

Boston EMA Ryan White Planning Council



New Member Application

Thank you for applying to the Boston Eligible Metropolitan Area (EMA) Ryan White Planning Council. The Planning Council is an independent planning body appointed by the Mayor of Boston. The Planning Council integrally works with the Boston Public Health Commission to select and prioritize HIV service categories and allocate Ryan White Part A HIV funding in our region.

Mission

The mission of the Planning Council is to improve the quality of the lives of persons with HIV/AIDS by responding to their existing and emerging needs. This is accomplished by supporting and encouraging a range of culturally appropriate health and social services. Moreover, the Council efficiently responds to the changing face of the epidemic with regards to all affected sub-populations and impacted regions within the Boston EMA.

Membership

The Planning Council needs people like you! The Planning Council is comprised of health care providers, public health officials, and community volunteers, including people living with HIV. No expertise in health care or health policy is required to be a Planning Council member. Federal regulations mandate that the Planning Council reflect the demographic trends of the epidemic in the Boston EMA. Joining the Planning Council is a two-year commitment.

Meetings

The Planning Council monthly meetings take place on the second Thursday of every month from September to June, and they are scheduled from 4pm to 6pm. The monthly meetings of the Planning Council's sub-committees take place from October through May, and also last two hours. A minimum of 6 hours per month is the time requirement as a Planning Council member. Planning Council members who are living with HIV are reimbursed for travel and childcare expenses related to attending the meetings. All the Planning Council meetings, with the exception of Executive level meetings, are open to the public.

For further information on the Planning Council processes, please refer to our Bylaws, which are available on our [website](#).

Deadline for Applications: Friday, June 14th, 2024

Please note that nominations are made in July

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**Planning Council Support
Boston Public Health Commission
1010 Massachusetts Ave., 2nd Floor, Boston, MA 02118
617-947-4299 | pcs@bphc.org**

Boston EMA Ryan White Planning Council

Application for Membership 2024-2026

Part 1: Contact Information

To help us process your membership application, please provide all of the following information requested and type/print clearly.

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell/Mobile Phone: _____

Personal E-mail: _____

Within the Part A area in the map, I am a **resident** of (check one):

- | | |
|---|--|
| <input type="checkbox"/> Bristol County, MA | <input type="checkbox"/> Suffolk County, MA |
| <input type="checkbox"/> Essex County, MA | <input type="checkbox"/> Worcester County, MA |
| <input type="checkbox"/> Middlesex County, MA | <input type="checkbox"/> Hillsborough County, NH |
| <input type="checkbox"/> Norfolk County, MA | <input type="checkbox"/> Rockingham County, NH |
| <input type="checkbox"/> Plymouth County, MA | <input type="checkbox"/> Strafford County, NH |



Employer (if applicable): _____

Employer Address: _____

Employer City/State: _____ Employer Zip Code: _____

Title/Position: _____

Work Phone: _____

Work E-mail: _____

Planning Council Support staff will be contacting you via mail, e-mail, and/or telephone about Planning Council activities. Please tell us how you prefer to be contacted:

- | | | | |
|--|--|---------------------------------------|-------------------------------------|
| I prefer to receive calls and messages at: | <input type="checkbox"/> Home phone | <input type="checkbox"/> Work phone | <input type="checkbox"/> Cell phone |
| I prefer to receive mail at: | <input type="checkbox"/> Home address | <input type="checkbox"/> Work address | |
| I prefer to receive e-mail messages at: | <input type="checkbox"/> Personal e-mail | <input type="checkbox"/> Work e-mail | |

How did you hear about the Planning Council?

Part 2: Applicant Demographics

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. Your response will be kept CONFIDENTIAL and available only to Planning Council Support staff and the members of the Nominating Committee.

Current Gender Identity

What is your current gender identity?

- Man/male
- Woman/female
- Gender Fluid/Nonbinary, not exclusively male or female
- Other _____
- I prefer not to answer

Your pronouns are:

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Other _____
- I prefer not to answer

Are you transgender or of transgender experience?

- Yes
- No
- I am questioning/not sure
- Other _____
- I prefer not to answer

Select your age range:

- 19 or under
- 20-29
- 30-39
- 40-44
- 45-49
- 50-59
- 60-64
- 65-69
- 70+

HIV Status

I am a person living with HIV (PLWH): Yes No

If you are a person living with HIV, are you willing to self-identify as such for reporting requirements to HRSA (Health Resources and Services Administration)?* Yes No

*Disclosure of HIV status is encouraged, but not required. This information **will not** be shared without your permission.

If you are a person living with HIV, do you receive services at any Part A funded program? Yes No
(List of Part A funded agencies can be found on page 7)

Race/Ethnicity

What is your race?

- Black or African American
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- White
- Unknown/Unreported
- Two or more (please specify: _____)
- Other _____
- I prefer not to answer.

Are you Hispanic or Latino/a/x?

- Hispanic or Latino/a/x
- Not Hispanic or Latino/a/x
- Other _____
- I prefer not to answer.

What is your ethnicity? You can select more than one or write in your ethnicity.

- African (please specify the country: _____)
- Cape Verdean
- Haitian
- Brazilian
- Portuguese
- Puerto Rican
- Other _____
- I prefer not to answer

What language(s) do you speak? _____

What language(s) do you read and write in? _____

Please describe any accessibility support you may need to participate in the Council. This may include visual, audio, travel, or physical accessibility needs.

Planning Council Support will connect with you to discuss accessibility needs!

Part 3: Planning Council Membership Questions

Have you been on the Planning Council before?

- Yes
- No

If yes, which committee(s) or working groups have you served on? (Skip if you are a new member!)

- Executive Committee
- Membership and Nominations Committee (MNC)
- Consumer Committee
- Services, Priorities and Evaluations Committee (SPEC) or any evaluations-based committee
- Needs, Resources and Allocations Committee (NRAC) or any allocations-based committee
- Service Standards Working Group
- Bylaws Revisions Working Group
- Needs Assessment Working Group
- Other/Not listed: _____

MENTORSHIP

OPTIONAL: If you are a returning member and are seated for this term, would you like to volunteer to be a Mentor for new Council members?

- Yes
- No

SUBCOMMITTEE OVERVIEW – Members serve on *at least one (1)* subcommittee

Services, Priorities & Evaluations Committee (SPEC) – SPEC assesses gaps in care for people living with HIV (PLWH) in the Boston EMA and which services are needed to empower the PLWH community. SPEC looks at sociological and epidemiological data, while discussing any barriers to care and which service categories are needed to address them. The committee also provides guidance on prioritizing service categories and conducts an annual evaluation of how efficiently and rapidly the Boston Public Health Commission (the grantee) disburses money to agencies in the Boston EMA for the service categories SPEC had previously recommended in current and past council years.

Needs, Resources & Allocations Committee (NRAC) – NRAC makes recommendations to the Planning Council regarding potential federal, state, local, and private resources available to meet unmet service needs and recommend action to the Planning Council as appropriate. NRAC also recommends allocations of Part A funds to allowable service categories in the EMA by developing funding scenarios that will allow for rapid disbursement of funds in the case of level funding, decrease in funding, and increase in funding. The allocation recommendations will use all available information regarding community service needs, current funding for HIV services from all identifiable sources, and other data. NRAC develops and implements a needs assessment to identify the needs of individuals with HIV throughout the EMA.

Optional Committees

Membership & Nominations Committee (MNC) – MNC is only open to incumbent members. This committee is the Planning Council internal and external outreach committee. MNC members attend events in the Boston EMA focused on PLWH, serve as representatives of the Council and address member retention and satisfaction. MNC is responsible for overseeing the annual recruitment process.

Consumer Committee – The Consumer Committee is open to all Planning Council members, regardless of HIV status, but focuses on topics relevant to the experiences of PLWH. Past events include topic panels on immigrants living with HIV and transgender health & HIV, while other discussions on stigma, cure research, etc. have been held. The committee also leads the council’s anti-stigma campaign, **Someone You Know and Love**, which seeks to educate the community and empower individuals living with HIV through positive messaging and unity.

Executive Committee – The Executive Committee is only open for members in leadership roles in the Planning Council. Along with the Mayor’s representative and the Director of Ryan White Services from the Boston Public Health Commission, council leadership addresses administrative responsibilities, member attendance, evaluations from all other committees and any amendments to core Planning Council documents, bylaws, etc.

Please Choose a Committee

If chosen as a member of the Planning Council for 2024-2026, I would like to serve on the following Committee:

Note: *It is not guaranteed you will be appointed to your preferred Committee.*

- Needs, Resources & Allocations Committee (NRAC)**
- Services, Priorities & Evaluations Committee (SPEC)**

Part 4: Special Skills, Program Involvement and Mandated Seats

What special skills or areas of expertise would you bring to the Planning Council?

<input type="checkbox"/> Advocacy/Awareness	<input type="checkbox"/> Community Organizing
<input type="checkbox"/> Health Planning	<input type="checkbox"/> Evaluation of HIV or Health Services
<input type="checkbox"/> Public Health Administration	<input type="checkbox"/> Provider Perspective
<input type="checkbox"/> Dental Services and Needs	<input type="checkbox"/> Homelessness/Housing Services and Needs
<input type="checkbox"/> Substance Use Services and Needs	<input type="checkbox"/> Mental Health Services and Needs
<input type="checkbox"/> PLWH Nutritional Services and Needs	<input type="checkbox"/> PLWH Legal and Financial Services and Needs
<input type="checkbox"/> Primary Medical Care: Ambulatory/Outpatient	<input type="checkbox"/> Primary Medical Care: Antiretroviral Therapies
<input type="checkbox"/> MSM HIV Services and Needs	<input type="checkbox"/> People of Color with HIV Services and Needs
<input type="checkbox"/> Women’s HIV Services and Needs	<input type="checkbox"/> Children/Youth HIV Services and Needs
<input type="checkbox"/> Transgender HIV Services and Needs	<input type="checkbox"/> Formerly or currently incarcerated PLWH Services and Needs
<input type="checkbox"/> Immigrant/Migrant HIV Services and Needs	<input type="checkbox"/> Other: _____

*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. **You may attach a current resume.***

What special skills, educational background, perspectives, or life experiences do you think you will bring to the Planning Council? If you are a returning Planning Council member, what **new** experiences would you bring to the new Planning Council term?

What experiences (personal, volunteer, or professional) have you had, if any, with the HIV community?

Mandated Seats

Planning Councils are required to ensure that the membership overall and the consumer membership meet the requirements of reflectiveness—having characteristics that reflect the local epidemic in such areas as race, ethnicity, gender, and age, and representation—filling the required membership categories as stated in the legislation. These membership categories are often referred to as “Mandated Seats” and are listed below. Please check all that apply to you.

I am affiliated as an **employee**, **consultant**, or **board member** with the following types of organizations, agencies, or programs:

- I am not affiliated as an employee, consultant, or board member with any of the types of agencies listed**
- Health Care Providers (including federally qualified health centers)
- Community-Based Organizations (CBOs) serving affected populations/AIDS service organizations (ASOs)
- Social Service Providers (including housing and homeless service providers)
- Mental Health Providers
- Substance Use Providers
- Local Public Health Agencies
- Hospital Planning Agencies or Other Health Care Planning Agencies
- Affected communities, including PLWA and Historically Underserved Subpopulations
- Non-elected Community Leaders
- State Medicaid Agency
- Ryan White Act Part A Funded Agencies
- Ryan White Act Part B Funded Agencies
- Ryan White Act Part C Funded Agencies
- Ryan White Act Part D Funded Agencies
- Ryan White Act Part F Funded Dental Reimbursement Programs
- Ryan White Act Part F Funded Special Projects of National Significance (SPNS)
- Ryan White Act Part F Funded AIDS Education and Training Centers (AETC)
- CDC-Funded Prevention Providers
- Representatives of or Formerly Incarcerated PLWH

The name(s) of the organization(s) that I’ve referred to above and my role(s) in those organizations are:

Part 5: Conflict of Interest

Conflict of Interest Statement

Bylaws Article 4, Section 4.9

Pursuant to Section 2601(a) of the Ryan White Care Act, the Planning Council may not be directly involved in the administration of the grant. In order to comply with this part of the legislation, the Planning Council may not designate (or otherwise be involved in the selection of) particular entities as sub-recipients of a Part A award.

The Planning Council must ensure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service providers or the personal or professional interests of individual planning council members. For the purposes of the Priority Setting and Resource Allocations (PSRA) process:

- *If any member has a financial interest, either as an individual or as a fiduciary, in any matter(s), which comes before the Planning Council, he or she shall disclose such financial interest to the other Planning Council Members in advance of any discussion on such matter(s).*
- *Planning Council Members shall abstain from voting on matters or for specific services if the member or close family members are employed by, serve as consultants for, or are Board members of, or has a financial interest in, or belongs to an organization seeking money for that specific service. However, members may freely share their insights and expertise at appropriate times in a non-voting context, such as during data presentations or community input sessions, since all members can benefit from hearing a variety of perspectives and expertise.*

Please identify **any or all Part A funded agencies** for which you are currently an **employee, consultant, or board member**:

Please check all that apply. Do not include any organizations for which you serve on a consumer advisory group or as a non-paid volunteer.

