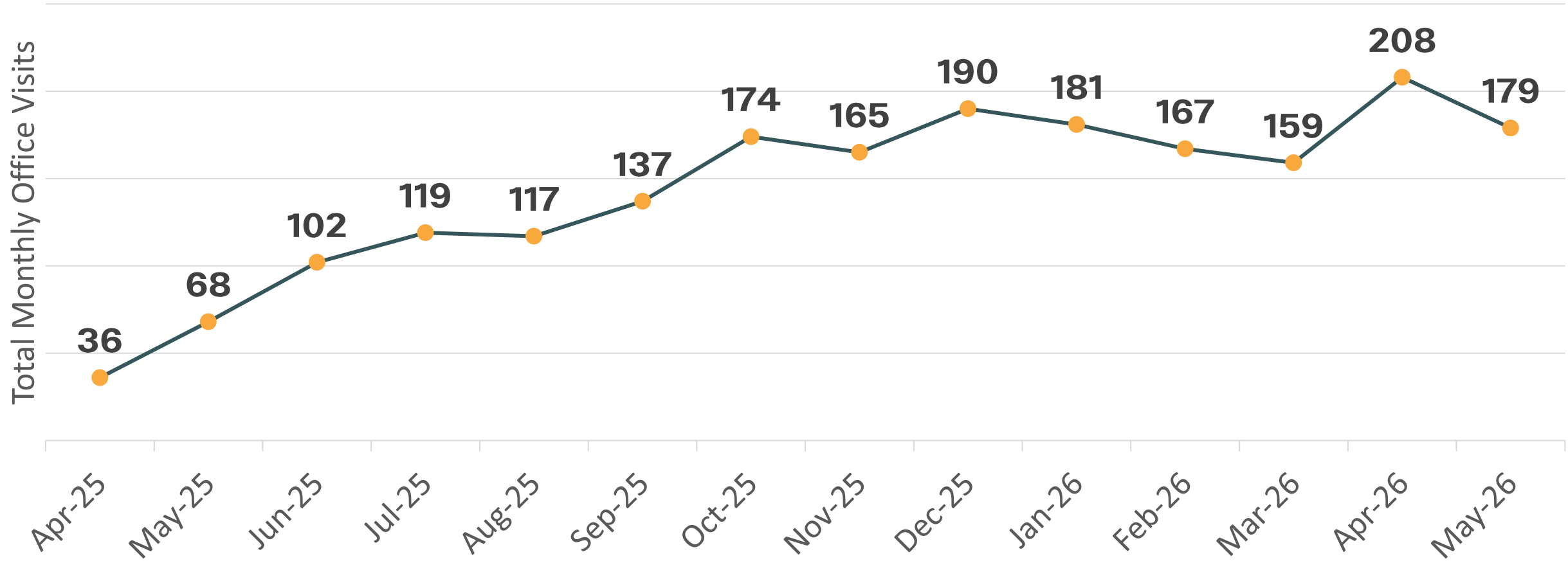




The Access



Clinic Volume

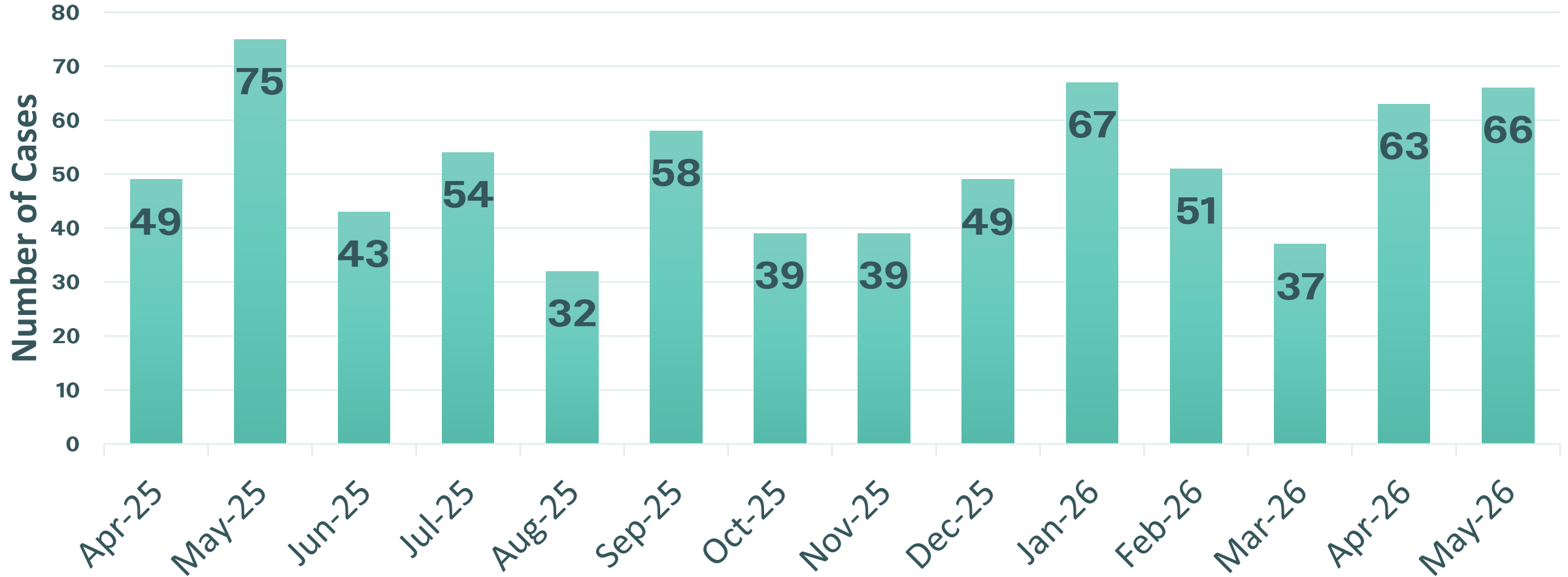


Mean # of Patients Seen per Month: 143

Total # New Patients Seen: 883



Operative Volume



Mean # of Cases per Month: 52

Total # Cases Performed: 722



The Build



Enhanced Recovery After Surgery (ERAS)

