

HIV/AIDS, Hepatitis, STD and TB Administration

January 2018

Greetings,

Thank you for your interest in the **Washington, D.C. Regional Planning Commission on Health and HIV**. The Commission offers a new, exciting opportunity for community and government to work together to improve the health and wellbeing of persons living with HIV and support persons from getting HIV.

The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will serve as the new regional planning body for HIV prevention and care services in the Washington, D.C. Eligible Metropolitan Area (EMA). The Washington, D.C. EMA spans the District of Columbia, five counties in suburban Maryland, eleven counties and six independent cities in Northern Virginia, and two counties in West Virginia. The Commission has the responsibility to prioritize a range of medical and support services totaling about \$25 million in federal and other funds.

The U.S. Health Resources and Services Administration (HRSA) provides Ryan White funds that are critical to maintain a robust continuum of high quality HIV care, treatment, and support services for persons across the region. The U.S. Centers for Disease Control and Prevention (CDC) provides funds and supports community engagement for HIV prevention planning activities.

With the advances and synergy in HIV prevention and care, the two current planning groups, the DC HIV Prevention Planning Group and the Metropolitan Washington Regional Ryan White Planning Council agreed to merge paving the way for an integrated prevention and care service planning body. They recognized that integrated planning will achieve a more coordinated, effective, regional response to the HIV continuum of services.

The **Washington, D.C. Regional Planning Commission on Health and HIV** will have over forty members appointed by the Mayor of the District of Columbia comprised of a broad and diverse group of providers, community members, and stakeholders. One-third of the members will be people living with HIV who receive services from the Ryan White Program.

The **Washington, D.C. Regional Planning Commission on Health and HIV** will invigorate planning of HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community. **There is much to do, so please apply!**

Sincerely,



Nestor Rocha, MPH
Government Co-Chair
DC HIV Prevention Planning Group (HPPG)



Ka'leef S. Morse, MHS
Government Co-Chair
*Metropolitan Washington Regional
Ryan White Planning Council (RWPC)*

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2018 MEMBERSHIP APPLICATION
FOR THE
WASHINGTON, D.C. REGIONAL
PLANNING COMMISSION ON HEALTH AND HIV

Any interested person living or working in the Washington EMA may apply for membership on the Washington, D.C. Regional Planning Commission on Health and HIV. This written application, and any attachments described on p.9, must be submitted utilizing the instructions provided on p.10.

The selection committee will review all written applications and choose candidates for interviews. After interviews, the selection committee will make recommendations for Planning Commission membership. All appointments will be made by the Mayor.

The responsibilities of a Planning Commission member include approximately 12-14 hours of work per month, including regular attendance at Planning Commission meetings, generally held on weekday evenings in the District of Columbia. All new members must also attend a mandatory orientation.

For further information on this application or the membership selection process, please contact Lamont Clark at Lamont.Clark@dc.gov or Kaleef Morse at Kaleef.Morse@dc.gov.

| SECTION 1: CONTACT INFORMATION | | | | | | | | | |
|--|--|---|-------|---|---|---|----------|---|---|
| Name | | | | | | | | | |
| Home Address | | | | | | | | | |
| City | | | State | | | | Zip Code | | |
| If MD; VA; WV, County | | | | | | | | | |
| If DC, Ward | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Home Phone Number | | | | | Personal E-mail Address (if available) | | | | |
| Cell Phone Number | | | | | | | | | |
| Mailing Address (if different from Home) | | | | | | | | | |
| City | | | State | | | | Zip Code | | |

