

Greater Baltimore HIV Health Services Planning Council

Application for Membership

Nominating Committee

Ratified: June 6, 2017

To help us process your membership application, please provide all of the information requested. Enter "N/A" (not applicable) where appropriate. Please type or print clearly. If you need assistance in filling out this application, please contact the planning council support office at 410-396-1646.

Please mail your completed application to the Greater Baltimore HIV Health Services Planning Council Nominating Committee, 1001 E. Fayette St, Baltimore, Maryland 21202, attn: Jocelyn Stenhouse.

Part 1: Contact Information

Name:

Home address:

City:

State:

ZIP Code:

Home phone number:

Home email address:

I am a resident of (check one):

<input type="checkbox"/> Anne Arundel County	<input type="checkbox"/> Baltimore County	<input type="checkbox"/> Baltimore City	<input type="checkbox"/> Carroll County
<input type="checkbox"/> Harford County	<input type="checkbox"/> Howard County	<input type="checkbox"/> Queen Anne's County	<input type="checkbox"/> Other (please specify): _____

Current place of employment (if applicable):

Work address:

City:

State:

ZIP Code:

Work phone number:

Work email address:

Fax number:

Please be aware that the Greater Baltimore HIV Health Services Planning Council (planning council) is a public body. The planning council will be contacting you *via* mail, email and/or telephone.

Preferred method of contact: <input type="checkbox"/> postal mail <input type="checkbox"/> telephone <input type="checkbox"/> email
I prefer to receive written correspondence at: <input type="checkbox"/> home <input type="checkbox"/> work
I prefer to receive phone calls and messages at: <input type="checkbox"/> home <input type="checkbox"/> work

Part 2: Personal Information

For the questions below, please check the box for each category with which you most closely identify. Feel free to include any additional information that you use to describe yourself on the “other” lines provided. Your responses will be kept **CONFIDENTIAL** and will only be available to members of the Nominating Committee, planning council support staff and officials affiliated with the Mayor’s Office as necessary.

This information is strictly confidential: it will be used for reporting purposes and no other reason.

A. I am: Male Female Transgender Other

B. My date of birth is: _____

C. My sexual orientation is Heterosexual Gay/lesbian Bisexual

D. I am a person living with HIV/AIDS: Yes No

i. If “yes,” as a member of the council, would you be willing to disclose your HIV status?

Yes No

ii. At what age were you diagnosed with HIV?

E. I am a person living with Hepatitis B or C. Yes No

F. My race/ethnicity is:

White, not Hispanic

American Indian/Alaska Native

Black, not Hispanic

Multi-race

Hispanic

Other (please specify):

Asian/Pacific Islander

G. As a planning council member, which of the following population groups or special topics would you represent? (Check all that apply.)

Men of color who have sex with men

People with a history of substance use/abuse

Heterosexuals

Injecting drug users

Gay, lesbian, transgender and bisexuals

Mental health

Hispanic / Latinos

Non-medical HIV support services

Other racial or ethnic groups

Health planning

Men

Commercial sex workers

Women

Ex-offender population

Pediatrics

Primary medical care: Ambulatory/outpatient

Children

Primary medical care: Antiretroviral therapies

Youth

Other (please specify):

General public HIV health needs

Homeless

Part 3: Experience

A. Please respond briefly to the following questions. A current résumé or a bio sketch is required to process the planning council membership application. If you need additional space, you may continue on a separate sheet of paper and attach it to this application.

B. The ability to work as a team member of a large and diverse group is crucial to the work of the council. Teamwork allows the council to conduct business efficiently and to fulfill its mission successfully. Please tell us about your experience as a member of a team (e.g., participation in a community planning group or committee, membership on a board, etc.).

C. The planning council’s work depends on the experience and skills of its members. What special skills, knowledge, qualities, or life experiences would you bring to the planning council? Please include a list of educational and professional degrees, certifications, credentials, Ryan White Consumer Advisory Board memberships, HIV Planning Group experience for the state or city or other related experiences.

D. Active member participation is vital to the work of the council. The planning council typically requires one two-hour meeting per month. Additionally, your participation in committees and/or other activities will require at least one additional two-hour meeting per month. Please tell us about your ability to attend monthly meetings and to be involved in committee activities.

E. Is there anything else you would like us to know about you (e.g., other experiences, a hobby, community work, etc.?)

F. Are you a LEAP graduate? If yes, what year? _____

G. Please ask an acquaintance or colleague to write a letter of recommendation. The letter should be a professional letter explaining how he/she knows you and describe your work on HIV/AIDS and/or other issues; community participation; meeting skills; and any other personal qualities or experiences that would be beneficial as a member of a planning body. The writer should send the letter to the planning council at the address found on the first page of this application.

I’ve asked the following person to write a letter for me _____.

G. Vacancies

The council must reflect the ethnicity and gender of the HIV/AIDS epidemic in the Baltimore EMA, as well as maintain 33 percent non-conflicted consumer participation. The council must also ensure that representatives from various groups, including historically underserved populations, healthcare providers, mental health and substance abuse providers, community-based organizations, local public health organizations, and more, are reflected in its composition.

When there are no vacant slots on the council, selected candidates are put on a waiting list, otherwise known as the “pool list,” until a vacancy on the council arises. Vacancies are then filled only with the person who best fits the demographic requirements of the open slot while maintaining the council’s other membership requirements.

If we are unable to seat you on the council at this time, would you like to:

- Be considered for subsequent seats as vacancies arise? Yes No
- Continue receiving updates about planning council activities? Yes No
- Become involved in at least one of the planning council subcommittees? Yes No

Part 4: Conflict of Interest

A. Statement

The planning council conflict-of-interest policy, as detailed in the council’s bylaws, defines a conflict of interest to be:

An actual or perceived interest, financial or otherwise, by a member in an action which results, or has the appearance of resulting, in personal, organizational (programmatic and service category) or professional gain. Actual bias or the appearance thereof in the decision-making process is based upon the dual role of a member who, in addition to serving on the council, may be affiliated with other organizations, either as an employee, a consultant, an employer, a member or in some other (decision-making) capacity

A “financial interest” in a service category is defined as the receipt of any combination of stipends, honoraria, gifts, wages, salaries or any other payment with a total value in excess of one thousand dollars (\$1,000) from one or any combination of service providers within said service category over a period either (1) from the date of the proposed vote back to the time of the ratification of this clause or (2) from the date of the proposed vote back over the previous 12 months, whichever is shorter. Payments received before the ratification of this clause will not be considered a conflict of interest.

B. Disclosure

In the following list, identify all agencies for which you are an employee, consultant or board member. Please do not include any organization for which you serve on a consumer advisory board or as an unpaid volunteer.

θ AIDS Interfaith Residential Services (AIRS)	θ Joseph Richey Hospice
θ Anne Arundel County Health Department	θ Legal Aids Bureau
θ Associated Black Charities	θ Light Health & Wellness Comprehensive Services

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θ Baltimore City Health Department	θ Moore & Moore Management, inc.
θ Baltimore County Health Department	θ Moveable Feast
θ Behavioral Health Systems Baltimore	θ New Vision House of Hope
θ Carroll County Health Department	θ Park West Medical Center
θ Chase Brexton Health Systems	θ Project PLASE
θ Family Health Centers of Baltimore	θ Queen Anne's County Health Department
θ Harford County Health Department	θ Sinai Hospital
θ Health Care for the Homeless	θ Sisters Together and Reaching (STAR)
θ Independent Living Foundation	θ Taylor Wilks Group
θ InterGroup Synergy and Planning Collaborative, Inc.	θ Total Health Care
θ Johns Hopkins University Medical Institution	θ University of Maryland Medical Institute
θ Other specify: _____	θ Other specify: _____
_____	_____

Part 5: Code of Conduct (Attachment 2)

Before signing and dating, please answer the following question:

Have you read and do you fully understand the code of conduct? (see attachment 2)

Yes ____ or No ____

Part 6: Background Check Disclosure

All applicants applying for planning council membership will be subject to a criminal background check and will be asked to submit a photograph. Please submit a photograph with your application. Please sign and print your full name to indicate that you fully understand and are in agreement with the background check and submitting a photograph.

Signature	Date
Print Name (clearly)	Date

Please Note:

Legislation requires that PC membership is reflective of the communities impacted by the epidemic. During a member's tenure, the PC may ask its members to volunteer additional information related to reflectiveness to meet federal guidelines on membership.

Attachments 1 and 2 are for your information, please detach from application.

Attachment 1

Appointment of Council Members¹

“The council shall consist of forty (40) members. Each of these members will be assigned to 1 of 40 positions identified by a number, 1 through 40 that reflect the HRSA mandated positions. These numbers refer to the designated term of service associated with council positions. The person assigned to a particular position will serve until the end date of that position. Should someone resign from a position, the successor will only serve the remainder of the term assigned to that position; this does not preclude that person from being appointed in his or her own right. All members of the council shall be appointed by the chief elected official of the eligible metropolitan area (EMA) upon recommendation by the planning council, following the completion of an extensive community-wide recruitment effort for membership and intense screening process that ensures the identification of a qualified individual to meet the mandatory position.² Vacancies occurring on the council shall be filled by the CEO upon recommendation by the council’s Nominating Committee and ratified by a simple majority vote of the council.”

