Greater Hampton Roads HIV Health Services Planning Council

Application for Membership

About the planning council:

The Norfolk TGA (Transitional Grant Area) Ryan White Part A Planning Council is a federally mandated community group of dedicated volunteers appointed by the Mayor of the City of Norfolk, Virginia to plan the organization and delivery of Ryan White Part A HIV/AIDS services. Part A funds go to Eligible Metropolitan Areas (EMA) and TGAs that have been hit hardest by the HIV/AIDS epidemic. Part A funds are used to meet the health service needs of people living with HIV/AIDS that are not met by any other health care programs.

The Greater Hampton Roads area has been designated a TGA because it has less than 2000 cumulative AIDS cases reported during the past five years and less than 3000 cumulative living cases of AIDS. The Norfolk TGA includes the following jurisdictions: Norfolk, Chesapeake, Portsmouth, Suffolk, Virginia Beach, Hampton, Newport News, Poquoson, Williamsburg and the counties of Isle of Wight, James City, Gloucester, Mathews, and York in Virginia and Currituck County, North Carolina.

The Planning Council is comprised of twenty-three (23) members who serve a 2 year term with the ability to be considered for two additional terms. The Council is to be representative of race, ethnicity, culture, gender, geography, consumer and care service categories. Members are selected for their expertise, knowledge, ability, and willingness to view the entire HIV/AIDS system and its unique characteristics and should be reflective of the epidemic in the Greater Hampton Roads region.

The goal of the Norfolk Area Ryan White Part A Planning Council is to create a seamless continuum of care that addresses the unmet needs of the infected and affected populations of the area. The Planning Council accomplishes this goal by determining the demographics of the HIV/AIDS population in the region, conducting needs assessment of those in need of the services to ascertain what their basic needs are, barriers to care and unmet needs, then prioritizing those needs and allocating the funds for services to meet those needs. The Norfolk TGA includes the following jurisdictions; Norfolk, Chesapeake, Portsmouth, Suffolk, Virginia Beach, Hampton, Newport News, Poquoson, Williamsburg, and the counties of Isle of Wight, James City, Gloucester, Mathews, and York and Currituck County North Carolina.

The Planning Council is comprised of various share holders in the community who directly or indirectly interact with the HIV/AIDS community and who have vested interest to ensure that the best possible services are provided to ensure a positive healthy outcome for those served. One of the most important components of the Planning Council membership and the reason why this program has been so successful over the years, is the mandated requirement that one-third (33%) of the Planning Council members be consumers of services provided by the TGA. The involvement of the community is vital in ensuring that the funds are indeed being expended to their maximum benefit.

Once an individual is appointed to the Planning Council he/she is expected to attend the monthly meetings, the annual planning session and other training and required meetings which are conducted to ensure the business of the Council is accomplished. As well, each member is expected to serve on one of the standing committees of the Planning Council which meet approximately once a month. These committees include:

Executive Committee - sets the Council agenda, ensures orderly and integrated work of Council committees. It is comprised of the Planning Council Officers and the Chairs of each standing committee.

Membership and Nominations Committee-responsible for development and implementation of plan to recruit Council members, screens and interviews nominees for membership, makes recommendations to Mayor for Council membership., and coordinates trainings needed to ensure the members are able to competently perform the duties expected of them.

Needs Assessment and Comprehensive Planning - responsible for development and implementation of assessment and evaluation activities to ascertain the demographics of the region and help determine the needs, unmet needs, and barriers to care experienced by the community.

Priority Setting & Resource Allocations Committee- develop plans for priorities and resource allocation based on the needs as determined by the data collected from the various resources available to the Planning Council and then monitor the spending of funds to ensure the determined services required to meet those needs are being spent in a fiscally sound manner.

Community Access Committee - responsible for ensuring consumer involvement on each committee and the entire Council, and coordinates informational and educational sessions for the public concerning HIV services available in the TGA.

Care Strategies Committee – responsible for developing, implementing and maintaining standards of care for all Ryan White Part A funded services and those providers delivering the services.

Bylaws, Policies and Procedures Committee – responsible for developing, implementing and maintaining all bylaw, policy and procedures of the Planning Council to ensure it meets all mandated requirements and that the Council functions in an orderly and professional manner.

The Application Process:

Please complete the following application (pages 4-9) and be sure to sign the Statement of Commitment on page 9. Return the completed form to:

The Greater Hampton Roads HIV Health Services Planning Council
Attn: Planning Council Support Staff
741 Monticello Avenue, Room 201
Norfolk, VA 23510

Once your application is received, your application will be reviewed to ensure it is complete. You will be contacted to confirm that we have received it. The Membership Committee reviews all applications and potential applicants with a completed application will be scheduled for a brief interview. The Membership Committee will recommend those qualified candidates to the Executive Board for membership on a standing committee. The Executive Committee will then forward its recommendation to the full Planning Council for consideration. As vacancies arise on the Planning Council, those individuals who have demonstrated their willingness to meet the requirements of standing committee membership and present the necessary skills, knowledge and understanding of the importance of their role on the Planning Council will be recommend for full membership on the Council and their name will be submitted to the Mayor for consideration for appointment on the Council.