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| | | |
|---|---------------------|----------|
| Current Place of Employment (if applicable) | | |
| Work Address | | |
| City | State | Zip Code |
| If MD; VA; WV, County where you work | | |
| If DC, Ward where you work | | |
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | |
| Work Phone Number | Work E-mail address | |
| <p>You will receive mail and phone calls from the HIV/AIDS, Hepatitis STD & TB Administration (HAHSTA) and members of the Washington, D.C. Regional Planning Commission on Health and HIV. Would you prefer to receive phone calls/voicemails and email at home or at work?</p> <ul style="list-style-type: none"> • I prefer to receive phone calls and voicemails at Home Work • I prefer to receive email at Personal Work | | |
| If we are unable to seat you at this time, would you like to: | | |
| Be considered for subsequent seats as vacancies arise? | Yes | No |
| Continue receiving updates about Planning Commission activities? | Yes | No |
| Have you previously served on the DC Ryan White Planning Council or HIV Prevention and Planning Group? | | |
| Ryan White Planning Council | Yes | No |
| If yes, years served: _____ | | |
| HIV Prevention and Planning Group | Yes | No |
| If yes, years served: _____ | | |

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SECTION 2: PERSONAL INFORMATION

The composition of the Washington, D.C. Regional Planning Commission on Health and HIV is required to (1) reflect the demographics of the HIV epidemic in the Washington Eligible Metropolitan Area (EMA) and (2) include representation from a range of federally mandated and recommended categories. The gender, race/ethnicity, and HIV status categories on this form are those required by our federal funding source, the Health Resources and Services Administration (HRSA) and recommended by the Centers for Disease Control and Prevention, to monitor and measure reflectiveness and representation on the Planning Commission. By providing the information in questions 2A-2H below, you will help ensure the Planning Commission reflects the diversity of communities affected by HIV.

For each question below, please check the box to the left of the option(s) with which you identify, even if you don't use identical language to describe yourself. Feel free to include any additional information that you use to describe yourself on the "other" lines where applicable.

2A. Gender:

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender non-conforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transgender Woman | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Transgender Man | |

If selected as a member of the Washington, D.C. Regional Planning Commission on Health and HIV, your HIV status or Ryan White Consumer status will be included when reporting the *total number* of PLWH or Ryan White consumers to the federal agency that funds our work. We do not report HIV status or Ryan White consumer status by name. However, please note that if selected, your membership on the Planning Commission will not be confidential.

2B. Stakeholder/Provider Status (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Consumer of Ryan White services | <input type="checkbox"/> Consumer of HIV prevention services |
| <input type="checkbox"/> Provider of Ryan White services | <input type="checkbox"/> Provider of HIV prevention services |

2C. HIV Status:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> HIV-positive | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> HIV-negative | <input type="checkbox"/> Prefer not to answer |

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2D. My race/ethnicity is (please check as many as you wish):

- | | |
|--|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/Latino/a/x | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asian/Pacific Islander | |

2E. What language or languages do you speak?

2F. Sexual Orientation:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Straight | <input type="checkbox"/> Prefer not to answer |

2G. Age: 13-19 20-29 30-39 40-49 50-59 60 or older

2H. Additional Community Representation: Please check all communities of which you have personal, lived experience:

- | | |
|---|---|
| <input type="checkbox"/> People who inject drugs (PWID) | <input type="checkbox"/> Formerly Incarcerated |
| <input type="checkbox"/> Deaf/hard-of-hearing people | If yes, were you released within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Homeless people | Were you HIV-positive at the time of release? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sex workers | <input type="checkbox"/> Other (please specify) |
| | _____ |

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SECTION 3: PROFESSIONAL EXPERIENCE AND EXPERTISE

The following information is needed to ensure the Washington, D.C. Regional Planning Commission on Health and HIV meets statutorily required categories of representation.

3A. I am an employee or board member of the following types of organizations, agencies, or programs: (Check all that apply and list the specific organization and your role on the lines provided. If you are uncertain, please ask your employer.)

