

Application for Seattle HIV/AIDS Planning Council Membership

Name: _____ Date: _____

Work Address: _____ City: _____ ZIP _____

Home Address: _____ City: _____ ZIP _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ King County Council District: _____

To find your King County Council District, go to: <http://www.kingcounty.gov/council.aspx>

Would you be available to interview with the Membership Committee on the 1st Tuesday of the month any time between 1:40 and 3:15? Yes No

If not, please circle which days of the week and times of the day would you be available for an interview:

MON AM / PM TUE AM / PM WED AM / PM THUR AM / PM FRI AM / PM

Applications will be considered in comparison with *identified gaps in representation on the Planning Council.*

All applicants must attend a Council meeting before their application will be considered. Please call 296-4527 for Council meeting dates, times and locations.

1. Please describe your personal and/or professional experience and expertise. Discuss any experience related to HIV Disease or with the system of HIV/AIDS care services delivery and/or prevention/ education activities.
2. Please discuss your interest in serving on the Planning Council. What skills or perspective would you bring to the Planning Council to strengthen its effectiveness? This might include some discussion of your peer group as it relates to groups at risk for or affected by HIV.
3. How long have you lived in King County?
4. What else would you like us to know about you?

I have read the two page "What Can I Expect in a Term on the Planning Council". I am willing to commit the time and effort required of Planning Council Members should I be selected for service.

Signature: _____ Date: _____

The Council must have one person (in some cases more) from each of the following categories. Please let us know if you are a member of the population, work as a care or prevention provider with the population, or work as the type of provider.

Mandated Representational Slot**	I am a member of this population	I provide services to this population	I am this type of provider
Health care provider to PLWH (Medical provider)			
Representative of HIV/AIDS service organization			
Housing/homeless services provider			
Mental health treatment provider			
Substance use treatment provider			
Non-elected community leader			
Health planner			
Ryan White Part B Grantee (State DOH)			
Ryan White Part C Grantee			
Ryan White Part D Grantee			
State Medicaid Agency Representative			
Other Federal HIV Funding (AETC, SPNS, etc.)			
Recently Incarcerated (in last 3 years) PLWH/A or their representative			
Unaligned Consumer of Ryan White Services			
Snohomish or Island County Representative			
<i>Members of these at-risk populations or providers serving them:</i>			
HIV+ Persons			
MSM/IDU, age 15 to 69			
Latino MSM, age 25 to 69			
Black MSM, age 25 to 69			
Young MSM, age 15 to 24			
White MSM, age 25 to 69			
IDU, age 15 to 69			
Foreign born black, age 15 to 69			
Epidemiologist			
Behavioral scientist			

*In order to be considered an 'unaligned consumer of Ryan White services' you must meet **ALL** of the following criteria:

1. HIV+
2. Currently receiving HIV care services in King County
3. Not working for or on the board of any agency which receives care funding (nor have a family member who does)
4. Willing to be "out" about your status for Council purposes

If you have questions about any of these, please contact the Planning Council Administrator at 205-5511

What Can I Expect in a Term on the Planning Council?

Work on the Planning Council involves five types of activities, all of which are important. Below is a description of how each happens, and the role you can expect to play as a Council member.

Show Me the Money!

The primary job of Council members is the prioritization and allocation of several types of prevention and care funds in King County. The Council prioritizes care services, and determines how much funding will go to each. They prioritize the populations most at risk of HIV transmission, and allocate dollars to those populations. This is where the Council's work ends. The Council *does not* determine which agencies get funded, and *is not* involved in monitoring the work of agencies. In fact, we try not to talk about agencies at all! Council members are responsible for about \$5 million in care funding and \$1.5 million in prevention funding annually, and they develop their plans every two years. Here's what these processes are like:

First, Council members review all available data. Next, they use these data along with state and Federal rules to determine the rank order of up to 20 categories of services for care or 10 populations to be targeted for prevention efforts. Next, (again using the data) they determine how much of the available money should go to each service or population. Finally, (again, using the data) they determine whether there should be additional restrictions or set-asides for the money. In the off years, there may be a "mini" process, to adjust the current plan.

Just the Facts, Ma'am

In order to create prioritization plans that are appropriate and justifiable, the Council members need lots and lots of information. Some of this information is readily available from the health department, such as epidemiological data. Other information must be collected using needs assessments. While Council staff carry out these assessments, Council subcommittees determine what kinds of assessment will take place, and help to shape them. In some cases they will set aside dollars for conducting needs assessments. The Council members also determine what data will be used, how it will be used, and when it will be used.

What's the Plan?

While prioritization plans cover two-year periods, Council members must be able to both act quickly, and to think about the big picture. Off-year mini-prioritization processes allow Council members to respond to emerging problems. Council members also create long-range ("Comprehensive") plans which help to guide the direction of needs assessments as well as prioritization processes. These comprehensive plans look at big picture issues like, "How can we influence care and prevention providers to work more closely together?" and "How can we ensure that all people with HIV have equal access to services?"

Hail! Hail! Is the Gang all Here?

In order for the Council to make good decisions, it is important (and required by our funders) that there be a broad group of people making those decisions. There are between 20 and 40 Council members, including over 16 mandated representational seats. Also, one-third of the group must be HIV+, unaligned consumers of Ryan White services. Additionally, the demographics of the Council must be representative of the demographics of the epidemic in King County – with over representation of historically underserved groups. The number one way for people to get connected to the Council is to hear about it from other Council members. Council members need to set recruitment targets, recruit applicants, screen applications, interview people and vote on them.

Now...Where Were We?

Like many organizations, the Council requires leadership to ensure that the work gets done, and gets done well. Setting agendas, creating a vision, making sure things run smoothly and generally keeping the Council moving forward is the responsibility of the Executive Committee. This committee also takes the lead on revising bylaws and other Council policies. The Executive Committee consists of the four co-chairs of the Council, along with co-chairs of committees. What's more, all Council members can come to, and vote at, Executive Committee meetings.

Etcetera

Hey, there's always more to do. The Council has a lot of internal work it needs to do—including updating bylaws and other guiding documents. Externally, Council members serve as representatives on a variety of other committees throughout the state. Ad Hoc Committees form to address issues that arise. All of these things require member participation.

So, Where Do I Fit In?

As a new Council member, you must commit to doing the following:

- **Come to every monthly Council meeting** (the 2nd Monday of the month from 4:00pm to 6:30pm) on time, prepared to make the decisions listed on the agenda. This means being prepared by reading the materials and asking questions if you are unclear about something. Attend the 4-hour new member orientation within your first four months on the Council.
- **Participate in a prioritization process.** The prevention prioritization process takes place in odd numbered years, care is in even numbered years. Each takes about 36 hours over 3 months. You need to participate in one or the other during each term on the Council.
- **Join a committee.** While you don't need to join every committee, you should participate in at least one.
- