Agenda Item #: 6 H·Z

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT SUMMARY

Meeting Date: December 18, 2012

Department:

Administration

Board:

Health Council of Southeast Florida, Inc.

I. EXECUTIVE BRIEF

Motion & Title: Staff recommends motion to approve: appointment of one (1) individual to the Health Council of Southeast Florida, Inc. for a two (2)-year term commencing December 18, 2012.

<u>Appoint</u>	<u>Seat No.</u>	Seat Requirement	Nominated By
Frank Hayden	6	Health Care Consumer	Comm. Taylor Comm. Valeche

Summary: The Health Council of Southeast Florida, Inc. (Council) is a not-for-profit corporation established pursuant to Section 408.033, Florida Statutes, for the purpose of providing and coordinating health planning activities within Palm Beach, Martin, St. Lucie, Indian River and Okeechobee Counties. The Council consists of 12 members: six (6) representatives for Palm Beach County; two (2) members appointed by Martin County; two (2) members appointed by St. Lucie County; one (1) member appointed by Indian River County; and one (1) member appointed by Okeechobee County. The appointees must be representatives of health care providers, health care purchasers, and non-governmental health care consumers, not to exclude elected government officials. Mr. Hayden is the Chief Executive Officer of the Sickle Cell Foundation of Palm Beach County & Treasure Coast, Inc. The Foundation contracts with the Board of County Commissioners for Haitian Outreach (CDBG) and Sickle Cell case management (Financially Assisted Agencies Program). The Council provides no regulation, oversight, management, or policy-setting recommendations regarding the identified contracts. Disclosure of this contractual relationship at a duly noticed public meeting is being provided in accordance with the provisions of Sect. 2-443, of the Palm Beach County Code of Ethics. Countywide (TKF)

Background and Justification: The Council is generally charged with providing services that improve the health and quality of life for individuals living in the five (5) county service area. Specific powers identified in their bylaws include: establishing a system for gathering and analyzing data on characteristics of health problems; recommending goals and policies for improving health services; and preparing plans and procedures for attainment of health goals. With this appointment, the Council membership will include five (5) Caucasian females, two (2) Caucasian males, two (2) African-American males, and one (1) African-American female.

Attachments:

- 1. Boards/Committees Application and Verification of Eligibility Form
- 2. Current List of Board Members
- 3. Section 408.033, Florida Statutes

Recommended by:

Legal Sufficiency:

Assistant County Attorney

II. REVIEW COMMENTS

٨.	Other Department Review:						
	,						
	Department Director						
	Department Director						

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS** BOARDS/COMMITTEES APPLICATION

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Board Name: Health Co	ouncil of Southeast Florida	*			Advisory [X]	Ne	t Advisory [
[X] At Large Appo	ointment	or	[]	District .	Appointment /D	istrict#	<u> </u>
Ferm of Appointment:	Years.	From:			То:		
Seat Requirement:					Seat #:	4.,,	
[]*Reappointment	or	•	[X] New A	ppointme	ent		
or [] to complete the	e term of		Due to:	[]	resignation	[]	other
Completion of term to expire	e on:		<u></u>	-			
*When a person is being co term shall be considered by Section II (Applicant): (PI APPLICANT, UNLESS EX	y the Board of County Cor lease Print)	mmissioners		disclose	d voting conflic	ets duri	ng the previo
Name: HAYDEN	Ī	FESTUS			FRANK		
Last		First	-		Middle		
Occupation/Affiliation:	CEO - Sickle Cell Foun	dation of Pal	m Beach Count	y & Trea	sure Coast, Inc.		
•	Owner []	Eı	mployee [X]		Officer	[]	
Business Name:	Sickle Cell Foundation of	of Palm Beac	h County & Tre	easure Co	oast, Inc		
Business Address:	1600 No. Australian Ave	enue					
City & State	West Palm Beach, FL		Zi	p Code:	33407		· · · · · · · · · · · · · · · · · · ·
•	•				•		
Residence Address:	11180 Cobblefield Road	L					
City & State	Wellington, FL		Zi	ip Code:	33449		
Home Phone: (5	661) 792- 0589	Busir	ness Phone:	(561)	833-3113		Ext.
Cell Phone: (5	61) 374-3006	Fax@	9561) 659-4505	()			
Email Address:				_			•
Mailing Address Preference:	· [] Business [X] Resid	dence					
-							
Have you ever been convicte If Yes, state the court, nature	ed of a felony: Yese of offense, disposition of o	No case and date	X				
					•		
	·			·····			
Minority Identification Co	de: [X] Male		emale .				

[] Native-American

Section II Continued:

Contract/Transaction No.

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

Description of Services

Term

Department/Division

			* :
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
R2012-1402	Dept. of Economic Sustainabilit	y Sickle Cell Case Mgmnt	10/1/12-9/30/13
Have not yet receive the No.	Community Services Dept.	Haitian Outreach Project	10/1/12-9/30/13
	(Attach Additional Sho	eet(s), if necessary)	·
	OR No	ONE	
Guide to the Sunshine Amendment on the web at: http://www.paln By signing below I ack County Code of Ethics, a	to read and complete training on Arent prior to appointment/reappointmentenchcountyethics.com/training.henowledge that I have read, under and I have received the required Education the training program on the Vending a live presentation given on	ent. Article XIII, and the trainitm. Keep in mind this requirent stand, and agree to abide by thics training (in the manner ch	ing requirement can be found nent is on-going. Article XIII, the Palm Beach
	AND		
By signing below I ack Amendment & State of I	mowledge that I have read, und Florida Code of Ethics:	erstand and agree to abide b	y the Guide to the Sunshine
*Applicant's Signature: FINE		ame: Festus Frank Hayden	
	egarding Article XIII, the Palm Beach thics.com or contact us via email at s		
•	Return this F {Insert Liaison Name Here}, {Insert Addr	rt Department/Division Here}	
Section III (Commissioner, if a	pplicable):		
Appointment to be made	e at BCC Meeting on:		
Commissioner's Signature:_	How Tays	Date:	14/12
			# # 1 100/01/00/1

PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS BOARDS/COMMITTEES APPLICATION**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Section I (Department): (Plea	se Print)	
Board Name: Health Cou	ncil of Southeast Florida	Advisory [X] Not Advisory []
[X] At Large Appoin	ntment or	[] District Appointment /District #:
Term of Appointment:	Years. From:	To:
Seat Requirement:		Seat #:
[]*Reappointment	or [X]	New Appointment
or [] to complete the t	erm of D	ue to: [] resignation [] other
Completion of term to expire of	on:	-
term shall be considered by a Section II (Applicant): (Plea	the Board of County Commissioners:	
Name: HAYDEN	FESTUS	FRANK
Last	First	Middle
Occupation/Affiliation:	CEO - Sickle Cell Foundation of Palm Beach	1 County & Treasure Coast, Inc.
	Owner [] Employee	[X] Officer[]
Business Name:	Sickle Cell Foundation of Palm Beach Count	y & Treasure Coast, Inc
Business Address:	1600 No. Australian Avenue	
City & State	West Palm Beach, FL	Zip Code: 33407
Residence Address:	11180 Cobblefield Road	77 (7.1. 22440
City & State	Wellington, FL	Zip Code: 33449
	I) 792-0589 Business Pho	
		9-4505 ()
Email Address:		
Mailing Address Preference:	[] Business [X] Residence	
Have you ever been convicted If Yes, state the court, nature	of a felony: Yes NoX of offense, disposition of case and date:	· · · · · · · · · · · · · · · · · · ·
Minority Identification Code		nerican [X] African-American [] Caucasian

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.								
Contract/Transaction No.	Department/Division	Description of Services	<u>Term</u>					
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	<u>10/01/11-09/30/12</u>					
R2012-1402	Dept. of Economic Sustainabilit	ty Sickle Cell Case Mgmnt	<u>10/1/12-9/30/13</u>					
Have not yet receive the No.	Community Services Dept.	Haitian Outreach Project	10/1/12-9/30/13					
	(Attach Additional Sh	eet(s), if necessary)						
	OR N	ONE						
All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: http://www.palmbeachcountyethics.com/training.htm . Keep in mind this requirement is on-going. By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):								
	ching the training program on the anding a live presentation given on							
	AND							
By signing below I acki Amendment & State of F	nowledge that I have read, und lorida Code of Ethics:	lerstand and agree to abide by	the Guide to the Sunshin					
*Applicant's Signature:	WALLEY Printed N	lame: Festus Frank Hayden	Date:					
		ch County Code of Ethics, please vis ethics@palmbeachcountyethics.com						
Return this FORM to: {Insert Liaison Name Here}, {Insert Department/Division Here} {Insert Address Here)								
Section III (Commissioner, if ap	plicable):							

Revised 08/01/2011

Appointment to be made at ACC Meeting on:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Section II Continued:

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS BOARDS/COMMITTEES APPLICATION

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or resumé to this form.

