



APPLICATION INFORMATION AND INSTRUCTIONS

ORANGE COUNTY

HEALTH CARE AGENCY

TRANSITIONAL GRANT AREA

For information or assistance, please contact:

Planning Council Support
HIV Planning and Coordination
1725 W. 17th Street, Building B
Santa Ana, CA 92706
(714) 834-8399

<http://ohealthinfo.com/phs/about/dcepi/hiv/council>

Revised 6/29/16

APPLICATION INFORMATION AND INSTRUCTIONS

HIV PLANNING COUNCIL

Established in 1987, the HIV Planning Council (Council) assesses the service needs for persons living with HIV disease (PLWHD) in Orange County. It establishes priorities for the allocation of funds to HIV services. It also evaluates the Orange County Health Care Agency's (Grantee) ability to get service providers who can meet the identified needs of the community.

The Council is composed of up to 27 persons who are dedicated individuals from a variety of backgrounds. To meet membership requirements and be reflective of the local HIV epidemic, the Council has members who provide HIV services in the community, members who oversee funding for HIV-related services, consumers of HIV services who have first-hand knowledge of the needs of PLWHD, and other individuals who have knowledge about the HIV needs of the community.

All membership applications are reviewed and carefully considered to ensure appropriate representation of diverse individuals on the Council. New members approved by the Council are forwarded to the Orange County Board of Supervisors for appointment. In addition, the Public Health Officer appoints Affiliate members recommended by the Council. The Affiliate Program is designed to mentor interested PLWHD in becoming a Council member. Affiliates act as alternate members and vote on Council issues when PLWHD members are absent from meetings. The program helps ensure that PLWHD have a voice in addressing the needs of the community.

The Council is federally mandated to include individuals in its membership who represent the following groups. "Represents" means you are or you provide HIV Services to people in these groups:

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital Planning Agency or Health Care Planning Agency
- State Medicaid Agency
- State Part B Agency
- Part C Provider
- Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
- Other Federal HIV Program (Prevention Services)
- Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
- Other Federal HIV Program (HOPWA)
- Representative of/or Persons Living With HIV Disease (PLWHD) who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- Non-elected Community Leader
- Affected Communities: PLWHD Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- Affected communities: PLWHD and Historically Underserved Subpopulations
- General Community Member

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION INFORMATION AND INSTRUCTIONS (CONTINUED)

COUNCIL MEMBERS' ROLES

The Council is a mandated decision making body for the Ryan White Act. Council member's decide what services are most needed in Orange County (**set priorities**), determine how funds should be allocated for each of these services (**allocate resources**), and develop a plan to provide these services (**comprehensive plan**). These decisions must be made based on the evaluation of the needs of people living with HIV (**needs assessment**). The Council also evaluates how efficiently the providers are selected and paid (**assess the efficiency of the administrative mechanism**). Members promote public awareness of the HIV epidemic in Orange County. Members must also adhere to the Rules of Respectful Engagement stated below:

1. Our common enemy is HIV/AIDS. Homophobic, racist, sexist and other discriminatory statements have no place in our deliberations.
2. We value differing interests and opinions.
3. We acknowledge that individuals may have special communication needs and make every effort to meet any special needs of Planning Council members and guests.
4. We avoid unnecessarily repeating statements previously made by other members.
5. We are specific and use examples to define what we mean.
6. We provide feedback to each other in a constructive and respectful manner.
7. We focus on the issue, not the person raising the issue. No personal attacks during or outside of business meetings.
8. We avoid side bar conversations.
9. We observe the group's agenda or negotiate a change.
10. We avoid making impassioned pleas and we make decisions based on data.

COUNCIL MEMBERS' DUTIES

1. Attend new member orientation training. Members cannot vote without attending the new member orientation. Members who have previously been on the Council will be required to have a Council overview session prior to voting.
2. Develop a working knowledge of the Ryan White Act, Housing Opportunities for Persons with AIDS (HOPWA), the Brown Act, and the community planning process.
3. Learn and use the HIV Planning Council's Bylaws, and Committee Policies and Procedures.
4. Follow the Rules of Respectful Engagement and Roberts Rules of Order.
5. Attend all scheduled Council meetings and meetings of selected committees. Estimated time commitment for Council members is approximately four to six hours minimum per month.
6. Participate in the mentoring of new Council members.
7. Take the *Oath of Office* and file Form 700 *Statement of Economic Interest for Designated Parties* upon appointment, annually, and at conclusion of term or resignation.

Please note members may be removed from the Council for cause pursuant to standards adopted by the Board of Supervisors. Failure to meet the attendance requirements of the Council as described in the Council bylaws may be cause for removal. Conduct that disrupts or interferes with the Council or its committees' business may also be cause for removal.

HIV PLANNING COUNCIL COMMITTEES

Besides the Council, there are five committees that work to address the needs of PLWHD in Orange County. Council Members are expected to serve on at least one of the Council's committees. In addition, individuals may apply for committee membership only. Applying for committee membership allows a great opportunity for input as well as the chance to learn more about the Council's planning process.

Executive Committee: (Membership is limited to Council officers)

The purpose of the Executive Committee is to advise the Planning Council officers of the monthly activities of the committees. The Executive Committee is also responsible for the following:

- Evaluating the Grantee's successes or challenges in distributing funds to the community to provide HIV services.
- Review and approve all action items before they go to the Council for approval.

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION INFORMATION AND INSTRUCTIONS (CONTINUED)

HIV Client Advocacy Committee: (Open to persons living with HIV disease (PLWHD) in Orange County)

The Client Advocacy Committee is an important committee of the Planning Council. Members of this committee act as the voice of the community. It is made up of individuals living with HIV and AIDS and identifies the needs of clients in Orange County. They help develop surveys to get information about needs of the community and client's satisfaction with current services. Becoming part of the Client Advocacy Committee is a great way to identify ways to improve services for PLWHD.

Membership Committee: (Membership is limited to Council members)

The Membership Committee works to recruit, train, and maintain a diverse group of members on the Council. The committee reviews Planning Council applications and recommends individuals for Council membership. The committee also identifies ways to keep individuals involved in Planning Council and committee activities.

Prevention and Care Strategies Committee: (Any community member can apply for membership)

The Prevention and Care Strategies evaluates the Orange County HIV Continuum of Care to develop strategies to increase the number of individuals aware of their HIV status, Linked to HIV Care, Retained in HIV Care, and Virally Suppressed. The committee also leads the development of the HIV Integrated Prevention and Care Plan. . Individuals who have an interest in stopping the spread of HIV in the community or have knowledge of effective activities should consider participation on the Prevention and Care Strategies Committee.

Priority Setting, Allocations, and Planning Committee: (Any community member can apply for membership)

The Priority Setting, Allocations, and Planning Committee is responsible for the review of information about the needs of PLWHD to:

- Develop service priorities for HIV care services
- Recommend allocations for services
- Review and recommend reallocation of funds for services

Individuals with an interest or who have experience in reviewing data, setting priorities, and advocating for the service needs of PLWHD should consider participation on the Priority Setting, Allocations, and Planning Committee.

TO APPLY FOR MEMBERSHIP – Complete and submit the following:

- 1) Application for Membership including the Affirmation of Membership Commitment
- 2) Conflict of Interest Disclosure Report Forms
- 3) Resume
- 4) HIV Planning Council Application Quiz

Submit the completed forms, your resume, and the HIV Planning Council Quiz to the HIV Planning and Coordination office, 1725-B W. 17th St., Santa Ana, CA 92706 or fax to (714) 834-8270. If you have any questions, please call (714) 834-8399. After your application is submitted, you will be contacted for the next steps. Please keep a completed copy of the application for your records. If you do not have access to a copy machine, please ask HIV Planning and Coordination staff to assist you.

Please be advised that your application will be reviewed during public meetings. Aside from your contact information, confidentiality of information cannot be assured.

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION QUIZ

The HIV Planning Council quiz is intended to ensure that potential members know and understand the role of the HIV Planning Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the Membership Committee may want to ensure that the individual is assigned a mentor.

Please circle answers below and submit your completed quiz with your application.

