

FEB 26 2009 10:41 TRAVIS COUNTY ATTORNEY 11:00

TRAVIS COUNTY HEALTHCARE DISTRICT BOARD OF MANAGERS

AGENDA

Thursday, February 26, 2009
5:30 p.m.

Granger Building, First Floor, Commissioners Courtroom
314 West 11th Street
Austin, Texas 78701

CITIZENS' COMMUNICATION

CONSENT AGENDA

Notice to Public

All matters listed under the CONSENT AGENDA will be considered by the Board of Managers to be routine and will be enacted by one motion. There will be no separate discussion of these items unless members of the Board or persons in the audience request specific items be moved from the CONSENT AGENDA to the REGULAR AGENDA for discussion prior to the time the Board of Managers votes on the motion to adopt the CONSENT AGENDA.

- C1. Approve minutes for the following meetings of the Travis County Healthcare District Board of Managers:
 - a. December 18, 2008 and
 - b. January 8, 2009.
- C2. Receive the January 2009 Investment Report and ratify Healthcare District investments for January 2009.
- C3. Approve a recommendation for the process for the required annual broker/dealer review and selection of approved broker/dealers under the District's Investment and Collateral Policies and Procedures for the coming year.

REGULAR AGENDA*

- 1. Receive, discuss and take appropriate action regarding establishing a certificate of deposit with Chase bank to secure procurement cards for CommUnityCare business use.
- 2. Discuss and take appropriate action regarding the District's purchasing of NextGen software licenses, related programming and installation at Seton specialty clinics in the University Medical Center at Brackenridge (UMCB) and UMCB Clinical Education Center (CEC) campuses to significantly improve the exchange of clinical referral information of CommUnityCare clients to specialty care providers.

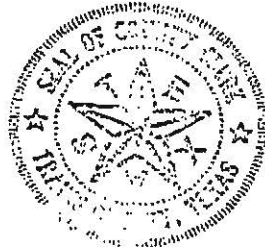
3. Discuss and take appropriate action regarding a request from Daughters of Charity Health Services of Austin d/b/a Seton for approximately \$350,000 to support funding the expansion of reconstructive and plastic surgery programs on the campus of the University Medical Center Brackenridge that will help enable University Medical Center Brackenridge obtain Level 1 trauma status.
4. Receive, discuss and take appropriate action regarding:
 - a. a recommendation from the *ad hoc* Nominations Committee concerning a determination as to whether the Travis County Healthcare District Board of Managers desires to elect a Chairperson-Elect;
 - b. elect a Chairperson, a Chairperson-Elect, if desired, a Vice-Chairperson, and a Treasurer of the Board of Managers; and
 - c. Appoint a Secretary of the Travis County Healthcare District Board of Managers.
5. Discuss the process and timeline for the District President and CEO's annual evaluation.
6. Receive and discuss the CEO's report on the following District activities: (a) procurement activity; (b) the Integrated Care Collaboration's ICC Priority Projects Report; (c) communications/outreach statistics for January 2009; (d) the Psychiatric Services Stakeholders meetings; and (e) the evaluation of the E-merge program.
7. Receive and discuss reports from the Board committees: *ad hoc* Community Care Services Department Transition Committee, Audit and Compliance Committee, Budget and Finance Committee, and Legislative Committee (including a report from HillCo Partners, the District's legislative consultant, on current and anticipated legislative and executive branch, including state agency activities).
8. An update on the status of the transfer of the City of Austin Community Care Services Department to the District.
9. Discuss and take appropriate action regarding the following proposed leases of community health centers from the City of Austin:
 - a. A K Black Community Health Center,
 - b. Rosewood-Zaragosa Community Health Center,
 - c. South Austin Community Health Center,
 - d. East Austin Community Health Center,
 - e. Austin Resource Center for the Homeless, and
 - f. RBJ Building, Community Health Center Administrative Offices, 5th Floor.
10. Discuss and take appropriate action regarding the following proposed transfers of real property from the City of Austin:
 - a. David Powell Community Health Center, and
 - b. Four tracts of land gifted for the benefit of Brackenridge by Nelson Puett, Jr. (Puett Tracts).
11. Discuss and take appropriate action regarding the proposed Conveyance of Montopolis Clinic Building and Ground Lease Agreement and Access Easement between the City of Austin and the Travis County Healthcare District.

12. Discuss and take appropriate action regarding the following proposed leases of community health centers from Travis County, Texas:
 - a. Manor Community Health Center (East Clinic),
 - b. Pflugerville Community Health Center (North Clinic),
 - c. Oak Hill Community Health Center (West Clinic), and
 - d. Del Valle Community Health Center (South Clinic).
13. Discuss and take appropriate action regarding the proposed Fifth Amendment to the Interlocal Agreement between Travis County Healthcare District and Travis County, Texas.
14. Discuss and take appropriate action regarding the proposed Interlocal Agreement for Close-Out and Post-Transition Services with the City of Austin;
15. Discuss and take appropriate action regarding the proposed lease assignment agreement with Austin Geriatric Center, Inc. for the RBJ Dental facility.
16. Discuss and take appropriate action regarding the proposed Interlocal Agreement with the City of Austin for Emergency Medical Services.
17. Discuss and take appropriate action regarding the employment of physicians, dentists or other health care providers.
18. Discuss and take appropriate action regarding revised Personnel Policies.
19. Confirm the next regular Board meeting date, time, and location.

* The Board of Managers may take items in an order that differs from the posted order.

Note 1, Possible Executive Session discussion

The Board of Managers may consider any matter posted on the agenda in Executive Session if there are issues that require consideration in Executive Session and the Board announces that the item will be considered during Executive Session.



Came to hand and posted on a Bulletin Board in the Courthouse,
 Austin, Travis County, Texas on this the 20th day of
February 2009
 Dana DeBeauvoir
 County Clerk, Travis County, Texas
 By Raymond Limon Deputy

R. Limon



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item C1

**Approve minutes for the following meetings of the
Travis County Healthcare District Board of Managers:
(a) December 18, 2008 and (b) January 8, 2009.**

(Back-Up – Minutes)

MINUTES OF MEETING – DECEMBER 18, 2008

TRAVIS COUNTY HEALTHCARE DISTRICT
BOARD OF MANAGERS MEETING

On Thursday, December 18, 2008, a regular meeting of the Travis County Healthcare District Board of Managers convened in open session at 11:08 a.m. in the Cesar Chavez Board Conference Room, 1111 East Cesar Chavez, Austin, Texas 78752. A quorum of the Board was present. Secretary Lancaster was present, and Vice-Chairperson Coopwood presided in Chairperson Richie's absence until Chairperson Richie joined the meeting. Clerk for the meeting was Margo Davis.

CITIZENS' COMMUNICATION

Clerk's Notes: The following individuals spoke during Citizens' Communication: Betty Dunkerley, a former Austin City Councilmember; Bruce Todd, a former Mayor of the City of Austin ; Linda Messier, a Gracywoods neighborhood resident; Cynthia Valadez, a representative of Mothers Against Discrimination and Racism in Education and Society (M.A.D.R.E.S.); Jill Ramirez, a representative of Mothers Against Discrimination and Racism in Education and Society (M.A.D.R.E.S.); Edna Irueyas, Chair of Unidos of Austin; Charles Thornton, a Walnut Creek resident; David Siegel, Travis County constituent; Tina Kubicek, a Gracywood neighborhood resident; Francoise Luca, a Gracywood neighborhood resident; Andy Martinez, Greater Austin Hispanic Chamber of Commerce President/CEO; Jesus Garza, Seton Family of Hospitals Executive Vice President and Chief Operating Officer and University Medical Center at Brackenridge President/CEO; and Thuy Phan, Vietnamese American Community of Austin Texas (VACAT) President.

Treasurer Mendoza entered the meeting during Citizens' Communication.

There being no additional citizens signed up to address the Board, Treasurer Mendoza moved that the Board close Citizens' Communication. Secretary Lancaster seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	Absent
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

CONSENT AGENDA

- C1. Approve minutes for the following meetings of the Travis County Healthcare District Board of Managers: (a) October 23, 2008 and (b) November 13, 2008.**
- C2. Receive the November 2008 Investment Report and ratify Healthcare District Investments for November 2008.**
- C3. Approve a proposed Amendment and Renewal of the Professional Strategic Planning Consulting Services Agreement with Health Management Associates.**
- C4. Approve a proposed Amendment and Renewal of the Professional Mental Health Consulting Services Agreement with Health Management Associates.**
- C5. Approve the proposed Renewal and Fourth Amendment of the Professional Services Agreement between Travis County Healthcare District and HillCo Partners.**
- C6. Approve a proposed renewal and amendment to the Contract for Primary Care Services with El Buen Samaritano Episcopal Mission.**
- C7. Approve the Fiscal Year 2009 Strategic Plan Update.**
- C8. Approve proposed amendments to the Travis County Healthcare District Board of Managers Bylaws.**
- C9. Receive the November 2008 Travis County Healthcare District financial statements.**
- C10. Approve a regular meeting schedule for the Travis County Healthcare District Board of Managers for 2009.**
- C11. Appoint an ad hoc Nominations Committee composed of Bobbie Barker, Clarke Heidrick, and Frank Rodriguez to nominate Travis County Healthcare District Board of Managers officers.**

Clerk's Notes: Manager Barker moved that the Board approve Consent Agenda items C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, and C11. Manager Patrick seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	Absent
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For

Unapproved

Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

REGULAR AGENDA

1. Discuss and take appropriate action regarding the purchase of property for the North Central Community Health Center.

Clerk's Notes: This item was taken out of order after Chairperson Richie joined the meeting.

Patricia Young Brown, District President and CEO, led the discussion by explaining the relationship between the District and the Community Health Centers (CHCs) and the reason for the property acquisition. The District arranges for healthcare services for Travis County residents who are not eligible for other private or public insurance programs. As the provider for these services, the District has a relationship with the CHCs, which are Federally Qualified Health Centers (FQHCs), to provide primary care services to eligible Travis County residents. The CHCs operate and manage the community health centers and provide a variety of healthcare services. The acquisition of the property for the North Central Community Health Center has created an opportunity for the District and the CHCs to continue to increase the level of services that are provided to the community.

Larry Wallace, District Associate Administrator, and Leslee Froehlich, City of Austin Community Care Services Department Chief Operating Officer, explained the process and current status of the property acquisition. The inadequacy of the current Northeast CHC physical facility is well documented and evaluated. A feasibility study that evaluated renovating and expanding the current Northeast CHC location concluded that it would be fiscally imprudent to invest significant expenditures to improve this leased facility and that the facility could not be expanded sufficiently to meet anticipated needs. Therefore, the decision was made to replace the Northeast CHC and expand the facility and services at a new facility located at Braker Lane, which will be cost efficient, in proximity to current and future patients, and functional to meet patient demand.

Hal Katz, FQHC Board Chair, explained the process the FQHC Board used in approving the proposed Barker Lane site for the North Central Community Health Center. The FQHC Board has 15 members, a majority of whom are active patients representing the various center locations. The FQHC Board serves an important role by advocating for the centers and helping to establish cooperative, working relationships with others.

Unapproved

Henry Narvaez, FQHC Board member and consumer, explained his experience in the community care system from a consumer and board member perspective. The new center will expand services to an area that is in need of healthcare.

John Sanford, the sellers' representative, stated that the sellers have turned down multiple offers for retail development so that the local school, church and neighborhoods would not be affected by a high-density retail environment. The District has worked very hard to mitigate as many development concerns for the neighborhood as possible.

Vice-Chairperson Coopwood moved that the Board convene in a closed meeting to discuss agenda item 1 under Section 551.071 of the Texas Government Code, Consultation with Attorney. Manager Heidrick seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

The Board convened in a closed meeting at 1:32 p.m. and re-convened in open session at 2:30 p.m.

Manager Patrick moved that the Board authorize the District President and CEO to take all actions necessary to close on the purchase of the property located at 1210 West Braker Lane. Vice-Chairperson Coopwood seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

Manager Rodriguez recommended that the District maintain a presence in Northeast Austin, either at the existing Northeast CHC site or at a nearby location. A process should be established to include the involvement of the Board and members of the

Unapproved

Northeast Austin area to evaluate the physical and spatial requirements for a CHC in Northeast Austin to determine the best way to meet those requirements, including possibly re-locating the current CHC, expanding or repairing the current CHC, and taking any actions needed to negotiate the determined course of action with the landlord. He also recommended that the process include a determination of the need for and location of a CHC in North Central Austin, including a determination of physical and programming needs, scale, and services to be provided at this community health center.

Gary Martin, Assistant Travis County Attorney, explained the terms of the current lease for the Northeast Austin Community Health Center. The City of Austin is the lessee until the operations of the CHCs are transferred to the new 501(c)(3) corporation at which time the District will become the tenant instead of the City of Austin. Larry Wallace, Gary Martin, and City of Austin personnel negotiated the renewal of the lease and extended its term to five years from July 2008. The lease has a provision that permits termination after three years with designated notice.

A friendly amendment was proposed by Manager Heidrick that the Board direct staff to address three points, prior to construction of the North Central Community Health Center: (1) develop and implement, with input from the Board, a process that will engage the Braker Lane neighbors in constructive dialogue about how the site should be developed toward the end of arriving at some agreement that in some way shows what the parties agreed to and that will hold people accountable to what was discussed; (2) provide the Board with an evaluation of the facility costs, an analysis and comparison of the efficiencies for a facility of this magnitude; and (3) that staff develop a process that engages the Braker Lane neighbors, Northeast Clinic neighbors, and various stakeholders in the Northeast Austin area that results in a thorough understanding of healthcare needs in Northeast Austin and a plan that addresses those needs in an appropriate way. Manager Barker seconded the motion. The motion was adopted, as amended, on the following vote:

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

Vice-Chairperson Coopwood expressed that the District and the Board of Managers have made every effort to find the perfect site, and since that site has been found, the District and the Board have made every effort to rectify any issues regarding the site. He advised that the District, the Board and the neighbors must work together to make this a good development process, and that the amended motion made by Manager

Unapproved

Heidrick does not hinder the project development process because [if] the parties cannot reach an agreement.

2. **Discuss and take appropriate action regarding: (i) proposed leases of community health centers from the City of Austin and Travis County; (ii) an update on the status of the transfer of the City of Austin Community Care Services Department to the District; and (iii) an update on retirement issues affecting the transitioning City employees.**

Clerk's Notes: Vice-Chairperson Coopwood moved that the Board convene in a closed meeting to discuss agenda item 2 under Section 551.071 of the Texas Government Code, Consultation with Attorney. Manager Barker seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

The Board convened in a closed meeting at 2:45 p.m. and re-convened in open session at 3:10 p.m. No action was taken on Agenda Item 2.

3. **Discuss and take appropriate action regarding a Services Agreement between Daughters of Charity Health Services of Austin and the Travis County Healthcare District for housekeeping services at the Red River Community Health Center and a proposal to exempt that Agreement from the District's competitive procurement requirements.**

Clerk's Notes: Vice-Chairperson Coopwood turned the Chairperson's role over to Secretary Lancaster for this item and neither participated in the discussion nor voted on this item.

Mr. Wallace briefly explained the scope of services for the housekeeping services agreement. With the anticipated opening of the Red River CHC, housekeeping services that meet clinical healthcare standards will be required. Seton provided housekeeping services when it housed the urgent care center, and the District would like to continue these services as it anticipates the opening of the Red River CHC in January. This agreement is a cost-effective solution given the CHC's proximity to Brackenridge and due to time constraints, the District will need to exempt the agreement from the regular competitive procurement requirements.

Unapproved

Manager Heidrick moved that the Board approve a Services Agreement between Daughters of Charity Health Services of Austin and the Travis County Healthcare District for housekeeping services at the Red River Community Health Center as presented by staff, exempt that Agreement from the District's competitive procurement requirements, and authorize the District President and CEO to negotiate and execute a final agreement on terms similar to those presented or on terms more favorable to the District. Treasurer Mendoza seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	Absent
Vice-Chairperson Tom Coopwood	Abstain
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

4. Approve a proposed Agreement for Specialty Care Services between the Travis County Healthcare District and Daughters of Charity Health Services of Austin d/b/a University Medical Center at Brackenridge.

Clerk's Notes: Vice-Chairperson Coopwood turned the Chairperson's role over to Secretary Lancaster for this item and neither participated in the discussion nor voted on this item.

Mr. Wallace provided an overview of the proposed agreement for specialty care services with University Medical Center at Brackenridge. This agreement was negotiated to address the high demand for specialty care services and long wait times for appointments. To assist in meeting this demand, Seton is establishing additional specialty care capacity within the newly opened Paul Bass Clinic. The services that will be provided through this new facility will include gastroenterology, orthopedics, ENT, endocrinology, rheumatology, pulmonology, and cardiology. The services are scheduled to begin January 1, 2009, with the exception of pulmonology and cardiology which will begin at a mutually-agreed upon date. Patients who require specialty care services will be referred to a specialty care physician by their primary care physician.

Treasurer Mendoza moved that the Board approve an Agreement for Specialty Care Services between the Travis County Healthcare District and Daughters of Charity Health Services of Austin d/b/a University Medical Center at Brackenridge as presented by staff and authorize the District President and CEO to negotiate and execute a final agreement on terms similar to those presented or on terms more favorable to the District. Manager Heidrick seconded the motion. The motion was adopted on the following vote:

Unapproved

Chairperson Carl Richie	Absent
Vice-Chairperson Tom Coopwood	Abstain
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

5. Discuss and take appropriate action regarding a proposed legislative agenda for the 81st Legislative Session.

Clerk's Notes: Marsha Jones, Legislative Consultant for the District, reviewed the District's proposed legislative agenda for the 81st Legislative Session.

Manager Barker moved that the Board approve the legislative agenda for the 81st Legislative Session as presented by staff, and further moved that the Board appoint Bobbie Barker, Clarke Heidrick, Rosie Mendoza, and Trish Young as legislative liaisons for the Travis County Healthcare District and authorize those liaisons to coordinate with the District's legislative consultant as necessary to further the legislative goals as adopted by the Board. Manager Patrick seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	Absent
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

6. Discuss and take appropriate action regarding an updated proposal from White Glove Technologies d/b/a Network Logistic Inc. for information technology services.

Clerk's Notes: Donna Scarbrough, District Purchasing Administrator, provided an update on the proposed changes from Network Logistic Inc. (NLI). Since the initial proposal was received, there have been several changes that will need to be implemented to the design for information technology services. Specifically, the District will: (1) purchase network connectivity rather than subcontract it; (2) purchase servers rather than paying a fixed monthly rate over a period of time for services; and (3) purchase additional telephones to accommodate the opening of the Red River CHC

Unapproved

and the increased number of users of call center software. To manage ongoing changes, the District plans to issue task orders for additional quantities/services or contingencies as needed.

Secretary Lancaster moved that the Board approve the proposed contract changes to be incorporated in the agreement with White Glove Technologies d/b/a Network Logistic Inc. as presented by staff and authorize the District President and CEO to negotiate and execute any necessary component contracts on terms similar to those presented or on terms more favorable to the District, and further moved that the Board authorize the District President and CEO to issue task orders under the Information Technology Managed Services Contract with White Glove Technologies for additional quantities/services or contingencies as needed. Manager Heidrick seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	Absent
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

- 7. Receive and discuss the CEO's report on the following District activities: (a) procurement activity; (b) the Integrated Care Collaboration's Priority Projects for December 2008; and (c) communications/outreach statistics for November 2008.**

Clerk's Notes: Ms. Young Brown briefly explained the District's conflict-of-interest questionnaire process. She reported on ongoing staff activities, including the procurement activity and the Critical Condition Community forum that was held on November 17, 2008. She also announced that the Board will receive a report on the Integrated Care Collaboration's ongoing activities in the near future.

- 8. Receive and discuss reports from the Board committees: *ad hoc* Community Care Services Department Transition Committee, Audit and Compliance Committee, Budget and Finance Committee, and Legislative Committee (including a report from HillCo Partners, the District's legislative consultant, on current and anticipated legislative and executive branch, including state agenda, activities).**

Clerk's Notes: The Board members present reported on the discussions and activities of the committee meetings that had occurred since the last Board meeting.

- 9. Confirm the next regular Board meeting date, time, and location.**

Unapproved

Clerk's Notes: Ms. Young Brown announced that the next regular Board meeting is scheduled to be held on Thursday, January 8, 2009, at 5:30 p.m., in the District's administrative offices, 1111 East Cesar Chavez, Austin, Texas in the Board conference room.

Manager Rodriguez left the meeting prior to adjournment.

There being no further discussion or agenda items, Manager Patrick moved that the meeting adjourn. Vice-Chairperson Coopwood seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	Absent

The meeting adjourned at 3:12 p.m.

Carl S. Richie Jr., Chairperson
Travis County Healthcare District Board of Managers

ATTESTED TO BY:

Rose Lancaster, Secretary
Travis County Healthcare District Board of Managers

MINUTES OF MEETING – JANUARY 8, 2009

TRAVIS COUNTY HEALTHCARE DISTRICT
BOARD OF MANAGERS MEETING

On Thursday, January 8, 2009, a regular meeting of the Travis County Healthcare District Board of Managers convened in open session at 5:40 p.m. in the Cesar Chavez Board Conference Room, 1111 East Cesar Chavez, Austin, Texas 78702. A quorum of the Board was present. Chairperson Richie and Secretary Lancaster were present. Clerk for the meeting was Margo Davis.

REGULAR AGENDA

1. Review and accept the September 30, 2008, year-end financial statements and the accompanying external auditors' report.

Clerk's Notes: Sharon Smith, Audit Manager for Maxwell Locke and Ritter, reported on the audit of the District's financial activity for fiscal year 2008. No deficiencies in internal control that are considered a material weakness were noted, and no notable items were reported on the financial statements.

Treasurer Mendoza moved that the Board accept the September 30, 2008, year-end financial statements and the accompanying external auditor's report with one technical date change as presented by staff and the District's external auditors. Secretary Lancaster seconded the motion. The motion was adopted on the following vote:

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	Absent
Manager Clarke Heidrick	Absent
Manager Donald Patrick	Absent
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

2. Receive and discuss an update on the District's potential participation in the initial capitalization of a small employer health coverage program.

Clerk's Notes: This item was taken out of order after Manager Heidrick joined the meeting.

Ann Kitchen, Integrated Care Collaboration Executive Director, discussed the scope of the small employer health coverage program, which will be designed and launched by a regional non-profit organization. Ms. Kitchen stated that the program will increase the

Unapproved

number of insured individuals and support economic development for small employers with 2 to 50 employees in Central Texas so that they can remain competitive by offering low-cost health care coverage to their employees.

- 3. Review and discuss the Travis County Healthcare District Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis in connection with the strategic planning for the District and the timelines for strategic planning and budget preparation and adoption.**

Clerk's Notes: Trish Young Brown, District President and CEO, introduced the SWOT analysis and explained the planning activities for the upcoming year.

Elaine Carroll, District Director of Planning, explained the changes that were made to the SWOT analysis for fiscal year 2010 and reported on the status of the redesign of the District's health care coverage program.

- 4. Receive and discuss an update on development efforts related to a community healthcare education and planning process.**

Clerk's Notes: Ms. Young Brown gave an update on the development of the community planning process. In 2008 sixteen Central Texas organizations collaborated to create *Critical Condition: Central Texas* to support community awareness of issues related to access to healthcare and to support viewer ship of the PBS documentary *Critical Condition* which aired in September. On November 17, 2008, the District participated in a 90-minute televised community panel discussion at KLRU studios as a follow up to the airing of *Critical Condition*. This televised panel was comprised of key individuals from throughout the region who have an interest in ensuring that the community's health care needs are met. Texas has the highest rate of people without health insurance in the country. Next steps in this effort include creating and sustaining an action-oriented community conversation on what health care is currently available, what health care is still needed, and what actions are needed to achieve better access to health care for the community.

- 5. Discuss and take appropriate action regarding: (i) proposed leases of community health centers from the City of Austin and Travis County; (ii) an update on the status of the transfer of the City of Austin Community Care Services Department to the District; and (iii) an update on retirement issues affecting the transitions City employees.**

Clerk's Notes: Manager Rodriguez moved that the Board convene in a closed meeting to discuss agenda item 5 and 6 under Section 551.071 of the Texas Government Code, Consultation with Attorney. Treasurer Mendoza seconded the motion. The motion was adopted on the following vote:

Unapproved

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	Absent
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	Absent
Manager Clarke Heidrick	For
Manager Donald Patrick	Absent
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	For

The Board convened in a closed meeting at 6:48 p.m. and re-convened in open session at 7:27 p.m. No action was taken on Agenda Item 5 or 6.

6. Receive and discuss an update on a potential interim services expansion opportunity for northern Travis County.

Clerk's Notes: Larry Wallace, District Associate Administrator, and Leslee Froehlich, Chief Operating Officer, explained the interim approach to meeting the need for health care services in the North Central Austin region. It was reported that the Northeast Community Health Center (CHC) is unable to meet the current demand for health care services in the North Central Region, and that with economic hardship on the rise; the demand for health care services will increase with the rate of unemployment. The new North Central CHC is a future solution but not one that addresses the current health care service demand in the North Central Region. A lease of an existing medical site would bridge the current and growing health care service demand while the site on Braker Lane is developed. Opening a clinic in an existing medical site would expand convenient care hours, primary care, and, potentially, specialty care services in the North Central Austin area.

7. Confirm the next regular Board meeting date, time, and location.

Clerk's Notes: Ms. Young Brown announced that the next regularly-scheduled Board meeting is scheduled to be held on Thursday, January 22, 2009, at 5:30 p.m., in the Ned Granger Building, First Floor, Commissioners Courtroom, 314 West 11th Street, Austin, Texas 78701.

There being no further discussion or agenda items, Vice-Chairperson Coopwood moved that the meeting adjourn. Treasurer Mendoza seconded the motion. The motion was adopted on the following vote:

Unapproved

Chairperson Carl Richie	For
Vice-Chairperson Tom Coopwood	For
Secretary Rose Lancaster	For
Treasurer Rosie Mendoza	For
Manager Bobbie Barker	Absent
Manager Clarke Heidrick	For
Manager Donald Patrick	For
Manager Eduardo Sanchez	Absent
Manager Frank Rodriguez	Absent

The meeting adjourned at 7:55 p.m.

Carl S. Richie Jr., Chairperson
Travis County Healthcare District Board of Managers

ATTESTED TO BY:

Rose Lancaster, Secretary
Travis County Healthcare District Board of Managers



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item C2

**Receive the January 2009 Investment Report and ratify
Healthcare District investments for January 2009.
(Back-Up – Investment Report)**

STATE OF TEXAS)
)
COUNTY OF TRAVIS)

TRAVIS COUNTY HEALTHCARE DISTRICT

Whereas, it appears to the Board of Managers of the Travis County Healthcare District, Travis County, Texas that there are sufficient funds on hand over and above those of immediate need for operating demand,

Now, Therefore, the Board of Managers hereby orders

- 1.) that the County Treasurer of Travis County, Texas, acting on behalf of the Healthcare District, execute the investment of these funds in the total amount of \$27,224,000.00 in legally authorized securities as stipulated in the Travis County Hospital District Investment and Collateral Policy for the periods as indicated in Attachment A, which consists of 20 pages.
- 2.) that the County Treasurer, acting on behalf of the Healthcare District, take and hold in safekeeping all individual security investment instruments, relinquishing same only by order of the Board of Managers or for surrender at maturity.

Date: February 26, 2009

CHAIR, BOARD OF MANAGERS

VICE CHAIR, BOARD OF MANAGERS

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/30/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	TexStar	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	1,284,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.7802%
PRINCIPAL:	1,284,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,284,000.00	CUSIP #:	N/A
TRADE DATE:	1/30/2009	SETTLEMENT DATE:	1/30/2009

AUTHORIZED BY:


CASH INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/30/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	500,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.0300%
PRINCIPAL:	500,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	500,000.00	CUSIP #:	N/A
TRADE DATE:	1/30/2009	SETTLEMENT DATE:	1/30/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM


DATE: 1/29/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	1,130,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.7314%
PRINCIPAL:	1,130,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,130,000.00	CUSIP #:	N/A
TRADE DATE:	1/29/2009	SETTLEMENT DATE:	1/29/2009

AUTHORIZED BY:


CASH INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/29/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	1,000,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.0300%
PRINCIPAL:	1,000,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,000,000.00	CUSIP #:	N/A
TRADE DATE:	1/29/2009	SETTLEMENT DATE:	1/29/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/28/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	1,000,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.0300%
PRINCIPAL:	1,000,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,000,000.00	CUSIP #:	N/A
TRADE DATE:	1/28/2009	SETTLEMENT DATE:	1/28/2009

AUTHORIZED BY:

Mary E. Hayes
CASH INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/28/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	328,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.7285%
PRINCIPAL:	328,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	328,000.00	CUSIP #:	N/A
TRADE DATE:	1/28/2009	SETTLEMENT DATE:	1/28/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/27/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	TexStar	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	2,130,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.7978%
PRINCIPAL:	2,130,000.00	PURCHASED THRU:	TexStar
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,130,000.00	CUSIP #:	N/A
TRADE DATE:	1/27/2009	SETTLEMENT DATE:	1/27/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/23/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	1,229,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.2100%
PRINCIPAL:	1,229,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,229,000.00	CUSIP #:	N/A
TRADE DATE:	1/23/2009	SETTLEMENT DATE:	1/23/2009

AUTHORIZED BY:

Mary E. Mayer
CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/22/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	303,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.2600%
PRINCIPAL:	303,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	303,000.00	CUSIP #:	N/A
TRADE DATE:	1/22/2009	SETTLEMENT DATE:	1/22/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/21/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	612,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.9900%
PRINCIPAL:	612,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	612,000.00	CUSIP #:	N/A
TRADE DATE:	1/21/2009	SETTLEMENT DATE:	1/21/2009

AUTHORIZED BY:

Mary E. Hayes
CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/20/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	499,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	0.9397%
PRINCIPAL:	499,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	499,000.00	CUSIP #:	N/A
TRADE DATE:	1/20/2009	SETTLEMENT DATE:	1/20/2009

AUTHORIZED BY:


CASH INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/16/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	3,636,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.9759%
PRINCIPAL:	3,636,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	3,636,000.00	CUSIP #:	N/A
TRADE DATE:	1/16/2009	SETTLEMENT DATE:	1/16/2009

AUTHORIZED BY:

Mary E Mays
CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/15/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	836,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	0.9937%
PRINCIPAL:	836,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	836,000.00	CUSIP #:	N/A
TRADE DATE:	1/15/2009	SETTLEMENT DATE:	1/15/2009

AUTHORIZED BY:

Mary E Hayes
CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/14/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	334,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.0400%
PRINCIPAL:	334,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	334,000.00	CUSIP #:	N/A
TRADE DATE:	1/14/2009	SETTLEMENT DATE:	1/14/2009

AUTHORIZED BY:

Mary E. Mayes
CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/13/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	561,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.0700%
PRINCIPAL:	561,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	561,000.00	CUSIP #:	N/A
TRADE DATE:	1/13/2009	SETTLEMENT DATE:	1/13/2009

AUTHORIZED BY:

Mary E. Mayes
CASH/INVESTMENT MANAGER

TRAVIS COUNTY HEALTHCARE DISTRICT

ATTACHMENT A

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/9/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	314,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.1500%
PRINCIPAL:	314,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	314,000.00	CUSIP #:	N/A
TRADE DATE:	1/9/2009	SETTLEMENT DATE:	1/9/2009

AUTHORIZED BY:



CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/8/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	944,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE:	N/A	BOND EQ. YIELD:	1.1400%
PRINCIPAL:	944,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	944,000.00	CUSIP #:	N/A
TRADE DATE:	1/8/2009	SETTLEMENT DATE:	1/8/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/7/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texas Daily	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	1,901,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	1.2800%
PRINCIPAL:	1,901,000.00	PURCHASED THRU:	Texas Daily
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	1,901,000.00	CUSIP #:	N/A
TRADE DATE:	1/7/2009	SETTLEMENT DATE:	1/7/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

ATTACHMENT A

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/6/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	2,672,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	1.1527%
PRINCIPAL:	2,672,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	2,672,000.00	CUSIP #:	N/A
TRADE DATE:	1/6/2009	SETTLEMENT DATE:	1/6/2009

AUTHORIZED BY:


CASH INVESTMENT MANAGER

TRAVIS COUNTY HEALTHCARE DISTRICT

INVESTMENT DEPARTMENT

SECURITY TRANSACTION FORM

DATE: 1/5/2009

TIME: 10:30

The following transaction was executed on behalf of Travis County Healthcare District:

DESCRIPTION:	Texpool	FUND NAME:	HEALTHCARE DISTRICT
PAR VALUE:	6,011,000.00	SAFEKEEPING NO:	N/A
CPN/DISC RATE:	N/A	PRICE:	100%
MATURITY DATE	N/A	BOND EQ. YIELD:	1.2169%
PRINCIPAL:	6,011,000.00	PURCHASED THRU:	Texpool
ACCRUED INT:	N/A	BROKER:	N/A
TOTAL DUE:	6,011,000.00	CUSIP #:	N/A
TRADE DATE:	1/5/2009	SETTLEMENT DATE:	1/5/2009

AUTHORIZED BY:


CASH/INVESTMENT MANAGER

TRAVIS COUNTY HEALTHCARE DISTRICT MONTHLY INVESTMENT REPORT
 PORTFOLIO STATISTICS

DATE: January 31, 2009

By Security Type

Operating-		
TexasDAILY	34,510,809.56	25.53%
TexPool	45,396,924.92	33.58%
TexSTAR	5,369,982.17	3.97%
Treasury Securities	0.00	0.00%
Government Agencies	49,915,975.35	36.92%
Commercial Paper	0.00	0.00%
Total	\$ 135,193,692.00	100.00%

Compared to Policy Limits

Actual %

Guidelines

Operating-			Actual %	Guidelines
TexasDAILY	34,510,809.56	25.53%	30.00%	
TexPool	45,396,924.92	33.58%	60.00%	
TexSTAR	5,369,982.17	3.97%	30.00%	
Treasury Securities	0.00	0.00%	100.00%	
Government Agencies	49,915,975.35	36.92%	75.00%	
Commercial Paper	0.00	0.00%	20.00%	
Total	\$ 135,193,692.00	100.00%		

Investment Revenue & Accrued Interest

January 2009

Fiscal YTD

Operating-		
TexasDAILY	28,306.74	175,732.55
TexPool	32,881.72	149,313.65
TexSTAR	1,774.30	9,515.40
Treasury Securities	0.00	0.00
Government Agencies	0.00	646,920.00
Commercial Paper	0.00	0.00
	62,962.76	981,481.60
Discount Accretion & Accrued Interest		
Treasury Securities	0.00	0.00
-less previous accruals	0.00	0.00
Government Agencies	120,362.32	409,970.95
-less previous accruals	0.00	(595,164.29)
Commercial Paper	0.00	0.00
-less previous accruals	0.00	0.00
	120,362.32	(185,193.34)
Total Investment Revenue & Accrued Interest	\$ 183,325.08	\$ 796,288.26



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item C3

Approve a recommendation for the process for the required annual broker/dealer review and selection of approved broker/dealers under the District's Investment and Collateral Policies and Procedures for the coming year.

(Back-Up – Broker Selection List)

**CASH/INVESTMENT MANAGEMENT DEPARTMENT
TRAVIS COUNTY, TEXAS**



Travis County Administration Building
314 W. 11th Street, Suite 540
P.O. Box 1748
Austin, Texas 78767

Phone: (512) 854-9085
Fax: (512) 854-4210
Email: mary.maycs@co.travis.tx.us

DATE: February 26, 2009

TO: Carl S. Richie Jr., Chair
Thomas B. Coopwood, M.D., Vice-Chairperson
Rose Lancaster, Secretary
Rosie Mendoza, CPA, Treasurer
Bobbie Barker, Manager
Clarke Heidrick, Manager
Donald Patrick, M.D., J.D., Manager
Frank Rodriguez, Manager
Eduardo J. Sanchez, M.D., .M.P.H., Manager

FROM: Mary E. Mayes, Travis County Investment Manager

RE: Travis County Healthcare District Annual Broker/Dealer Selection

The State of Texas Public Funds Investment Act requires that public entities review, revise, and adopt a list of qualified brokers at least annually.

For Travis County, I collect applications to do business with the County, and once a year our office goes through an extensive review process.

The following brokers have been reviewed, approved, and are authorized to do business with Travis County and recommended for the Healthcare District:

Primary Broker/Dealers

Banc of America Securities
Cantor Fitzgerald & Co.
Deutsche Banc Alex Brown, a division of Deutsche Securities Inc.
RBS Greenwich Capital

Secondary Broker/Dealers

Coastal Securities, Inc.
First Southwest Company
FTN Financial Capital Markets
The Frost National Bank
Morgan Keegan & Company, Inc.
Apex Securities Inc., dba Rice
Financial Products Company
Suntrust Robinson Humphrey, Inc.
Walton Johnson & Company
Wells Fargo Brokerage Services, LLC
Zions First National Bank, Capital Markets

In selecting these brokers, we address issues such as the size, financial strength, and trading volume for the firms. For the individual brokers, we look at such factors as experience, how long they have been with their current firm, and we check references. For both, we check their records with the Financial Industry Regulatory Authority (FINRA) which was previously called National Association of Securities Dealers for regulatory and civil judicial actions against the firm or person. These and other factors are used in a point system to see which brokers are most compatible with Travis County's needs.

For the last four years, we have used the list of brokers produced by this process to choose brokers for the Healthcare District. We simply sent a letter to each Travis County broker, along with the District's Investment policy and Certification, asking if they would like to do business with the District as well. We have received good responses all four years. Last year the District had fifteen brokers.

This method avoids duplication of effort, and I also believe it provides a better group of brokers than if the District went out on its own, for two reasons. First, these brokers have applied to do business with Travis County, which has an investment portfolio which ranges up to \$675 million. When they add the District at \$125 million, they have a chance at almost three quarters of a billion dollars in business. If the District went out on its own, the portfolio would be up to \$125 million, and the brokers who applied would probably be smaller with less experience. Secondly, it is very easy for these brokers to add the District, since they do not have to fill out an additional application, and they are familiar with the way our office does business. Again, this method is more likely to attract larger and more experienced firms and individual brokers.

I recommend that the Board authorize the use of the above described method to review, revise, and adopt a list of brokers for the Healthcare District again this year.

xc: Patricia Young
Carolyn Konecny
Stacy Wilson
Leroy Nellis
Harvey Davis



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 1

Receive, discuss and take appropriate action regarding establishing a certificate of deposit with Chase bank to secure procurement cards for CommUnityCare business use.

(Back-Up – Memo)



Memo:

To: Travis County Healthcare District Board of Managers

From: Carolyn Konecny, Chief Financial Officer

CC: Patricia A. Young Brown, Stacy Wilson

Date: February 20, 2009

Re: Receive, discuss and take appropriate action regarding establishing a certificate of deposit with Chase bank to secure procurement cards for CommUnityCare business use.

The Community Care Services Department (CCSD) is transitioning from the City of Austin on March 1, 2009 to a separate 501(c)3 organization. Currently CCSD has City of Austin credit cards that are used for certain purchases. CommUnityCare has made application to Chase bank for procurement (credit) cards to facilitate supply ordering and payment, primarily pharmacy related. The annual pharmacy expense is budgeted in excess of two million dollars. A credit card will also give flexibility to make small purchases quickly to facilitate patient care.

This new organization, CommUnityCare does not have audited financial statements or a separate credit history. Chase bank is requesting that a certificate of deposit (CD) be purchased to secure these transactions for \$200,000. This CD would be purchased by the District, is proposed to remain in place for 12 months, would be in the District's name and the District would receive the interest earned.

District staff is requesting that the Budget & Finance Committee consider District funding to acquire a certificate of deposit for \$200,000 to secure CommUnityCare credit cards.

Recommendation

On February 19, 2009, the Budget and Finance Committee reviewed and discussed this item and recommended approval by the full Board of Managers.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 2

Discuss and take appropriate action regarding the District's purchasing of NextGen software licenses, related programming and installation at Seton specialty clinics in the University Medical Center at Brackenridge (UMCB) and UMCB Clinical Education Center (CEC) campuses to significantly improve the exchange of clinical referral information of CommUnityCare clients to specialty care providers.

(Back-Up – Recommendation Summary)

**Travis County Healthcare District
Request for Board of Managers Consideration
February 19, 2009**

Board of Managers Agenda Item:

2. Receive, discuss and take appropriate action regarding the District's purchasing of NextGen software licenses, related programming, and installation costs to reduce barriers to care for CommUnityCare patients by significantly improving the exchange of clinical referral information between CommUnityCare clinics and Seton specialty clinics in the University Medical Center at Brackenridge (UMCB) and UMCB Clinical Education Center (CEC) campuses.

Recommended Board Action: Approve an expenditure of up to \$250,000 in budgeted funds to support the purchase, programming, and implementation of NextGen software to facilitate referral of CommUnityCare patients from primary care providers to Seton specialty clinics in the University Medical Center at Brackenridge (UMCB) and UMCB Clinical Education Center (CEC) campuses. Installation of NextGen software at the Seton clinics will permit timely availability of crucial client data and eliminate hard copy documentation exchange issues between the two entities.

TCHD Strategic Direction: SC01a: Define, clarify and create agreement among all providers in the safety net community on the specific needs for specialty care. **SC01b:** Determine targets for appropriateness and timeliness of referrals, by specialty.

Resource Impact: The requested funding of \$250,000 is available in the FY09 District capital budget.

Anticipated Result: The integration of the Seton specialty clinics listed above into CommUnityCare's NextGen application will enable CommUnityCare and Seton specialty care clinic staff to view a common comprehensive electronic medical record for their shared clients resulting in improved productivity, quality of care, customer satisfaction, and patient safety.

Background Summary:

Background: As part of the Joint Action Team (JAT) collaborative efforts, the District, CommUnityCare, and Seton staff have focused on improvements to specialty care for shared clients. As part of this review, a need for a more standardized, coordinated referral process was identified to decrease incidents of CommUnityCare clients inappropriately referred to a specialty clinic or referred without the necessary documentation. The need for the timely ability to provide timely information from the specialty clinics back to the client's medical home was also identified.

During the past year, staff from all entities have reviewed the feasibility of implementing an electronic medical record that will improve the current specialty care referral process by –

- Providing specialists with pertinent information for patient referrals;
- Providing primary care providers with legible and timely documentation of patient's specialty care;

- Controlling the process through measurable performance and unique individual referral tracking;
- Reducing potential risk exposure and increasing patient safety; and
- Capturing data on specialty care utilization.

Under the direction of JAT, two electronic systems were researched. The NextGen application is recommended to expand the features and functionality of the NextGen Electronic Medical Record (EMR) currently utilized within CommUnityCare clinics. The attached flowchart demonstrates how the system will facilitate the processing of patients and related paperwork between the CHCs and the specialty clinics.

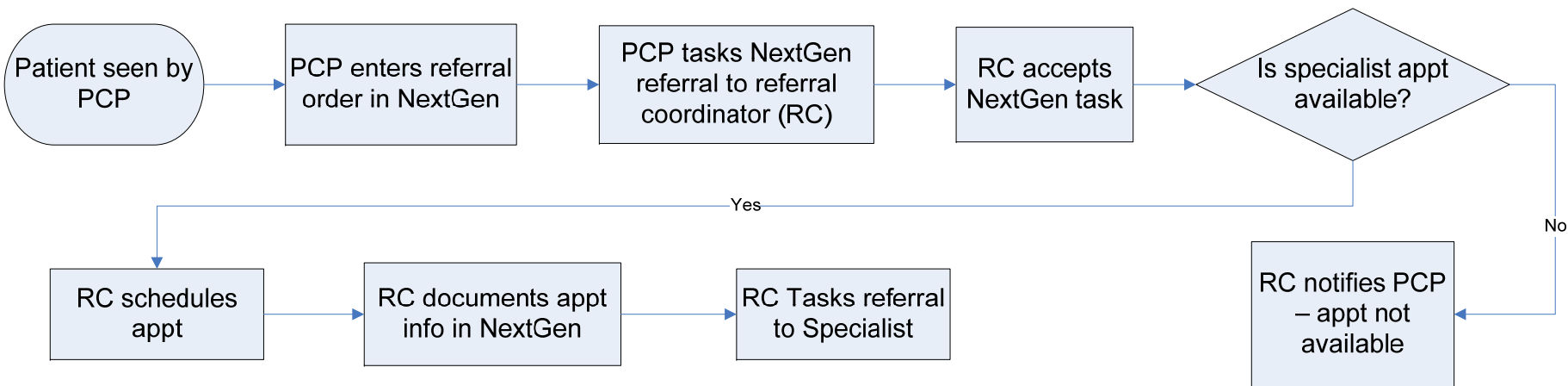
The \$250,000 being requested will support the one-time costs for the purchase of licenses, training, and 50% of costs related to upgrades to Citrix (the software used to remotely link the specialty clinics to the CHC's NextGen system).

Board Committee Coordination:

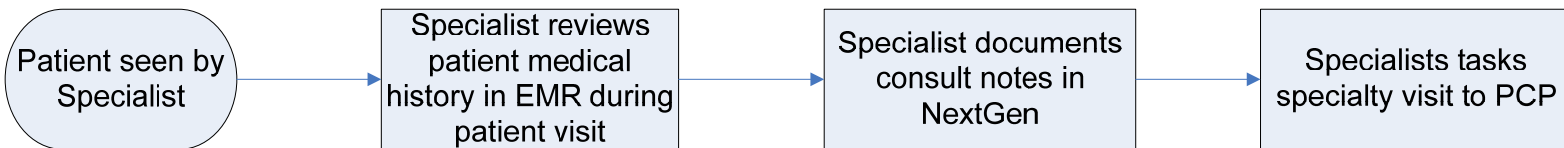
COMMITTEE	CHAIR	COMMENTS	DATE CONSIDERED
Budget & Finance	Rosie Mendoza	Approved the expenditure and recommended for Board consideration.	2/19/2009
Board of Managers	Carl Richie		2/26/2009

Electronic Referral Process Using NextGen Shared System

From CommUnityCare to Specialty Care



From Specialty Care to CommUnity Care





**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 3

Discuss and take appropriate action regarding a request from Daughters of Charity Health Services of Austin d/b/a Seton for approximately \$350,000 to support funding the expansion of reconstructive and plastic surgery programs on the campus of the University Medical Center Brackenridge that will help enable University Medical Center Brackenridge obtain Level 1 trauma status.

(Back-Up – Recommendation Summary)

**Travis County Healthcare District
Request for Board of Managers Consideration
February 12, 2009**

Board of Managers Regular Agenda Item:

3. Discuss a request from Daughters of Charity Health Services of Austin d/b/a Seton for approximately \$350,000 to support funding the expansion of reconstructive and plastic surgery programs on the campus of the University Medical Center Brackenridge that will help enable University Medical Center Brackenridge obtain Level 1 trauma status.

Recommended Board Action: Approve a \$350,000 funding request from the Seton Family of Hospitals to support the proposed establishment of a Reconstructive Plastic Surgery practice at the University Medical Center at Brackenridge (UMCB), which will enable Brackenridge to obtain a Level 1 trauma designation and provide an anticipated 5,900 patient visits or surgeries in the first year of the Reconstructive Plastic Surgery practice.

TCHD Strategic Direction: SDS01(b): Maintain and promote the District's role of "community steward" to further the overall viability of the safety net provider system. (b) measure and express the value of the lease with Seton for operation of Brackenridge Hospital and in collaborative planning efforts with Seton to determine how the District can best participate in the support of Brackenridge in filling in the gaps in the continuum of care.

Resource Impact: The District has \$350,000 available in the 2009 service expansion budget.

Anticipated Result: The establishment of a Level 1 trauma facility in Austin would increase access to a wider array of services to all Travis County and Central Texas residents.

Background Summary:

Background: The Texas Trauma System has four recognized levels of trauma facility designation. They are Comprehensive (Level I), Major (Level II), General (Level III) and Basic (Level IV). The University Medical Center at Brackenridge is currently a designated Level II trauma facility. The differences between the required level of care for a Level I and Level II facility are outlined below.

- A. Comprehensive (Level I)
The Comprehensive trauma facility is a tertiary care hospital that maintains a distinct leadership role in the trauma system development, optimal care delivery, evaluation, training and research. *It is the regional resource trauma center in a system and has the capability to provide definitive care for every aspect of injury, prevention through rehabilitation. Designation as a comprehensive facility requires a tremendous commitment of resources.*
- B. Major (Level II)
Like the Comprehensive facility a Major Trauma Center is a hospital that can provide definitive care to victims of trauma. *However, there are a few circumstances which may require the transfer of a patient to a more specialized hospital/physician.*

The Seton Family of Hospitals is working towards a Level 1 Trauma designation for UMCB. To this end, they need to provide a higher level of access to reconstructive plastic surgery to allow

individuals needing limb reattachments to obtain surgery here rather than having to be transported to another Texas city.

Seton is proposing to create clinical space for a Reconstructive Plastic Surgery unit on the third floor of the Clinical Education Center (CEC) at Brackenridge. The proposed space is a former clinic and physician office space and is currently occupied by the newly created Office of Research Administration, which will need to relocate to another space in the CEC. Both areas within the CEC (a total of over 5,500 square feet) will need remodeling to support their new functions. The \$350,000 being requested from the District would support the required remodeling.

The Office of Research Administration currently has six full-time staff and is anticipated to recruit seven additional staff over the next two years to keep up with the growth in research that will be required to acquire and maintain a Level 1 trauma designation. Seton has developed a five year forecast for the Reconstructive Plastic Surgery practice that will increase the number of proposed surgeons from 4.9 FTEs in year one to 9.3 FTEs in year five.

Based on data provided from the Texas State Patient Data Set, Seton has learned that no less than 60 patients per year in need of limb reattachment and an additional 600 patients per year in need of reconstructive surgeries have been transported outside of Central Texas for these services. Based on this data and the fact that a local, established hand surgeon will be bringing his current practice into the new unit, Seton has forecasted the following patient volumes for the first three years of the Reconstructive Plastic Surgery practice:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Physician Office Visits	5,250	6,900	8,550
Surgeries	650	1,100	1,550

Board Committee Coordination:

COMMITTEE	CHAIR	COMMENTS	DATE CONSIDERED
Board of Managers	Carl Richie		2/12/2009



**Request for funding assistance
to help establish**

**The Central Texas Institute
of Reconstructive Plastic Surgery at
University Medical Center Brackenridge**

**Presented to:
Travis County Healthcare District
February 12, 2009**

**Bruce Broslat
Dr. Carlos Brown
Greg Hartman
Dr. Patrick Kelley**

Project rationale

The creation of a multi-physician, reconstructive and plastic surgery practice, as well as continued growth of clinical research services, will help assure Level 1 Trauma Center designation for UMCB.

Level 1 designation is in line with Seton's strategic direction for the UMCB campus and the Travis County Healthcare District's Strategic Guiding Principles, including:

Enhanced health status of Travis County residents by adding limb reattachment and reconstructive surgery capacities and discontinuing the need to be transported to other Texas cities for emergency reattachment surgery;

Improved access to quality healthcare by growing the pipeline for new physicians in Central Texas through continued development of academic medicine and clinical research opportunities; and

Making quality, affordable healthcare more available to residents of Central Texas by concentrating highly specialized resources in a Level 1 Trauma Center and eliminating the need for risky and expensive transfers outside of Austin.

Project Details

Creation of physician office and patient treatment space to house a new multi-physician, reconstructive and plastic surgery practice on the campus of UMCB is a part of Seton's efforts to assure Level 1 designation for UMCB

- Renovate 3,038 square feet on 3rd floor of CEC that was previously physician office/clinic space
- Provide space for up to 7 surgeons and their clinical and up to 14 support staff by FY10 and growing by 1.5 - 2 surgeon FTE's per year
- Renovation of the designated space requires the relocation of the newly established Office of Research Administration to 2,500 square feet of office space on the 2nd floor of the CE

The Need for Improved Access to Care

- No less than 60 patients per year in need of digit and limb reattachment surgery have been transported out of our region for surgery
- Approximately 600 other patients per year in need of reconstructive surgeries (facial, foot, hand and breast reconstruction) must go out of our region for required care
- Many other patients in need of reattachment and reconstructive procedures choose to not have the surgery performed due to the inconvenience of traveling and being treated outside of Central Texas

The Need for Level 1 Trauma Care Designation

- Studies show that mortality rates at Level 1 trauma centers are significantly better than at lower level trauma centers
- Level 1 verification will bring UMCB (and DCMCCT) to the forefront of academic medicine and surgery, allowing for recruitment of academic surgeons and scientists necessary for increased services, more sophisticated care and new levels of research
- Level 1 is necessary for stable infrastructure for medical education, necessary to build and maintain a steady surplus of physicians into Central Texas and increasing residency programs

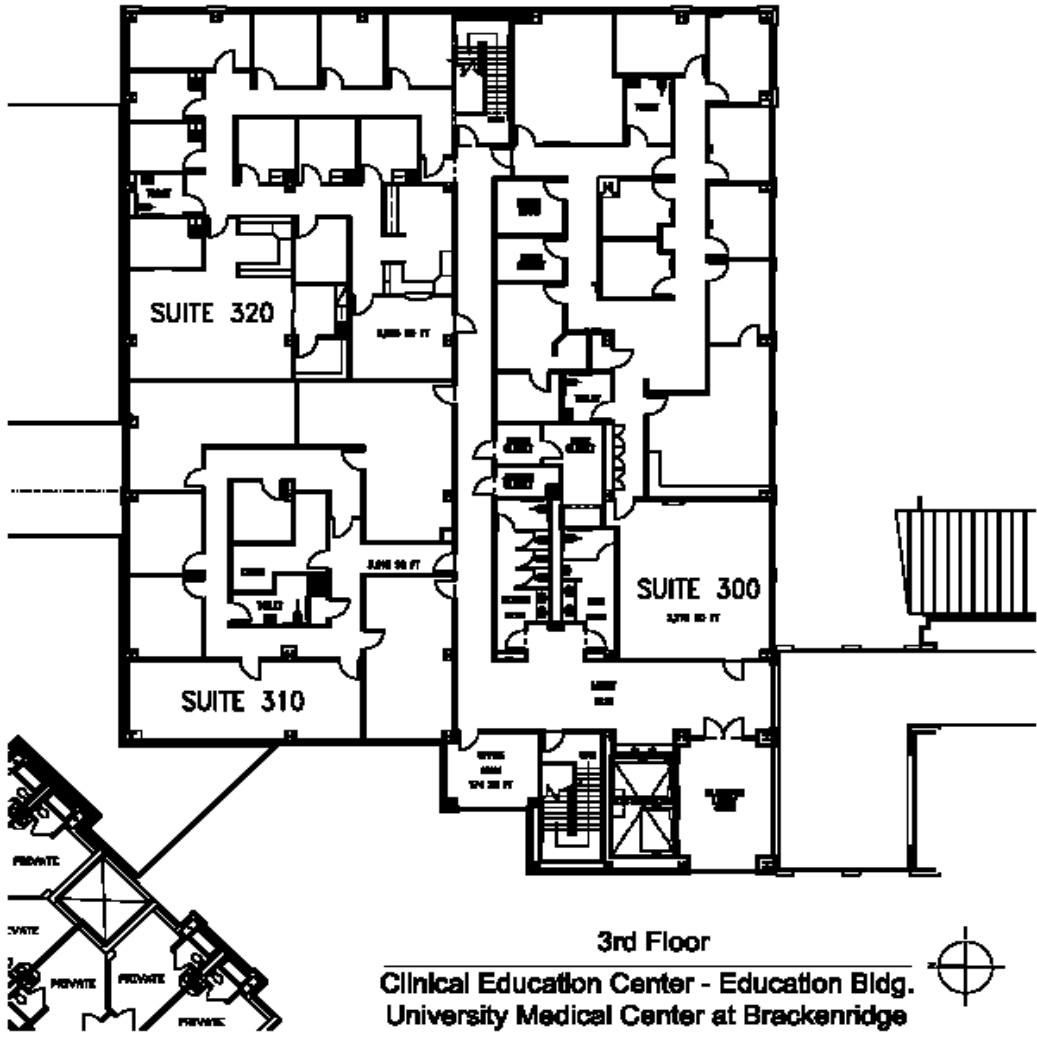
Level 1 Trauma Activities Currently at UMCB



General surgeon or appropriate substitute (PGY 4-5 resident) must be available for major resuscitations in house 24 hours a day.
The hospital must have plastic surgery, hand surgery, and spinal injury care capabilities.
An operating room must be adequately staffed and immediately available at all times.
The operating room team must be available immediately at all times for emergency operations. This is their primary function.
24-hour availability of cardiopulmonary bypass and operating microscope.
A surgically directed ICU physician team is required.
The physician team must be led by a qualified surgeon who is board-certified in critical care or who has equivalent training.
Surgical director must have had a residency or fellowship in critical care, and must have expertise in the perioperative and post injury care of injured patients.
Surgical director must also have added certification in surgical critical care from the American Board of Surgery or fulfill the Alternate Pathway for critical care.
Patients must have in-house physician coverage for intensive care at all times.
Surgical specialists including orthopedic, neurosurgery, cardiac, thoracic, hand, microvascular, plastic, obstetric and gynecologic, ophthalmology, otolaryngology, and urology must be available.

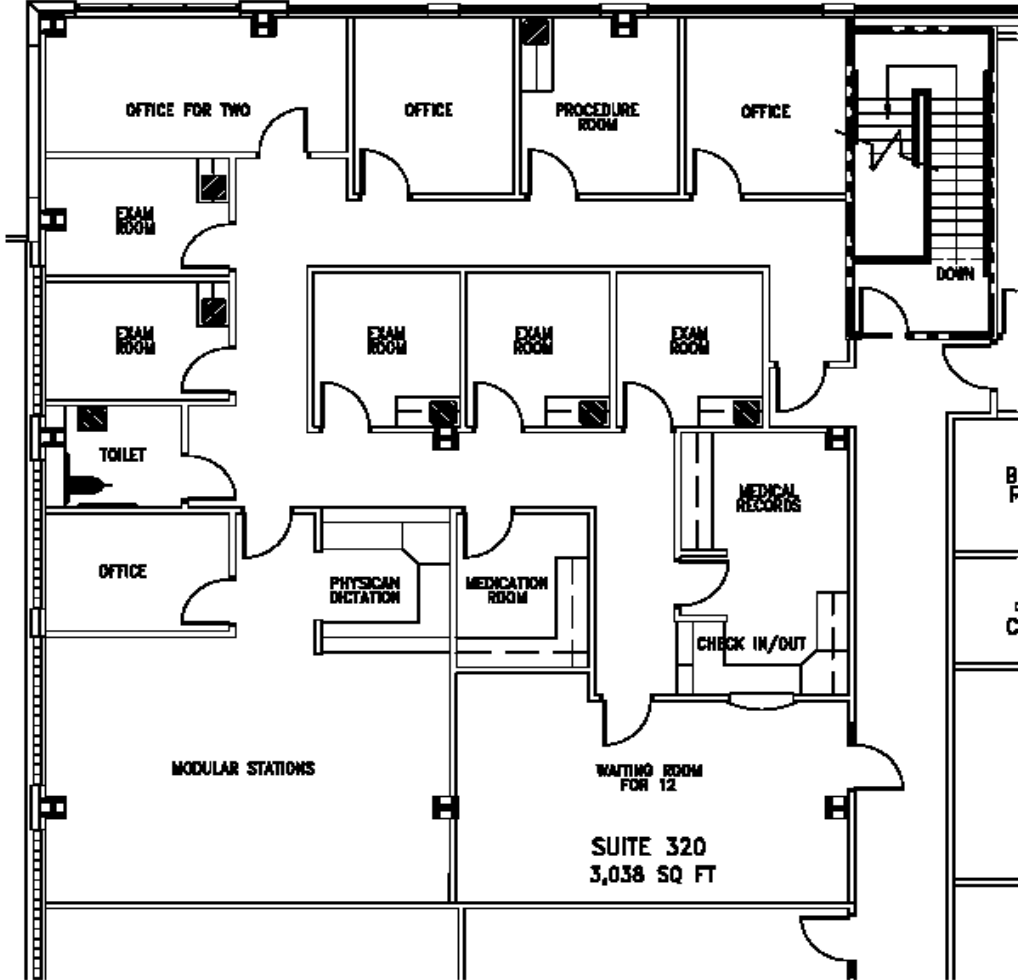


Medical Office Building, 3rd Floor



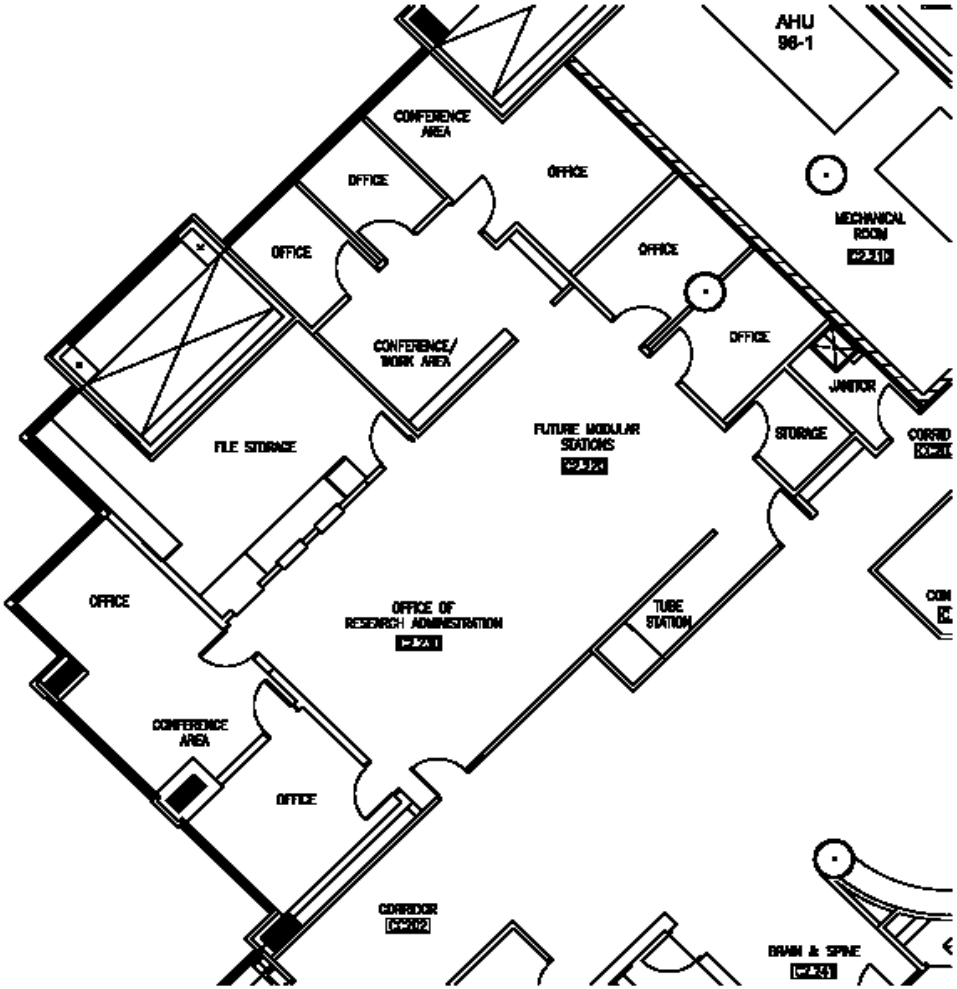


Proposed Reconstructive Surgery Clinic





Proposed Office of Research Administration



Project time line

- UMCB's Level 1 Trauma Center verification survey by the American College of Surgeons is expected to be conducted in May or June
- Project completion needs to be no later than the end of April
- To meet this time line, UMCB has already begun relocating the Office of Research Administration and needs to begin the renovation of the physician practice suite ASAP

The Numbers

Patient volumes related to the Reconstructive and Plastic Surgery Physician Practice are forecasted to be:

	<u>Year1</u>	<u>Year 2</u>	<u>Year3</u>
Physician office visits	5,250	6,900	8,550
Surgeries*	650	1,100	1,550

- Seton’s total annual operational investment in the Reconstructive Plastic Surgery 501a physician practice will average approximately \$1.3 million annually
- The annual budget for the Office of Research Administration is currently \$862,000, and will grow as additional research infrastructure is required
- Seton is requesting from the District a one-time \$350,000 investment to help fund expansion of reconstructive and plastic surgery programs on the campus of the UMCB which will help enable it to obtain Level 1 trauma status

* a local, established hand surgeon will be bringing his entire practice with 300 inpatient and outpatient surgeries



Questions and Discussion

Thank you.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 4

Receive, discuss and take appropriate action regarding:

(a) a recommendation from the *ad hoc* Nominations Committee concerning a determination as to whether the Travis County Healthcare District Board of Managers desires to elect a Chairperson-Elect; (b) elect a Chairperson, a Chairperson-Elect, if desired, a Vice-Chairperson, and a Treasurer of the Board of Managers; and (c) Appoint a Secretary of the Travis County Healthcare District Board of Managers.

(No Back-Up)



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 5

**Discuss the process and timeline for the District President
and CEO's annual evaluation.**

(Back-Up – Evaluation Materials)

**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Board Agenda Item 5: Discuss process and timeline for President and CEO's annual evaluation.

Suggested time line for President and CEO evaluation:

February 26, 2009 Board Meeting

Distribute evaluation forms

Distribute incentive goals

March 6, 2009

Deadline for Board members submit completed evaluation forms to Karen Osborn

March 11, 2009

Deadline for District staff to collate evaluation results

March 12, 2009 Board Meeting

Board review collated evaluation results and the CEO's self evaluation with the CEO

March 26, 2009 Board Meeting

Board discusses CEO compensation

March 27, 2009

Board Chair and Vice Chair meet with CEO to discuss the Board's compensation recommendations

April 9, 2009 Board Meeting

Board considers and approves CEO compensation package for 2009-10

PERFORMANCE REVIEW OF THE PRESIDENT AND CEO



April 1, 2008 – March 31, 2009

**President and CEO's Performance Criteria
and Objectives
and
Performance Review Form**

**Board of Managers
Travis County Healthcare District**

**For the period
April 1, 2008 through March 31, 2009**

**Travis County Healthcare District
1111 East Cesar Chavez
Austin, Texas 78702
www.traviscountyhd.org**

President and CEO's Performance Criteria and Objectives

Travis County Healthcare District

Performance Review for the Period: April 1, 2008 – March 31, 2009

Part 1. Executive Leadership Skills and Abilities

The performance of the President and CEO is measured in part by demonstrated leadership characteristics. Please check the box that most closely represents your view of the President and CEO's performance in each of the following areas. Please provide your comments and suggestions for the President and CEO in the spaces provided below each section (continue on additional pages, if desired).

PERFORMANCE CRITERIA

Board Relationships

1. Takes initiative to identify major issues for Board and recommends actions
2. Specifically, assists Board with development of legislative policies and priorities
3. Reports progress on key District objectives and programs to Board on a regular basis
4. Communicates important constituent and community information to Board
5. Demonstrates effective staff leadership for Board meetings
6. Executes Board policies and instructions in a responsible manner

	Needs Improvement	Meets My Expectations	Exceeds My Expectations	Don't Know
1. Takes initiative to identify major issues for Board and recommends actions				
2. Specifically, assists Board with development of legislative policies and priorities				
3. Reports progress on key District objectives and programs to Board on a regular basis				
4. Communicates important constituent and community information to Board				
5. Demonstrates effective staff leadership for Board meetings				
6. Executes Board policies and instructions in a responsible manner				

Please provide any comments on Strengths or on Areas for Improvement in Board Relationships:

PERFORMANCE CRITERIA

Internal Management

1. Develops budget to meet Board's objectives
2. Provides accurate, understandable financial information to committees and the Board
3. Manages organization within budget guidelines
4. Recruits high performing staff
5. Provides program leadership for staff
6. Uses staff resources effectively
7. Maintains professional relationships with staff

Needs Improvement	Meets My Expectations	Exceeds My Expectations	Don't Know

Please provide any comments on Strengths or on Areas for Improvement in Internal Management:

PERFORMANCE CRITERIA

External Activities

1. Executes Board-approved initiatives requiring collaboration and negotiation with others
2. Demonstrates idea leadership in the community regarding healthcare issues
3. Relates constructively with partner organizations and sponsoring local governments

Needs Improvement	Meets My Expectations	Exceeds My Expectations	Don't Know

Please provide any comments on Strengths or on Areas for Improvement in External Activities:

Please add comments, if desired, on specific external relationships including any of the following:

- a. City of Austin: _____

- b. Travis County: _____

- c. Brackenridge Hospital Operators: _____

- d. Other healthcare and safety providers: _____

- e. Healthcare service users and advocates: _____

PERFORMANCE CRITERIA

Leadership Attributes/Special Objectives

- 1. Performs well under pressure, in crisis, or in unstructured situations
- 2. Accepts and responds professionally to criticism
- 3. Represents the District effectively in legislative negotiations and legislative education
- 4. Demonstrates leadership in the effective implementation of the District's adopted "Strategic Plan" (also see below)

Needs Improvement	Meets My Expectations	Exceeds My Expectations	Don't Know

Please provide any comments on Leadership Attributes or on Special Objectives:

Part 2. Executive Performance Benchmarks from Strategic Plan

The President and CEO's performance is measured in part by the District's progress, within available resources, toward the strategic objectives established by the Board of Managers. Please provide your comments on progress toward strategic objectives under the President and CEO's leadership.

I. Primary Care

Please comment, if desired, on the President and CEO's performance in addressing the goals and strategic directions established by the Board of Managers for **primary care** including, specifically, (a) expansion of urgent and after hours access at FQHC sites; (b) conversion of existing contracts with non-FQHC primary healthcare providers to performance-based contracts; (c) development of performance standards for FQHC clinics; and (d) production of a baseline analysis of the primary care needs of underserved patients.

II. Specialty Care

Please comment, if desired, on the President and CEO's performance in addressing the high priority goals and strategic directions established by the Board of Managers for **specialty care** including, specifically, (a) development of an assessment of the specialty care needs of the underserved; (b) targeting District financial support of specialty care services; (c) expanding the use of existing specialty care contracts; and (d) developing an approach to addressing lack of system capacity for specialty care.

III. Efficiency and Integration of the Service Delivery System

Please comment, if desired, on the President and CEO's performance in addressing the high priority goals and strategic directions established by the Board of Managers for **the service delivery system** including, specifically, (a) maintaining operational integrity while keeping a clear distinction between FQHCs and District operations (transition planning); and (b) measuring and expressing the value of the lease with Seton and planning for later lease periods.

IV. Mental Healthcare

Please comment, if desired, on the President and CEO's performance in addressing the high priority goals and strategic directions established by the Board of Managers for **mental healthcare** including, specifically, (a) continuing collaborations with service providers and stakeholders to create psychiatric inpatient capacity and enhance related emergency services; (b) supporting initiatives to enhance access to medications for shared clients of the mental health authority and FQHCs; and (c) promoting the integration of physical and behavioral health.

V. Medical Assistance Program

Please comment, if desired, on the President and CEO's performance in addressing the high priority goals and strategic directions established by the Board of Managers for **the Medical Assistance Program (MAP)** including, specifically, (a) developing a waiting list procedure for use in FY 2009 based on availability of funds; and (b) planning for meeting the Board's strategic objectives for FY 2009 and beyond regarding revision of eligibility requirements, MAP systems redesign, eligibility determinations, and sliding fee schedules/services.

VI. Regional Healthcare

Please comment, if desired, on the President and CEO's performance in addressing the high priority goals and strategic directions established by the Board of Managers for **regional healthcare initiatives** including, specifically, (a) recognizing regional needs in the redesign of the Medical Assistance Program; (b) retaining flexibility for interfacing with regional approaches; and (c) supporting legislative or other activities that encourage regional healthcare strategies.

VII. Other Opportunities and Challenges

Please comment, if desired, on the President and CEO's leadership during the performance review period in handling **new opportunities, directives, and challenges that were not anticipated** in the Board of Manager's strategic goals and directions.

