

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

Meeting Date: November 5, 2013

Department: Community Services

Advisory Board: Palm Beach County HIV CARE Council

**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Appointment/Reappointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for three (3) year terms beginning November 15, 2013:

<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
01	Rafael Abadia	Local Public Health Agency	11/14/2016
07	Kimberly Rommel-Enright	Social Service Provider	11/14/2016
10	Rosalyn Collins	Substance Abuse	11/14/2016
18	Melissa McGee	Affected Communities	11/14/2016
20	Donald Hilliard	Affected Communities	11/14/2016
28	Cindy Barnes	State Medicaid Agency	11/14/2016

<u>Seat No.</u>	<u>Appointment</u>	<u>Seat Requirement</u>	<u>Term Expires</u>
13	Lavan Harper	Affected Communities	11/14/2016
15	Quinton Dames	Affected Communities	11/14/2016
29	Mitchell Durant	State Part B Agency	11/14/2016

**Summary:** The total membership shall be no more than 33 members, per Resolution No. 2011-1560. The HIV CARE Council nominations process is an open process with publicized criteria and legislatively defined conflict of interest standards. These appointments and reappointments successfully completed the HIV CARE Council nominations process, and the HIV CARE Council has recommended their appointment. Ms. Rommel-Enright has disclosed that she is employed by Legal Aid Society of Palm Beach County, Inc., which contracts with the County for legal services. Ms. Collins has disclosed that she is employed by Gratitude House, Inc., which contracts with the County for services. Ms. Harper has disclosed that she is employed by FoundCare, Inc. which contracts with the County for services. Mr. Dames has disclosed that he is employed by Comprehensive AIDS Program which contracts with the County for services. 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:** 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-2011-1560, dated October 18, 2011. 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 June 27, 2011. The board makeup will consist of eight (8) Black females, three (3) Black males, one (1) Hispanic male, four (4) White males, and five (5) White females.

**Attachments:**

1. Board/Committee Application
2. Proposed Inventory of Seats List
3. HIV CARE Council Nominations Policy No. 10

Recommended By: [Signature] Date: 10/21/13  
Department Director

Legal Sufficiency: [Signature] Date: 10/22/13  
Chief Assistant County Attorney

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

*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.***

**Section I (Department):** (Please Print)

Board Name: Rafael Abadia Advisory ☒ Not Advisory ☐  
[ ] At Large Appointment or [ ] District Appointment /District #:  
Term of Appointment: 3 Years. From: 11/15/2013 To: 11/17/2016 <sup>15 PC</sup> 11/14/2016 <sup>14-09</sup> ☒  
Seat Requirement: LOCAL Public Health Agency Seat #: 1  
[☒]\*Reappointment or [ ] New Appointment  
or [ ] to complete the term of \_\_\_\_\_ Due to: [ ] resignation [ ] other  
Completion of term to expire on: \_\_\_\_\_

**\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_**

**Section II (Applicant):** (Please Print)

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

Name: Abadia Rafael  
Last First Middle  
Occupation/Affiliation: Florida Health PBC  
Owner [ ] Employee ☒ Officer [ ]  
Business Name: Florida Health Palm Beach County  
Business Address: 1150 45TH ST  
City & State: West Palm Beach FL Zip Code: 33407  
Residence Address: 4254 Leo Lane Apt. 113  
City & State: P. Beach Gardens, FL Zip Code: 33410  
Home Phone: 861 881-0025 Business Phone: ( ) Ext. \_\_\_\_\_  
Cell Phone: ( ) Fax: ( )  
Email Address: \_\_\_\_\_  
Mailing Address Preference: [ ] Business [☒] Residence  
Have you ever been convicted of a felony: Yes \_\_\_\_\_ No X  
If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

Minority Identification Code: ☒ Male [ ] Female  
[ ] Native-American [☒] Hispanic-American [ ] Asian-American [ ] African-American [ ] Caucasian

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Ex: (R#XX-XXXX/PO XXX)</u>	<u>Parks &amp; Recreation</u>	<u>General Maintenance</u>	<u>10/01/11-09/30/12</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR ☒ NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountylethics.com/training.htm>. Keep in mind this requirement is on-going.

☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

☐ By watching the training program on the Web, DVD or VHS  
☒ By attending a live presentation given on 2/8/13, 2013

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Rafael Abadiz Printed Name: Rafael Abadiz Date: 9/26/13

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountylethics.com](http://www.palmbeachcountylethics.com) or contact us via email at [ethics@palmbeachcountylethics.com](mailto:ethics@palmbeachcountylethics.com) or (561) 233-0724.

Return this FORM to:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

**Section III (Commissioner, if applicable):**

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

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

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

Revised 08/01/2011

## **Rafael Abadia**

4254 Leo Lane Suite 122

(H) 561-881-0025

© 561-267-3775

RafAbad@aol.com

<b>Objective</b>	Encourage and Develop Access and Maintenance in Care for Persons living with HIV/AIDS	
<b>Professional Achievements</b>	<b>CARE Council of Palm Beach County, FI 2006- present, Vice Chair HIV Care Council</b> <ul style="list-style-type: none"><li>▪ Medical Services Committee</li><li>▪ Quality Management Committee</li><li>▪ Medical Services Committee</li><li>▪ Support Services Committee</li><li>▪ Community Awareness Committee</li></ul> <b>HIV Planning Council of New York, NY 1999- 2006</b> <ul style="list-style-type: none"><li>▪ Help in the development and implementation of new Planning Council Structure</li><li>▪ Implemented and Chaired Consumer Committee</li><li>▪ Member of Executive, Priority Setting and Resource Allocation, and Membership Committees</li></ul> <b>Consultant for the Religious Coalition for Reproductive Choice 2001- 2005</b> <ul style="list-style-type: none"><li>▪ Develop and implemented Training the Trainers for "La Iniciativa Latina" and The Black Church Initiative</li><li>▪ Developed 2 conferences on HIV/AIDS and Faith Based programs</li><li>▪ Presented at CDC Conference on involving Faith Based organizations in the prevention and treatment of HIV/AIDS</li></ul> <b>LTI Core and CPLOT Trainings 2001</b> <ul style="list-style-type: none"><li>▪ National Minority AIDS Council</li><li>▪ Cicatelli Associates Inc.</li></ul>	
<b>Skills</b>	<ul style="list-style-type: none"><li>▪ Able to multi task</li><li>▪ Fully Bilingual English/ Spanish</li><li>▪ Microsoft Office Proficient</li></ul>	<ul style="list-style-type: none"><li>▪ Knowledge of Ryan White Care Act</li><li>▪ Able to coordinate between agencies</li></ul>