Section I (Department): (Please Print) Advisory [X] Not Advisory [] Health Council of Southeast Florida Board Name: District Appointment /District #: ___ [X] At Large Appointment Term of Appointment: From: To: Seat #: Seat Requirement: or [X] New Appointment []*Reappointment Due to: [] resignation other [] to complete the term of Completion of term to expire on: *When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: Section II (Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Name: HAYDEN **FESTUS FRANK** Middle Last First CEO - Sickle Cell Foundation of Palm Beach County & Treasure Coast, Inc. Occupation/Affiliation: Employee [X] Owner [] Sickle Cell Foundation of Palm Beach County & Treasure Coast, Inc **Rusiness Name: Business Address:** 1600 No. Australian Avenue 33407 City & State West Palm Beach, FL Zip Code: 11180 Cobblefield Road Residence Address: City & State Wellington, FL Zip Code: 33449 <u>(561)</u> 833-3113 Home Phone: (561) 792-0589 Business Phone: Fax@561) 659-4505 () (561) 374-3006 Cell Phone: Email Address: Mailing Address Preference: [] Business [X] Residence Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case and date:

[] Female

[] Asian-American [X] African-American [] Caucasian

Minority Identification Code:

[] Native-American

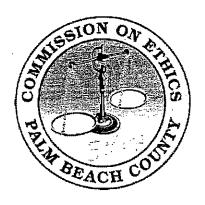
[X] Male

[] Hispanic-American

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R2012-1402	Dept. of Economic Sustainability	Sickle Cell Case Mgmnt	10/1/12-9/30/13					
Have not yet receive the No.	Community Services Dept.	Haitian Outreach Project	10/1/12-9/30/13					
	(Attach Additional She	et(s), if necessary)						
	OR NO	DNE						
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AND By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshing Amendment & State of Florida Code of Ethics:								
*Applicant's Signature: FUND	Printed Na	me: Festus Frank Hayden	Date:					
	garding Article XIII, the Palm Beach nics.com or contact us via email at e							
Return this FORM to: {Insert Liaison Name Here}, {Insert Department/Division Here} {Insert Address Here)								
Section III (Commissioner, if ap	plicable):							
Appointment to be made	at BCC Meeting on:		1					
Commissioner's Signature: Shelles War Date: 12/13/12								

Revised 08/01/2011

Section II Continued:



ACKNOWLEDGEMENT OF RECEIPT PALM BEACH COUNTY CODE OF ETHICS TRAINING FOR MUNICIPAL EMPLOYEES, ELECTED/APPOINTED OFFICIALS AND ADVISORY BOARD MEMBERS

Legal Name: FESTUS FRANK HAYDEN	(Please print clearly)
Employee Identification Number:	·
Department/Board: Health Council of Southeast Florida	<u>. </u>
Check those items that apply	
I acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted on the intranet/internet) and completed additional acknowledge that I have read a copy of the Palm Beach (printed or posted or posted or printed or printed or posted or printed or	
X Watching the Code of Ethics Training Program on t	ne Intranet/Internet.
Watching the Code of Ethics Training Program on D	OVD.
Attending a live presentation given on	_, 20
I understand that I am responsible for understanding and at County Code of Ethics as I conduct my assigned duties during I also understand that the information in this policy is subject to will be communicated to me by my supervisor or through official	g my term of employment. o change. Policy changes
(Legal Signature) (Date)	

Employees: Submit signed form to your Department Head

Department Heads: Submit signed forms to Records, Human Resources

Advisory Board Members: Submit signed forms to Appropriate Municipal Representative

PLEASE SUBMIT THIS FORM TO APROPRIATE PARTY AS HIGHLIGHTED ABOVE PLEASE DO NOT SUBMIT THIS FORM TO THE COMMISSION ON ETHICS

Frank Hayden 11180 Cobblefield Road Wellington, Florida 33449 (561) 792-0589 (h) (561) 374-3006 (cell) Frankfhayden@aol.com

February 2010 to February 2011

Procurement Director, AECOM's National Network of Highway Projects, Trinidad

- Provide project management services to the Government of the Republic of Trinidad and Tobago as
 part of the first phase of the country's \$2.44 billion National Network of Highways. The first phase
 of the project entails the construction of approximately 125 miles of highways, highway extensions,
 new freeways, and a new causeway.
- Provide comprehensive procurement support for the implementation of Phase 1 where there are six design-build packages.
- Review and approve language for proposals and any changes to that language. Place advertisement for solicitations.
- Develop and implement evaluation and negotiating strategies. Negotiate contracts.
- Review proposals submitted and make recommendations.
- Oversee and provide support for local supplier diversity and local business outreach activities.

January 2001 to February 2010

Director of Procurement, South Florida Water Management District West Palm Beach, Florida

- Provide comprehensive responsive procurement support to District programs, projects, and activities.
- Oversee and provide for the health of District capabilities to support supplier diversity and small business outreach activities by increasing small business participation by fifteen (15%) on District contracts (developed small business program).
- Manage in response to Governing Board direction, applicable state and federal laws, and District procedures.
- Direct and manage District-wide procurement, contracting and supplier diversity activities to ensure responsiveness, accountability and cost effectiveness in a jurisdiction comprised of sixteen counties.
- Develop and administer annual operating budget (\$3.2 million) for the Procurement Department.
- Drive strategic development by developing relationships with businesses and government officials, develop and retain clientele, provide and coordinate presentations.

December 2005 to January 2006

Director Government Affairs, South Florida Water Management District West Palm Beach, Florida

- Served the Director of Policy and Legislation as a strategic leader of coordination efforts with local governments, caucuses, delegations and special interest groups.
- Served as liaison to local governments to assist in them in the development, funding and implementation of small and large-scale water resource projects.
- Prepared reports for the District's leadership and Director of Policy and Legislation, updating them
 of the status of intergovernmental efforts monthly.
- Represented the District at county commission meetings; caucus meetings; state agency and special interest group meetings – and reported on these meetings.
- Represents Governing Board/ District Leadership Team/Executive Director positions and policies to local governments.

December 1998 to April 2001 Public Affairs Manager, City of Detroit, Water and Sewerage Department Detroit, Michigan

- Represented the Department in contacts with the public, system subscribers, customers, the media, consultants, contractors, vendors, City of Detroit agencies and representatives of state, local, and federal government.
- Planned, developed and implemented a comprehensive program of public relations, marketing, community involvement, promotional activities and media relations to effect and improve understanding by the public, employees and customers of the objectives, achievements and core competencies of the department.

October 1995 to December 1998 Contracts and Grants Manager, City of Detroit, Water and Sewerage Department Detroit, Michigan

- Designed and oversaw implementation of strategic procurement strategies in keeping with utility strategic plans and approved annual Capital Improvement Program goals.
- Planned and implemented a strategy to grow contract awards from \$60 million a year to \$300 million a year.
- Implemented design/build and design/build/maintain contract model documents, consultant prequalification selection program, evaluation, and development of Detroit and Small Business Enterprise initiatives for the City's first-ever alternative delivery programs: Water Works Park Water Treatment Plant II and Department-Wide Instrumentation, Control and Computer System Program.
- Represented the Department in administrative contacts with municipal departments and outside public and private agencies.
- Directed the selection and installation of computer hardware and software designed to support research, analysis, information management, and financial planning.
- Responsible for the activities involved in managing and administering Minority and Women's Business Enterprise (M/WBE) Advocacy Unit, Construction Unit, and State Revolving Loan Unit.

Education

1973-1979

University of Michigan, Dearborn, Michigan.

Bachelor of General Studies, Political Science.

1971-1973

Wayne County Community College, Detroit, Michigan. Associates of Arts, Political Science.

Military Service

United States Air Force, 1967-1971, Honorable Discharge

Organizational Affiliations

	O' EBBIERO LA
2006-2010	Palm Beach County School Advisory Boundary Council Member
2004-2006	Paragon, Board of Directors
2008-2010	Florida Regional Minority Business Development Council, Board Member
1996-2006	American Water Works Association - Water for People, Board of Directors
1997-2006	Wayne County Community College, Board of Trustees, Chairman
1988-1992	Board Member - Detroit Board of Education
1988-1992	Board Member - National School Boards Association



PALM BE H COUNTY BOARD OF COUNTY COMMISSIONERS HEALTH COUNCIL OF SOUTHEAST FLORIDA. INC.

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Chapter 82-182, Laws of Florida 1982; and F.S. 408.033.

II. APPOINTING BODY:

III, COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL:

The local Health Council shall consist of twelve (12) members: six (6) representatives for Palm Beach County; one (1) member appointed by Indian River County, two (2) members appointed by Martin County, one (1) member appointed by Okeechobee County, and two (2) members appointed by St. Lucie County. Appointees shall be representatives of health care providers, health care purchasers, and non-governmental health care consumers, not to exclude elected government officials. A majority of the Council members must be health care purchasers and health care consumers and the Council must include a representative number of persons over 60 years of age. Appointments shall be for a term of two (2) years and be eligible for reappointment. Any member of the Council appointed by PBC may be removed by the BCC for misfeasance, malfeasance or willful neglect of duty.

EXTENDED COMPOSITION:

IV. MEETINGS:

Third Thursday of the month at 4:00p.m., 600 Sandtree Drive, Ste. 101, Palm Beach Gardens, FL 33403

V. FUNCTIONS:

For the purpose of defining health service needs and assisting health care facilities, health care providers and hospices to develop programs of service that will assure the best possible health service to the community.

VI. LIAISON MEORMATION:

LIAISON DEPARTMENT

CONTACT PERSON

. ADDRESS

None

Andrea Stephenson

600 Sandtree Dr Ste 101

Palm Beach Gardens FL 33403

Phone # 561-844-4220 Ex. 18

County Administration

Jon Van Arnam, Asst. Cty Adn

301 N Olive Ave Ste 1101 Governmental Center

West Palm Beach FL 33401

Phone # 561-355-2740



HEALTH COUNCIL OF SOUTHEAST FLORIDA, INC.

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	REAPPOINT DATE	EXPIRE DATE
Appointed B	y : Indian River County Commis	ssion		· · · · · · · · · · · · · · · · · · ·					•
1	Vaçant	Member				Health Care Provider			1
					•				
	NOMINATED BY:				·				
Appointed B	y : Martin County Commission	•						•.	
2 ·	Anita Cocoves NONE-NONE 2401 E Monterey Rd	Member	CA	F	772-419-6932	Health Care Purchaser	11/18/2011		11/17/2013
	Stuart FL 34996								
	NOMINATED BY :					·			
3	Edward Fischman, C-North County Foot & Ankle 901 W Indiantown Rd Ste 15 Jupiter FL 33458	Member	CA	М	561-745-8700	Health Care Provider	05/24/2011		05/23/2013
	NOMINATED BY								
Annointed F	By : Okeechobee Cty Commissi								
4	Tiffany Collins NONE-NONE 1728 NW 9th Ave Okeechobee FL 34972	Member	CA	F	863-462-5761	PBC Health Care Provider	04/04/2011		04/04/2013
	ORGGUIUDGG I L 34372								·
	NOMINATED BY	:	•				•		
* indicate:	s a member having an action per	nding	,	·		ge 3 of 5			10/18/2012

Appointed I	By TBC County Commission		·					• •		
5	Liman DeCicco	Member	AA	· F		Health Care Consumer	02/04/1997			٠
	1311 W 25th St Juno Beach FL 33408							•		: :
	NOMINATED BY:			·						
6	Vacant	Member				Health Care Consumer	,		03/14/2013	
	·						·			
	NOMINATED BY:									
7	M. Douglas Sigman	Member	CA		561-881-8612	Health Care Provider	12/02/2008	03/15/2011	03/14/2013	
	508 Bay Rd North Palm Beach FL 33408			-			· .			
	NOMINATED BY :									•
8	Mary Jo "Joey" Bulfin St. Mary'S Medical Center 901 45th St West Palm Beach FL 33407	Member	CA	F	561-882-6476	Health Care Provider	04/17/2012		04/16/2014	:
	NOMINATED BY :									:
						3				,

Appointed E	By つちC County Commission				, to y					
9	Marnie Poncy Joseph C. Kempe, PA 941 N Highway A-1-A Jupiter FL 33477	Member	CA	F	561-747-1 JJO X11	15Health Care Purchaser	08/25/1992	04/17/2012	04/16/2014	
	NOMINATED BY :								. 1	
10	Vacant	Member				Health Care Purchaser				
	NOMINATED BY:									
Appointed By : St. Lucie County Commission										
	Daniel Regis NONE-NONE 2414 SE Melaleuca Blvd Port St Lucie FL 32960	Member	AA	M	772-497-4211	Health Care Consumer	08/16/2011		08/19/2013	
NOMINATED BY:						·			•	
12	Donna Dubois NONE-NONE 2547 Creekside Dr Ft Pierce FL 34981	Member	UN- CA	F	772-341-0001	Health Care Provider	08/16/2011 ·		08/19/2013	
NOMINATED BY:										
							•			

Page 1 of 4

Statutes & Constitution: View Statutes: Online Sunshine

Select Year: 2012 Go

The 2012 Florida Statutes

Title XXIX

Chapter 408

View Entire Chapter

PUBLIC HEALTH

HEALTH CARE ADMINISTRATION

Local and state health planning.— 408.033

- (1) LOCAL HEALTH COUNCILS.-
- (a) Local health councils are hereby established as public or private nonprofit agencies serving the counties of a district. The members of each council shall be appointed in an equitable manner by the county commissions having jurisdiction in the respective district. Each council shall be composed of a number of persons equal to 11/2 times the number of counties which compose the district or 12 members, whichever is greater. Each county in a district shall be entitled to at least one member on the council. The balance of the membership of the council shall be allocated among the counties of the district on the basis of population rounded to the nearest whole number; except that in a district composed of only two counties, no county shall have fewer than four members. The appointees shall be representatives of health care providers, health care purchasers, and nongovernmental health care consumers, but not excluding elected government officials. The members of the consumer group shall include a representative number of persons over 60 years of age. A majority of council members shall consist of health care purchasers and health care consumers. The local health council shall provide each county commission a schedule for appointing council members to ensure that council membership complies with the requirements of this paragraph. The members of the local health council shall elect a chair. Members shall serve for terms of 2 years and may be eligible for reappointment.
 - (b) Each local health council may:
- 1. Develop a district area health plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.
 - 2. Advise the agency on health care issues and resource allocations.
- 3. Promote public awareness of community health needs, emphasizing health promotion and costeffective health service selection.
- 4. Collect data and conduct analyses and studies related to health care needs of the district, including the needs of medically indigent persons, and assist the agency and other state agencies in carrying out data collection activities that relate to the functions in this subsection.
- 5. Monitor the onsite construction progress, if any, of certificate-of-need approved projects and report council findings to the agency on forms provided by the agency.
- 6. Advise and assist any regional planning councils within each district that have elected to address health issues in their strategic regional policy plans with the development of the health element of the plans to address the health goals and policies in the State Comprehensive Plan.
- 7. Advise and assist local governments within each district on the development of an optional health plan element of the comprehensive plan provided in chapter 163, to assure compatibility with the health goals and policies in the State Comprehensive Plan and district health plan. To facilitate the

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implementation of this section, the local health council shall annually provide the local governments in its service area, upon request, with:

- a. A copy and appropriate updates of the district health plan;
- b. A report of hospital and nursing home utilization statistics for facilities within the local government jurisdiction; and
- c. Applicable agency rules and calculated need methodologies for health facilities and services regulated under s. 408.034 for the district served by the local health council.
- 8. Monitor and evaluate the adequacy, appropriateness, and effectiveness, within the district, of local, state, federal, and private funds distributed to meet the needs of the medically indigent and other underserved population groups.
- 9. In conjunction with the Department of Health, plan for services at the local level for persons infected with the human immunodeficiency virus.
- 10. Provide technical assistance to encourage and support activities by providers, purchasers, consumers, and local, regional, and state agencies in meeting the health care goals, objectives, and policies adopted by the local health council.
- 11. Provide the agency with data required by rule for the review of certificate-of-need applications and the projection of need for health services and facilities in the district.
 - (c) Local health councils may conduct public hearings pursuant to s. 408.039(3)(b).
- (d) Each local health council shall enter into a memorandum of agreement with each regional planning council in its district that elects to address health issues in its strategic regional policy plan. In addition, each local health council shall enter into a memorandum of agreement with each local government that includes an optional health element in its comprehensive plan. Each memorandum of agreement must specify the manner in which each local government, regional planning council, and local health council will coordinate its activities to ensure a unified approach to health planning and implementation efforts.
- (e) Local health councils may employ personnel or contract for staffing services with persons who possess appropriate qualifications to carry out the councils' purposes. However, such personnel are not state employees.
- (f) Personnel of the local health councils shall provide an annual orientation to council members about council member responsibilities.
- (g) Each local health council may accept and receive, in furtherance of its health planning functions, funds, grants, and services from governmental agencies and from private or civic sources and to perform studies related to local health planning in exchange for such funds, grants, or services. Each council shall, no later than January 30 of each year, render an accounting of the receipt and disbursement of such funds received by it to the Department of Health.
 - (2) FUNDING.-
- (a) The Legislature intends that the cost of local health councils be borne by assessments on selected health care facilities subject to facility licensure by the Agency for Health Care Administration, including abortion clinics, assisted living facilities, ambulatory surgical centers, birthing centers, clinical laboratories except community nonprofit blood banks and clinical laboratories operated by practitioners for exclusive use regulated under s. 483.035, home health agencies, hospices, hospitals, intermediate care facilities for the developmentally disabled, nursing homes, health care clinics, and multiphasic testing centers and by assessments on organizations subject to certification by the agency pursuant to chapter 641, part III, including health maintenance organizations and prepaid health clinics. Fees

