

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

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Meeting Date: December 18, 2007

Department: Community Services

Advisory Board: Palm Beach County HIV CARE Council

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I. EXECUTIVE BRIEF

Motion and Title: **Staff recommends motion to approve:** Reappointment and Appointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of two years, effective December 18, 2007.

<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>
3	Christopher Lacharite	CBO serving affected populations
9	Kimberly Rommel Enright, Esq.	Social Service Provider
14	Rosalyn Collins	Substance Abuse/Mental Health
16	Mary Jane Reynolds(Bryant)	Affected Community
19	Lorenza Jackson	Affected Community
24	Kimberly McCall	Affected Community
32	Kathryn Wall	Non-elected Community leader

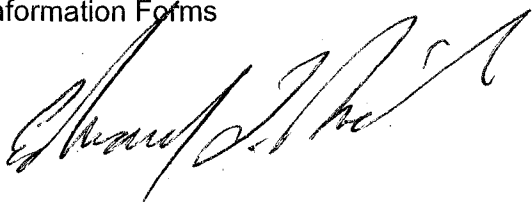
<u>Seat No.</u>	<u>Appointment</u>	<u>Seat Requirement</u>
20	Rafael Abadia	Affected Community

Summary: The Palm Beach County HIV CARE Council Bylaws state that total membership shall be no more than forty-five and no less than twenty-one members. Founding members were appointed for one and two year terms with subsequent terms of two years. The HIV CARE Council nominations process is an open process with publicized criteria and legislatively defined conflict of interest standards. The seven reappointments and one new appointment successfully completed the HIV CARE Council nominations process, and the HIV CARE Council has recommended their reappointment/appointment. (Ryan White) Countywide (TKF)

Background and Justification: In accordance with the Ryan White Comprehensive Aids Resources Emergency Act of 1990 (P.L.101-381), Palm Beach County was designated an eligible metropolitan area disproportionately affected by the HIV epidemic and having a demand for services exceeding the capacity of local resources to meet that demand. The federal government, through the Department of Health and Human Services has made funds available to Palm Beach County to meet such demand. In order to access these funds, it is legally mandated by Title I of the Ryan White Care Act that Palm Beach County designate a Title I HIV Services Planning Council. To that end, the Board established the Palm Beach County HIV CARE Council, Per Resolution No. R-93-1182, dated September 21, 1993, as amended by Resolution No.R-97-1067. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I planning councils. As vacancies occur on the CARE Council, replacements are selected in accordance with the HIV CARE Council Nominations Process that was adopted by the CARE Council and approved by the Board on September 2, 1997.

Attachments:

- A. Board Appointment Information Forms
- B. Current Board Listing
- C. Nominations Policy

Recommended by:  11-28-2007
Department Director Date

Legal Sufficiency:  12-4-07
Assistant County Attorney Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Palm Beach County HIV Care Council

☐ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: 12.18.07

To: 12.18.09

Seat Requirement: CBO Serving Affected Community

Seat #: 3

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Lacharite

Christopher

_____ Last

_____ First

_____ Middle

Occupation/Affiliation: Compass

Compass

Business Name: _____

7600 S. Dixie hwy

Business Address: _____

West Palm Beach, FL

City & State _____

Zip Code: _____

33405

Residence Address: _____

City & State _____

Zip Code: _____

Home Phone: _____

()

Business Phone: _____

(561) 533-9699

Ext.

Cell Phone: _____

()

Fax: _____

()

Email Address: _____

Mailing Address preference: ☒ Business Address ☐ Residence

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☒ WM (Caucasian Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: 12.18.07

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

0 Number of previously disclosed voting conflicts during the previous term

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Palm Beach County HIV Care Council

☐ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: 12.18.07

To: 12.18.09

Seat Requirement: Social Service Provider

Seat #: 9

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Rommel-Enright

Kimberly

Last

First

Middle

Occupation/Affiliation: Attorney

Legal Aid Society of PBC, Inc.

