



# **APPLICATION PACKET**

## **Central Health Board of Managers**

**OCTOBER 2020**

October 13, 2020

TO: Potential Applicants

FROM: Travis County Commissioners Court

SUBJECT: **Central Health Board of Managers  
Application Process, Timeline and Application**

Attached is the Central Health Board of Managers Application Packet. Included in the packet are:

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

**NOTE: If selected, applicant will have to complete and submit a Personal Financial Statement (PFS) form to the Commissioners Court upon appointment.**

**The deadline for receipt of completed applications is  
5:00 p.m. on Friday, October 30, 2020.**

Please submit applications to: [IGR@traviscountytexas.gov](mailto:IGR@traviscountytexas.gov)

For questions or more information please contact:  
Julie Wheeler  
Travis County Intergovernmental Relations  
(512) 854-4774

**Applications received after the deadline will not be eligible for consideration.**

**If selected as a finalist, interviews will be held on December 10th.**

## **Call for Applications to the Central Health Board of Managers**

The Travis County Commissioners Court and the City of Austin seek applications from qualified individuals to serve on the nine-member Board of Managers of Central Health. Four members of the Board are appointed by Travis County, four by the City of Austin, and a consensus candidate is jointly appointed by both entities. The Commissioners Court is seeking to fill a single vacancy for a term that will run from January 1, 2021 – December 31, 2024.

These nine appointees serve as the Board of Managers and organize, plan and supervise Central Health. The Commissioners Court approves the budget adopted by the Central Health Board of Managers and sets its associated tax rate. The Commissioners Court also retains broad oversight of the District's operations.

The District was created to improve healthcare delivery and access to underserved residents of Travis County and is intended to promote transparency and accountability to the public in the provision of health care. Information regarding the District's calendar, scheduled meetings and minutes of past meetings is available at <http://www.centralhealth.net/meetings.html>.

The minimum time commitment required is 10 – 15 hours per month but may exceed that due to other events in which Managers are asked to participate. Most meetings are held in the evening, although Central Health and community-related events may be equally divided between daytime and evening hours. In addition to service on the Board, Managers will be assigned to subcommittees.

Experience as a health care provider is not a necessary requirement for service, but understanding of the current health care system and a commitment to improving the patient experience is preferred.

The Travis County Commissioners Court is seeking the following qualifications:

- Senior management-level experience in a non-governmental entity
- Experience serving on Boards of Directors for high-level businesses or for-profit organizations
- Demonstrated leadership experience requiring strategic planning, execution, and maintenance of successful business operations
- Understanding of risk models, insurance, or other complex financial information
- Knowledge of the issues and components related to the “safety net” health system
- Understanding of public health care delivery systems as well as finance and funding streams
- Reflective of the diversity of the communities served by Central Health
- Interest in serving the community, especially the low-income people who need health care in Travis County
- Recognition of Central Health's fiduciary responsibility to taxpayers
- Commitment to the mission, vision, and values of both Central Health and the Travis County Commissioners Court

**Applicants must be a resident of Travis County.**

## CENTRAL HEALTH BOARD OF MANAGERS APPLICANT CONTACT SHEET

Applicant Contact Information	
Name:	
Spouse's Name:	
Home Telephone #	Cellular # (Optional)
Email Address	
Residential Home Address (No PO Box)	

Applicant Demographic Information		
Date of Birth:	Gender (Optional):	
County Commissioner Precinct:		
<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White	Other:	<input type="checkbox"/> Prefer Not To Indicate

How did you learn about this vacancy?		
<input type="checkbox"/> County website	<input type="checkbox"/> City website	<input type="checkbox"/> Facebook/Twitter
<input type="checkbox"/> Friend/Associate	<input type="checkbox"/> News Story	<input type="checkbox"/> Next Door
Professional/Civic Organization:		
Other:		

# CENTRAL HEALTH BOARD OF MANAGERS APPLICATION

**Applicant Name**

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**Education/Training History**

**High School or equivalent (G.E.D.)**

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**Undergraduate School:**

**Degree:**

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**Graduate School:**

**Degree:**

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**Licenses/Certifications:**

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**Current Employment Information**

**Name**

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**Work #**

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**Email**

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**Address**

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**Most Recent Past Employment and Career Experience (include a separate detailed resume.)**

**Employer**

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**Job Title**

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**Other Highlights**

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## Current Professional Memberships and Business Achievement

## Public Service (Include participation in local, state, and federal governmental processes.)

## Civic Participation And Community Leadership Roles

## Health and Human Services Experience and/or Knowledge

## Skills and Experience

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administration Management     | <input type="checkbox"/> Event Planning  | <input type="checkbox"/> Medical                   |
| <input type="checkbox"/> Behavioral Health             | <input type="checkbox"/> Finance/Budget  | <input type="checkbox"/> Operations                |
| <input type="checkbox"/> Business and Tax              | <input type="checkbox"/> Government      | <input type="checkbox"/> Philanthropy/Fund Raising |
| <input type="checkbox"/> Chemical Dependency/Addiction | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Public Health             |
| <input type="checkbox"/> Community Advocacy            | <input type="checkbox"/> Legal           | <input type="checkbox"/> Public Relations          |
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Marketing       | <input type="checkbox"/> Writing/Communication     |

**Statement of Purpose**

In 150 words or less briefly summarize why you are seeking this judicial appointment.

**NOTE: PLEASE ATTACH A RÉSUMÉ.**

**CENTRAL HEALTH BOARD OF MANAGERS  
CERTIFICATION OF APPLICANT**

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

I agree to file the attached affidavit of eligibility prior to being considered for an appointment by Travis County. I further agree to file an amendment in the event my status should change during the tenure of my appointment.

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**Printed Name**

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**Applicant's Signature**

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**Date**

**Please submit completed application and attachments to either:**

[IGR@traviscountytexas.gov](mailto:IGR@traviscountytexas.gov)

**APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE ELIGIBLE FOR  
CONSIDERATION.**

**CENTRAL HEALTH BOARD OF MANAGERS**  
**CONFLICT OF INTEREST DISCLOSURE AFFIDAVIT**

STATE OF TEXAS                    §  
COUNTY OF TRAVIS            §

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

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

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

1. I reside in Travis County, Texas.

**EMPLOYMENT**

2. I am not an elected official.

3. My **spouse's** employer is \_\_\_\_\_.

My **spouse** works in \_\_\_\_\_ (department).

My **spouse's** position title is \_\_\_\_\_.

**FINANCIAL RELATIONSHIPS**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Central Health   | <input type="checkbox"/> Hospital Corporation of America (HCA) |
| <input type="checkbox"/> City of Austin   | <input type="checkbox"/> Husch Blackwell                       |
| <input type="checkbox"/> Travis County  | <input type="checkbox"/> Huston-Tillotson University           |
| <input type="checkbox"/> Ascension Health   | <input type="checkbox"/> Integral Care (ATCIC)                 |
| <input type="checkbox"/> Austin Independent School District                           | <input type="checkbox"/> Lone Star Circle of Care              |
| <input type="checkbox"/> Central Texas Community Health Centers (d/b/a CommUnityCare) | <input type="checkbox"/> People's Community Clinic             |
| <input type="checkbox"/> Community Care Collaborative (CCC)                           | <input type="checkbox"/> Planned Parenthood of Greater Texas   |
| <input type="checkbox"/> Foundation Communities                                       | <input type="checkbox"/> Sendero Health Plans                  |
| <input type="checkbox"/> Health Alliance for Austin Musicians (HAAM)                  | <input type="checkbox"/> Seton Healthcare Family               |
|   | <input type="checkbox"/> SIMS Foundation                       |
|   | <input type="checkbox"/> St. David's HealthCare                |

- The University of Texas at Austin
- United Way Greater Austin

- University of Texas System
- Another entity, not listed

If you selected any of the above entities, please state your financial relationship. If you selected another entity, not listed, please include the entity name:

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

- |   |  |
|---|--|
| <input type="checkbox"/> Central Health   | <input type="checkbox"/> Huston-Tillotson University         |
| <input type="checkbox"/> City of Austin   | <input type="checkbox"/> Integral Care (ATCIC)               |
| <input type="checkbox"/> Travis County  | <input type="checkbox"/> Lone Star Circle of Care            |
| <input type="checkbox"/> Ascension Health   | <input type="checkbox"/> People’s Community Clinic           |
| <input type="checkbox"/> Austin Independent School District                           | <input type="checkbox"/> Planned Parenthood of Greater Texas |
| <input type="checkbox"/> Central Texas Community Health Centers (d/b/a CommUnityCare) | <input type="checkbox"/> Sendero Health Plans                |
| <input type="checkbox"/> Community Care Collaborative (CCC)                           | <input type="checkbox"/> Seton Healthcare Family             |
| <input type="checkbox"/> Foundation Communities                                       | <input type="checkbox"/> SIMS Foundation                     |
| <input type="checkbox"/> Health Alliance for Austin Musicians (HAAM)                  | <input type="checkbox"/> St. David’s HealthCare              |
| <input type="checkbox"/> Hospital Corporation of America (HCA)                        | <input type="checkbox"/> The University of Texas at Austin   |
| <input type="checkbox"/> Husch Blackwell  | <input type="checkbox"/> United Way Greater Austin           |
|   | <input type="checkbox"/> University of Texas System          |
|   | <input type="checkbox"/> Another entity, not listed          |

If you selected any of the above entities, please state your financial relationship. If you selected another entity, not listed, please include the entity name:

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

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

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8. If I do work for or participate in the management of any organization (other than a political subdivision) that receives funds from Travis County or the City of Austin or is expected to receive funds from Central

Health, the name of the organization, the entity providing funds and the type of funding are stated below:

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

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**INDEPENDENCE**

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

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

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

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

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

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

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

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

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

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

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

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

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**LOBBYING AND CONSULTING**

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

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

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

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

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\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

SWORN TO and SUBSCRIBED before me by \_\_\_\_\_ on \_\_\_\_\_, 2020.

\_\_\_\_\_  
Notary Public in and for the State of Texas