## Rafael Abadia

4254 Leo Lane Suite 122  
Palm Beach Gardens, FL 33410  
(H) 561-881-0025  
© 561-267-3775  
RafAbad@aol.com

- Knowledge of HIV/AIDS Funding
- Experience in development and implementation of trainings
- Able to facilitate collaboration between governmental and non governmental agencies
- Expertise on National Advocacy

<b>Work History</b>	Consultant	Religious Coalition for Reproductive Choice, Washington, DC	July 2001- 2005
	Transportation Planner	AIDS Coalition of Southern New Jersey, NJ	January 1998- 1999
	Assistant Manager Accounts Payable	Bloomington, New York, NY	1987- 1993
<b>Education</b>	BA Communication	Sacred Heart University, Santurce, PR	December 1985
<b>References</b>	References are available on request.		

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**Section I (Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory: ☒ Not Advisory ☐  
☐ At Large Appointment or ☐ District Appointment / District #: \_\_\_\_\_  
Term of Appointment: 3 Years. From: 11/15/2013 To: <sup>13PC</sup>11/14/2016 <sup>14</sup>11/14/2016  
Seat Requirement: Social Service Provider Seat #: 7  
☒ \*Reappointment or ☐ New Appointment  
or ☐ to complete the term of \_\_\_\_\_ Due to: ☐ resignation ☐ other  
Completion of term to expire on: \_\_\_\_\_

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)

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

Name: Rommel-Enright Kimberly  
Last First Middle  
Occupation/Affiliation: Legal AID Society of Palm Beach County (Attorney)  
Owner ☐ Employee ☒ Officer ☐  
Business Name: Legal AID Society of Palm Beach County  
Business Address: 423 Fern St, Ste 200  
City & State: West Palm Beach FL Zip Code: 33401  
Residence Address: 7101 182nd Rd N  
City & State: Jupiter, FL Zip Code: 33458  
Home Phone: 561 743 3938 Business Phone: 604 655 8944 Ext. 265  
Cell Phone: 860 352 5671 Fax: 660 655 5269  
Email Address: Kenright@legalaidpbx.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: ☐ Male ☒ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
* please see attached			

(Attach Additional Sheet(s), if necessary)

OR ☐ NONE


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- ☒ By watching the training program on the Web, DVD or VHS  
☒ By attending a live presentation given on Feb. 8<sup>th</sup>, 2013

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature:  Printed Name: Kimberly Rommel-Enright Date: 7/30/13

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Section III (Commissioner, if applicable):

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

Contract Number	Department/Division	Description of Services	Start Date	End Date
R2012-1505	Community Services Department	Guardian Advocacy Project	10/1/2012	9/30/2013
R2013-0526	Community Services Department	Ryan White Legal Project	3/1/2013	2/28/2014
R2012-1579	Department of Public Safety	Legal services for various projects	10/1/2012	9/30/2013
R2012-1398	Department of Economic Stability	Fair Housing Project	10/1/2012	9/30/2013
R2013-0185	Office of Equal Opportunity	Wage Dispute Project	1/1/2013	12/31/2013



**Kimberly Rommel-Enright**

7101 182<sup>nd</sup> Rd North  
Jupiter, Florida 33458  
561-352-5671  
[kenright@legalaidthpb.org](mailto:kenright@legalaidthpb.org)

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**EDUCATION:**

**NOVA UNIVERSITY LAW CENTER** Ft. Lauderdale, FL  
Juris Doctorate Degree, Cum Laude, May 1992  
Nova Law Review Staff 1990-1992

**FLORIDA ATLANTIC UNIVERSITY** Boca Raton, FL  
Bachelor of Arts, With Honors, Social Science, April 1989

**LEGAL EMPLOYMENT:**

**LEGAL AID SOCIETY OF PALM BEACH COUNTY**

West Palm Beach, FL

**Supervising Attorney: May 1998- Present**

**Staff Attorney: September 1992- April 1998**

Practiced Juvenile Law in the Juvenile Advocacy Project of Legal Aid. Cases included representation of minors in juvenile dependency, delinquency, and family law cases. Supervised the Legal Aid Society HIV/AIDS Legal Project and Project Permanent Placement. Supervisory duties included overseeing staff of two attorneys and four paralegals; conducting case reviews with staff and representing clients in the Ryan White Project of Legal Aid and Project Permanent Placement. Case handling involved issues of employment and insurance discrimination, confidentiality, dissolution of marriage, paternity, child support modification and various civil matters. Current caseload concentration is in adoption, guardianship, and third party custody. Currently supervising the Pro Bono Project. Primary responsibility is managing pro bono legal services for the 15<sup>th</sup> Judicial Circuit. Administrative duties include assigning cases to attorneys( approximately 400 per year), reporting pro bono participation (yearly reports to Florida Bar), recruiting attorneys, providing support for ongoing cases (approximately 1200), managing the information about the 1700 attorneys who participate in the pro bono program, and supervising all aspects of the Pro Bono Program.

**THOMAS KINGCADE, P.A.** West Palm Beach, FL

**Clerk: Summer 1991 & August 1992**

Researched and drafted memorandums of law and pleadings for personal injury, insurance, employment, defamation, and Worker's Compensation cases.

**OFFICE OF THE STATE ATTORNEY**

**FIFTEENTH JUDICIAL CIRCUIT**

**Internship: January 1992-April 1992**

Worked in County Court as a Certified Legal Intern. Responsible for case load. Duties included preparing discovery, conducting plea negotiations, case dispositions, and trials.

**PROFESSOR MICHAEL BURNS** Ft. Lauderdale, FL

**Research Assistant: January 1991-January 1992**

Researched and drafted memorandums on Constitutional issues. Also researched and edited an article for publication.

**TEACHING EXPERIENCE:** COOPER CAREER INSTITUTE, Paralegal Studies Program  
West Palm Beach, Florida  
Instructor, Intermittently 1997 to 1999  
Instructed paralegal students in the following courses: Criminal Law;  
Property Law; Torts; Probate; Legal Research and Legal Terminology.

SOUTH COLLEGE, Bachelor of Legal Studies Program  
West Palm Beach, Florida  
Instructor, Fall 1999  
Instructed students in Domestic Law course

**LECTURING EXPERIENCE:**

In-service programs conducted for: Connor's Nursery; Jupiter Farms Elementary; Grove Park Elementary; Washington Elementary; United Way; Comprehensive AIDS Program; Palm Beach County Home, Palm Beach County School Board Nurses, Florida Atlantic University, Staff Builders (Home Health Care), Foster Parents Association of Palm Beach County, and Hope House.

Presenter at "Care of the HIV Child and Young Adult" Second Annual Conference, October 1994

Presenter at the Sixth and Seventh Annual Florida HIV Conferences, June 1997 and April 1998

Panelist at the First Annual Pediatric HIV/AIDS Conference, October 1997

Panelist/Presenter at the First and Second Annual Women's Studies Institute Conferences "Solidarity for Our Survival", March 1998 and May 1999

Presenter at the Florida Legal Services Family Law Training, September 1999

Presenter at the Annual HIV/AIDS Statewide Conference (Pediatric), October 2000

Presenter at FCAN Conference, October 2002

Presenter at Guardian Ad Litem Accelerated Adoption Pro Bono Attorney Training, May 2003

**PUBLICATION:**

*"Someone to Watch Over Me: A Parent's Planning Guide"*  
Co-Editor

**PROFESSIONAL ASSOCIATIONS/COMMUNITY AFFILIATIONS:**

Florida Bar Association - Admitted 1992  
Palm Beach County Bar Association - Law Week Committee 2000-Present (Chair 2003, 2005, 2006, 2007, 2009)  
Florida Association of Women Lawyers- Palm Beach County Chapter 2003-Present (Secretary 06-07; President Elect 07-08; President 08-09)  
Palm Beach County HIV CARE Council 1994- Present - (Secretary 1997; 2002-2005; 2007-2009; 2011-2013)  
Florida Legal Services Statewide AIDS Taskforce - Co-Chair  
Florida Pro Bono Coordinators Association 2002-Present (President 2005)  
Family Law Section of the Florida Bar 2003-Present

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**Section I (Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory ☐ Not Advisory ☐

☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_

Term of Appointment: 3 Years. From: 11/15/2013 To: ~~11/17/2016~~ 11/14/2016 <sup>15th</sup> 11/14/2016 <sup>19</sup>

Seat Requirement: Substance Abuse and/or Mental Health Provider Seat #: 10

☒ \*Reappointment or ☐ New Appointment

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

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

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**Section II (Applicant):** (Please Print)

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

Name: Collins Rosalyn  
Last First Middle

Occupation/Affiliation: Gratitude House/therapist  
Owner ☐ Employee ☒ Officer ☐

Business Name: Gratitude House

Business Address: 1700 N. Dixie Hwy  
City & State: West Palm Beach, FL Zip Code: 33407

Residence Address: P.O. Box 530038  
City & State: Lake Park, FL Zip Code: 33403

Home Phone: 561-420-3295 Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: ( ) 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: \_\_\_\_\_

Minority Identification Code: ☐ Male ☒ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☒ African-American ☐ Caucasian

Section II Continued:

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<u>Ex: (R#XX-XXXX/PO XXX)</u>	<u>Parks &amp; Recreation</u>	<u>General Maintenance</u>	<u>10/01/11-09/30/12</u>
<u>HOPWA FY12-B</u>	<u>Housing &amp; Community Dev.</u>	<u>Facility Based Transitional Hsg</u>	<u>10/1/12-09/30/13</u>

(Attach Additional Sheet(s), if necessary)

OR ☐ NONE

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☐ By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Rosalyn Collins Printed Name: ROSALYN COLLINS Date: 9-17-13

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Return this FORM to:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

**Section III (Commissioner, if applicable):**

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

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

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

Revised 08/01/2011

## **ROSALYN R. COLLINS**

P.O. BOX 530038  
Lake Park, FL 33403  
(561) 420 -3295

### **Licensure and Certification:**

2001 Certified Addiction Professional - Florida  
2000 Licensed Mental Health Counselor - Florida

### **Professional Experience:**

2000- Present *Gratitude House, Inc. West Palm Beach, FL*  
Supervisor of Residential Programs at a women's substance abuse treatment facility.

1999-2000 *Drug Abuse Treatment Association, Inc. West Palm Beach, FL*  
Outpatient therapist at a substance abuse treatment program.

1996-1999 *Growing Together, Inc. Lake Worth, FL*  
Staff therapist at an adolescent substance abuse treatment program.

1989-1996 *Honigman Miller Schwartz and Cohn, West Palm Beach, FL*  
Supervisor of the file room, including personnel training and automation of file system in large law firm.

1982-1989 *Landscape Design and Maintenance, Boynton Beach, FL*  
Owner and operator of lawn maintenance business specializing in commercial properties.

### **Education:**

1995-1997 *Palm Beach Atlantic College, West Palm Beach, FL*  
Master of Science degree in Counseling Psychology

References furnished upon request.

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BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

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☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_  
Term of Appointment: 3 Years. From: 11/15/2013 To: ~~11/17/2016~~ 11/14/2016 <sup>5 PC</sup>  
Seat Requirement: Affected Communities Seat #: 18  
☒ \*Reappointment or ☐ New Appointment  
or ☐ to complete the term of \_\_\_\_\_ Due to: ☐ resignation ☐ other  
Completion of term to expire on: \_\_\_\_\_

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)

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

Name: McGee Melissa  
Last First Middle

Occupation/Affiliation: \_\_\_\_\_  
Owner ☐ Employee ☐ Officer ☐

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Residence Address: 1335 White Pine Dr. Wellington

City & State: Fla. Zip Code: 33414

Home Phone: \_\_\_\_\_ Business Phone: ( ) Ext. \_\_\_\_\_

Cell Phone: (561) 692-2728 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: \_\_\_\_\_

Minority Identification Code: ☐ Male ☒ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☒ African-American ☐ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR ☒ NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

By watching the training program on the Web, DVD or VHS  
By attending a live presentation given on 2/8/13, 20 13

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Melissa McGee Printed Name: Melissa McGee Date: 9/19/13

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:

Samantha Freels, Health Council of Southeast Florida  
600 Sandtree Drive, Suite 101 Palm Beach Gardens, FL 33403

Section III (Commissioner, if applicable):

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

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

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

Revised 08/01/2011

## **Melissa McGee BIO**

I was born in Atlantic City, NJ. My mother brought me to Florida when I was 8 years old. I currently reside in South Bay, FL. I spend a lot of time with my children, grandchildren, and participating in church activities. I heard about the Palm Beach County HIV CARE Council by one of the members. I decided to attend the meetings because I wanted to learn more about the available service and support for the HIV/AIDS community. Also, I want to be able to share my opinions and thoughts as well as represent the Western community of Palm Beach County. Attending the meetings has been a great experience and I have gained a wealth of knowledge that has not only helped me, but also my peers and community. I look forward to becoming a member of the HIV CARE Council.