Applicant Name: _____

1. The role of the HIV Planning Council is:
 - A. Assess the needs of persons living with HIV disease (PLWHD)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Planning Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Planning Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Planning Council Duties

3. All members must affirm their commitment to the Planning Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **not** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Planning Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan white and/or HOPWA-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Planning Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue. No personal attacks
 - D. We avoid making impassioned pleas and we make decisions based on data

ORANGE COUNTY HIV PLANNING COUNCIL

APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No

What was the reason you left:

Have you ever served on a Committee (Check Yes or No): Yes No If yes, Which Committee(s):

If you are no longer serving on the Committee(s), what was the reason you left:

This application is for:

Planning Council Membership: (All members of the Planning Council are required to serve on a standing committee).
Check committee(s) below:

Committee Membership(s) Only (Check committee(s) below):

- Client Advocacy (HCAC) Priority Setting, Allocations, and Planning (PSAP)
 Prevention and Care Strategies Committee (PCSC) Other HIV-related Committee:

Contact Information:

Applicant's Name: _____ Date: _____
Address: _____ State: CA Zip Code: _____
Email: _____
Fax: _____

What is your preferred contact phone number? _____
May we leave a message at the above contact phone number? Yes No
May we fax HIV/AIDS-related materials to the above fax number? Yes No
May we email HIV/AIDS-related materials to the above email address? Yes No

City of employment/residence: (Check one)

- North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
 Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
 South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Personal Profile:

Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Other: _____

Current Age: _____ Year of Birth: _____

Cultural/Ethnic Identity:

- African-American Pacific Islander (specify): _____
 Asian (specify): _____ White/Caucasian
 Latino/a (specify): _____ Decline to State
 Native American (specify Tribe/Nation: _____) Other (specify): _____

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.

MSM(men who have sex with men) Injection Drug User (IDU) MSM/IDU Heterosexual Hemophilia
 Perinatal Blood Transfusion Unknown/Not reported Other (Specify): _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Please rank three topics below of skill which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest and '3' being the lowest):

- | | |
|---|----------------------------------|
| ___ Gay/Bisexual Men's HIV Health Needs | ___ Substance Use/Abuse Services |
| ___ Women's HIV Health Needs | ___ Mental Health Services |
| ___ Pediatric/Adolescent HIV Health Needs | ___ Health Planning |
| ___ Injecting Drug Users' Health Needs | ___ General Public Health |
| ___ Other (specify): ___ | |

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399:

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital Planning Agency or Health Care Planning Agency
- State Medicaid Agency
- State Part B Agency
- Part C Provider
- Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
- Other Federal HIV Program (Prevention Services)
- Other Federal HIV Program (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
- Other Federal HIV Program (HOPWA)
- Representative of/or PLWHD who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release
- Non-Elected Community Leader
- Affected Communities: PLWHD Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- Affected Communities: PLWHD and Historically Underserved Subpopulations
- General Community Member

Please describe below how you qualify to represent the category/ies marked above:

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data **not** my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council’s committees.

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: _____

Signature: _____ Date: _____

Additional Information:

If employed, who is your current employer? _____ Does not apply

Type of Business/Agency _____ Job Title _____

Is your current employment HIV/AIDS related? Yes No

Briefly describe your responsibilities:

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

**ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

AltaMed
AIDS Services Foundation
APAIT Health Center
Delhi Community Services Center
Orange County Health Care Agency (including 17 th Street, REACH, and HCA Dental)
Public Law Center
Phoenix House Orange County
Straight Talk (including Gerry House, START House)
Shanti Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) **have not served** within the past **12 months** as staff, consultant, officer, or board member for any organization which has received funding from Ryan White and/or HOPWA funds.

Signature: _____ Date: _____

Print or Type Name: _____

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) **have served** within the past **12 months** as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White and/or HOPWA funds.

Organization: _____

Period of Affiliation: _____

Title/Relationship: _____

(Please attach additional pages as necessary)

Signature: _____ Date: _____

Print or Type Name: _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of “unaligned consumers”. These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White and/or HOPWA-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes No

Are you receiving HIV services at a Ryan White and/or HOPWA-funded Agency

Yes No

If Yes, please indicate which Agency or Agencies _____

In order to be considered for membership as an “unaligned consumer” or an “affiliate,” a person’s HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS:

I, the undersigned, hereby **voluntarily** acknowledge that I am HIV-infected and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____

Date: _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

The information below describes the required disclosure of PLWHD co-infected with Hepatitis B or C.

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWHD co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWHD co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWHD co-infected with Hepatitis B or C, a person’s HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWHD co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS:

I, the undersigned, hereby voluntarily acknowledge that I am a PLWHD co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____ Date: _____