

8B-1

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARD APPOINTMENT SUMMARY

Meeting Date: July 19, 2011

Department: Community Services

Advisory Board: Palm Beach County HIV CARE Council

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Appointment of five (5) individuals and reappointment of one (1) member to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of two (2) years, with expiration dates as indicated below.

<u>Seat No.</u>	<u>Appointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
44	Nicole Leidesdorf	Federal HIV Program	July 18, 2013
40	Sha'Wanda Manuel	State Part B Agency	July 18, 2013
8	Shantreirra Monroe	Social Service Provider	July 18, 2013
32	Juny TeTevi	Affected Communities	July 18, 2013
7	Vicki Tucci	Social Service Provider	July 18, 2013

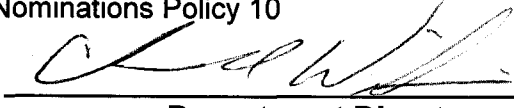
<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
13	Thomas McKissack	Mental Health Provider	July 18, 2013

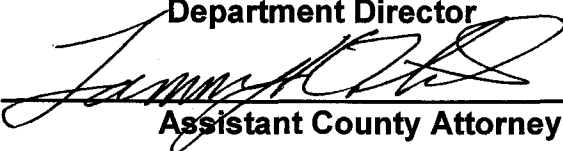
**Summary:** The Palm Beach County HIV CARE Council Bylaws state that total membership shall be no more than 45 and no less than 21 members. Founding members were appointed for one (1) and two (2) year terms with subsequent terms of two (2) years. The Palm Beach County HIV CARE Council nominations process is an open process with publicized criteria and legislatively defined conflict of interest standard. The five (5) new appointments and one (1) reappointment have successfully completed the Palm Beach County HIV CARE Council nominations process, and the Palm Beach County HIV CARE Council has recommended the appointments and reappointment. Ms. Leidesdorf has disclosed that she is employed by Compass, Inc., that contracts with the County for support services. Ms. Manuel has disclosed that she is employed by Comprehensive AIDS Program/Foundcare Inc., that contracts with the County for support services. Ms. Monroe has disclosed that she is employed by Families First of Palm Beach County, Inc., that contracts with the County for support and housing services. Ms. Tucci has disclosed that she is employed by Legal Aid Society of Palm Beach County, Inc., that contracts with the County for legal services. Mr. McKissack has disclosed that he is employed by the Jerome Golden Center for Behavioral Health, Inc., that contracts with the County for mental health services and homeless housing. The HIV CARE Council provides no regulation, oversight, management, or policy-setting recommendations regarding contracts. Disclosure of these contractual relationships is being provided in accordance with the provisions of Sect. 2-443, of the Palm Beach County Code of Ethics. (Ryan White) Countywide (TKF)

**Background and Justification:** (On page 3)

**Attachments:**

- A. Board Appointment Information Form
- B. Current Care Council Inventory of Seats
- C. HIV CARE Council Nominations Policy 10

**Recommended by:**  7/8/11  
Department Director Date

**Legal Sufficiency:**  7/11/11  
Assistant County Attorney Date

## **II. REVIEW COMMENTS**

### **A. Other Department Review:**

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**Department Director**

**REVISED 06/92  
ADM FORM 03**

**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 November 16, 2009. With the additional appointments and reappointment of the Palm Beach County HIV CARE Council is comprised of seven (7) African American females, four (4) African American males, six (6) White females, three (3) White males, one (1) Hispanic female and two (2) Hispanic males.

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

## Revised 1/2010



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
RYAN WHITE, PART A	DEPT. OF COMMUNITY SERVICES		
DOH - PATIENT CARE CASE MANAGEMENT	PBCHD		
DOH - SOCIAL NETWORKING STRATEGIES	FLORIDA DOH } HIV Prevention		

Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

#### Acknowledgement of Receipt

NAME: NICOLE LEIDESDORF  
Print or Type

FIRM/COMPANY/ORGANIZATION: Compass, Inc.

ADVISORY BOARD(S): CARE Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 5/23/11

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

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As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

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**Acknowledgement of Receipt**

NAME: NICOLE LEIDESDORF  
Print or Type

ADVISORY BOARD(S): CARE COUNCIL

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:  Date: 5-23-11

Please sign and return to (Insert Liaison Information) in self-addressed envelope provided.

Revised 3/15/10

# Nicole E. Leidesdorf

230 Alpine Road  
West Palm Beach, FL 33405  
(561) 373-2385  
[neltrent@gmail.com](mailto:neltrent@gmail.com)

## Professional Experience

### **Chief Operations Officer, Compass, Inc., April 2009 - present**

Responsible for the daily oversight of Compass' staff, programs, and activities; created, monitored and evaluated action plans in accordance with Compass' annual plan; monitored budgets and developed a system for budgeting; supervised personnel; created and completed regular progress reports; designed systems to ensure that deliverables are met for all local, state and federal contracts; developed systems to manage human resources, grants reporting and administration, as well as agency and employee insurance and licensing; provided psychotherapy counseling for LGBT youth and families.

**Therapist, self-employed, October 2007 - April 2009:** Registered Clinical Social Worker Intern with state of Florida, license number ISW3402; provide individual, couples, family and group therapy through private clinical practice and contract work; four years experience working with adolescents, young adults and families of the gay/lesbian community.

**Executive Director, Compass, Inc. - July, 2006 - April, 2007:** Promoted from Chief Operations Officer; provided Board administration and support, including advising and informing Board members, and interfacing between Board and staff; supervised design, marketing, promotion delivery and quality of programs and services; recommended yearly budget for Board approval and managed resources within budget guidelines; managed human resources according to organizations policies and procedures; assured the organization and its mission, programs, and services were regularly presented in a strong, positive image to relevant stakeholders, including regular communication with the media; supervised fundraising planning and implementation, including research, strategy and follow up.

### **Chief Operations Officer, Compass, Inc. - January, 2005 - July, 2006**

Promoted from Youth and Family Services Coordinator; responsible for the daily oversight of Compass' staff, programs, and activities; created, monitored and evaluated action plans in accordance with Compass' annual plan; monitored budgets and developed a system for budgeting; supervised personnel; created and completed regular progress reports; designed systems to ensure that deliverables are met for all local, state and federal contracts; developed systems to manage human resources, grants reporting and administration, as well as agency and employee insurance and licensing; provided psychotherapy counseling for LGBT youth and families.

