

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY

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Meeting Date: January 12, 2010

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 /appointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of two (2) years with expiration dates as indicated:

<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
9	Kimberly Rommel-Enright	Social Service Provider	01/11/2012
14	Rosalyn Collins	Substance Abuse Provider	01/11/2012
19	Chris LaCharite	Affected Community	01/11/2012
28	Rafael Abadia	Affected Community	01/11/2012

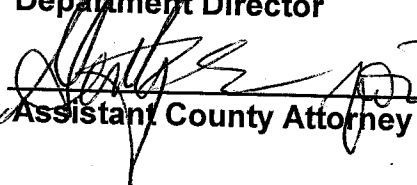
<u>Seat No.</u>	<u>Appointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
3	Donald Yost	Community Based Organization	01/11/2012
5	Dr. Marlinda Jefferson	Community Based Organization	01/11/2012
7	Rechee Huff	Social Service Provider	01/11/2012
8	Melissa Jenkins	Social Service Provider	01/11/2012
12	Hugo Rocchia	Social Service Provider	01/11/2012
31	Donald Hilliard	Non-Elected Community Leader	01/11/2012
32	Orlando Carrasquillo	Non-Elected Community Leader	01/11/2012
35	Brian Sprague	Non-Elected Community Leader	01/11/2012
37	Cindy Barnes	Non-Elected Community Leader	01/11/2012
39	William Albury	State Medicaid Agency	01/11/2012

Summary: The Palm Beach County HIV CARE Council Bylaws state that total membership shall be no more than 45 and no less than 21 members. Founding members were appointed for one (1) and two (2) year terms with subsequent terms of two (2) years. The HIV CARE Council nominations process is an open process with publicized criteria and legislatively defined conflict of interest standards. The four (4) reappointments and ten (10) appointments 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 (Part A) of the Ryan White Care Act that Palm Beach County designate a Title I (Part A) 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 (Part A) 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 January 26, 2004. With the addition of these nominees, the board makeup will consist of five (5) Black males, eight (8) Black females, two (2) Hispanic males, one (1) Hispanic female, eight (8) White males, and five (5) White females.

- Attachments:**
- A. Board Appointment information forms (14)
 - B. Current Board Listing
 - C. HIV CARE Council Nominations Policy

Recommended by:  12-16-09
Department Director Date

Legal Sufficiency:  Tammy Field 12/29/09
Assistant County Attorney 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.)

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large ☐ or District ☐ Appointment

Seat requirements: Affected Community Seat # 28

*Reappointment ☒ or New Appointment ☐

or ☐ to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Rafael Abadia

Occupation/Affiliation:

Mailing Address:

Residence Address:

City & State: Zip Code:

Business Name:

Business Address:

City & State: Zip Code:

Home Phone: Business Phone:

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(American Indian Male)
AF	(Asian-Female)	AM	(Asian Male)
BF	(Black Female)	BM	(Black Male)
HF	(Hispanic Female)	HM	(<u>Hispanic Male</u>)
WF	(White Female)	WM	(White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District [] Appointment

Seat requirements: State Medicaid Agency Seat # 39

*Reappointment [X] or New Appointment []

or [] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: William Albury

Occupation/Affiliation: State of Florida- Medicaid

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 1655 Palm Beach Lakes Blvd. Bldg.A-Suite 200

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 561-881-5080

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large ☐ or District Appointment ☐

Seat requirements: _____ Seat # _____

*Reappointment ☐ or New Appointment ☒

or ☐ to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Cindy Barnes

Occupation/Affiliation: State of Florida Agency for Health Care Administration

Mailing Address:

Residence Address:

City & State: _____ Zip Code: _____

Business Name:

Business Address: 1655 Palm Beach Lakes Boulevard Suite 500

City & State: West Palm Beach, FL Zip Code: 33401

Home Phone: _____ Business Phone: 561-616-1443

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(American Indian Male)
AF	(Asian-Female)	AM	(Asian Male)
BF	(Black Female)	BM	(Black Male)
HF	(Hispanic Female)	HM	(Hispanic Male)
WF	(<u>White Female</u>)	WM	(White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District Appointment []

Seat requirements: Non-Elected Community Leader Seat # 32

*Reappointment [] or New Appointment [X]

or [] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Orlando Carrasquillo

Occupation/Affiliation: Compass, Inc.

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 201 N. Dixie Highway

City & State: Lake Worth, FL

Zip Code: 33460

Home Phone:

Business Phone: 561-533-9699

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

BOARD APPOINTMENT INFORMATION FORM

Appointed 6/11/95

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large ☐ or District ☐ Appointment

Seat requirements: Community Based Organization Seat # 3

*Reappointment ☐ or New Appointment ☒

or ☐ to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Donald Yost

Occupation/Affiliation: Comprehensive AIDS Program

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 220 Congress Park Drive Suite 340

City & State: Delray Beach, FL

Zip Code: 33445

Home Phone:

Business Phone: 561-274-6400

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [☐] or District Appointment [☐]

Seat requirements: Non-Elected Community Leader Seat # 31

*Reappointment [☐] or New Appointment [☒]

or [☐] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Donald Hilliard

Occupation/Affiliation:

Mailing Address: 433 Plymouth Road

Residence Address:

City & State: West Palm Beach, FL Zip Code: 33405

Business Name:

Business Address:

City & State: Zip Code:

Home Phone: 561-582-6050 Business Phone:

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(American Indian Male)
AF	(Asian-Female)	AM	(Asian Male)
BF	(Black Female)	BM	(Black Male)
HF	(Hispanic Female)	HM	(Hispanic Male)
WF	(White Female)	WM	(<u>White Male</u>)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District Appointment []

Seat requirements: Social Service Provider Seat #7

*Reappointment [] or New Appointment [X]

or [] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Rechee Huff

Occupation/Affiliation: City of West Palm Beach –Housing Opportunities for People with AIDS

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 200 Second Street Second Floor

City & State: West Palm Beach, FL

Zip Code: 33401

Home Phone:

Business Phone: 561-822-1250 Ext. 1272

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large ☐ or District ☐ Appointment

Seat requirements: Seat # 5

*Reappointment ☐ or New Appointment ☒

or ☐ to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Dr. Marlinda Jefferson

Occupation/Affiliation: Minority Development and Empowerment, Inc.

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 3175 S. Congress Avenue Suite 301

City & State: Palm Springs, FL Zip Code: 33461

Home Phone:

Business Phone: 561-296-5722

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District Appointment []

Seat requirements: Social Service Provider Seat # 8

*Reappointment [] or New Appointment [X]

or [] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Melissa Jenkins

Occupation/Affiliation: Families First of Palm Beach County

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 3333 Forest Hill Boulevard Second Floor

City & State: West Palm Beach, FL

Zip Code: 33406

Home Phone:

Business Phone: 561-721-2887

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [☐] or District [☐] Appointment [X]

Seat requirements: Affected Community Seat #19

*Reappointment [X] or New Appointment [☐]

or [☐] to complete the term of

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Christopher LaCharite

Occupation/Affiliation: Affected Community

Mailing Address: 10042 Boynton Place Circle

Residence Address: same as above

City & State: Boynton Beach, FL Zip Code: 33437

Business Name:

Business Address:

City & State: Zip Code:

Home Phone: 561-374-2755 Business Phone:

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(American Indian Male)
AF	(Asian-Female)	AM	(Asian Male)
BF	(Black Female)	BM	(Black Male)
HF	(Hispanic Female)	HM	(Hispanic Male)
WF	(White Female)	WM	(<u>White Male</u>)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District Appointment []

Seat requirements: Social Service Provider

Seat # 12

*Reappointment [] or New Appointment [X]

or [] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Hugo Rocchia

Occupation/Affiliation: Compass, Inc.

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 201 N. Dixie Highway

City & State: Lake Worth FL

Zip Code: 33460

Home Phone:

Business Phone: 561-533-9699 Ext. 4033

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [☐] or District Appointment [☐]

Seat requirements: Non-Elected Community Leader Seat # 35

*Reappointment [☐] or New Appointment [☒]

or [☐] to complete the term of

due to

Term of appointment to end January 11, 2012

Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Brian Sprague

Occupation/Affiliation:

Mailing Address: 2205 Gabriel Lane

Residence Address:

City & State: West Palm Beach, FL Zip Code: 33406

Business Name:

Business Address:

City & State: Zip Code:

Home Phone: 727-463-2776 Business Phone:

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(<u>American Indian Male</u>)
AF	(Asian-Female)	AM	(Asian Male)
BF	(Black Female)	BM	(Black Male)
HF	(Hispanic Female)	HM	(Hispanic Male)
WF	(White Female)	WM	(White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: January 12, 2010

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**Palm Beach County
HIV CARE Council**