Business Name:

423 Fern Street, Suite 200

Business Address:

West Palm Beach, FL

City & State

Zip Code:

33401

Residence Address:

City & State

Zip Code:

Home Phone:

()

Business Phone:

(561) 655-8944

Ext.

Cell Phone:

()

Fax:

()

Email Address: _____

Mailing Address preference: ☒ Business Address ☐ Residence

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☒ WF (Caucasian Female)

☐ WM (Caucasian Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: 12.18.07

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

0 Number of previously disclosed voting conflicts during the previous term

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Palm Beach County HIV Care Council

☐ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years. From: 12.18.07 To: 12.18.09

Seat Requirement: Substance Abuse/mental Health Seat #: 14

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Collins Last Rosalyn First Middle

Occupation/Affiliation: _____

Gratitude house

Business Name: _____

1700 N. Dixie Hwy.

Business Address: _____

West Palm Beach, FL

33407

City & State _____

Zip Code: _____

Residence Address: _____

City & State _____

Zip Code: _____

Home Phone: _____

()

Business Phone: _____

(561) 833-6826
Ext. _____

Cell Phone: _____

()

Fax: _____

()

Email Address: _____

Mailing Address preference: ☒ Business Address ☐ Residence

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: 12.18.07

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

0 Number of previously disclosed voting conflicts during the previous term

Signature: _____

Date: _____

Part I:

☐ At Large Appointment or ☐ District Appointment

Seat Requirement: Affected Community Seat #: 16

☒ *Reappointment or ☐ New Appointment

Completion of term to
expire on:

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Occupation/Affiliation: NA

Business Name:

Business Address:

City & State

Zip Code:

Residence Address:

1665 NW 11th Street

City & State

Zip Code:

Home Phone:

(A)

Business Phone:

(561)

Ext.

Cell Phone:

(00)

Fax:

()

Email Address:

Mailing Address preference: ☒ Business Address ☐ Residence

Minority Identification Code:

[] IF (Native-American Female)

[] IM (Native-American Indian Male)

[] AF (Asian-American Female)

[] AM (Asian-American Male)

[X] BF(African-American Female)

[] BM (African-American Male)

[] HF (Hispanic-American Female)

[] HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: 12.18.07

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

0	Number of previously disclosed voting conflicts during the previous term
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Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

Part I:

Board Name: Palm Beach County HIV Care Council

☐ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: 12.18.07

To: 12.18.09

Seat Requirement: Affected Community

Seat #: 19

☒ *Reappointment

or

☐ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Jackson

Lorenza

Last

First

Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State

Zip Code: _____

412 Palm Glade

Residence Address: _____

Belle Glade, FL

33430

City & State

Zip Code: _____

Home Phone: 561-992-0903

Business Phone: _____

Cell Phone: ()

Fax: ()

Email Address: _____

Mailing Address preference: ☒ Business Address ☐ Residence

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☒ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Part III: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: 12.18.07

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

0 Number of previously disclosed voting conflicts during the previous term

Signature: _____

Date: _____

Part I:

☐ At Large Appointment or ☐ District Appointment

☒ *Reappointment or ☐ New Appointment

Completion of term to
expire on: _____

Part II: *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Mailing Address preference: ☐ Business Address ☐ Residence

Minority Identification Code:

[] IF (Native-American Female) [] IM (Native-American Indian Male)
[] AF (Asian-American Female) [] AM (Asian-American Male)
[X] BF(African-American Female) [] BM (African-American Male)
[] HF (Hispanic-American Female) [] HM (Hispanic-American Male)
[] WF(Caucasian Female) [] WM (Caucasian Male)

Part III: COMMISSIONER COMMENTS

Signature: _____ Date: _____

Part I:

or

Seat #: 32

or

[] other

Part II:

Revised 6/2007

**Palm Beach County
HIV CARE Council**

Inventory of Seats

November 2007

Bold = In Process

Bold + Italicized = Approved by Council and Sent to Board of County Commissioners for Approval

AAF= African American Female, AAM= African American Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HISF= Hispanic Female, HISM= Hispanic Male

