

AGENDA ITEM

TD

ARF-19290

REGULAR SESSION AGENDA

Meeting Date: 09/08/2015

Reappoint Local Health Authority

Submitted By: Donna Ospina, County Judge

Department: County Judge

Renewal Agreement/ Yes

Original for Signature Y/N?:

Appointment:

Information

SUMMARY OF ITEM

Approve the reappointment of Mary desVignes-Kendrick, MD, MPH, FAAP, as Local Health Authority of Fort Bend County effective through October 4, 2017.

SPECIAL HANDLING

Fiscal Impact

Attachments

Reappointment



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

KIRK COLE
INTERIM COMMISSIONER

HEALTH SERVICE REGION 6/5S
Julie Graves, MD, MPH, PhD
Regional Medical Director
5425 Polk Street, Mail Code 1906 • Houston, Texas 77023
713-767-3000 • 1-800-270-3128
www.dshs.state.tx.us

July 13, 2015

The Honorable Robert Hebert
Fort Bend County Judge
301 Jackson St., Suite 719
Richmond, TX 77469

RECEIVED
JUL 13 2015

Dear Judge Hebert,

In accordance with Section 121.021.029 of the Texas Health and Safety Code, a City, County, or Health District may appoint a licensed physician to serve as Local Health Authority. A Local Health Authority advises officials about public health issues and serves as a consultant on issues which impact public health in their jurisdiction. The term of office is two (2) years and may be renewed by recertification or a different Local Health Authority may be appointed for each term thereafter.

Upon reviewing Local Health Authority files, it appears that it will soon be time for Fort Bend County to appoint a Local Health Authority. The certificates for the current Local Health Authority, Dr. Mary desVignes-Kendrick MD MPH, will expire October 4, 2015. In an effort to maintain continuity of the Local Health Authority position, we encourage you to begin the process of appointing or renewing a Local Health Authority.

Please find enclosed four forms which will need to be completed after the appointment to office is made. Instructions for the proper completion and filing of these documents are included. Once completed, originals of the Certificate of Appointment, Statement of Elected/Appointed Officer, Oath of Office, and Contact Information forms should be mailed to my office at the address listed on the following page.

The Regional Director and regional staff will have periodic contact with Local Health Authorities in the Region to share health information and to discuss important public health issues. The Texas Department of State Health Services (DSHS) will be a resource for your local health authority for training in epidemiology, communicable diseases, disaster preparedness, health inspections, the investigation of outbreaks, and other public health issues.

I look forward to working with your Local Health Authority and your local governing body to ensure a healthier and more productive Southeast Texas.

Sincerely,

Julie Graves

Julie Graves, MD, MPH, PhD
Regional Medical Director, HSR 6/5 South

Enclosure (6)

Dr Kendrick is an exemplary health authority - we are so fortunate to have her in leadership here - Julie Graves

An Equal Employment Opportunity Employer and Provider



APPOINTMENT OF LOCAL HEALTH AUTHORITY General Instructions

The Texas Department of State Health Services (DSHS) provides support for the appointment of Local Health Authorities in Texas and maintains the database of appointments. Other DSHS responsibilities include coordination of training activities and availability of reference tools to ensure Local Public Health Authorities understand the roles and responsibilities of their office to serve their local communities.

Appointment and Term

In accordance with Texas Health and Safety Code, Chapter 121.021, a Local Health Authority is a physician appointed to administer state and local laws relating to public health within the appointing body's jurisdiction. A health authority serves for a term of two years and may be appointed to successive terms.

Duties

Under Section 121.024, a health authority is a state officer when performing duties prescribed by state law. A health authority shall perform each duty that is (1) necessary to implement and enforce a law to protect the public health; or (2) prescribed by the board. Duties of a health authority include (1) establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction; (2) aiding the board in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the health authority's jurisdiction.

Required Forms

Each newly appointed Local Health Authority must have the [required forms](#) completed and filed immediately after appointment to office. The three forms include:

1. **Statement of Appointed/Elected Officer.** This form is witnessed and simply states that there was no material, financial or other gain realized by the appointing the Local Health Authority.
2. **Oath of Office.** This is signed by the Local Health Authority and mailed to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services for filing.
3. **Certificate of Appointment.** This form validates the eligibility of the physician being appointed as Health Authority and the appointment process. The form must be signed by the appointing authority and forwarded to the Regional Medical Director for the respective Health Service Region of the Texas Department of State Health Services.

Questions

If you have questions regarding the Local Health Authority appointment process or about completing the forms, please contact your [DSHS Health Service Region office](#) or the DSHS Division for Regional & Local Health Services office in Austin at (512) 458-7770.

