



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, October 14, 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 October 14, 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 August 12, 2026 Strategic Planning Committee meeting. (*Action Item*)
2. Receive and discuss an update on the Central Health Cancer Report. (*Informational Item*)
3. Receive, discuss, and take appropriate action regarding an update on expansion of the mental health continuum of care and associated partnerships.³ (*Possible Action Item*)
4. Confirm the next Strategic Planning Committee meeting date, time, and location. (*Informational Item*)

Notes:

- ¹ This meeting may include members 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), Texas Government Code §551.072. Deliberation Regarding Real Property), and/or Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).

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.

STRATEGIC PLANNING COMMITTEE

October 14, 2026

AGENDA ITEM 1

Review and approve the minutes of the August 12, 2026 Strategic Planning Committee meeting. (*Action Item*)

MINUTES OF MEETING – AUGUST 12, 2026
CENTRAL HEALTH
STRATEGIC PLANNING COMMITTEE

On Wednesday, August 12, 2026, a meeting of the Central Health Strategic Planning Committee convened in open session at 4:08 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 Motwani, Manager Brinson, Manager Jefferson, Manager Kitchen, Manager Martin (arrived at 4:18), Manager Museitif, and Manager Valadez

Absent: Manager May and Manager Rodriguez

PUBLIC COMMUNICATION

Clerk's Notes: Public Communication began at 4:10 p.m. Yesenia Ramos introduced two speakers for Public Communication.

Members of the Board heard from: Shannon Jones and Dr. Nick Yagoda, CEO of CommUnityCare

COMMITTEE AGENDA

1. **Review and approve the minutes of the June 10, 2026 Strategic Planning Committee meeting.**

Clerk's Notes: Discussion on this item began at 4:20 p.m.

Manager Jefferson moved that the Committee approve the minutes of the June 10, 2026 Strategic Planning Committee meeting.

Manager Museitif seconded the motion.

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

2. **Receive and discuss an update on Central Health's Dialysis Services.**

Clerk's Notes: Discussion on this item began at 4:21 p.m. Dr. Michelle Lubetzky, Associate Professor of Medicine Division of Nephrology at Dell Medical School-University of Texas-Austin and Central Health Physician, presented an update on Nephrology Service and Transitional Dialysis Program. The update included background information on the two programs, a 2022-2025 data review, and future goals and initiatives.

3. **Receive and discuss an update on the safety-net focused Community Health Needs Assessment and Gap Analysis process.**

Clerk's Notes: Discussion on this item began at 4:54 p.m. JP Eichmiller, Vice President of Strategy; Tara Trower, CommUnityCare Deputy CEO and Chief Strategy Officer; and Drew Kotlarczyk, Strategic Planning Manager, provided an update on the Joint Community Health Needs Assessment (CHNA). They began with background information on the CHNA and noted that staff and Kulik Strategic Advisers (KSA) are currently conducting the resident survey, key-informant interviews, and the capacity assessment and gap analysis. Next steps include conducting focus groups and reviewing preliminary findings. The overall CHNA timeline remains on track for completion in February 2027

4. Receive and discuss an update on community engagement regarding the FY 2027 budget and strategic priorities.

Clerk's Notes: Discussion on this item began at 5:10 p.m. Ivan Davila, Vice President of Marketing & Communications; Yesenia Ramos, Community Engagement Manager; Sarah Hay, Community Engagement Specialist; and Christian Nelson, Community Engagement Program Manager, presented a preliminary FY26 Community Engagement Report. The presentation provided an overview of the individuals and communities Central Health engaged, the feedback received, and key engagement activities.

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

Manager Martin moved that the Committee adjourn.

Manager Museitif seconded the motion.

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

The meeting was adjourned at 5:33 p.m.

ATTESTED TO BY:

Chair May, Chairperson
Central Health Strategic Planning Committee

Manuel Martin, Secretary
Central Health Board of Managers

STRATEGIC PLANNING COMMITTEE

October 14, 2026

AGENDA ITEM 2

Receive and discuss an update on the Central Health Cancer Report. (*Informational Item*)



Board of Managers • Agenda Item Cover Sheet

Meeting Date	10/14/2026	Item Title / Topic	Findings from the Cancer Underdiagnosis Report
Item Type	☐ Action ☒ Information ☐ Discussion	Agenda Item No.	2
Presenter	JP Eichmiller, Justine Price	Department/ Sponsor	Strategy
Estimated Time	45 minutes	Closed Session?	☐ Yes ☒ No
Board Priority / Strategic Link		Policy Reference	
Backup Provided	☒ Documents ☐ Verbal		

Purpose/Item Description *Describe what this item is and why it is before the Board now. Two to four sentences is plenty.*

The purpose of this presentation is to share with the Board key findings from our comprehensive Cancer Underdiagnosis Report. While the item is informational, we hope to incorporate any Board feedback and guidance into future planning.

Recommended Motion *State the exact wording of the proposed motion. Complete this only for an Action item.*

N/A

Key Points for the Board *List the most important things the Board should know or decide. Keep each point to a single idea.*

1. Cancer is underdiagnosed in our health system and likely the safety net population.
2. Cancer cases are projected to grow in Travis County and across the 11-county trauma service area.
3. We are catching cancers late – once they have already spread (metastasis).
4. Faster population growth and faster rise in new cancer cases in *rural* counties will push need to where the infrastructure exists (in Travis, Williamson, Hays).
5. Supply is not meeting demand – only meeting 42% of the current safety net need for cancer specialists.

Options Considered *Summarize the alternatives that were weighed. Note the main tradeoffs behind the recommendation.*

We propose the creation of a 10-year “strategic roadmap” for cancer care, incorporating Board feedback/guidance and grounded in the findings of the comprehensive Cancer Underdiagnosis Report.

Risks & Implications *Note the financial, legal or compliance, and mission implications. Flag anything that carries meaningful risk.*

N/A

Fiscal Impact *State the dollar impact of this item. Indicate whether it is included in the approved budget.*

N/A

Included in the approved budget? ☐ Yes ☐ No

Staff Recommendation *State plainly what management recommends. The motion above is how that recommendation is put to a vote.*

We ask that the Board consider including cancer as a key strategic priority for the upcoming three-year strategic planning cycle. We propose the creation of a 10-year “strategic roadmap” for cancer care, incorporating Board feedback/guidance and grounded in the findings of the comprehensive Cancer Underdiagnosis Report. This roadmap will outline short- and long-term interventions to address the growing problem of cancer among the population we serve.

