Greater Baltimore HIV Health Service Planning Council

Managed by the Division of Population and Disease Prevention
Funded by the Ryan White Program, Baltimore City Health Department

Application for Membership

Nominating Committee Ratified: 1/4/2024

To help us process your membership application, please provide all 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 email the planning council support office at DwayneT.Smith@baltimorecity.gov.

Please mail your completed application to the Greater Baltimore HIV Health Services Planning Council Nominating Committee, 1001 E. Fayette St., Baltimore, Maryland 21202, Attn: Dwayne Smith. Phone Number: (410) 746-4959

Part 1: Contact Information

Name:				
Home address:				
City:			State:	ZIP Code:
Home phone number:				
Home email address:				
I am a resident of (check one):	✎ Anne Arundel County	✎ Baltimore County	✎ Baltimore City	✎ Carroll County
	✎ Harford County	✎ Howard County	✎ Queen Anne's County	✎ 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: ✎ postal mail ✎ telephone ✎ email
I prefer to receive written correspondence at: ✎ home ✎ work
I prefer to receive phone calls and messages at: ✎ home ✎ 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
- ✎ Black, not Hispanic
- ✎ Hispanic
- ✎ Asian/Pacific Islander
- ✎ American Indian/Alaska Native
- ✎ Multi-race
- ✎ Other (please specify):
  _____

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.
- ✎ Heterosexuals
- ✎ Gay, lesbian, transgender, and bisexual
- ✎ Hispanic / Latinos
- ✎ Other racial or ethnic groups
- ✎ Men
- ✎ Women
- ✎ Pediatrics
- ✎ Children
- ✎ Youth
- ✎ General public HIV health needs
- ✎ Homeless
- ✎ People with a history of substance use/abuse
- ✎ Injecting drug users
- ✎ Mental health
- ✎ Non-medical HIV support services
- ✎ Health planning
- ✎ Commercial sex workers
- ✎ Ex-offender population
- ✎ Primary medical care: Ambulatory/outpatient
- ✎ Primary medical care: Antiretroviral therapies
- ✎ Other (please specify):
  _____
  _____

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 council has established conflict-of interest and disclosure policies which are enforceable and consistent with the state and local laws (refer to section 5.2.4. and 5.2.5. for those duties of the Executive Committee related to conflict of interest).

> *A council member must disclose all conflicts of interest by stating in writing, his or her (or immediate family's) employment by, membership in, or other financial interest that exceeds $1000 in stipends, honoraria, gifts, wages, salaries, or any other payment from any entity that does or seeks to do business with the PC. The council member must abstain from all voting on all matters related to an entity where a conflict of interest exists. It is the member's responsibility to recognize and self-report conflicts of interest at any point that conflict arises.*

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 Anne Arundel County Health Department	θ Total Health Care
θ Baltimore City Health Department	θ University of Maryland Medical Institute
θ Baltimore County Health Department	θ
θ Chase Brexton Health Systems	θ
θ Family Health Centers of Baltimore	θ
θ Harford County Health Department	θ
θ Health Care for the Homeless	θ
θ Johns Hopkins University Medical Institution	θ
θ Legal Aid Bureau	θ

θ Life Bridge (Sinai) Hospital	θ
θ Light Health & Wellness Comprehensive Services	θ
θ Moveable Feast	θ
θ New Vision House of Hope	θ
θ Park West Medical Center	θ
θ Project PLASE	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 agree 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 Members[1]

"The council shall consist of up to forty members. They shall be appointed by the CEO 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. The Nominating Committee will assign to one of forty positions identified by a number, 1 through 40 that reflect the HRSA mandated 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/her own right."

Composition of Council[2]

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

2.3.1
a. Reflect a broad range of individuals, including persons with HIV and AIDS and those affected.
b. Reflect the demographics of HIV/AIDS in the EMA.
c. Include at least two persons who are as living with HIV/AIDS.
d. Give priority to individuals of the infected community with the goal of maintaining 33% 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., Injection drug users (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 serving PLWHA and affected persons.

2.3.5. Social-services providers, including 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 and the agency administering programs under Part B); Recipients under part C; Recipients 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. Recipients under other federal HIV programs, including providers of HIV-prevention services.

2.3.11. Recipients under other federal HIV programs, including representatives 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.)

2.3.14. Pursuant to an October 2, 2015, Baltimore City Health Department policy document regulating BCHD employee membership on Baltimore City commissions, councils, and similar public bodies, only one BCHD employee, or person otherwise affiliated with BCHD may be a member of council or its committees, work groups, or other subdivisions. This employee must be approved by the Baltimore City Commissioner of Health, and that person shall be the official representative of BCHD. The BCHD policy is attached (attachment 1)

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

[2] 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 Conduct[3]

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 courtesy and respect. 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 professional 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. Members will refrain from behavior that is disruptive, distracting, or threatening.

2.6.6 All members will speak positively about the planning body in public; problems will be addressed within the group, 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 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.

2.6.9 At all times, members shall be aware of and adhere to all local, state, and federal laws and regulations. Acts that may cause embarrassment to the council or create the appearance of impropriety, including, being noticeably under the influence of intoxicants at planning council related meetings or events, failure to disclose all conflicts of interest, dishonesty, conduct involving moral turpitude, conviction of a felony, infamous crime, or any federal crime, all shall be causes for immediate discipline, up to and including dismissal from the council, at the recommendation of the chairperson with the approval of the Executive Committee.

2.6.10 Any planning council member who violates the code of conduct and in particular section 2.6.9. of the bylaws and is dismissed from the council is not eligible for reappointment.

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