- Created to
 - Increase perioperative patient education and engagement
 - Reduce ER visits & hospitalizations
- Evidence-based, standardized perioperative management





Safe Surgery for Unhoused Patients

- Collaboration with CH Transitions of Care Teams
- Wrap-around care
 - Wellness & Holistic Addiction Medicine (WHAM)
 - Homeless Case Management

Unsheltered Patients	Sheltered Patients
CH Medical Respite	CH Skilled Nursing Facility
Pre- and Post-operative stay	Post-operative overnight stay



Surgeon Quality Dashboard

- Standardized EPIC-based outcomes tracking
- Modeled after the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)
- Basis for structured monthly reviews and quality improvement initiatives

IN PROGRESS



The Path Forward



Continue to Grow

- Additional clinical FTEs
- Integrate further with inpatient surgical teams and broader surgical community

**Goal: Increase CH General Surgery Operative Volume
15% by April 2027**



Thank you!





CENTRAL HEALTH
TRAVIS COUNTY HOSPITAL DISTRICT



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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 4

Receive and discuss an update on the Mental Health Crisis Center and Continuum of Care in Travis County. (*Informational Item*)



AGENDA ITEM SUBMISSION FORM

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Agenda Item Meeting Date June 10, 2026

Who will present the agenda item? (Name, Title) Sydney Harris, Sr. Consultant, Health System Design

Notetaker (Name, Title) _____

General Item Description Mental Health Care Continuum Gap Analysis – Mental Health Crisis Center

Is this an informational or action item? Informational

Fiscal Impact No

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

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

- 1) Mental health care gap analysis of Travis County
- 2) Different levels of care based on bed type and the need to scale
- 3) What services are successfully working in Travis County
- 4) Potential solutions for the mental health care gap in Travis County
- 5) _____

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

Estimated time needed for presentation & questions? 20 minutes

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

Form Prepared By/Date Submitted: Sydney Harris, June 2, 2026



COMMUNITYCARE

CENTRAL HEALTH



Integral Care

Mental Health Care Gap Analysis

Strategic Planning Committee Presentation

June 10, 2026

Sydney S. Harris, MHA

Sr. Consultant, Health System Design



The Need for Mental Health Care

1 in 5

adults experience
mental illness annually

1 in 7

youth experience
mental illness annually

1 in 20

adults experience
serious mental illness

INDIVIDUAL & FAMILY

- Suicide: 8th leading cause of death (2018–2020)
- 1 in 5 TX teens considered suicide by end of 2022
- 44% with SUD also have a mental health diagnosis

WORKFORCE & ECONOMY

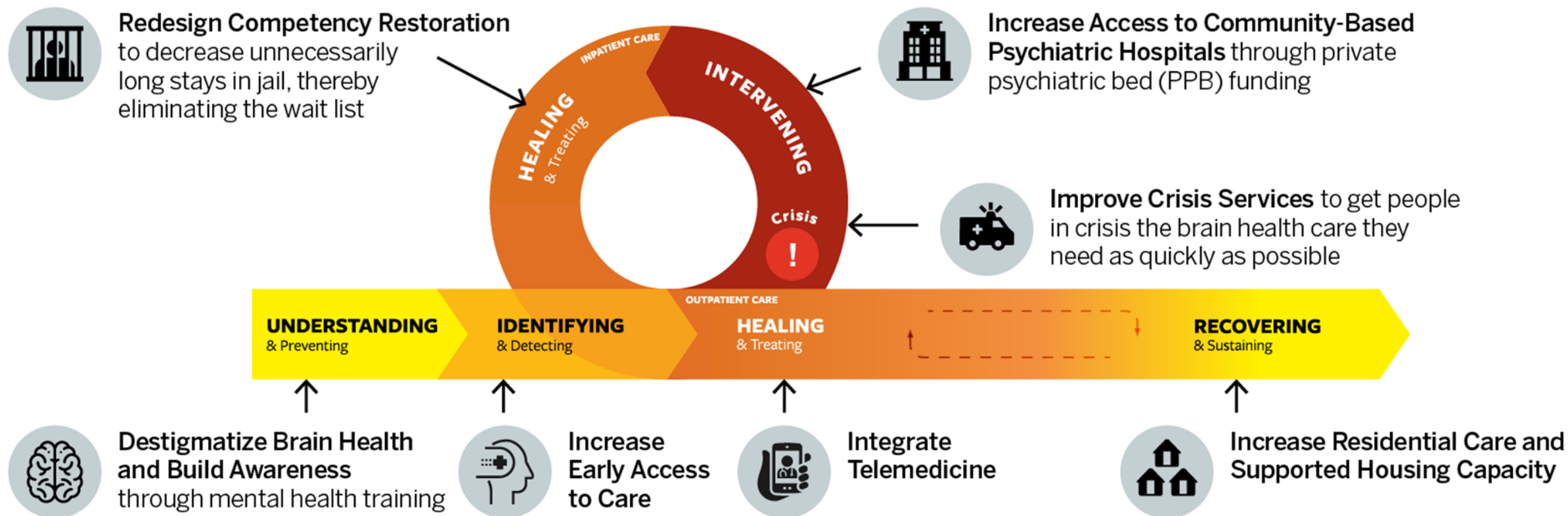
- Mental illness unemployment: 6.9% vs 4.3% general population
- Work absences for mental health rose 33% in 2023
- Mental health costs to Travis County ~\$1.1 - \$1.8B

VULNERABLE POPULATION

- ~217,000 in Central Health's safety net population
- ~43,400 have a behavioral health diagnosis
- 7.4% of families in poverty; 1,777 more projected by 2029

Crisis Care Continuum

The right care at the right time in the right place reduces the need for more inpatient psychiatric beds.