Part 3. Assessment of the President and CEO's Overall Performance

Please comment on your assessment of the President and CEO's **overall performance** in leading the organization and acting to achieve the Board of Managers' goals and strategic objectives (*Needs improvement; Meets my Expectations, Exceeds my Expectations*).

Board Member Signature

Date

Confidential

Please Return Form in Enclosed Envelope to:

Karen Osborn

Senior Human Resources Generalist

Travis County Healthcare District

1111 E. Cesar Chavez

Austin, Texas 78702

Karen.Osborn@traviscountyhd.org

Proposed Goals

Short-term Goals: 12 Months 7-1-08 to 3-31-09

1. Assure the management of the organization within approved operating budget by identifying opportunities to manage the organization in a cost-effective manner. *(Note: transition expenses have been estimated based on current knowledge and could be more than estimated once all actual expenses are known.)*
2. Successfully complete the transition of the 501(c)(3) into the new organization which includes determining possible obstacles to timely completion and developing plans to address the obstacles.
3. Develop a plan to address service capacity limits of the CHCs and MAP and eligibility criteria and present to the Board of Managers for discussion and vote.
4. Successfully oversee the development of the plan for building a new North Austin Clinic and bring key elements of the planning and procurement process to the Board of Managers for discussion and vote. *(Note: This will be a multi-year process with various stages of Board approvals.)*
5. Successfully direct the continuing efforts to expand access to care for our patient population through the recommended use of direct funding as well as the continued leveraging of community resources.

Controllable and Non-Controllable Events

All of the above goals contain a certain degree of risk for the President and CEO and other managers who may participate in an incentive plan. This is typical of such incentive plans, and the acceptance and recognition of risk is inherent in the participants by virtue of the positions' senior organizational levels.

By design goal completion must have a certain amount of judgment on the part of Board members who measure such performance and consider payouts.

In this environment, the President and CEO and other organizational senior managers will experience possible delays in completing certain tasks, such as the transition of the organization from the City of Austin. Additional approval delays may occur since approvals rest with outside agencies which are not governed by any of the TCHD time tables and milestones. Licensing and operating permits for services and facilities may also be delayed by responsible agencies beyond the managers' influence.

Having said this, planning should take into account such possible delays and consider the steps and measures needed to alleviate the effects of these unforeseen delays.

Communication strategies must be established to notify and update responsible parties as to the delays and the steps taken to address them. Progress reports need to be part of these communications efforts.

So long as the participants take measures to consider and address consequences of delays, Board members should approve these plans and consider methods by which to recognize and reward performance within the established parameters.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 6

**Receive and discuss the CEO's report on the following District activities: (a) procurement activity; (b) the Integrated Care Collaboration's ICC Priority Projects Report; (c) communications/outreach statistics for January 2009; (d) the Psychiatric Services Stakeholders meetings; and (e) the evaluation of the E-merge program.
(Back-Up – Reports)**

**Travis County Healthcare District
Board of Managers
Procurement Activity Report**

Through its purchasing policy (PUR001), the Board of Managers has authorized the District President and CEO to execute District contracts with a value of less than \$50,000 without requiring board action or approval. In addition, the Board of Managers also authorizes the President and CEO to execute certain contracts on its behalf where the terms are as or more favorable than those presented to the Board at a regularly-scheduled meeting.

The following list identifies the contracts that were executed by the District President and CEO from January 15, 2009 through February 16, 2009. A contract summary page outlining specific terms, conditions, and award information (as applicable) is provided for each contract directly executed by the President and CEO as authorized by PUR001.

Contracts approved by Board of Managers with authorization for the District President and CEO to execute:

- Agreement with TateAustinHahn for communications consulting services. Mercury Mambo, a HUB sub-contractor, renewed its HUB status.
- Agreement with Bright Horizons Children's Services for the backup care employee benefit.
- Agreement with National Vision Administrators, L.L.C. for the vision employee benefit.
- Renewal of the mental health- and strategic planning- consulting services agreements with Health Management Associates.
- Letter agreement with Austin Women's Hospital and UTMB for women's services.
- Amendment to contract with Fulbright & Jaworski L.L.P. for professional legal services.
- Affiliated agreements for infrastructure and IT managed services with White Glove Technologies d/b/a Network Logistic, Inc. (NLI) including:
 - Issuance of a task order with NLI for to cover pricing differences for specialized network software (Citrix) (\$5,268).
 - Issuance of a purchase order contract with NLI for the purchase of servers and software to implement RightFax for District/CommUnityCare use (\$43,893.23).
 - Issuance of a technical change order (at no cost) to acquire servers/software to implement new District/CommUnityCare websites (internal/external).
 - Issuance of a purchase order with Titus Systems, LP for telecomm cabling/wiring at four sites: Del Valle, Manor, Pflugerville, and Oak Hill (\$1,180.10). Vendor is a HUB.
 - Issuance of a purchase order with Architectural Habitat for renovation of telecomm closets at County sites as prescribed by Travis County to segregate telecomm equipment for security purposes (\$7,961.45). Vendor is a HUB.
- Lease agreement with Sigland Properties II Ltd. for clinic site at IH-35 and Rundberg.

**Travis County Healthcare District
Board of Managers
Procurement Activity Report**

Contracts (<\$50,000) executed by District President and CEO as authorized by PUR001:

- Agreement with Locke Lord Bissell & Liddell LLP for professional legal services related to retirement plans.

Conflict-of-Interest Statement Information:

Chapter 176 of the Local Government Code requires that local government officers file a conflict-of-interest statement disclosing certain relationships with a vendor within seven (7) days of becoming aware of facts that give rise to the conflict. The District has contracted with the following new vendors:

- Titus Systems LP
- Architectural Habitat
- Locke Lord Bissell & Liddell LLP
- Sigland Properties II Ltd.

Please ensure that you have no conflict-of-interest with this vendor that would require the filing of a conflict-of-interest statement. You do not need to do anything if you have no conflict. Completed conflict-of-interest statements should be filed with the District Administrative Coordinator (Kay Williams) using the form found in your Board packet. If you have any questions about whether you have a conflict, please contact Stacy Wilson.

Note: Attachment A contains the list of vendors, with whom the District has done business to assist Board members in filing conflict-of-interest statements.

Vendor Name: Locke Lord Bissell & Liddell LLP
Board Approval for President and CEO Action: N/A
Contract Effective Date: January 23, 2009

New Contract Information	
Parameter	Description
Procurement Method/Process	N/A – Professional Services (Legal)
HUB Participation	0%
Award Amount	Not to exceed \$25,000
Budgeted Account Line Item/Percent of Total Account Line Item Budget	6320 (Legal Services) – 3.2% of total account line
Performance Measures	Legal services related to retirement plan
Contract Period of Performance (including number/type of renewals)	An initial term through September 30, 2009 with one, one-year option.

**Travis County Healthcare District
Board of Managers
Procurement Activity Report**

Attachment A: District Vendor List

Vendor Name	
Acadian Ambulance Service Inc	JPMorgan Chase Bank NA
Adelante Solutions Inc	Kimble Public Affairs Inc
Alliance Transportation Group Inc.	LX Northbluff Center LP
AON Consulting	Maxwell Locke & Ritter LLP
Applied Orthotics	McCluskey & Associates Inc
Arizpe Group Inc.	Mindful Marketing Inc
Austin Chamber of Commerce	Morningside Research and Consulting
Austin Retina Associates	MTG Management Consultants
Austin Texas Radiation Oncology Group PA dba Austin Cancer	North Park Estates Neighborhood Association
Automatic Data Processing	OCE Imagistics Inc
Blue Cross Blue Shield	Office Depot Business Services Division
Brian B Berger	OnStaff Solutions dba Onin Staffing
Brookside Women's Medical Services PA	Orthotic and Prosthetic Technologies, Inc
Brown McCarroll LLP	Padgett, Stratemann & Co LLP
Capital Rubber Stamp	Paychex Investment Partnership LP
Capitol Anesthesiology Association	People's Community Clinic
Capitol Courier	Phase 2 Consulting
CDW Government Inc.	Precision Camera & Video
Central Texas Sustainability Indicators Project	Prescott's Austin Orthotics and Prosthetic
Chicago Title Company	ProSoft Solutions LLC
Children's Optimal Health	Public Employees Benefits Alliance aka PEBA
City of Austin	Ray Associates
Coastal Area Health Education Center	Raymond Chan & Associates Inc
Communities Joined in Action	Reliance Trust Company
Community Action Network	RFP Depot LLC dba BidSync
Corder/Thompson & Associates	Richard B Briggs MD PA
Cornell Smith & Mierl LLP	Sage Software
Corporate EXpress	Secretary of State of Texas
Covenant Management Systems (Mediview)	SHI Government Solutions Inc.
Cox Texas Newspapers LP dba Austin American Statesman	Sigland Properties II Ltd.
Creative Heads Advertising	Site Specifics Inc
CTMF Inc.	Slavin Management Consultants
Customer Research International	Southwest Retirement Consultants
Daughters of Charity Health Services of Austin	Southwestern Bell Telephone Company LP dba AT&T
Davis Gallery	ST. JOHN'S EPISCOPAL CHURCH
Deer Oaks Mental Health PC	Standard Insurance
El Buen Samaritano	Sun Signs Inc.
Facility Engineering Associates PC	TCHD Medicaid Account
FedEx Kinkos	Texas Comptroller of Public Accounts
Four Seasons Travel Agency	Texas Mutual Insurance Company
Fred Myers CPA PC	Texas Print & Copy
Freeman Audio Visual Solutions, Inc.	Texas State Library and Archives Commission
Frost Insurance Agency	Texas State University
Fulbright & Jaworski LLP	Texas Workforce Commission
Ginny's Printing	The Orthotic Specialist
Global Industries Inc.	The Staubach Company Central Texas LLC
Great West 457- Deferred Comp.	Total Administrative Services Corporation
Hanger Prosthetics and Orthotics West	Travis Central Appraisal District
Health Management Associates	Travis County
HealthSouth	Travis County Medical Society Foundation
Hillco Partners LLC	UTMB Institutional Billing
Holmes Murphy	Wackenhut Corporation
Horizon Environmental Services Inc	Walgreen Company
IF Marketing and Advertising	Walgreens Health Initiative
Integrated Care Collaboration	Whiteglove Technologies LLC dba Network Logistic Inc
Intelligent Resources Inc	Whole Woman's Health of Austin
International Workers' Compensation Foundation	



ICC 2008 Priority Projects – Status Report ICC Executive Committee, January 28, 2009

Document Owner(s)	Date
Ann Kitchen, ICC Executive Director	ICC Executive Committee, Report Date, January 28, 2009

Dashboard Description

- Project Plan tasks are reflected in the Major Task Groups and Key Milestones columns below.
- Due dates and status are reflected in the last column.
- Green, yellow or red lights reflect the “Status” as defined below:
 - Green: “Completed” or “Ahead of Schedule”
 - Yellow: “On schedule” or “Watching closely” or “Pending”
 - Red: “Behind Schedule”
- Stoplight Table includes all milestones due in current month and following month, as included on the Strategic Plan adopted by the ICC Board of Directors at the February 2008 Board meeting and the Use Case Adoption Work Plan.

ICC Priority Project Highlights – Strategic Plan Milestones

1. Access

- **Regional Health Coverage Project** – November Advisory Council meeting rescheduled for January 21st; Marketing Activities scheduled to begin (brokers identified in January; broker training in February); Launch date scheduled for March 1st – TPA has begun implementation planning activities; Board form determined and paperwork completed (pending filing), operating agreement with UTMB Galveston 3Share for program administration; meetings with county commissioners to finalize capitalization.
- **Impact Austin Pilot** – Project Evaluation Report completed - however final results pending additional months of experience on emergency department usage, needed to fully evaluate impact; Implementation begun, subject to further discussion based on additional evaluation.

2. Health Information Technology

- **Lab Interface; Epic WebLight Print Group Development** – Flagged as “behind schedule” due to awaiting action from CTM for lab interface: Configuration options set up and tested; awaiting real data from CCSD to test further; approach to filtering data determined, and process for feeding data under development; Testing will begin as soon as the secured transport of the results data is configured between CTM (City of Austin IT Dept) and LabCorp and the David Powell patients are excluded.
- **MHMR Authorizations** – Flagged as “behind schedule” due to awaiting final approval from MHMR legal; once approved MHMR will begin collecting authorizations and flag sent.

- ***New Export Interfaces*** – Flag in St. David’s Meditech system requested to identify ED patients with ICare data; development pending St. David’s timeline
- ***Complete EMR Development, New Export Interfaces*** – Export interface with LSCC flagged as “behind schedule” due to timeline for interfacing with LSCC NextGen; NextGen is now operational and export to be addressed once interface completed, which is in progress; First rough file received on Monday and returned to LSCC for tweaking per the agreed upon specs.
- ***Other Interfaces*** – Project Access, Medication Data from December 2008 received and loaded on 1/26/09

3. Disease Management –

- ***Dashboard Report*** – 2nd quarterly Dashboard presented, detailed analysis of frequent flyers.
- ***DM Programs*** – PharmCare began on Dec 2nd with People’s, Blackstock was added at the end of December. January possible additions are Front Steps and McCarthy Clinic. CCSD has signed the agreement with ICC for evaluation of the PharmCare Program.
- ***Asthma*** flagged as “behind schedule”, awaiting completion of 2nd team. Asthma program has been continuing with one team, negotiations with LSCC for 2nd team underway with anticipated start date of February 09.

ICC Priority Project Highlights – Use Case Adoption Milestones

1. Develop, Monitor, and Report Metrics – adoption metrics included on Dashboard addressing authorizations and user rate of use for looking up data at point of care.

2. Implement Use Cases for ICC Members –

- People’s Community Clinic presentation scheduled for September Board meeting. WCCHD use case completed, but not yet presented to ICC Board of Directors.
- Initial meeting with physicians / stakeholders completed and Use Case development in progress for AISD Student Health Service, Seton Medical Center; Dell Children’s Hospital; St. David’s South Austin Hospital Emergency Department; UTSON Family Wellness Clinic.
- Use cases development for LSCC, St. David’s Health System, and Seton Shoal Creek in progress, but awaiting activity by member – LSCC pending interface completion with NextGen, their new EMR; St. David’s pending completion of flag in Meditech; Shoal Creek delayed due to departure of contact person.
- Metrics completed and included on Dashboard – tracking users and authorizations

Strategic Plan Summary

1. and 2. Access and Community Integration (pages 1 – 3)

Milestones relate to development of multi-year workplans for each of these areas to reflect the goals developed by the Retreat WorkGroups

Milestones related to the Regional Health Coverage Program reflect the target launch date for that program of August 2008.

Milestones related to Impact Austin program sustainability and results of the MAP project are also included as discussed at the September retreat and the December Board meetings.

3. Health Information Technology:

The highest priority proposed for 2008 is investment in the ICC's asset, it's ICare database, through a focus on data integrity and member adoption of the health information exchange.

Milestones related to Physician Adoption include development and approval of an Adoption Plan that develops "use cases" for each member location that describes how physicians, social workers, office staff, and others use the data at that location to further their mission.

Milestones related to ICare capacity building, adding additional data elements and/or data sources, are related to the Cerner Project Timeline and will be accomplished in a manner that to the greatest extent possible is transferable and avoids duplication of effort.

Priorities for capacity building include the addition of lab and medication data, as well as connection to EMS and criminal justice health care data sources.

4. Disease Management:

Milestones related to data integrity, a high priority, include addressing appropriate levels of dupes and related data issues that impact the usefulness and reliability of the data.

Milestones related to mining the database for member use, another high priority, include development of a focused dashboard report and clinical evaluation plan for care coordination programs. The dashboard report will identify selected ICare data useful in pinpointing and tracking progress on issues critical to the community's health, such as ER usage for primary care treatable conditions.

Use Case Adoption Project Plan Summary





Milestones related to developing, monitoring, and reporting metrics

Milestones related to implementing use cases customized for each member. "Use case" defined as description of use of ICare data to support treatment of patients.



STOPLIGHT TABLE – ICC STRATEGIC PLAN

Major Task Groups	Key Milestones (January/June 2008)	Due Date & Status
ACCESS		
No Wrong Door Pilot	MAP Pilot Program Interim Report – <i>date changed to reflect vendor delays</i>	Jan 1st
Regional Health Coverage Project	Regional Nonprofit Corporation Board Formed – <i>paperwork completed, pending filing</i>	Jan. 31st
	Marketing Activities Begin	Jan. 31st
	Regional Advisory Council Meeting – scheduled for January 21st	Jan. 21st
Impact Austin Pilot	Project Impact and ROI Evaluation Report	
	Approve Implementation Business Plan – <i>implementation begun, but not completely analyzed pending further results data</i>	Oct 31 st Oct 31 st
COMMUNITY INTEGRATION		
Committee Formation	Develop Multi-Year Workplan for Strategic Plan; develop plan for partnerships (criminal justice, school districts etc) – <i>pending committee initiation</i>	Dec 30 th
HEALTH INFORMATION TECHNOLOGY		
Complete EMR Development	Integrate ICare adoption with LSCC EMR roll-out – <i>pending LSCC timeline</i>	June 30 th
Build / Expand New DBs	Develop Research Database Plan – <i>pending reassessment of priority</i>	Dec 31 st
Expand Mental Health Data Integration	Collection of auth flag MHMR – <i>pending MHMR timeline re legal issues</i>	
	Use Case plan with Wmson Cnty Mobile Outreach Program – <i>date changed to reflect their timeline</i>	Aug. 30 th Dec. 31 st
Interface Criminal Justice	Use Case adoption plan – <i>date changed to reflect Sheriff's Office timeline</i>	Dec 31 st
New Export Interfaces (data pushed to member systems)	Complete export interfaces LSCC EMR – <i>pending LSCC timeline</i>	June 30 th
	Complete additional export interfaces – <i>Member request from St. David's pending their timeline</i>	Dec 31 st

Project Status Report

New Medication Interfaces	MHMR – <i>pending MHMR action</i>	Dec 31 st	
EPIC Web Light Print Group Dev	Display lab, immunization, other data – <i>pending completion of lab interface</i>	Dec 31 st	
Lab Results Interface	Demo to ExCom	Oct 30 th	
	Go-Live date for initial interface	Dec 31 st	
DISEASE MANAGEMENT			
Expand PharmCare Program	Start Date – PharmCare Phase II Pilot	Dec 1st	
Centralized Training for CHPs	Develop Business Plan – <i>date changed</i>	October 30 th	
Other DM Programs	Secure Funding for High User Intensive Case Management – <i>date changed pending Sustainability Committee discussion TBD</i>	Aug 22 nd	



















STOPLIGHT TABLE – USE CASE ADOPTION PROJECT PLAN

Major Task Groups	Key Milestones (January/June 2008)	Due Date & Status
IMPLEMENT USE CASES FOR ICC MEMBERS		
Customize UseCase types and implement at each ICC site – <i>pending LSCC timeline</i> LoneStar Circle of Care	<u>Develop and Implement UseCase</u> • Final approval of UseCase by ICC member <u>Develop / Implement UseCase Enhancements</u> • Final approval of UseCase enhancements by ICC member	June 5 th June 5 th
Customize UseCase types and implement at each ICC site WCCHD	<u>Develop and Implement UseCase</u> • Final approval of UseCase by ICC member <u>Develop / Implement UseCase Enhancements</u> • Final approval of UseCase enhancements by ICC member	Nov 11 th  Nov 11 th 
Customize UseCase types and implement at each ICC site St. Davids Health System	<u>Develop and Implement UseCase</u> • Final approval of UseCase by ICC member <u>Develop / Implement UseCase Enhancements</u> • Final approval of UseCase enhancements by ICC member	Nov 11 th Nov 11 th
Customize UseCase types and implement at each ICC site Seton Shoal Creek	<u>Develop and Implement UseCase</u> • Final approval of UseCase by ICC member <u>Develop / Implement UseCase Enhancements</u> • Final approval of UseCase enhancements by ICC member	Dec 9 th Nov 9 th

STOPLIGHT TABLE – 2008 COMPLETED MILESTONES, ICC STRATEGIC PLAN






Major Task Groups	Key Milestones - COMPLETED	Due Date & Status
ACCESS		
Access Committee Mtngs	Committee– ExCom approved Chair naming	March 25 th
	Develop Multi-Year Work Plan for Strategic Plan – <i>decision to focus on sliding fee scale project; definitions of access, medical home, capacity to be addressed in subsequent years.</i>	May 30 th
Impact Austin Pilot	Impact Austin Report	Feb 28 th
	Access Barriers / Gap Report	Feb 15 th
No Wrong Door Pilot	MAP Pilot Start Date	March 3 rd
Regional Health Coverage Project	Regional Advisory Council Meetings	January 16 th
	January 16 th Meeting	March 26 th
	March 26 th Meeting	May 21 st
	May 21 st Meeting	Sept 17 th
	Sept 17 th	May 30 th
	Interim CEO Hired	May 1 st
Marketing Activities Begin	Sept 12 th	
TPA Partner Selected		
COMMUNITY INTEGRATION		
Committee Formation	Committee – ExCom approved Chair naming	March 25 th
Rename ICC	ExCom Approved 3/26, Board May 2008 mtng	May 13 th
HEALTH INFORMATION TECHNOLOGY		
Expand Public Health Data Integration	Continue Use Case Adoption (vaccine, surveillance)	March 31 st
School Nurse Health Data	Develop adoption plan with AISD school nurses	Sept. 23 rd

Project Status Report

Physician Adoption	Adoption Plan:	April 30 th	
	Consultant Hiring Decision	April 30 th	
	Adoption PMO	April 30 th	
	Review Adoption Plan / Prioritize Use Case	April 30 th	
	I-Care Adoption Plan to BOD for Approval	April 30 th	
Begin Quarterly Review of Progress	April 30 th		
DISEASE MANAGEMENT			
Expand PharmCare Program	Complete revised Business Plan	January 31st	
Data Mining and Clinical Evaluation	Data Integrity Program Work Plan Draft to ExCom for Review (moved to 4/22)	April 22 nd	
Data Mining and Clinical Evaluation	Develop Dashboard Report Draft to Sustainability / ExCom	July 25 th	
	Clinical Evaluation Methodology, Asthma	July 22 nd	
	Data Integrity Program Work Plan Draft to ICC Board for Approval (moved to 6/13) – pending member IT staff review	August 12 th	
	Clinical Evaluation Report, Asthma	July 22nd	
	Clinical Eval Plan, Care Coordination	August 31 st	
Expand Asthma Program	Complete First Year Operational and Clinical Evaluation Report	July 22 nd	
	Develop Business Plan for Program Expansion	Aug 22 nd	
Other DM Programs	Develop Diabetes Program Business Plan	Aug 22 nd	
Data Mining and Clinical Evaluation	Develop Dashboard Report Draft to ICC Board for Approval	October 14 th	
Physician Advisory Board DM Collaboration	Develop Methodology for DM Metrics Collection – Reported to PAB Board	October 30 th	

STOPLIGHT TABLE – COMPLETED USE CASE ADOPTION PROJECT PLAN

Major Task Groups	Key Milestones (January/June 2008)	Due Date & Status
DEFINE REQUIREMENTS FOR ICARE SYSTEM ADOPTION		
Gather General System Requirements	Completed requirements definitions	Feb 29 th
IMPLEMENT USE CASES FOR ICC MEMBERS		
Develop functionality for each UseCase type	Report defining completed status of functionality builds	May 1 st
Customize UseCase types and implement at each ICC site	<u>Develop and Implement UseCase</u> <ul style="list-style-type: none"> Final approval of UseCase by ICC member Implementation of UseCase functionality 	Mar 28 th June 30 th
Seton High Alert Program	<u>Develop / Implement UseCase Enhancements</u> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	Mar 28 th
Customize UseCase types and implement at each ICC site	<u>Develop and Implement UseCase</u> <ul style="list-style-type: none"> Final approval of UseCase by ICC member 	April 15 th
ATCMHMR	<u>Develop / Implement UseCase Enhancements</u> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	April 30 th
Customize UseCase types and implement at each ICC site	<u>Develop and Implement UseCase</u> <ul style="list-style-type: none"> Final approval of UseCase by ICC member 	May 27 th
Seton Asthma Program (ICC Asthma Network)	<u>Develop / Implement UseCase Enhancements</u> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	May 27 th
Customize UseCase types and implement at each ICC site	<u>Develop and Implement UseCase</u> <ul style="list-style-type: none"> Final approval of UseCase by ICC member 	July 22 nd
Peoples Community Clinic	<u>Develop / Implement UseCase Enhancements</u> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	July 22 nd
Customize UseCase types and implement at each ICC site	<u>Develop and Implement UseCase</u> <ul style="list-style-type: none"> Final approval of UseCase by ICC member 	July 22 nd
St Davids – MATCH Program	<u>Develop / Implement UseCase Enhancements</u> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	July 22 nd

<p>Customize UseCase types and implement at each ICC site</p> <p>Front Steps Recuperative Care Program</p>	<p><u>Develop and Implement UseCase</u></p> <ul style="list-style-type: none"> Final approval of UseCase by ICC member <p><u>Develop / Implement UseCase Enhancements</u></p> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	<p>Sept 23rd </p> <p>Sept 23rd </p>
<p>Customize UseCase types and implement at each ICC site</p> <p>VHC</p>	<p><u>Develop and Implement UseCase</u></p> <ul style="list-style-type: none"> Final approval of UseCase by ICC member <p><u>Develop / Implement UseCase Enhancements</u></p> <ul style="list-style-type: none"> Final approval of UseCase enhancements by ICC member 	<p>Dec 9th </p> <p>Dec 9th </p>
<p>DEVELOP, MONITOR, REPORT METRICS</p>		
<p>Approval of metrics by ICC Executive Committee</p>	<p>Metrics included on Dashboard Report – tracking users, authorizations</p>	<p>Dec 8th </p>



Communications/Outreach Statistics January - February 2009

Presentations/Events						
Date	Venue/Topic		Presenters	~# in attendance		
2/12/09	Central Texas African American Family Support Conference/Emerge		Trish			
2/11/09	Hispanic Austin Leadership/District Overview		Rosie & Clarke	30		
2/9/09	ATCMHMR/Next Step: New Crisis Respite Facility grand opening		Trish & Tom	30		
Web Site Statistics						
Month	Visits	Unique Visitors	Page views *	Bounce Rate **	Time on Site	Top 3 Pages
Jan., 2009	1,027	695	3,327	44.21%	2:17	1) /employment.htm - 19.54%
						2) /healthcare_services.htm - 15.45%
						3) /people_profile.htm - 10.67%
Dec., 2008	986	695	3,256	43.51%	2:37	1) /employment.htm - 18.09%
<i>*Pageviews is the total number of pages viewed on your site and is a general measure of how much your site is used.</i> <i>**Bounce Rate is the percentage of single-page visits (i.e. visits in which the person left your site from the entrance page).</i>						2) /healthcare_services.htm - 12.53%
						3) /about_district.htm - 10.96%
Earned Media						
Date	Media Outlet	Title/Content		Author/Reporter		
2/13/09	Austin American Statesman	2 Austin hospitals to seek top trauma center status		Mary Ann Roser		
1/14/09	Austin American Statesman	Plan to cover uninsured workers cut back		Mary Ann Roser		
Special Projects						
IT Cutover, Web site and extranet development, North Central Community Health Center communications, transitioning employee event						

Psychiatric Services Stakeholder Meeting

February 9, 2009

4:00 p.m.

Cesar Chavez Building (1111 East Cesar Chavez)

MEETING NOTES

Attendees:

Guy Herman -- Travis County Judge

Sherry Fleming – Travis County Health and Human Services and Veterans Services

Betty Dunkerley – Former Mayor Pro Tem, City of Austin

David Evans – ATCMHMR

Dr. Jim VanNorman – ATCMHMR

Toni Inglis – ATCMHMR Board

Diana Resnik – Seton Family of Hospitals

Dr. Chris Ziebel – Seton Family of Hospitals

Mark Clayton – St. David's Healthcare

Becky Pastner -- St. David's Community Foundation

Dr. Tom Coopwood – Travis County Healthcare District Board Manager

Patricia A. Young Brown – Travis County Healthcare District

Elaine Carroll – Travis County Healthcare District

Beth Peck – Travis County Healthcare District

Guests:

Cecelia Allen, Advocacy, Inc.

Daniel Thompson, DSHS

Agenda/Notes:

1. Update on Crisis Respite Facility

Dr. VanNorman reported that the ribbon cutting for the new Crisis Respite facility had been held last Thursday, February 5th. The current census is 18, so ATCMHMR has asked the Wood Group to begin staffing for more beds. He noted that ATCMHMR is not anticipating to be able to spend all of the crisis respite FY09 award on crisis respite services, so they are working with the state to determine other appropriate uses for these funds. Dr. VanNorman also noted that the preference in terms of client referral for services is to the Inn first before going into Crisis Respite.

In reviewing the ATCMHMR Report on Crisis Services, Judge Herman noted that it appears that currently 80% of the male clients using these services are homeless and 20% of the clients in the community-based crisis respite services are homeless. Dr. VanNorman noted that community-based services are provided in the client's home or on the streets depending on the client's housing situation.

2. CIC Data Reports

Elaine Carroll discussed the activities being undertaken with the Crisis Implementation Committee to really explore the processes for treating individuals with mental health issues. The idea is when all partners better understand each other's processes it will allow for the identification of gaps in care, barriers to care, etc. She also commented on the data graphs which have been developed to more visually see the progress that is being made. Diana Resnik commented that targets for each of the measures still need to be determined.

3. Update on Study of Psychiatric Care in Brackenridge Emergency Department

Dr. Ziebel noted that Advocacy, Inc. has received a grant from the Hogg Foundation to study the care of mentally ill patients at Brackenridge Hospital. The intent of the grant is to improve customer throughput, customer care, and customer and staff safety and share what is learned with other hospitals. Advocacy, Inc. is in the first stages of the study and is working with Brackenridge staff to identify the policies and procedures to be reviewed.

Cecelia Allen with Advocacy, Inc. noted that she will be surveying patients and families of patients cared for at Brackenridge to help identify training needs and then ensure that training is provided. The grant is budgeted for a 12 month period.

4. Update on Legislative Session

David Evans provided a summary report on a number of mental health bills that have already been filed this session. However, the best news so far is that the entire \$81M for state crisis services has been added into the base budget for the next biennium instead of a portion having to be requested as an exceptional item. He noted that ATCMHMR would be testifying on Thursday on the mental health portion of the exceptional items being requested. In addition to the legislative session, David will be meeting with City Manager Ott soon regarding the City funding of ATCMHMR services to try to prevent losing local funds.

It was noted that there have been some items related to local mental health authorities published in the Texas Register for comment. Dr. VanNorman stated that these have to do with community standards of care – quality management, utilization management, etc. He stated that they had just received this information, so he had not had time to review the proposed standards.

Trish Young asked Judge Herman if he knew anything about SB32 which is related to POECs. He stated that he thought that the bill is more for rural areas. The revised text would allow for a peace officer who has taken an individual with mental illness into custody to immediately transport the individual to

- The nearest appropriate inpatient mental health facility;
- A mental health facility deemed suitable by the local mental health authority; or

- A medical facility or other facility that the local mental health authority deems suitable if neither of the first two types of facilities is available.

The bill further states that a jail or similar detention facility is not suitable for a detainee with mental illness unless none of the three identified types of facilities are within 75 miles from the location where the peace officer has custody of the individual. Judge Herman noted that this is Senator Zaffirini's bill and that she has filed similar bills before.

There was a discussion around how the stakeholders could support additional appropriations for mental health services and how we could show a return on investment (ROI) for the crisis dollars that have already been received. David Evans stated that his assignment could be to draft a letter to the legislative delegation or their aides on behalf of the stakeholders. Any ROI estimation would need to be done at a community level rather than a hospital level.

5. It was determined that there will NOT be a March meeting of the stakeholder group. So the next meeting will be Monday, **April 13th** in the Travis County Healthcare District Board Room at 4:00 p.m.



Memo:

To: Travis County Healthcare District Board of Managers

From: Elaine Carroll, Strategic Planning Director

CC: Patricia A. Young Brown

Date: February 26, 2009

Re: Agenda Item #6e: CEO's Report on the Evaluation of the E-merge Program

Background

The District Board of Managers approved the funding of a multi-faceted evaluation of the E-merge program at the June 26, 2008 Board meeting. The evaluation is funded at \$155,000 and will review the following program components:

- Provide a summary analysis of the clinical and demographic characteristics of E-Merge participants to gain a better understanding of the individuals served;
- Evaluate the degree to which mental health screening has been implemented in the general practice health centers to determine appropriateness of current screenings for mental illness and to identify areas for improvement in the primary care mental health screening;
- Evaluate the clinical impact of the E-Merge program through review of longitudinal outcomes of patients participating in the E-Merge program versus the outcomes for a non-E-merge comparison group; and;
- Conduct patient surveys to gather clinical practice and patient outcome variables not obtainable from a medical record to further inform the individual and clinical impact of the E-merge program;

At the time of Board review and approval, a commitment was made to provide at least two reports to the Board on the status of the evaluation. Attached is the first report. It is anticipated that the full evaluation will be complete by the end of August 2009.

Translating Behavioral Health Interventions into the Primary Care Setting: Evaluation of an Integrated Behavioral Health Program for Underserved Patients

Project Status Report
January 23, 2009

This report provides a status update and a description of next steps to be taken for each component of the project. In addition, an updated timeline is provided.

Overall

IRB approval has been obtained for all components of the project. The contract between the Travis County Healthcare District and The University of Texas has been finalized.

Study 1: Characterizing the E-Merge Program

Study 2: Adequacy of Mental Health Screening

Study 3: Evaluating the Impact of the E-Merge Program

Studies 1, 2, and 3 are combined for this update because they share a common data source.

The project has been approved by the ICC Research Committee and Executive Committee. We have had meetings with ICC staff, Integrated Behavioral Health (IBH) program staff, and Decision Support staff to discuss issues regarding data structure, data extraction, data linking, and data analyses. The data have not yet been extracted from the Austin/Travis County NextGen computerized medical records system. The Austin Community Care Services Decision Support staff estimate that the data extraction will begin by mid-February. We will begin data cleaning immediately upon receiving the data. The extent of data cleaning needed will not be known until we receive and evaluate the data. Once we have received the initial NextGen data extraction, it will be necessary to link to the ICC data. We have already had discussions with ICC personnel about this process, and we will begin working on this process immediately upon receiving the data. Data analyses will begin after data cleaning and linking are completed.

Study 4: Survey of E-Merge Participants and Primary Care Staff Perceptions about the Program

Study 4a: Patient Survey

Development of the patient survey instrument is complete. It was adapted from instruments previously validated and used by one of the project team members. The instrument was finalized after several rounds of review and revision by the project team members. It has been translated into Spanish and reverse translated to insure translation accuracy.

Project team members will meet with the clinic managers on January 27, 2009 to describe the patient survey and discuss its implementation. We will make every effort to minimize disruption of the normal clinic routines and procedures. Four clinics have been selected for survey administration: Northeast, South, East, and Rosewood-Zaragosa. The surveys will be administered by a bi-lingual graduate student in the UT School of Social Work. We expect survey administration to begin in February and last for several weeks.

Study 4b: Clinician Survey

After several rounds of review and revision by project team members, the survey instrument was pre-tested by clinicians. Their input was considered in finalizing the instrument. It has been entered into SurveyMonkey[®] for on-line administration. Within the next few days, Dr. Vander Straten will send an e-mail to clinicians inviting them to participate in the survey. The e-mail will contain a link to the on-line survey. Data collection for the clinician survey should be completed by February 28, 2009. Data analyses will begin after data collection has been completed.

Timeline

We expect to complete all components of the project by August 31, 2009. The attached timeline details expected completion dates for the study components.

Respectfully submitted on behalf of the project team,
Ken Lawson, Ph.D.
Associate Professor
College of Pharmacy
The University of Texas at Austin

Updated Timeline

STUDY	Estimated Completion
Studies 1-3	
Preparation and submission to the DRC and IRB	Completed
IRB approval (expedited review)	Completed
Development of a data analysis plan	Preliminary plan completed (will be finalized after evaluating the data)
Data Cleaning	April 30, 2009*
Data Analysis	June 30, 2009*
Final report preparation	August 31, 2009*
Study 4a	
Patient survey development including translation into Spanish	Completed
Preparation and submission to the DRC and IRB (Full board review)	Completed
IRB approval (Full Board review)	Completed
Implementation and data collection	April 30, 2009
Data coding, entry and analysis	June 30, 2009
Final report preparation	August 31, 2009
Study 4b	
Clinician Survey Development	Completed
Preparation and submission to the DRC and IRB	Completed
IRB approval (expedited review)	Completed
Online survey development	Completed
Survey implementation	February 28, 2009
Data Analysis	April 30, 2009
Final report preparation	June 30, 2009

* Estimates are subject to receipt of data by February 28, 2009 and extent of data cleaning needed.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 7

Receive and discuss reports from the Board committees: *ad hoc* Community Care Services Department Transition Committee, Audit and Compliance Committee, Budget and Finance Committee, and Legislative Committee (including a report from HillCo Partners, the District's legislative consultant, on current and anticipated legislative and executive branch, including state agency activities).

(Back-Up – Committee Minutes)

TRAVIS COUNTY HEALTHCARE DISTRICT
BOARD OF MANAGERS
MEETING OF THE TRAVIS COUNTY HEALTHCARE DISTRICT
COMMUNITY CARE SERVICES DEPARTMENT
AD HOC TRANSITION COMMITTEE

MINUTES OF THE MEETING – WEDNESDAY, FEBRUARY 4, 2009

On Wednesday, February 4, 2009, the Community Care Services Department *ad hoc* Transition Committee of the Travis County Healthcare District Board of Managers convened in open session at 8:43 a.m. in the Cesar Chavez Board Conference Room, 1111 E. Cesar Chavez, Austin, Texas 78702. A quorum of the Committee was present. Manager Heidrick presided in Chair Barker's absence. The clerk for the meeting was Margo Davis.

1. **Discuss the current status of the Community Care Services Department transition, including the transfer of CCSD employees and retirement.**
2. **Consider proposed revisions to the Administrative, Equipment and Facilities Agreement between the Travis County Healthcare District and the Central Texas Community Health Centers.**
3. **Discuss next steps in the CCSD transition.**

The joint *ad hoc* Transition committee adjourned on a motion made by Manager Lancaster and seconded by Manager Rodriguez, which was adopted on the following vote:

Chair Bobbie Barker	Absent
Manager Clarke Heidrick	For
Manager Rose Lancaster	For
Manager Frank Rodriguez	For

The meeting adjourned at 9:18 a.m.

Unapproved

TRAVIS COUNTY HEALTHCARE DISTRICT
BOARD OF MANAGERS
BUDGET AND FINANCE COMMITTEE

MINUTES OF MEETING –THURSDAY, JANUARY 15, 2009

On Thursday, January 15, 2009, the Budget and Finance Committee of the Travis County Healthcare District Board of Managers convened in open session at 11:35 a.m. in the Cesar Chavez Board Conference Room, 1111 E. Cesar Chavez, Austin, Texas 78702. A quorum of the committee was present. Clerk for the meeting was Margo Davis.

1. **Approve the minutes from the Budget and Finance Committee meeting on November 20, 2008.**

Clerk's Notes: A motion was made by Manager Rodriguez and seconded by Manager Barker to approve the minutes as presented. The motion was adopted on the following vote:

Chair Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Tom Coopwood	Absent
Manager Frank Rodriguez	For

2. **Receive and discuss the City of Austin Community Care Services Division fiscal year 2008-2009 financial and statistical information.**
3. **Discuss and take appropriate action on items affecting the District's fiscal year 2008-2009 budget and strategic objectives.**
4. **Receive and discuss investment reports related to the TCHD Retirement Plan and Deferred Compensation Plan.**
5. **Receive and discuss a HUB utilization report for FY2008.**

Clerk's Notes: The committee meeting adjourned at 1:20 p.m. on a motion made by Manager Rodriguez and seconded by Manager Barker which was adopted on the following vote:

Chair Rosie Mendoza	For
Manager Bobbie Barker	For
Manager Tom Coopwood	Absent
Manager Frank Rodriguez	For



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 8

**An update on the status of the transfer of the City of
Austin Community Care Services Department to the
District.**

(No Back-Up)



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 9

Discuss and take appropriate action regarding the following proposed leases of community health centers from the City of Austin: (a) A K Black Community Health Center; (b) Rosewood-Zaragosa Community Health Center; (c) South Austin Community Health Center; (d) Montopolis Community Health Center – Long-term ground lease; (e) East Austin Community Health Center; (f) Austin Resource Center for the Homeless; and (g) RBJ Building, Community Health Center Administrative Offices, 5th Floor.

(Back-Up – Memo & Term Sheet)



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 9. Discuss and take appropriate action regarding the following proposed leases of community health centers from the City of Austin: (a) A K Black Community Health Center; (b) Rosewood-Zaragosa Community Health Center; (c) South Austin Community Health Center; (d) Montopolis Community Health Center- Long-term ground lease; (e) East Austin Community Health Center; (f) Austin Resource Center for the Homeless; (g) RBJ Building, Community Health Center Administrative Offices, 5th Floor

SUMMARY AND BACKGROUND

On March 1, 2009, the operation of the Federally Qualified Health Centers ("FQHC") transfers from the City of Austin to the Travis County Healthcare District ("District"). As part of this transition, the District will enter into lease agreements with the City of Austin for the clinic spaces currently owned or leased by the City of Austin. A term sheet for these leases is attached as Exhibit 1.

These lease agreements are to be considered by Travis County Commissioners Court on Tuesday, February 24, 2009 and by the Austin City Council on February 26, 2009.

RECOMMENDED ACTION

Staff recommends that the Board approve the above-referenced transactions between the City of Austin and the Travis County Healthcare District and authorize the District President and CEO to negotiate and execute final agreements on similar terms or on terms more favorable to the District.

Property Leases between the Travis County Healthcare District and the City of Austin

February 19, 2009

Following are the significant terms contained in these leases.

1. The term of all of the leased facilities is for 30 years from the date of inception, October 1, 2004. The leases end on February 28, 2034.
2. The parties agree to meet on or before March 28, 2031 to discuss possible extension of the leases, the terms of which must be mutually agreeable.
3. The parties agree that title to all the furniture and equipment in the leased sites (except for items that are attached to the building, e.g. air-handling systems) has passed to the District.
4. The rent charged to the District will consist only of charges the City incurs and allocates to the District for utilities, trash pickup, building automation system services, etc. The District will be responsible for providing its own janitorial services, telephone, security, and other services.

In sites where the District and the City occupy separate buildings (South Austin, Rosewood Zaragosa, and A.K. Black), the District will provide its own grounds maintenance and parking lot maintenance for the grounds and parking lot areas designated for it.

In sites where the District and the City occupy the same building – where their space cannot be cleanly separated (East, RBJ 5th Floor, and ARCH), the City will provide for grounds and parking lot maintenance; however, the District will have the option to provide those services with prior written approval of the City and if approved, will allocate the cost to the City, as long as the allocation does not exceed the City's budget for those services.

5. The District and the City will have access to telecommunications equipment in the sites based on mutually acceptable protocols.
6. The District may cure a City default (e.g. in providing service or in making repairs) at its own expense and deduct from the rent.
7. The District will do repairs costing less than \$10,000 ("minor repairs") in all sites and will do major repairs (more than \$10,000) in sites where it is in a separate building. At the end of the lease, the City will reimburse the District for the unamortized cost of its repairs, as adjusted by the CPI.

The City will do major repairs in those sites where the space cannot be cleanly

separated and at the end of the lease, the District will reimburse the City for the unamortized cost of these repairs, as adjusted by the CPI.

8. With the written approval of the City, the District may perform alterations or improvements to the sites, including installation of equipment, machinery, or fixtures related to the permitted use, but must satisfy the City's MBE/WBE contracting requirements. Further, such work must be done in accordance with the City's LEEDS ordinance, unless waived, and in accordance with a number of insurance and bond provisions (e.g. surety and performance bonds) that are detailed in an exhibit to the leases.

9. The City will provide insurance on the real property (buildings).

The District will provide insurance on personal property for all sites and will have general liability coverage at each site in the amount of \$1 million.

10. If the City intends to stop using a particular site, e.g. South Austin, for its current use, the District will have 90 days to exercise a first right of refusal to purchase the property; otherwise it will have to vacate the property within 180 days.

11. The District can cancel the leases with 180 days notice at any time.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 10

Discuss and take appropriate action regarding the following proposed transfers of real property from the City of Austin: (a) David Powell Community Health Center and (b) Four tracts of land gifted for the benefit of Brackenridge by Nelson Puett, Jr. (Puett Tracts).

(Back-Up - Memo)



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 10. Discuss and take appropriate action regarding the proposed transfers of real property from the City of Austin: (a) David Powell Community Health Center; and (b) Four tracts of land gifted for the benefit of Brackenridge by Nelson Puett, Jr. (Puett Tracts)

SUMMARY AND BACKGROUND

On March 1, 2009, the operation of the Federally Qualified Health Centers ("FQHC") transfers from the City of Austin to the Travis County Healthcare District ("District"). As part of this transition, and pursuant to statute and the Interlocal Agreement between the District and the City of Austin, the City is conveying title to the David Powell Community Health Center and the Puett Tracts.

These real property transfers are to be considered by Travis County Commissioners Court on Tuesday, February 24, 2009 and by the Austin City Council agenda for February 26, 2009.

RECOMMENDED ACTION

Staff recommends that the Board approve the above-referenced transactions between the City of Austin and the Travis County Healthcare District and authorize the District President and CEO to negotiate and execute final agreements on similar terms or on terms more favorable to the District.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 11

Discuss and take appropriate action regarding the proposed Conveyance of Montopolis Clinic Building and Ground Lease Agreement and Access Easement between the City of Austin and the Travis County Healthcare District.

(Back-Up –Memo & Term Sheet)



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 11. Discuss and take appropriate action regarding the proposed Conveyance of Montopolis Clinic Building and Ground Lease Agreement and Access Easement between the City of Austin and the Travis County Healthcare District

SUMMARY AND BACKGROUND

On March 1, 2009, the operation of the Federally Qualified Health Centers ("FQHC") transfers from the City of Austin to the Travis County Healthcare District ("District"). As part of this transition, and pursuant to statute and the Interlocal Agreement between the District and the City of Austin, the City is conveying title to the Montopolis Community Health Center (buildings onl) with a ground lease and access easement.

This is be considered by Travis County Commissioners Court on Tuesday, February 24, 2009 and on the City of Austin's agenda for February 26, 2009.

RECOMMENDED ACTION

Staff recommends that the Board approve the above-referenced transaction between the City of Austin and the Travis County Healthcare District and authorize the District President and CEO to negotiate and execute final agreements on similar terms or on terms more favorable to the District.

Montopolis Groundlease between the Travis County Healthcare District and the City of Austin and Conveyance of Buildings

February 20, 2009

Following are the significant terms contained in this lease and conveyance.

1. In accordance with Chapter 281 of the Texas Health and Safety Code, The City will convey two buildings on the Montopolis site to the District: one a permanent building of 3,284 square feet that houses the clinic operations, the other a temporary or mobile building of 672 square feet that houses the clinic administrative staff.
2. The buildings are located on dedicated parkland and the lot the clinic building and the administrative building are on cannot be divided, so the parties agreed to a 99-year groundlease.
3. The parties agree that title to all the furniture and equipment in the leased sites (except for items that are attached to the building, e.g. air-handling systems) has passed to the District.
4. The rent charged to the District will consist only of charges the City incurs and allocates to the District for utilities, trash pickup, building automation system services, etc. The District will be responsible for providing its own janitorial services, telephone, security, and other services.
5. The District and the City will have access to telecommunications equipment in the site as necessary and based on mutually acceptable protocols.
6. The District can make alterations or improvements to the buildings with approval of the City, which approval will not be unreasonably withheld.
7. The District will provide insurance on the real property (buildings) and will provide general liability coverage in the amount of \$1 million.
8. The City can terminate the Montopolis groundlease if the District ceases to use the property for a permitted use (any use consistent with its mission). The City has the first right of refusal to take back the groundlease if the District ceases to operate on the site; otherwise, the District may allow a third party to use the property but only for a permitted use.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 12

Discuss and take appropriate action regarding the following proposed leases of community health centers from Travis County, Texas: (a) Manor Community Health Center (East Clinic); (b) Pflugerville Community Health Center (North Clinic); (c) Oak Hill Community Health Center (West Clinic); and (d) Del Valle Community Health Center (South Clinic).

(Back-Up – Memo & Term Sheet)



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 12. Discuss and take appropriate action regarding the following proposed leases of community health centers from Travis County, Texas:
(a) Manor Community Health Center; (b) Pflugerville Community Health Center;
(c) Oak Hill Community Health Center; and (d) Del Valle Community Health Center

SUMMARY AND BACKGROUND

On March 1, 2009, the operation of the Federally Qualified Health Centers ("FQHC") transfers from the City of Austin to the Travis County Healthcare District ("District"). As part of this transition, the District will enter into lease agreements with Travis County for the clinic spaces currently owned or leased by Travis County. A term sheet for these leases is attached as Exhibit 1.

These lease agreements are to be considered by Travis County Commissioners Court on Tuesday, February 24, 2009.

RECOMMENDED ACTION

Staff recommends that the Board approve the above-referenced transactions between Travis County and the Travis County Healthcare District and authorize the District President and CEO to negotiate and execute final agreements on similar terms or on terms more favorable to the District.

Property Lease between the Travis County Healthcare District and the Austin Geriatric Center

February 20, 2009

Following are the significant terms contained in these leases.

1. The term of all of the County leased facilities is for 40 years from the date of inception, October 1, 2004. The leases end on September 30, 2044.
2. The parties agree that title to all medical services equipment located in the facilities transferred to the District on June 23, 2005.
3. The rent charged to the District will consist only of charges the County incurs and allocates to the District for facility operating expenses, e.g. utilities, trash pickup, janitorial services, security, and maintenance, repair and replacement of building equipment, materials, and supplies. The County will provide or arrange for the provision of all of these services.
4. Rent will be paid annually to the County in advance on an estimated or budget basis, with a reconciliation to actual done within 30 days after the end of the lease year. The initial lease year is March 1, 2009 through February 28, 2010.
5. The District will have access to telecommunications equipment in the sites based on written protocols mutually agreed upon by the District and the County.
6. The County agrees to keep the facilities in good working condition and to make all structural and non-structural repairs necessary to do so; provided, however, that if the facility is destroyed or rendered not fit for use by fire or other casualty, the County may decide not to repair or replace the facility, in which case the lease will terminate.
7. The County will provide insurance on the real property (buildings). The District will provide insurance on personal property for all sites and will have general liability coverage at each site in the amount of \$1 million.
8. If the County decides it wishes to transfer ownership of the facility to a third party, the District will have 90 days to exercise a first right of refusal to purchase the property; otherwise it will have to vacate the property within 180 days.
9. The District can cancel the leases with 180 days notice at any time.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 13

**Discuss and take appropriate action regarding the
proposed Fifth Amendment to the Interlocal Agreement
between Travis County Healthcare District and Travis
County, Texas.
(Back-Up - Memo)**



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 13. Discuss and take appropriate action regarding the proposed Fifth Amendment to the Interlocal Agreement between Travis County Healthcare District and Travis County, Texas

SUMMARY AND BACKGROUND

The Fifth Amendment to the Interlocal Agreement for Services between Travis County and the Travis County Healthcare District deletes the requirement for payment from the Healthcare District for the services Facilities Management has been providing the clinics. Previously the payments have been routed through the City of Austin. The payments will now be handled through the County/District leases. The Fifth Amendment also allows the District's eligibility staff to retain their office spaces and file rooms in the County-owned buildings that are adjacent to the clinics.

This Fifth Amendment to the Interlocal Agreement for Services between Travis County and the Travis County Healthcare District will be considered by Travis County Commissioners Court on Tuesday, February 24, 2009.

RECOMMENDED ACTION

Staff recommends that the Board approve the Fifth Amendment to the Interlocal Agreement for Services between Travis County and the Travis County Healthcare District and authorize the District President and CEO to negotiate and execute a final agreement on similar terms or terms more favorable to the District.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 14

**Discuss and take appropriate action regarding the
proposed Interlocal Agreement for Close-Out and Post-
Transition Services with the City of Austin.
(Back-Up – Term Sheet)**

Post-Transition Interlocal Agreement (March 1, 2009) between the Travis County Healthcare District and the City of Austin

February 19, 2009

Following are the significant terms contained in the new interlocal agreement.

1. The District and the City will establish protocols for mutual access to telecommunications equipment in the clinic sites and may convey certain IT equipment to each other in exchange for a mutually agreed-upon price, with payment either in cash or through barter for services.
2. The City's Health and Human Services Department (HHSD) will provide landscaping and lawn maintenance services at the District's Cesar Chavez building, the David Powell Clinic, and the South Austin, Montopolis, Rosewood-Zaragosa, A.K. Black, and East Austin clinics for \$1,624 per month.
3. HHSD will provide courier services with twice daily pickup to/from the District/CTCHC sites and other locations, e.g. the post office, UMC at Brackenridge, etc.

The parties have not yet agreed to the amount the District will pay for these services. HHSD proposes to charge \$10,792 per month; the District proposes to pay \$9,827 – the difference is a 9.2% charge of HHSD administrative overhead.

The parties may resolve this issue in a meeting Friday, February 20, 2009.

4. The City will include the District/CTCHC sites in its master commercial refuse collection contract with Waste Management, Inc. and will include the collection fee in the rent it charges for the leased sites and invoice the District directly for the sites it owns.
5. The City will lease or sell to the District the pickup truck that CCSD building maintenance staff has been using at a price to be agreed upon.
6. The District and the City will cooperate to ensure that residual business transactions (payments to vendors, collections on receivables) are handled promptly and appropriately and will cooperate to make logistical changes effectively, e.g. changes to post office boxes. The parties also agree that there may be more City contracts that the District needs to have assigned to it, and that they will cooperate to do this.
7. The City will provide the District with accounting and personnel information it needs from the City's systems in a mutually acceptable format. The City will provide the District with information from its geographic information system in a mutually acceptable format.

8. Within 180 days after the effective date, the City will provide the District with an initial report showing the final ending balance for the original interlocal and will pay the District any positive balance (excess of revenue to the City including payments from the District over expenditures) in excess of \$500,000. By January 31, 2010, the City will give the District the final report on the ending balance and will pay any remaining positive balance. At its own expense, either party may have an audit done to confirm or correct the ending balance.

The parties do not agree on this provision. The Original Interlocal provides that the City absorb any negative balance. The City's is requesting in this interlocal that the District pay any negative balance.

The District has countered, as follows:

- (a) Responsibility for any negative balance split 50-50.
- (b) Include language that assures the District that the methodology for recording costs to the CCSD will not be changed for the partial 2009 fiscal year – in other words, that there will be no interdepartmental allocations or other charges made to CCSD's budget that were not done in prior years, i.e., no "loading" of additional costs not previously charged nor changes to allocation methodologies previously applied.
- (c) In the second and final year end balance report, the District will receive details on any adjustments made after February 2009 to CCSD's revenue and expenditure records.
- (d) Any disagreements as to revenue or expenditure adjustments be subject to mediation.
- (e) Any negative balance is first paid or partially paid by reducing charges from HHSD for courier services (item 3 above), up to seven months of such charges. This will have to happen in FY2010, because we will not know the amount of the negative balance until then, but will reflect the number of months' charges the District will incur in the current fiscal year (March through September of 2009).

The parties may resolve this issue in a meeting Friday, February 20, 2009.

9. Within 30 days after the effective date, the City will pay the District 80% of the balance remaining in the FQHC/MAP capital account. The remaining balance will be used by the City to account for residual billings against the capital account until January 31, 2010, at which time any remaining balance will be paid to the District.
10. The City will convey to the District the petty cash that is on hand in the clinics. The District will purchase any un-expensed pharmacy inventory from the City after verifying its cost.

11. The City agrees that the District/CTCHC will use the Medicare and Medicaid numbers currently assigned to the City to bill for services provided after the effective date until the federal government assigns numbers to the District.
12. The City will exercise due diligence to complete investigations of violations of law or policy by CCSD employees prior to the effective date. The City will continue to pursue uncompleted investigations after the effective date at its own cost and will provide a full report to the District upon completion.
13. Any CCSD employees who were injured on the job before February 28 will continue to receive related benefits from the City until their workers compensation claim ends, except for wage continuation, which will expire on February 28.
14. The time that a CCSD employee worked at the City will be taken into consideration in determining his/her Family Medical Leave Act (FMLA) eligibility, and any FMLA leave taken by the employee while working for the City during the 12 months prior to the date that employee requests FMLA leave from the District will be counted against the employee's FMLA leave balance at the District.
15. There are City HHSD employees who are now housed in three clinic sites (Northeast, East, and A.K. Black) and who are working either in the City's Women, Infants, and Children grant program or in the City's African American Quality of Life program. The District will continue to provide these employees the same amount of space as is currently allocated to them at no charge.
16. The term of the interlocal will be for one year; it will automatically renew if not cancelled or modified.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 15

**Discuss and take appropriate action regarding the proposed lease assignment agreement with Austin Geriatric Center, Inc. for the RBJ Dental facility.
(Back-Up – Memo & Lease)**



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 15. Discuss and take appropriate action regarding: Proposed lease agreement with Austin Geriatric Center, Inc. for the RBJ Dental facility.

SUMMARY AND BACKGROUND

The City of Austin entered a into a lease agreement on June 7, 2004 with Austin Geriatric Center, Inc. for the Clinic Building located at 21 Waller Street, Austin, Texas 78702. The Clinic Building serves as a dental clinic. The City of Austin exercised the option to extend the lease on the same terms and conditions through May 30, 2013. Additionally, the City notified Austin Geriatric Center, Inc. of its intent to assign the lease to the Travis County Healthcare District effective March 1, 2009.

This lease assignment is to be considered by Travis County Commissioners Court on Tuesday, February 24, 2009 and by the Austin City Council on February 26, 2009.

RECOMMENDED ACTION

Staff recommends that the Board approve the assignment, assumption, and consent agreement among Austin Geriatric Center, Inc., City of Austin, and the Travis County Healthcare District and authorize the District President and CEO to negotiate and execute a final agreement on similar terms or terms more favorable to the District.

Property Lease between the Travis County Healthcare District and the Austin Geriatric Center (AGC) for the RBJ Dental Clinic

February 20, 2009

Following are the significant terms contained in this lease, which was assigned to the District from the City in December 2008.

1. The current version of the lease, as amended by the lease assignment in December 2008, dates back to June 7, 2004. The current term is through May 3, 2013. This current term (June 7, 2004 – May 3, 2013) is the first and only extension option of the original lease, which dates back to 1992.
2. The rent is \$9,075 per month and has a CPI escalation charge. The rent includes all operating and maintenance costs of the facility other than janitorial services, which the District will contract for separately.
3. The lease includes the use of 40 undesignated parking spaces.
4. The District cannot make major alterations or structural changes to the facility without the AGC's consent.
5. AGC agrees to keep the facilities in good working condition and to make all structural and non-structural repairs necessary to do so; provided, however, that if the facility is destroyed or rendered not fit for use by fire or other casualty, AGC may decide not to repair or replace the facility, in which case the lease will terminate.
6. AGC will provide insurance on the real property (building) but not the District's personal property. AGC will also provide general commercial property for the facility.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 16

**Discuss and take appropriate action regarding the
proposed Interlocal Agreement with the City of Austin
Emergency Medical Services.
(Back-Up - Memo)**



Memo:

To: Travis County Healthcare District Board of Managers

From: Elaine Carroll, Strategic Planning Director

CC: Patricia A. Young Brown

Date: February 26, 2009

Re: Agenda Item #16: City of Austin Emergency Medical Services Interlocal Agreement for MAP Enrollees

Background

Emergency transportation services are a covered benefit for the MAP enrollees. Currently, these services are provided through the Emergency Medical Services (EMS) Department of the City of Austin and are funded through an interdepartmental transfer of funds between the City's EMS Department and the Community Care Services Department. Since the District desires to maintain these services for MAP enrollees, an Interlocal Agreement between the City of Austin and the District will be required.

A listing of the scope of services to be provided by EMS is attached. The proposed reimbursement for these services is \$325,000 annually; however, staff are in the process of meeting with the City to finalize the terms and the reimbursement rate/stipend for these services.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 17

**Discuss and take appropriate action regarding the
employment of physicians, dentists or other health care
providers.**

(Back-Up - Memo)



Memorandum

To: Travis County Healthcare District Board of Managers

From: Patricia Young Brown, President and CEO

Date: February 20, 2009

Re: Agenda Item 17. Discuss and take appropriate action regarding the employment of physicians, dentists or other health care providers

SUMMARY AND BACKGROUND

On March 1, 2009, the operation of the Federally Qualified Health Centers ("FQHC") transfers from the City of Austin to the Travis County Healthcare District ("District"). The District will employ professional and administrative staff to perform services for the FQHCs through assignment to the Central Texas Community Health Centers, d/b/a/ CommUnityCare. The District will enter into employment contracts with physicians and dentists. The District's authority to enter into these contracts is Section 281.0281 of the Texas Health and Safety Code, which states "The board, as it considers necessary for the efficient operation of the district, may employ: (1) physicians as provided in this section and Sections 162.001(c-4) and (c-5), Occupations Code; and (2) dentists or other health care providers."

RECOMMENDED ACTION

Staff recommends that the Board delegate the authority to employ physicians, dentists, and other health care providers to the District's President and CEO. This action is consistent with the Board's Bylaws, which provide that the President and CEO employ, evaluate, and discharge all employees of the District.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 18

**Discuss and take appropriate action regarding revised
Personnel Policies and newly proposed Personnel Policies.
(Back-Up – Memo & HR Policies)**



Memo

**To: Travis County Healthcare District,
Board of Managers**

**From: Patricia A. Young Brown
President and Chief Executive Officer**

Date: February 26, 2009

**Re: Agenda Item: 18. Revisions to Personnel Policies and proposed
revisions to the list of Personnel Policies requiring Board of
Managers' review and approval.**

Please find below recommendations regarding Board of Managers' review and approval of Travis County Healthcare District Personnel Policies:

1. I am recommending that the Board of Managers approve delegating to me approval of the following policies previously designated as requiring Board of Manager review and approval:
 - HR 2 – 023, Layoff
 - HR 3 – 002, Employee Classifications
 - HR 3 – 003, Classification and Compensation
 - HR 4 – 002, Paid Time Off (PTO)-Non-Executives (Tier A & B)
 - HR 4 – 003, Short-term Absences
 - HR 4 – 006, Leaves of Absence
 - HR 4 – 008, Retirement
 - HR 4 – 009, Tuition/Expense Reimbursement
 - HR 4 – 010, Employee Recognition

2. I am recommending that the Board of Managers add the following personnel policy to the list of policies requiring Board of Managers' review and approval:
 - HR 5 – 002, Workers' Compensation Insurance
 - HR 5 – 004, Security and Loss Prevention

3. I am recommending that the Board of Managers review and approve of the following attached and revised personnel policies:
 - HR 1 - 001, Personnel Policy Development
 - *Revised to delete reference to Personnel Committee of the TCHD Board of Managers.*
 - HR 4 - 001, Disclosure of Benefits
 - *Revised to reflect benefits previously approved by the Board of Managers and effective as of March 1, 2009.*
 - HR 4 - 005, Family and Medical Leave Act
 - *Revised to incorporate recent amendments to the Family and Medical Act.*
 - HR 4 - 011, Paid Time Off (PTO) - Executives
 - *Added column to accrual chart reflecting accrual in Hours and Minutes to be consistent with ADP payroll system.*

4. Provided the Board of Managers approves the changes suggested in Item 1. above, the following attached policies have been revised or developed and the list below is being provided for your information:

HR 3 – 002, Employee Classifications

- *Revised to remove reference to unclassified positions.*

HR 3 - 003, Classification and Compensation

- *Policy reordered and revised to reflect delegated approval of compensation decisions to supervisors and managers.*

HR 4 - 002, Paid Time Off (PTO) - Non-Executive (Tier A & B)

- *Added column to accrual chart reflecting accrual in Hours and Minutes to be consistent with ADP payroll system.*

HR 4 - 009, Tuition/Expense Reimbursement

- *New policy.*

**Travis County Healthcare District
Personnel Policy Index
R 2/23/2009**

Policy Number	Currently Requires Board Approval	Policy Name	Effective Date	Revision for Approval by Board	Recommend Continue Board Approval	Recommend President/CEO Approval
Section 1 - General Information						
HR 1 - 001	Yes	Personnel Policy Development	R2/18/2009	yes	yes	no
HR 1 - 002		Interpretation of Personnel Policies	R1/30/2008			
HR 1 - 003		Employment-At-Will	6/30/2005			
HR 1 - 004	Yes	Equal Employment Opportunity	8/31/2007	no	yes	no
HR 1 - 005	Yes	Policy Against Harassment	8/31/2007	no	yes	no
HR 1 - 006	Yes	Drug-Free Workplace Policy	8/31/2007	no	yes	no
Section 2 - Employment						
HR 2 - 001		Hiring	R1/30/2008			
HR 2 - 002		Background Checks	12/7/2007			
HR 2 - 003		Introductory Period	R12/7/2007			
HR 2 - 004		Hours of Work	R2/18/09			
HR 2 - 005		Flexible Scheduling	1/30/2008			
HR 2 - 006		Telecommuting	2/6/2009			
HR 2 - 007		Orientation, Training and Development	2/18/2009			
HR 2 - 008	Yes	Standards of Conduct	R1/24/2008	no	yes	no
HR 2 - 009		Attendance and Punctuality	2/18/2009			
HR 2 - 010		Medical Procedures	12/7/2007			
HR 2 - 011		Personal Appearance of Employees	12/7/2007			
HR 2 - 012		Computer, Internet Usage and Electronic Mail	12/7/2007			
HR 2 - 013		Customer Relations	12/7/2007			
HR 2 - 014		Outside Employment	2/18/2009			
HR 2 - 015		Participation in Professional Associations, Community Affairs and Civic Organizations	2/18/2009			
HR 2 - 016		Performance Evaluation	12/3/2008			
HR 2 - 017		Discipline	R10/1/08			
HR 2 - 018		Complaint Resolution	10/1/2008			
HR 2 - 019		Personnel Records	2/18/2009			
HR 2 - 020		Personal Property	2/18/2009			
HR 2 - 021		Solicitation	2/6/2009			
HR 2 - 022		Smoking	2/18/2009			
HR 2 - 023	Yes	Layoff	8/31/2007	no	no	yes
HR 2 - 024		Termination of Employment	R2/18/2009			
Section 3 - Compensation						
HR 3 - 001		Pay	R2/18/09			
HR 3 - 002	Yes	Employee Classifications	R2/18/09	no	no	yes
HR 3 - 003	Yes	Classification and Compensation	R2/18/09	no	no	yes
HR 3 - 004		Relocation	2/18/2009			
HR 3 - 005		Automobile Usage	9/9/2008			
HR 3 - 006		Travel	2/18/2009			
HR 3 - 007		Shift Differential	To be Drafted			

**Travis County Healthcare District
Personnel Policy Index
R 2/23/2009**

Policy Number	Currently Requires Board Approval	Policy Name	Effective Date	Revision for Approval by Board	Recommend Continue Board Approval	Recommend President/CEO Approval
Section 4 - Benefits						
HR 4 - 001	Yes	Disclosure of Benefits	R3/1/09	yes	yes	no
HR 4 - 002	Yes	Paid Time Off (PTO)-Non-Executive (Tier A & B)	R2/9/2009	no	no	yes
HR 4 - 003	Yes	Short-term Absences	8/31/2007	no	no	yes
HR 4 - 004	Yes	Holidays	R1/24/2008	no	yes	no
HR 4 - 005	Yes	Family and Medical Leave Act	R2/18/09	yes	yes	no
HR 4 - 006	Yes	Leaves of Absence	R1/30/2008	no	no	yes
HR 4 - 007		Serious Diseases	2/18/2009			
HR 4 - 008	Yes	Retirement	9/13/2007	no	no	yes
HR 4 - 009	Yes	Tuition/Expense Reimbursement	2/18/2009	no	no	yes
HR 4 - 010	Yes	Employee Recognition	8/31/2007	no	no	yes
HR 4 - 011	Yes	Paid Time Off (PTO) (Executives)	R2/9/2009	yes	yes	no
Section 5 - Safety, Health and Risk Management						
HR 5 - 001		Employee Safety and Maintenance of Work Areas	2/18/2009			
HR 5 - 002		Workers' Compensation Insurance	R2/18/09	yes	yes	no
HR 5 - 003		Return to Work	R2/18/09			
HR 5 - 004		Security and Loss Prevention	1/30/2008	existing policy	yes	no

Travis County Healthcare District

Policy Name: Personnel Policy Development	Policy Number: HR 1 - 001
Approval: 	
President/CEO: Patricia A. Young Brown	Date: February 18, 2009
Attachments:	
Effective Date: August, 17 2005	Last Revision Date: August 31, 2007

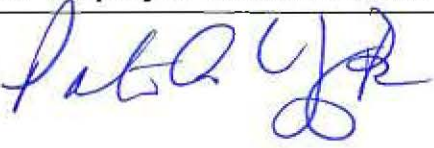
Policy:

It is the policy of the Travis County Healthcare District (TCHD) to provide a consistent system for the development, approval, and distribution of TCHD personnel policies within the organization. To ensure consistency in format and avoid duplication of effort, all personnel policies will be coordinated through the President and Chief Executive Officer's (CEO) Human Resources Designee.

Comments:

- (1) Personnel policies may be reviewed and/or drafted for the following reasons:
 - (a) A new policy is needed to address a need or issue that has not previously been addressed;
 - (b) A change in policy is mandated by a change in administrative policy, laws, or regulations governing the TCHD;
 - (c) A change in policy is needed to reflect changes in TCHD operations; or
 - (d) In the discretion of the President and CEO or the Board of Managers, a revision to TCHD policies is desired.
- (2) All personnel policies will be reviewed on a periodic basis.
- (3) Upon approval by the President and CEO or the TCHD Board of Managers, as appropriate, the President and CEO's Human Resources Designee shall make available copies of policies to all TCHD employees.
- (4) The President and CEO's Human Resources Designee shall maintain a complete set of current TCHD personnel policies for reference use by TCHD employees and Board of Managers members.

Travis County Healthcare District

Policy Name: Employee Classifications	Policy Number: HR 3 - 002
Approval: 	
President/CEO: Patricia A. Young Brown	Date: February 18, 2009
Attachments:	
Effective Date: June 30, 2005	Last Revision Date: August 31, 2007

Policy:

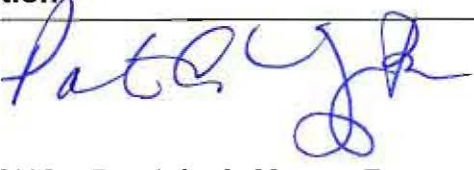
It is the policy of the Travis County Healthcare District (TCHD) to comply with the Fair Labor Standards Act (FLSA) and all applicable state, local, and federal laws with respect to compensation.