### **Youth and Family Services Coordinator, Compass, Inc. - February, 2004 - December, 2004**

Implemented grant requirements for all youth and family programs, including, but not limited to, facilitating youth and family support groups; met all programmatic responsibilities of grants, including, monthly and quarterly reports; supervised Youth Program Assistant and the HOPE Outreach and Prevention Program; conducted in-service training for local providers describing program services and increasing sensitivity in working with gay/lesbian/bisexual/transgender youth and adults; provided psychotherapy counseling for individuals in program.

### **Senior Mental Health Professional, Multilingual Psychotherapy Center, October, 2003 -**

**March, 2004:** Provided contracted Intensive On-Site Therapy for youth ages 1-18 in schools and in homes; completed intake for eligibility and need; created six month action plan for client care and progress; worked with families to continue care after intervention.

## Education

Barry University, Miami, Florida - Masters of Social Work, 2003

Florida Atlantic University, Boca Raton, Florida - Bachelors of Social Work, 2002

## References

Available upon request



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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
Ryan White PAA			2/1/11 - 2/28/12
CDBG			

\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

\_\_\_\_ At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

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**Acknowledgement of Receipt**

NAME: Sha'Wanda Manuel  
Print or Type

FIRM/COMPANY/ORGANIZATION: Comprehensive AIDS Program - PBC

ADVISORY BOARD(S): Palm Beach County HIV Care Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above mentioned board(s) that I am bound by it.

Signature: \_\_\_\_\_ Date: 5/23/11

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
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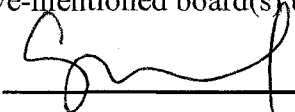
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**Acknowledgement of Receipt**

**NAME:** Sha'Wanda Manuel  
Print or Type

**ADVISORY BOARD(S):** Palm Beach County HIV Care Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

**Signature:**  **Date:** 5/23/11

**Please sign and return to (Insert Liaison Information) in self-addressed envelope provided.**

Revised 3/15/10

## **Sha'Wanda L. Manuel**

### **Summary**

Ten years + of expanding responsibility in the social service/non-profit sector, with extensive concentration in the upholding of the internal infrastructure, strategic planning and the oversight of daily operations within the organization.

### **Management**

Responsible for coordination, development, implementation and providing a full range of direct services to various programs/populations. Managed up to 20 staff members, volunteers and/or contractors in areas of administration, facilities, recruiting and professional training. Partake in the planning and policy making implementation of the internal changes/development. Coordinate agency, executive and community meetings, programs and proceedings. Overall Grant management and analyst: Prepares and administers assigned budget(s) ; establishes budgets in financial information system; monitors and reports on revenue and expenditure activity. Assists/prepares draft grant documents/agreements. Participates in the development and implementation of new or revised budget programs, systems, procedures and methods of operation. Assists in the drafting and implementation of budget policies; assists in the preparation of other supporting program documents. Act as staff support to the Board of Directors handling logistics, reports and projects.

### **Human Resources**

Administration of human resource functions including hiring and termination procedures, development, staff morale, oversight and adherence of Personnel Policies and Operations Manual; advise staff in compliance with state, government and organizational requirements. Manage annual evaluation process, orient new staff and work collaboratively with management staff to ensure work-related training and intensification. Purchase and categorize all organization related insurance policies; including quarterly reviews, renewals and updates. Oversee the administration of benefits and retirement programs including payment, enrollment and COBRA.

### **Financial**

Proficient accounting principals related to the management of daily and cyclical functions including budget development, profit and loss account administration, and short and long term financial plan. Follow all GAAP procedures for compliance and audit trail. Develop internal fiscal control and monitoring systems. Handled general grant/funding contract matters related to the compliance and management of program grants and other funding proposals. Prepares monthly budget status reports; prepares budget amendments. Develops and reviews presentation materials; provides information and assistance to staff, the public, sub regions, and community groups regarding the assigned budget programs and preparation of grant applications and funding agreements. Implement and orchestrate annual fundraising Gala – raising over \$100K in additional revenue.

### **Skills**

Wide-ranging experience within all aspects of social service and its mandates; including supervisory, community organizing, case management, city, county and nonprofit administration. Broad operational, tactical and strategic planning for extensive program operations and progress. **Expert computer skills: Quick Books Non-Profit Ed., Windows 2000, MS Word, Internet, Outlook and Publisher. Intermediate computer skills: MS Excel, PowerPoint**

**Experience**

4/10 – Present	<b>Comprehensive AIDS Program</b>	West Palm Beach, Florida
	Client Service Manager (5/10)	Site Supervisor (4/10 – 5/10)
1/06 – Present	<b>Miami Workers Center</b>	Miami, Florida
	Director of Operations (6/07 – Present)	Office Manager (1/06 – 6/07)
8/04 – 1/06	<b>Concerned African Women, Inc.</b>	Miami, Florida
	Program Coordinator	
2/05 – 5/05	<b>Miami/Miami-Dade Weed and Seed, Inc.</b>	Miami, Florida
	Grants and Contracts Compliance Specialist	
8/04 – 1/05	<b>Department of Children and Families</b>	Miami, Florida
	Family Service Counselor	
7/01 – 8/04	<b>Medical Health and Research Associates</b>	New York, NY
	Service Coordinator	
5/99 – 7/01	<b>Brooklyn Community Housing Services</b>	Brooklyn, NY
	Program Manager	
3/93 – 5/99	<b>Brooklyn Bureau of Community Services</b>	Brooklyn, NY
	Assistant Director (11/96 – 5/99)	Staff Generalist (3/93 – 11/96)

**Education**

<b>Human Resource Professional Certification</b>	2008 – N.S.U. /H. Wayne Huizenga
Fort Lauderdale, FL	
<b>Masters of Public Administration</b>	2004 – Metropolitan College of New York
New York, NY	
<b>Bachelors of Professional Services</b>	2001 - Audrey Cohen College
New York, NY	
<b>Associates of Applied Science</b>	1992 - Paine College
Augusta, GA	

**REFERENCES AVAILABLE UPON REQUEST**

## Sonja Holbrook

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**From:** Shantreirra Monroe [SMonroe@familiesfirstpbc.org]  
**Sent:** Wednesday, June 08, 2011 1:54 PM  
**To:** Sonja Holbrook  
**Subject:** FW: CARE Council membership

Sonja,

Listed below is the completed information.

