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# HELEN FARABEE CENTERS

Wichita Falls Administrative Office  
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July 25, 2014

Wise County Judge  
Honorable Glenn Hughes  
P.O. Box 393  
Decatur, Texas 76234

Dear Judge Hughes,

The current two-year term for Place 2 on the Helen Farabee Centers' Board of Trustees (representing Jack and Wise Counties) is vacant due to the resignation of Ms. Shelley Owen. The term of office for this appointment is September 01, 2012 through August 31, 2014. We would like to fill the appointment for the remainder of this term and for a full two year term, through August 31, 2016.

An Ad Hoc committee was appointed by the Chair of the Board of Trustees, who in accordance with Board policy, reviewed the Application for Appointment on:

- Ms. Lynn Giddens - Branscum, 171 Private Road 3562, Paradise, Texas 76073

In accordance with INTERLOCAL AGREEMENT, ATTACHMENT A, we determined that the applicants were qualified to fill the current vacancy on the Board.

Based upon the results of our application review and interview we recommend **Ms. Lynn Giddens - Branscum** for appointment to the Helen Farabee Centers' Board of Trustees. However, this is only our recommendation, the final selection and appointment is the responsibility of the County Commissioners. The Application for Appointment and Conflict of Interest Questionnaire for the applicant is attached.

We ask that you arrange to place this issue on the County Commissioners' agenda for consideration and vote at your next meeting. Please notify us in writing of the County Commissioners' decision.

Notification of the appointment should be sent to Helen Farabee Centers as follows:

Roddy Atkins  
Executive Director  
Helen Farabee Centers  
P. O. Box 8266  
Wichita Falls, Texas 76307-8266

Should you have any questions regarding this appointment please feel free to contact Roddy Atkins, Executive Director at (940) 397-3101, or Jan West, Board Liaison, at (940) 397-3102.

RECEIVED  
JUL 25 2014

Sincerely,

Verner Hayhurst by jw

Verner Hayhurst  
Chair  
Helen Farabee Centers  
Board of Trustees

Attachments: Application for Appointment (1)  
Conflict of Interest Questionnaire (1)

c: Jack County Judge

**APPLICATION FOR APPOINTMENT**

For  
Helen Farabee Centers  
Board of Trustees

Name: Lynn Giddens-Branseum

Mailing Address: 171 Private Road 3562 Paradise, Tx 76073

Daytime Phone: 940-626-1726 Evening Phone: 817-938-8803

FAX #: \_\_\_\_\_ E-mail address: the.branseum.group@gmail.com

Portions of the Texas Health and Safety Code – Title 7, Subtitle A, Chapter 534, require that local agencies appoint members to the board from among the qualified voters who reside within the region to be served by the Center. The Chapter also requires an attempt for board appointments to reflect the ethnic and geographic diversity of the local service area of the community center. The Chapter requires at least one member of the Centers' Board of Trustees to be a consumer of the types of services the center provides or a family member of a consumer of the types of services the center provides. In order to assist the appointing entity in assuring these requirements are met, we ask that you please complete the following.

County of Residence: Wise Length of Residence in County: Less than 1 year

Are you a qualified voter? yes Yes \_\_\_\_\_ No \_\_\_\_\_

Consumer / Family:      I am a consumer of the types of services provided by the center.  
     I am a family member of a consumer of the types of services provided by the center.

Ethnic Background:      Black   x   Caucasian      Asian      Hispanic      Other

Gender (optional):      Male   xx   Female

Age group (optional):      18-30      31-45   xx   46-60      60+

**Current Business / Profession / Employment:**

Name of Company: Wise Regional Health System

Address: 2000 S. FM 51 Decatur, TX 76234

Phone: 940-626-1726

Current Position: Administrative Director of Revenue Cycle and Govt. Audits

**Educational Background:** Associates in HealthCare Administration; Currently enrolled with Colorado Christian University for Bachelor program for Business Administration

Previous Community Volunteer Experience: Multiple projects through JPS Healthnetwork

Current Community Service Commitments: None

**References:**

Name: Scott Stowers, MD Daytime Phone: 940-249-9009

Name: Scott Russell Daytime Phone: 817-847-4100

**Explain your interest in community based mental health and/or intellectual and developmental disabilities services:**

These services within a community are vital to those that do not have a good support system at home or who may have transportation challenges. This allows those individuals local support that is convenient for both the patient and their families. In many cases having the local support makes a difference in a patient seeking and continuing with services.

**Explain what talents / perspectives you feel you would bring to the Board:**

I bring 25+ years experience in healthcare administration. During that time I have been employed by hospitals that have strong relationships with the community partners related to community based mental health services. I also have seen from the patient perspective the various challenges that can be overcome by having community based services along with the satisfaction of being able to assist patients in finding services. Likewise, I have had the opportunity to assist in negotiating contracts for these types of services.

Are you related to a current employee of the Center? Yes xx No

If yes, please give staff name and how related: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to give an average of 8 hours per month (excluding travel time) to Center business?  Yes  No

Board and Committee meetings are held on the 1<sup>st</sup> Thursday of every month from 11 am – 4 pm. Meeting location rotates each month to different Center service sites throughout our region. Would you be able to accommodate this schedule?  Yes  No

Barring unforeseen circumstances, can you make at least a two-year commitment to serve on this Board?  Yes  No

Are you available to attend quarterly out-of-town board related activities that would require overnight stays?  Yes  No

In addition to monthly committee and Board meetings, are you available to occasionally consult with other Board members or staff regarding Center business?  Yes  No

Are you available to visit Center service sites within your appointment area?  Yes  No

Other than specific conflict of interest disclosures made on the attached Conflict of Interest Questionnaire, do you feel you have any personal or professional perspectives that would inhibit your ability to perform Board duties in a fair and objective manner?  Yes  No

If "yes," please describe: \_\_\_\_\_

It would not inhibit my ability to perform in an objective manner, but the billing and collections department are two of the departments at Wise Regional Health System (WRHS) for which I am responsible. I bring this to your attention only because WRHS does provide mental health services for some clients of Helen Farabee Centers.

  
Signature of Applicant

Date 5/12/14

**CONFLICT OF INTEREST QUESTIONNAIRE**

for

Helen Farabee Centers  
Board of Trustee Applicant

**To be completed and submitted with application to serve on Board of Trustees.**

Applicant Name: Lynn Giddens-Branscum

County of Residence: Wise

**In responding to these questions, please note that a "yes" answer does not imply that the relationship or transaction was necessarily inappropriate.**

1. Are you an officer or director of any corporation with which the Centers' Board of Trustees has business dealings? xx  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please list the names of such corporations, the office held and the approximate dollar amount of business involved with the Centers' Board of Trustees last year.

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2. Do you, or does any member of your family, have a financial interest in, or receive any remuneration or income from, any business organization with which the Centers' Board of Trustees have business dealings? xx  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please provide the following information:

- A. Names of the business organizations in which the interest is held and the persons by whom the interest is held:

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- B. Nature and amount of each such financial interest, remuneration or income:

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3. Did you, or any member of your family, receive during the past twelve months any gifts or loans from any source from which the Centers' Board of Trustees buys goods or services or with which the nonprofit has significant business dealings? xx  
Yes  No

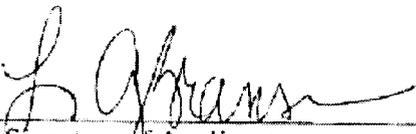
If "yes," list the gifts or loans as follows:

Name of Source	Item	Approximate Value

4. Were you involved in any other activity during the past year that might be interpreted as possible conflict of interest? xx  
Yes  No

If "yes," please describe:

**I certify that the foregoing information is true and complete to the best of my knowledge.**

  
Signature of Applicant

5/12/14  
Date