See links below for contact information:

*↳ call me on cell at 832-260-5062
ga*

[Texas Department of State Health Services Health Service Region Offices.](#) This site includes the information to locate the Regional Medical Director for the appropriate Health Service Region, including addresses, telephone numbers, FAX numbers, and maps of the DSHS Health Service Region Offices.

[Map of DSHS Health Service Regions.](#) This page provides a map showing the regional boundaries.



Process for Appointing a Local Health Authority

1. Obtain consent from a physician who is interested in becoming the Local Health Authority.
2. The nominated Local Health Authority will complete the Statement of Elected/Appointed Officer to certify that he/she is not receiving any gain from appointment as Local Health Authority.
3. The Board of Health may then need to approve the appointment of a Local Health Authority. Usually this is completed during regularly scheduled Board of Health meetings. Estimated time for appointment may be at least 30 days, depending on the Board of Health's agenda.
4. Upon appointment of the Local Health Authority, the Chairperson of the Health District will complete the Certificate of Appointment.
5. The Chairperson of the Health District or other properly designated official will then administer the Oath of Office to the newly appointed Local Health Authority. The person administering the oath and the newly appointed Local Health Authority will then complete the Oath of Office form. The seal of the person administering the oath should be affixed in the designated area of the form.
6. The newly appointed Local Health Authority should thoroughly complete the Contact Information form. Please complete all fields on the contact information form. **The 24/7 contact phone number will only be used in emergency situations.**
7. The Health District should mail originals of the forms to our Regional Office at the address below. We will ensure they are delivered to the appropriate party.

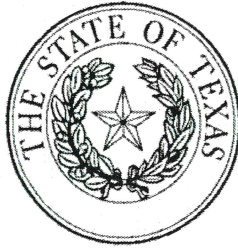
Remeka Jones, MPH
Community Health Services
Health Service Region 6/5 South
Texas Department of State Health Services
5425 Polk St., Suite J / Mail Code 1906
Houston, Texas 77023

7. The Local Health Authority term of office is for two years and may be renewed.

Below is a quick overview of how to complete the forms:

1. Complete, Mail Original (keep a copy), and Fax the **Statement of Elected/Appointed Officer** to 713-767-3049.
2. Complete, Mail Original (keep a copy), and Fax the **Certificate of Appointment** to 713-767-3049
3. Complete, Mail Original (keep a copy), and Fax the **Oath of Office** to 713-767-3049.
4. Complete, Mail Original (keep a copy), and Fax the **Contact Information** to 713-767-3049

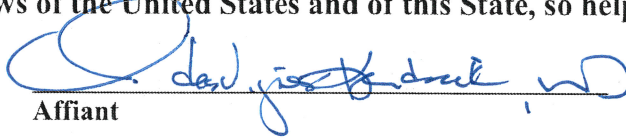
If questions arise, please contact Remeka Jones at 713-767-3027.



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Mary desVignes-Kendrick, MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

4520 Reading Road, Suite A, Rosenberg, Texas 77471

Mailing Address ZIP

832-473-2455

(Area Code) Phone Number (day and evening)

md.kendrick@fortbendcountytexas.gov

Email Address

SWORN TO and subscribed before me this 8 day of September, 2015.


Signature of Person Administering Oath

Robert E. Hebert

(Seal)

Printed Name

Fort Bend County Judge

Title



Certificate of Appointment

For a

Local Health Authority

I, Robert E. Hebert, County Judge, acting in the capacity as a

(Check the appropriate designation below)

- Non-physician and the Local Health Department Director
 Mayor or Designee
 County Judge of Designee
 Chairperson of the Public Health District

do hereby certify the physician, M. desVignes-Kendrick, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Fort Bend County, Texas.

Date term of office begins October 4, 20 15

Date term of office ends October 4, 20 17, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- Director, _____
 City Council for the City of _____
 Commissioners Court for Fort Bend County
 Board of Health for the _____ Public Health District

I certify to the above information on this the 8 day of September, 20 15.



Signature of appointing official

Robert E. Hebert, County Judge



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I M. desVIGNES-KENDRICK do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

M. desVignes-Kendrick

Affiant's Signature

M. desVIGNES-KENDRICK

Printed Name

HEALTH AUTHORITY

Position to Which Elected/Appointed

FORT BEND COUNTY

City and/or County

SWORN TO and subscribed before me by affiant on this 7th day of September 2015.

Ninfa Vasquez

Signature of Person Authorized to Administer Oaths/Affidavits

Ninfa Vasquez

Printed Name

Notary-Administrative Assistant

Title