Thanks.  
-Shan

**From:** Bonnie Blatt  
**Sent:** Wednesday, June 08, 2011 1:16 PM  
**To:** Denise Chin; Julie Swindler  
**Cc:** Roxanna Childs  
**Subject:** RE: CARE Council membership

Tentatively, here is a bit more info – I called Ms. Holbrook to find out specifically what is desired in “Type of Contract”. When I find out I will email again to you.

Children’s Case Management Organization, Inc. (dba Families First of Palm Beach County)  
Financially Assisted Agencies (FAA)  
Department of Community Services

1. Type of Contract – Unit of service cost
2. County Dept/Division – Palm Beach Community Services Department
3. Effective Date - Contract is made as of 11/16/2010
4. Term 10/01/2010 to 09/30/2011

Children’s Case Management Organization, Inc. (dba Families First of Palm Beach County)  
Community Development Block Grant (CDBG)  
Housing and Community Development

1. Type of Contract – Community Development/ cost reimbursement contract
2. County Dept/Division Palm Beach County, Housing and Community Development
3. Effective Date – approved by Board of County Commissioners 10/19/10
4. Term 10/01/2010 to 09/30/2011

Children’s Case Management Organization, Inc. (dba Families First of Palm Beach County)  
Emergency Shelter Grants Program (ESGP)  
Housing and Community Development

1. Type of Contract – Emergency Shelter Program/ cost reimbursement contract
2. County Dept/Division PBC, Housing and Community Development
3. Effective Date – approved by Board of County Commissioners 10/19/10
4. Term – 10/01/2010 to 09/30/2011

**From:** Sonja Holbrook [mailto:SHolbroo@pbcgov.org]  
**Sent:** Wednesday, June 08, 2011 11:56 AM  
**To:** Shantreirra Monroe  
**Subject:** RE: CARE Council membership

**Subject:** CARE Council membership  
**Importance:** High

Good afternoon,

I have your CC membership forms ready to go to the BCC; although as we discussed after the CARE Council meeting the section for listing the current contracts with PBC government need to be completed.

I thought we had that information readily accessible somewhere here at the county but that is not the case.

Please have the appropriate staff person at your agency list the following for all PBC government contracts with your agency:

Type of Contract

County Dept/Division

Effective Date

Term

If you email me this information by noon next Friday 6/10 we will be able to put your name forward on the BCC July 19 agenda.

I will then attach the email to your packet of information.

If I do not receive an email, your application will have to wait until the next time names go forward, which may be about 5-6 months.

Please let me know if you have any questions.

Thank you.

Sonja Swanson Holbrook, MPH  
Ryan White Program Manager  
Department of Community Services  
810 Datura Street  
West Palm Beach, FL 33401  
561-355-4730

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

## Sonja Holbrook

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**From:** Sha Wanda L. Manuel [smanuel@cappbc.org]  
**Sent:** Friday, June 10, 2011 9:49 AM  
**To:** Sonja Holbrook  
**Subject:** FW: CARE Council membership

Hi Sonja

Please find the requested contract information (indicated in red)

Type of Contract: Ryan White Part A : Formula, Supplemental, & MAI  
County Dept/Division: Community Services  
Effective Date: March 1, 2011  
Term: 1 year

Type of Contract: Community Development Block Grant  
County Dept/Division: Housing and Community Development  
Effective Date: August 2009 – Sept 30, 2011  
Term: 1 year

Thank you for your patience and consideration

Best  
Sha'Wanda

**From:** Sonja Holbrook [mailto:SHolbroo@pbcgov.org]  
**Sent:** Friday, June 03, 2011 11:14 AM  
**To:** Sha Wanda L. Manuel  
**Subject:** RE: CARE Council membership

There was no attachment. I just need the following information for all CAP/FoundCare's contracts with the county.

Type of Contract  
County Dept/Division  
Effective Date  
Term

Please let me know if you have any questions.

Sonja Swanson Holbrook, MPH  
Ryan White Program Manager  
Department of Community Services  
810 Datura Street  
West Palm Beach, FL 33401  
561-355-4730

**From:** Sha Wanda L. Manuel [mailto:smanuel@cappbc.org]  
**Sent:** Friday, June 03, 2011 9:56 AM  
**To:** Sonja Holbrook  
**Subject:** RE: CARE Council membership



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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

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**Acknowledgement of Receipt**

NAME: Shantreirra Monroe  
Print or Type

FIRM/COMPANY/ORGANIZATION: Families First of Palm Beach County

ADVISORY BOARD(S): PBC HIV Case Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 5/23/11

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

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---

**Acknowledgement of Receipt**

**NAME:** Shantreirra Monroe  
Print or Type

**ADVISORY BOARD(S):** PBC HIV Case Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

**Signature:** [Signature] **Date:** 5/23/11

**Please sign and return to (Insert Liaison Information) in self-addressed envelope provided.**

Revised 3/15/10

## **Shantreirra Monroe, MSW, Registered LCSW Intern**

561-318-4225, SMonroe@familiesfirstpbc.org

**Objective:** To attain a promising position with your organization to be a genuine and useful contributor. It's essential to be involved where my familiarity and experiences are utilized in addition to obtaining opportunities for growth.

**Education:** Master of Social Work-12/2007  
Barry University, Miami, FL

Bachelor of Social Work-5/2006  
Florida Atlantic University, Boca Raton, FL

### **Experiences: Employment and Internship (s)**

#### **Families First of Palm Beach County (Children's Case Management Organization) 5/2006-Present**

**Targeted Outreach for Pregnant Women Act-TOPWA: (4/2010-Present):**-Program Supervisor

- Population: women of childbearing age who are and/or at risk of HIV/AIDS and substance abuse
- Delegate task in relation to contractual agreements, effective team building and leadership duties
- Serve as a liaison with community programs and social service agencies
- Participate in program planning and development of policy and procedure
- Oversee data reporting requirements for program staff to ensure accuracy to funders
- Facilitate programmatic meetings and events related to HIV/AIDS awareness
- Provide feedback to the CEO, Deputy Director and Program Director regarding client, program and agency challenges and needs.