Evidence Supporting Crisis Services

Psychiatric Emergency Services at John George Psychiatric Hospital

- Single dedicated regional psychiatric emergency service for Alameda County, CA, population 1.5M
- ≤24 hr onsite treatment, crisis stabilization
- Accepts patients from EMS/law enforcement, medical ED transfer, self-presentation
- 25% of transfers require inpatient admit
- **Medical ED wait time for psych patients:**
108 minutes in Alameda County vs.
603 in other CA counties

Excess Cost of ED Boarding

\$3,489

per adult psychiatric patient

\$1.80M

over 5 years at Seton Emergency Department in Travis County

Evidence Supporting a Care Continuum

Crisis Residential

Voluntary · Intermediate LOS · Moderate to high clinical support

- Systematic review found clinical improvements of residential program clients were the same or better than inpatient unit patients' on discharge

Local Example: The Inn (Integral Care)

\$1.87M estimated annual savings vs. local psychiatric hospital

\$2.82M estimated annual savings vs. local community hospital

Crisis Respite

Voluntary · Short to intermediate LOS · Low clinical support

- Peer-reviewed study demonstrates effectiveness of peer-led crisis respite programs compared to inpatient hospitalization

NYC Example: Crisis Peer Respite

\$2,138 average reduction in monthly Medicaid expenditures

3 fewer hospitalizations per client, than without the program

Travis County Successes

Local pilots and programs demonstrate successful deflection from jail and ED when crisis alternatives exist

SOBERING CENTER

Since 2018 | 15,595 clients

7,318

clients diverted
from jail

6,421

clients diverted
from hospital

45%

decrease in PI
jail bookings

THERAPEUTIC DIVERSION PROGRAM (TDP)

Since 2024 | 208 clients (2025)

81%

no arrest within
30 days of discharge

87%

no ED admission
within 30 days

91%

connected to
ongoing BH services

EXPANDED PSYCHIATRIC EMERGENCY SERVICES (PES) (CRISIS CARE PILOT)

Since 2024 | 1,099 clients (2025)

93%

no arrest within
30 days of discharge

77%

no ED admission
within 30 days

94%

not re-arrested

THE INN (Integral Care)

