

ITEM 22



Travis County Commissioners Court Agenda Request

Meeting Date: Tuesday, November 13, 2012
Prepared By/Phone Number: Deece Eckstein, 854-9754
Elected/Appointed Official/Dept. Head: Deece Eckstein, 854-9754
Commissioners Court Sponsor: Judge Biscoe

AGENDA LANGUAGE:

CONSIDER AND TAKE APPROPRIATE ACTION REGARDING TRAVIS COUNTY AND JOINT TRAVIS COUNTY-CITY OF AUSTIN APPOINTMENTS TO THE CENTRAL HEALTH BOARD OF MANAGERS.

BACKGROUND/SUMMARY OF REQUEST:

Central Health/Travis County Healthcare District (TCHD) Board of Managers:

- ★ Nine members, with four-year staggered terms
 - Four appointed by the Travis County Commissioners Court
 - Four appointed by the Austin City Council
 - One appointed jointly by the two bodies
- ★ Two terms expiring at the end of 2012
 - Frank Rodriguez, County appointee, served since 2004
 - Anthony Haley, joint County-City appointee, served since 2009
- ★ Subject to the Uniform Appointment Process

STAFF RECOMMENDATIONS: IGR recommends that the Court:

1. Approve the proposed process and timetable (ATTACHMENT B) for the recruitment, vetting and selection of a member of the Central Health Board;
2. Approve the attached drafts of a Call for Applications, Application, and Conflict of Interest Affidavit (ATTACHMENT C);
3. Issue a Call for Applications for a position on the Central Health/TCHD Board of Managers, with an application deadline of Friday, December 14, 2012; and,
4. Approve the attached letter (ATTACHMENT D) for transmittal to the Austin City Council expressing the support of the Commissioners

Court for the reappointment of Anthony Haley to the Central Health Board of Managers for a term to run from January 1, 2013, to December 31, 2016.

ISSUES AND OPPORTUNITIES: The Commissioners Court makes four appointments to the Travis County Healthcare District (DBA Central Health) Board of Managers. Additionally, the Commissioners Court and the Austin City Council jointly make one appointment to the nine-member board. Terms are for four years, and are staggered. The Board's bylaws provide that the Managers will serve until their re-appointment or the selection of their successor.

The term of **Frank Rodriguez**, a Travis County appointee, will expire on December 31, 2012. Mr. Rodriguez has been a member of the Board of Managers since its inception in 2004. Since appointments to the Central Health Board of Managers are governed by the Uniform Appointment Process, and since Mr. Rodriguez has been on the board for longer than six years, those provisions regarding a Call for Applications come into play.

In the past, the Court has insisted that the process for recruiting, vetting and selecting candidates for the Central Health board be thorough, inclusive and deliberate. IGR therefore believes it will be impossible for the Court to take action on this appointment before the close of the calendar year. However, the proposed process and timetable (ATTACHMENT B) allows a full month for interested parties to apply while still allowing the Court to act before the end of January, 2013.

The term of **Anthony Haley**, the joint County-City appointee, also expires on December 31, 2012. Mr. Haley has been a member of the Board of Managers since June 11, 2009. The City and the County do not have an agreed-upon process for making appointments or reappointments, but a draft interlocal between the City and County provides a two-step process for reappointments:

Prior to the expiration of the jointly appointed member's term, County and City will provide notice to the other Party as to whether it wishes to reappoint the jointly appointed member to a subsequent term. ...

If both Parties decide to reappoint the current member, each Party will follow the established process for appointment by their respective

organizations, and will provide to the other Party written documentation of their concurrence in the appointment selection ...

Although neither the City Council nor the Commissioners Court is bound by this process, IGR recommends that the Court consider whether it wishes to a) reappoint Mr. Haley and, if so, b) send the attached letter to the City Council.

FISCAL IMPACT AND SOURCE OF FUNDING: Not applicable.

REQUIRED AUTHORIZATIONS: None.

NAMES, PHONE NUMBERS AND EMAIL ADDRESSES OF PERSONS WHO MIGHT BE AFFECTED BY OR BE INVOLVED WITH THIS REQUEST:

Sherri Fleming
County Executive, Health and Human Services & Veterans Services
Phone: 854-4581
Email: Sherri.Fleming@co.travis.tx.us

ATTACHMENTS:

- A. Current roster of Central Health Board of Managers members, November 1, 2012.
- B. Proposed Process and Timetable for making an appointment to the Central Health Board of Managers.
- C. Proposed Applications Packet for the Central Health appointment, including:
 - a. Application Cover Sheet
 - b. Call for Applications
 - c. Application Form, and
 - d. Conflict of Interest Disclosure Affidavit.
- D. Draft Letter to the Austin City Council re reappointment of Anthony Haley to the Central Health Board of Managers.

ATTACHMENT A

Central Health Board of Managers

Current Membership	First Appointed	Date Reappointed	Term Expires
Rosie Mendoza, Chair Contact Phone: (512) 708-1690 E-mail Address: rosiem@rmendozacpa.com Nominated by: Mayor Lee Leffingwell Representing: City resident, if applicable	08/01/04	03/05/09	12/31/12
Anthony Haley, Secretary Contact Phone: (512) 472-1600 E-mail Address: anthony@hrwkglobal.com Nominated by: Outside Representing: City Council & Travis County	06/11/09		12/31/12
Brenda Coleman-Beattie, Treasurer Contact Phone: (512) 329-9990 Nominated by: Travis County Representing: Travis County	03/31/09	10/05/10	12/31/15
Frank Rodriguez, Vice Chair Contact Phone: (512) 916-9583 Nominated by: Travis County Representing: Travis County	08/01/04	12/02/08	12/21/12
Thomas Coopwood, M.D. Contact Phone: (512) 345-1316 E-mail Address: tcoopwood1@austin.rr.com Nominated by: Mayor Lee Leffingwell Representing: City resident, if applicable	01/01/08	12/08/11	12/31/14
Katrina Daniel Contact Phone: (512) 619-8638 E-mail Address: katrina.daniel@sbcglobal.net Nominated by: Mayor Lee Leffingwell	07/23/09	01/27/11	12/31/14
Clarke Heidrick Contact Phone: (512) 480-5636 E-mail Address: cheidrick@gdhm.com Nominated by: Travis County Representing: Travis County	08/01/05	12/29/09	12/31/13
Lynne Hudson Contact Phone: (512) 000-0000 E-mail Address: l.hudson@sbcglobal.net Nominated by: Mayor Lee Leffingwell	04/21/11		12/31/13
Rebecca Lightsey Contact Phone: (512) 473-2800 E-mail Address: rlightsey@texasappleseed.net Nominated by: Travis County Representing: Travis County	03/18/11	10/25/11	12/31/15

ATTACHMENT B

TRAVIS COUNTY COMMISSIONERS COURT TRAVIS COUNTY HEALTHCARE DISTRICT (CENTRAL HEALTH) BOARD OF MANAGERS APPOINTMENT Proposed Process and Timetable

2012

November 13 Commissioners Court adopts selection process for TCHD Board of Managers appointment and issues Call for Applications

December 14 Deadline for submission of applications

December 18 IGR updates Court on status of applications
Court appoints task group to review applications

2013

January 15 Task Group updates Court on its review of applications
Court decides how many, which candidates to interview

January 17 or
January 24 Commissioners Court work session interviews with finalists (if necessary)

- 40-minute interviews with each candidate
- Prepared list of questions to be asked of each candidate
- Open, but untelevised, session

January 29 Commissioners Court selects Travis County appointee to Central Health Board of Managers for a term ending on December 31, 2016.

ATTACHMENT C

**TRAVIS COUNTY
COMMISSIONERS COURT**

Appointment to the

**CENTRAL HEALTH/TRAVIS COUNTY
HEALTHCARE DISTRICT (TCHD)
BOARD OF MANAGERS**

Proposed Applications Documents
Wednesday, November 7, 2012
For Court Consideration and Action on
Tuesday, November 13, 2012

**Travis County
Commissioners Court**



APPLICATION PACKET

for

**Appointment to the
Travis County Healthcare
District (Central Health)
Board of Managers**

November 13, 2012

November 13, 2012

TO: Potential Applicants

FROM: Travis County Commissioners Court

SUBJECT: **Travis County Healthcare District Board of Managers
Application Process, Timeline and Application**

Attached is the Travis County Healthcare District Board of Managers Application Packet. Included in the packet are:

1. a description of Central Health's history and mission;
2. a summary of the qualifications the County is seeking in its appointees;
3. an application form; and,
4. a conflict of interest affidavit which must be completed and notarized by the applicant.

NOTE: Finalists for the appointment also will have to complete and submit to the Commissioners Court a Personal Financial Statement (PFS) form.

**The deadline for receipt of completed applications is
4:00 p.m. on Friday, December 14, 2012.**

Applications may be submitted to:

Travis County Commissioners Court
Attn: Intergovernmental Relations Office
700 Lavaca, Suite 360
Austin, Texas 78701

Applications may also be submitted electronically in PDF format to:

IGR@co.travis.tx.us

Electronic copies of this packet can be requested by calling Deece Eckstein at (512) 854-9754 or emailing Deece.Eckstein@co.travis.tx.us. Also, paper copies of the application packet can be picked up at the IGR Office address noted above.



Call for Applications to the Travis County Healthcare District (Central Health) Board of Managers

The Travis County Commissioners Court seeks applications from qualified individuals to serve on the nine-member Board of Managers (The Board) of the Travis County Healthcare District (Central Health). Four members of the Board are appointed by Travis County, four by the City of Austin, and a consensus candidate is jointly appointed by the Commissioners Court and Austin City Council. One Travis County appointment to the Board of Managers becomes available on January 1, 2013. The appointee will serve for a term of four years, from January 1, 2013 through December 31, 2016.

These nine appointees serve as the Board of Managers and organize, plan and supervise Central Health. All District Managers must understand the unique role of Travis County in the District. The District's financial statements are a part of the Travis County's consolidated financial statement that is presented annually to major national bond rating firms. The Court has the right under the legislation creating the District to prescribe the method of purchasing and expenditures and accounting and control procedures for the District unless it delegates its power to do so to the District. The District is intended to promote transparency and accountability to the public in the provision of health care. Information regarding the District's calendar, scheduled meetings and minutes of past meetings is available at <http://www.centralhealth.net/meetings.html>.

The Travis County Commissioners Court seeks individual(s) who will represent all the stakeholders of the County. The Court's goal is to achieve geographic, gender and constituent diversity on the Board to reflect the overall diversity of the County. Members of the Board must provide exceptional vision, possess excellent business and administrative skills, and be active in community affairs. Board members must be team members and work with all Central Texas health care providers, reflecting local sensitivities in their decision-making process.

Candidates must not only instantly command the confidence of the Travis County citizens, but also have the respect of the local health care, business, financial, professional, and governmental sectors. Members must possess outstanding business judgment and unquestionable integrity.

The finalist's selection by the Commissioners Court will be contingent upon the finalist completing and submitting to the Court a [Personal Financial Statement Form \(PFS 2013\)](#).

**TRAVIS COUNTY HEALTHCARE DISTRICT (D/B/A CENTRAL HEALTH)
BOARD OF MANAGERS
APPOINTMENT APPLICATION**

(Applications must be submitted in this format. Please do not retype or reformat.)