**Healthy Families Program: (9/2009-5/2010):**-Family Assessment Worker

- Population: pregnant women with specific risk factors (child abuse/mental health issues)
- Conducting psycho social assessments in targeted areas in Palm Beach County
- Welligent/FOCiS software data base used to coordinate services with community partners
- Additional position held within this program: (10/2008-10/2009)- Family Support Worker
- Intensive family service coordination and home visitation to prenatal and postnatal women in targeted geographic areas, to ensure healthy family functioning
- Develop and implement of Family Support Plans and dispensing assessment tools (depression)
- Promote problem solving skills, parent child interaction, and intervention techniques.

**Kin Support Project: (5/2006-9/2008):**-Family Service Coordinator

- Population: caregivers (grandparents) caring for a relatives child due to incarceration, death, and substance dependency
- Provided supportive counseling services to relative caregivers and children through promoting family self-sufficiency, promoting stability, empowerment, and resource linkage (i.e. legal service)
- Co/ facilitated bi-monthly support groups, assessments, and navigating DCF's services.
- An internship (1/2006-4/2006), which advanced to full-time employment

### **Experience: Certification, Internship, Volunteer (s)**

**Children's Home Society-Transitions Mentor**

**11/2010-Present**

- Mentoring pregnant teen regarding personal development and healthy lifestyles

**Department of Health certified for HIV/AIDS counseling, testing and linkage**

**5/2010-Present**

**Registered Clinical Social Worker Intern**

**4/2008-Present**

- Expected License Clinical Social Work Certification in 2/2012

**Mentoring Children of Promise-Volunteer**

**2/2007-12/2007**

- Empowering an at risk teen who has an incarcerated parent through goal planning

**Behavioral Health of the Palm Beaches-MSW Internship**

**1/2007-8/2007**

- Intake assessments and psychotherapy notes on detoxification clients in residential treatment
- Weekly group therapy sessions, discharge planning and clinical staffing on case load

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

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

**Part I (to be filled out by Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council

☐ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years. From: \_\_\_\_\_ To: \_\_\_\_\_

Seat Requirement: Non-Elected Community Leader Seat #: 32

☐ \*Reappointment

or

☒ New Appointment

or ☐ to complete the  
term of \_\_\_\_\_

Due ☐ resignation ☐ other  
to: \_\_\_\_\_

Completion of term to  
expire on: \_\_\_\_\_

**\*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.**

Number of previously disclosed voting conflicts during the previous term \_\_\_\_\_

**Part II (to be filled out and signed by Applicant):** (Please Print)

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Televi Juny E  
Last First Middle

Occupation/Affiliation: Commcare Pharmacy

Business Name: Service Rep

Business Address: 1689 Forum Place

City & State: West Palm beach Zip Code: 33401

Residence Address: 4700 Clemens St Lake Worth 33463

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (407) 283 5981 Business Phone: (561) 310-2257 Ext.

Cell Phone: ( ) Fax: ( )

Email Address: Juny@commcarepharmacy.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ☒

If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**Minority Identification Code:**

- |  |   |
|--|---|
| <input type="checkbox"/> IF (Native-American Female)             | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female)              | <input type="checkbox"/> AM (Asian-American Male)         |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male)       |
| <input type="checkbox"/> HF (Hispanic-American Female)           | <input type="checkbox"/> HM (Hispanic-American Male)      |
| <input type="checkbox"/> WF (Caucasian Female)                   | <input type="checkbox"/> WM (Caucasian Male)              |

Applicant's Signature: [Signature] Date: \_\_\_\_\_

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

\_\_\_\_\_ At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

**As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.**

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

**Acknowledgement of Receipt**

NAME: Juny Tefei  
Print or Type

FIRM/COMPANY/ORGANIZATION: Commcare Pharmacy

ADVISORY BOARD(S): Palm Beach County HIV Care Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 5/25/11

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

---

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

---

**Acknowledgement of Receipt**

NAME: Juny Tefevi  
Print or Type

ADVISORY BOARD(S): Palm Beach County HIU Care Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 5/25/11

**Please sign and return to (Insert Liaison Information) in self-addressed envelope provided.**

Revised 3/15/10

# Juny Tetevi

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## Objective

To obtain a permanent position with an organization that will allow me to utilize my extensive skills in HIV and Child Abuse Prevention and Intervention, which allows growth and advancement.

## Experience

03-06 to present Orlando Regional Healthcare/ Healthy Families Orlando FL.  
**Family Assessment Worker**

Screen high-risk families in targeted zip codes for abuse and neglect. Psychosocial on family history to determine program eligibility based on Healthy Families America screening tool. Participate in the marriage initiative act which organization received State and National recognition. Completed reports regarding families seen throughout the month. Intensive work in the community with at risk clients. Maintain relationships with community resources. Submit data daily for families seen at the hospital as well as home visits. Staffed cases with supervisor for families being enrolled in the program. Completed about 200 hours of training related to Domestic Violence, child abuse and neglect, substance abuse, HIV, Mental Health, and motivational interviewing. Surpassed outcomes goals to meet service deliverables. Recognized for outcome by achieving Family Support Worker of the Quarter. Team player, shares best practices and flexible.

08-04 03-06 Orlando Regional Healthcare/ Hug Me program Orlando, FL.

**Project Director for Targeted Outreach for Pregnant Woman in AIDS care.**

Manage three outreach workers in the community as well as the jail. Performed HIV counseling and testing and education. Offered the community free pregnancy and HIV testing. Connected new moms to Medicaid, WIC, and Healthy Start. Refer our HIV positive moms to our U76-protocol clinic, which currently has zero transmission of HIV from mother to child.

Prepares documentation for each intervention, including demographics, statistics, risk assessment and participant evaluations. Provided on going follow up on all assigned clients via telephone and in person, including home visits. Maintains up to date information in HIV drug regimen and side effects. Distribute appropriate ethnic and cultural sensitive materials to targeted minority populations. Provided adolescent support in-group as co-facilitator. Collaborated with other agencies for Health Fairs such as The Department of Health, Teen X-press at the local High schools. Monthly reports submitted to the department of health in Tallahassee as well as the Center for Disease Control for how many women served and new HIV cases.

12-03 & 2004 Orlando Regional Healthcare/ Hug Me program Orlando, FL.

**Family Advocate-**

Worked in a team setting to assure access to services for consumers seeking care. Worked with Case Managers, clinic and testing staff to identify assess and connect consumers into the HIV/ AIDS system. Provided education and advocacy to address treatment adherence, psychosocial needs and wants and path to access resources. Participated in training activities, research and presentation to improve



service for consumers in CareWare system.

09-02 to 05-03

Convergys Corp.