- | | |
|--|--|
| <input type="checkbox"/> AIDS Project Worcester | <input type="checkbox"/> Greater Lawrence Family Health Center |
| <input type="checkbox"/> AIDS Response Seacoast | <input type="checkbox"/> Harbor Care |
| <input type="checkbox"/> Beth Israel Deaconess Medical Center, Plymouth | <input type="checkbox"/> Harbor Health Services, Inc. |
| <input type="checkbox"/> Boston Children's Hospital | <input type="checkbox"/> Justice Resource Institute |
| <input type="checkbox"/> Boston Health Care for the Homeless Program | <input type="checkbox"/> Lynn Community Health Center |
| <input type="checkbox"/> Boston Public Health Commission, HIV Dental Program | <input type="checkbox"/> Massachusetts Alliance of Portuguese Speakers |
| <input type="checkbox"/> Cambridge Health Alliance | <input type="checkbox"/> Massachusetts General Hospital, Boston |
| <input type="checkbox"/> Casa Esperanza, Inc. | <input type="checkbox"/> Massachusetts General Hospital, Chelsea |
| <input type="checkbox"/> Catholic Charitable Bureau of Archdiocese of Boston | <input type="checkbox"/> Making Opportunities Count, Inc. |
| <input type="checkbox"/> Codman Square Health Center | <input type="checkbox"/> Multicultural AIDS Coalition |
| <input type="checkbox"/> Community Research Initiative of New England | <input type="checkbox"/> New Hampshire Department of Health and Human Services |
| <input type="checkbox"/> Community Servings, Inc. | <input type="checkbox"/> Uphams' Corner Health Center |
| <input type="checkbox"/> Dimock Community Health Center | <input type="checkbox"/> Victory Programs / Boston Living Center |
| <input type="checkbox"/> East Boston Neighborhood Health Center | <input type="checkbox"/> Whittier Street Neighborhood Health Center |
| <input type="checkbox"/> Edward M. Kennedy Community Health Center | |
| <input type="checkbox"/> Father Bill's & MainSpring | |
| <input type="checkbox"/> Fenway Community Health Center | |

Part 6: Consumer Status

Consumer Status

At a minimum, 33% of members on the Planning Council must be unaligned consumers. There are three components to qualifying as an unaligned consumer:

- 1. You are living with HIV/AIDS*
- 2. You receive services at one of the organizations listed below*
- 3. You are not an employee of the same organization*

The agencies listed below all receive funding through Ryan White Part A. If you do not go to an organization listed and are a person living with HIV, you may skip this question.

If you are a person living with HIV, please identify **any or all agencies** for which you are currently receive services.

- | | |
|---|---|
| AIDS Project Worcester | Greater Lawrence Family Health Center |
| AIDS Response Seacoast | Harbor Care |
| Beth Israel Deaconess Medical Center, Plymouth | Harbor Health Services, Inc. |
| Boston Children's Hospital | Justice Resource Institute |
| Boston Health Care for the Homeless Program | Lynn Community Health Center |
| Boston Public Health Commission, HIV Dental Program | Massachusetts Alliance of Portuguese Speakers |
| Cambridge Health Alliance | Massachusetts General Hospital, Boston |
| Casa Esperanza, Inc. | Massachusetts General Hospital, Chelsea |
| Catholic Charitable Bureau of Archdiocese of Boston | Making Opportunities Count, Inc. |
| Codman Square Health Center | Multicultural AIDS Coalition |
| Community Research Initiative of New England | New Hampshire Department of Health and Human Services |
| Community Servings, Inc. | Uphams' Corner Health Center |
| Dimock Community Health Center | Victory Programs / Boston Living Center |
| East Boston Neighborhood Health Center | Whittier Street Neighborhood Health Center |
| Edward M. Kennedy Community Health Center | |
| Father Bill's & MainSpring | |
| Fenway Health | |

Part 7: Letter of Recommendation (Required)

Please ask a provider, an acquaintance, or a colleague to write a letter of recommendation for you. The letter should explain how they know you and describe your work with people living with HIV and affected communities, your community participation, meeting skills, and other personal qualities or experiences that would be relevant to your membership on the Planning Council. The letter should be sent directly to Planning Council Support at the address on the last page of this application.

I have asked the following person to write a letter for me: _____

Telephone number: _____

Email address: _____

Relationship: _____

Part 8: Application Checklist

Please verify that you have completed each part of this application. Check all boxes.

- | | |
|--|---|
| <input type="checkbox"/> Part 1: Contact Information | <input type="checkbox"/> Part 5: Conflict of Interest |
| <input type="checkbox"/> Part 2: Applicant Demographics | <input type="checkbox"/> Part 6: Consumer Status |
| <input type="checkbox"/> Part 3: Planning Council Membership Questions | <input type="checkbox"/> Part 7: Letter of Recommendation |
| <input type="checkbox"/> Part 4: Special Skills, Program Involvement, and Mandated Seats | |

Additional information on the Planning Council processes is available on our website:

www.bostonplanningcouncil.org.

Email your completed application to Planning Council Support Staff at pcs@bphc.org or mail it to:

Boston Public Health Commission
Planning Council Support
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
Phone: 617-947-4299 | Fax: 617-419-1629

Thank you for applying to be a member of the Planning Council! After your application is received, the Planning Council Support team will contact you by phone within a few weeks to go over your responses and to answer any questions.