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

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.

**Section I (Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory ☒ Not Advisory ☐  
☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_  
Term of Appointment: 3 Years. From: 11/15/2013 To: 11/14/2016 <sup>15th</sup> 11/14/2016 ☒  
Seat Requirement: Affected Communities Seat #: 20  
☒ \*Reappointment or ☐ New Appointment  
or ☐ to complete the term of \_\_\_\_\_ Due to: ☐ resignation ☐ other  
Completion of term to expire on: \_\_\_\_\_

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)

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

Name: Hilliard Don  
Last First Middle  
Occupation/Affiliation: Disabled  
Owner ☐ Employee ☐ Officer ☐

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 1042 Francis Street  
City & State: West Palm Beach Zip Code: 33405  
Home Phone: X Business Phone: ( ) X Ext. X  
Cell Phone: 561 667 5472 Fax: ( )  
Email Address: Hilliard.Donald@gmail.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: Guilty 3/1991 Sexual

Minority Identification Code: ☐ Male ☐ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Ex: (R#XX-XXXX/PO XXX)</u>	<u>Parks &amp; Recreation</u>	<u>General Maintenance</u>	<u>10/01/11-09/30/12</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR

☐

NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

☒ By watching the training program on the Web, DVD or VHS

By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

-8-13-13 - Cap Office Foundation  
Congress

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Donald R. Hilliard Printed Name: Donald R. Hilliard Date: \_\_\_\_\_

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

**Section III (Commissioner, if applicable):**

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

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

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

Revised 08/01/2011

## Resume

Donald Hilliard,

As a young man I joined the US Army at the young age of 17. Upon Returning from Germany where I served I was enrolled at Palm Bch Tr. College I completed 1 year and I then enrolled in Nashville Auto Diesel College in Nashville Tennessee I recieved a Diploma in diesel mechanics in 1979. I returned to south florida I worked with Rinker Materials as a Concrete Block manufaturing tech. I became a lead man and ran several crews at different block mfg. plants in Delray, Hollywood, Miami. I then chose to do carpentry and I ended my work owing my interior carpentry license self employed in 2000. I was found to have HIV ~~in~~ Spectrum Disease while being treated at the VA Hospital in Riviera Bch I am co-infected with Hep. C and I have severe Diabetes. I have found I was interested in Helping others when I led a Hiv support group at Compass for several years now I have been a member of the Care Council 6 years becoming an officer / treasure approx 2 years ago. I have been active and interested in Care council activities and I hope to remain as a member as I grow and mature in this field of advisory membership. Thank you very much.

Donald R Hilliard

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

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**Section I (Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory ☒ Not Advisory ☐  
☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_  
Term of Appointment: 3 Years. From: 11/15/2013 To: 11/14/2016 <sup>5-PC</sup> 11/14/2016 (9)  
Seat Requirement: State Medicaid Agency Seat #: 28  
☒ \*Reappointment or ☐ New Appointment  
or ☐ to complete the term of \_\_\_\_\_ Due to: ☐ resignation ☐ other  
Completion of term to expire on: \_\_\_\_\_

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)

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

Name: Barnes Cindy  
Last First Middle  
Occupation/Affiliation: AHCA  
Owner ☐ Employee ☒ Officer ☐  
Business Name: State of FL AHCA  
Business Address: 1655 Palm Beach Lakes Blvd Ste 300  
City & State: WPB, FL Zip Code: 33401  
Residence Address: 2132 Ardley Road  
City & State: North Palm Beach, FL Zip Code: 33408  
Home Phone: \_\_\_\_\_ Business Phone: ( ) Ext. \_\_\_\_\_  
Cell Phone: 866 307 5235 Fax: ( ) \_\_\_\_\_  
Email Address: cindy.barnes@ahca.myflorida.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: ☐ Male ☒ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
		HIV Care Council	
		Trans. Disad. Board	

(Attach Additional Sheet(s), if necessary)

OR ☐ NONE

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☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

- ☒ By watching the training program on the Web, DVD or VHS  
☐ By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

**AND**

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Cindy Berns Printed Name: Cindy Berns Date: 7/31/13

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:  
 Sonja Holbrook, Department of Community Services  
 810 Datura Street, West Palm Beach, FL

**Section III (Commissioner, if applicable):**

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

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

Cindy A Barnes  
cab0517@aol.com  
561-307-5235

Work History:

State of Florida AHCA

May 1995 to present

Began working for AHCA 5/95 as the Medicaid Transportation Specialist (Human Services Program Specialist Coordinator, Supervisor) and was responsible for all Medicaid Transportation issues. Member of 5 Transportation Disadvantaged Local Coordinating Boards in our 5 county area. Supervised support staff responsible for daily transportation authorizations. Developed, implemented and tracked corrective action plans as a result of monitoring activities. Provided technical assistance to transportation providers re: policy and billing issues. Provided in-service trainings, investigated providers and referred for fraud, when appropriate. Developed and implemented changes in transportation program to reduce cost. Conducted monthly staff meetings. Coordinated and attended health fairs. Compiled, verified and processed transportation dollars being spent. Received 3 different Davis Productivity Awards. Conducted coaching sessions with staff when needed. Trained staff on transportation policy and other Medicaid policies and procedures.