Since 2017 | 16-bed residential program

\$1.87M

saved/yr vs.
local psychiatric hospital

\$2.82M

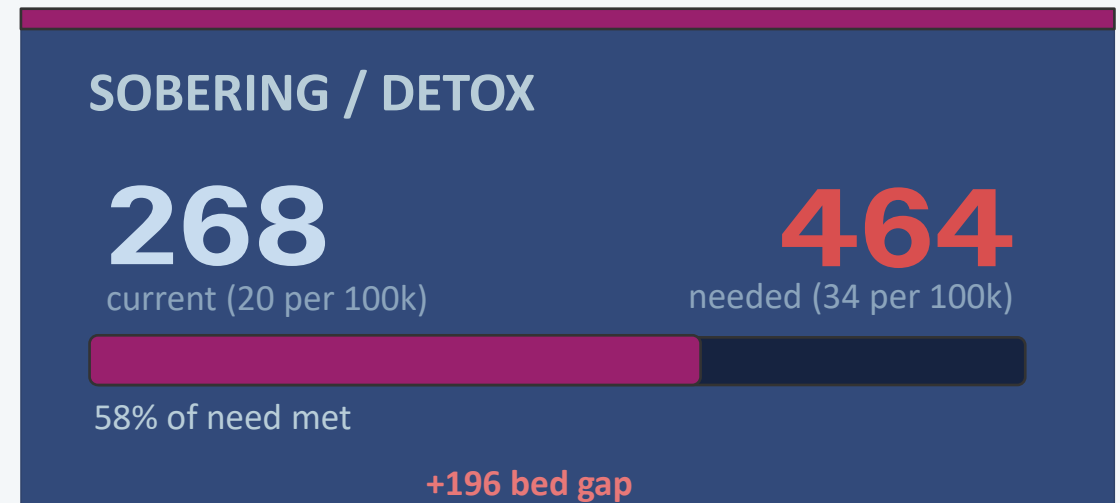
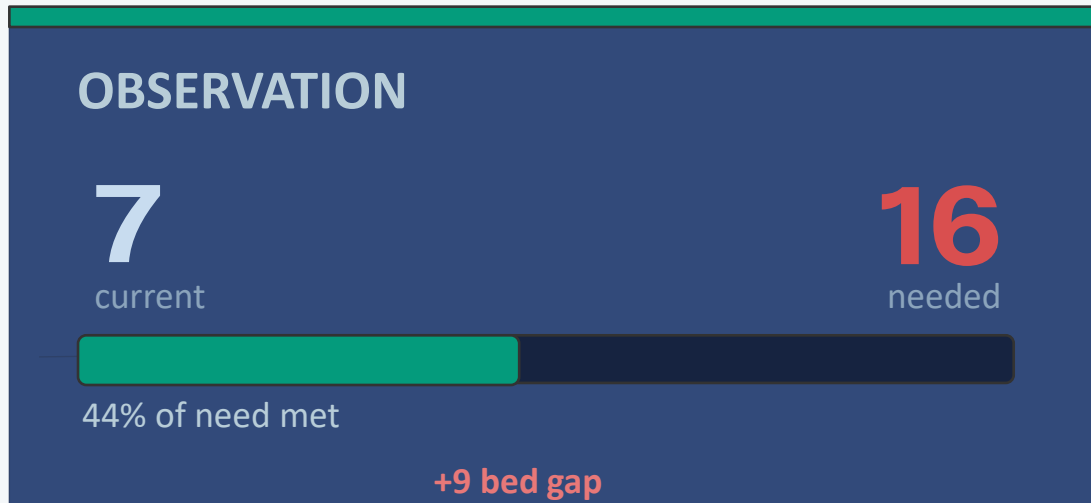
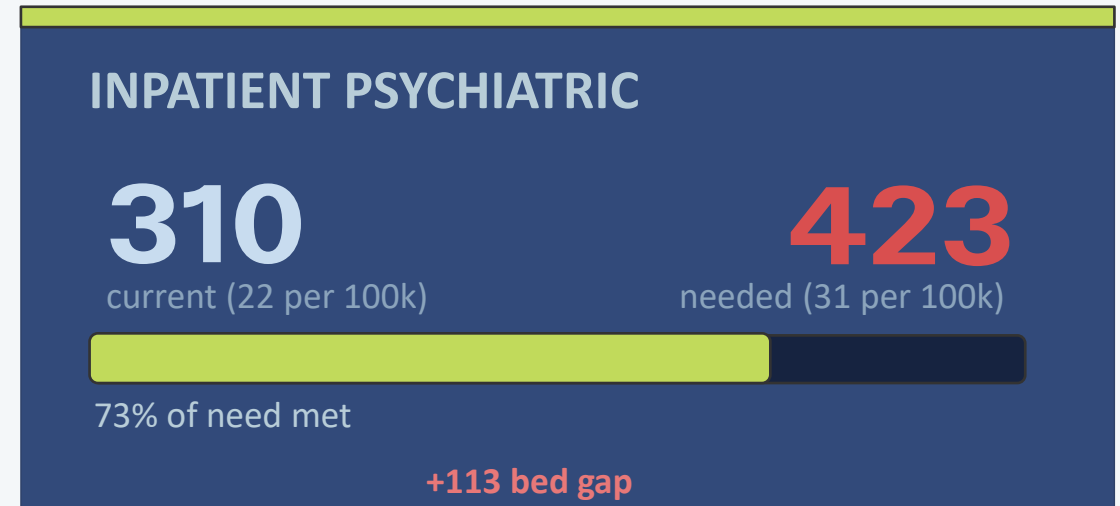
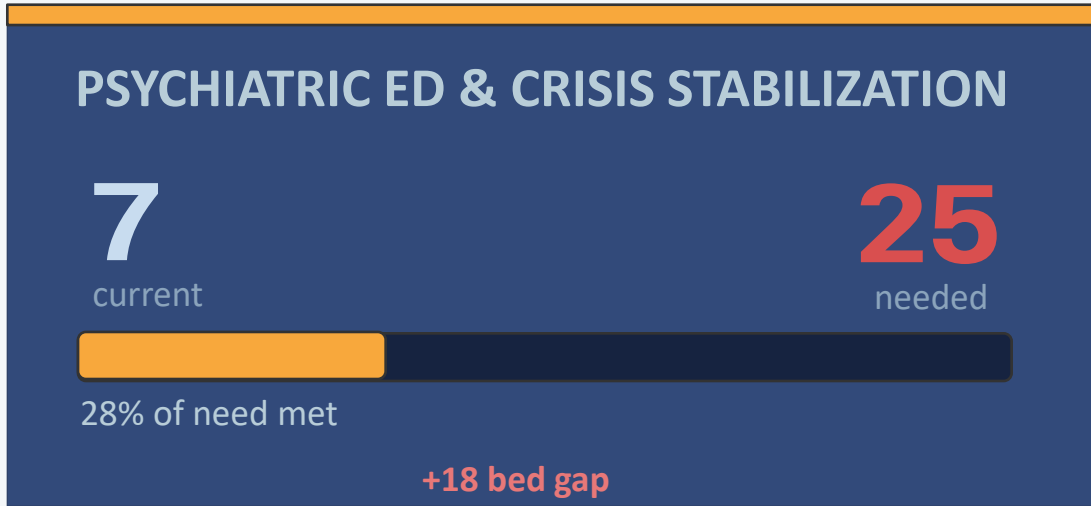
saved/yr vs.
community hospital