assessed may be collected prospectively at the time of licensure renewal and prorated for the licensure period.

- (b)1. A hospital licensed under chapter 395, a nursing home licensed under chapter 400, and an assisted living facility licensed under chapter 429 shall be assessed an annual fee based on number of beds.
- 2. All other facilities and organizations listed in paragraph (a) shall each be assessed an annual fee of \$150.
- 3. Facilities operated by the Department of Children and Family Services, the Department of Health, or the Department of Corrections and any hospital which meets the definition of rural hospital pursuant to s. <u>395.602</u> are exempt from the assessment required in this subsection.
- (c)1. The agency shall, by rule, establish fees for hospitals and nursing homes based on an assessment of \$2 per bed. However, no such facility shall be assessed more than a total of \$500 under this subsection.
- 2. The agency shall, by rule, establish fees for assisted living facilities based on an assessment of \$1 per bed. However, no such facility shall be assessed more than a total of \$150 under this subsection.
- 3. The agency shall, by rule, establish an annual fee of \$150 for all other facilities and organizations listed in paragraph (a).
- (d) The agency shall, by rule, establish a facility billing and collection process for the billing and collection of the health facility fees authorized by this subsection.
- (e) A health facility which is assessed a fee under this subsection is subject to a fine of \$100 per day for each day in which the facility is late in submitting its annual fee up to the maximum of the annual fee owed by the facility. A facility which refuses to pay the fee or fine is subject to the forfeiture of its license.
- (f) The agency shall deposit in the Health Care Trust Fund all health care facility assessments that are assessed under this subsection and shall transfer such funds to the Department of Health for funding of the local health councils. The remaining certificate-of-need application fees shall be used only for the purpose of administering the certificate-of-need program.
 - (3) DUTIES AND RESPONSIBILITIES OF THE AGENCY.-
 - (a) The agency is responsible for the coordinated planning of health care services in the state.
- (b) The agency shall develop and maintain a comprehensive health care database for the purpose of health planning and for certificate-of-need determinations. The agency or its contractor is authorized to require the submission of information from health facilities, health service providers, and licensed health professionals which is determined by the agency, through rule, to be necessary for meeting the agency's responsibilities as established in this section.
- (c) The Department of Health shall contract with the local health councils for the services specified in subsection (1). All contract funds shall be distributed according to an allocation plan developed by the department. The department may withhold funds from a local health council or cancel its contract with a local health council which does not meet performance standards agreed upon by the department and local health councils.

History.—s. 20, ch. 87-92; s. 40, ch. 88-380; s. 35, ch. 88-394; s. 1, ch. 89-104; s. 24, ch. 89-294; s. 2, ch. 89-296; s. 15, ch. 89-527; s. 2, ch. 91-48; s. 22, ch. 91-158; ss. 2, 104, ch. 91-282; s. 5, ch. 91-429; ss. 15, 17, ch. 92-33; s. 2, ch. 92-174; s. 66, ch. 92-289; s. 22, ch. 93-120; s. 11, ch. 93-129; s. 33, ch. 93-206; s. 8, ch. 93-267; s. 9, ch. 95-144; s. 29, ch. 95-210; s. 3, ch. 95-394; s. 11, ch. 97-79; s. 1, ch. 97-91; s. 35, ch. 97-103; s. 62, ch. 97-237; s. 175, ch. 99-8; s. 4, ch. 2000-256; s. 5, ch. 2000-318; s. 3, ch. 2004-383; s. 75, ch. 2006-197; s. 114, ch. 2010-102; s. 18, ch. 2012-160.

Note.—Former s. 381,703.

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