Comments:

- (1) Employees generally may be categorized as follows:
 - (a) A nonexempt employee generally is subject to the minimum wage and overtime provisions of the FLSA and typically is paid on an hourly basis.
 - (b) An exempt employee is exempt from the provisions of the FLSA and is not entitled to overtime payments. Exempt employees typically are paid on a salary basis and include administrative, executive, and professional employees, certain highly skilled computer professionals, and certain highly compensated employees.
 - (c) A full-time, regular, non-executive employee is an individual who works a minimum of thirty (30) hours per week and is hired for an indefinite period. A full-time regular, non-executive employee can be categorized as nonexempt or exempt.
 - (b) A part-time, regular, non-executive employee is an individual who works less than a thirty (30) hour workweek and is hired for an indefinite period. A part-time, regular, non-executive employee can be categorized as nonexempt or exempt. For purposes of eligibility for certain benefits, part-time employees will be categorized as 20-29 hours per week or less than 20 hours per week based on the number of hours scheduled in a normal workweek (see Disclosure of Benefits, Policy Number HR 4-001; Retirement, Policy Number HR 4-008; and

- Paid Time Off (PTO) Policy, Policy Number HR 4-002).
- (c) A full-time, regular, executive employee is an individual who works a minimum of thirty (30) hours per week and is hired for an indefinite period. A full-time, regular, executive employee will be categorized as exempt.
 - (d) A temporary employee generally is an individual who is hired either part-time or full-time for a specified, limited period. A temporary employee may be categorized as nonexempt or exempt.
- (3) Full-time, regular, executive and non-executive employees generally are eligible for paid absences and holidays as discussed in Paid Time Off (PTO), Policy Number HR 4 - 002; Short-Term Absences, Policy Number HR 4 - 003; and Holidays, Policy Number HR 4 - 004. Eligibility of temporary and part-time, regular employees for these benefits also is discussed in those policies. An employee whose status changes from full-time to part-time may use any days of PTO accrued as a full-time employee. An employee whose status changes from temporary or part-time to full-time will be considered as hired on the date of the change of status for purposes of eligibility for paid absences and PTO.
- (5) All employees, regardless of classification, are considered to be employed "at will" and may quit or be terminated at any time and for any lawful reason (see Employment-At-Will, Policy Number HR 1 - 003).
- (6) If an employee believes that he or she is improperly categorized, the employee should bring this to the attention of his or her supervisor. The supervisor, in coordination with the President and CEO's Human Resources Designee, will make a determination of the accuracy of the employee's categorization (see Classification and Compensation, Policy Number HR 3 - 003).

Travis County Healthcare District

Policy Name: Classification and Compensation	Policy Number: HR 3 - 003
Approval: 	
President/CEO: Patricia A. Young Brown	Date: February 18, 2009
Attachments:	
Effective Date: August 31, 2007	Last Revision Date: February 18, 2009

Policy:

It is the policy of the Travis County Healthcare District (TCHD) to pay compensation that is nondiscriminatory and competitive and to evaluate all jobs in order to establish a consistent basis for measuring and establishing the relative worth of each job. However, all compensation policy decisions must take into consideration the TCHD's overall financial condition and competitive position and is subject to the TCHD having funds available within the current budget or through an approved budget amendment or transfer. It is the policy of the TCHD to comply with all federal and state laws and regulations regarding compensation. The President and Chief Executive Officer (CEO) has overall responsibility for the TCHD's classification and compensation program.

Comments:

- (1) The unique characteristics of the TCHD are considered when determining the TCHD's classification and compensation program including its pay structure. The TCHD will, when considered appropriate, participate in, conduct or purchase compensation surveys covering other similar employers with similar jobs. This and other available information should be used to help set pay policy and to determine the relative competitive position of the TCHD's pay structure. On a periodic or as needed basis in order to maintain the TCHD's classification and compensation program, the President and CEO's Human Resources Designee will:
 - Conduct a market review and make a recommendation to the President and CEO on percentage changes in the TCHD's pay structure to adjust pay rates to be comparable with other organizations in the market; and


- Conduct or request an external party to conduct a market review of designated TCHD positions and recommend to the President and CEO any needed pay grade or range changes; and
 - Review the TCHD's overall compensation program to identify and recommend any needed changes. The President and CEO will have final approval of all changes to the TCHD's Compensation program.
- (2) The President and CEO's Human Resources Designee is further responsible for:
- (a) Developing, administering and maintaining the TCHD's classifications including preparing and routinely updating written job descriptions for each position in the TCHD. It will become necessary to develop new job descriptions when:
 - A new position is created; or
 - A job description no longer accurately reflects the actual duties and responsibilities of a position.

All new job descriptions and changes to job descriptions must be submitted by the supervisor to the President and CEO's Human Resources Designee;
 - (b) Assigning a pay range, in consultation with management, to all classified jobs based on the market for the job and/or the job's duties, responsibilities, requirements, demands and the TCHD's available resources. The President and CEO will have final approval of pay grade assignments; and
 - (c) Coordinating the continuing internal review of all compensation and for ensuring that each classified job is evaluated and assigned an internally equitable salary range. This review should determine whether compensation accurately and fairly reflects each individual's responsibilities and performance and is consistent with the TCHD's available resources.
- (3) The following guidelines should be followed with regard to pay actions:
- (a) **Starting rate of pay** - New employees will be hired at a starting rate based on the applicant's experience and/or skill level and taking into consideration internal equity or other competitive considerations as well as TCHD available resources. Supervisors may make an offer to an applicant based on the above criteria. The President and CEO's Human Resources Designee is available as a resource to supervisors for determining an appropriate rate of hire. It is recommended that the supervisor discuss with the President and CEO's Human Resources Designee any offers that will exceed the midpoint of the pay range.
 - (b) **Promotion** - A promotion is a change in the duty assignment of an employee from a position in one classification to a position in another classification in a higher pay range. A promotion recognizes advancement to a higher position requiring higher qualifications and involving greater responsibility. Promotions are recommended by the employee's supervisor and are approved by the employee's manager. A recommendation on a pay increase must be reviewed and approved

by the supervisor's manager before implementation by Human Resources. The President and CEO's Human Resources Designee is available as a resource to supervisors in this instance.

- (c) **Demotion** - A demotion is a change in duty assignment of an employee from a position in one classification to a position in another classification in a lower pay range. Demotions may be made for the purpose of voluntary assumption of a less responsible position, as a result of a reclassification of the employee's position, or as a disciplinary measure due to unsatisfactory performance in a higher position. Demotions are recommended by the employee's supervisor and are approved by the supervisor's manager. A recommendation on a pay decrease must be reviewed and approved by the supervisor's manager before implementation by Human Resources. The President and CEO's Human Resources Designee is available as a resource to supervisors in this instance.
- (d) **Lateral transfer** - A lateral transfer is the movement of an employee between positions in the same pay range within the TCHD. Lateral transfers may be made within the same department or between departments. Lateral transfers may be requested by the employee or the supervisor to whose department the employee will be transferred, and must be approved by the supervisor's manager. A laterally transferred employee will typically retain their rate of pay prior to the transfer and will retain the same effective employment date and all accrued Paid Time Off (PTO). The President and CEO's Human Resources Designee is available as a resource to supervisors in this instance.
- (e) **Reclassification** - A reclassification is a reassignment of a position to a lower, higher, or different classification based on current duties and responsibilities of the position. Reclassifications are initiated by either the supervisor or the President and CEO's Human Resources Designee. A recommendation on any pay change as a result of a reclassification to a higher or lower classification will normally be recommended by the President and CEO's Human Resources Designee in conjunction with the supervisor and approved by the supervisor's manager before implementation.
- (f) **Performance-based pay increases** - Supervisors are responsible for conducting performance evaluations, according to TCHD policy. Any pay increases based on a performance evaluation will be subject to available funding (see Performance Evaluation, Policy Number HR 2 – 017 and Performance Evaluation Procedure).

Travis County Healthcare District

Policy Name: Disclosure of Benefits	Policy Number: HR 4 - 001
Approval: 	
President/CEO: Patricia A. Young Brown	Date: March 1, 2009
Attachments:	
Effective Date: June 30, 2005	Last Revision Date: September 13, 2007

Policy:

It is the current policy of the Travis County Healthcare District (TCHD) to provide its employees with various health, welfare and retirement benefits when possible. Information and summaries intended to explain these benefits will be furnished as appropriate to all plan participants on a timely and continuing basis. The TCHD reserves the right to modify, amend, or terminate benefits as they apply to all current, former, and retired employees and in accordance with all applicable laws. Benefits under each benefit plan will be paid only if the TCHD decides that the applicant is entitled to them.

Comments:

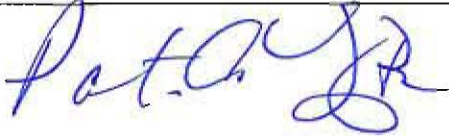
- (1) The TCHD currently offers certain benefits to eligible employees, including health, dental, life, accidental death and dismemberment, short and long-term disability, and vision insurance; a pre-paid legal plan; an employee assistance program; a defined contribution retirement plan; a deferred compensation plan; a Internal Revenue Code Section 125 Premium Only Plan and Flexible Spending Account Plans for medical and dependent care; and access to back-up care. The TCHD also currently provides other benefits to eligible employees such as paid time off, designated paid holidays, other paid short-term absences and approved reimbursement for tuition and expenses, and other training and professional development expenses. (For information on these additional benefits, see Paid Time Off (PTO), Policy Number HR 4 - 002; Holidays, Policy Number HR 4 - 004; Short-Term Absences, Policy Number HR 4 – 003, Tuition/Expense Reimbursement, Policy Number HR 4 – 009, and Orientation, Training and Development, Policy Number HR 2 - 007.)

- (2) All benefits provided by the TCHD are described in official documents that are kept on file in the TCHD's offices. These documents are available for examination by any plan participant or beneficiary. In addition, these documents are the only official and binding materials concerning the TCHD's health, welfare and retirement plans. All summaries and communications, both written and verbal, must refer to these documents as binding in cases of questions or disputes.
- (3) The TCHD is responsible for administering the TCHD's health and welfare plans and the TCHD's defined contribution and deferred compensation plans. The TCHD is responsible for all communications and disclosures concerning TCHD benefits and for compliance with all applicable laws and regulations. In addition, a designated Call Center and the Human Resources Coordinator are available to answer questions concerning the benefit plans.
- (4) Under certain of the TCHD's benefits plans and the defined contribution and deferred compensation retirement plans, each employee must designate a beneficiary for the employee's death benefits. The designation must be made in a form acceptable to the TCHD and the specific retirement plan. It is the employee's responsibility to maintain proper beneficiary designations (see Personnel Records, Policy Number HR 2 – 019).
- (5) Employees will be responsible for enrolling only eligible spouses, domestic partners and other dependents in benefit plans that provide for such coverage. Employees will also be responsible for terminating coverage on a spouse, domestic partner or other dependent that is no longer eligible for coverage. It is the employee's responsibility to alert the TCHD Human Resources Coordinator to any changes in status affecting eligibility. Employees found to have enrolled or failed to terminate an ineligible dependent will be subject to disciplinary action up to and including termination of employment (see Discipline, Policy Number HR 2 – 017).
- (5) Participant contributions to benefit plans normally will be deducted from the employee's paycheck if the employee has authorized the deduction in writing. For policies related to continuation of benefits during unpaid leaves of absence, see Paid Time Off (PTO), Policy Number HR 4 – 002; Family Medical Leave Act, Policy Number HR 4 – 005; Leaves of Absence, Policy Number HR 4 – 006; Retirement, Policy Number HR 4 – 008; and Workers' Compensation Insurance, Policy Number HR 5 – 002. Employee contributions to health, dental and vision plans are not included in the employee's gross wages for income tax purposes as per the TCHD's Internal Revenue Code, Section 125, Premium Only Plan. Contributions to TCHD's retirement plans are not included in the employee's gross wages for income tax purposes unless otherwise specified in the individual retirement plan document.
- (6) Employees, spouses, and dependents covered by the TCHD's health benefit plans will be notified, when appropriate, of the opportunity to continue their health care coverage, at their own expense, in certain specified situations, including layoff, termination, reduction in hours of

employment, and separation or divorce. In addition, employees, spouses, and dependents will be provided, when required, with a certificate of prior health coverage when they lose coverage under the health benefits plan.

- (7) Employees, spouses, and dependents covered by the TCHD's health benefit plans will be notified, when appropriate and required, as to whether any prescription drug benefit offered under the plan is "creditable prescription drug coverage" for purposes of Medicare.

Travis County Healthcare District

Policy Name: Paid Time Off (PTO) – Non-Executive (Tier A and B)	Policy Number: 4 - 002
Approval:  President/CEO: Patricia A. Young Brown	Date: February 9, 2009
Attachments: Forms located at: G:/Personnel/FORMS/ Leave Forms	
Effective Date: July 22, 2007 (Replaces Vacation Leave, signed 6/30/2005)	Last Revision Date: July 6, 2008

Policy:

It is the policy of the Travis County Healthcare District (TCHD) to grant paid time off (PTO) to eligible non-executive employees for absences from work due to illness, vacation, or to attend to personal affairs. Management reserves the right to designate when some or all PTO must be taken.

Comments:

- (1) Supervisors and employees have the responsibility to plan schedules that meet operating requirements of the TCHD and time off needs of the staff. In order to balance and meet service and staffing requirements, workers and supervisors should plan time off schedules well in advance with the exception of using PTO for unplanned illnesses and emergencies. Generally, employees should submit PTO leave requests on a Paid Leave Request Form to their supervisor in advance of the requested date (see Attendance and Punctuality, Policy Number HR 2 – 009). Supervisors must submit approved and signed leave requests with the required time records and are responsible for ensuring that leave time is accurately recorded (see Hours of Work, Policy Number HR 2 – 004).
- (2) All regular full-time employees working thirty or more (30 or more) hours per week are eligible to request the use of accrued PTO. New regular full-time hires are only allowed to utilize twenty-four (24) hours of PTO during the first four (4) months of their employment. Any time off exceeding twenty-four (24) hours of PTO during the first four (4) months of employment will be unpaid.
- (3) All regular part-time employees working twenty to twenty-nine (20 to 29) hours per week are eligible to request the use of accrued PTO. New

regular part-time hires are only allowed to utilize twelve (12) hours of PTO during the first four (4) months of their employment. Any time exceeding twelve (12) hours of PTO during the first four (4) months of employment will be unpaid. Eligible part-time employees will accrue PTO at fifty percent (50%) of the corresponding full-time rate based on their length of service.

(4) Any temporary employee and part-time employees working less than twenty (20) hours per week are not eligible for PTO.

(5) Tier A

- Eligible non-executive employees (other than the employees listed in (6) below) accrue PTO at a rate based on years of service from the date when they began continuous employment with the TCHD. Any change in the accrual rate due to length of service will occur on the employee's anniversary date.
- PTO for Tier A employees may be accrued up to a maximum of 320 hours. Once an employee reaches this limit, the cash out procedure outlined in (7) below will be implemented.
- When a Tier A employee separates from employment, he/she will be paid for accrued PTO up to a maximum of 240 hours provided the employee separates from employment in good standing.
- The following table outlines the pay period accruals for Tier A by years of service:

Years of Service	Pay Period Accrual (10ths of Hrs.)	Pay Period Accrual (Hrs./Mins.)	Maximum Accrual	Maximum Pay Out
0-2	6.2	6.12	320	240
3-5	6.8	6.48	320	240
6-10	8.0	8.0	320	240
11-14	8.6	8.36	320	240
15-19	9.2	9.12	320	240
20+	10.2	10.12	320	240

(6) Tier B

- Eligible non-executive employees for which an employment agreement has been executed, i.e. physicians, dentists, physician assistants and nurse practitioners, accrue PTO at a rate based on years of service from the date when they began continuous employment with the TCHD. Any change in the accrual rate due to length of service will occur on the employee's anniversary date.
- PTO for Tier B employees may be accrued up to a maximum of 370 hours. Once an employee reaches this limit, the cash out procedure outlined in (7) below will be implemented.
- When a Tier B employee separates from employment, he/she will be paid for accrued PTO up to a maximum of 280 hours provided the employee separates from employment in good standing.

- The following table outlines the pay period accruals for Tier B by years of service:

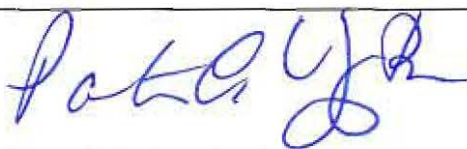
Years of Service	Pay Period Accrual (10ths of Hrs.)	Pay Period Accrual (Hrs./Mins.)	Maximum Accrual	Maximum Pay Out
0-2	7.7	7.42	370	280
3-5	8.3	8.18	370	280
6-10	9.5	9.30	370	280
11-14	10.2	10.12	370	280
15-19	10.8	10.48	370	280
20+	11.7	11.42	370	280

- (7) Employees will be eligible to “cash out” accrued PTO under the following conditions:
- In the pay period after the accrual exceeds the maximum limit, 40 hours are automatically cashed out at full value (100%). The payment will be included in the employee’s next regularly scheduled paycheck.
 - Once per twelve-month period on the employee’s anniversary date, he/she may cash out up to 40 hours of PTO at the rate of 100% of the employee’s straight-time pay rate provided they have at least 80 hours accrued PTO remaining. The employee’s balance will be reduced by the number of hours cashed out. Employees must submit a Request for Paid Time Off (PTO) Cash Out Form to the TCHD Payroll Coordinator within the ten (10) working days prior to the employee’s anniversary date with the TCHD. The cash out payment will be included on the employee’s next regularly scheduled paycheck, if possible, but no later than the second payday from the date of the request.
- (8) In order to direct all or a portion of an employee’s PTO cash out from either option in Section (7) into his/her deferred compensation account, the employee must contact the TCHD deferred compensation provider either through the employee web-based portal or by phone no later than the last working day of the month prior to the month in which the payment will be made and direct a one-time payment into his/her account with the respective paycheck. If the employee fails to direct this payment according to the deadlines established by the deferred compensation provider, the payment will be included in the employee’s next regularly scheduled paycheck. It will be the responsibility of the employee to direct funds into his/her deferred compensation account on the appropriate pay day. Contact the TCHD Payroll Coordinator for questions regarding this option.
- (9) Employees requesting PTO for an extended absence because of a non-job-related illness or injury must also apply for any other available compensation and benefits such as short-term or long-term disability. If an employee is receiving benefits from either the TCHD’s short or long-term disability programs they will not be allowed to use accrued PTO.

Employees who are unable to work because of a work-related illness or injury may elect to utilize PTO in lieu of receiving workers' compensation benefits until such time as their leave is exhausted or they are released to medically-authorized full or modified duty (see Workers' Compensation, Policy Number HR 5 - 002). An employee will not be allowed to accrue PTO time while receiving payments from workers' compensation or disability insurance programs. An employee will not accrue years of service credit for purposes of PTO accruals while on an unpaid leave of absence unless required by law (see Family Medical Leave Act, Policy Number HR 4 - 005 and Leaves of Absence, Policy Number HR 4 - 006).

- (10) An employee on a medical leave of absence and not receiving disability or workers' compensation payments is required to use all accrued PTO as part of the leave. An employee on military leave is not required to use all accrued PTO as part of the leave. An employee on any type of unpaid leave of absence will not accrue any new PTO time during the leave of absence.
- (11) PTO is computed at each employee's straight-time pay rate and will be paid on the regularly scheduled pay day. Time spent on PTO is not counted for purposes of overtime calculation for non-exempt employees. Employees may only receive PTO pay in lieu of time off when utilizing the "cash out" options described in (7) above.
- (12) The minimum PTO increment that may be requested and approved is one-half (.5) hour.

Travis County Healthcare District

Policy Name: Family and Medical Leave Act	Policy Number: HR 4 - 005
Approval: 	
President/CEO: Patricia A. Young Brown	Date: February 18, 2009
Attachments:	
Effective Date: August 31, 2007	Last Revision Date: September 13, 2007

Policy:

The Travis County Healthcare District ("TCHD") complies with the federal Family and Medical Leave Act ("FMLA"). The FMLA provides eligible employees with up to 12 weeks of unpaid leave for qualifying family and medical reasons during a 12-month period and up to 26 weeks of leave in a single 12-month period for leave to care for a seriously ill or injured military family member. During this leave, an eligible employee is generally entitled to continued group health plan coverage as if the employee had continued to work. At the conclusion of the leave, subject to some exceptions, an employee generally has a right to return to the same or to an equivalent position. This policy will outline TCHD's philosophy regarding the FMLA and outline general guiding principles on whether and how it may be applicable to its employees. See Family and Medical Leave Act Procedure for further detail and instructions on requesting and using FMLA leave.

Comments:

(1) Eligibility Criteria

- (a) To be eligible for FMLA leave, an employee must have been employed by the TCHD:
 - for at least 12 months within the last 7 years (which need not be consecutive); and
 - for at least 1250 hours during the 12 month period immediately preceding the commencement of the leave.
- (b) Employees may be eligible to take up to 12 weeks of FMLA leave for any one, or for a combination, of the following reasons:
 - incapacity due to pregnancy, prenatal medical care, or child birth;
 - to care for the employee's child after birth or placement for adoption or foster care;

- to care for the employee's spouse, son or daughter, or parent who has a serious health condition; and/or
- for a serious health condition that makes the employee unable to work.

A "*serious health condition*" is an illness, injury, impairment, or physical or mental condition that:

- involves either an overnight stay in a medical care facility; or
- involves continuing treatment by a healthcare provider for a condition that either prevents the employee from performing the functions of the employee's job; or
- prevents the qualified family member from participating in school, work, or other daily activities.

Subject to certain conditions, the "*continuing treatment requirement*" may be met by:

- a period of incapacity of more than three consecutive calendar days combined with at least two visits to a healthcare provider; or
- one visit and a regimen of continuing treatment; or
- incapacity due to pregnancy; or
- incapacity due to a chronic condition; or
- other conditions as may be defined by the FMLA law.

Without complications, the common cold, the flu, earaches, upset stomach, minor ulcers, headaches, routine dental and orthodontic problems, and periodontal disease ordinarily are not considered serious health conditions.

- (c) Employees with a spouse, son, daughter, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may be eligible to use up 12 weeks of FMLA leave to address issues arising from the following qualifying exigencies:
- short notice of deployment (limited to up to seven days of leave);
 - attending certain military events and related activity;
 - arranging childcare and school activities;
 - addressing certain financial and legal arrangements;
 - attending certain counseling sessions;
 - spending time with covered military members on short-term temporary rest and recuperation leave (limited to up to five days of leave);
 - attending post-deployment reintegration briefings; and
 - any additional activities agreed upon by the employer and employee that arise out of the military member's active duty or call to active duty.
- (d) Employees may be eligible to use up to 26 weeks of leave during a single 12-month period to care for a covered servicemember who is a current member of the Armed Forces or National Guard or Reserves and who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties and for which the servicemember is:
- undergoing medical treatment, recuperation or therapy; or
 - is in outpatient status; or

- is on the temporary disability retired list.

(2) **Duration of FMLA Leave**

- (a) An eligible employee is entitled to up to 12 weeks of unpaid leave during a 12-month period for any FMLA qualifying reason(s). The 12-month period is a rolling 12-month period measured backward from the date an employee uses any FMLA leave, except for leaves to care for a covered servicemember with a serious illness or injury. For those leaves, the leave entitlement is 26 weeks in a single 12-month period, measured forward from the date an employee first takes that type of leave.
- (b) Leave to care for a newborn or for a newly-placed child must conclude within 12 months after the birth or placement of the child.
- (c) When both spouses are employed by the TCHD, they are together entitled to a combined total of 12 weeks of FMLA leave within the designated 12-month period for the birth, adoption or foster care placement of a child with the employees, for aftercare of the newborn or newly-placed child, and to care for a parent (but not in-law) with a serious health condition. Each spouse may be entitled to additional FMLA leave for other FMLA qualifying reasons; *i.e.*, the difference between the leave taken individually for any of the above reasons and 12 weeks, but not more than a total of 12 weeks per person. For example, if each spouse took 6 weeks of leave to care of a newborn child, each could later use an additional 6 weeks due to his/her own serious health condition or to care for a child with a serious health condition.

(3) **Intermittent and Reduced Schedule FMLA Leave**

- (a) "Intermittent leave" is leave taken in separate blocks of time. A "reduced work schedule" is a leave schedule that reduces an employee's usual number of hours per week or hours per workday.
- (b) Leave to care for a newborn or for a newly-placed child may not be taken intermittently or on a reduced work schedule unless the TCHD agrees in writing with respect to an individual leave request.
- (c) Leave because of an employee's own serious health condition, or to care for an employee's spouse, child or parent with a serious health condition, may be taken all at once or, where medically necessary, intermittently or on a reduced work schedule.
- (d) Leave due to qualifying exigencies may also be taken on an intermittent or reduced work schedule basis.
- (e) When an employee takes intermittent or reduced work schedule leave for foreseeable planned medical treatment, the TCHD may temporarily transfer the employee to an alternative position with equivalent pay and benefits for which the employee is qualified and which better accommodates recurring periods of leave.

(4) **Requests for FMLA Leave**

- (a) Employees and supervisors are required to follow the TCHD's Family and Medical Act Procedure when requesting FMLA leave. The TCHD may designate leave as FMLA leave even if the employee fails to properly request such leave. Employees will be notified if that occurs.

