

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY

Meeting Date: December 20, 2022

Department:
Submitted by: Community Services
Advisory Board: Palm Beach County HIV CARE Council

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: the reappointment of one (1) current member to the Palm Beach County HIV Comprehensive AIDS Resources Emergency Council, effective December 20, 2022:

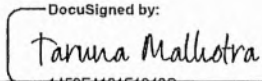
<u>Seat No.</u>	<u>Reappointment</u>	<u>Recommended By</u>	<u>Term Expires</u>
18	Thomas E. McKissack	HIV CARE Council	12/19/2025

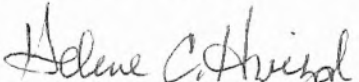
Summary: The Palm Beach County HIV CARE Council (HIV CARE Council) nomination process is an open process with publicized criteria and legislatively defined conflict of interest standards. Per Resolution No. R2018-0015, the total membership for the HIV CARE Council shall be no more than 33 at-large members. All nominees have completed the HIV CARE Council’s nomination process and the HIV CARE Council recommends the appointments. The diversity count for the 25 seats that are currently filled is African-American: 10 (40%), Caucasian: 7 (28%), Hispanic-American: 7 (28%) and Asian-American: 1 (4%). The gender ratio (female: male) is 14:11. Mr. McKissack is African-American. Staff conducts 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. R2011-1560 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. 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 HIV CARE Council on June 25, 2012.

Attachments:

- Boards/Committees Applications
- HIV CARE Council Nominations Policy No. 10

Recommended By:  11/30/2022
DocuSigned by: Taruna Malhotra
 Department Director Date

Legal Sufficiency:  12-2-22
 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: Palm Beach County HIVCARE COUNCIL Advisory Not Advisory

At Large Appointment or District Appointment /District #: _____

Term of Appointment: 3 Years. From: 12/20/2022 To: 12/19/2025

Seat Requirement: _____ Seat #: _____

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: Mckissack Thomas Edward
Last First Middle

Occupation/Affiliation: _____

Owner Employee Officer

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1045 35th Street

City & State West Palm Beach, FL Zip Code: 33407

Home Phone: (91) 840-9594 Business Phone: () Ext. _____

Cell Phone: (561) 225-6660 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>
Example: (R#XX-XX/PO XX)	Parks & Recreation	General Maintenance	10/01/00-09/30/2100
_____	_____	_____	_____
_____	_____	_____	_____
(Attach Additional Sheet(s), if necessary) OR			
NONE	<input type="checkbox"/>	NOT APPLICABLE/ (Governmental Entity)	<input type="checkbox"/>

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 10/28 2022
 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: Thomas McKissack Printed Name: Thomas McKissack Date: 10/28/22

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: _____



**ACKNOWLEDGEMENT OF RECEIPT
PALM BEACH COUNTY
CODE OF ETHICS TRAINING**

Legal Name: Thomas E. McKeisack (Please print clearly)

Employee Identification Number: _____

Department/Board: PBC HIV CARE COUNCIL

By signing this acknowledgement, I am attesting that I have done the following:

Read the Palm Beach County Code of Ethics Ordinance. (Click to open)

AND

Have completed additional training by viewing one of the following:

The Code of Ethics Training Program on the Intranet/Internet. (Click to view)

The Code of Ethics Training Program on YouTube. (Click to view)

The Code of Ethics Training Program on DVD.

A live presentation given on the following date _____.

I understand that I am responsible for understanding and abiding by the Palm Beach County Code of Ethics as I conduct my assigned duties during my term of employment. I also understand that the information in this policy is subject to change. Policy changes will be communicated to me by my supervisor or through official notices.

Thomas McKeisack
(Legal Signature)

10/28/2022
(Date)

[Redacted Signature]

[Redacted Signature]

Advisory Board Members: *Submit signed forms to Appropriate Advisory Board Representative*

**PLEASE SUBMIT THIS FORM TO APROPRIATE PARTY AS HIGHLIGHTED ABOVE
PLEASE DO NOT SUBMIT THIS FORM TO THE COMMISSION ON ETHICS**

300 North Dixie Highway, Suite 450, West Palm Beach, FL 33401
PHONE: 561.355-1915 FAX: 561.355-1904
Hotline: 877.766.5920 Website: www.palmbeachcountyethics.com
Rev. 08/2014

Thomas Edward Mckissack
1045 35th Street West Palm Beach, Florida
tussyme@acninc.net

Work Status _____ Retired (1987- 2016) – Jerome Golden Center

Education _____ Atlanta University of Social worker (1982-1984)

Palm Beach County HIV CARE Council

CARE Council Policy

Policy Number: **10**
Amended: **June 24, 2019**

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 timelimit 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". 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 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 CARE Council.

Approved 04/30/01; Amended 01/26/04, 11/16/09, 11/22/10, 06/27/11, 06/25/12, 06/25/18.