- | | |
|---|---|
| <input type="checkbox"/> I am not affiliated as an employee or board member with any of the types of agencies listed below. <input type="checkbox"/> Health care providers that are not Federally Qualified Health Centers <input type="checkbox"/> Health care providers that are Federally Qualified Health Centers <input type="checkbox"/> Community-based organizations (CBOs) serving affected populations / AIDS service organizations (ASOs) <input type="checkbox"/> Social service providers <input type="checkbox"/> Mental health providers <input type="checkbox"/> Substance abuse providers <input type="checkbox"/> Local public health agencies <input type="checkbox"/> Hospital planning agencies or health care planning agencies | <input type="checkbox"/> Affected communities <input type="checkbox"/> Non-elected community leaders <input type="checkbox"/> Representative of individuals who were formerly Federal, State or Local prisoners <input type="checkbox"/> State Medicaid agency <input type="checkbox"/> Ryan White Program funded agencies <input type="checkbox"/> Housing Opportunities for People with AIDS (HOPWA) <input type="checkbox"/> Other Federal categorical HIV programs in the Washington DC Eligible Metropolitan Area (EMA) <input type="checkbox"/> Jurisdictional Governmental Entity <input type="checkbox"/> Other <hr style="width: 100%;"/> |
|---|---|

Please provide the name(s) of the organization(s) checked above and your role(s) in the organization:

3B. Identify areas of interest or expertise that you can contribute to the Planning Commission (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Gay or bisexual men’s HIV health needs <input type="checkbox"/> Women’s HIV health needs <input type="checkbox"/> Pediatric HIV health needs <input type="checkbox"/> Adolescent HIV health needs | <input type="checkbox"/> General public health <input type="checkbox"/> Substance use disorder services <input type="checkbox"/> Health needs of people who inject drugs (PWID) |
|---|---|

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- | | |
|--|---|
| <input type="checkbox"/> Needs of incarcerated or formerly incarcerated people | <input type="checkbox"/> Primary medical care: Ambulatory/ Outpatient |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Primary medical care: Antiretroviral therapies |
| <input type="checkbox"/> Other non-medical support services | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Health planning | <input type="checkbox"/> Transgender people's health needs |
| <input type="checkbox"/> Evaluation methodology | <input type="checkbox"/> Community health needs |

Please indicate other areas of relevant expertise:

3C. Community Work Experience: Check all the populations with whom you have *worked* (one year or more experience):

- | | |
|--|--|
| <input type="checkbox"/> People living with HIV | <input type="checkbox"/> Hispanic/Latinx straight men |
| <input type="checkbox"/> People who inject drugs (PWID) | <input type="checkbox"/> Deaf/hard-of-hearing people |
| <input type="checkbox"/> People who inject drugs (PWID) who are also gay or bisexual men | <input type="checkbox"/> Homeless People |
| <input type="checkbox"/> Black/African American gay or bisexual men | <input type="checkbox"/> Incarcerated/Formerly incarcerated people |
| <input type="checkbox"/> Hispanic/Latinx gay or bisexual men | <input type="checkbox"/> Seniors (60 or older) |
| <input type="checkbox"/> Black/African American straight women | <input type="checkbox"/> Teens/Young Adults (13-24) |
| <input type="checkbox"/> Black/African American straight men | <input type="checkbox"/> Sex Workers |
| <input type="checkbox"/> Hispanic/Latinx straight women | <input type="checkbox"/> Transgender people |
| | <input type="checkbox"/> Other (specify) _____ |

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SECTION 4: SHORT ANSWER

Please respond briefly to the questions below. If you need more space than provided, feel free to continue on a separate sheet of paper and attach it to this application.

4A. Why do you want to be on the Washington, D.C. Regional Planning Commission on Health and HIV?

4B. The ability to work as a team member of a large and diverse group is crucial to the work of the Planning Commission. Teamwork allows the Planning Commission to conduct business efficiently and to fulfill its mission successfully. Please tell us about your ability to work as a member of a team.

4C. What special skills, knowledge, qualities, or life experiences would you bring to the Planning Commission? Please include a list of educational and professional degrees, certifications, credentials, or other experiences, including those related to HIV Prevention and or/care issues.

4D. Is there anything else you would like us to know about you?

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Section 5: Multiple Choice Questions

The purpose of the two charts in this section is to assess the skills and values of applicants and incoming members and to develop future training materials and programming. Answers will not be used to determine eligibility of potential members.