CEO Review:	☒ Yes ☐ No Date: 10/02/2026	Finance Review	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	Governance Review:	☒ Yes ☐ No Reviewer: Briana Harris Date: October 7, 2026
Prepared By/ Date	Justine Price, 10/05/2026	Initiated By:	JP Eichmiller

Beneath the Surface: Understanding Systematic Cancer Underdiagnosis and Cancer Care Needs in Travis County

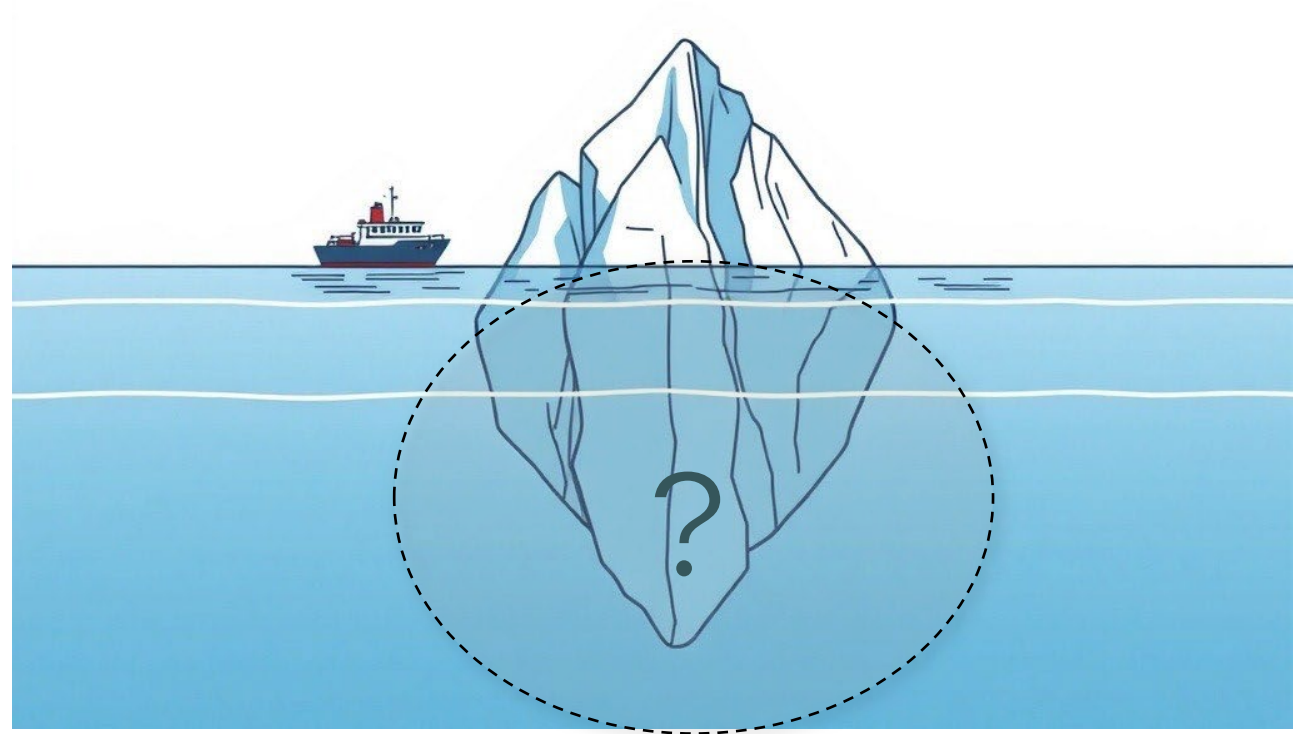
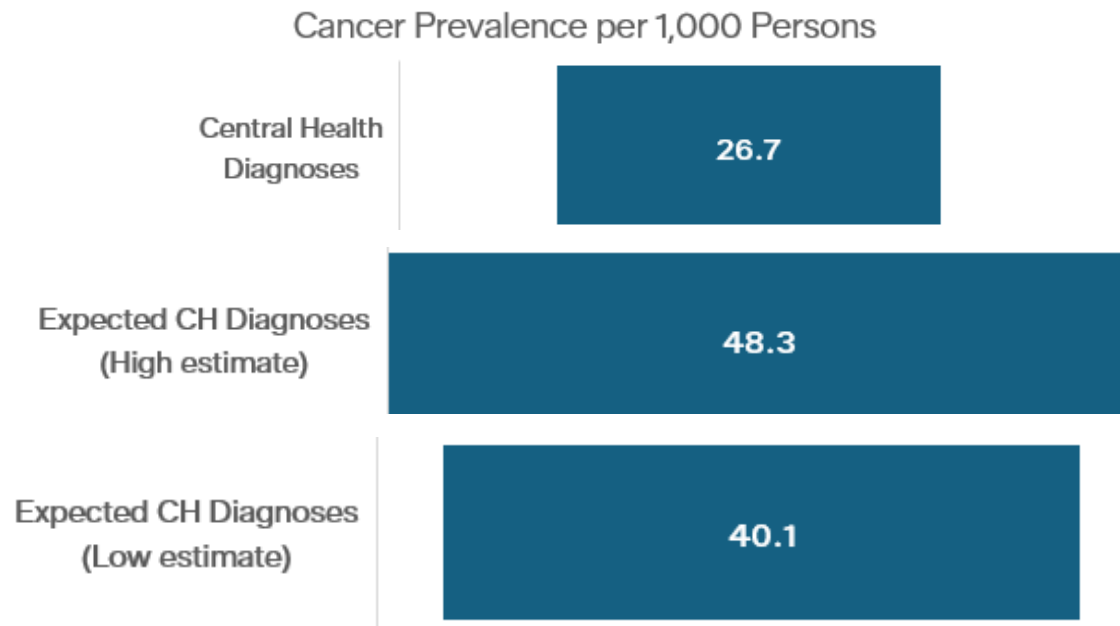
Presented by: Justine Price, DHSc, MPH, LSSBB

Central Health enrollee analysis/support by: Matt Richardson, DrPH(c), MPH, CPHQ, LSSGB

Cancer Report Progress

The Research Questions	Our Approach	What's next
• The 2024 Demographic Report found that we are likely underdiagnosing cancer • By how much? • Which types? • In which populations? • What does the literature say and how are others approaching it? • What are our providers encountering? • What does the care landscape look like in central Texas?	• The Cancer Underdiagnosis Report (Four pillars): • Data Deep-Dive • Comprehensive Literature Review • Market Assessment • Provider Survey	• Present findings to the Board of Managers for feedback and direction • Develop future planning to address cancer • Determine short- and long-term actions to address the key findings

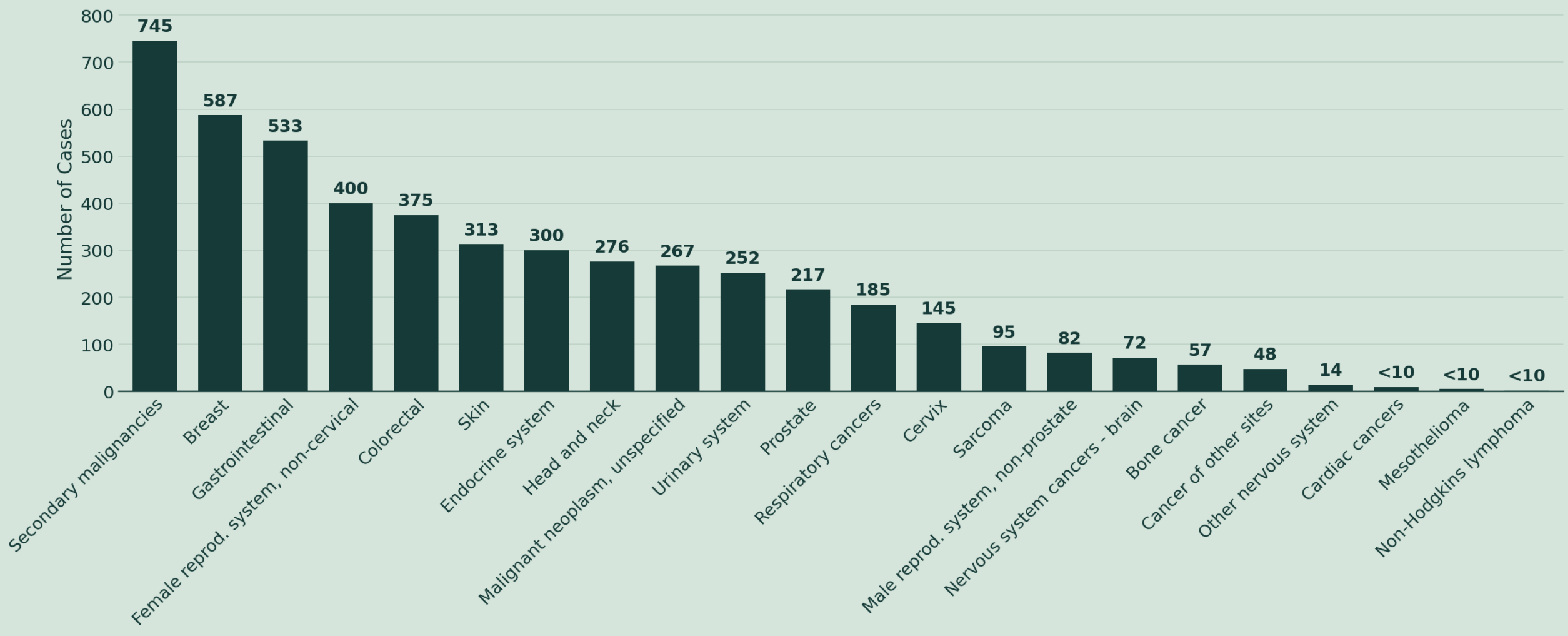
Significantly lower cancer prevalence than we would expect



2,456—4,079 estimated *undiagnosed* cancer cases among the Central Health enrollee population

Secondary Malignancies lead the list: A signal of late diagnosis

Cancer Site Groups (Central Health FY2019-2023)



More and Less Cancer than Expected

Cancer Site	Central Health %	Expected %	Central Health Rank	Expected Rank	Gap Analysis
Secondary Malignancies	14.9%	8-12%	1	4	24-86% excess
Breast	11.8%	16%	2	1	-26% deficit
Gastrointestinal	10.7%	7-8%	3	6	+34-53% excess
Female reproductive (non-cervical)	8.0%	3.4-6%	4	7	+66-135% excess
Colorectal	7.5%	8%	5	5	Within expected range
Skin	6.3%	Variable	6	-	Cannot assess
Prostate	4.4%	15%	7	2	-71% deficit
Respiratory	3.7%	11%	8	3	-66% deficit
Cervical	2.9%	<1%	9	-	+190% excess

High Secondary Malignancies in our young population is a stark finding

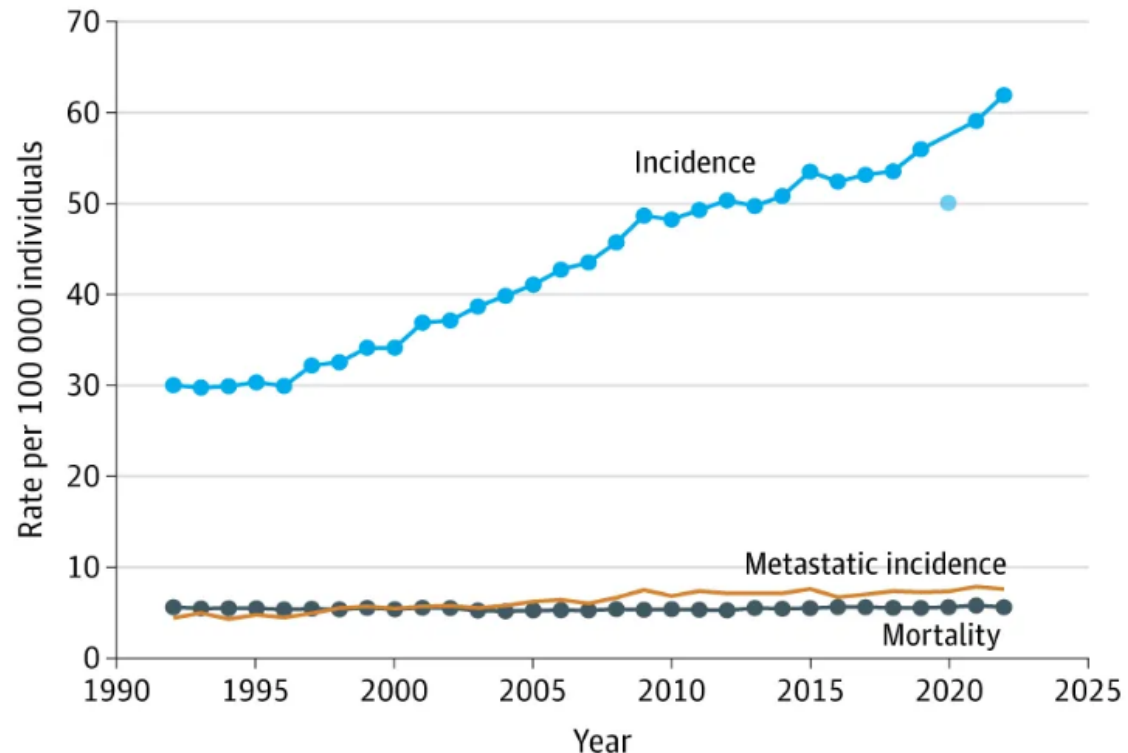
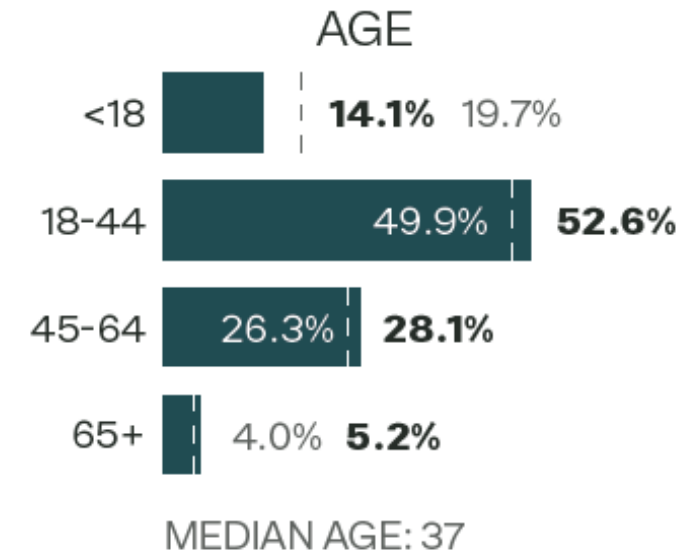


Figure 1: Combined Cancer Incidence and Mortality for the Fastest-Rising Cancers in US Adults Younger Than 50 Years. Source: Patel VR, Adamson AS, Welch HG. The Rise in Early-Onset Cancer in the US Population—More Apparent Than Real. *JAMA Intern Med.* 2025;185(11):1370–1374.



Expected: ~8-12%

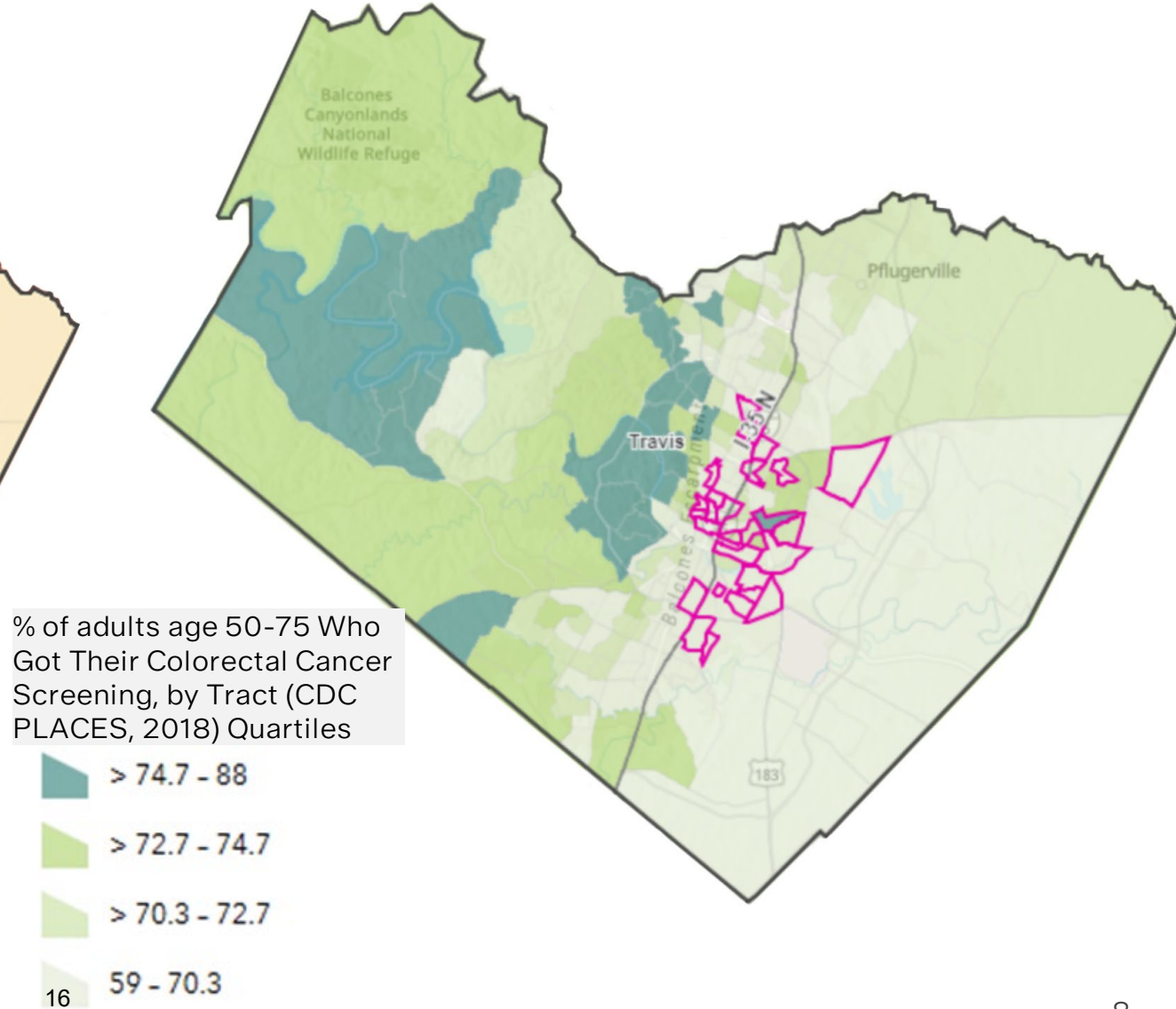
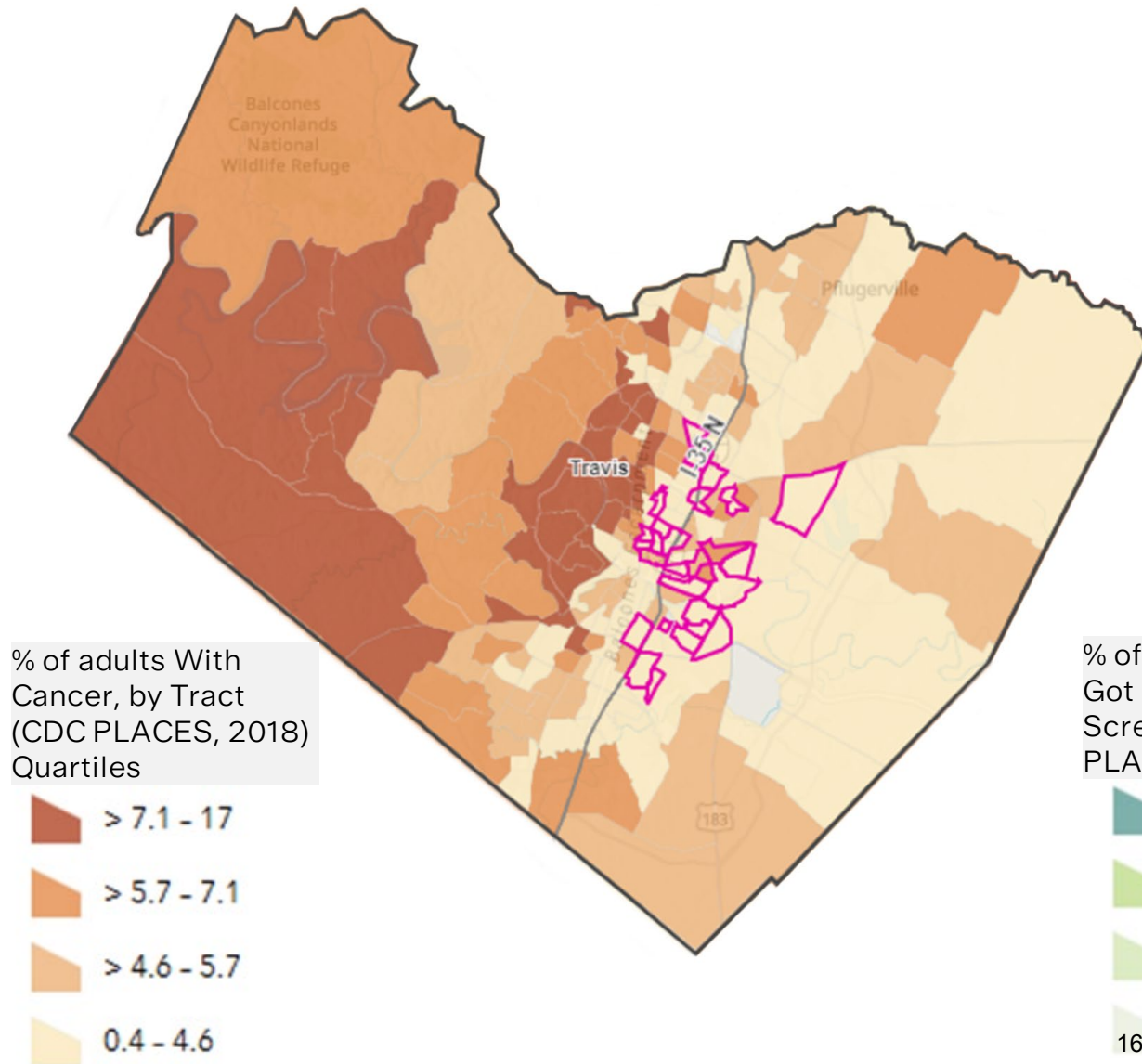
Actual: 14.9%

