

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

Meeting Date: August 15, 2006

Department: Community Services

Advisory Board: Palm Beach County HIV CARE Council

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Reappointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of two (2) years, effective August 15, 2006.

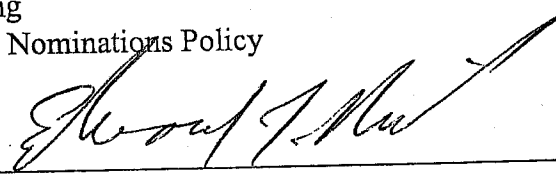
| <u>Seat No.</u> | <u>Reappointment</u> | <u>Seat Requirement</u> |
|-----------------|----------------------|--|
| 13 | Thomas McKissack | Mental Health Agency |
| 15 | Mary Piper Kannel | Local Public Health Agency |
| 18 | Glenn Krabec | Affected Community |
| 27 | Lawrence Osband | Affected Community |
| 40 | Kymberly Lucas | State Title II Agency |
| 41 | Michael Greene | Health Care Planning Agency |
| 42 | Marcia Bodden | Agency representing HIV needs of children, youth, and families |

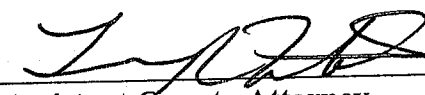
Summary: The Palm Beach County HIV CARE Council Bylaws state that total membership shall be no more than 45 and no less than 21 members. Founding members were appointed for one (1) and two (2), year terms with subsequent terms of two years. The HIV CARE Council Nominations Process is an open process with publicized criteria and legislatively defined conflict of interest standards. The seven reappointments successfully completed the HIV CARE Council Nominations process, and the HIV CARE Council has recommended their reappointment. 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 of the Ryan White Care Act that Palm Beach County designate a Title I HIV Services Planning Council. To that end, the Board established the Palm Beach County HIV CARE Council, Per Resolution No. R-93-1182, dated September 21, 1993, as amended by Resolution No. R-97-1067. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I 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 September 2, 1997.

Attachments:

1. Board Appointment information forms (7)
2. Current Board Listing
3. HIV CARE Council Nominations Policy

Recommended by:  7-19-2006
 Department Director Date

Legal Sufficiency:  7-31-06
 Assistant County Attorney Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

REVISED 06/92

ADM FORM 03

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District [] Appointment

Seat requirements: Community Based Organization Seat#15

*Reappointment [X] or New Appointment []

or [] to complete the term of
due to

Term of appointment to end 10/21/07

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

Name: Mary Piper Kannel

Occupation/Affiliation: Quality Assurance/Hospital Coordinator

Mailing Address:

Residence Address:

City & State: Zip Code:

Business Name: Palm Beach County Health Department

Business Address: 1150 45th Street

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

Home Phone: Business Phone: 514-5300

Minority Identification Code: (Underline one)

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

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 15, 2006

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

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large or District Appointment

Seat requirements: Community Based Organization Seat#13

*Reappointment or New Appointment

or to complete the term of

due to

Term of appointment to end 1/13/08

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

Name: Thomas McKissack

Occupation/Affiliation: Oakwood Center

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Oakwood Center

Business Address: 1041 45th Street

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 383-8000

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

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Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District [] Appointment

Seat requirements: Community Based Organization Seat#18

*Reappointment [X] or New Appointment []

or [] to complete the term of
due to

Term of appointment to end 1/13/08

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

Name: Glenn Krabec

Occupation/Affiliation:

Mailing Address: 5754 River Club Circle

Residence Address: same as above

City & State: Jupiter, FL

Zip Code: 33458

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

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

Part Three: COMMISSIONER COMMENTS

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Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District [] Appointment

Seat requirements: Community Based Organization Seat#27

*Reappointment [X] or New Appointment []

or [] to complete the term of

due to

Term of appointment to end 5/04/08

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

Name: Lawrence Osband

Occupation/Affiliation:

Mailing Address: 500 Nathan Hale Road #4

Residence Address: same as above

City & State: West Palm Beach, FL

Zip Code: 33305

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

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

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 15, 2006

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Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District [] Appointment

Seat requirements: Community Based Organization Seat#40

*Reappointment [X] or New Appointment []

or [] to complete the term of

due to

Term of appointment to end 5/04/08

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

Name: Kymerly Lucus

Occupation/Affiliation: Treasure Coast Health Council

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Treasure Coast Health Council

Business Address: 4152 West Blue Heron Boulevard Suite 228

City & State: Riviera Beach, FL

Zip Code: 33404

Home Phone:

Business Phone: 844-4430

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 15, 2006

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

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large or District Appointment

Seat requirements: Community Based Organization Seat#42

*Reappointment or New Appointment

or to complete the term of

due to

Term of appointment to end 10/21/07

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

Name: Marcia Bodden

Occupation/Affiliation: Children Medical Services

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Children Medical Services

Business Address: 1551 Forum Place

City & State: West Palm Beach, FL

Zip Code: 33401

Home Phone:

Business Phone: 881-5040

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 15, 2006

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

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT

INFORMATION FORM

Part one: BOARD

Board Name: Palm Beach County HIV CARE Council

At Large [] or District [] Appointment

Seat requirements: Community Based Organization Seat#41

*Reappointment [X] or New Appointment []

or [] to complete the term of

due to

Term of appointment to end 10/21/07

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

Name: Michael Greene

Occupation/Affiliation: Palm Beach County Health Care District

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Palm Beach County Health Care District

Business Address: 324 Datura Street Suite 401

City & State: West Palm Beach, FL

Zip Code: 33401

Home Phone:

Business Phone: 659-1270

Minority Identification Code: (Underline one)

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

Part Three: COMMISSIONER COMMENTS

Appointment to be made at BCC Meeting on: August 15, 2006

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

Number of previously disclosed voting conflicts.

Signature: _____

Date: _____

**Palm Beach County
HIV CARE Council**

Inventory of Seats

June 15, 2006

Bold = In Process

Bold + Italicized = Approved by Council and Sent to Board of County Commissioners for Approval

AAF= African American Female, AAM= African American Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HISF= Hispanic Female, HISM= Hispanic Male

| Seat | Description | Occupant | Position/Organization | Term Expires | Demographic Info. |
|------|--|-------------------------|--|--------------|-------------------|
| 1 | Health care provider, including federally qualified health centers | OPEN CHAIR | | | |
| 2 | CB O's serving affected populations/ASOs | OPEN CHAIR | | 9/13/07 | |
| 3 | CBO's serving affected populations/ASOs | Chris Lacharite | Compass | 9/13/07 | WM |
| 5 | CBO's serving affected populations/ASOs | OPEN CHAIR | | 9/14/06 | |
| 7 | Social Service Providers, including housing and homeless service providers | Rose Joseph | Comprehensive AIDS Program | 9/14/06 | HAIF |
| 8 | Social Service Providers, including housing and homeless service providers | David J. Begley | Legal Aid Society of Palm Beach County, Inc. | 9/13/07 | WM |
| 9 | Social Service Providers, including housing and homeless service providers | Kimberly Rommel-Enright | Legal Aid Society of Palm Beach County, Inc. | 9/13/07 | WF |
| 12 | Social Service Providers, including housing and homeless service providers | OPEN CHAIR | | | |
| 13 | Mental Health and/or Substance Abuse Providers | Thomas McKissack | Oakwood Center | 1/13/06 | AAM |
| 14 | Substance Abuse and/or Mental Health Providers | Rosalyn Collins | Gratitude Guild | 3/15/07 | AAF |
| 15 | Local Public Health Agencies | Mary Piper Kannel | Palm Beach County Health Department | 10/21/05 | WF |
| 16 | Affected Communities, including PLWH and historically underserved subpopulations | Mary Jane Reynolds | | 9/13/07 | AAF |
| 17 | Affected Communities, including PLWH and historically underserved subpopulations | OPEN CHAIR | | 3/15/07 | |
| 18 | Affected Communities, including PLWH and historically underserved subpopulations | Glenn Krabec, PhD | | 1/13/06 | WM |
| 19 | Affected Communities, including PLWH and historically underserved subpopulations | Lorenza Jackson | | 3/15/07 | AAM |
| 22 | Affected Communities, including PLWH and historically underserved subpopulations | Cecil Smith | | 9/13/06 | AAM |

| Seat | Description | Occupant | Position/Organization | Term Expires | Demographic Info. |
|------|---|---------------------|--|--------------|-------------------|
| 23 | Affected Communities, including PLWH and historically underserved subpopulations | | | | |
| 24 | Affected Communities, including PLWH and historically underserved subpopulations | Kimberly McCall | Circle Of Hope | 9/13/07 | AAF |
| 25 | Affected Communities, including PLWH and historically underserved subpopulations | Shirley Samples | | 9/14/06 | AAF |
| 26 | Affected Communities, including PLWH and historically underserved subpopulations | OPEN CHAIR | | | |
| 27 | Affected Communities, including PLWH and historically underserved subpopulations | Laurence Osband | | 5/04/06 | WM |
| 28 | Affected Communities, including PLWH and historically underserved subpopulations | OPEN CHAIR | | | |
| 31 | Non-Elected Community Leaders | OPEN CHAIR | | | |
| 32 | Non-Elected Community Leaders | Kathy Wall | Targeted Outreach for Pregnant Women with AIDS (TOPWA). Children's Case Management Org. (CCMO) | 9/13/07 | WF |
| 35 | Non-Elected Community Leaders | Charlene Kay Bowman | Treasure the Children | 9/13/07 | WF |
| 37 | Non-Elected Community Leader | OPEN CHAIR | | | |
| 38 | Hospital Planning Agencies or other health care planning agencies | OPEN CHAIR | | | |
| 39 | State Medicaid Agency | William Albury | Program Administrator, FL Medicaid Program | 9/14/06 | AAM |
| 40 | State Title II Agency | Kymberly Lucas | Contract Administrator, Treasure Coast Health Council | 5/04/06 | WF |
| 41 | Hospital Planning Agencies or other health care planning agencies | Michael Greene | Palm Beach County Health Care District | 10/21/05 | AAM |
| 42 | Title IV, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV | Marcia Bodden | Children's Medical Services | 10/21/05 | AAF |
| 44 | Other Federal HIV Programs, including HIV Prevention programs | Inez Williams | United Deliverance Community Resource Center | 10/21/06 | AAF |
| 45 | Representative of/or formerly incarcerated PLWH | OPEN CHAIR | | | |

