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BOARD OF MANAGERS WORK SESSION
Tuesday, November 10, 2026 4:00 p.m.

Videoconference meeting[1]

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

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

Links to livestream video are available at the URL below (copy and paste into your web browser):
https://www.youtube.com/@tchealthdistrict/streams

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

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PUBLIC COMMUNICATION

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REGULAR AGENDA[2]

1. Receive and discuss a report from the Board Chair, including:
   a. Board meeting mechanics and governance updates; and
   b. Tentative schedules. (*Informational Item*)

2. Receive an update on Fiscal Year 2026 Quarter 4 (FY26 Q4) System Objectives and Key Results Performance:
   a. Create Simplified Patient Care Journeys;
   b. Build a Comprehensive, Equitable Health Care System;
   c. Demonstrate the Value of Community Support; and
   d. Empower and Develop our Team. (*Informational Item*)

3. Review and discuss the proposed 2027 Board of Managers meetings calendar. (*Informational Item*)

4. Receive and discuss an update regarding Central Health Cybersecurity.[3,7] (*Informational Item*)

5. Review and discuss Central Health policies including:
   a. General Procurement; and
   b. Delegation of Purchasing Duties to Purchasing Authority and Certain Officers.[3] (*Informational Item*)

6. Receive a presentation and discuss options related to a compensation study of specific Central Health positions and discuss possible impacts on future organizational structures.[3,6] (*Informational Item*)

7. Receive, and discuss an update on expansion of the mental health continuum of care and associated partnerships.[3,4,5] (*Informational Item*)

8. Receive a briefing on issues related to *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.[3] (*Informational Item*)

9. Deliberation on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees and discussion on the Chief Legal Officer position.[3,6] (*Informational item*)

10. Confirm the next regular Board of Managers Work Session meeting date, time, and location. (*Informational Item*)

Notes:

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[2] The Board of Managers may take items in an order that differs from the posted order and may consider any item posted on the agenda in a closed session if the item involves issues that require consideration in a closed session and the Board announces that the item will be considered during a closed session.

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

[4] Possible closed session discussion under Texas Government Code §551.072 (Deliberation Regarding Real Property).

[5] Possible closed session discussion under Texas Government Code §551.085 (Governing Board of Certain Providers of Health Care Services).

[6] Possible closed session discussion under Texas Government Code §551.074 (Personnel Matters).

[7] Possible closed session discussion under Texas Government Code §551.089 (Deliberation Regarding Security Devices or Security Audits)

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 1

Receive and discuss a report from the Board Chair, including:
a. Board meeting mechanics and governance updates; and
b. Tentative schedules. (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	Chair report
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	
Presenter	Chair Rodriguez	**Department/ Sponsor**	Governance
Estimated Time	10 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.*

Receive and discuss a report from the Board Chair including:

a. Board meeting mechanics and governance updates; and
b. Tentative schedules

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. Reminder that the next Central Health Board of Managers Strategic Planning Retreat is scheduled for Saturday, November 14.
2. Other related items

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

N/A

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.*

N/A

CEO Review:	☒Yes ☐ No Date: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Briana Harris & Perla Cavazos Date: November 3, 2026
Prepared By/ Date	Briana Harris/November 3, 2026	**Initiated By:**	Chair Rodriguez

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 2

Receive an update on Fiscal Year 2026 Quarter 4 (FY26 Q4) System Objectives and Key Results Performance:

a. Create Simplified Patient Care Journeys;
b. Build a Comprehensive, Equitable Health Care System;
c. Demonstrate the Value of Community Support; and
d. Empower and Develop our Team. (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	11/10/2026	**Item Title / Topic**	Fiscal Year 2026 Quarter 4 (FY26 Q4) System Objectives and Key Results Performance
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	2
Presenter	Dr. Pat Lee	**Department/ Sponsor**	Executive Office
Estimated Time	15 mins	**Closed Session?**	☐ Yes ☒ No
Board Priority / Strategic Link	Oversight of organizational performance, strategic execution, patient outcomes, operational effectiveness, community impact, and workforce development.	**Policy Reference**	FY2026 Organizational Strategic Plan and OKR Framework
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 item is to provide the Board of Managers with an overview of FY2026 fourth-quarter and year-end performance against the system-wide Objectives and Key Results (OKRs). The presentation summarizes progress across four strategic objectives: Simplified Patient Care Journeys, Comprehensive and Equitable Healthcare, Community Support, and Team Development. The review highlights accomplishments, challenges, lessons learned, and opportunities for improvement.

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

Not applicable. Information item only.

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

1. FY26 concluded with mixed performance across the system's strategic objectives, demonstrating strong results in community engagement and patient experience while identifying improvement opportunities in access, quality, and operational utilization.

2. High-performing objectives included increasing patient Net Promoter Score (0.96 score), increasing community support for Central Health (0.93 score), and improving leadership participation in the OKR process (0.66 score).

3. Key challenges included reducing avoidable readmissions and emergency department utilization (0.34 score), increasing insured patient coverage (0.38 score), closing quality care gaps (0.33 score), and achieving optimal resource utilization (0.29 score).