How skilled are you at the following:

| | Not Skilled | Very Little Skill | Somewhat Skilled | Skilled | Very Skilled |
|--|-------------|-------------------|------------------|---------|--------------|
| Utilization of Microsoft Excel | | | | | |
| Utilization of Microsoft Word | | | | | |
| Utilization of Microsoft Power Point | | | | | |
| Analysis of Financial Data | | | | | |
| Analysis of Service Utilization Data | | | | | |
| Analysis of Service Quality Data | | | | | |
| Reporting in Writing | | | | | |
| Reporting Orally | | | | | |
| Leading Group Discussions | | | | | |
| Participating in Group Discussions | | | | | |
| Interpreting the performance effectiveness of health programs | | | | | |
| Work effectively with community members, agency heads and other health care professionals. | | | | | |

I feel it's important for Planning Commission Members to:

| | Not Important | Very Little Importance | Somewhat Important | Important | Very Important |
|--|---------------|------------------------|--------------------|-----------|----------------|
| Use data to support decisions | | | | | |
| Monitor the local and Federal Government | | | | | |

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| | Not Important | Very Little Importance | Somewhat Important | Important | Very Important |
|---|---------------|------------------------|--------------------|-----------|----------------|
| Advocate for self – interests | | | | | |
| Advocate for specific providers | | | | | |
| Advocate for specific services | | | | | |
| Stick to legislative requirements when making funding decisions | | | | | |
| Conduct routine Needs Assessments | | | | | |
| Set funding priorities based on the experience of friends | | | | | |

SECTION 6: ATTACHMENTS

Resume/ Curriculum Vitae: Please attach a current resume or curriculum vitae, if available.

SECTION 7: SIGNATURE AND DATE

I agree that the information provided in this application, including any attachments, is true and correct to the best of my knowledge.

I understand that *if I am selected for inclusion and become a member of the Washington, D.C. Regional Planning Commission on Health and HIV:*

1. My membership will not be confidential.
2. My HIV status or Ryan White consumer status may be counted toward a total number reported to the federal agency funding the Planning Commission’s work, but will not be reported with my name.
3. I will be responsible for 12-14 hours of work per month.
4. I will be required to regularly attend Planning Commission meetings and may be removed from the Planning Commission for failing to do so.
5. I will be required to attend a mandatory orientation.

Printed Name: _____ **Signature:** _____ **Date:** _____

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If any information on your application changes, if you wish to withdraw your application from consideration by the Washington, D.C. Regional Planning Commission on Health and HIV's Membership Committee, or if you have any other questions or comments, please contact Lamont Clark at 202-671-4930 or Lamont.Clark@dc.gov or contact Kaleef Morse at 202-741-0893 or Kaleef.Morse@dc.gov.

Mail or e-mail your completed application to:

DC Department of Health - HAHSTA
ATTN: PLANNING COMMISSION SUPPORT
899 North Capitol St. NE, 4th Floor
Washington, D.C. 20002-4263

Or email your completed application to: Lamont Clark at Lamont.Clark@dc.gov and Kaleef Morse at Kaleef.Morse@dc.gov.

CONFLICT OF INTEREST STATEMENT

The Washington, D.C. Regional Planning Commission on Health and HIV may not be directly involved in the administration of a grant as defined in section 2601(a) of the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Ryan White Treatment Extension Act of 2009. With respect to compliance with the preceding sentence, the Washington, D.C. Regional Planning Commission on Health and HIV may not designate or otherwise be involved in the selection of particular entities as recipients of any funds provided in the grant. Members of the Washington, D.C. Regional Planning Commission on Health and HIV will not be permitted to participate directly or in an advisory capacity in selecting entities or organizations to receive grant money for a specific purpose under section 2601(a) if the member has a financial interest in, is employed by, or belongs to an organization seeking money for that specific purpose. If any member has a financial interest, either as an individual or as a fiduciary, in any matter(s) which comes before the Washington, D.C. Regional Planning Commission on Health and HIV, he or she shall disclose such financial interest in advance of any discussion on such matter(s), and shall not vote on such matter(s) but may participate in the discussion(s).