Those individuals appointed by the Mayor of the City of Norfolk, Virginia to the Planning Council will have full membership and voting rights as soon as they have completed the required New Member Orientation. All standing committee members have full voting privileges at the committee level but are not able to hold the position of Chair of a standing committee. All standing committee members are encouraged to attend all meetings of the Planning Council to increase their understanding of the work the Planning Council does and how it operates.

If you are not considered for a position on the Planning Council or a standing committee, your application will be kept on file for six months. If you have any questions or need more information please contact Ryan White Planning Council Support Staff at: 757-823-4409 Fax: 757-664-6018.

Greater Hampton Roads HIV Health Services Planning Council

Application for Membership

Statement of Confidentiality

To the greatest extent possible, all information that is provided in this application ***will be kept confidential****. It will be viewed by the Grantee, Ryan White Program Staff, Membership Committee, and the Planning Council as needed during the nomination/selection process.*

Directions: Please read this packet carefully and complete all information clearly typed or written in black or blue ink . Please return the completed application and signed Statement of Commitment to:

The Greater Hampton Roads HIV Health Services Planning Council
Attn: Fred Casey / Teresa Malilwe
741 Monticello Avenue, Room 201
Norfolk, VA 23510
Phone : 757-823-4410 Fax: 757-664-6018

Contact Information (please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Email: _____

Home Phone: ( ) _____ Work Phone ( )_____

Cell Phone: ( ) _____ Fax: ( ) _____

Please note with a (*) which number is best to reach you between 8am- 5pm Monday – Friday

Birthday (month/day only): _____/_____

May we add you to our mailing list? Yes _____ No _____

Employer: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Information

The Council must report certain information about the makeup of the membership. Please check all that apply to you and for which you self identify.

Gender:
- ☐ Female
- ☐ Male
- ☐ Transgender

Race:
- ☐ White, not Hispanic
- ☐ Black, not Hispanic
- ☐ Hispanic
- ☐ Asian/ Pacific Islander
- ☐ American Indian
- ☐ Alaska Native
- ☐ Multi-racial
- ☐ Other: _____

Additional Information (Please check all that apply):
- ☐ Person who is HIV+ or
- ☐ Living with AIDS
- ☐ Man Who Has Sex with Men
- ☐ Recovering Substance Abuser/User
- ☐ Parent/guardian of HIV infected child(ren)
- ☐ Formerly incarcerated and released within the past three years

Do you speak English? ☐ Yes ☐ No ☐ Some

Do you speak Spanish? ☐ Yes ☐ No ☐ Some

Do you speak any other languages? ☐ Yes ☐ No

If yes, what other language(s) do you speak? _____

Have you been the recipient of Ryan White Part A services within the past 6 months?

☐ **YES**, I have received Ryan White Part A Services from the following providers *(check all that apply):*
☐ **NO,** I do not receive Ryan White Part A Services.
☐ **I DO NOT KNOW** if I receive Ryan White Part A Services.

☐ Bayview Plaza Pharmacy, Inc.

☐ AIDS Care Center for Education and Support Services (ACCESS)

☐ Center for the Comprehensive Care of Immune Deficiency (C3ID-EVMS)

☐ Community Psychological Resources

☐ Hampton, Newport News Community Services Board

☐ Health and Home Support Services, Inc.

☐ International Black Women's Congress (IBWC)

☐ Norfolk Community Health Center

☐ Norfolk Community Services Board

☐ Norfolk Department of Public Health

☐ Peninsula Institute for Community Health (PICH)

☐ Portsmouth Community Health Center (Healthy Smiles)

☐ Tidewater AIDS Crisis Taskforce (TACT)

☐ Urban League of Hampton Roads

☐ Virginia Beach Department of Health

☐ Williamsburg AIDS Network

Are you currently an **EMPLOYEE, BOARD MEMBER or PAID CONSULTANT** at any of the Ryan White funded providers listed below? ☐ Yes ☐ No

If YES, then please state the relationship or capacity in which you are affiliated with the organization below:

☐ Bayview Plaza Pharmacy, Inc.

_____

☐ AIDS Care Center for Education and Support Services (ACCESS)

_____

☐ Center for the Comprehensive Care of Immune Deficiency (C3ID-EVMS)

_____

☐ Community Psychological Resources

_____

☐ Hampton, Newport News Community Services Board

_____

☐ Health and Home Support Services, Inc.