The Palm Beach County

HIV CARE Council

Policy

Nominations Process

**Palm Beach County
HIV CARE Council**

Policy

Nominations Process

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of insuring 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, Health Resources Services Administration (DHS) (HRSA) as those directives relate to the Ryan White CARE Act Amendments of 1996.

I. Legislative Background

Section 2602(b) of the reauthorized CARE Act states: "Nominations to the planning council (CARE Council) shall be identified through an open process and candidates shall be selected based upon locally delineated and published criteria. Such criteria shall include a conflict of interest standard for each nominee."

II. Expectations

An open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, shall result in broad and diverse community inclusion and culturally competent deliberations in CARE Council processes. The CARE Council will only approve and/or appoint members who have gone through the nominations process and shall appoint members on a timely basis to insure 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, staff working with consumers of HIV/AIDS services. Special attention shall be given to certain populations such as (but not limited to) the homeless, substance abusers, dually infected, and those otherwise disenfranchised.

It shall be the responsibility of every member of the CARE Council to actively recruit members to fill gaps in Council membership, 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. General Criteria

The CARE Council shall:

Appoint a Membership Committee comprising regular members and a committee chair. Regular committee members shall reflect the composition of the CARE Council in that there shall be two members from each of the three membership categories, (Affected Community, Providers, Non-Elected Community Leaders); plus one representative from each of the funding sources the Council advises (i.e. Title I grantee, Title II lead agency, HOPWA, and AIDS Network). Members appointed to this committee shall be ratified by the full membership of the CARE Council and shall be as diverse as possible, with consideration being given to representation of a reflective mix of men, women, and people of color.

The Membership Committee shall:

- Identify gaps in membership related to demographic composition of the epidemic in Palm Beach County, and other needs identified by the CARE Council.
- Develop and maintain a standard information document outlining the purpose of the CARE Council, its mandated responsibilities, and vision.
- Develop and maintain a standard application for council membership which includes a conflict of interest statement to be executed with the initial application.
- Develop and maintain a specific list of steps in the application process, and include such steps and approximate time line in the application documentation provided to potential applicants.
- Use a variety of recruitment and outreach strategies including paid advertising, advertising in local HIV/AIDS publications, HIV/AIDS Services Provider publications, Palm Beach County public access stations, press releases, flyers, neighborhood and ethnic publications including Gay and Lesbian media.
- Publish an easy to understand brochure outlining the membership process.

Steps in the nominations process:

1. Advertising is placed in various publications countywide notifying the public of the

need for participation through membership on the CARE Council. Included in the advertising shall be notification of the need to fill membership positions based upon reflectiveness of the epidemic in Palm Beach County, and to insure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.

2. Potential applicants shall be mailed a nominations packet containing a letter describing rolls and responsibilities of the council, duties of membership, time expectations, gaps in representations, conflict of interest standards, HIV disclosure requirements, and an overview of the selection process and timeline; within three (3) business days of request. There shall also be an application form using open-ended questions to ask about relevant experience, expertise, skills, the persons interest in serving, the perspective he or she might bring to the CARE Council; how his or her peer group might relate to groups affected by HIV, and other related information.
3. Completed forms are returned and randomly assigned to at least two committee members for review, using a candidate profile summary sheet that allows each candidate to be assessed based on pre-determined selection criteria. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. After all application forms are reviewed, the Membership Committee shall meet to review each application, and recommend a list of persons for interviewing. The committee will interview at least two applicants for each slot. Interviews shall be conducted by at least two committee members according to a structured interview format. Open ended questions about past experience on boards, approach to controversial decision-making processes, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview.
5. After the interviews are complete, the Membership Committee meets again. The results of each interview are discussed and nominees are agreed upon. The final recommendations are forwarded to the CEO (Palm Beach County Board of County Commissioners) for appointment. In the event a recommended candidate is not acceptable to the CEO, a request for a replacement candidate will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the CEO for appointment.