

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY**

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Meeting Date: January 15, 2019
 Department: Administration
 Advisory Board Name: Health Council of Southeast Florida, Inc.

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: the appointment of one individual to the Health Council of Southeast Florida, Inc. for a two year term beginning January 15, 2019 and ending September 30, 2021:

<u>Reappoint</u>	<u>Seat No.</u>	<u>Seat Requirement</u>	<u>Nominated By</u>
Mario Dickerson	10	Health Care Purchaser	Mayor Bernard Commissioner Valeche Commissioner Weiss Commissioner Weinroth Commissioner McKinlay Vice-Mayor Kerner

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 twelve members: six representatives for Palm Beach County; two members appointed by Martin County; two members appointed by St. Lucie County; one member appointed by Indian River County; and one 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. A memo dated December 17, 2018 was circulated to the Board of County Commissioners requesting support of Mr. Dickerson's appointment or requesting additional nominations. No additional nominations were received. With this appointment, the diversity of the Palm Beach County representatives (6) include two Caucasian female, two African-American male, and two vacant positions (two health care consumers). Countywide (HH)

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 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.

Attachments:

1. Boards/Committees Application for Mario Dickerson
2. Current Membership listing from the Boards & Commissions Directory

=====

Recommended By: *Walter J. Blum* 1/3/19
Assistant County Administrator **Date**

Legal Sufficiency: *Helene C. Briggs* 1-2-19
Assistant County Attorney **Date**

II. REVIEW COMMENTS

A. Other Department Review:

_____ **Date**
Department Director

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

The information provided on this form will be used in considering your nomination. Please COMPLETE SECTION II IN FULL. Answer "none" or "not applicable" where appropriate. Please attach a biography or résumé to this form.

Section I (Department): (Please Print)

Board Name: Health Council of Southeast FL, Inc Advisory ☐ Not Advisory ☐

☐ At Large Appointment or ☐ District Appointment /District #: _____

Term of Appointment: 2 Years.. From: 01/15/19 To: 09/30/21

Seat Requirement: _____ Seat #: 10

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ resignation ☐ other

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: Dickerson Mario Darnell
Last First Middle

Occupation/Affiliation: Administrator / M.D. Home Health, LLC

Owner ☒ Employee ☐ Officer ☐

Business Name: M.D. Home Health, LLC

Business Address: 5201 Village Boulevard, Suite B

City & State West Palm Beach, FL Zip Code: 33407-7905

Residence Address: 1919 Pinehurst Drive

City & State West Palm Beach, FL Zip Code: 33407

Home Phone: () 561-848-3246 Business Phone: () 561-689-0445

Cell Phone: () 561-215-5327 Fax: () 561-689-0415

Email Address: mariodd.md@gmail.com

Mailing Address Preference: ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No X

If Yes, state the court, nature of offense, disposition of case and date: _____

N/A

Minority Identification Code: ☒ Male ☐ Female
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☒ African-American ☐ Caucasian

Section II Continued:

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.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Example: (R#XX-XX/PO XX)</u>	<u>Parks & Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR

NONE

☒

NOT APPLICABLE/
(Governmental Entity)

☐

ETHICS TRAINING: All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment. **Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>.** Ethics training is on-going, and pursuant to PPM CW-P-79 is required before appointment, and upon reappointment.

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):

☒ By watching the training program on the Web, DVD or VHS on December 12, 20 18
☐ By attending a live presentation given on _____, 20 ____

AND

By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida, Code of Ethics:

*Applicant's Signature: Mario Dickerson Printed Name: Mario Dickerson Date: 12/10/2018

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website www.palmbeachcountyethics.com or contact us via email at ethics@palmbeachcountyethics.com or (561) 355-1915.

Return this FORM to:

{Insert Liaison Name Here}, {Insert Department/Division Here}
{Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: MacKen Date: _____

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

Revised 02/01/2016

Section II Continued:

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.

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_____	_____	_____	_____
_____	_____	_____	_____
(Attach Additional Sheet(s), if necessary)			
OR			
NONE	<input checked="" type="checkbox"/>	NOT APPLICABLE/ (Governmental Entity)	<input type="checkbox"/>

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Return this FORM to:
{Insert Liaison Name Here}, {Insert Department/Division Here}
{Insert Address Here}

Section III (Commissioner, if applicable):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Jeff Valicchio Date: 12/18/18

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public. Revised 02/01/2016

Section II Continued:

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_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)
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Return this FORM to:
{Insert Liaison Name Here}, {Insert Department/Division Here}
{Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on:

Commissioner's Signature: [Signature] Date: 12/19/18

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

Revised 02/01/2016

Section II Continued:

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{Insert Liaison Name Here}, {Insert Department/Division Here}
{Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on:

Commissioner's Signature: R. Werneth 15 Date: 12-18-18

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Revised 02/01/2016

Section II Continued:

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_____	_____	_____	_____
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Return this FORM to:

{Insert Liaison Name Here}, {Insert Department/Division Here}

{Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: Melisa McInnis

Date: 12/18/18

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Revised 02/01/2016

Section II Continued:

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*Applicant's Signature: Mario Dickerson Printed Name: Mario Dickerson Date: 12/10/2018

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Return this FORM to:
{Insert Liaison Name Here}, {Insert Department/Division Here}
{Insert Address Here}

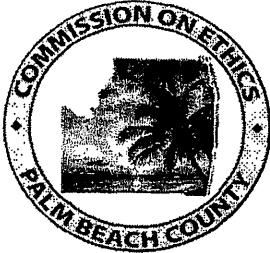
Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: [Signature] Date: 01/04/19

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Revised 02/01/2016



Honesty - Integrity - Character

**PALM BEACH COUNTY
CODE OF ETHICS
TRAINING ACKNOWLEDGEMENT**

Legal Name: Mario Darnell Dickerson (Please print clearly)

Employee Identification Number: _____

Agency/Municipality: _____ Dept/Board: _____

By signing this acknowledgement, I am attesting that I have done the following:

☒ Read the Palm Beach County Code of Ethics Ordinance (Ctrl+Click to follow link)

AND

Have completed additional training by viewing one of the following:

☒ The Code of Ethics Training Program on the Intranet/Internet. (Ctrl+Click to follow link)

☐ The Code of Ethics Training Program on YouTube. (Ctrl+Click to follow link)

☐ The Code of Ethics Training Program on DVD.

☐ A live presentation given on _____, 20____.

I understand that I am responsible for understanding and abiding by the Palm Beach County Code of Ethics as I conduct my assigned duties during my term of employment. I also understand that the information in this policy is subject to change. Policy changes will be communicated to me by my supervisor or through official notices.

Mario Dickerson
(Legal Signature)

12/10/2018
(Date)

~~Advisory Board Members: Submit signed forms to Appropriate Advisory Board Representative~~

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

300 North Dixie Highway, Suite 450, West Palm Beach, FL 33401

PHONE: 561.355-1915 FAX: 561.355-1904

Hotline: 877.766.5920 E-mail: ethics@palmbeachcountyethics.com

Website: www.palmbeachcountyethics.com



**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
HEALTH COUNCIL OF SOUTHEAST FLORIDA. INC.**

I. AUTHORITY :

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.

* indicates a member having an action pending

VI. LIAISON INFORMATION :

<u>LIAISON DEPARTMENT</u>	<u>CONTACT PERSON</u>	<u>ADDRESS</u>
Outside Entity	Estrella Callwood	
County Administration	Todd Bonlarron	Phone # -- 301 N Olive Ave Ste 1101 West Palm Beach FL 33401 Phone # 561-355-4019

* indicates a member having an action pending



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
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Appointed By : Indian River County Commission

1	Vacant	Member				Health Care Provider			/
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NOMINATED BY :

Appointed By : Martin County Commission

2	Vacant	Member				Health Care Purchaser			
---	--------	--------	--	--	--	-----------------------	--	--	--

NOMINATED BY :

3	Vacant	Member				Health Care Provider			
---	--------	--------	--	--	--	----------------------	--	--	--

NOMINATED BY :

Appointed By : Okeechobee County Board of County Commissioners

4	Vacant	Member				Health Care Provider			/
---	--------	--------	--	--	--	----------------------	--	--	---

NOMINATED BY :

* indicates a member having an action pending

Appointed By : At-Large/Palm Beach County Board of County Commissioners

5	Vacant	Member					Health Care Consumer		
---	--------	--------	--	--	--	--	----------------------	--	--

NOMINATED BY :

6	Vacant	Member					Health Care Consumer		
---	--------	--------	--	--	--	--	----------------------	--	--

NOMINATED BY :

7	Jackalynn Fignar jackiefignar@cresthaveneast.com Cresthaven East, ALF 5100 Cresthaven Blvd West Palm Beach FL 33415	Member	CA	F	--		Health Care Provider	08/15/2017	08/14/2019
---	---	--------	----	---	----	--	----------------------	------------	------------

NOMINATED BY :

8	* Gary D. Strother gstrother@pbhab.com 523 24th St West Palm Beach FL 33407	Member	AA	M	561-284-5925		Health Care Provider	04/07/2015	10/01/2016	09/30/2018
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NOMINATED BY :

* indicates a member having an action pending

Appointed By : At-Large/Palm Beach County Board of County Commissioners

9	Marnie R. Poncy mponcy@jckempe.com Joseph C. Kempe, P.A. 941 N Highway A-1-A Jupiter FL 33477	Member	CA	F	561-747-7300	Health Care Purchaser	08/25/1992	10/01/2017	09/30/2019
---	---	--------	----	---	--------------	-----------------------	------------	------------	------------

NOMINATED BY :

10	Vacant	Member				Health Care Purchaser			
----	--------	--------	--	--	--	-----------------------	--	--	--

NOMINATED BY :

Appointed By : St. Lucie County Board of County Commissioners

11	Vacant	Member				Health Care Consumer			/
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NOMINATED BY :

12	Vacant	Member				Health Care Provider			
----	--------	--------	--	--	--	----------------------	--	--	--

NOMINATED BY :

** indicates a member having an action pending*