Ft. Pierce/ Heathrow FL

Finance Coach

- Manage over 250 Sales Agents Finance issues regarding sales. Ensure hold order reports are properly completed and send trouble tickets for down time. Hold daily huddles with low performers to increase floor wide financing.
- Create interest and motivate to increase financing. Coach Representatives that is struggling with financing for the month.
- Attend and participate in weekly conference calls with Dell internal Directors and Operation Managers.
- 11-01 to 09-02
- Sales Consultant- Sales Consultant for Dell Account. Assisting customers built systems according to their needs and budget. Recognized for over achievement in call center metrics on the Dell account. Utilized as a mentor to share best practices. Received team player award for financing July 2002 \* Promoted as Dell Finance Coach on September 2002.

10-98 to 08-01

Viterra Energy Services.

San Diego, CA

Call Center/Billing Account Representative.

- Sales Representatives at all locations. Handled all travel arrangements, expense accounts, and organized lunches for vendor training. Coordinated sales and product meetings. Produced newsletter for sales team to boost morale. Backed up salespeople as needed and produced reports and sales summaries daily, weekly, and monthly.

497-998

NIMAX

San

Diego, CA

Sales and Marketing Administrator.

- For Headquarter Office- Responsible for managing/ tracking sales representative at all locations. Handled all travel arrangements, expense accounts, and organized lunches for vendor training. Coordinated sales and product meetings. Produced newsletter for sales team to boost morale. Backed up salespeople as needed and produced reports and sales summaries daily, weekly, and monthly.

0595-0197

Advanced Access

San Diego, CA

Ship Supervisor

- Supervised and training telemarketing sales representatives. Provided performance evaluations and ensure sales quotas were met. Compiled daily Quality Assurance reports. Oversaw computer operations, sales campaigns.
- Call Center Supervisor
- Assisted manager in overseeing and directing daily workflow of entire staff. Prescreened customer service inquiries, issued return merchandise authorization. Provided RCMS hourly statistic for management reports. Provided performance assessments. Processed employee incentive program for clients - 85% success rate. Provided daily warehouse reports for all clients. Responsible for training over 70 customer service representatives.
- Promoted from Customer Service Representative within 2 months of hire.

#### Education

Coleman College; Certificate Office Automation Systems. San Diego, CA

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

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

**Part I (to be filled out by Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council

☐ At Large Appointment                      or                      ☐ District Appointment

Term of Appointment: 2 Years.                      From: \_\_\_\_\_ To: \_\_\_\_\_

Seat Requirement: Service Provider                      Seat #: 7

☐ \*Reappointment                      or                      ☒ New Appointment

or ☐ to complete the term of \_\_\_\_\_ Due ☐ resignation ☐ other to: \_\_\_\_\_

Completion of term to expire on: \_\_\_\_\_

**\*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.**

Number of previously disclosed voting conflicts during the previous term \_\_\_\_\_

**Part II (to be filled out and signed by Applicant):** (Please Print)

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Tucci                      Vicki                      A.  
Last                      First                      Middle

Occupation/Affiliation: Attorney

Business Name: Legal Aid Society of Palm Beach County, Inc.

Business Address: 423 Fern St #200

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

Residence Address: 3781 Island Club Circle East

City & State: Lantana FL Zip Code: 33402

Home Phone: (561) 822-9787 Business Phone: (561) 822-9787 Ext. \_\_\_\_\_

Cell Phone: (561) 822-9787 Fax: (561) 822-9787

Email Address: stucci@legalsaidpb.org

Mailing Address preference: ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ☒

If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

**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)

Applicant's Signature: [Signature] Date: 5/23/11

**Part III (to be filled out by Commissioner):**

Appointment to be made at BCC Meeting on: \_\_\_\_\_

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

\_\_\_\_\_ At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Wicki A-Tucci  
Print or Type

FIRM/COMPANY/ORGANIZATION: Legal Aid Society PBC Inc.

ADVISORY BOARD(S): PBC HIV Care Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 8/23/11

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &  
CODE OF ETHICS**

---

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

---

**Acknowledgement of Receipt**

NAME: Vicki A. Tucci  
Print or Type

ADVISORY BOARD(S): PBC HIV Care Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:  Date: 5/23/11

Please sign and return to (Insert Liaison Information) in self-addressed envelope provided.

Revised 3/15/10

**VICKI A. TUCCI, ESQUIRE**  
**3781 ISLAND CLUB CIRCLE E, LANTANA, FLORIDA 33462**  
**(561) 827-6263/VICKI.TUCCI@GMAIL.COM**

**EDUCATION**

NOVA SOUTHEASTERN UNIVERSITY, JURIS DOCTOR, *CUM LAUDE, TOP 10%*, 2004  
FLORIDA ATLANTIC UNIVERSITY, Bachelor of Political Science, *CUM LAUDE*, 2001  
SOUTH UNIVERSITY, Associate of Science in Paralegal Studies, *MAGNA CUM LAUDE*, 1997

**HONORS**

EDUCATION MANAGEMENT CORPORATION, **Subject Matter Expert (Administrative Law)**  
ILSA JOURNAL OF INTERNATIONAL & COMPARATIVE LAW, **Executive Editor**  
ALLIANCE DEFENSE FUND, **Blackstone Fellow, 2002**  
HONORABLE KENNETH L. RYSKAMP, U.S. DISTRICT COURT, S.D., *Judicial Intern*  
FLORIDA BAR FELLOWSHIP RECIPIENT, *PROBONO HONORS PROGRAM PARTICIPANT*

**COMMUNITY INVOLVEMENT**

PALM BEACH COUNTY COMMUNITY ALLIANCE COMMITTEE, Member 12/2009-present  
SOUTH UNIVERSITY ADVISORY BOARD, Member 1997-2010

**EXPERIENCE**

LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC., West Palm Beach, Florida  
*Staff Attorney, 12/05-06/07; 05/10-present*

- Currently provide assistance to terminally ill clientele in an effort to provide them access to health care. Areas include: Social Security appeals, health insurance access, landlord/tenant and child support.
- Family law practice, included support, custody, dissolution of marriage and paternity actions
- Recovered over \$2 million dollars in disaster funds for local non-profit organizations
- Mediation of contracts with an emphasis on restoring wholeness to clientele
- Resolved construction litigation claims and family matters through mediation and trials
- Participated in court pandemic committee meetings, under the direction of the Chief Judge
- Provided non-profit agencies assistance with insurance contract reviews and coverage, lease reviews and recommendations, and disaster planning assistance, including plan reviews, contract development, revisions and trainings
- Participated in and conducted countywide employment trainings for non-profit agencies in the areas of Americans with Disabilities Act, Fair Labor Standards Act, employee classifications, wage & hour and general human resource regulations and risk management
- Conducted county-wide disaster preparedness & recovery seminars for non-profit organizations