_____

☐ International Black Women's Congress (IBWC)

_____

☐ Norfolk Community Health Center

_____

☐ Norfolk Community Services Board

_____

☐ Norfolk Department of Public Health

_____

☐ Peninsula Institute for Community Health (PICH)

_____

☐ Portsmouth Community Health Center (Healthy Smiles)

_____

☐ Tidewater AIDS Crisis Taskforce (TACT)

_____

☐ Urban League of Hampton Roads

_____

☐ Virginia Beach Department of Health

_____

☐ Williamsburg AIDS Network

_____

☐ Other: _____

Is there any special assistance/accommodation (such as transportation, child care, translation, wheelchair accessibility, etc.) that we might provide that would help you to fully participate in the activities of the Planning Council?

☐ **No** ☐ **Yes**. I need assistance with:

_____
_____
_____
_____
_____

Special Skills/ Abilities:

_____
_____
_____
_____
_____
_____

Please explain why you would like to become a member of the Planning Council:

_____
_____
_____
_____
_____

Please describe any work and/or volunteer experiences you have had in HIV/AIDS service provision and/or advocacy.

_____
_____
_____
_____
_____

Please explain how your background and past experiences would be useful in planning for a system of care for people living with HIV/AIDS.

_____
_____
_____
_____
_____
_____
_____

The Planning Council by mandate of the Ryan White Act HIV/AIDS Treatment Extension Act must include persons representing specific membership categories. Please check all categories of which you are qualified to represent and in the blank provided please provide the capacity and skills which you possess to qualify you in each category:

☐ Health care providers, including federally qualified health centers (FQHCs)

_____

☐ Community Based Organizations serving HIV/AIDS populations (CBO), AIDS Service Organizations (ASO)

_____

☐ Social service providers, including providers of housing and homeless services **[does not include HOPWA]**

_____

☐ Mental Health Provider & Substance Abuse Provider

_____

☐ Local Public Health Agencies

_____

☐ Hospital planning agencies or health care planning agencies

_____

☐ Affected communities, such as historically underserved groups and subpopulations and people living with HIV/AIDS

_____

☐ Non-Elected Community Leader

_____

☐ State Government - State Medicaid Agency

_____

☐ State Government – Agency administering Title II program

_____

☐ Title III grantees

_____

☐ Title IV grantee or representative of organization with a history of serving children, young, women and families living with HIV and operating in the TGA.

_____

☐ Grantees under other federal HIV programs, including but not limited to providers of HIV prevention services [includes HOPWA, other CARE Act grantees such as the AETC, prevention, Veteran Affairs, etc

_____

☐ Formerly incarcerated persons with HIV/AIDS, or their representative

_____

☐ Office of the City Manager

_____

Do you have experience or interest in any of the following? (Please check all that apply):

☐ Health care needs of men who have sex with men
☐ Physically/mentally challenged person
☐ Women's HIV/AIDS health needs
☐ Other non medical support services
☐ Children's HIV/AIDS health needs
☐ General Public health care
☐ Youth HIV/AIDS health needs
☐ Outpatient primary medical care
☐ Health care needs of injecting drug users
☐ Antiretroviral therapies
☐ Rural health care needs
☐ Comprehensive Planning
☐ Immigrants and refugees
☐ Evaluation and Assessment
☐ African American issues
☐ Mental Health Services
☐ Substance abuse/use services
☐ Latino/ Hispanic issues Other: _____

STATEMENT OF COMMITMENT

If appointed as a member of the Planning Council, I commit to the following:

- I understand that I must complete a New Member Orientation before I begin my term as a Planning Council member.
- I confirm that to the best of my ability, I will attend regularly scheduled monthly Planning Council meetings.
- I understand that in the event that I am unable to attend, I will notify Planning Council support in advance.
- I understand that membership on the Planning Council is a two year commitment. I have considered my other personal and professional obligations and do not foresee them as a barrier to my full participation on the Planning Council.
- I agree to abide by the Bylaws, Policies and Procedures of the Planning Council.
- I agree to participate in Planning Council functions from beginning to adjournment.
- I understand that I must participate in at least one of the Standing Committees of the Planning Council.
- I understand that I will need to prepare for meetings by carefully reading all pre-distributed materials.
- When I make recommendations and/ or decisions, I agree to consider the HIV/AIDS community as a whole, rather than just special interests or my personal perspectives.
- I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/ or Committees.
- I agree to keep sensitive information obtained about other Council members, including HIV status, confidential, unless otherwise given permission.
- I certify that all statements and representations made in this application are true and correct.

_____ _____

Signature Date (mm/dd/yy)

Print Form