Composition of Council³

As specified by the Ryan White legislation, planning council membership must:

- 2.3.1 a. Reflect the demographics of HIV/AIDS in the EMA.
- b. Reflect a broad range of individuals, including person’s infected/affected with HIV and AIDS.
- c. Include two persons who are self-disclosed people living with HIV/AIDS.
- d. Give priority to individuals of the infected community with the goal of maintaining 33 percent non-conflicted consumers who have received a service funded by Ryan White Part A within 12 months prior to their appointment.

The council must also include the following:

- 2.3.2. Historically underserved population (e.g. IDU, Men who have sex with men, etc.)
- 2.3.3. Health-care providers, including federally qualified health centers.
- 2.3.4. Community-based organizations servicing infected/affected populations and AIDS service organizations.
- 2.3.5. Social-services providers, a definition that includes providers of housing or homeless services.
- 2.3.6. Mental-health and substance-abuse service providers.
- 2.3.7. Local public health agencies.
- 2.3.8. Non-elected community leaders.
- 2.3.9. State government representatives (including representatives of the state Medicaid agency and the agency administering programs under part B); grantees under part C; grantees under section 2671 of the act, or, if none is operating in the area, representatives of Part D organizations with a history of services to children, youth, women and families with HIV operating in the EMA.
- 2.3.10. Grantees under other federal HIV programs, including providers of HIV-prevention services.
- 2.3.11. Grantees under other federal HIV programs, including representative s of former inmates of federal, state or local prisons released within the three years prior to their appointment and who were HIV positive at the time of release.
- 2.3.12. An individual infected with hepatitis B or C. This requirement is not exclusive and may be met by an individual who also meets one of the other requirements listed in this section.
- 2.3.13. A representative of any Indian (i.e. Native American) entity (i.e. tribe) recognized by and entitled to receive services from the U.S. Bureau of Indian Affairs. (There were no such entities in the state of Maryland as of May 5, 2014.)

¹ Excerpted from the Bylaws of the Greater Baltimore HIV Health Services Planning Council (Ratified May 19, 2015). Article 2, Section 2.1.

² The CEO of the Baltimore EMA is the duly elected mayor of Baltimore City.

³ Excerpted from the Bylaws of the Greater Baltimore HIV Health Services Planning Council (Ratified May 19, 2015). Article 2, Section 2.3.

Attachment 2

Code of Conduct⁴

Planning Council and committee members are expected to abide by the council's code of conduct. Below is the planning council's code of conduct as found in section 2.6 of the council's bylaws. Please read the code of conduct before completing and submitting this membership application.

- 2.6.1 Every member will treat every other member with the courtesy and respect resulting from his/her legitimate right to be part of discussions and decision making. This means that all planning council and committee members in meetings will have the opportunity to speak and be listened to, without interruptions.
- 2.6.2 There will be no personal attacks on anyone; disagreements will focus on issues, not upon individuals.
- 2.6.3 Once decisions are made by majority vote, every member of the group will support the decisions, regardless of his/her personal position.
- 2.6.4 Information presented in confidence will be held in confidence and not discussed outside the meeting.
- 2.6.5 Members will behave in a manner that reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups, while considering the overall needs of people living with the HIV disease and act on their behalf and not to benefit themselves.
- 2.6.6 All members will speak positively about the planning body in public; problems will be addressed not with outsiders.
- 2.6.7 Any member who feels she or he cannot support the mission, goals, strategies, programs and/or leadership of the planning body as agreed upon by the members, should resign from the planning body.
- 2.6.8 Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that all members abide by them.
- 2.6.9 No member may speak on behalf of or represent a position of the council without the express permission of the chair or the full council.
- 2.6.10 At all times, members shall be aware of and adhere to all local, state and federal laws and regulations. Acts which may cause embarrassment to the council or create the appearance of impropriety, including but not limited to, allegations of violation of said laws and regulations, dishonesty, conduct involving moral turpitude, conviction of a felony, infamous crime, or any federal crime which is punishable in a federal penitentiary, whether or not ultimately proven to be true, all shall be causes for immediate discipline, up to and including dismissal from the council, at the recommendation of the chairperson with approval of the Executive Committee
- 2.6.11 Every member shall abide by this code of conduct and the conflict-of-interest provisions set forth in section 10.3.

⁴ Excerpted from the Bylaws of the Greater Baltimore HIV Health Services Planning Council (Ratified October 1, 2015) Article 2.6.