STATE OF FLORIDA GUARDIAN AD LITEM PROGRAM, West Palm Beach, Florida  
*Circuit Director, 06/07-present; CLI/Staff Attorney, 09/03-07/05*

- Oversight of recruitment, training, retention and management of hundreds volunteer GALs
- Development of Program procedures/policies – including first local human resource policy manual
- Work along with the State GAL Program on human resources, financial and legal management
- Responsible for all hiring, management, discipline and termination of staff
- Review and advisement on proposed and upcoming legislation
- Continuous risk management with a focus on the protection of the children and agency
- Management of complaints, including investigation and final decision-making
- Legal representation of the GAL Program and best interests of children in dependency court, including representation at dependency and termination of parental rights trials
- Case management and oversight of internal case reviews and review processes

- Collaboration with community child advocacy and legal organizations, including drafting and development of Memorandum of Understanding and various contracts
- Participation in management level case staffing meetings with agency partner leadership
- Service to the Palm Beach County court system in advocating for dependent children
- Participation in numerous committees and boards, with a focus on the dependency system
- Conduct presentations and trainings across the community on child advocacy and legal matters
- Development of a supporting non-profit organization, including research and preliminary drafting of corporation documents, selection and appointment of initial Board of Directors, legal advisement to the Board and continual oversight in all organization matters
- Brainstormed appellate strategies and drafted various appellate documents

**SOUTH UNIVERSITY, West Palm Beach, Florida**

*University & On-line Instructor, ABA-Approved Paralegal Program, 10/04-Present*

- Instruct paralegal students in the areas of: administrative law, computers in the legal office, constitutional law, contracts, domestic law, employment law, medical ethics/law, and probate
- Teach oral argument, public speaking, drafting and negotiation skills
- Facilitate and supervise internships with graduating paralegal students
- Provide input on program development and policies
- Consultation and development of new online course materials, including Social Security Administration Appeal projects and mock trials

**AMERICAN COLLEGE OF PEDIATRICIANS, Nationwide organization, local office Lantana, Florida**

*Executive Director, 06/05-03/07*

- Worked along with a 15 member Board to develop and grow a young, nationwide, non-profit organization with a mission to assist children nationwide
- Ascertained the needs of the organization and moved forward in planning, recruitment, membership retention, and fundraising
- Wholly responsible for the day-to-day office management, including fiscal and budgeting
- Provided legal advisement to the Board of Directors as the sole legal representative
- Provided legal representation through a Amicus Curie brief filed with the U.S. Supreme Court
- Researched and reviewed upcoming legislation and current laws nationwide Supervision and direction of an independent contractor and volunteers

**PRIVATE PRACTICE, SOLO PRACTITIONER, Palm Beach & Broward Counties, 07/05-12/06**

- Representation of clients in general practice areas, including: adoption, contracts, criminal, dependency, employment, estates and probate, family, juvenile, and traffic matters
- Co-counseled several Amicus Briefs to the United States Supreme Court
- Provided contract services to other firms as needed

**ALLIANCE DEFENSE FUND, Scottsdale, Arizona**

*Blackstone Fellowship Intern, 06/02-08/02*

- Trained on constitutional law, public policy, legal history and the philosophy of law
- Conducted research and writing on complex constitutional issues
- Provided strategy recommendations on large impact cases
- Prepared press releases, radio clips, media responses, and memoranda
- Brainstormed with attorneys from across the country on constitutional matters and strategies
- Trained high school children in drafting and debating legislation

Sonja,

Here is the information you requested below. Please just let me know if you need anything further.

GrantName	Contract Number	Grantor	GrantStartDate	GrantEndDate	GrantAmount
Guardian Advocacy Project (FAA)	R-2010-1831	PBC Community Services Department	10/1/2010	9/30/2011	\$90,000.00
Ryan White Part A HIV Health Support Services	R-2011-0472	PBC Community Services Department	3/1/2011	8/31/2011	\$89,561.00
Palm Beach County Mandate Funding		PBC Department of Public Safety	10/1/2010	9/30/2011	\$1,051,441.00
CDBG (Community Development Block Grant)	R-2010-1690	PBC Housing and Community Development Department	10/1/2010	9/30/2011	\$190,000.00

Thanks,

Vicki

Sonja Holbrook

**From:** Vicki Tucci [vtucci@legalaidpbc.org]  
**Sent:** Tuesday, June 07, 2011 10:18 AM  
**To:** Sonja Holbrook  
**Cc:** John Foley; Vicki Tucci  
**Subject:** RE: CARE Council membership

Sonja,

Here is the information you requested below. Please just let me know if you need anything further.

GrantName	Contract Number	Grantor	GrantStartDate	GrantEndDate
Guardian Advocacy Project (FAA)	R-2010-1831	PBC Community Services Department	10/1/2010	9/30/21
Ryan White Part A HIV Health Support Services	R-2011-0472	PBC Community Services Department	3/1/2011	8/31/21
Palm Beach County Mandate Funding		PBC Department of Public Safety	10/1/2010	9/30/21
CDBG (Community Development Block Grant)	R-2010-1690	PBC Housing and Community Development Department	10/1/2010	9/30/21

Thanks,

Vicki

**From:** Sonja Holbrook [mailto:SHolbroo@pbcgov.org]  
**Sent:** Thursday, June 02, 2011 1:24 PM  
**To:** Vicki Tucci; 'Sha Wanda L. Manuel'  
**Cc:** kbradley@tchealthcouncil.org; Pat Adams  
**Subject:** CARE Council membership

Good afternoon,  
I have your CC membership forms ready to go to the BCC; although as we discussed after the CARE Council meeting the section listing the current contracts with PBC government need to be listed.  
I thought we had that information readily accessible somewhere here at the county but that is not the case.

Please have the appropriate staff person at your agency list the following for all PBC government contracts with your agency:  
Type of Contract  
County Dept/Division  
Effective Date  
Term

I will then attach the email to your packet of information.  
If you email me this information by noon next Friday 6/10 we will be able to put your name forward on the BCC July 19 agenda.  
If not, your application will have to wait until the next time names go forward, which may be about 5-6 months.

Please let me know if you have any questions.  
Thank you.



Sonja Swanson Holbrook, MPH  
Ryan White Program Manager  
Department of Community Services  
810 Datura Street  
West Palm Beach, FL 33401  
561-355-4730

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

# **Palm Beach County HIV CARE Council**

# **Council Policy**

Policy Number: 10  
Approved: April 30, 2001  
Amended: January 26, 2004  
Amended: November 16, 2009

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 Act.

## **I. Legislative Background**

Section 2602(b) of the reauthorized Ryan White 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 the demographics 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 Executive Committee and if approved to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individual's 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 individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment.

**Candidates must fulfill the following requirements prior to being forwarded for CARE Council Membership:**

- **Candidates must attend the Introduction to CARE Council Membership training session**
- **Candidates must join one (1) committee and then attend at least three (3) meetings, one (1) of which must be a CARE Council meeting, within a one (1) year period.**

**Documented exceptions to these requirements may be made, based upon the need of the CARE Council or in an extenuating circumstance, at the discretion of the Membership Committee Chair with the approval of the Executive Committee.**

## **Palm Beach County HIV CARE Council**

# Palm Beach County HIV CARE Council

## Inventory of Seats

Updated 3/28/11

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

Highlighted Grey = Federally Mandated Seats / **Bold** = In Process; Waiting on BCC Approval / Red = Open Chair

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
1	Health care provider, including federally qualified health centers	Lorenzo Robertson	PBC Health Department	1/12/2011	AAM
2	CBO's serving affected populations/ASO's	OPEN CHAIR			
3	CBO's serving affected populations/ASO's	OPEN CHAIR			
5	CBO's serving affected population/ASO's	Dr. Marlinda Jefferson	Minority Dev. & Empowerment	01/11/2012	HISF
7	<u>Social Service Providers, including housing and homeless service providers</u>	<u>Vicki Ann Tucci</u>	<u>Legal AID Society of Palm County .Inc</u>		<u>WF</u>
8	<u>Social Service Providers, including housing and homeless service providers</u>	<u>Shantreirra Monroe</u>	<u>Families First</u>		<u>BF</u>
9	Social Service Providers, including housing and homeless services providers	Kimberly Rommel- Enright	Legal AID Society of Palm County .Inc	01/11/2012	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	08/15/2012	AAM
14	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	01/11/2012	AAF
15	Local Public Health Agencies	Mary Piper Kannel	PBC Health Department	1/12/2011	WF

# Palm Beach County HIV CARE Council

## Inventory of Seats

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
16	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Mary Jane Reynolds	Community Member	1/12/2011	AAF
17	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Kenny Talbot	Community Member	08/15/2012	W/HISM
18	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Glenn Krabec, PhD	Community Member	1/12/2011	WM
19	<u>Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</u>	<u>Richard Eisenberg</u>	<u>Community Member</u>		<del>WM</del>
22	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Cecil Smith	Community Member	1/12/2011	AAM
23	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Bobbie Cleveland	Community Member	1/12/2011	AAF
24	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Raymond Philmore	Community Member	1/12/2011	AAM
25	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Shirley Samples	Community Member	1/12/2011	AAF
26	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	OPEN CHAIR			
27	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Laurence Osband	Community Member	1/12/2011	WM

# *Palm Beach County HIV CARE Council*

## *Inventory of Seats*

28	Affected Communities, including PLWH and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Rafael Abadia	Community Member	01/11/2012	HISM
31	Non-Elected Community Leaders	Don Hilliard	Community Member	01/11/2012	WM
32	<u>Non-Elected Community Leaders</u>	<u>Juny Tetevi</u>	<u>CommCare Pharmacy</u>		<u>BF</u>
35	Non-Elected Community Leaders	OPEN CHAIR			
37.	Non-Elected Community Leaders	Cindy Barnes	Medicaid	01/11/2012	WF
38.	Non-Elected Community Leaders	OPEN CHAIR			
39	State Medicaid Agency	OPEN CHAIR			
40	<u>State Part B Agency</u>	<u>Sha'Wanda Manuel</u>	<u>CAP</u>		<u>AAF</u>
41	Hospital Planning Agencies or other health care planning agencies	OPEN CHAIR			
42	Part D, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	Jennifer Piva	Children's Medical Services	1/12/2011	WF
44	<u>Other Federal HIV Programs, including HIV Prevention Program</u>	<u>Nichole Leidesdorf</u>	<u>Compass Inc</u>		<u>WF</u>
45	Representative of/or formerly incarcerated PLWH	OPEN CHAIR			

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

Board Name: Palm Beach County HIV CARE Council

Term of Appointment: 2 Years. From: \_\_\_\_\_ To: \_\_\_\_\_

Seat Requirement: Mental Health & Substance Abuse Seat #: 13

or ☐ to complete the term of \_\_\_\_\_ Due ☐ resignation ☐ other to: \_\_\_\_\_

Completion of term to expire on: \_\_\_\_\_

**\*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.**

Number of previously disclosed voting conflicts during the previous term

**APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Occupation/Affiliation: Oakwood / Jerome Golden

Business Name: Sernod Golden / Oakwood

Business Address: 1041 45TH Street

City & State West Palm Beach Zip Code: 33407

Residence Address: 1045 35TH

City & State W P B FL Zip Code: 33407

Home Phone: (561) 448-9594 Business Phone: (561) 842-3145 Ext.

Cell Phone: (561) 718-2505 Fax: ( )

Email Address: \_\_\_\_\_

**Mailing Address preference:** ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes ☐ No ☒

If Yes, state the court, nature of offense, disposition of case and date:

☐ 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)

Applicant's Signature: Thomas E. McKesey Date: 5-23-01

Appointment to be made at BCC Meeting on:

Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

\_\_\_\_\_ At this time, neither I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Thomas E. McKissack  
Print or Type

FIRM/COMPANY/ORGANIZATION: \_\_\_\_\_

ADVISORY BOARD(S): Hiv Cre Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Thomas E. McKissack Date: 5-23-11

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

**TO: ADVISORY BOARD MEMBERS**

**FROM: ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS**

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As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

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**Acknowledgement of Receipt**

NAME: Thomas E. McKissack  
Print or Type

ADVISORY BOARD(S): HIV Care Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Thomas McKissack Date: 5-23-11

**Please sign and return to (Insert Liaison Information) in self-addressed envelope provided.**

Revised 3/15/10

## **THOMAS E. MCKISSACK**

**1045 35<sup>TH</sup> STREET WEST PALM BEACH, FL 33407 (561) 848-9594**

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### **OBJECTIVE**

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To work with an agency that will enhance my social work skills and increase my effectiveness in dealing with persons with dual disorders and HIV/AIDS.