4. The system demonstrated measurable gains in appointment access, telehealth utilization, third-party revenue growth, community awareness, and stakeholder engagement.

5. Lessons learned from FY26 will inform FY27 strategic planning, performance management, data integration efforts, and organizational improvement initiatives.

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

Utilize year-end OKR findings to strengthen accountability, improve data visibility, enhance coordination across organizations, and focus on areas requiring performance improvement. Supports continuous improvement and alignment with strategic priorities.

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

- Failure to address identified performance gaps may negatively affect patient access, quality outcomes, operational efficiency, and strategic goal attainment.
- Continued challenges related to data integration, staffing capacity, external policy factors, and competing organizational priorities may impact future performance.
- Successfully leveraging FY26 lessons learned can strengthen organizational performance and improve FY27 results.

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

No direct fiscal action is requested. The presentation summarizes performance against approved FY26 strategic initiatives and organizational objectives. Future improvement efforts will be addressed through the FY27 planning and budgeting processes.

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.*

Management recommends that the Board receive and review the FY2026 Q4 System OKR Performance Report, acknowledge the organization's accomplishments and challenges, and support incorporation of key learnings into FY2027 strategic and operational planning.

CEO Review:	☒Yes ☐ No Date: 11/03/2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Briana Harris Date: November 4, 2026
Prepared By/ Date	Karla Gonzales- Rivera	**Initiated By:**	

FY2026 System Quarterly OKR Performance

Objective	Quarterly Objective Score				Key Result	Quarterly Key Result Score			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Create Simplified Patient Care Journeys	0.39	0.48	0.47	0.36	Reduce Appointment Wait Times to 2 Weeks or Less	0.48	0.58	0.57	0.44
					Reduce Avoidable Readmissions and ED Utilization by 10%	0.50	0.33	0.68	0.34
					Achieve Average System-Wide Resource Utilization of 75%	0.20	0.52	0.15	0.29
Build a Comprehensive, Equitable Healthcare System	0.60	0.54	0.57	0.56	Increase Patient Net Promoter Score by 5%	0.71	0.85	0.85	0.96
					Increase Unique Patients with Coverage by 5%	0.60	0.45	0.38	0.38
					Close 3 Quality Care Gaps by 15%	0.50	0.33	0.48	0.33
Demonstrate the Value of Community Support	0.56	0.62	0.59	0.70	Increase Community Support for Central Health by 5%	0.66	0.78	0.97	0.93
					Reduce Avoidable System Duplication by 50%	0.80	0.70	0.40	0.60
					Increase Non-Tax Revenue Sources by 2%	0.22	0.38	0.40	0.57
Empower and Develop our Team	0.68	0.44	0.61	0.77	Increase Leadership and Management OKR Participation to 75%	0.50	0.50	0.33	0.66
					Team Member Satisfaction Score by 2%	0.54	0.42	0.57	0.78
					Increase Team Member Sense of Belonging by 5%	1.0	0.41	0.94	0.88

Score Range (0.0 - 1.0)	Status	Interpretation (Best Practice)
0.7 - 1.0	Green	Delivered. Goal was achieved. (If consistently, consider setting more ambitious goals.)
0.4 - 0.69	Amber	Made good progress but opportunity for improvement. (This is the ideal "stretch" success zone for aspirational goals.)
0.0 - 0.39	Red	Failed to make sufficient progress. (Requires deep learning and a clear action plan.)

Objective Overview and Final Score

Objective Score

0.44

System-wide Objective:	***Create simplified seamless patient care journeys***
Objective (O):	***Reduce appointment wait times to 2 weeks or less***
Owner:	***Nick Yagoda***
Final Score (Overall):	0.44
What Went Well? **Successes/Wins/Learnings**	***Continued rollout of OA pilot to additional medical homes with further reduction in average lead time in pilot sites. Durable sustainment of TH conversions. WH sustained current level of access despite vacancies.***
What Didn't Go Well? **Challenges/Blockers**	***Impact of OA pilot on care team, balancing OA for new pts w/ competing priorities like hospital discharges that also layered on concurrent pressure to team templates, protracted lead time in planning OA vs testing principles in practice. Access mismatch in OA pilot sites can engender unplanned est care at lesser preferred sites for pts. WH access did not realize access goals due to challenges w/ vacancies offsetting incremental gains. AI tools for PNC access were unlikely to help achieve stated goal given mismatch between tool efficacy and actual call needs.***
Year-end Reflection & Learnings	***Access for new pts measurably improved but should not be overstated as universal improvement in access. Focus on rapid cycle improvement innovation that shortens lead time from ideation→ implementation → testing. Implement on 30/60/90d improvement cycles. Continue to engage frontline teams for feedback on continuous basis. Be mindful of layering on parallel innovations that all have downstream impact on care teams and templates***