Inventory of Seats

November 23, 2009

Bold = In Process; Waiting on BCC 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	OPEN CHAIR	Health Care Provider- Veterans	10/30/2010	
2	CBO=s serving affected populations/ASOs	Lorenzo Robertson	Palm Beach County Health Department	1/15/2011	AAM
3	CBO/s serving affected populations/ASO=s	Don Yost	CAP		WM
5	CBO/s serving affected population/ASO/s	Dr. Marlinda Jefferson	Minority Dev. & Empowerment		HISF
7	Social Service Providers, including housing and homeless service providers	Rechee Huff	HOPWA City of Palm Beach		AAF
8	Social Service Providers, including housing and homeless service providers	Melissa Jenkins	TOPWA Families First		AAF
9	Social Service Providers, including housing and homeless services providers	Kimberly Rommel- Enright	Legal AID Society of Palm County .Inc	12/17/2009	WF
12	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
13	Mental Health and/or Substance Abuse Provider	Thomas McKissack	Oakwood Center	8/15/2010	AAM
14	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	12/17/2009	AAF
15	Local Public Agencies	Mary Piper Kannel	Palm Beach County Health Department	1/15/2011	WF
16	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Mary Jane Reynolds	Community Member	1/15/2011	AAF
17	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Alice Holmes	Community Member	1/15/2011	AAF
18	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Glenn Krabec, PhD	Community Member	1/15/2011	WM
19	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Chris LaCharite	Community Member	1/15/2011	WM

**Palm Beach County
HIV CARE Council**

Inventory of Seats

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
22	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Cecil Smith	Community Member	1/15/2011	AAM
23	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Bobbie Cleveland	Community Member	1/15/2011	AAF
24	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Raymond Philmore	Community Member	1/15/2011	AAM
25.	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Shirley Samples	Community Member	1/15/2011	AAF
26	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Barry Smith	Community Member		WM
27	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Laurence Osband	Community Member	1/15/2011	WM
28	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Rafael Abadia	Community Member	12/17/2009	HISM
31	Non-Elected Community Leaders	Don Hilliard	Community Member		WM
32	Non-Elected Community Leaders	Orlando Carrasquillo	Community Member		HM
35	Non-Elected Community Leaders	Brain Sprague	Community Member		WM
37.	Non-Elected Community Leaders	Cindy Barnes	Medicaid		WF
38.	Hospital Planning Agencies or other health care planning agencies	OPEN CHAIR			
39	State Medicaid Agency	William Albury	Medicaid		AAM
40	State Part B Agency	Kimberly Bradley	Treasure Coast Health Council	1/15/2011	WF
41	Hospital Planning Agencies or other health care planning agencies	OPEN CHAIR			
42	Title IV, or if none present, representatives of organizations addressing the needs of children, youth,	Jennifer Piva	Children's Medical Services	1/15/2011	WF

**Palm Beach County
HIV CARE Council**

Inventory of Seats

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
	and families with HIV				
44	Other Federal HIV Programs, including HIV Prevention Program	Linda Leary	United Deliverance	1/15/2011	AAF
45	Representative of/or formerly incarcerated PLWH	David Begley	Legal Aid Society of Palm Beach County Inc	1/15/2011	WM

Palm Beach County HIV CARE Council

Council Policy

Policy Number: 10
Approved: April 30, 2001
Amended: January 26, 2004
Amended: _____
Issue: Nominations Process for CARE Council Membership

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of ensuring 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 (DHS) and the Health Resources Services Administration (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 ensure 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, and staff working with consumers of HIV/AIDS services. Particular consideration shall be given to disproportionately affected and historically underserved groups and sub-populations.

Every member of the CARE Council is encouraged to actively recruit members to fill gaps in Council membership. Recruitment is 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. Steps in the Nominations Process:

1. When necessary advertising may be 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 ensure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.

Potential applicants shall be provided a nominations packet containing a letter describing roles 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 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.

3. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. CARE Council staff will review all application forms and will recommend a list of persons for the Membership Committee to interview. When two or more persons apply for the same slot, the committee will interview at least two applicants for the 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, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview. Applicants shall be interviewed within 30 calendar days. If they are not available within that time their name will be placed on the inactive pool list@.
5. After the interviews are completed, the results of each interview are discussed at the next regularly scheduled Membership Committee meeting. When reviewing candidates for membership the committee will consider the following factors-

attendance at CARE Council meetings, involvement at Membership Development Sessions and involvement on committees. In addition, seat availability, the demographics of the board and candidate qualification will be taken into consideration. The final committee recommendations will be forwarded to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individuals name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment. In the event a recommended candidate is not acceptable to the Palm Beach County Board of County Commissioners, 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 Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individuals name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment.