

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

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Meeting Date: April 16, 2019

Department: Community Services
Advisory Board: Palm Beach County HIV CARE Council
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I. EXECUTIVE BRIEF

Motion and Title: **Staff recommends motion to approve:** reappointments to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council, effective, April 16, 2019:

<u>Seat No.</u>	<u>Reappointment</u>	<u>Term Expires</u>
16	Glenn Krabec	11/06/2020
19	Mary Jane Reynolds	04/15/2022
21	Cecil Smith	04/15/2022

Summary: The Palm Beach County HIV CARE Council (HIV CARE Council) nominations process is an open process with publicized criteria and legislatively defined conflict of interest standards. All members have successfully completed the HIV CARE Council's nomination process and the HIV CARE Council recommends their reappointments. The total membership shall be no more than 33 at-large members, per Resolution No. 2011-1560. The diversity count for the 22 seats that are currently filled is Caucasian: 9 (41%), African-American: 9 (41%), Hispanic-American: 3 (14%), and Asian-American: 1 (4%). The gender ratio (female: male) is 13:9. Ms. Reynolds is African- American, Mr. Krabec is Caucasian and Mr. Smith is African-American. Staff conducted targeted outreach in an effort to proffer candidates for appointments that maintain a diverse composition of the Board. (Ryan White Program) Countywide (HH)

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 and amended on January 23, 2018. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I (Part A) Planning Councils. On January 29, 2018, The HIV CARE Council approved the Membership Committee's recommendation for the restructuring of CARE Council seats to 27, while the total membership still remains at no more than 33. As vacancies occur on the HIV CARE Council, replacements are selected in accordance with the HIV CARE Council nominations process that was adopted and approved by the CARE Council on June 25, 2012.

Attachments:

1. Board/Committee Applications
2. Board Roster
3. HIV CARE Council Nominations Policy No. 10

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Recommended By: *Garcia* 3/26/19
Department Director **Date**
Legal Sufficiency: *Delene C. Shigd* 3-29-19
Assistant County Attorney **Date**

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION

The information provided on this form will be used in considering your nomination. Please COMPLETE SECTION II IN FULL. Answer "none" or "not applicable" where appropriate. Please attach a biography or résumé to this form.

Section I (Department): (Please Print)

Board Name: PBC HIV CARE Council Advisory Not Advisory
 At Large Appointment or District Appointment /District #: _____
Term of Appointment: 3 Years. From: 4/16/19 To: 4/15/22
Seat Requirement: _____ Seat #: 19
 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: 0

Section II (Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Reynolds Mary Jane
Last First Middle
Occupation/Affiliation: _____

Owner Employee Officer

Business Name: _____
Business Address: _____
City & State _____ Zip Code: _____

Residence Address: 11665 NW 11th Street
City & State Belle Glade, FL Zip Code: 33436
Home Phone: 860 985-8989 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:

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>Example: (R#XX-XX/PO XX)</u>	<u>Parks & Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)
OR

NONE

NOT APPLICABLE/
(Governmental Entity)

ETHICS TRAINING: All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment. **Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>.** Ethics training is on-going, and pursuant to PPM CW-P-79 is required before appointment, and upon reappointment.

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 on 03/12 2019
 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: Mary Lane Reynolds Printed Name: Mary Lane Reynolds Date: 3/12/19

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 or contact us via email at ethics@palmbeachcountyethics.com or (561) 355-1915.

Return this FORM to:
{Insert Liaison Name Here}, {Insert Department/Division Here}
{Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

Mary Jane Reynolds is from the Belle Glade, FL and has been a member of the Palm Beach County HIV CARE Council for approximately 23 years. She currently serves as the chair of the Community Awareness Committee and has been active in many other committees such as the Planning committee and Priorities and Allocations committee. She is determined to continue her active membership with the CARE Council and the Community Awareness Committee because she has a passion for getting out into the community and educating others, as well as navigating others through the process of receiving and staying in care. In addition to the CARE Council, she is requested on a regular basis to speak about HIV/AIDS at various local events. At these events, she always promotes the importance of the CARE Council and ways to become involved.

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

The information provided on this form will be used in considering your nomination. Please **COMPLETE SECTION II IN FULL**. Answer "none" or "not applicable" where appropriate. Please attach a biography or résumé to this form.

Section I (Department): (Please Print)

Board Name: PBC HIV/AIDS COUNCIL Advisory Not Advisory
 At Large Appointment or District Appointment /District #: _____
Term of Appointment: 3 Years. From: 4/16/19 To: 4/15/22
Seat Requirement: _____ 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: 0

Section II (Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Krabec Glenn John
Last First Middle
Occupation/Affiliation: Retired
Owner Employee Officer
Business Name: N/A
Business Address: N/A
City & State: N/A Zip Code: _____
Residence Address: 5754 River Club Cirale
City & State: Jupiter FL Zip Code: 33458
Home Phone: () Business Phone: () Ext. _____
Cell Phone: 561 222 5324 Fax: () _____
Email Address: Krabec@bellsouth.net
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>
<u>Example: (R#XX-XX/PO XX)</u>	<u>Parks & Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>

<u>None</u>	_____	_____	_____
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(Attach Additional Sheet(s), if necessary)

OR

NONE

NOT APPLICABLE/
(Governmental Entity)

ETHICS TRAINING: All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the State Guide to the Sunshine Amendment. **Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>.** Ethics training is on-going, and pursuant to PPM CW-P-79 is required before appointment, and upon reappointment.

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By watching the training program on the Web, DVD or VHS on 3/13 2019
 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: Allen J. Kraska Date: 3/13/19

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 or contact us via email at ethics@palmbeachcountyethics.com or (561) 355-1915.

Return this FORM to:
 {Insert Liaison Name Here}, {Insert Department/Division Here}
 {Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

Glenn Krabec has been a member of the CARE Council for many years. He has been a leader both in title and in CARE Council commitment. Glenn is currently the Vice-Chair of the Priorities and Allocations committee and serves on the Membership Committee. He conducts the Robert's Rules of Order trainings for all new members and serves as the expert for questions during meeting on protocol. Glenn provides constructive feedback and thoughtful input during each CARE Council meeting. He thinks through each issue and truly understands the balance between medical and support services issues. He is an asset to the council and is excited to remain engaged as a member.

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

The information provided on this form will be used in considering your nomination. Please **COMPLETE SECTION II IN FULL**. Answer "none" or "not applicable" where appropriate. Please **attach a biography or résumé to this form**.

Section I (Department): (Please Print)

Board Name: PBC HIV CARE COUNCIL Advisory Not Advisory
 At Large Appointment or District Appointment /District #: _____
 Term of Appointment: 3 Years. From: 4/16/19 To: 4/15/22
 Seat Requirement: _____ Seat #: 21
 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: Smith Cecil
Last First Middle
 Occupation/Affiliation: Not Applicable
 Owner Employee Officer

Business Name: _____
Business Address: _____
 City & State _____ Zip Code: _____

Residence Address: 1500 N. Congress Ave. A-305
 City & State West Palm Beach, FL Zip Code: 33401
 Home Phone: () 561 460 4102 Business Phone: () Ext. _____
 Cell Phone: () 561 712 9594 Fax: ()
 Email Address: Cecil Smith 1500 yahoo.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.

Not Applicable

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
<u>Example: (R#XX-XX/PO XX)</u>	<u>Parks & Recreation</u>	<u>General Maintenance</u>	<u>10/01/00-09/30/2100</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)
OR

NONE



NOT APPLICABLE/
(Governmental Entity)



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By watching the training program on the Web, DVD or VHS on 3/15 20 19
 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: *Cecil Smith* Printed Name: Cecil Smith Date: 3/15/19.

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 or contact us via email at ethics@palmbeachcountyethics.com or (561) 355-1915.

Return this FORM to:
 {Insert Liaison Name Here}, {Insert Department/Division Here}
 {Insert Address Here}

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

I, Cecil Smith, have been a member of the Palm Beach County HIV CARE Council for over 13 years. I have enjoyed being a part of an organization that is important to the lives of HIV-positive men, women, and children. I have been a member of various committees such as planning, community awareness, and joint medical and support services. Being a member, I am in a position to help make decisions related to Ryan White programs. I want to always volunteer and help others. Hopefully, I am a PWLHA that will make a difference and have an impact in the HIV community. I am an advocate for people living with HIV and would like to continue to make a difference.

Palm Beach County HIV CARE Council BOARD ROSTER

Updated 02/28/2019

CC By Laws Page 6 Article III - SECTION 7: The CARE Council member term of office shall be three years. There shall be a limit of three (3) Consecutive three-year terms that a member can serve. This provision is effective as of March 1, 2013, and applies to any member who is appointed or reappointed subsequent to that date.

<u>SEAT</u>	<u>OCCUPANT</u>	<u>PROVIDERS SEATS 1-7</u>	<u>ORGANIZATION</u>	<u>ORIGINAL APPOINT DATE</u>	<u>RE- APPOINT DATE</u>	<u>CURRENT TERM EXPIRES</u>	<u>TERM LEFT AFTER CURRENT TERM EXPIRES</u>	<u>DEMOGRA PHIC INFO.</u>
1	Lilia Perez	Health care provider, including federally qualified health centers	FoundCare, Inc.	11/08/2014	11/07/2017	11/06/2020	1	HISF
2	Kristen Harrington	Community-Based Organizations serving affected populations/AIDS Service Organizations	AIDS Healthcare Foundation	08/15/2017		10/06/2020	2	WF
3	Olga Sierra	Community-Based Organization serving affected populations/AIDS Service Organizations	Vita Nova, Inc.	02/07/2017		07/21/2020	2	HISF
4	Kimberly Rommel-Enright	Social Service Providers, including housing and homeless service providers	Legal AID Society of Palm Beach County, Inc.	01/09/2001	11/15/2016	11/14/2019	1	WF
5	Kristina Rowe	Social Service Providers, including housing and homeless service providers	Legal AID Society of Palm Beach County, Inc.	10/16/2018		10/15/2021	2	WF
6	Kathleen Belizaire	Substance Abuse and/or Mental Health Providers	PBC Substance Abuse Coalition	10/16/2018		10/15/2021	2	HAIF
7	OPEN CHAIR	Local Public Health Agencies	PBC Health Department	05/15/2001	04/16/2016	4/15/2019	1	WF

Palm Beach County HIV CARE Council

BOARD ROSTER

<u>SEAT</u>	<u>OCCUPANT</u>	<u>NON-ELECTED COMMUNITY LEADERS - SEATS 8-18</u>	<u>ORGANIZATION</u>	<u>ORIGINAL APPOINT DATE</u>	<u>RE- APPOINT DATE</u>	<u>CURRENT TERM EXPIRES</u>	<u>TERM LEFT AFTER CURRENT TERM EXPIRES</u>	<u>DEMOGRA PHIC INFO.</u>
8	OPEN CHAIR	State Medicaid Agency						
9	Robert Scott	Local Public Health Agencies	Florida Department of Health	12/05/2017		12/4/2020	2	WM
10	Ashnika Ali	Hospital Planning Agencies or other health care planning agencies	Health Council of South East Florida	10/02/2018		10/01/2021	2	APIF
11	Keisha Jackson	Part D, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	TOPWA	08/14/2018		08/13/2021	2	BF
12	OPEN CHAIR	Other federal HIV Programs: HIV Prevention Program						
13	Mark White	Other federal HIV Programs: HOPWA	City of West Palm Beach	05/17/2016		05/16/2019	2	WM
14	Quinton Dames	Other federal HIV Programs: Other	FoundCare (SAMHSA Grant)	09/22/2015	10/02/2018	10/01//2021	1	BM
15	OPEN CHAIR	Representative of/or formerly incarcerated People Living with HIV/AIDS						
16	Matthew Tochtenhagen	Non-Elected Community Leader	VIIV Pharmacy	3/12/2019		3/11/2022	3	WM
17	Chris Dowden	Non-Elected Community Leader	Walgreens Pharmacy	02/22/2015	10/02/2018	09/21/2021	1	WM
18	Thomas McKissack	Non-Elected Community Leader	Ret. Jerome Golden	03/22/2016		11/14/19	2	BM

Commented [NM1]: Ellen Perry interview schedule on March 5th 2019

Commented [NM2]: Lysette Perez interview scheduled on March 5th 2019

Commented [NM3]: Will submit for the term renewal to Michelle by March 1st 2019

Commented [NM4]: Whitney Davis from Lords place schedule an interview for March 5th 2019

Palm Beach County HIV CARE Council

BOARD ROSTER

<u>SEAT</u>	<u>OCCUPANT</u>	<u>AFFECTED COMMUNITIES, INCLUDING PLWH AND HISTORICALLY UNDER-SERVED SUBPOPULATIONS AND/OR INDIVIDUALS CO-INFECTED WITH HEPATITIS B/C – SEATS 19-27</u>	<u>POSITION/ ORGANIZATION</u>	<u>ORIGINAL APPOINT DATE</u>	<u>RE-APPOINT DATE</u>	<u>CURRENT TERM EXPIRES</u>	<u>TERM LEFT AFTER CURRENT TERM EXPIRES</u>	<u>DEMOGRAPHIC INFO.</u>
19	Mary Jane Reynolds	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	09/26/2000	04/16/2016	4/15/2019	1	BF
20	Glenn Krabec	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	01/13/2004	04/16/2016	04/15/2019	1	WM
21	Cecil Smith	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	01/08/2000	04/16/2018	04/15/2019	1	BM
22	Dale Smith	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	07/10/2018		07/9/2021	2	BM
23	Shirley Samples	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	10/02/2001	04/16/2016	04/15/2019	1	BF
24	Vicki Rossy Woodley	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	10/16/2018		10/15/2021	2	HISF
25	Felisha Douglas Bowman	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Community Member	03/12/2019		03/11/2022	3	BF
26	OPEN CHAIR (Prospective member in process)	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C						
27	OPEN CHAIR Prospective member in process)	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C						

Commented [NM5]: Will submit for the term renewal to Michelle by March 1st 2019

Commented [NM6]: Will submit for the term renewal to Michelle by March 1st 2019

Commented [NM7]: Will submit for the term renewal to Michelle by March 1st 2019

Commented [NM8]: Will submit for the term renewal to Michelle by March 1st 2019

Commented [NM9]:
Latonia Cox submit an application and waiting to see more commitment before schedule an interview.

Commented [NM10]:
David E Shamer interview scheduled for March 5th 2019

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, APIF= Asian Pacific Islander Female

Palm Beach County HIV CARE Council

CARE Council Policy

Policy Number: **10**
Amended: **June 25, 2018**

Issue: **Nominations Process for CARE Council Membership**

This policy is adopted by the CARE Council (CARE Council), for the purpose of ensuring there is an open and fair nomination 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 nomination policy which complies with directives of the Division of HIV Services (DHS) and 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 CARE Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing CARE Council committees and through ongoing solicitation through existing CARE 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 CARE Council membership. Recruitment is not just the Membership Committee's responsibility. CARE 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.
2. Potential applicants shall be invited to attend membership orientation offered quarterly and provided a nominations packet containing a letter describing roles and responsibilities of the CARE 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 person's interest in serving, the perspective he or she might bring to the CARE Council, how his or her peer group might relate to groups affected by HIV, and other related information.
3. 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 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 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.

- A. Candidates must fulfill the following requirements prior to being forwarded for CARE Council Membership. Candidates must join one (1) committee and attend a CARE Council meeting or CARE Council sponsored training inclusive of annual retreat.
- B. 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.