In 2001 my position was upgraded to a Medical/Health Care Program Analyst. I was still responsible for the Medicaid transportation program in the Beneficiary unit. Also, provided on-site monitoring of School Districts and Project AIDS Care (PAC) Case Management Agencies. Provided PAC training to the Case Management Agencies. Board Member of Palm Beach County HIV Care Council since 2009 and member of Treasure Coast Care Consortium since 2009. Acted as AHCA liaison between beneficiaries, providers and Medicaid program to ensure access to services. Provided in-service training in the community. Provided technical assistance to providers, elected officials and community groups. Coordinated and attended Health Fairs and other outreach activities. Attended many social service monthly meetings in order to learn what services are available in the community. Acted as Medicaid liaison at these meetings. Communicated newly found information to all staff. Referred Medicaid beneficiaries to other social service agencies when appropriate. Advised other social service agencies of any upcoming health fairs so that they may also participate. Processed all incoming correspondence. Processed incoming Area 9 e-mails and Tallahassee correspondence. Took care of legislative issues. Handled all provider enrollment issues. Processed all Medipass provider changes that came in via-fax.

In December of 2009, my position was transferred to the Compliance, Quality Management (CQM) unit from the Beneficiary Network Management (BNM) unit. I continued to be the transportation specialist and attend the Local Coordinating Transportation Board meetings. I continue to complete the Project AIDS Care Program (PAC) monitoring and work with the PAC agencies in our 5 county area. I also continue to perform the School monitoring. I am also in charge of all provider enrollment issues. I provide assistance to transportation and other providers regarding claims resolutions. I am currently the waiver specialist and have knowledge of all Medicaid Waiver policies and procedures. I attend the Area Agency on Aging inter-agency meetings that are held in Palm Beach and St. Lucie County on a monthly basis. I am knowledgeable of the CARES unit and staff. I also took over the Personal Care Assistance (PCA) provider enrollment process to become State Plan Medicaid Providers. I have trained the PCA providers in the enrollment process, the billing process and the Prior Authorization process. I have attended the Agency for Persons with Disabilities waiver support coordinator meetings to inform them of the new PCA policy on an ongoing basis. I continue to take beneficiary calls when necessary as I have not yet lost the sort of caseload that I had when in the BNM unit. I provide policy clarification to all Medicaid providers when needed. I also work claims resolutions for providers when they are having issues in getting their claims paid. I am assigned special short term and long term projects when needed. I have represented AHCA in the formal hearings process. I conduct pre-enrollment provider site visits in the five county area. I have knowledge of the Medicaid Managed Long Term Care Program and am in the process of going out and providing outreach to Assisted Living Facilities and

Skilled Nursing Facilities about the program in our five county area. I also have kept up with the Medicaid Medical Managed Care Program updates which is supposed to go into effect in 2014. Long Term Care Choice Counselor Certified.

**State of Florida HRS (Aging and Adult Payments Supervisor) June 1992 to May 1995**

From 6/92 through 10/93 I supervised a unit who determined initial and continued eligibility for SSI related Medicaid and Food Stamps. Explained eligibility requirements to clients and providers and monitored workers' cases for accuracy. Effective 10/93, supervised a unit who determined initial and continued eligibility for Nursing Home residents. Explained policy to Nursing Home administrators, provided technical assistance. Completed reports. Trained workers, resolved billing problems, conducted staff meetings and coaching sessions with staff when needed.

**State of Florida Child Support Case Analyst June, 1991 through June 1992**

Responsible for initiating case action to establish and enforce paternity, support, and medical orders for inter and intra state public assistance. Job consisted of record keeping, case management, locating absent parents and monitoring absent parent payments. Referred absent parents to state attorney when no payment made. Attend court hearing to represent the agency.

**State of Florida Quality Control Unit (Human Services Analyst) November 1984 to June 1991**

Monitored AFDC and SSI related Medicaid cases for accuracy in determining eligibility. Reviewed data regarding income and assets. Job required home visits to 10 counties in Florida, including Nursing Homes. Investigative skills needed in order to verify eligibility according to Federal regulations. Completed narratives in cases. Used numerous computer systems to determine ownership of vehicles, property or other assets, such as unreported bank accounts.

**State of Florida Overpayment Fraud and Recoupment Unit (Human Services Analyst) December 1980 to November 1984**

Determined overpayment for AFDC, Food Stamps and Medicaid cases. Investigated possible fraud cases. Recoupment and Balanced records. Record keeping. Collected and posted payments for overpayment cases. Monitored cases for non-payment and referred to probation if dollars were not received. Worked with probation offices and court system.

**State of Florida Economic Services (Public Assistance Specialist) August 1979 to December 1980**

Determined continued eligibility for AFDC, Medicaid and Food Stamps. Case management

**State of Florida Protective Services (Protective Investigator) November 1978 to August 1979**

Ongoing supervision of children who had been adjudicated as either abused or neglected. Attended court hearings. Counseled parents and children. Wrote narrative reports. Made home visits. Referred parents to other social service agencies.

**EDUCATION:**

Palm Beach Junior College mentary Education	Lake Worth, FL	August 1970 to August 1972 Associates in Ele -
University of South Florida	Tampa, FL	September 1972 to December 1972
Florida Atlantic University	Boca Raton, FL	Bachelors in Elementary Education

## SKILLS KNOWLEDGE AND ABILITIES

Fluent on FMMIS and FLORIDA systems. Type over 70 WPM. Ability to supervise others, manage multiple schedules, set priorities and meet deadlines. Ability to communicate effectively, both verbally and in writing. Ability to maintain positive working relationships with state, county and local officials in order to ensure optimum health care delivery. Ability to make decisions, work independently, train and manage staff and conduct staff meetings. Knowledge of Medicare and other health care programs in our area. Ability to work independently. Ability to listen to customers and provide advice. Knowledge of customer service skills. Knowledge of social service agencies in our 5 county area. Knowledge of Medicaid provider enrollment Policy. Knowledge of Medicaid billing for services. Knowledge of Medicaid covered services. Knowledge of all Health Insurance coverage programs in Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties. Ability to take over a project and run with it until it's completion. Ability to pull samples for monitoring purposes. Ability to manage contracts as did this with over 20 transportation contracted Medicaid providers. Knowledge of the 5 county area when having to travel to complete site visits and other duties



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

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**Section I (Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory ☐ Not Advisory ☐

☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_

Term of Appointment: 2 <sup>PE</sup> 3 Years. From: 11/15/2013 To: 11/15/2015 11/14/2016 <sup>PE</sup> 11/14/2016 <sup>DR</sup>

Seat Requirement: Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulation and/or individuals co-infected with Hepatitis B/C Seat #: 13

☐ \*Reappointment or ☒ New Appointment

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

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

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)

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

Name: Harper Lavan  
Last First Middle

Occupation/Affiliation: Outreach Worker  
Owner ☐ Employee ☐ Officer ☐

Business Name: Foundcare Inc / CAP

Business Address: 2330 S. Congress Ave

City & State: Palm Springs, FL 33 Zip Code: 33406

Residence Address: 416 Oxford Street

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

Home Phone: 561-779-8558 Business Phone: 561-472-2466 Ext. 343

Cell Phone: 561-201-1778 Fax: ( )

Email Address: moaleb333@yahoo.com

Mailing Address Preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No ☒ N/A  
If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

Minority Identification Code: ☐ Male ☒ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☒ African-American ☐ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
see attached			

(Attach Additional Sheet(s), if necessary)

OR ☒ NONE

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☒ By watching the training program on the Web, DVD or VHS  
☐ By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Ms. Laron Harper Printed Name: Ms. Laron Harper Date: 9/24/13

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:  
Samantha Freels, 600 Sandtree Drive Suite 101 Palm Beach Gardens, FL 33403

Section III (Commissioner, if applicable):

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

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

**State Contracts for FoundCare/CAP**

**Section II Continued:**

**CONTRACTUAL RELATIONSHIPS:**Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Artist Contract # CODCI</u>	<u>Bureau of HIV AIDS</u>		
<u>High Impact Prevention # CODHU</u>	<u>Bureau of HIV AIDS</u>		

**BIOGRAPHY**  
**OF**  
**MS. LAVAN HARPER**

**September 18, 2013**

Ms. LaVan Harper, African American female age 37 born in Winter Haven, FL on July 17, 1976. Raised in South Florida, under the Love and Parenting of Mr. Vance & Rozelle Harper, I attended Broward County District Schools earning my high school diploma at Dillard High School from 1991- 1995. It was within the same school district where I obtained my first job as a Tutor for my peers at the former Everglades Middle School. Upon completing high school I was honored to experience mentoring less fortunate youths in the Broward County area. Due to the extensive challenges I wholeheartedly endured I became known as "Mom" to Ms. Candice L. Murray, My daughter.

October 1996 I came to West Palm Beach, FL with my Dad and I have lived and worked in and around Palm Beach County the past 17 years. Work experience varies from Enumerator for US Census Bureau, Volunteer @ Riviera Beach Family Resource Center 2007-2011. Each work opportunity I was hired to do became a genuine experience in customer service, being exposed to various types of stigma and poverty at different levels. I have seen homelessness and social demise throughout Palm Beach County communities & families.

It was in 2009 while attempting to get treatment for a Breast disease I decided I needed to test for HIV. Today I sincerely laugh at my diagnosis as I adhere to medical treatment and grow in knowledge of this HIV/AIDS Epidemic. Living in Palm Beach County I have been blessed with the opportunity to work in the field of Outreach for the Comprehensive Aids Program of Palm Beach County. It has been a victorious pleasure to understand the role of Palm Beach Care Council as a positive which enlarged my final decision to aide, advocate, and empower people away from the stigma that contributes to the struggles of those living with HIV/AIDS.

I am just one voice Concerned, Considerate, and Committed to changing lives of many with a divine desire to become a successful member of Palm Beach County Care Council.

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

*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.***

**Section I (Department):** (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory ☒ Not Advisory ☐

☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_

Term of Appointment: 3 Years. From: 11/15/2013 To: 11/14/2016 <sup>57C</sup> 11/14/2016 <sup>11/14/2016</sup>

Seat Requirement: Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulation and/or individuals co-infected with Hepatitis B/C Seat #: 15

☐ \*Reappointment or ☒ New Appointment

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

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

**\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_**

**Section II (Applicant):** (Please Print)

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

Name: Dames Quinton  
Last First Middle

Occupation/Affiliation: Peer Monitor

Owner ☐ Employee ☒ Officer ☐

Business Name: COMPREHENSIVE AIDS PROGRAM

Business Address: 2330 SOUTH CONGRESS AVENUE

City & State: Palm Springs, FL Zip Code: 33406

Residence Address: 213 SE 9TH ST

City & State: Deerfield Beach, FL Zip Code: 33443

Home Phone: N/A Business Phone: (561) 472-2466 Ext. 231

Cell Phone: (561) 234-6509 Fax: ( ) N/A

Email Address: quinton561@gmail.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: N/A

Minority Identification Code: ☒ Male ☐ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☒ African-American ☐ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	<u>Parks &amp; Recreation</u>	<u>General Maintenance</u>	<u>10/01/11-09/30/12</u>
<u>See attached</u>			

(Attach Additional Sheet(s), if necessary)

OR ☒ NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

☐ By watching the training program on the Web, DVD or VHS  
☐ By attending a live presentation given on \_\_\_\_\_, 20\_\_\_\_

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: [Signature] Printed Name: QUINTON LAMOS Date: 9/23/15

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:  
Samantha Freels, 600 Sandtree Drive Suite 101 Palm Beach Gardens, FL 33403

Section III (Commissioner, if applicable):

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

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

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

Revised 08/01/2011

**State Contracts for FoundCare/CAP**

**Section II Continued:**

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<b><u>Contract/Transaction No.</u></b>	<b><u>Department/Division</u></b>	<b><u>Description of Services</u></b>	<b><u>Term</u></b>
<b><u>Artist Contract # CODCI</u></b>	<b><u>Bureau of HIV AIDS</u></b>	<hr/>	<hr/>
<b><u>High Impact Prevention # CODHU</u></b>	<b><u>Bureau of HIV AIDS</u></b>	<hr/>	<hr/>

# Quinton Dames: My Biography

My name is Quinton Dames. I am a 23 year old African-American gay male and I am HIV positive. I was born on November 25<sup>th</sup>, 1989 in Palm Beach, Florida. I attended public and private schools up until graduating from Atlantic Community High School in 2007. I attended some college classes at Palm Beach State College in 2007.

In February of 2010, I tested positive for HIV. I was scared and in denial. I was so scared that I did not return to the Health Department for my confirmatory test. I became depressed and I withdrew from my friends for a while. I had only informed my closest friend Sam, and he comforted me and assured me that he would not leave my side. I did not know how to navigate the healthcare system, which gave me a reason in my mind to continue to avoid getting treatment.

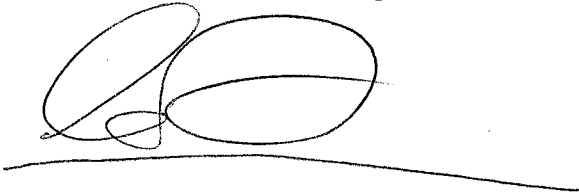
In December of 2011 I finally gave in and with the help of a former friend, sought care at the Comprehensive AIDS Program in Palm Springs. I started with the ARTAS program, which helped me get into the habit of attending doctor appointments and introduced me to a plan of care. I gained the responsibility of taking meds every day and keeping up with my appointments.

Once I realized how wrong I had been about my worries of navigating the health care system, my next goal was to show others in my situation how easy it is to receive care and to know that they are not alone.

As soon as I learned that CAP was starting a Peer Advocacy program, I went and applied in person. I was the first! I waited for the others to apply, and in March of 2012 the training for the Peer Advocacy Leadership position started. I was hired in July of 2012 and immediately set out to help as much as I could with bringing clients in to care as well as keeping them in care.

Throughout my time thus far as a PAL, I have helped usher in many clients who have either never received care, or had fallen out of the health care system. I have shared my story at events such as the National Black HIV/AIDS Awareness Day at Palm Beach State College, as well as a Smart Ride fundraising event at the FPL headquarters. I have advocated in Tallahassee for the Palm Beach County Division of the Transportation Disadvantaged, and most recently attended the 2013 United States Conference on AIDS in New Orleans, Louisiana.

I am excited to now be applying for the CARE Council of Palm Beach County. I feel that as a young African-American MSM, I will be able to represent the community well. I plan to continue my work as a PAL as well as enroll in community college to finish working on a degree. After receiving a degree, I plan on continuing to work in the health care field, particularly the HIV community. I want to continue to help people who are HIV positive, as well as educate the people who aren't HIV positive to better understand the disease and to rid of the stigmas surrounding the disease.

X 

DATE: 9/17/13



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARDS/COMMITTEES APPLICATION**

*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.*

**Section I (Department):** (Please Print)

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☐ At Large Appointment or ☐ District Appointment /District #: \_\_\_\_\_

Term of Appointment: 3 Years. From: 11/15/2013 To: ~~11/14/2016~~ 11/14/2016

Seat Requirement: State Part B Agency Seat #: 29

☐ \*Reappointment or ☒ New Appointment

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

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

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

**Section II (Applicant):** (Please Print)

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

Name: Durant Mitchell John  
Last First Middle

Occupation/Affiliation: HIV/AIDS Program Manager  
Owner ☐ Employee ☒ Officer ☐

Business Name: Florida Health, Palm Beach County

Business Address: 7289 Garden Road Suite 118A

City & State: Riviera Beach, FL Zip Code: 33404

Residence Address: 8715 Pine Cay

City & State: West Palm Beach, FL Zip Code: 33411

Home Phone: 561 795-8687 Business Phone: 561 8047917 Ext.

Cell Phone: 772 285-0573 Fax: ( )

Email Address: mittchell\_durant@doh.state.fl.us

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: ☒ Male ☐ Female  
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

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(Attach Additional Sheet(s), if necessary)

OR ☒ NONE

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☒ By watching the training program on the Web, DVD or VHS  
☒ By attending a live presentation given on August 20, 2013

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

\*Applicant's Signature: Mitchell J. Durant Printed Name: MICHAEL J DURANT Date: 9/12/13

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website [www.palmbeachcountyethics.com](http://www.palmbeachcountyethics.com) or contact us via email at [ethics@palmbeachcountyethics.com](mailto:ethics@palmbeachcountyethics.com) or (561) 233-0724.

Return this FORM to:  
Sonja Holbrook, Department of Community Services  
810 Datura Street, West Palm Beach, FL

**Section III (Commissioner, if applicable):**

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

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

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

Revised 08/01/2011

**MITCHELL J. DURANT**  
**8715 Pine Cay**  
**West Palm Beach, Florida 33411**  
**Home - (561) 795-8687**  
**Work - (561) 804-7947**

**EDUCATION:**

**PhD**, University of Wisconsin-Madison  
Educational Psychology (Life Span Development and Gerontology)  
**MASTER of Science**, University of Wisconsin-Madison  
Human Development and School Psychology  
**BACHELOR of Science**, Magna Cum Laude,  
City College of the City University of New York  
Psychology

**LICENSURE:**

Nursing Home Administrator, State of Florida, License Number: 0003160

**WORK EXPERIENCE:**

8/01 - Present

**Florida Health, Palm Beach County, Riviera Beach, Florida**  
**HIV/AIDS Program Coordinator, Public Health Services Manager F-SES**  
• Serves as the countywide Administrator for the Florida Health, Palm Beach County HIV/AIDS Program.  
• Responsible for the preparation and administration of the HIV/AIDS Program budgets.  
• Assures that all business associated with the HIV/AIDS Program and clinics is conducted in compliance with applicable state, federal, local and Health Department's policies and procedures.

10/96 - 8/01

**Council on Aging of Martin County, Inc., Stuart, Florida**  
**Director of Programs**  
• Planned and administered the managerial, operational, fiscal and reporting components of agency related programs  
• Secured allocations from various funding sources to develop and expand services  
• Developed new Request for Proposals (RFPs) for in-home and nutrition services

9/91 - 9/96

**Treasure Coast Community AIDS Network (TCCAN), Fort Pierce, Florida**  
**Executive Director**  
• Administered and executed the affairs of TCCAN, a non-profit agency, through planning and day-to-day oversight of operations  
• Secured funding opportunities (fundraising and grant writing) and maximized revenue from funding sources  
• Maintained favorable public image of TCCAN by sustaining ties with media representatives and other community organizations

6/88 - 6/91

**The Alois Alzheimer Center, Cincinnati, Ohio**  
**Nursing Home Administrator**  
• Directed the overall operations of the Center's activities to insure compliance with federal, state and local standards for nursing home operation

10/87 - 6/88

**Caracole, Inc., Cincinnati, Ohio**

Executive Director

- Administered and executed the affairs of Caracole, a non-profit agency, providing alternative housing for persons living with AIDS, through planning and day-to-day oversight of operations