Young Black Adults Experience High Disparity in Late-Stage Cancers

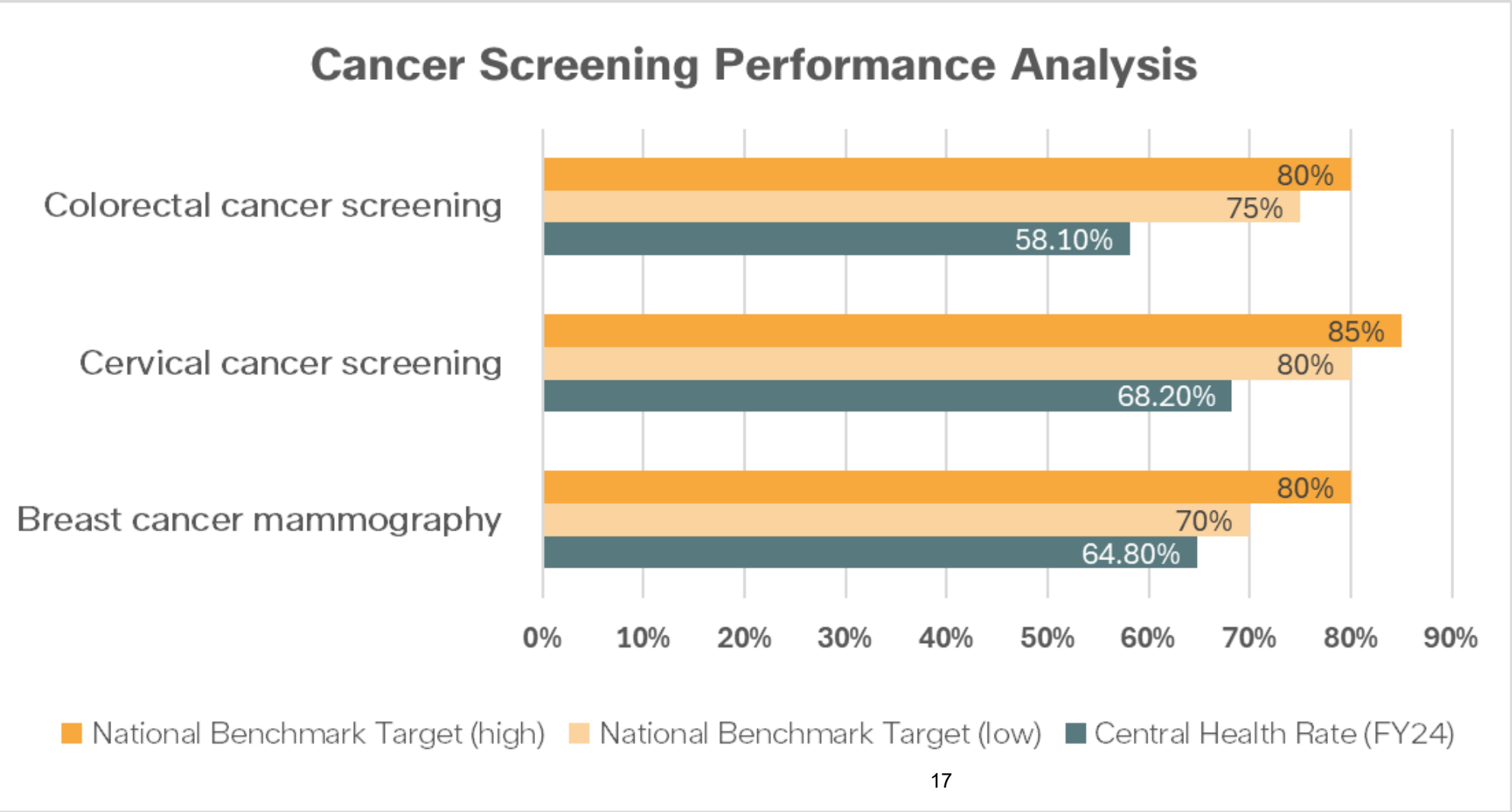
Secondary Malignancies in Central Health Enrollees, Relative Frequency

Age Group	Hispanic	White	Black	Asian	Overall
18-44	13.8%	12.3%	24.1%	18.2%	14.0%
45-54	12.9%	13.2%	15.9%	6.3%	13.7%
55-64	14.9%	15.1%	16.4%	16.1%	14.8%
65-74	13.9%	16.4%	17.7%	23.8%	15.6%
75+	18.7%	25.0%	9.1%	19.0%	18.6%

Geographically, we are not seeing cancer burden where we would expect to find it



Our screening rates are below national goals

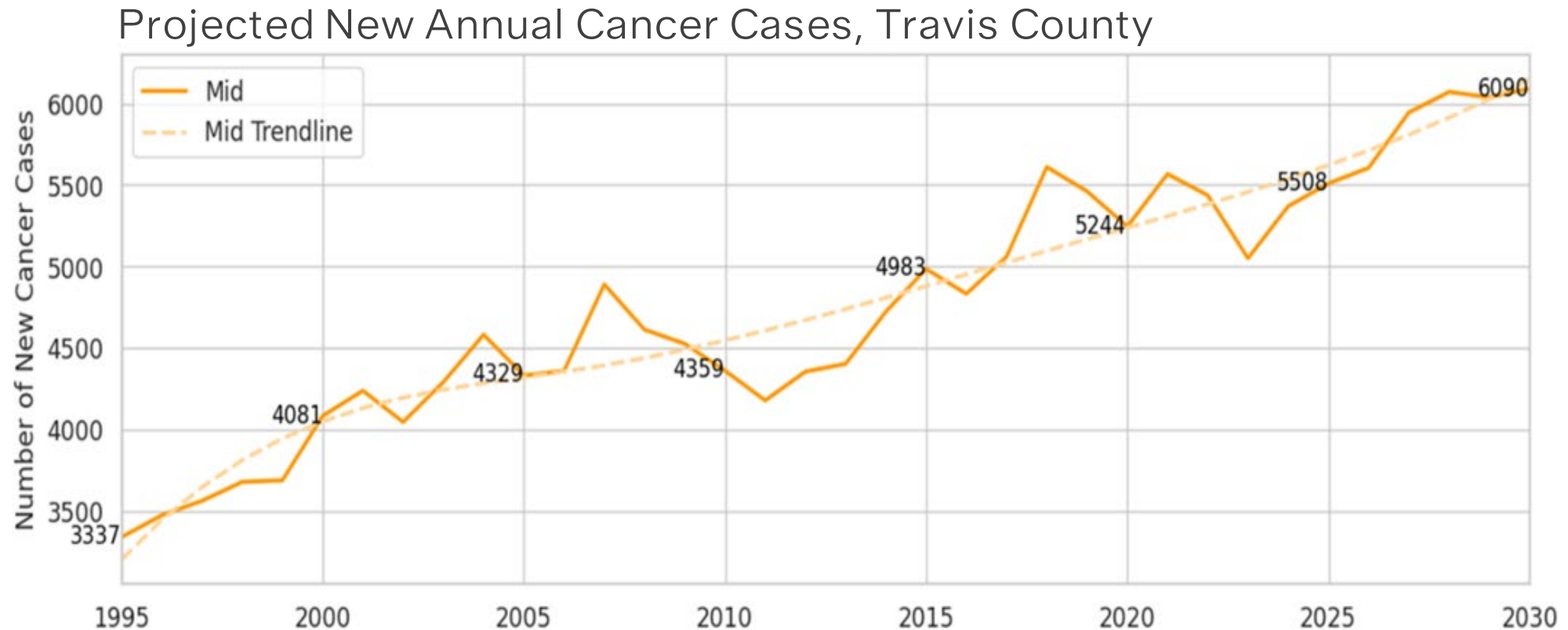


16.9% to 21.9%
BELOW Goal

11.8% to 16.8%
BELOW Goal

5.2% to 15.2%
BELOW Goal

A Growing Problem

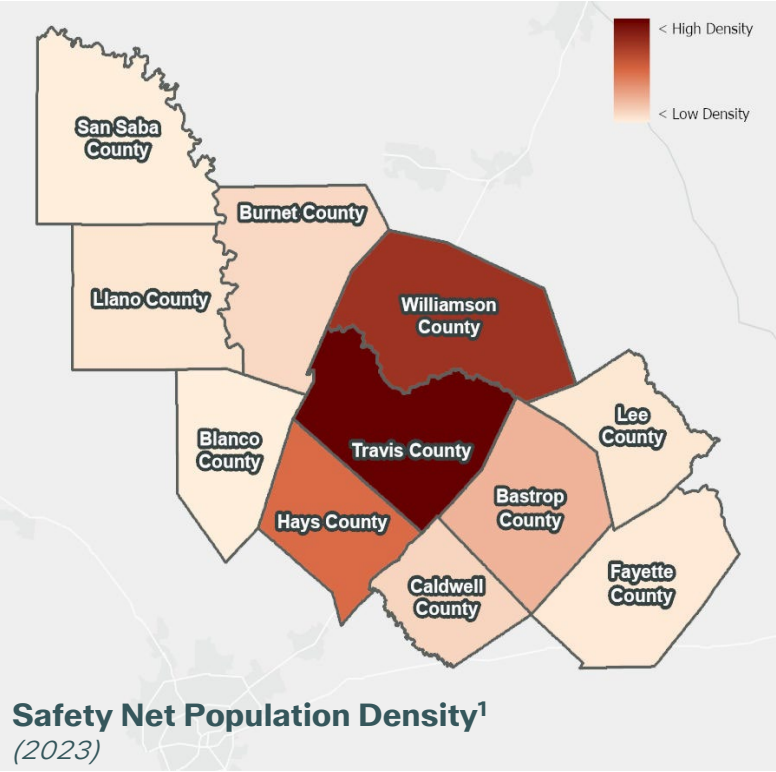


- The number of new cases (incidence) is increasing
- For the safety net specifically, findings estimate 4,800-7,400 individuals with undiagnosed cancer in Travis County **right now**

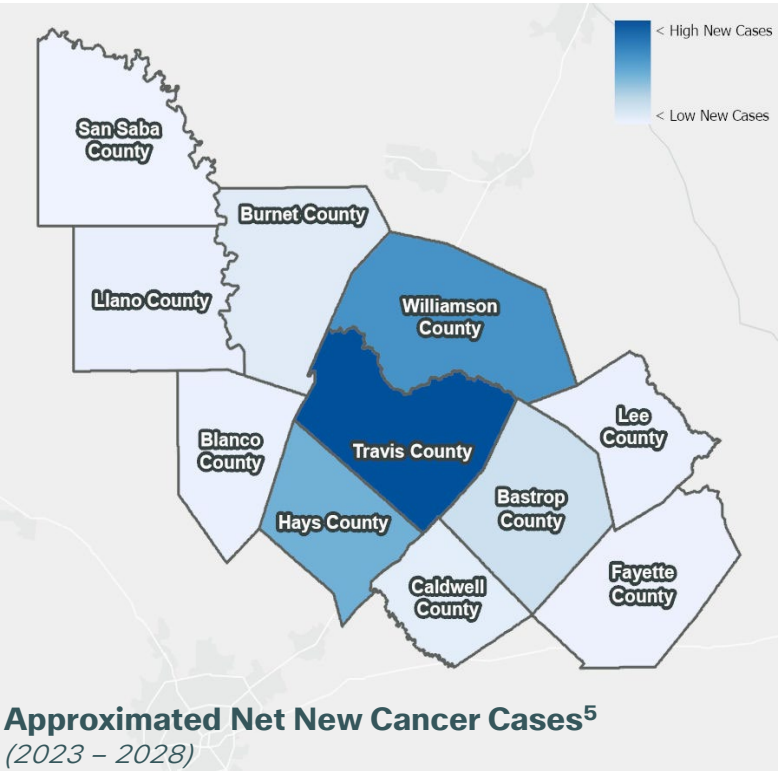
Market Assessment - Key Findings

Executive Overview

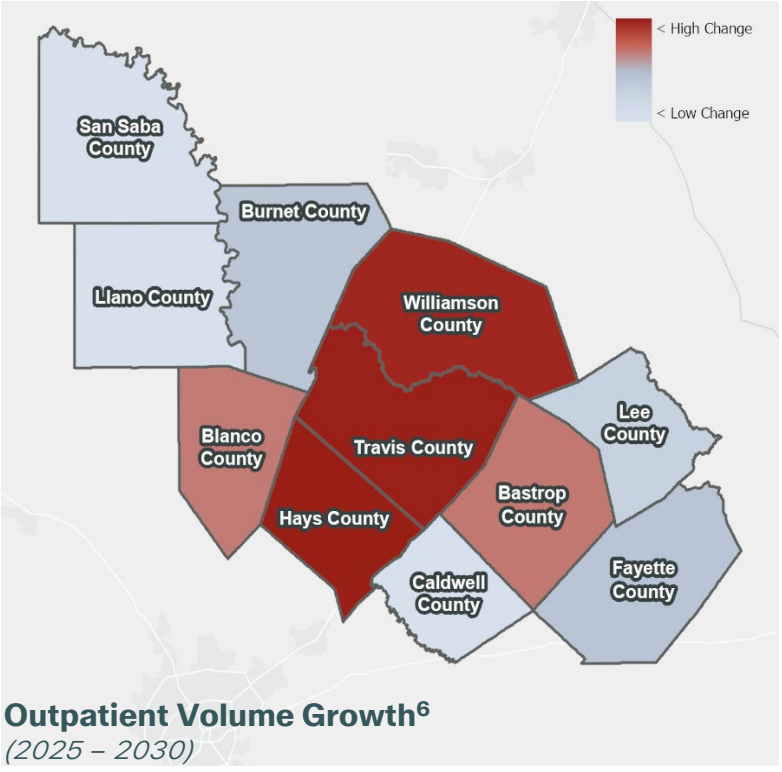
Demographics
and Growth



Cancer
Burden



Inpatient and
Outpatient Volumes



Change in Rate of New Cases Per 100,000 (2023 – 2028, Adult)