9 days

average
length of stay

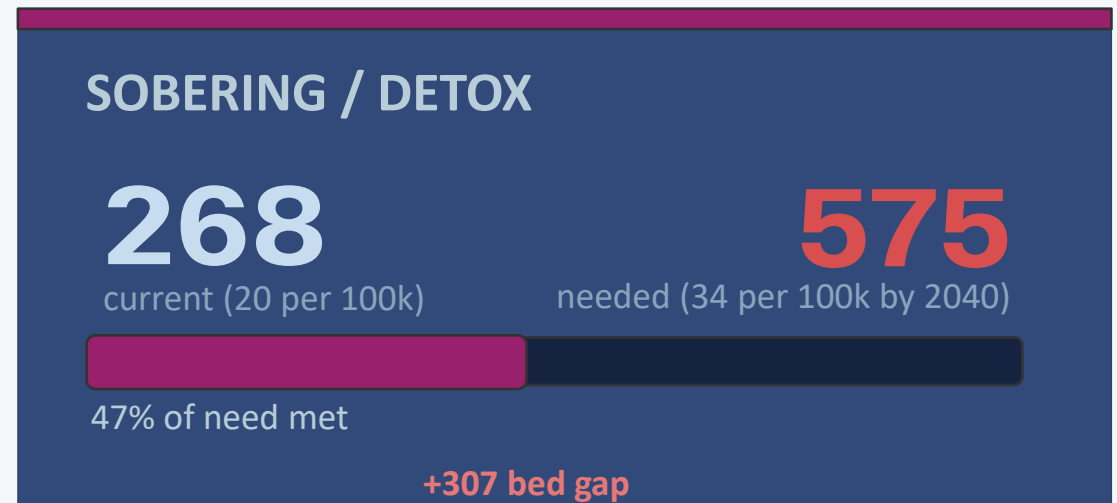
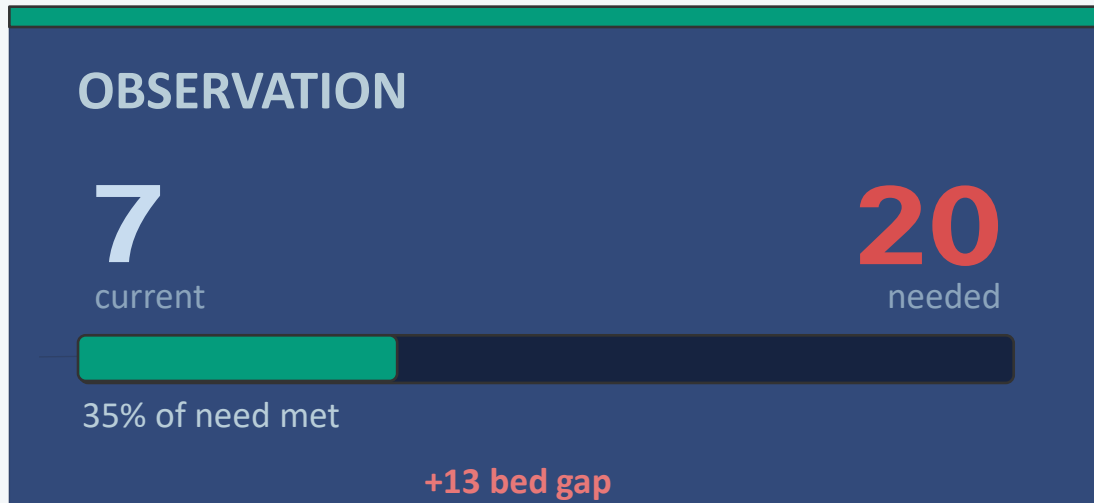
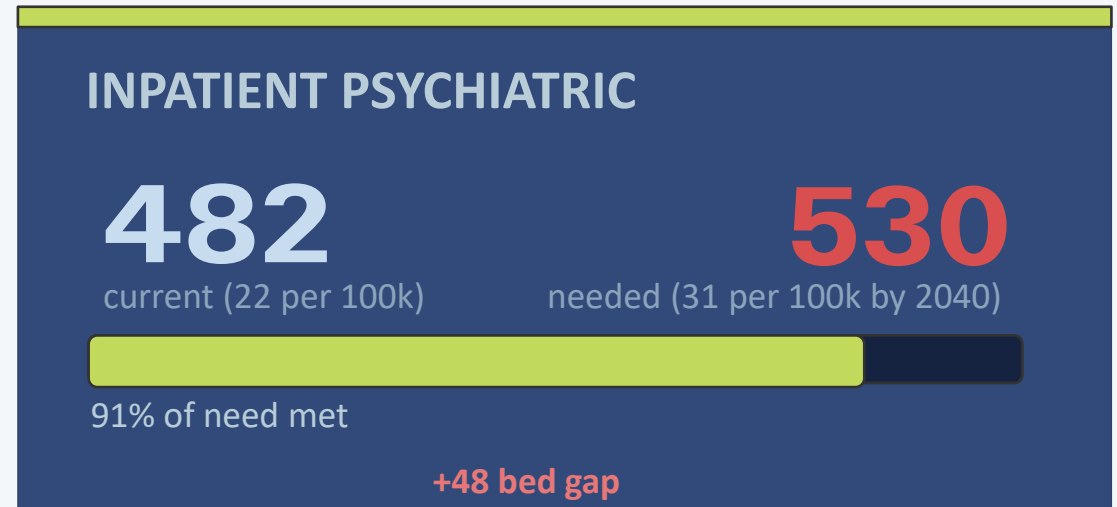
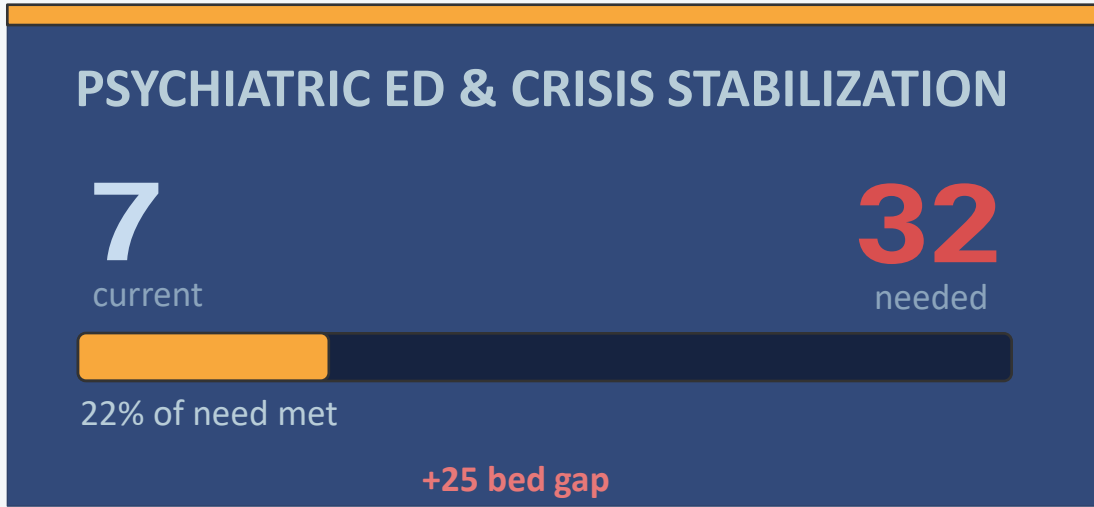
Travis County Bed Benchmarks – 2026 Estimates

