



# Martin County

## Legislation Details (With Text)

**File #:** 19-1007

Type: Board and Committee Status:

**Appointments** 

In control: Board of County Commissioners

Passed

Title: TREASURE COAST HEALTH COUNCIL APPOINTMENT

Sponsors:

Indexes:

Code sections:

**Attachments:** 1. Treasure Coast Health Council.pdf, 2. TCHC Establishing Document, 3. TCHC Information

Release, 4. Cintron\_Gresik\_Pamela.pdf, 5. Cocoves\_Anita.pdf, 6. Frank\_Lynn.pdf, 7. Voting Sheet

**TCHC** 

DateVer.Action ByActionResult10/22/20191Board of County CommissionersapprovedPass

**PLACEMENT:** Board and Committee Appointments

TITLE:

#### TREASURE COAST HEALTH COUNCIL APPOINTMENT

## **EXECUTIVE SUMMARY:**

After solicitation of applicants, the Board is asked to make the necessary appointment to the Treasure Coast Health Council.

**DEPARTMENT:** Administration

PREPARED BY: Name: Donna Gordon

Title: Executive Aide

REQUESTED BY: Health Council of Southeast Florida

PRESET:

**PROCEDURES:** None

## **BACKGROUND/RELATED STRATEGIC GOAL:**

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.

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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 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.

The Board of Directors meets every other month on the third Thursday of each month at 4:00 pm at the Health Council of Southeast Florida, Suite 101, 600 Sandtree Drive, Palm Beach Gardens, Florida.

The Administration Staff advised Dr. Anita Cocoves that her term will expire on November 17, 2019. She was provided an Application for Appointment to complete and return if so desired.

An Information Release soliciting applicants was emailed via Constant Contact to the Outreach Martin and Local Media email lists which includes local Chambers of Commerce, local businesses, local media, and citizens (well over 2,600 recipients). The Information Release was also posted to the County's web page under News.

The Administration Staff will advise all of the applicants of the Commission's decision which includes Sunshine Law information to the appointed individual. A letter and certificate of appreciation will be sent to Dr. Cocoves if she is not reappointed.

#### <u>ISSUES</u>:

The Board is asked to appoint ONE individual to the Treasure Coast Health Council for a term to begin November 18, 2019 and end November 17, 2021.

Pamela Gresik Cintron

**Anita Cocoves** 

Lynn Frank

### **LEGAL SUFFICIENCY REVIEW:**

This item has been reviewed for legal sufficiency to determine whether it is consistent with applicable law.

## **RECOMMENDED ACTION:**

#### RECOMMENDATION

Move that the Board appoint ONE individual to the Treasure Coast Health Council for a term to begin November 18, 2019 and end November 17, 2021 and authorize the Chairman to sign a letter and certificate if Dr. Cocoves is not reappointed.

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ALTERNATIVE RECOMMEN	DATIONS			
Direct staff accordingly.				
FISCAL IMPACT:				
RECOMMENDATION				
None				
Funding Source		County Fu	ınds	Non-County Funds
Subtotal				
Project Total				
ALTERNATIVE RECOMMEN	DATIONS			
	DATIONS			
None				
DOCUMENT(S) REQUIRING	ACTION:			
☐Budget Transfer / Amendment ☐ Chair Letter			□Con	itract / Agreement
☐Grant / Application	□Ordinance	□Resolution		
☐Other:				
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