Name:		
Spouse's Name:		
Home Telephone #	Work Telephone #	Fax #
Email Address		Cellular # (Optional)
Present Job title & job description: 		
Profession:		
Home Address (STREET/P.O. BOX, CITY, STATE, ZIP)		Employer and Employer's Address
County:		

EDUCATION/TRAINING:

High School or equivalent (G.E.D.)	
Undergraduate School:	Year Graduated:
Graduate School:	Year Graduated:
Licenses/Certifications:	Year Obtained:

Name:

EMPLOYMENT AND CAREER HISTORY (include administrative and finance experience):

CURRENT PROFESSIONAL MEMBERSHIPS:

PUBLIC SERVICE (include participation in local, state, and federal governmental processes):

CIVIC PARTICIPATION:

Name:

COMMUNITY LEADERSHIP ROLES:

HEALTH AND/OR HUMAN SERVICES EXPERIENCE AND/OR KNOWLEDGE:

BUSINESS ACHIEVEMENT (specifically entrepreneurial and investment):

NOTE: PLEASE ATTACH A RESUME.

**TRAVIS COUNTY HEALTHCARE DISTRICT (D/B/A CENTRAL HEALTH)
BOARD OF MANAGERS
APPOINTMENT APPLICATION**

Name:					
Date of Birth	Driver's License # or DPS I.D. #	Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ethnicity: (Optional)	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	Other: _____

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give Travis County full authority to conduct background investigations pertinent to this application.

Printed Name

Applicant's Signature

Date

**Return completed application and attachments via mail to:
Travis County Commissioners Court
Attention: Intergovernmental Relations Office
700 Lavaca Street, Suite 360
Austin, Texas 78701**

Or via email to IGR@co.travis.tx.us.

CENTRAL HEALTH
BOARD OF MANAGERS
CONFLICT OF INTEREST DISCLOSURE AFFIDAVIT

STATE OF TEXAS §
COUNTY OF TRAVIS §

On this day, _____ appeared before me, the undersigned notary public, and after I administered an oath, upon his/her oath, he/she said:

"My name is _____. I am competent to make this affidavit. The responses to the questions stated in this affidavit are within my personal knowledge and are true and correct. In this affidavit, "District" means the Travis County Hospital District d/b/a Central Health and "Board" means the Board of Managers of the District. I am making this affidavit to disclose potential conflicts of interest that might affect my ability to serve on the Board and to verify that I meet all eligibility requirements for appointment to the Board.

"I understand that providing no information in the space provided in items 4 through 25 is a statement that these circumstances do not apply to either my spouse or me as applicable and I affirm that all of the following statements are true and correct.

1. I reside in Travis County, Texas.

EMPLOYMENT

2. I am not an elected official.

3. My **spouse's** employer is _____.

My **spouse** works in _____ (department).

My **spouse's** position title is _____.

FINANCIAL RELATIONSHIPS

4. If my employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

District _____

City of Austin _____

Travis County _____

Ascension Health (Seton Healthcare Network or its affiliates) _____

Columbia Healthcare Systems (St. David's Hospital) or one of its affiliates

University of Texas Medical Branch

Another healthcare provider that has or is likely to have a financial relationship with District (specify provider also) _____

5. If my **spouse's** employer has, or is expected to have, a financial relationship (other than as a taxpayer) with any of the following entities, I have marked an X in the box preceding the entity and stated the financial relationship:

District _____

City of Austin _____

Travis County _____

Ascension Health (Seton Healthcare Network or its affiliates) _____

Columbia Healthcare Systems (St. David's Hospital) or one of its affiliates

University of Texas Medical Branch

Another healthcare provider that has or is likely to have a financial relationship with District (specify provider also) _____

6. If I intend to seek a business arrangement with the District, the type of business is stated below:

7. If my **spouse** intends to seek a business arrangement with the District, the type of business is stated below:

8. If I do work for or participate in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from District; the name of the organization, the entity providing funds and the type of funding are stated below:

9. If my **spouse** does work for or participates in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from District; the name of the organization, the entity providing funds and the type of funding are stated below:

INDEPENDENCE

10. If I am employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

11. If my **spouse** is employed or engaged in a business or professional activity that might cause me to disclose confidential information acquired as a result of my being a member of the Board, the name of the business or activity is stated below:

12. If I am employed or engaged in any activity that could significantly impair my independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

13. If my **spouse** is employed or engaged in any activity that could significantly impair my

independence of judgment in the performance of my official duties as a member of the Board, the name of the activity is stated below:

14. If I own an interest in real property that is expected to be acquired for a District project, the location of the property is stated below:

15. If my **spouse** or **minor children** own an interest in real property that is expected to be acquired for a District project, the location of the property is stated below:

16. If I have material personal investments that could create a conflict between my private interests and the interests of the District, the type and extent of those investments is stated below:

17. If my **spouse** or **minor children** have material personal investments that could create a conflict between their private interests and the interests of the District, the type and extent of those investments is stated below:

18. If I own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from District, the name and percentage of ownership of those companies are stated below:

19. If my **spouse** or **minor children** own or control, either directly or indirectly, more than 10% of the stock or shares of a company that receives funds from Travis County or the City of Austin or is expected to receive funds from District, the name and percentage of ownership of those companies are stated below:

20. If I use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from the District, the type and approximate annual quantity are stated below:

21. If my **spouse** or **minor children** use or receive a substantial quantity of goods or services from Travis County or the City of Austin, or expect to receive a substantial quantity of goods or services from the District, the type and approximate annual quantity are stated below:

LOBBYING AND CONSULTING

22. If I am an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

23. If my **spouse** is an owner, officer, employee, manager or paid consultant of any association either involved in the field of health care services or supplies, or lobbying for health care services, my position and the name of the association are stated below:

24. If, currently or during the last three years, I am or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my activities and on whose behalf they were provided are stated below:

25. If, currently or during the last three years, my **spouse** is or was a lobbyist for compensation at or on behalf of Travis County or the City of Austin, my **spouse's** activities and on whose behalf they were provided are stated below:

26. I understand that the District will be a component unit of Travis County for financial statement purposes. As such, I am willing to complete the disclosure of related party transactions with the District annually so that Travis County can comply with the requirements of Financial Accounting Standard 57.

Signature

Printed Name: _____

SWORN TO and SUBSCRIBED before me by _____ on _____, 201__.

Notary Public in and for the State of Texas

ATTACHMENT D



TRAVIS COUNTY COMMISSIONERS COURT

RON DAVIS
Commissioner, Pct. 1

SAMUEL T. BISCOE
County Judge

SARAH ECKHARDT
Commissioner, Pct. 2

KAREN HUBER
Commissioner, Pct. 3

MARGARET J. GÓMEZ
Commissioner, Pct. 4

November 13, 2012

The Honorable Lee Leffingwell
The Honorable Sheryl Cole
The Honorable Laura Morrison
The Honorable Bill Spelman
Austin City Hall
P. O. Box 1088
Austin, TX 78767

The Honorable Mike Martinez
The Honorable Chris Riley
The Honorable Kathie Tovo

Dear Mayor and Councilmembers:

As you know, the Austin City Council and the Travis County Commissioners Court jointly make one appointment to the nine-member Central Health Board of Managers. This joint appointment symbolizes our partnership in promoting the health of our community through the healthcare district, and embodies our commitment to supporting the district with our vision, talent and dedication.

Anthony Haley is the current city-county appointee to the Central Health Board, and the Commissioners Court supports his reappointment. Although there is no formal reappointment process in place, we hope that an exchange of letters expressing support for his reappointment will be enough to allow both governing bodies to act. If the City Council does not wish to see Mr. Haley reappointed, we want to work closely with you to expeditiously fill the joint appointment on this very important board.

If we receive positive direction from you, the Commissioners Court intends to reappoint Anthony for a term to run from January 1, 2013 to December 31, 2016. We look forward to your response.

On Behalf of the Court,

SAMUEL T. BISCOE
County Judge