Reduce Appointment Wait Times to 2 Weeks or Less

Objective Score

0.44

Key Result (KR)	Target	Result	Score	RAG Status (Red/Amber/ Green)
KR 1: Open Access Pilot (OAP) Baseline: 94 days	14 Days	11 Days	1.0	GREEN
KR 2: Women's Health Service Line Transformation (Reduce Initial Visit Wait time to 14 Days) Baseline: 28 days	14 Days	29 Days	0.0	RED
KR 3: PNC Access - Increase service level to 80% of calls answered within 90 seconds	80%	16%	0.2	RED
KR 4: Dental Access - Use Standby process to mitigate No Shows - (x% of no shows mitigated) Baseline: 45%	+5%	-8%	0.0	RED
KR 5: Telehealth - Save 1 out of every 50 No Show (Medical) by converting to telehealth Baseline 1 : 102	1:50	1:19	1.0	GREEN

Objective Overview and Final Score

Objective Score

0.34

System-wide Objective:	***Create Simplified Patient Care Journeys***
Objective (O):	***Reduce Avoidable Readmissions and ED Utilization by 10%***
Owner:	***Dr. Alan Schalscha***
Final Score (Overall):	***0.34***
What Went Well? **Successes/Wins/Learnings**	***Process alignment and collaboration with DSMC ED, Bridge Clinic, and Inpatient TOC teams***
What Didn't Go Well? **Challenges/Blockers**	***Staff capacity, data sharing, follow up access, strategy to accomplishing goals, and venue to remove barriers***
Year-end Reflection & Learnings	***Engage and empower team early, set clear direction/expectations and understanding of OKRs, plan support needed, be innovative with tools/resources***

Reduce Avoidable Readmissions and ED Utilization by 10%

Objective Score

0.34

Key Result (KR)	Target	Result	Score (Result/Target)	RAG Status (Red/Amber/ Green)
KR 1: *Reduce Readmissions by 10%*	12.3	12.8	0.67	AMBER
KR 2: *Reduce Avoidable ED Utilization by 10%*	23.5	26.22	0.0	RED

Objective Overview and Final Score

Objective Score

0.29

System-wide Objective:	***Create Simplified, Seamless Patient Care Journeys***
Objective (O):	Achieve System-Wide Resource Utilization of 75%
Owner:	Kim Heinonen
Final Score (Overall):	0.29
What Went Well? **Successes / Wins / Learnings**	First assessment of system schedule utilization between CUC and CH clinic-based Medical, Dental, and Specialty Care services. Easier to visualize System Performance on the metric.
What Didn't Go Well? **Challenges/Blockers**	While some training and work focused on "Flow efficiency/Resource efficiency" - access/resource utilization, team failed to elevate this work to support system planning and interventions.
Year-end Reflection & Learnings	It is important to understand that processes operate according to certain laws. To improve access and throughput, we must learn how to apply those laws. All processes are subject to variation. High variation, high utilization – poor access.

Achieve System-Wide Resource Utilization of 75%

Objective Score

0.29

Key Result (KR)	Target	Result	Score	RAG Status (Red / Amber/ Green)
KR 1: % CH specialty care department-months with schedule utilization *at 75% (or below)*	100%	38% (74/194)	0.38	RED
KR 2: % CUC specialty care department-months with schedule utilization *at 75% (or below)*	100%	6% (7/108)	0.06	RED
KR 3: % CUC Medical service line-months with schedule utilization *at 75% (or below)*	100%	0% (0/36)	0.0	**RED**
KR 4: % CUC Dental service line-months with schedule utilization *at 75% (or below)*	100%	0% (0/19)	0.0	**RED**
KR 5: Develop CUC/CH integrated view of Schedule Utilization	YES	YES	1.0	GREEN

Service line-month/Department-month: Count of months during FY26 the service was available (ex. if service active Oct-Sept, 12 months; if service started mid year, only add those months; ex. April-Sept, 6 months)

Objective Overview and Final Score

Objective Score

0.96

System-wide Objective:	***Build a Comprehensive, Equitable Healthcare System***
Objective (O):	***Increase Patient Net Promoter Score by 5%***
Owner:	***Tara Trower***
Final Score (Overall):	***0.96***
Successes & learnings	Mixed results after a baseline change, with a decline entering fall. But we have a robust survey and reporting system now with benchmarking. Complaints focused on parking, phone systems (including Cisco transition), and provider service rather than MAC/MA.
Challenges & blockers	IT delays slowed implementation. CH expansion is planned for FY27, with ownership still unresolved. Revised cycle-time reporting invalidates prior figures and needs several weeks to complete. Early results show much lower cycle times.
Year-end reflection	Biggest weakness: accessing clean data without submitting tickets.

Increase Patient Net Promoter Score by 5%

Objective Score

0.96

Key Result (KR)	Target	Result	Score	RAG Status (Red/Amber/ Green)
Increase Patient Net Promoter Score by 5% *Result as of June 30, 2026 due to NPS platform change in July 2026	76	77	1.0	GREEN
Time to complaint resolution down by 5% (Target: 14 days)	5%	5%	1.0	GREEN
Patient Cycle time reduction by 5% (Target: 80 minutes)	5%	5%	1.0	GREEN
Front line MAC training penetration of 95%	95%	80%	.84	GREEN

Objective Overview and Final Score

Objective Score

0.38

System-wide Objective:	*Build a Comprehensive, Equitable Healthcare System*
Objective (O):	Increase unique patients with coverage by 5%
Owner:	Jon Morgan, Tara Trower, Joy Sloan, Kit Abney Spelce
Final Score (Overall):	0.38
What Went Well? Successes/Wins/Learnings	***Central Health and CUC demonstrated positive gains in coverage, with MAP/MAP Basic enrollment increasing by 2.8% and CUC-covered patients increasing by 1.8%, reflecting continued progress toward expanding access to care. Sendero achieved a 35.3% increase.***
What Didn't Go Well? Challenges/Blockers	***External policy and political factors continued to create barriers to enrollment, particularly for CHIP and Medicaid programs. Limitations in cross-organizational data sharing prevented the system from measuring and reporting unduplicated coverage outcomes across the full patient population.***
Year-end Reflection & Learnings	***Coverage status is dynamic, as patients frequently transition into and out of coverage throughout the year. To accurately assess system-wide impact and progress toward increasing the number of insured individuals, the organization needs access to unduplicated patient-level data across all participating entities. Strengthening data integration and reporting capabilities will be critical to evaluating future performance and informing strategic decisions.***

Increase unique patients with coverage by 5%

Objective Score

0.38

Key Result (KR)	Target	Result	Score (Result/Target)	RAG Status (Red/Amber/ Green)
KR 1: Set FY25 Baseline and FY26 Targets	Yes/No	No	0.0	**RED**
KR 2: Increase the number of children and pregnant women enrolled in Medicaid, CHIP and CHIP Perinate coverage by 5%	5%	-5.2%	0.0	**RED**
KR 3: Increase the number of individuals enrolled in MAP/MAP Basic by 5%	5%	2.6%	0.52	AMBER
KR 4: Increase total Sendero enrollment from 2025 to 2026 by 5%	5%	35.3%	1.0	GREEN

Objective Overview and Final Score

Objective Score

0.33

System-wide Objective:	***Build a Comprehensive, Equitable Healthcare System***
Objective (O):	***Close 3 Quality Care Gaps by 15%***
Owner:	***Dr. Alan Schalscha***
Final Score (Overall):	***0.33***
What Went Well? Successes/Wins/Learnings	***System wide discussion and participation of OKRs***
What Didn't Go Well? Challenges/Blockers	***Different direction of work efforts, powerful external factors affecting outcome, uneven access to multidisciplinary support, and obtaining results for partners***
Year-end Reflection & Learnings	***Shift to leaner smaller teams with clear outcomes and rapid cycle testing, prioritize work efforts early***

Close 3 Quality Care Gaps by 15%

Objective Score

0.33

Key Result (KR)	Target	Result	Score (Result/Target)	RAG Status (Red/Amber/ Green)
KR 1: *Improve CRC Screening by 15%*	38.7	**31.2**	**0.0**	RED
KR 2: *Improve Entry to Prenatal Care by 15%*	46.7	**56**	**1.0**	GREEN
KR 3: Improve A1C Reduction >9 by 15%	24.3	**29**	**0.0**	RED

Objective Overview and Final Score

Objective Score

0.93

System-wide Objective:	***Demonstrate the Value of Community Support***
Objective (O):	***Increase Community Support for Central Health by 5%***
Owner:	***Ted Burton, Perla Cavazos (External Affairs)***
Final Score (Overall):	***0.93***
What Went Well? **Successes/Wins/Learnings**	***Unanimous budget vote by TCCC. Continuous and frequent engagement with elected officials pays off. Executives' team members are collaborating more with Governance staff. Paid media (brand awareness campaign) as part of a comprehensive approach including earned media, social media, and engagement etc.***
What Didn't Go Well? **Challenges/Blockers**	***GAGA continues to experience last minute changes to slide decks and backup after they have been submitted to TCCC and Board.***
Year-end Reflection & Learnings	***Broader engagement with elected officials while maintaining high score. Board packet process significantly progressed: now goes out 2 days earlier. Due to the intensity of marketing, communications and engagement during Q4, increase our awareness and engagement goals for this quarter. Continue to improve email marketing journey for community engagement.***

Increase Community Support for Central Health by 5%

Objective Score

0.93

Key Result (KR)	Target	Result	Score (Result/Target)	RAG Status (Red/Amber/ Green)
KR 1: Increase awareness (reach and impressions) by 10% by end of FY26 Q4.	↑10%	↑541%	1.0	Green
KR 2: Increase engagement (interactions) by 10% by end of FY26 Q4.	↑10%	↑190%	1.0	Green
KR 3: Maintain a ≥80% net-positive sentiment score across all channels (digital, media, and in-person averaged).	≥80%	Y	1.0	Green
KR 4: Improve Strategic Alignment & Trust Between Board and Management in Q4 (board packets delivered complete and on time)	100%	64%	0.64	AMBER
KR 5: Maintain >90% positive/neutral sentiment score across all interaction with elected officials and their staff by FY 2026 Q4	90%	100%	1.0	GREEN

Objective Overview and Final Score

Objective Score

0.60

System-wide Objective:	***Demonstrate the Value of Community Support***
Objective (O):	Reduce Avoidable System Duplication by 50%
Owner:	Jonathan Morgan, Kim Heinonen, Cynthia Gallegos
Final Score (Overall):	***.6 (.8,.8,.2)***
What Went Well? **Successes/Wins/Learnings**	• ***Overall engagement by teams participating in the variety of integration efforts.*** • ***Relationship building across the system.***
What Didn't Go Well? **Challenges/Blockers**	• ***Competing priorities make it difficult to focus on the integration effort at baseline. Layer in multiple organizations priorities and a complex budget season, it makes it difficult to give full attention to difficult tasks such as this.***
Year-end Reflection & Learnings	• ***Efforts to integrate take significant time and attention. Discussions can be delicate so relationships are important to develop so teams can build trust and understanding together. In general teams understand the need and are open to participating but it is not something that can be forced or rushed.***

Reduce Avoidable System Duplication by 50%

Objective Score

0.60

Key Result (KR)	Target	Result	Score	RAG Status (Red/Amber/ Green)
KR 3: Integrate Phase II system components (Q2) - Provider credentialing - Ambulatory specialty care - Transportation Solutions - Process Improvement - Revenue Cycle	5	4	0.8	GREEN
KR 4: Integrate Phase III system components (Q3): - Technology de-duplication - Supply chain - Biomedical - Language Access Solutions - System Hancock Operations & Administration	5	4	0.8	GREEN
KR5: Integrate Phase IV system components (Q4) - Medical Management, Case Management & Utilization - Analytics & Data Engineering - External Affairs - Data Sharing Infrastructure - Marketing & Communications	5	1	0.2	RED

Objective Overview and Final Score

Objective Score

0.57

System-wide Objective:	***Demonstrate the Value of Community Support***
Objective (O):	***Increase Non-Tax Revenue by 2%***
Owner:	***Jeff Knodel – Jon Morgan, Joy Sloan, Virginia Potter, Kim Gabbitas***
Final Score (Overall):	0.57
What Went Well? **Successes/Wins/Learnings**	***Foundation Established*** ***New Grant Opportunities***
What Didn't Go Well? **Challenges/Blockers**	***Pace of Governance*** ***Regulatory Bureaucracy*** ***Pace of Contracting***
Year-end Reflection & Learnings	***Third-party patient revenue cycle process positive consolidation*** ***External priorities/dependency on external entities and processes***

*Pending finalized FY26 Q4 Quarterly Key Result scores

Increase Non-Tax Revenue by 2%

Objective Score

0.57

Key Result (KR)	Target	Result	Score	RAG Status (Red/Amber/ Green)
Increase pharmacy margin by 15%	15%	0	0	RED
Establish a CH philanthropic entity (5 phil. Opportunities)	5	3	.6	AMBER
Increase 3rd party payer revenue to CH and CUC by $3 million	$3M	$4.7M	1.0	GREEN
Increase grant funding for CH and CUC initiatives (3 grant awards)	3	2	.67	AMBER

Objective Overview and Final Score

Objective Score

0.66

System-wide Objective:	***Empower and Develop our Team***
Objective (O):	Increase Leadership and Management OKR Participation to 75%
Owner:	Kim Heinonen
Final Score (Overall):	0.66
What Went Well? **Successes/Wins/Learnings**	Continued collaboration with CUC & CH Continuous Improvement and People Department on GWL Path 1 and 2; high utilization of OKRs among GWL trainees. Integrated FY27 OKR tracking into homegrown DMS Hub tool.
What Didn't Go Well? **Challenges/Blockers**	Continued challenges with OKR visibility and communicating link between system strategy and execution through OKRs. High variation in processes used to set organization/team L4 and L3 OKRs and initiatives for FY27
Year-end Reflection & Learnings	OKRs becoming part of the organization's vocabulary. A better tool/technology needed to visualize progress of system performance. Annual OKR process must be standardized to reduce variation between departments and teams. Need to change the behaviors and practices of ELT in order to set model for teams to follow in FY27.

Increase Leadership and Management OKR Participation to 75%

Objective Score

0.66

Key Result (KR)	Target	Result	Score (Result/Target)	RAG Status (Red/Amber/ Green)
KR 1: Finalize OKR tracking by end of Q4	YES	YES	1.0	GREEN
KR 2: Finalize Hub (Obeya) room to visualize system objectives, performance, and plan by end of Q4	YES	NO	0.0	RED
KR 3: *% GWL Path 1 participants identified as utilizing or engaging in OKRs* ***(*Systemwide KR: Increase Leadership and Management OKR Participation to 75%)***	75%	72.7%	0.97	GREEN

Objective Overview and Final Score

Objective Score

0.78

System-wide Objective:	***Empower and Develop our Team***
Objective (O):	***Increase Team Member Satisfaction by 2%***
Owner:	***Jeannie Virden***
Final Score (Overall):	***0.78***
What Went Well? **Successes/Wins/Learnings**	***Successfully advanced operational efficiency, service delivery, and data accuracy through the launch of HRSD, expanded POPS self-service reporting, and strengthened auditing processes. These improvements reduced manual work, increased transparency, and established a stronger foundation for system-wide People operations.***
What Didn't Go Well? **Challenges/Blockers**	***Initial technology challenges, evolving governance structures, and inconsistent processes created implementation delays and additional work. Opportunities remain to strengthen service standards, clarify ownership, and drive consistent adoption across the system.***
Year-end Reflection & Learnings	***Sustainable operational improvements require more than technology implementation; clear accountability, standardized processes, and ongoing adoption are equally important. FY27 will focus on building upon this progress through stronger governance, consistent service standards, and continuous improvement.***

Increase Team Member Satisfaction Score by 2%

Objective Score

0.78

Key Result (KR)	Target	Result	Score	RAG Status
KR1: Advance System Maturity & HRSD Readiness Across the UKG Ecosystem	3	2	0.67	
KR2: Increase Operational Accuracy & Reduce Manual Friction	2	2	1.0	
KR3: Develop the People Department's FY27-30 Strategic Plan	2	2	1.0	
KR4: Establish & Implement a Robust Team Member Engagement Strategy & Action Plan	3	2	0.67	
KR5: Implement Strategic Talent Acquisition & Onboarding Transformation	3	2	0.67	
KR6: Increase Team Member Retention	3	2	0.67	
KR7: Implement a Comprehensive Leadership Development Competency IDP Program	4	3	0.75	
KR8: Scale and Enhance Development & Ongoing Education	5	3	0.6	
KR9: Enhance Team Member Engagement & Understanding of Total Rewards & Wellbeing Benefits	5	5	1.0	

Objective Overview and Final Score

Objective Score

0.88

System-wide Objective:	*Empower and Develop our Team*
Objective (O):	*Increase Team Member Sense of Belonging by 5%*
Owner:	*Jeannie Virden*
Final Score (Overall):	***0.88***
What Went Well? **Successes/Wins/Learnings**	***Successfully achieved three of four key results, including launching CommUnities of Belonging, enhancing workplace recognition through equity designations, and improving operational efficiency and accuracy. These accomplishments should help strengthen team member belonging, recognition, and operational effectiveness across the system.***
What Didn't Go Well? **Challenges/Blockers**	***While meaningful progress was made in evolving the WFA Council into a system-wide driver of innovation, the full target was not achieved. Additional opportunities remain to strengthen the Council's influence, engagement, and ability to translate workforce insights into actionable improvements.***
Year-end Reflection & Learnings	***FY26 progress reinforced the importance of creating intentional opportunities for belonging, recognition, and team member voice while strengthening operational effectiveness. FY27 will focus on sustaining these accomplishments and further empowering the WFA Council to drive meaningful, system-wide improvements.***

Increase Team Member Sense of Belonging by 5%

Objective Score

0.88

Key Result (KR)	Target	Result	Score	RAG Status (Red/Amber/ Green)
KR 1: *Launch & Stabilize CommUnities of Belonging*	4	3	0.75	GREEN
KR 2: *Enhance Workplace Recognition through Equity Designations*	2	2	1	GREEN

Summary of FY26 Q4 System Objectives & Key Results Scoring and Revisions

System Key Result	Executive Owner(s)	Initial Objective Score	Requested Changes	Final Revised Objective Score	Final Revised Key Result Score(s)
Reduce appointment wait times to 2 weeks or less	Dr. Nick Yagoda	2	Objective and Key Results scores must be between 0 and 1. • KR1 must be reduced to 1 • KR 2 must be scored as 0; final performance below baseline • KR 3 was unscored in initial submission. Key Result value of 16% reported verbally by Dr. Yagoda to Eric Elliott at ELT Retreat on 10/27/26; Eric entered updated Key Result value and assigned Score of 0.2	0.44 (AMBER)	KR1 = 1 KR2 = 0 KR3 = 0.2 Average of all KR scores after revisions = 0.44
Reduce Avoidable Readmissions and ED Utilization by 10%	Dr. Alan Schalscha	0.34	None – Transformation department provided feedback prior to submission	N/A	N/A
Achieve System-Wide Resource Utilization of 75%	Kim Heinonen	0.29	None	N/A	N/A
Increase Patient Net Promoter Score by 5%	Dr. Nick Yagoda & Tara Trower	0.71	KR1: In prior discussion with Dr. Nick Yagoda on Tues, 10/20/26 there was agreement to limit KR1 scoring to June-26 value due to NPS platform change in July 2026. Score should be changed from 0 to 1 due to Result = 77 versus Target = 76. Tara Trower approved change via email on Mon, 10/26/26.	0.96 (GREEN)	KR1 = 1 Average of all KR scores after revisions = 0.96
Increase unique patients with coverage by 5%	Jon Morgan	0.38	None	N/A	N/A
Close 3 Quality Care Gaps by 15%	Dr. Alan Schalscha	0.33	None – Transformation department provided feedback prior to submission	N/A	N/A
Increase Community Support for Central Health by 5%	Ted Burton & Perla Cavazos	0.93	None – Transformation department provided feedback prior to submission	N/A	N/A
Reduce Avoidable System Duplication by 50%	Jon Morgan	0.60	None – Transformation department provided feedback prior to submission	N/A	N/A
Increase Non-Tax Revenue by 2%	Jeff Knodel	1.0	Initial submission scored Annual Key Result performance (but did not include quarterly Key Results) with Score of 1. Eric Elliott requested quarterly Key Result values via email; data provided on Weds, 10/28/26. No additional edits/revisions requested.	0.57 (AMBER)	No KR score changes Average of all KR scores = 0.57
Increase Leadership and Management OKR Participation to 75%	Kim Heinonen	0.66	None	N/A	N/A
Increase Team Member Satisfaction by 2%	Jeannie Virden	0.78	None	N/A	N/A
Increase Team Member Sense of Belonging by 5%	Jeannie Virden	0.94	KR1 & KR2 were previously reported as complete – Eric Elliott requested KRs to be removed from FY26 Q4 scoring. Updated Objective Score will be 0.88. Jeannie Virden approved and submitted updated slides on Fri, 10/23/26.	0.88 (GREEN)	No KR score changes Average of all KR scores = 0.88

Prepared by CH Transformation Department, 11/3/2026

CENTRAL HEALTH

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 3

Review and discuss the proposed 2027 Board of Managers meetings calendar. (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	2027 Meetings Calendar
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	#3
Presenter	Chair Rodriguez	**Department/ Sponsor**	Governance
Estimated Time	10 mins	**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 item is for Board Managers to review the proposed 2027 meetings calendar and confirm that the dates and times continue to accommodate their schedules before the calendar is presented for approval later in the month.

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. A proposed 2027 calendar has been prepared for the Board of Managers' Information and Action Sessions, Strategic Planning Committee meetings, and Budget and Finance Committee meetings, following a schedule similar to previous years.
2. Board of Managers Information Sessions and Strategic Planning Committee meetings are scheduled for the second Wednesday of each month, except when the date conflicts with a holiday.
3. Board of Managers Action Sessions and Budget and Finance Committee meetings are scheduled for the fourth Wednesday of each month, except when the date conflicts with a holiday.

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

N/A

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.*

N/A

CEO Review:	☒Yes ☐ No Date: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Briana Harris Date: November 3, 2026
Prepared By/ Date	Valerie Guerra/November 3, 2026	**Initiated By:**	Briana Harris

CENTRAL HEALTH

2027 Meeting Calendar

MONTH	Board of Managers Information Session and Strategic Planning Committee Meeting 2nd Wednesday | 3:30 p.m.	Board of Managers Action Session and Budget and Finance Committee Meeting 4th Wednesday* | 4:00 p.m.
January	Jan 13	Jan 27
February	Feb 10	Feb 24
March	Mar 10	Mar 24
April	Apr 14	Apr 28
May	May 12	May 26
June	Jun 9	Jun 23
July	Jul 14	Jul 28
August	Aug 11	Aug 25
September	—	Sep 1 - Public hearing Sep 8 - Budget vote Sep 22
October	Oct 13	Oct 27
November	Nov 10	Nov 17 - 3rd Wednesday
December	Dec 8	Dec 15 - 3rd Wednesday

* November and December action sessions occur on the 3rd Wednesday.
September includes the public hearing and budget vote shown above; no information session is listed.

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 4

Receive and discuss an update regarding Central Health Cybersecurity. [3, 7] (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	Cybersecurity Update
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	4
Presenter	John Clark, SVP & CIO	**Department/ Sponsor**	Joint Technology
Estimated Time	15 mins	**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.*

Each year Central Health makes significant investments in maintaining the overall cybersecurity posture for all operational and clinical components of the health system. These investments are necessary to reduce our risk exposure and to improve our ability to monitor, detect, contain, and provide oversight of threats. This past fiscal year, those investments have helped us increase the number of security staff, bring in 6 new security monitoring tools and platforms, increase training and awareness, enhance our cybersecurity insurance policy, build more robust 24 hour monitoring through our security operation center, decrease our overall vulnerability exposure by 25%, and increased our end point protection capability, allowing us to identify and mitigate 421 threats before there was any impact. Bad actors continue to target healthcare organizations, and with the infusion of AI into the weapons of cyber criminals the everyday challenge is continuing to evolve rapidly. Our primary exposures continue to be primarily related to five areas: Identity & People, Medical Devices & the Internet of Things (IoT devices), Ransomware, Third Party Situations, and the influx of Artificial Intelligence. These challenges involve technical work, but they also require ongoing commitment of the organization, the leadership, and governance. As we continue to manage and mitigate the high-risk exposures and to strengthen our system level accountability, the organization must sustain continued (even increasing) investment in cybersecurity staff, managed service, and tools. There must be support for the Board and senior executive for system level decisions regarding the cybersecurity posture. Leadership must commit to take an active role in incident preparing and exercises. The provided presentation gives you an indication of the critical things that we are working towards in the next 90 days and a roadmap for the year. It also shows where we would like to be by 2029. The things that enable this are our continued investments in 24/7 monitoring, vCISO oversight, external independent testing, and the continued use of tools necessary to provide threat intelligence. Finally, cybersecurity is not just a technology effort, it takes everyone to protect this organization.

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

No Motion Needed – This is an Executive Overview

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

1. The investments being made are producing measurable results.
2. There are existing threats in the headlines and close to home.
3. The top Risks are People, Medical Devices, Ransomware, Third Parties, Artificial Intelligence.
4. Focus needs to remain on immediate priorities – eliminating the highest-risk exposures.
5. We have an evolving plan that we have been using and will continue to use.

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

Cybersecurity is an system level resilience commitment. Continued progress depends on sustained investments, clear management, executive participation, and shared accountability.

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

- Reputational
- Financial
- Patient Care and Safety

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.*

Continued commitment from the Board. Gain endorsement for the roadmap and sustain security investment levels.

CEO Review:	☒Yes ☐ No Date: November 2, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Briana Harris Date: November 3, 2026
Prepared By/ Date	John Clark-10/28/26	**Initiated By:**	Board Request for Update

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

N/A

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.*

CEO Review:	☐Yes ☐ No Date:	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Valerie Guerra Date: November 3, 2026
Prepared By/ Date	Briana Harris/ November 3, 2026	**Initiated By:**	Chair Rodriguez

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 5

Review and discuss Central Health policies including:
a. General Procurement; and
b. Delegation of Purchasing Duties to Purchasing Authority and Certain Officers.[3] (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	Delegation of Purchasing Policy
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	5
Presenter	Ray Bonilla and Chair Rodriguez	**Department/ Sponsor**	Chair Rodriguez
Estimated Time	30 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.*

This item relates to Central Health policies including:

a. General Procurement, and
b. Delegation of Purchasing Duties to Purchasing Authority and Certain Officers.

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.

2.

3.

4.

5.

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

N/A

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.*

CEO Review:	☒Yes ☐ No Date: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Valerie Guerra Date: November 3, 2026
Prepared By/ Date	Briana Harris/ November 3, 2026	**Initiated By:**	Chair Rodriguez

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 6

Receive a presentation and discuss options related to a compensation study of specific Central Health positions and discuss possible impacts on future organizational structures.[3,6] (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	Compensation study
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	6
Presenter	Chair Rodriguez and Jeannie Virden	**Department/ Sponsor**	Chair Rodriguez
Estimated Time	30 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.*

This item relates to a compensation study of specific Central Health positions and possible impacts on future organizational structures.

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.

2.

3.

4.

5.

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

N/A

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.*

N/A

CEO Review:	☒Yes ☐ No Date: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☒ Yes ☐ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Valerie Guerra Date: November 3, 2026
Prepared By/ Date	Briana Harris/ November 3, 2026	**Initiated By:**	Chair Rodriguez

CENTRAL HEALTH

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
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Stewardship - We maintain public trust through fiscal discipline and open and transparent communication.
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BOARD WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 7

Receive, and discuss an update on expansion of the mental health continuum of care and associated partnerships. (*Informational Item*) [3,4,5]

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	Mental Health Continuum of Care
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	7
Presenter		**Department/ Sponsor**	
Estimated Time	TBD	**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.*

- This item relates to an update on expansion of the mental health continuum of care and associated partnerships.
- This item will be taken up at the discretion of the Chair.

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.

2.

3.

4.

5.

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

N/A

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.*

N/A

CEO Review:	☒Yes ☐ No Date: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Valerie Guerra Date: November 3, 2026
Prepared By/ Date	Briana Harris/November 3, 2026	**Initiated By:**	

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 8

Receive a briefing on issues related to *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398. [3] (*Informational Item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	*Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*
Item Type	☐ Action ☒Information ☐Discussion	**Agenda Item No.**	
Presenter	Monica Crowley	**Department/ Sponsor**	Strategy and Counsel
Estimated Time	20 minutes	**Closed Session?**	☒ Yes ☐ No
Board Priority / Strategic Link	Litigation	**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 item relates to *Travis County Healthcare District d/b/a Central Health v. Ascension Texas f/k/a Seton Healthcare Family*, Cause No. D-1-GN-23-000398.

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

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

1.

2.

3.

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.*

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: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Valerie Guerra Date: November 3, 2026
Prepared By/ Date	Briana Harris	**Initiated By:**	Monica Crowley

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 9

Deliberation on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees.[3,6] (*Informational item*)

CENTRAL HEALTH

Board of Managers • Agenda Item Cover Sheet

Meeting Date	November 10, 2026	**Item Title / Topic**	Personnel Matters
Item Type	☐ Action ☒Information ☐Discussion ☐Possible Action	**Agenda Item No.**	9
Presenter	Jeannie Virden/EVP & Chief People Officer	**Department/ Sponsor**	Jeannie Virden/EVP & Chief People Officer
Estimated Time	TBD	**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.*

- This item relates to the deliberation and possible action on the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of one or more Central Health employees.
- This agenda item will be taken up at the discretion of the Chair.

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.

2.

3.

4.

5.

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

N/A

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.*

N/A

CEO Review:	☒Yes ☐ No Date: November 3, 2026	**Finance Review**	☐ Yes ☒ No Reviewer: Date:
Legal Review:	☐ Yes ☒ No Reviewer: Date:	**Governance Review:**	☒Yes ☐No Reviewer: Briana Harris & Perla Cavazos Date: November 3, 2026
Prepared By/ Date	Briana Harris/November 3, 2026	**Initiated By:**	Chair Rodriguez

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BOARD OF MANAGERS

WORK SESSION

November 10, 2026

REGULAR AGENDA ITEM 10

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