### **EMPLOYMENT**

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#### **SUPERVISOR, RESIDENTIAL PROGRAM**

(1996 – present)

Oakwood Center of the Palm Beaches  
1041 45<sup>th</sup> Street  
West Palm Beach, FL 33407

Supervise employees and clients at residential housing units for clients who are mentally ill. Handle employee scheduling for a 24/7 facility. Arrange for clients to move in or out, arrange for transportation of clients for treatment and medical appointments. Resolve interpersonal differences between employees and clients. Ensure that all federal and stated standards for housing are met. I measure my success by the number of clients who have successfully moved into their own apartments, secured jobs, and regained a normal life.

#### **SUPERVISOR, FORENSIC DAY TREATMENT PROGRAM** (1990 – 1996)

Oakwood Center of the Palm Beaches  
1041 45<sup>th</sup> Street  
West Palm Beach, FL 33407

Apply advanced skills and expertise in directing a Dual Diagnosis Day Treatment program. Screen clients for admission, plan, supervise and implement various treatment approaches through a group format. Coordinate service provision with other Day Treatment, PHP, Residential, Medical Staff and Case Managers for successful implementation and attainment of clients' service plan goals. Clinically supervise staff. Provide individual therapy and crisis counseling as indicated.

#### **CASE MANAGER**

(1987 - 1990)

Oakwood Center of the Palm Beaches  
1041 45<sup>th</sup> Street  
West Palm Beach, FL 33407

Perform thorough assessment of the needs of each client assigned to caseload. Link clients with community resources, as needed coordinating all services for each client assigned to caseload. Employ effective listening skills determining client needs. Develop Service Implementation Plans and conduct periodic reviews of these plans for each client to determine progress toward established goals. Ensure appropriate documentation related to each case is recorded in the service record and the service record is kept up-to-date. Involve significant others (family, boarding homeowner, etc.) in assessment, service planning, and implementation processes as appropriate.

#### **PRIMARY COUNSELOR**

(1987 – present)

Second or Third Shift and Per Diem

Drug Abuse Treatment Association  
West Palm Beach, FL 33407

Maintain close supervision in a lock down environment for 13 to 17 year olds with alcohol and drug addiction problems. Help them with anger management and coping skills. Plan and organize social activities for the clients. Also supervise outside activities for these clients.

## **EDUCATION**

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BACHELOR OF SCIENCE / SOCIAL WELFARE  
Tennessee State University  
Nashville, TN

(1977-1982)

Successfully completed course of study in Social Welfare.

MASTERS DEGREE / SOCIAL WORK  
Atlanta University  
Atlanta, GA

(1982-1984)

Completed Masters Thesis on Diverse Attitudes in Voting.

## **SKILLS**

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- Ability to talk with both co-workers and clients in their own terms so that full communication is established.
- Ability to adhere to both Federal and State regulations in my field.

**Active Contracts**

***Jerome Golden Center for Behavioral Health, Inc.***

Client	Departmentt	Division	Contract No.	Contract Name/Description	Contract Beg. Date	Contract End Date
Palm Beach County, Board of County Commissioners	Community Services	Division of Human Services	R2010-2072	Project Success/Homeless Services Program	01/01/11	12/31/11
Palm Beach County, Board of County Commissioners	Community Services	Division of Human Services	R2010-1504	Project Success/Homeless Services Program	10/01/10	09/30/11
Palm Beach County, Board of County Commissioners	Community Services	Division of Human Services	R2010-1503	Homeless Assertive Community Treatment/Homeless ACT	10/01/10	09/30/11
Palm Beach County, Board of County Commissioners	Community Services	Division of Human Services	R2010-0747	Shelter Plus Care/Flagler (15 Individuals)	05/23/10	05/22/11
Palm Beach County, Board of County Commissioners	Community Services	Division of Human Services	R2010-1102	Shelter Plus Care Program (17 Individuals)	08/01/10	07/31/11
Palm Beach County, Board of County Commissioners	Community Services	Division of Human Services	R2009-1634	Shelter Plus Care Program/Project Northside (7 Individuals)	07/01/09	06/30/14
Palm Beach County, Board of County Commissioners	Criminal Justice Commission	Criminal Justice Commission	R2010-0923	Mental Health Collaboration Project	10/01/09	03/31/12
Palm Beach County, Board of County Commissioners	Community Services	Community Services	R2010-1832	FAA Financial Assistance Mental Health, Substance Abuse Crisis Stabilization and Inpatient Services	10/01/10	09/30/11
Palm Beach County, Board of County Commissioners	Community Services	Ryan White Part A	R2011-0474	HIV/Aids Counseling Services	03/01/11	08/31/11

## Sonja Holbrook

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**From:** Patricia Nason-George [PNason@jeromegoldencenter.org]  
**Sent:** Friday, June 10, 2011 12:20 PM  
**To:** Sonja Holbrook  
**Cc:** Thomas McKissack; Barbaro Cordoves; America Cordoves  
**Subject:** Jerome Golden Center  
**Attachments:** 20110609164405372.pdf

This e-mail is sent to you on behalf of Thomas McKissack for the Jerome Golden Center for Behavioral Health, Inc.

Attached please find the Palm Beach County contract information requested for CARE Council membership.

If you require additional information, please contact us.

Thank you,

Patricia Nason-George  
Secretary to Chief Financial Officer  
Jerome Golden Center for Behavioral Health, Inc.  
(formerly known as the Oakwood Center of the Palm Beaches, Inc.)  
1041 45th Street  
West Palm Beach, FL 33407  
Phone: (561) 383-5732  
Fax: (561) 383-5922 or (561) 514-1544  
[pnason@jeromegoldencenter.org](mailto:pnason@jeromegoldencenter.org)

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The mission of The Jerome Golden Center for Behavioral Health is to help clients build resiliency, facilitate recovery and achieve reintegration into the community by designing and delivering behavioral healthcare services that meet their needs and expectations.

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