Difference in Rate of New Cases, 2023 & 2028 (Adult)*	Travis	Hays	Williamson
<i>Bone</i>	0	0	0
<i>Breast</i>	7	8	6
<i>Cardiac</i>	0	0	0
<i>Cervix</i>	0	0	0
<i>Colorectal</i>	6	7	6
<i>Endocrine</i>	3	4	2
<i>Female Reproductive System</i>	2	3	2
<i>GI</i>	5	6	5
<i>Head and Neck</i>	4	5	4
<i>Hematologic</i>	7	8	8
<i>Male Reproductive System</i>	-1	0	0
<i>Mesothelioma</i>	0	1	0
<i>Nervous System</i>	0	1	0
<i>Non-Hodgkins Lymphoma</i>	3	4	3
<i>Prostate</i>	11	11	11
<i>Respiratory</i>	14	15	14
<i>Sarcoma</i>	0	0	0
<i>Skin</i>	3	3	3
<i>Urinary</i>	20 7	8	7

*per 100,000 safety net population

Below row average

Above row average

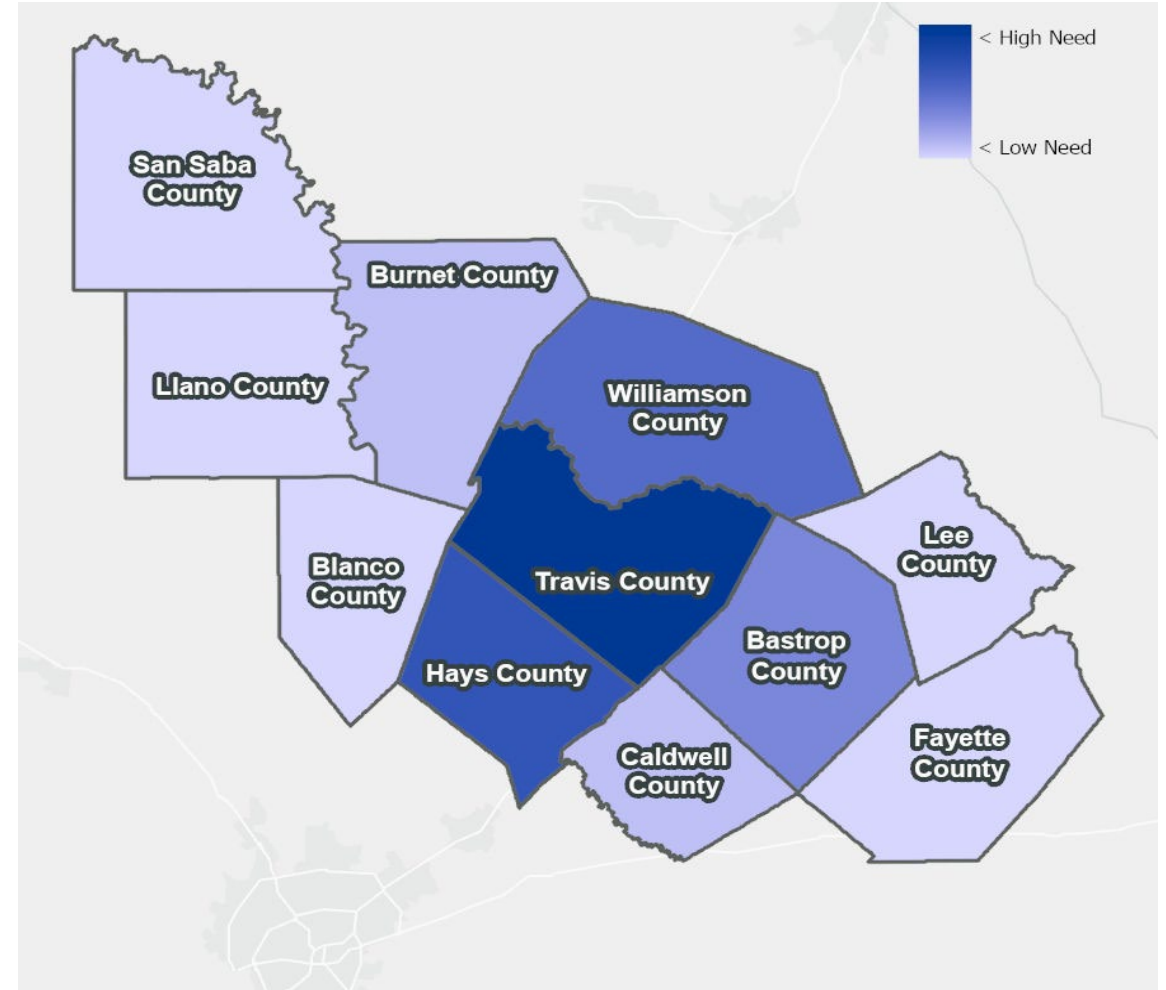
Source: Surveillance, Epidemiology, and End Results (SEER) via Advisory Board

Safety net physician supply is not keeping up with demand (oncologists/hematologists)

Current supply only meets 42% of existing need for safety net population across the 11-county region.

Existing demand for more oncologists/hematologists:

- **12 in Travis**
- 8 in Hays
- 6 in Williamson
- 4 in Bastrop
- 1 each for Burnet and Caldwell



Provider Survey on Cancer Care (Central Health System/Partners, n=42)

Emergent Needs:

- Improved Screening
- Patient Education
- Patient Navigation
- Connection to imaging and specialist resources

Visibility Gap: Nearly half of providers have no visibility into what happens to patients after they initiate a care pathway, because they have no direct oversight at hospital/specialists.

System Strain: A composite across questions of time constraints, managing access, and system delays shows **43% of providers in the high-strain tier.**

Report Findings and Recommendations

Central Health System



Secondary malignancies as canary in the coal mine



Improve cancer screening rates



Maintain high clinical suspicion of cancer

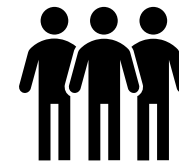


Improve data systems (staging, mortality, etc.)

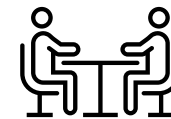


Expanding cancer care services

External



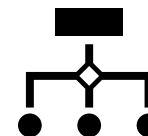
Increase Community Outreach and Education



Expand partnerships and regional cancer care capacity



Prioritize high-risk populations



Improve referral pathways and specialist access

FY27 OKRs

Systemwide Key Result 3: Improve Care Gaps in Heart and Cancer Care by +5%

Objective 4: Improve breast cancer screening

Key Result 1:
CommUnityCare breast cancer screening rate

Key Result 2:
Sendero breast cancer screening rate

Objective 5: Improve cervical cancer screening

Key Result 1:
CommUnityCare cervical cancer screening rate

Key Result 2:
Sendero cervical cancer screening rate

Next Steps

- Ask that the Board consider including cancer as a key strategic priority for the upcoming planning cycle (following discussion at the November planning retreat)
- Define measurable short-term and long-term targets for improvement (following discussion at the November Board planning retreat)
- Develop a 10-year “strategic roadmap” for cancer care
- Provide quarterly updates to the Board



Thank You

STRATEGIC PLANNING COMMITTEE

October 14, 2026

AGENDA ITEM 3

Receive, discuss, and take appropriate action regarding an update on expansion of the mental health continuum of care and associated partnerships.³ (*Possible Action Item*)



Board of Managers • Agenda Item Cover Sheet

Meeting Date	October 14, 2026	Item Title / Topic	MH Resolution Update
Item Type	☐ Action ☒ Information ☒ Discussion	Agenda Item No.	3
Presenter	Monica Crowley, Sydney Harris, Katten	Department/ Sponsor	Strategy
Estimated Time	30 min closed 20 min opened	Closed Session?	☒ Yes ☐ No (Both closed and open)
Board Priority / Strategic Link		Policy Reference	
Backup Provided	☐ Documents ☐ Verbal		

Purpose/Item Description *Describe what this item is and why it is before the Board now. Two to four sentences is plenty.*

This presentation serves as an intermediate update on the Mental Health Resolution work. It focuses on answering questions raised by Board Managers regarding details on the mental health services provided or contracted that were included in the FY2027 budget.

Recommended Motion *State the exact wording of the proposed motion. Complete this only for an Action item.*

None

Key Points for the Board *List the most important things the Board should know or decide. Keep each point to a single idea.*

1. Clarifying information on mental health services provided or contracted by Central Health, particularly services provided collaboratively with Integral Care such as Psychiatric Emergency Services.
- 2.
- 3.
- 4.
- 5.

Options Considered *Summarize the alternatives that were weighed. Note the main tradeoffs behind the recommendation.***Risks & Implications** *Note the financial, legal or compliance, and mission implications. Flag anything that carries meaningful risk.*

At this time none, but future decision needed on how to move forward with interlocal agreement.

Fiscal Impact *State the dollar impact of this item. Indicate whether it is included in the approved budget.*

Included in the approved budget? ☐ Yes ☐ No

Staff Recommendation *State plainly what management recommends. The motion above is how that recommendation is put to a vote.*

CEO Review:	☐ Yes ☒ No Date:	Finance Review	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	Governance Review:	☒ Yes ☐ No Reviewer: Briana Harris Date: October 7, 2026
Prepared By/ Date	Sydney Harris, October 5, 2026	Initiated By:	BoM – MH Resolution

Mental Health Resolution Progress Update

Board of Managers Presentation

October 14, 2026 – updated

Sydney S. Harris, MHA, Sr. Consultant, Health System Design

Monica Crowley, EVP and Chief Strategy Officer & Sr. Counsel

Jonathan Morgan, EVP and Chief Operating Officer

Agenda

1. Progress Update
2. Mental Health Resolution – Services Update

High-Level Progress Update

Accomplishments	Current Focus	Upcoming
Held initial meetings to continue gathering information regarding Sobering Center	Mental Health Crisis Care Continuum - Exploring options for accelerated psychiatric buildout in Dell Seton Medical Center - Defining Mental Health Crisis Center programming detail for pediatric & young adult populations and for involuntary psychiatric holds Board Updates 10/14 Strategic Planning Committee Mental Health Resolution Midpoint Progress Update 10/14 Executive Committee closed session update on Mental Health Crisis Center legal structures and implications Financial Modeling - Researching case studies for return-on-investment analysis Partner Discussions - Integral Care, City of Austin, Travis County Commissioners Court, University of Texas Dell Medical School	- Continuing prep for accelerated psych buildout in Dell Seton Medical Center - Working with City of Austin and Travis County to create a collaborative committee to support the Sobering Center potential integration process - Conducting mental health return-on-investment analysis with TXP (Jon Hockenyo) Board Updates 11/14 Strategic Planning Committee Mental Health Resolution Penultimate Progress Update 12/9 Strategic Planning Committee Mental Health Resolution 90-Day Progress Update



Crisis and Recovery Care Investments

The visible problem:
people cycling among the ER,
hospital, jail, and street

THE CRISIS

CRISIS THRESHOLD

Down payment on the solution: \$127.5M Central Health investment in crisis and recovery care

\$33.1M: Inpatient psychiatric beds and
emergency department services

\$16M: Mental Health Crisis Center operations
(\$13M operating funds, \$3M Sobering Center)

PROPOSED NEW
INVESTMENTS,
\$54M

\$1.5M:
Justice-involved health

\$1M: Medication-assisted
treatment expansion

\$1M: Long-acting
injectable medications

\$1M: Additional
crisis care team

\$400K: Integral Care additional
psychiatric emergency services

\$2M: Permanent Supportive
Housing Health Care Collaborative

\$14.4M: Integral Care outpatient psychiatry,
counseling, and case management

\$7.5M: Transitions-of-care teams,
including hospital-based teams

\$400K: Integral Care embedded
psychiatric intake services

\$600K: Medication-assisted
treatment services

\$400K: Integral Care
medication-assisted treatment services

\$13.4M: Direct medical
respite services

\$3.1M: Integral Care psychiatric
emergency services

CURRENT
INVESTMENTS,
\$73.5M

\$1.7M: MAP and SOAR enrollment for
people experiencing homelessness

\$200K:
Naloxone distribution

\$5.1M: Bridge Clinic, street
medicine and mobile care

\$500K: Integral Care existing
long-acting injectable medications

\$11.1M: Integral Care inpatient
psychiatric and crisis services

\$600K:
Sobering Center

\$12.5M: Skilled Nursing
Facilities services

Central Health Investment – Integral Care Mental Health Services

\$31.3M Total Investment

- **\$14.4M:** Outpatient psychiatry, counseling, and case management
- **\$400K:** Embedded psychiatric intake services
- **\$400K:** Medication-assisted treatment services
- **\$500K:** Long-acting injectable medications
- **\$11.1M:** Integral Care inpatient psychiatric and crisis services
- **\$3.1M:** Psychiatric emergency services
- **\$1M:** Permanent Supportive Housing Health Care Collaborative
- **\$400K:** Additional psychiatric emergency services

integral care Crisis Services

- ❖ **Expanded Mobile Crisis Outreach Team (EMCOT)** – 24/7 mobile crisis response for on-scene assessment, de-escalation, and linkage to care
- ❖ **Expanded Mobile Crisis Outreach Team Call Center Clinicians (EMCOT C3)** – Clinicians engage 911 callers before officer arrival
- ❖ **Psychiatric Emergency Services** – 24/7 walk-in psychiatric urgent care with medical evaluation and 3 observation beds; law enforcement drop-off



Travis County Crisis Care Diversion Pilot

Two program components provided by Integral Care:

1. **Expansion of Psychiatric Emergency Services** to include:

- 24/7 operations
- Peer support services
- 3 beds for 23-hour observation
- Larger clinical team to increase access to medication evaluation

Key Definitions

- Deflection = **pre**-arrest referral into appropriate care
- Diversion = **post**-arrest referral into appropriate care

2. **Therapeutic Diversion Program (TDP)**

- 90-day therapeutic respite program for justice-involved population (post-arrest) by referral
- Wraparound care, transitions planning, discharge support

Other Ongoing Central Health Investments in Behavioral Health (\$42.6M)

- **\$13.4M:** Direct Medical Respite services
- **\$12.5M:** Skilled Nursing Facilities services
- **\$7.5M:** Transitions-of-care teams, including hospital-based teams
- **\$5.1M:** Bridge Clinic, street medicine and mobile care
- **\$1M:** Permanent Supportive Housing Health Care Collaborative (CommUnityCare)
- **\$1.7M:** Medical Access Program and Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) program enrollment for people experiencing homelessness
- **\$600K:** Sobering Center holdover services
- **\$600K:** Medication-assisted treatment services
- **\$200K:** Naloxone distribution



Thank You

STRATEGIC PLANNING COMMITTEE

October 14, 2026

AGENDA ITEM 4

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