7/84 - 10/87

**Eagle Creek Nursing Center, West Union, Ohio**

Nursing Home Administrator

- Directed the overall operations of the facility's activities in accordance with federal, state and local standards

9/78 - 8/81

**The Ohio State University, Columbus, Ohio**

Lecturer, Department of Psychology

- Developed and presented course curricula in the Psychology of Adolescence and the Adult Years
- Established and maintained a gerontology curriculum

**HONORS:**

- Outstanding Educator of 1979 - House of Representatives of the 113<sup>th</sup> General Assembly of Ohio
- University of Wisconsin Scholarship, Spring 1974 - University of Wisconsin-Madison
- Phi Beta Kappa, 1972 - City College of the City University of New York

**PROFESSIONAL MEMBERSHIPS:**

- American Psychological Association
- Gerontological Society of America

**FLORIDA PROFESSIONAL AFFILIATIONS:**

- Florida AIDS Drug Assistance (ADAP) Advisory Workgroup
- Florida Gay Men's HIV/AIDS Workgroup
- Florida Patient Care Planning Group (Public Health Representative)
- Palm Beach County Community Prevention Partnership (CPP)
- Palm Beach County HIV CARE Council – Planning Committee

# Palm Beach County HIV CARE Council

## Inventory of Seats

Updated 9/16/2013

Grey Shading = Federally Mandated Seat    Pastel Shading = Federally Mandated Category    **Bold = OPEN CHAIR**

Recently approved by BCC - renewal member

SEAT	PROVIDERS - SEATS 1-11	OCCUPANT	POSITION/ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
1	Health care provider, including federally qualified health centers	Rafael Abadia	PBC Health Department	11/4/13 <i>PC</i> 11/17/16	HISM
2	Community-Based Organizations serving affected populations/AIDS Service Organizations	Vicki Ann Tucci	Legal AID Society of Palm Beach County, Inc.	4/15/2016	WF
3	Community-Based Organization serving affected populations/AIDS Service Organizations	Marsharee Chronicle	Compass	8/13/2014	BF
4	Community-Based Organizations serving affected population/AIDS Service Organizations	<b>OPEN CHAIR</b>			
5	Social Service Providers, including housing and homeless service providers	<b>OPEN CHAIR</b>			
6	Social Service Providers, including housing and homeless service providers	<b>OPEN CHAIR</b>			
7	Social Service Providers, including housing and homeless services providers	Kimberly Rommel-Enright	Legal AID Society of Palm Beach County, Inc.	11/17/2016	WF
8	Social Service Providers, including housing and homeless service providers	<b>OPEN CHAIR</b>			
9	Mental Health and/or Substance Abuse Provider	<b>OPEN CHAIR</b>			
10	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	11/17/2016	BF
11	Local Public Health Agencies	Mary Piper Kannel	PBC Health Department	4/15/2016	WF

# *Palm Beach County HIV CARE Council*

## *Inventory of Seats*

SEAT	AFFECTED COMMUNITIES, INCLUDING PLWH AND HISTORICALLY UNDER-SERVED SUBPOPULATIONS AND/OR INDIVIDUALS CO-INFECTED WITH HEPATITIS B/C – SEATS 12 - 22	OCCUPANT	POSITION/ ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
12	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Mary Jane Reynolds	Community Member	4/15/2016	BF
13	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Lavan Harper	Community Member	11/17/2016	BF
14	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Glenn Krabec, PhD	Community Member	4/15/2016	WM
15	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Quinton Dames	Community Member	11/17/2016	BM
16	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Cecil Smith	Community Member	4/15/2016	BM
17	<b>Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</b>	<b>OPEN CHAIR</b>			
18	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Melissa McGee	Community Member	11/17/2016	BF
19	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Shirley Samples	Community Member	4/15/2016	BF
20	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Don Hilliard	Community Member	11/17/2016	WM
21	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Laurence Osband	Community Member	4/15/2016	WM
22	<b>Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C</b>	<b>OPEN CHAIR</b>			

# Palm Beach County HIV CARE Council

## Inventory of Seats

SEAT	NON-ELECTED COMMUNITY LEADERS – SEATS 23 - 33	OCCUPANT	POSITION/ ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
23	Non-Elected Community Leaders	OPEN CHAIR			
24	Non-Elected Community Leaders	Juny Tetevi	CommCare Pharmacy	4/15/2016	BF
25	Non-Elected Community Leaders	OPEN CHAIR			
26	Non-Elected Community Leaders	OPEN CHAIR			
27	Non-Elected Community Leaders	OPEN CHAIR			
28	State Medicaid Agency	Cindy Barnes	Medicaid	11/17/2016	WF
29	State Part B Agency	Mitchell Durant	Florida Health, Palm Beach County	11/17/2016	WM
30	Hospital Planning Agencies or other health care planning agencies	Julie Graham	HCSEF	8/13/2014	WF
31	Part D, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	Shantreirra Monroe	Families First	4/15/2016	BF
32	Other federal HIV Programs, including HIV Prevention Program	OPEN CHAIR			
33	Representative of/or formerly incarcerated People Living with HIV/AIDS	Thomas McKissack	Jerome Golden Center for Behavioral Health	4/15/2016	BM

Demographic Info Key: BF= Black Female, BM= Black Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HISF= Hispanic Female, HISM= Hispanic Male, M= Multi-Race

# **Palm Beach County HIV CARE Council**

# **Council Policy**

Policy Number: 10  
Approved: April 30, 2001  
Amended: January 26, 2004  
Amended: November 16, 2009  
Amended: November 22, 2010  
Amended: June 27, 2011  
Amended: June 25, 2012

**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 used to gather information 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 per "Procedure for Applicant Interviews". 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-one of which must be the Chair or Vice Chair and a staff member, 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.
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. The Membership Committee may also consider activities as involvement in Membership Development Sessions. 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. The candidate must document completion of the Palm Beach County ethics training prior to submission of their name to the Palm Beach County Board of County Commissioners. In the event a recommended candidate is not acceptable to the Palm Beach County Board of County Commissioners, a request for a replacement candidate, if available, 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 join one (1) committee and attend at least three (3) meetings. one (1) of which must be either a CARE Council meeting, or CARE Council sponsored training (inclusive of annual retreat) 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.**