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
1	Health care provider, including federally qualified health centers	Dr. Nicholas Potochny	Health Care Provider	12/19/08	WM
2	CBO's serving affected populations/ASOs	Lorenzo Robertson	CBO Serving Affected Community	12/19/08	
3	CBO's serving affected populations/ASOs	Chris Lacharite	Compass	12/18/09	
5	CBO's serving affected populations/ASOs	OPEN CHAIR		9/14/06	
7	Social Service Providers, including housing and homeless service providers	Rose Joseph	Comprehensive AIDS Program	12/19/08	HAIF
8	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
9	Social Service Providers, including housing and homeless service providers	Kimberly Rommel-Enright	Legal Aid Society of Palm Beach County, Inc.	12/19/09	WF
12	Social Service Providers, including housing and homeless service providers	OPEN CHAIR		7/14/05	
13	Mental Health and/or Substance Abuse Providers	Thomas McKissack	Oakwood Center	8/15/08	AAM
14	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	12/18/09	AAF
15	Local Public Health Agencies	Mary Piper Kannel	Palm Beach County Health Department	8/15/08	WF
16	Affected Communities, including PLWH and historically underserved subpopualtions	Mary Jane Reynolds		12/18/09	AAF
17	Affected Communities, including PLWH and historically underserved subpopualtions	Stephanie Milken		12/19/08	AAF
18	Affected Communities, including PLWH and historically underserved subpopualtions	Glenn Krabec, PhD		8/15/08	WM
19	Affected Communities, including PLWH and historically underserved subpopualtions	Lorenza Jackson		12/18/09	AAM
22	Affected Communities, including PLWH and historically underserved subpopualtions	Cecil Smith		9/19/08	AAM
23	Affected Communities, including PLWH and historically underserved subpopualtions	Yvette Martinez	Affected Community	9/19/08	HISF

24	Affected Communities, including PLWH and historically underserved subpopualtions	Kimberly McCall	Circle Of Hope	12/18/09	AAF
25	Affected Communities, including PLWH and historically underserved subpopualtions	Shirley Samples		12/19/08	AAF
26	Affected Communities, including PLWH and historically underserved subpopualtions	Jessica Beane	Affected Community	12/19/08	AA/HisF
27	Affected Communities, including PLWH and historically underserved subpopualtions	Laurence Osband		8/15/08	WM
28	Affected Communities, including PLWH and historically underserved subpopualtions	OPEN CHAIR		5/04/06	AAF
31	Non-Elected Community Leaders	OPEN CHAIR			
32	Non-Elected Community Leaders	Kathy Wall	Targeted Outreach for Pregnant Women with AIDS (TOPWA). Children's Case Management Org. (CCMO)	12/18/09	WF
35	Non-Elected Community Leaders	Open Chair		7/14/05	WF
37	Non-Elected Community Leader	OPEN CHAIR			
38	Hospital Planning Agencies or other health care planning agencies	OPEN CHAIR		3/15/07	WM
39	State Medicaid Agency	William Albury	Program Administrator, FL Medicaid Program	8/14/08	AAM
40	State Title II Agency	Kymberly Lucas	Contract Administrator, Treasure Coast Health Council	8/14/08	WF
41	Hospital Planning Agencies or other health care planning agencies	Michael Greene	Palm Beach County Health Care District	8/14/08	AAM
42	Title IV, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	Marcia Bodden	Children's Medical Services	8/14/08	AAF
44	Other Federal HIV Programs, including HIV Prevention programs	Inez Williams	United Deliverance Community Resource Center	12/19/08	AAF
45	Representative of/or formerly incarcerated PLWH	David Begley	Legal Aid Society of PBC,Inc.	12/19/08	WM

The Palm Beach County

HIV CARE Council

Policy

Nominations Process

**Palm Beach County
HIV CARE Council**

Policy

Nominations Process

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of insuring there is an open and fair nominations process which will provide for a CARE Council membership which is reflective of the AIDS epidemic in Palm Beach County Florida. In addition, it is the intention of the CARE Council to maintain a nominations policy which complies with directives of the Division of HIV Services, Health Resources Services Administration (DHS) (HRSA) as those directives relate to the Ryan White CARE Act Amendments of 1996.

I. Legislative Background

Section 2602(b) of the reauthorized CARE Act states: "Nominations to the planning council (CARE Council) shall be identified through an open process and candidates shall be selected based upon locally delineated and published criteria. Such criteria shall include a conflict of interest standard for each nominee."

II. Expectations

An open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, shall result in broad and diverse community inclusion and culturally competent deliberations in CARE Council processes. The CARE Council will only approve and/or appoint members who have gone through the nominations process and shall appoint members on a timely basis to insure minimum disruption to CARE Council activities.

Nominations to the Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing Council committees and through ongoing solicitation through existing council members, service providers, outreach through advertising, staff working with consumers of HIV/AIDS services. Special attention shall be given to certain populations such as (but not limited to) the homeless, substance abusers, dually infected, and those otherwise disenfranchised.

It shall be the responsibility of every member of the CARE Council to actively recruit members to fill gaps in Council membership, not just the Membership Committee's

responsibility. Council members should use their own network and seek key contacts in other communities to help identify potential members to fill gaps and to provide individuals to participate in CARE Council committee activities.

III. General Criteria

The CARE Council shall:

Appoint a Membership Committee comprising regular members and a committee chair. Regular committee members shall reflect the composition of the CARE Council in that there shall be two members from each of the three membership categories, (Affected Community, Providers, Non-Elected Community Leaders); plus one representative from each of the funding sources the Council advises (i.e. Title I grantee, Title II lead agency, HOPWA, and AIDS Network). Members appointed to this committee shall be ratified by the full membership of the CARE Council and shall be as diverse as possible, with consideration being given to representation of a reflective mix of men, women, and people of color.

The Membership Committee shall:

- Identify gaps in membership related to demographic composition of the epidemic in Palm Beach County, and other needs identified by the CARE Council.
 - Develop and maintain a standard information document outlining the purpose of the CARE Council, its mandated responsibilities, and vision.
 - Develop and maintain a standard application for council membership which includes a conflict of interest statement to be executed with the initial application.
 - Develop and maintain a specific list of steps in the application process, and include such steps and approximate time line in the application documentation provided to potential applicants.
 - Use a variety of recruitment and outreach strategies including paid advertising, advertising in local HIV/AIDS publications, HIV/AIDS Services Provider publications, Palm Beach County public access stations, press releases, flyers, neighborhood and ethnic publications including Gay and Lesbian media.
 - Publish an easy to understand brochure outlining the membership process.
- Steps in the nominations process:

1. Advertising is placed in various publications countywide notifying the public of the

need for participation through membership on the CARE Council. Included in the advertising shall be notification of the need to fill membership positions based upon reflectiveness of the epidemic in Palm Beach County, and to insure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.

2. Potential applicants shall be mailed a nominations packet containing a letter describing rolls and responsibilities of the council, duties of membership, time expectations, gaps in representations, conflict of interest standards, HIV disclosure requirements, and an overview of the selection process and timeline; within three (3) business days of request. There shall also be an application form using open-ended questions to ask about relevant experience, expertise, skills, the person's interest in serving, the perspective he or she might bring to the CARE Council; how his or her peer group might relate to groups affected by HIV, and other related information.
3. Completed forms are returned and randomly assigned to at least two committee members for review, using a candidate profile summary sheet that allows each candidate to be assessed based on pre-determined selection criteria. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. After all application forms are reviewed, the Membership Committee shall meet to review each application, and recommend a list of persons for interviewing. The committee will interview at least two applicants for each slot. Interviews shall be conducted by at least two committee members according to a structured interview format. Open ended questions about past experience on boards, approach to controversial decision-making processes, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview.
5. After the interviews are complete, the Membership Committee meets again. The results of each interview are discussed and nominees are agreed upon. The final recommendations are forwarded to the CEO (Palm Beach County Board of County Commissioners) for appointment. In the event a recommended candidate is not acceptable to the CEO, a request for a replacement candidate will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the CEO for appointment.