- (b) Failure to provide the appropriate notice may delay an employee's receiving FMLA benefits.
- (5) **Documentation and Medical Certification Requirements**
- (a) Employees are required to follow the TCHD's Family and Medical Act Procedure regarding the provision of documentation and medical certification. The TCHD may deny a FMLA leave request until the required medical certification is provided. Failure to provide requested documentation of the reason for an absence from work may lead to termination of employment.
 - (b) The TCHD may with or without the employee's permission and in accordance with the procedures outlined in the FMLA, contact the employee's healthcare provider in an effort to clarify and/or authenticate an initial certification. The TCHD may require the employee to obtain, at its expense, a second certification from an independent provider and a third certification if the first and second differ. The third certification will be from a jointly selected health care provider and will be final and binding.
 - (c) Failure to provide requested certification from an appropriate medical provider stating an employee is able to resume work at the end of an approved FMLA leave may result in a delay or denial of reinstatement (see Medical Procedures, Policy Number HR 2 – 010).
 - (d) The TCHD or TCHD's FMLA Administrator with the employee's permission may contact the employee's health care provider to clarify and/or authenticate an employee's fitness for work after the employee has been given an opportunity to cure any deficiencies in a return-to-work certification.
- (6) **FMLA Leave Paperwork, Notifications and Processing**
- (a) The TCHD may designate a FMLA Leave Administrator to process FMLA paperwork and provide notices as required by the FMLA and coordinate leave activities with the employee and the employee's and other designated health providers.
 - (b) The TCHD may provisionally designate the employee's leave as FMLA leave or deny the leave if the TCHD has not received medical certification or has not otherwise been able to confirm that the employee's leave qualifies as FMLA leave.
 - (c) The TCHD may also designate leave as FMLA leave even if the employee fails to properly request such leave. Employees will be notified if that occurs.
 - (d) Employees are responsible for notifying the TCHD or TCHD's FMLA Administrator within a reasonable time of an employee's return-to-work from an otherwise designated leave if the employee desires the leave be counted as FMLA but has not notified the TCHD of the reason for the leave.
- (7) **Scheduling intermittent or reduced-schedule leave**
- (a) Employees and supervisors are required to follow the TCHD's Family and Medical Act Procedure when scheduling intermittent or reduced-schedule leave.

- (b) When an employee takes intermittent or reduced work schedule leave for foreseeable planned medical treatment, the TCHD may temporarily transfer the employee to an alternative position with equivalent pay and benefits for which the employee is qualified and which better accommodates recurring periods of leave.
- (8) **Continuation of Benefits**
- (a) During FMLA leave, the TCHD will continue group health and dental insurance coverage, as required by law, and basic life/accidental death and dismemberment and long-term disability insurance coverage under the same conditions as if the employee had continued to work.
 - (b) For conditions that apply to employee deductions, coverage payments and Section 125 Flexible Spending Account deductions during FMLA leave, see the TCHD's Family and Medical Leave Act Procedure.
 - (c) Upon notice to the employee, the TCHD may discontinue coverage for which a payment due is more than 30 days late.
 - (d) The TCHD's Retirement Plan Documents outline the hours of service provisions for purposes of retirement that will apply to employees on paid or unpaid FMLA leave.
- (9) **Use of Paid Time Off (PTO) During FMLA Leave**
- (a) If an employee who has been approved for FMLA leave has accrued Paid Time Off (PTO), they must use any accrued PTO first. The remainder of the 12 or 26 weeks of leave, if any, will be unpaid FMLA leave. However, if an employee begins to receive disability or workers' compensation payments during the 12 week FMLA leave period, they will no longer be allowed to utilize accrued PTO (see Paid Time Off (PTO), Policy Number HR 4 – 002 and Workers' Compensation Insurance, Policy Number HR 5 – 002).
 - (b) Any paid leave used for an FMLA qualifying reason will be charged against an employee's entitlement to FMLA leave. This includes leave for disability or workers' compensation injury/illness, provided that the leave meets FMLA requirements. The substitution of paid leave for unpaid leave does not extend the 12 or 26-week leave period.
 - (c) Employees will not accrue PTO while on unpaid FMLA leave.
- (10) **Employee Status Updates and Return-to-work Notifications**
- (a) Employees are required to follow the TCHD's Family and Medical Act Procedure with regard to providing periodic reports on status and intent to return to work and to provide reasonable notice of changed circumstances and new return-to-work dates.
 - (b) If the employee gives the TCHD notice of the employee's intent not to return to work, the employee will be considered to have voluntarily resigned.
- (11) **Reinstatement Upon Return From FMLA Leave**
- (a) Upon return from FMLA leave, the TCHD will place the employee in the same position the employee held before the leave or an equivalent position with equivalent pay, benefits and other employment terms. However, employees on leave have no greater right to reinstatement than if they had been continuously at work. Changes in hours,

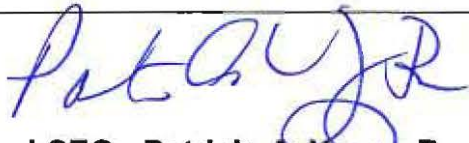
schedules, duties, jobs, benefits, pay and the like may occur due to business needs.

- (b) An employee is entitled to reinstatement only if he or she would have continued to be employed had FMLA leave not been taken. Thus, an employee is not entitled to reinstatement if, because of a layoff, reduction in force or other reason, the employee would not be employed at the time job restoration is sought.
- (c) The TCHD reserves the right to deny reinstatement to salaried, eligible employees who are among the highest paid 10 percent of the TCHD's employees employed within 75 miles of the worksite ("key employees") if such denial is necessary to prevent substantial and grievous economic injury to the TCHD's operations.

(12) **Failure to Return-to work Following FMLA Leave**

- (a) If an employee does not return to work following the conclusion of FMLA leave, the employee will be considered to have voluntarily resigned.
- (b) The TCHD may recover health and dental and other insurance premiums that the TCHD paid on behalf of the employee during any unpaid FMLA leave except that the TCHD's share of such premiums may not be recovered if the employee fails to return to work because of the employee's or a family member's serious health condition or because of other circumstances beyond the employee's control. In such cases, the TCHD may require the employee to provide medical certification of the employee's or the family member's serious health condition.



Policy Name: Tuition/Expense Reimbursement	Policy Number: HR 4 - 009
Approval:  President and CEO: Patricia A. Young Brown	Date: February 18, 2009
Effective Date: February 18, 2009	Last Revision Date:

Policy:

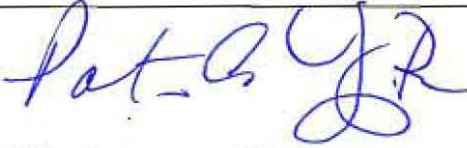
It is the policy of the Travis County Healthcare District (TCHD) to provide tuition and expense reimbursement to its employees that complements organizational and work unit goals and strategic objectives and is in accordance with the guidelines established below.

Comments:

- (1) To be eligible for tuition and expense reimbursement, employees must have regular full-time status and at least one year of service with the TCHD.
- (2) Eligible employees may be reimbursed only for courses of study that the TCHD determines are directly related to the employee's present job or that will enhance the employee's potential for advancement to a position within the TCHD and to which the individual has a reasonable expectation of attaining. In addition, only courses that are offered by pre-approved institutions of learning will be eligible for reimbursement.
- (3) An employee requesting tuition and expense reimbursement must obtain approval from his/her supervisor before enrollment. Written approval should be submitted to Human Resources and maintained in the employee's personnel file. As part of the annual budgeting process, a reasonable expenditure, given the strategic objectives and the financial position of the TCHD, may be committed to support educational assistance. All approved tuition and expense reimbursements will be contingent upon the availability of funding. Supervisors must ensure adequate funding is available to cover the cost of the assistance prior to granting approval.
- (4) The supervisor normally should consider the following factors in evaluating requests for tuition and expense reimbursement:
 - (a) The nature and purpose of the course of study;
 - (b) The benefits to be derived by the employee and the TCHD;
 - (c) The employee's level of responsibility and length of service;
 - (d) The estimated cost; and
 - (e) Any potential lost time or productivity while the employee participates in the program.

- (5) Employee reimbursement for eligible tuition and expenses will normally be based upon the grade received for the course, as follows:
 - (a) For a grade of "A," 100% of reimbursable costs;
 - (b) For a grade of "B," 80% of reimbursable costs; or
 - (c) For a grade of "C," 50% of reimbursable costs.In addition, 75% of reimbursable costs will be paid for passing a "pass-fail" course. No reimbursement will be made for a grade lower than "C" or for classes the employee does not complete. For purposes of the above formula, "reimbursable costs" means amounts actually incurred or expended by the employee for tuition, textbooks, registration, and related expenses such as laboratory expenses.
- (6) Employees who receive reimbursement from any outside sources, such as the Department of Veterans Affairs or scholarships, may still receive reimbursement from the TCHD according to the formula in (5) above, however, the total of the amount reimbursed by the TCHD and those reimbursed or paid by other sources may not exceed 100% of the employee's reimbursable costs.
- (7) An employee seeking reimbursement for educational expenses must submit to his/her supervisor a certified transcript of their grades and receipts for the expenses incurred. However, employees who take courses at the specific request or direction of management may be reimbursed for all costs in advance.
- (8) Employees who are terminated during enrollment because of a job elimination will be reimbursed for the full amount of the costs incurred up to the date of termination. Employees will not be reimbursed for the expenses associated with the course if they voluntarily leave the TCHD.
- (9) Employees are expected under normal circumstances to schedule class attendance and the completion of study assignments outside of their regular working hours. (For educational leaves of absence, see Leaves of Absence, Policy Number HR 4 - 006.) It is expected that educational activities will not interfere with the employee's work, and unsatisfactory job performance during enrollment may result in forfeiture of educational assistance and termination of employment.
- (10) Employees are encouraged to take an active role in their own on-going professional and career development and to apply their learning to its most effective use. Employees will also be expected to comply with all relevant standards of conduct while attending approved educational courses (see Standards of Conduct, Policy Number HR 2 – 008).

Travis County Healthcare District

Policy Name: Paid Time Off (PTO) – Executive Employees	Policy Number: 4 - 011
Approval:  President/CEO: Patricia A. Young Brown	Date: February 9, 2009
Attachments: Forms located at: G:/Personnel/FORMS/ Leave Forms	
Effective Date: July 6, 2008	Last Revision Date: February 9, 2009

Policy:

It is the policy of the Travis County Healthcare District (TCHD) to grant paid time off (PTO) to eligible executive employees for absences from work due to illness, vacation, or to attend to personal affairs. Management reserves the right to designate when some or all PTO must be taken.

Comments:

- (1) Executive employees have the responsibility to plan schedules that meet operating requirements of the TCHD. Generally, executive employees should submit PTO leave requests on a Paid Leave Request Form to their supervisor at least four weeks in advance of the requested date (see Attendance and Punctuality, Policy Number HR 2 – 009). Executive employees must submit approved and signed leave requests to the TCHD Payroll Coordinator as per established pay period deadlines.
- (2) Executive employees are eligible to request the use of any accrued PTO.
- (3) Eligible executive employees accrue PTO at a rate based on years of service from the date when they began continuous employment with the TCHD. Any change in the accrual rate due to length of service will occur on the executive employee's anniversary date. PTO for eligible executive employees may be accrued up to 450 hours. Once an executive employee reaches this limit, the cash out procedure outlined in (4) below will be implemented. When an executive employee's employment is separated, he/she will be paid for accrued PTO up to 450 hours.

The following table outlines the pay period accruals for executive employees by years of service:

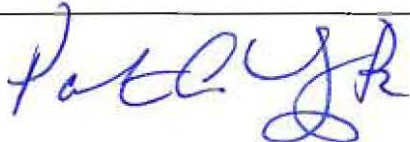
Years of Service	Pay Period Accrual (10ths of Hrs.)	Pay Period Accrual (Hrs./Mins.)	Maximum Accrual	Maximum Pay Out
0-2	10.2	10.12	450	450
3-5	10.8	10.48	450	450
5+	11.7	11.42	450	450

- (4) Executive employees will be eligible to “cash out” accrued PTO under the following conditions:
- In the pay period after the accrual exceeds the maximum limit, 40 hours are automatically cashed out at full value (100%). The payment will be included in the executive employee’s next regularly scheduled paycheck.
 - Once per twelve-month period, he/she may cash out up to 80 hours of PTO at the rate of 100% of the executive employee’s straight-time pay rate provided they have at least 80 hours accrued PTO remaining. The executive employee’s balance will be reduced by the number of hours cashed out. Executive employees must submit a Request for Paid Time Off (PTO) Cash Out Form to the TCHD Payroll Coordinator within the ten (10) working days prior to the request for cash out. The cash out payment will be included on the executive employee’s next regularly scheduled paycheck, if possible, but no later than the second payday from the date of the request.
- (5) In order to direct all or a portion of an executive employee’s PTO cash out from either option in Section (4) into his/her deferred compensation account, the executive employee must contact the TCHD deferred compensation provider either through the employee web-based portal or by phone no later than the last working day of the month prior to the month in which the payment will be made and direct a one-time payment into his/her account with the respective paycheck. If the executive employee fails to direct this payment according to the deadlines established by the deferred compensation provider, the payment will be included in the executive employee’s next regularly scheduled paycheck. It will be the responsibility of the executive employee to direct funds into his/her deferred compensation account on the appropriate pay day.
- (6) Executive employees requesting PTO for an extended absence because of a non-job-related illness or injury must also apply for any other available compensation and benefits such as short-term or long-term disability. If an executive employee is receiving benefits from either the TCHD’s short or long-term disability programs they will not be allowed to use accrued PTO. Executive employees who are unable to work because of a work-related illness or injury may elect to utilize PTO in lieu of receiving workers’

compensation benefits until such time as their leave is exhausted or they are released to medically-authorized full or modified duty (see Workers' Compensation, Policy Number HR 5 - 002). An executive employee will not be allowed to accrue PTO time while receiving payments from workers' compensation or disability insurance programs. An executive employee will not accrue years of service credit for purposes of PTO accruals while on an unpaid leave of absence unless required by law (see Family Medical Leave Act, Policy Number HR 4 – 005 and Leaves of Absence, Policy Number HR 4 - 006).

- (7) An executive employee on a medical leave of absence and not receiving disability or workers' compensation payments is required to use all accrued PTO as part of the leave. An executive employee on military leave is not required to use all accrued PTO as part of the leave. An executive employee on any type of unpaid leave of absence will not accrue any new PTO time during the leave of absence.
- (8) PTO is computed at each executive employee's straight-time pay rate and will be paid on the regularly scheduled pay day. Executive employees may only receive PTO pay in lieu of time off when utilizing the "cash out" options described in (4) above.
- (9) The minimum PTO increment that may be requested and approved is one-half (.5) hour.

Travis County Healthcare District

Policy Name: Workers' Compensation Insurance	Policy Number: HR 5 - 002
Approval: 	
President/CEO: Patricia A. Young Brown	Date: February 18, 2009
Attachments:	
Effective Date: January 30, 2008	Last Revision Date: February 18, 2009

Policy:

It is the policy of the Travis County Healthcare District (TCHD) to provide Workers' Compensation Insurance for all employees under the provisions of the Texas Workers' Compensation Act. The purpose of this policy is to provide protection against injuries and occupational illness or diseases that arise during the course and scope of employment. See Workers' Compensation Procedure for further detail and instructions on submitting a Workers' Compensation claim and the related processes and responsibilities.

Comments:

I. Eligibility

An employee is eligible to file for Workers' Compensation benefits under the Texas Workers' Compensation Act, if:

- a. The person is an employee of the TCHD; and
- b. The injury, occupational illness or disease occurred as a result of or in the course of employment.

II. Employee Benefits

Workers' compensation provides the following benefits:

A. Health Care/Medical and Hospitalization Benefits

Injured employees are entitled to medical care and medications. The TCHD has elected to utilize a Workers' Compensation Network and in order for an eligible employee to receive paid health care services, he/she is required to follow the TCHD's Workers' Compensation Procedure with regard to selecting and utilizing a network provider. An employee may only be allowed to utilize a non-network provider if he/she lives outside the designated Workers' Compensation Network service area, uses a non-network provider in an emergency situation or is referred to a non-network provider by the TCHD designated Workers' Compensation Network. Only those non-network provider claims

approved by the TCHD designated Workers' Compensation Network will be paid. Employees who fail to properly utilize the TCHD designated Workers' Compensation network may be responsible for the payment of any health care services received out of the network.

B. Disability Income

In cases of incapacity for work, an employee may be entitled to receive weekly payments of compensation. The amount of benefit payments and the benefit period are determined by the type of injury and are established by state law.

C. Death Benefits

Workers' compensation provides benefits for the beneficiary(ies) of an employee who dies as a result of a physical injury, illness or occupational disease which occurred as a result of or in the course and scope of employment. The amount and method of payment is established by state law.

III. Injured/ill Employee's Use of Accrued Paid Time Off (PTO)

If an employee has to be off work due to a serious injury, occupational illness or disease, he/she may elect to use accrued Paid Time Off (PTO) before receiving workers' compensation income benefits. Once the employee elects to utilize PTO, they cannot change their election after the 8th day of disability until such time as the leave is exhausted or they are released to medically authorized full or modified duty. If an employee who elects to utilize PTO exhausts his/her PTO before being released to full or modified duty they will be placed on a medical leave of absence while receiving workers' compensation income benefits (see Leaves of Absence, Policy Number HR 4 – 006). An employee who fails to make an election will be assumed to have elected to receive NO PTO. See Family and Medical Leave Act, Policy Number HR 4 – 005, for additional policy information regarding FMLA approved leave and PTO usage.

IV. Return to Work

The TCHD will make every reasonable effort to provide suitable return to work opportunities for every employee who is unable to perform his/her regular duties following a work-related injury or illness. Employees returning to work will be required to submit medical documentation to the President and CEO's Human Resources Designee which clearly defines any restrictions or a full-duty release (see Medical Procedures, Policy Number HR 2 - 010). If an employee's leave has also been designated as FMLA leave, they may also be required to submit medical certification to the TCHD's FMLA Administrator (see Family and Medical Leave Act, Policy Number HR 4 – 005).

V. TCHD Human Resources Responsibilities

The President and CEO's Human Resources Designee will coordinate claims with the TCHD's workers' compensation insurance company. The President and CEO's Human Resources Designee is responsible for reporting the employee's claim to the insurance company and for maintaining all records of workers' compensation claims filed on employees of the TCHD, assisting injured employees and their supervisors with

administrative requirements and processes associated with injury/illness claims, and liaison/coordination with providers of care to injured employees.

VII. Workers' Compensation and Family and Medical Leave Act (FMLA) Leave

An employee's absence due to a work related injury, accident or illness may be designated as FMLA leave and count towards the employee's 12 weeks of FMLA leave per 12 month period (see Family and Medical Leave Act, Policy Number HR 4 – 005).

VI. Accident Prevention


- A. Managers, supervisors, and all employees are responsible for preventing unsafe hazardous working conditions and for preventing and minimizing unsafe or hazardous acts and behavior. All employees are required to use TCHD supplied personal protective equipment to prevent accidents or incidents of any type.
- B. An employee who has more than one accident within a six (6) month period shall be counseled by his/her supervisor and shall have a comment made in his/her annual performance evaluation and/or have further disciplinary action taken if work procedures are not being followed or if found to be negligent.
- C. Employees shall report all unsafe or hazardous physical working conditions and unsafe or hazardous acts and behavior by other personnel to their supervisors promptly so that corrective action and preventative measures may be taken to prevent further injuries or illnesses and to minimize workers' compensation costs.

VII. Fraud

- A. Workers' compensation benefits are intended for employees with legitimate on-the-job injuries or illnesses. Lost time benefits are intended for claimants with serious injuries who are unable to work in any capacity at the TCHD or elsewhere due their injury or illness. A workers' compensation claim that is not due to a legitimate injury sustained in the course and scope of employment at the TCHD is considered fraud. A current or former employee who has filed a workers' compensation claim that is determined to be fraudulent is responsible for reimbursing the workers' compensation carrier for all medical and income benefits received. In addition, the employee is subject to disciplinary action up to and including termination of employment and punishment under Texas state law. **Administrative fines may be incurred by an employee who misrepresents facts relating to a worker's compensation claim.**
- B. Under the Texas Labor Code, an individual commits criminal fraud, punishable as a misdemeanor or state jail felony, and can be criminally prosecuted if he or she has the intent to obtain or deny payment of benefits for him/herself or another and knowingly or intentionally does one or more of the following:
 - a. makes a false or misleading statement;
 - b. misrepresents or conceals a material fact; or
 - c. fabricates, alters, conceals, or destroys a document other than a governmental record.

- C. Under the Texas Labor Code, an individual commits administrative fraud, which can result in an administrative penalty of up to \$5,000, and can be prosecuted if he or she has the intent to obtain or deny payment of benefits for him/herself or another and knowingly or intentionally does one or more of the following:
 - a. makes a false or misleading statement;
 - b. misrepresents or conceals a material fact;
 - c. fabricates, alters, conceals, or destroys a document other than a governmental record; or
 - d. conspires to commit an act described by (a), (b), or (c) above.
- D. Employees are encouraged to report suspected workers' compensation fraud by another employee or former employee to the President and CEO's Human Resources Designee and/or to the Texas Department of Insurance Workers' Compensation Division as soon as possible. A report may be made anonymously over the telephone or in writing, provided the reporter furnishes adequate details of the circumstances surrounding the alleged fraud.

Travis County Healthcare District

Policy Name: Security and Loss Prevention	Policy Number: 5 - 004
Approval: 	
President/CEO: Patricia A. Young-Brown	Date: January 30, 2008
Attachments:	
Effective Date: January 30, 2008	Last Revision Date:

Policy:

It is the policy of the Travis County Healthcare District (TCHD) to make reasonable efforts to provide for the security of its property, its employees, and authorized visitors to its premises.

Comments:

1. The TCHD has appointed a Security Coordinator to oversee the TCHD's security policies and procedures. These responsibilities include:
 - (a) Recommending, implementing, enforcing, and auditing all security procedures;
 - (b) Evaluating and overseeing maintenance of all security devices and systems;
 - (c) Coordinating contracting with and overseeing guard services, as appropriate;
 - (d) Developing systems to issue and control employee keys and to identify and control the TCHD's physical assets;
 - (g) Safeguarding electronic communications and files, confidential information, and the release of sensitive information;
 - (h) Investigating theft and vandalism occurring on TCHD premises or involving TCHD property; and
 - (j) Communicating security procedures to employees and training employees with respect to their security responsibilities.
2. Employees, customers, suppliers, and visitors are prohibited from possessing firearms or other weapons on TCHD property and at events sponsored by the TCHD. Employees are further prohibited from carrying weapons in employer-provided vehicles or in personal vehicles while on TCHD business.

3. Employees who want to take TCHD property or equipment off premises must have their supervisor's written authorization. Removing property or equipment without authorization will result in discipline. Employees are responsible for the proper care and return of all TCHD property and equipment assigned to their possession.
4. Employees may be questioned whenever the TCHD believes it is necessary to maintain security. All personal property brought onto the TCHD's premises, such as vehicles, packages, briefcases, backpacks, purses, bags, and wallets, are subject to inspection. In addition, the TCHD may inspect the contents of storage areas, file cabinets, desks, and work stations at any time and may remove all TCHD property and other items that are in violation of TCHD rules and policies (see Personal Property, Policy Number HR 2 - 020).
5. Employees are expected to exercise reasonable care for their own protection and for that of their personal property while on the TCHD premises and while away from the premises on business. The TCHD assumes no responsibility for loss, damage, or theft of personal property (see Personal Property, Policy Number HR 2 - 020).
6. Employees are expected to know and comply with the TCHD's security procedures and should report any violations or potential problems to the Security Coordinator. Violations of TCHD security rules or procedures will result in disciplinary action, up to and including termination. (See Standards of Conduct, Policy Number HR 2 – 008 and Discipline, Policy Number HR 2 - 017.) In addition, illegal acts committed by employees may be reported to law enforcement authorities.



**Travis County Healthcare District
Board of Managers Meeting
February 26, 2009**

Agenda Item 19

Confirm the next regular Board meeting date, time, and location.

(No Back-Up)