Numbers account for all populations - Travis County est. population 1,363,767



Travis County Bed Benchmarks – 2040 Projections

Numbers account for all populations – Travis County est. population 1,691,659



Crisis Facility Service Model

One-stop place for people experiencing a mental health crisis

Accepts walk-ins, EMS drop-offs, and law enforcement drop-offs

Provides stabilization and care coordination



Psychiatric Emergency & Crisis Stabilization



Observation



Inpatient Psychiatric



Intensive Outpatient Program



Other Care – Primary, Dental, Lab, RX



Sobering & Detox



Legal Services



All Services Available 24/7

Gap Analysis

Balancing the many needs for Mental and Behavioral Health services

Market and opportunity analysis have uncovered meaningful insights that drive the direction of investment in services for the community:

1. Inpatient volumes are projected to stay steady
2. As demand shifts to the outpatient environment, volumes are projected to grow significantly
3. Staffing is a significant barrier to the delivery of a complete care continuum in the community.

Outpatient Mental and Behavioral Health Care requires diversified approaches that enable quick access and consistent capacity.

Outpatient mental and behavioral health and substance use services aim to serve a wide variety of needs driven by age, condition, complexity, and intensity. This variability and growing need drive significant demand for staff and unique facilities.

Cost Drivers

- Staff specialization and depth of resources
- Facility Specialization

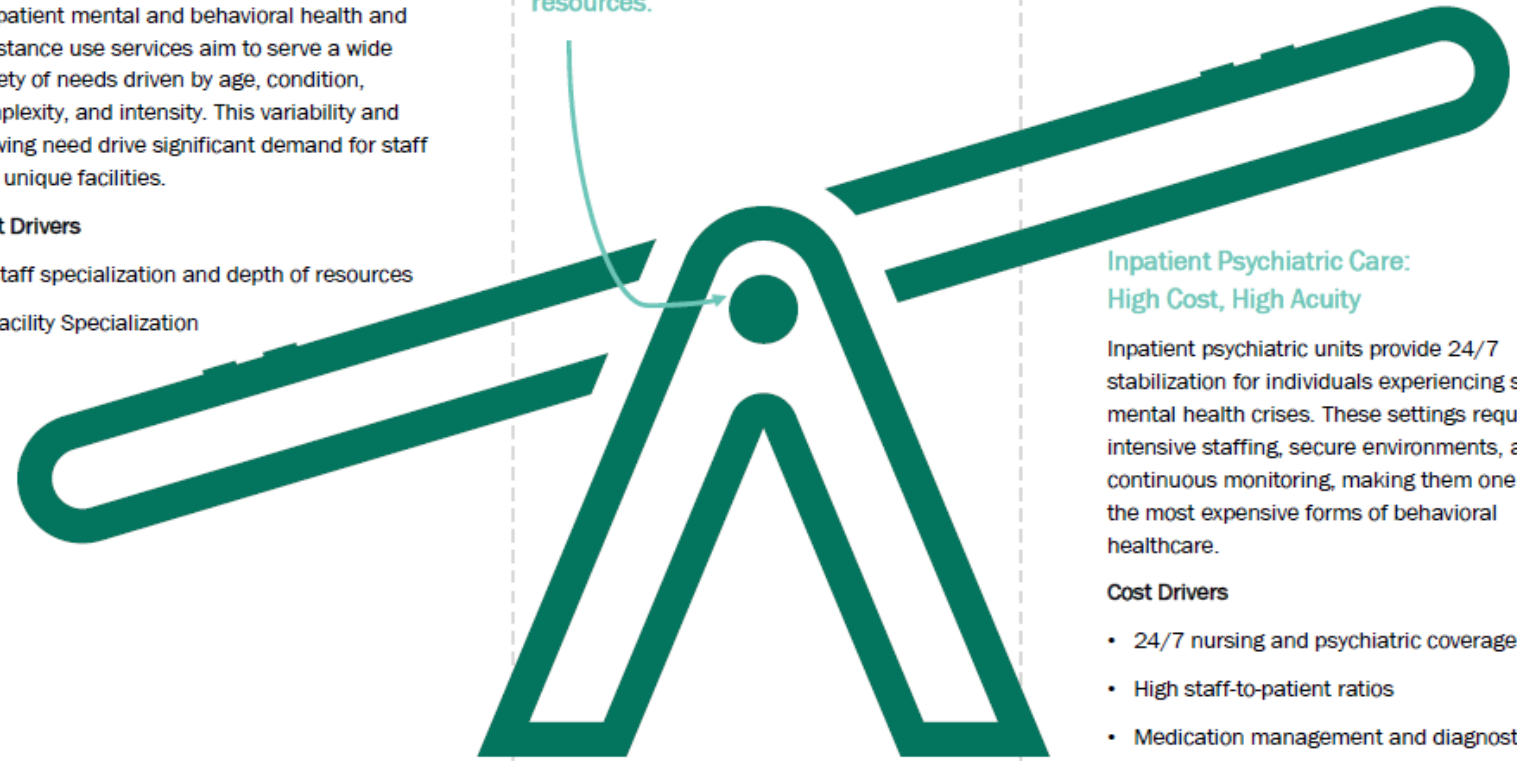
Crisis Services serve not only as a safety net for patients in crisis, but a cost-effective method of balancing the inpatient and outpatient needs and resources.

Inpatient Psychiatric Care:
High Cost, High Acuity

Inpatient psychiatric units provide 24/7 stabilization for individuals experiencing severe mental health crises. These settings require intensive staffing, secure environments, and continuous monitoring, making them one of the most expensive forms of behavioral healthcare.

Cost Drivers

- 24/7 nursing and psychiatric coverage
- High staff-to-patient ratios
- Medication management and diagnostics
- Secure facilities and room/board



OUTPATIENT

CRISIS

INPATIENT

Thank you



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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 5

Receive and discuss an update on the safety-net focused Community Health Needs Assessment and Gap Analysis process. (*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 06/10/2026

Who will present the agenda item? (Name, Title) JP Eichmiller, Central Health, Vice President of Strategy;
Tara Trower, CommUnityCare, Deputy CEO & Chief Strategy Officer;
Drew Kotlarczyk, Central Health, Strategic Planning Specialist

General Item Description Update on Joint Community Health Needs Assessment (CHNA)

Is this an informational or action item? Informational

Fiscal Impact N/A

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

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

- 1) Central Health and CommUnityCare are developing a joint Community Health Needs Assessment (CHNA) with vendor/consultant Kulik Strategic Advisers (KSA).
- 2) Staff and KSA are conducting the resident survey and key informant interviews.
- 3) Next steps include planning for focus groups and quantitative analysis.
- 4) The project timeline remains on track for February 2027 completion.
- 5) _____

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

Estimated time needed for presentation & questions? 20 minutes

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



Form Prepared By/Date
Submitted:

JP Eichmiller, 6/2/2026



COMMUNITYCARE

SENDERO
HEALTH PLANS

CENTRAL HEALTH

Joint Community Health Needs Assessment Update

JP Eichmiller, Central Health, VP of Strategy

Tara Trower, CommUnityCare, Deputy CEO & Chief Strategy Officer

Drew Kotlarczyk, Central Health, Strategic Planning Specialist

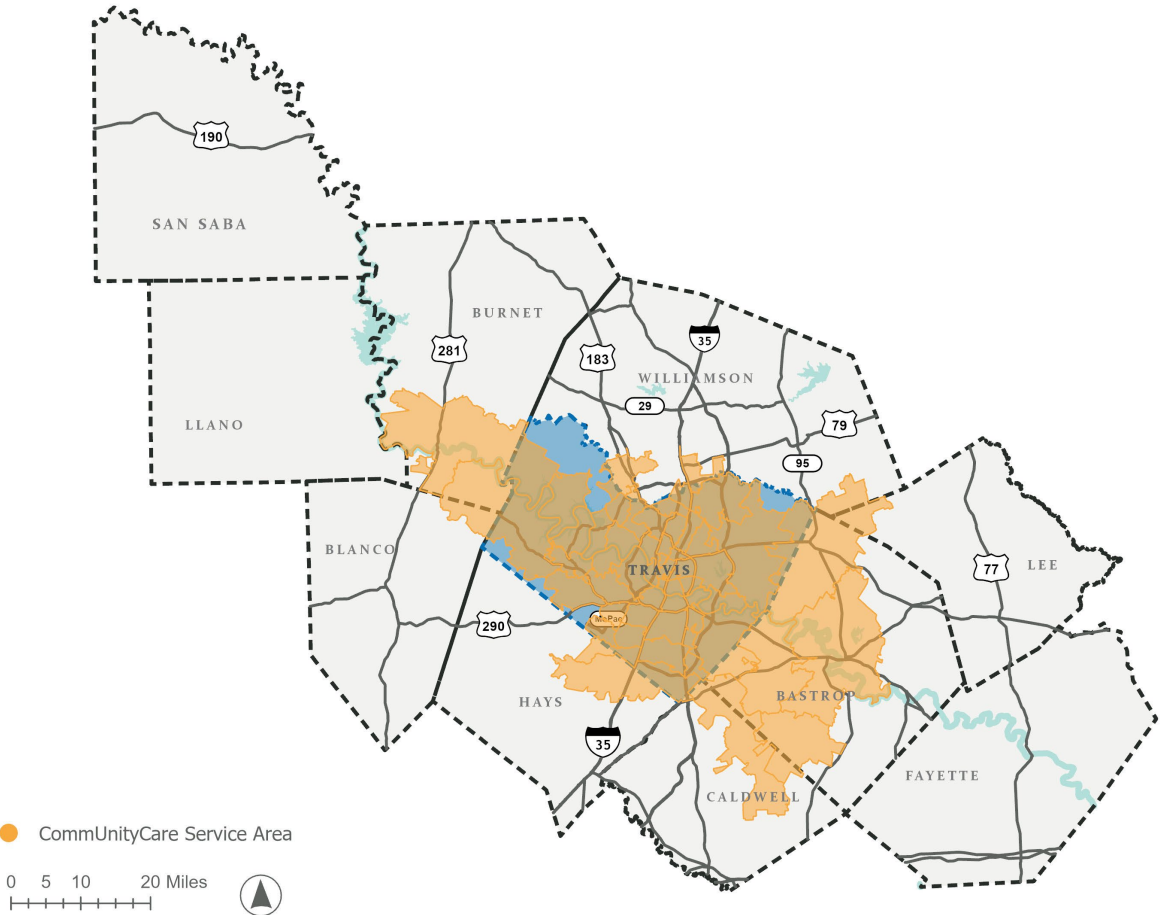
6/10/2026



Scope

- Joint Central Health/CommUnityCare Community Health Needs Assessment (CHNA) – **New**
- 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 per board-approved System Transformation Strategic Plan Resolution – **New**
- Consultant: Kulik Strategic Advisers (KSA)

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











High-Level Joint CHNA Update

Key Accomplishments	Current Focus	Upcoming Focus
<p>Resident Survey</p> <ul style="list-style-type: none"> • 5/14 Survey pilot at Community Conversation (Pct. 4, Commissioner Gomez) • June survey launch, open through August 	<p>Resident Survey</p> <ul style="list-style-type: none"> • Conduct survey, review preliminary findings 	<p>Focus Groups</p> <ul style="list-style-type: none"> • Conduct in-person and virtual focus groups
<p>Key Informant Interviews</p> <ul style="list-style-type: none"> • Scheduling interviews with 30+ key informants 	<p>Key Informant Interviews</p> <ul style="list-style-type: none"> • Continue interviews, review preliminary findings 	<p>All Deliverables</p> <ul style="list-style-type: none"> • Review preliminary findings
<p>Data Assessment</p> <ul style="list-style-type: none"> • Confirmed data needs 	<p>Provider Survey</p> <ul style="list-style-type: none"> • Finalize and conduct survey 	

Community Engagement

Key Informant Interviews	Provider Surveys	Resident Surveys	Focus Groups
<ul style="list-style-type: none">• 30-minute one-on-one discussions with leaders across the 11-county area, including but not limited to:<ul style="list-style-type: none">○ Central Health Board Chair and Vice Chair○ CommUnityCare Board Chair and Vice Chair○ County Leaders○ Local Public Health agencies○ Key contracted partners <p>Findings will be presented as themes that address root causes of disparities in access to or use of services.</p>	<ul style="list-style-type: none">• Online surveys to assess:<ul style="list-style-type: none">○ Services provided and locations○ Capabilities○ Capacity○ Gaps in Service areas○ Services provided to identified high-needs groups.	<ul style="list-style-type: none">• Survey focused on CUC service area, including Travis County:<ul style="list-style-type: none">○ Residents living at or below 200% of the Federal Poverty Level○ Hispanic○ Black or African American○ Identified high-needs populations <p>Surveys will be available via paper, Online (QR Code), and 1-800 phone lines.</p>	<ul style="list-style-type: none">• Facilitate 4 to 6 focus groups with 6 to 10 participants.• 2 focus groups will be facilitated in Spanish• In-person or hybrid as best meets the group needs <p>Findings will be presented as themes that address root causes of disparities in access to or use of services.</p>

Timeline

		Calendar Year (CY) 2026										CY 2027	
Phase	Phase Description	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Staging	<ul style="list-style-type: none"> Data needs assessment and data collection tool development 	*											
Phase 1: Quantitative	<ul style="list-style-type: none"> Population health status Social and structural determinants of health Utilization patterns, coverage status and access to care 												
Phase 2: Qualitative	<ul style="list-style-type: none"> Structured bilingual community engagement Focus groups Key informant interviews 												
Phase 3: Capabilities and Gap Assessment	<ul style="list-style-type: none"> Evaluation of current system capabilities Highlight of access gaps and strategic opportunities Connects progress to past strategic planning work 												
Board Updates									 				



Staff Update to CH BoM



Staff Update to CUC BoD



Consultant Update

*Staging start delayed by contract approval process. Shifted from April-March to April-May.



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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 6

Receive and discuss an update on the proposed Central Health Strategic Plan. (*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 6/10/2026

Who will present the agenda item? (Name, Title) Anisa Kendall, Sr. Director of Strategy

Notetaker (Name, Title) _____

General Item Description Central Health Strategic Plan Update

Is this an informational or action item? Informational

Fiscal Impact _____

Recommended Motion (if needed – action item) None

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

- 1) CH is evaluating the opportunity to expand the current governance consulting engagement to include facilitation and development of Strategic Plan.
- 2) The potential benefit would be to leverage the consultant’s ongoing governance work with the Board and existing organizational knowledge to support continuity and alignment in the planning process.
- 3) Staff will provide recommendations and proposed next steps for Board consideration by July Strategic Planning Committee.

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

Estimated time needed for presentation & questions? 5 Mins, including discussion and questions

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

Form Prepared By/Date Submitted: 6/2/2026 Anisa Kendall



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STRATEGIC PLANNING COMMITTEE

June 10, 2026

AGENDA ITEM 7

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