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

Meeting Date: December 18, 2007

Department: <u>Community Services</u>

Advisory Board: Palm Beach County HIV CARE Council

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.

Seat No.	<u>Reappointment</u>	Seat Requirement
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
Seat No.	Appointment	Seat Requirement
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 disproportionably 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:

Department Director

Legal Sufficiency:

Assistant County Attorney

2-11-0 Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

REVISED 06/92 ADM FORM 03 (THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

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Part I:			an a	
Board Name: <u>Palm Beach County H</u>	IV Care Council			
[] At Large Appointment	or	[] District	Appointment	
Term of Appointment: 2 Year	rs. From:	12.18.07	To: <u>12.18.09</u>	
Seat Requirement: CBO Serving Affect	cted Community	· · ·	Seat #:	
[X]*Reappointment	or	[] New Ap	opointment	
or [] to complete the term of Completion of term to expire on:		Due to:	[] resignation [] other
Part II: APPLICANT, UNLESS	S EXEMPTED, M	IUST BE A C	OUNTY RESIDENT	
Name: Lacharite	Chri	stopher		
Last Compass Occupation/Affiliation:		First	Mid	dle
Compass Business Name:				
7600 S. Dixie Business Address:	e hwy			
City & State	each, FL	Zij	33405 c Code:	······································
Residence Address:				
City & State		Zij	o Code:	
Home Phone: ()	Busi	ness Phone:	(561) 533-9699 Ext.	
Cell Phone:)	Fax:		()	
Email Address:		en de la composition de la composition de la composition de l de la composition de l		
Mailing Address preference: [X]B	usiness Address	[] Residence	3	
Minority Identification Code: [] IF (Native-American Female) [] AF (Asian-American Female) [] BF (African-American Female) [] HF (Hispanic-American Female) [] WF(Caucasian Female)	[] IM (Nat [] AM (As [] BM (Af [] HM (His		Indian Male) Male) an Male) an Male)	
Part III: COMMISSIONER COMM	MENTS		.	
Appointment to be made at BCC Meeti	ng on: <u>12.18.</u>	07		
*When a person is being considered f conflicts shall be considered by the B	for re-appointme oard of County (nt, the numb Commissione	er of previous disclos rs.	ed voting
0 Number of previously disclos	ed voting conflict	s during the p	revious term	
Signature:		Dat	e:	

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

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Board Name: <u>Palm Beach County HIV Care Council</u>	
[] 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	
[X]*Reappointment or [] New Appointment	
or [] to complete the Due [] resignation [] to: Completion of term to expire on:	other
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT	
Name: Rommel-Enright Kimberly	
Last First Middle	
Attorney Occupation/Affiliation:	
Legal Aid Society of PBC, Inc. Business Name:	
423 Fern Street, Suite 200	·
Business Address: West Palm Beach, FL 33401	
City & State Zip Code:	
Residence Address:	
City & State Zip Code:	
Home Phone: () Business Phone: (561) 655-8944 Ext.	
Cell Phone: () Fax: ()	
Email Address:	
Mailing Address preference: [X] 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)[X] 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 vo conflicts shall be considered by the Board of County Commissioners.	ting
0 Number of previously disclosed voting conflicts during the previous term	
Signature: Date:	

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Board Name: <u>Palm Beach County HIV Care Council</u>
[] 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
[X]*Reappointment or [] New Appointment
or [] to complete the Due [] resignation [] other to:
term of to: Completion of term to expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Collins Rosalyn
Last 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:
Email Address:
Mailing Address preference: [X] 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
Signature: Date:

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Part I	•
<u>1 al t 1</u>	*

Board Name: <u>Palm Beach County HIV</u>	<u>Care Council</u>
[] At Large Appointment	or [] District Appointment
Term of Appointment: 2 Years.	From: <u>12.18.07</u> To: <u>12.18.09</u>
Seat Requirement: Affected Community	Seat #: 16
[X]*Reappointment	or [] New Appointment
or [] to complete the term of	Due [] resignation [] other to:
Completion of term to expire on:	
Part II: APPLICANT, UNLESS E	EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Bryant-Reynolds	Mary Jane
Last	First Middle
NA Occupation/Affiliation:	
Business Name:	
Business Address:	
City & State	Zip Code:
Residence Address:	Street
Belle Glade, FL	
City & State	Zip Code:
Home Phone: ()	Business Phone: (561) Ext.
Cell Phone: ()	Fax: _(_)
Email Address:	
Mailing Address preference: [X] Busi	iness Address [] Residence
Minority Identification Code: [] IF (Native-American Female) [] AF (Asian-American Female) [X] BF(African-American Female) [] HF (Hispanic-American Female) [] WF (Caucasian Female)	 IM (Native-American Indian Male) AM (Asian-American Male) BM (African-American Male) HM (Hispanic-American Male) WM (Caucasian Male)
Part III: COMMISSIONER COMME	ENTS
Appointment to be made at BCC Meeting	on: 12.18.07
*When a person is being considered for conflicts shall be considered by the Boa	r re-appointment, the number of previous disclosed voting ard of County Commissioners.
0 Number of previously disclosed	voting conflicts during the previous term
Signature:	Date:

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

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Board Name: Paten Beach County HIV Care Council [] At Large Appointment or [] District Appointment Term of Appointment: 2	<u>Part I:</u>				
Term of Appointment: 2 Years. From: 12.18.07 To: 12.18.09 Seat Requirement: Affected Community Seat #: 19 [X]*Reappointment or [] New Appointment or [] to complete the term of completion of term to expire on: Due [] resignation [] othe to: Completion of term to expire on:	Board Name: <u>Pal</u>	m Beach County HIV	Care Council		
Seat Requirement: Affected Community Seat #: 19 [X]*Reappointment or [] New Appointment or [] I to complete the term of completion of term to completion of term to expire on: Due [] resignation [] othe to: Completion of term to expire on:	[] At Large	e Appointment	or	[] District App	ointment
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or [] to complete the term of to: Completion of term to expire on:	Seat Requirement:	Affected Community		<u></u>	_ Seat #: _19
arm of term of	[X]*Reappo	ointment	or	[] New Appoint	ment
Name: Jackson Lorenza Last First Middle Occupation/Affiliation:	term of Completion of term	· · · · · · · · · · · · · · · · · · ·			resignation [] other
Last First Middle Occupation/Affiliation:	<u>Part II:</u> AP	PLICANT, UNLESS E.	XEMPTED, M	UST BE A COUN	TY RESIDENT
Occupation/Affiliation: Business Name: Business Name: Business Name: Business Address: City & State All 2 Palm Glade Residence Address: Belle Glade, FL City & State Belle Glade, FL State City & State Business Phone: Cell Phone: () Fax: Fax: () Email Address:	Name: Jackson		Lore		· · · · · · · · · · · · · · · · · · ·
Business Name: Business Address: City & State Zip Code: 412 Palm Glade Residence Address: Belle Glade, FL 33430 City & State Belle Glade, FL Home Phone: 561-992-0903 Business Phone: Code: Cell Phone: (_) Fax: (_) Email Address:		Last		First	Middle
Business Address:	Occupation/Affiliat	ion:			·
City & State Zip Code: 412 Palm Glade Residence Address: Belle Glade, FL City & State Home Phone: 561-992-0903 Business Phone: Cell Phone: (_) Fax: Mailing Address preference: [X] Business Address [] IF (Native-American Female) [] IF (Native-American Female) [] IF (Native-American Female) [] BF(African-American Female) [] BF(African-American Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] WM (Caucasian Male) [] WF (Caucasian Female) [] WM (Caucasian Male) [] WM (Caucasian Female) [] WM (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	Business Name:				· ·
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Residence Address: Belle Glade, FL 33430 City & State Zip Code:	City & State			Zip Coo	le:
City & State Zip Code: Home Phone: 561-992-0903 Business Phone: Cell Phone: (_) Fax: (_) Email Address:	Residence Address				
Cell Phone:	City & State	Belle Glade, FL		Zip Co	
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	Signature:			Date:	

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Part I:

[] At Large App	pointment c) r	[] District Appointm	ent
Ferm of Appointment:	Years.	From:	_ То	
Seat Requirement:			Sea	nt #:
[X]*Reappointment	or	[]N	ew Appointment	
or [] to complete term of Completion of term to expire on:	the		Due [] res to:	ignation [] other
Part II: APPLIC	ANT, UNLESS EXE	EMPTED, M	IUST BE A COUNTY K	RESIDENT
Name: McCall	Last	Kim	berly First	Middle
Occupation/Affiliation:	Circle of Hope Sup			
Business Name:			4 	
Business Address:				
City & State			Zip Code:	
Residence Address: City & State	3017 Avenue M Riviera Beach, FL		Zip Code:	33407
Home Phone:)	Busi	iness Phone:	Ext.
Cell Phone:	61) 255-4447	Fax:		
Email Address:				
Mailing Address prefe	rence: [] Business	Address [] Residence	
Minority Identification [] IF (Native-America [] AF (Asian-Americar [X] BF(African-Americ [] HF (Hispanic-Ameri [] WF(Caucasian Fema	in Female) 1 Female) can Female) ican Female)	[] AM (As [] BM (Af [] HM (His	tive-American Indian M sian-American Male) rican-American Male) spanic-American Male) sucasian Male)	ale)
Part III: COMMISSI	ONER COMMENT	ſS		
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*When a person is beir conflicts shall be consid	dered by the Board	of County (C ommissioners. s during the previous ter	m

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Board Name: Palm Be	ach County HIV Care	Council		
[] At Large App			rict Appointment	
			• •	0.00
Term of Appointment:	2 Years.	From: <u>12.18.07</u>	To: <u>12.18</u>	5.09
Seat Requirement: Non	-elected Community Le	eader	Seat #: <u>3</u>	2
[X]*Reappointm	ent or	[] New .	Appointment	
or [] to complete term of	the	Due	[] resignation	a [] other
Completion of term to expire on:		to:		
Part II: APPLIC	ANT, UNLESS EXEM	PTED, MUST BE A	A COUNTY RESIDE	INT
Name: Wall		Kathryn		
	Last	Firs	st	Middle
Occupation/Affiliation:				
Business Name:	Children's Case mgm	t. org.		
	1720 E. Tiffany Dr			
Business Address:	Magonia Park, FL		3340)7
City & State			Zip Code:	
Residence Address:				<u> </u>
City & State			Zip Code:	
Home Phone:		Business Phone	e: <u>(561)271-288</u>	7 Ext.
Cell Phone: _()	Fax:	<u> ()</u>	
Email Address:				
Mailing Address prefe	rence: [X] Business .	Address [] Reside	ence	
Minority Identification	ı Code:			
[] IF (Native-America	m Female) []	IM (Native-Ameri		
[] AF (Asian-American [] BF(African-American		AM (Asian-Ameri BM (African-Ame		
[] HF (Hispanic-Amer	ican Female) []	HM (Hispanic-Ame	rican Male)	
[X] WF (Caucasi	an Female)	[] WM (Cauca	asian Male)	
Part III: COMMISSI	ONER COMMENTS			
Appointment to be mad	e at BCC Meeting on:	12.18.07		
*When a person is bei conflicts shall be consi				sclosed voting
0 Number of pre	eviously disclosed votin	g conflicts during th	e previous term	
Signature:			Date:	
Pursuant to Florida's Pub and photocopied by mem		ument may be reviewe	d Revised	6/2007

Part	<u>I:</u>
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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 #: 20
[]*Reappointment or [X] New Appointment
or [] to complete the Due [] resignation [] oth to: Completion of term to expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Abadia Rafael
Last First Middle
Consultant on National Level Occupation/Affiliation:
Business Name:
Business Address:
City & State Zip Code:
4254 Leo Lane Apt. 122 Residence Address:
Palm Beach Gardens, FL 33410 City & State Zip Code:
Home Phone: (561) 881-0025 Business Phone: (561) Ext.
Cell Phone: ()
Email Address:
Mailing Address preference: [X] 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)[X] 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 votin conflicts shall be considered by the Board of County Commissioners.
0 Number of previously disclosed voting conflicts during the previous term
Signature: Date:

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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, HISF= 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	nright Legal Aid Society of Palm Beach County, Inc.		WF
12	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
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 subpopulations	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 subpopulations	Yvette Martinez	Affected Community	9/19/08	HISF

24	Affected Communities, including PLWH and historically underserved subpopulations	Kimberly McCall	Circle Of Hope	12/18/09	AAF	
25	Affected Communities, including PLWH and historically underserved subpopulations	Shirley Samples		12/19/08	AAF	
26	Affected Communities, including PLWH and historically underserved subpopulations	Jessica Beane	Affected Community	12/19/08	AA/HisF	
27	Affected Communities, including PLWH and historically underserved subpopulations	Laurence Osband		8/15/08	WM	
28	Affected Communities, including PLWH and historically underserved subpopulations	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			the second second	
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	

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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

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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

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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.

- 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 operiended questions to ask about relevant experience, expertise, skills, the persons 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.
- 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.
 - 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.
 - 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.

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