



Board of Directors - Overview

Treasure Coast Health Council, Inc. d/b/a Health Council of Southeast Florida (HCSEF) is a private, not-for-profit corporation created under Chapter 408.033, Florida Statutes, with the mission of providing coordinated health planning designed to enhance the provision of accessible, affordable and high quality health care services to all persons residing in the service district, defined in the enacting legislation as Palm Beach, Martin, St. Lucie, Indian River and Okeechobee Counties. HCSEF is one of eleven local health planning councils in the state.

Local health councils work with the various communities on efforts designed to improve access to health care, reduce disparities in health status, assist state and local governments in the development of sound and rational health care policies and advocate on behalf of vulnerable and underserved populations. HCSEF has a long history and a broad range of experience in health services planning, program development and implementation, and community engagement.

Members of the Board of Directors live and work in the geographic areas in HCSEF's service district and are appointed by their respective county commissions. The appointees must be representatives of health care providers, health care purchasers and non-governmental health care consumers.

Board positions are available in the following categories: health care provider, health care purchaser, and health care consumer.

A provider is a health care professional licensed under chapters 458, 459, 460, 461, 463, 464, 465, 466, part I, part III, part IV, part V, or part X of chapter 468, chapter 486, chapter 490, or chapter 491.

A purchaser is an employer in the state, other than a health care facility, health insurer, or other health care provider, who provides health care coverage for his/her employees.

A consumer may be any person other than a person who administers health activities, is a member of the governing body of a health care facility, provides health services, has a fiduciary interest in a health facility or other health agency or its affiliated entities, or has a material financial interest in the rendering of health services.



Board of Directors - Roles & Responsibilities

Effectively Engage With Organization

To effectively fulfill the responsibilities and functions of a board, members must attend and participate in meetings and other such functions, sharing their expertise and knowledge.

Determine and Understand the Organization's Mission and Purpose

It is the board of directors' responsibility to create the mission statement and review it periodically for accuracy and validity. Each individual board member should fully understand and support it.

Ensure Effective Organizational Planning and Goal Setting

As stewards of an organization, boards must actively participate with the staff in an overall planning process and assist in implementing the plan's goals.

Ensure Adequate Resources

One of the board's foremost responsibilities is to provide adequate resources for the organization to fulfill its mission. The board should work in partnership with the chief executive to develop an adequate resource plan.

Manage Resources Effectively

The board, in order to remain accountable, to its members, the public and to safeguard its tax-exempt status, must assist in developing the annual budget and ensure that proper financial controls are in place.

Determine, Monitor & Strengthen Programs and Services for Constituents

The board's role in this area is to determine which programs are the most consistent with the organization's mission, and to monitor their effectiveness.

Enhance and Promote the Organization's Image

An organization's primary link to the community, including its constituents, the public, and the media is the board. Board members should be able to clearly articulate the organization's mission, accomplishments, and goals to the public, as well as garnering support from important members of the community.

Ensure Legal and Ethical Integrity in the Organization

Except in the direst of circumstances, the board must serve as a court of appeal in personnel matters. Solid personnel policies, grievance procedures, and a clear delegation to the chief executive in hiring and managing employees will reduce risk of conflict.

Help Recruit New Leaders – Assess & Measure Organizational Performance

By evaluating its performance in fulfilling its responsibilities, the board can recognize its achievements, and reach consensus on which areas need to be improved. Discussing the results of a self-assessment at a retreat can assist in the developing of a long-range plan.

Select & Review Performance of the Chief Executive/Provide Support to Chief Executive

Boards must determine the chief executive's job description and oversee the search process to find the most qualified individual for the position. The board will also ensure that the chief executive has the moral and professional support needed to further the goals of the organization.



Board of Directors - Additional Information

Purpose of Local Health Councils (per F.S. Statute 408.033)

Health planning activities

- Develop local health plans, including:
 - Development of strategies to improve the health of the residents (CHA)
 - Establishment of priorities for implementation (CHIP)
- Support the state's CON process
 - Monitor onsite construction progress of CON-approved projects
 - Organize and staff public hearings for CON applications
 - Provide the state with data required by rule for review of CON applications and the projection of need for health services in the region
- Collect data and conduct analyses and studies related to health care need in the region, with special focus on vulnerable populations
- Partner with the state to plan for services at the local level for people living with HIV/AIDS
- Promote public awareness of community health needs
- Advise and assist state and local governments on the development of health plans

Terms of Appointment

Board members are appointed to serve for a term of two years (unless he/she is completing a term of a previously held seat.)

Board Meetings

The Board of Directors meets every other month on the third Thursday at 4:00 p.m. The location of the meeting is HCSEF's Conference Room or at any other place so designated by the Board of Directors.

Attendance

Any Board member with unexcused absences from three consecutive Board meetings, or more than half the meetings in a year, must appeal automatic removal from the Board through written correspondence to the Chairman of the Board of Directors. Membership status shall then be decided by a majority vote.

Officers

The offices of the Board shall be members of the Board and shall consist of a Chairperson, Vice-Chairperson, a Secretary, and a Treasurer.

For additional information on HCSEF or the Board of Directors of HCSEF, please contact Andrea Stephenson, Executive Director at 561.844.4220, ext. 25 or via email astephenson@hcsef.org.

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The 2015 Florida Statutes

[Title XXIX](#)
PUBLIC HEALTH

[Chapter 408](#)
HEALTH CARE ADMINISTRATION

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408.033 Local and state health planning.—

(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 1½ 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 cost-effective 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

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 Families, the Department of Health, or the Department of Corrections and any hospital which meets the definition of rural hospital pursuant to s. 395.602 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; s. 162, ch. 2014-19.

Note.—Former s. 381.703.