



Nashville TGA

Ryan White / Part A Planning Council

Membership Application

INSTRUCTIONS:

Thank you for your interest in the Part A Planning Council. Please take a minute to read the information and instructions below. It's important to understand the work and responsibilities of all Planning Council members.

WHAT IS THE PLANNING COUNCIL: The Planning Council (PC) is responsible for prioritizing HIV/AIDS services based on community need, allocating Ryan White Part A funding for these services, conducting an annual Needs Assessment, establishing a standard of care based on best practices, developing, and following a comprehensive plan, evaluating service effectiveness, assessing the administrative functions of the grant, and other activities which maintain and improve the TGA system of care.

The Planning Council serves thirteen (13) counties in the Middle Tennessee area: Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson.

MEMBERSHIP – Who We Are: The PC has seats for up to 25 members who represent a variety of community agencies and stakeholders, state agencies, and consumers. There are 4 key things which guide the membership of the Planning Council.

#1 All members **must represent** one of the categories listed below:

- Health care providers, including federally qualified health centers
- Community-based organizations serving affected populations and AIDS service organizations
- Social service providers (including housing and homeless-service providers)
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Affected communities, including individuals with HIV / AIDS
- Non-elected community leaders
- State Medicaid agency
- State agency administering Part B
- Ryan White Grantees under Part C and D (if there is no Part D grantee then representatives

from an organization in the TGA with a history of serving children, youth and families living with HIV)

- Grantees for other Federal HIV / AIDS programs (including prevention programs)
- Formerly incarcerated PLWHA or their representatives
- Or a locally defined category of representation (defined by the Planning Council Membership Committee and posted on our website).

Are you able to fill one of the needed representation categories of the Planning Council?

- Yes** (If yes please tell us which category: _____)
- No** (If no please complete a Committee Application form instead or contact our support staff to discuss other ways to get involved)

If you represent a category, please tell us how you represent it:

#2 33% of the PC must consist of people living with HIV / AIDS.

#3 The PC must ensure that its membership is **reflective** of demographics of the people living with HIV / AIDS (PLWHA) in the TGA (this includes race, gender, and ethnicity).

#4 The PC must ensure that its membership consists of the needed skills to carry out its mission and work tasks.

All members are appointed by, and serve at the pleasure of, the Mayor of Davidson County. The Mayor of Davidson County (CEO) has this authority and responsibility as set out in federal legislation. The Membership Committee of the Planning Council has the responsibility of screening candidates according to the needed representation and presenting nominees to the Mayor's office.

MINIMUM STANDARDS – What you should know before turning in your application:

All PC members must be willing and able to commit their time to participating in the Planning Council:

- **2 hours per month** – preparing for and attend all regular, and special, Planning Council meetings
- **1 – 2 hours per month** - actively serve on at least one committee by regularly attending monthly committee meetings. See the next section for a description of PC committees.
- **Attend** Planning Council and committee meetings (members may join committee meetings by phone, depending on the rules of that committee.)
- **Review** all meeting materials prior to Planning Council and committee meetings (1 hour per month).
- **Participate** in all required trainings (4 – 6 hours per year)

The full Planning Council usually meets on the third (3rd) Tuesday of every month from 4:30PM – 7:00PM. Council meeting generally takes place at Lentz Health Department in Nashville. These meetings may be subject to change. **Currently we meet online via Webex.**

PLANNING COUNCIL COMMITTEES – How We Get Work Done

Committees typically meet during business hours at Lentz Health Department. In the application, you’ll have a chance to let us know which committee interests you the most.

Committee	Description
Membership	Oversee the recruitment of PC members including reviewing applications & interviewing potential PC members; recruit participants for committees (from within the PC & from the community); identify & develop training; monitors the overall reflectiveness of the TGA; monitors attendance & provides orientation to new members.
Needs Assessment	Oversees the development of the annual Needs Assessment – a data-based analysis of HIV in the TGA and community needs
Priority Setting & Resource Allocation	Makes recommendations for the annual funding priorities and allocations as part of the PSRA process; make recommendations for the reallocation of grant funds as necessary to ensure the effective use of funding.
Quality Management/ Standards of Care	Reviews the existing standards of care based on current best practices; govern how, where & by whom services are delivered in order to achieve positive health outcomes.
Community Connections	Leads and coordinate links between the Planning Council and the client community, especially clients of Ryan White services. Conducts continuous outreach, as defined by Ryan White, and seeks input from the PLWHA community on outreach activities including identification of emerging issues. Ensures PC members are educated regarding issues affecting clients. Communicates the work of the PC to the client community and engage clients in the work of the PC. Coordinate client involvement in the PC and PC committees. Conduct community education on behalf of the PC on Ryan White services and other issues which may impact clients; and provide leadership training for clients.

APPLICATION PROCESS – How to Join the Planning Council

Step 1: Give a completed application to the Planning Council Community Liaison.

Step 2: Decision Making. The Membership Committee reviews the priority needs of the PC.

This includes:

- Ability to provide representation for a federally mandated category
- Ability to help planning Council reflect the demographics of the local PLWHA community
- Ability to fulfill membership requirements
- Demonstrated skill, knowledge or experience which assists the Planning Council with its work responsibilities

Step 3:

After the application has been compared against current Planning Council recruitment needs an interview may be offered.

(The Membership Committee coordinates one – on – one interview for all applicants that meet the above requirements. The interview is an informal conversation which allows the PC to get to know an applicant a bit more and for the applicant to ask questions about the PC.)

Step 4: Committee recommendation to full PC. If an applicant helps the PC meet the above priorities – the Membership Committee recommends them to the full PC. The PC votes to move the applicant forward to the next step.

Step 5: PC passes nomination to Mayor. If the PC agrees that the applicant would be a good fit for the PC (based on the same priorities as listed above) – then the PC passes the nomination to the Mayor to consider for approval as a full member of the PC.

Step 6: The Mayor of Davidson County makes the final approval and appointment of all members of the Planning Council.

The PC communicates with applicants throughout this process. All interviewed applicants will receive written notification of the Planning Council's final recommendation. If an applicant is not nominated for Council membership at this time, they will be encouraged to formally join one of the Planning Council Committees where seen as suitable.

The whole nomination process can take some time and you are encouraged to be patient and stay in touch with us if you have questions.

APPLICATION SUBMISSION: Sign and send in your completed application to:

Ryan White Planning Council
c/o Talice Thomas
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209

You may also submit your application via email to: talice.thomas@nashville.gov

If you need any assistance or have any questions about the application or the application process, please contact the Community Liaison at (615) 482-0061.

PLANNING COUNCIL MEMBERSHIP APPLICATION

Answers are required for all questions

*Please make sure that you indicated which category you can represent in the section on page 2.
No application will be considered without the category being indicated.*

1. CONTACT INFORMATION

Phone and email addresses shared in this section will be shared with other Planning Council members should your application for membership be approved.

Are you willing and able to commit to the minimum standards expected for Planning Council participation? Yes No

Name: _____

(Please print name as you would like it to appear in communications)

Organization (if applicable): _____

Mailing Address: _____

City: _____ **Zip:** _____

Phone Number(s): Cell: _____ Business: _____

Home: _____

Fax: _____ **Email:** _____

The following information is used for reporting purposes to the Mayor's office.

Please indicate your county of residence: _____

Please indicate the zip code for your residence: _____

Birth Date: _____

2. SKILLS & BACKGROUND

A. Employment: Not currently employed at this time

Occupation: _____ Current Employer: _____

Please describe your work responsibilities:

What professional or other organizations are you a member of?

Not part of any organizations at this time

Please identify the skills and / or experience you would bring to the Planning Council.

- | | |
|---|---|
| <input type="checkbox"/> Personal experience with health issues related to HIV. | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Behavioral and social research related to HIV. | <input type="checkbox"/> Program development |
| <input type="checkbox"/> Community organization/mobilization. | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Curriculum development | <input type="checkbox"/> STD and TB prevention |
| <input type="checkbox"/> Economic development | <input type="checkbox"/> Social marketing |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Substance abuse treatment/prevention |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Teen pregnancy prevention |
| <input type="checkbox"/> HIV/AIDS treatment/care programming | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Needs assessment | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Organizational development | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Financial/business management | <input type="checkbox"/> Grant writing/evaluation |
| <input type="checkbox"/> Capacity Building | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Policy analysis | <input type="checkbox"/> Proof reading |
| | <input type="checkbox"/> Facilitation |
| | <input type="checkbox"/> <i>Other</i> _____ |

Please describe how any of the skills indicated above might benefit the Planning Council to create an effective system of care (use additional paper if needed).

C. All PC members are assigned to a committee. Based on the committee descriptions in the instructions – rank your top 3 choices for committees using the numbers 1, 2 and 3

__Membership __Needs Assessment __Standards of Care __Priority Setting & Resource Allocation
Community Connections

3. HIV DISCLOSURE

Are you HIV positive? Yes No

All members who join the Planning Council as representative of those living with, or impacted by, HIV should know the following:

- Your HIV status will be shared with the Planning Council staff and the Membership Committee since they are responsible for making sure the Planning Council is reflective of the community. Your status is kept confidential and will not be shared outside of these two (2) groups.

I agree to share my status with Planning Council staff and the Membership Committee

Yes No

- We are required to share your HIV status with HRSA (the federal agency that provides Ryan White funding). This must be done so that we can demonstrate that 33% of our Planning Council consists of individuals living with, or impacted by, HIV. HRSA keeps this information confidential.

I agree to share my status with HRSA Yes No

- Are you comfortable and willing to publicly disclose** your status in a meeting or in a community setting where you may be representing the Planning Council? Yes No

** To “publicly disclose” your status means that you are willing to state in a PC meeting or community event that you are HIV +

Are you the parent / guardian or direct caregiver to a child with HIV / AIDS under the age of 19?

Yes No

4. DEMOGRAPHIC INFORMATION

A. Gender: Male Female Transgender

B. Race / Ethnicity: White, Not Hispanic Latino/Hispanic African-America
 Asian/Pacific Islander American Indian/Alaskan Native Not Specified

C. Age: < 13 years 13 – 19 years 20 – 44 years 45+ years

5. CONFLICT OF INTEREST

The Planning Council defines conflict of interest as A Council member has a real or perceived conflict of interest if they or their immediate family, (to include domestic partners) during the past twelve months:

- Are or have been employed by, own, or have an ownership interest in;
- Are or have been a board member of;
- Are or have been a consultant to; or have been personally involved in a contractual relationship with any entity doing business with Ryan White Part A.

Please indicate if you are an employee or board member of any of the Ryan White funded agencies listed below:

Comprehensive Care Clinic	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation
First Response Center	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation
Meharry Wellness Center	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation
Nashville Cares	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation

StreetWorks	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation
Tennessee Department of Health	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation
Health Department / STD Clinic	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation
Mental Health Co-op	<input type="checkbox"/> Employee	<input type="checkbox"/> Board Member	<input type="checkbox"/> No Affiliation

6. COMMUNICATION

Email is used extensively to share information with Planning Council members and perform various other tasks.

Do you have access to a computer? Yes No

If you do not have a computer, are you willing to work with the Community Liaison to determine the best way for you get information normally sent out by email (this could mean you receive information via U.S. Mail or meet the Community Liaison at the Health Department or in the community to pick up information) Yes No

STATEMENT OF COMMITMENT

Please read and sign this section

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

- A two (2) year membership term.
- Reviewing and completing an Orientation process for new members.
- Follow Bylaws, policies and procedures established by the Planning Council.
- To the best of my ability, I will attend regularly scheduled monthly Planning Council meetings.
- To the best of my ability, I will attend regularly scheduled committee meetings for my assigned committee.
- Prepare for all meetings by reviewing any materials provided in advance.
- 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 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 acknowledge all information provided in this application is accurate and true. I understand that, unless otherwise stated, all information shall be kept confidential and used for the purpose of determining my eligibility for the Nashville Ryan White Planning Council.

Signature

Date

Administrative Use Only

Application received on _____ by ___ Email ___ U.S. Mail ___ Hand delivered