



Travis County Commissioners Court Agenda Request

Meeting Date: Tuesday, October 15, 2013
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 ON TRAVIS COUNTY APPOINTMENT TO THE CENTRAL HEALTH BOARD OF MANAGERS, INCLUDING CHANGES TO THE APPLICATION DOCUMENTS.

BACKGROUND/SUMMARY OF REQUEST: 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 term of **Clarke Heidrick**, a Travis County appointee, will expire on December 31, 2013. Mr. Heidrick has been a member of the Board of Managers since December 1, 2005.

Appointments to the Central Health Board of Managers are governed by the Uniform Appointment Process.

IGR RECOMMENDATIONS: IGR recommends that the Court:

1. Continue the policy requirement that appointees to the Central Health Board of Managers complete and submit to the County Clerk a Personal Financial Statement as a precondition to their appointment taking effect.
2. Approve the proposed process and timetable (ATTACHMENT B) for the recruitment, vetting and selection of a member of the Central Health Board;
3. Approve the attached drafts of a Call for Applications, Application, and Conflict of Interest Affidavit (ATTACHMENT C); and,

4. Issue a Call for Applications for a position on the Central Health/TCHD Board of Managers, with an application deadline of Friday, November 15, 2013.

ISSUES AND OPPORTUNITIES:

1. Requirement of completion of a Personal Financial Statement

Currently, the Court requires applicants to the Central Health Board of Managers to complete three documents relating to their financial interests:

- a) a Conflict of Interest Disclosure Affidavit, completed as part of the application process;
- b) a Disclosure of Related Party Transactions (DRPT) form, completed annually by appointees as required by Financial Accounting Standards Board (FASB) rules; and,
- c) a Personal Financial Statement (PFS) on a [form](#) promulgated by the Texas Ethics Commission, completed after their appointment and filed with the County Clerk before the appointment can take effect.

In reviewing the application documents prior to bringing forward this agenda item, IGR consulted with the County Auditor and the County Attorney, who advised that PASF no longer requires Central Health appointees to complete the DRPT form. We have modified the application documents to reflect this change.

We also discussed whether the PFS requirement was necessary or should continue. Although there is no legal requirement that the form be completed, it has been the Commissioners Court's longstanding policy to do so.

IGR recommends that the Court continue the policy requirement that appointees to the Central Health Board of Managers complete and submit to the County Clerk a Personal Financial Statement as a precondition to their appointment taking effect.

2. Appointment to the Central Health Board of Managers

Central Health 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
- ★ One term expiring at the end of 2013¹
 - [Clarke Heidrick](#), served since 2005
- ★ Subject to the Uniform Appointment Process

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 believes it can meet those criteria and still allow the Court to take action on an appointment before Mr. Heidrick's term expires on December 31.

IGR recommends that the Court approve the attached process and timetable for this appointment, as well as the attached application documents.

FISCAL IMPACT AND SOURCE OF FUNDING: No fiscal impact.

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

John Hille, Transactions Division Director
County Attorney's Office
Phone: 854-9642
Email: John.Hille@co.travis.tx.us

Prema Gregerson
County Attorney's Office
Phone: 854-9224
Email: Prema.Gregerson@co.travis.tx.us

¹ The term of [Lynne Hudson](#), an Austin City Council appointee, also expires at the end of 2013.

Beth Devery
County Attorney's Office
Phone: 854-6654
Email: Beth.Devery@co.travis.tx.us

Ann-Marie Price, Director of Government Affairs
Central Health
Phone: 978-8179
Email: annmarie.price@centralhealth.net

ATTACHMENTS:

- A. Current roster of Central Health Board of Managers members, October 9, 2013.
- B. Proposed Process and Timetable for making an appointment to the Central Health Board of Managers, Fourth Quarter 2013.
- C. Proposed Application 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.

ATTACHMENT A

Central Health Board of Managers

Current Membership	First Appointed	Date(s) Reappointed	Term Expires
Rosie Mendoza, Chair Contact Phone: E-mail Address: Nominated by: Mayor Lee Leffingwell Representing: City resident, if applicable	08/01/04	03/05/09	12/31/16
William "Kirk" Kuykendall, J.D. Contact Phone: E-mail Address: Nominated by: Outside Representing: City Council & Travis County	06/07/13		12/31/16
Brenda Coleman-Beattie, Treasurer Contact Phone: Nominated by: Travis County Representing: Travis County	03/31/09	10/05/10	12/31/15
Guadalupe Zamora, M.D. Contact Phone: Email Address: Nominated by: Travis County Representing: Travis County	01/15/13		12/31/16
Thomas Coopwood, M.D. Contact Phone: E-mail Address: Nominated by: Mayor Lee Leffingwell Representing: City resident, if applicable	01/01/08	12/08/11	12/31/14
Katrina Daniel Contact Phone: E-mail Address: Nominated by: Mayor Lee Leffingwell	07/23/09	01/27/11	12/31/14
Clarke Heidrick Contact Phone: E-mail Address: Nominated by: Travis County Representing: Travis County	08/01/05	12/29/09	12/31/13
Lynne Hudson Contact Phone: E-mail Address: Nominated by: Mayor Lee Leffingwell	04/21/11		12/31/13
Rebecca Lightsey Contact Phone: E-mail Address: 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
Fourth Quarter, 2013**

2013

- | | |
|-------------------------------|--|
| October 15 | Commissioners Court adopts selection process for Central Health Board of Managers appointment and issues Call for Applications |
| November 15 | Deadline for submission of applications |
| November 19 | IGR updates Court on status of applications
Court appoints task group to review applications |
| December 3 | Task Group updates Court on its review of applications
Court decides how many, which candidates to interview |
| December 10 or
December 12 | Commissioners Court work session interviews with finalists (if necessary) <ul style="list-style-type: none">• 40-minute interviews with each candidate• Prepared list of questions to be asked of each candidate• Open, but untelevised, session |
| December 17 | Commissioners Court selects Travis County appointee to Central Health Board of Managers for a term ending on December 31, 2017. |

ATTACHMENT C

**TRAVIS COUNTY
COMMISSIONERS COURT**

Appointment to the

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

Proposed Applications Documents
Thursday, October 10, 2013
For Court Consideration and Action on
Tuesday, October 15, 2013

**Travis County
Commissioners Court**



APPLICATION PACKET

for

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

October 15, 2013

October 15, 2013

TO: Interested Parties

FROM: Travis County Commissioners Court

SUBJECT: **Travis County Healthcare District (Central Health) Board of Managers Application Process, Timeline and Application**

Attached is the Travis County Healthcare District (Central Health) 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 before they may assume their duties.

The deadline for receipt of completed applications is 4:00 p.m. on Friday, November 15, 2013.

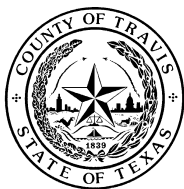
Applications may be submitted to:

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 ninth member 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, 2014. The appointee will serve for a term of four years, from January 1, 2014, through December 31, 2017.

These nine appointees serve as the Board of Managers and organize, plan and supervise Central Health. All Central Health Managers must understand the unique role of Travis County in the District. 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 individuals 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 RÉSUMÉ.

**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, "Central Health" means the Travis County Hospital District d/b/a Central Health and "Board" means the Board of Managers of Central Health. 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:

Central Health _____

City of Austin _____

Travis County _____

Ascension Health (Seton Healthcare Family or its affiliates) _____

Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates

University of Texas System _____

Another healthcare provider that has or is likely to have a financial relationship with Central Health (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:

Central Health _____

City of Austin _____

Travis County _____

Ascension Health (Seton Healthcare Family or its affiliates) _____

Hospital Corporation of America/HCA (St. David's Hospital) or one of its affiliates

University of Texas System _____

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

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

7. If my **spouse** intends to seek a business arrangement with Central Health, 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 Central Health, 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 Central Health, 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 Central Health 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 Central Health 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 Central Health, 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 Central Health, 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 Central Health, 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 Central Health, 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 Central Health, 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 Central Health, 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:"

Signature

Printed Name: _____

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

Notary Public in and for the State of Texas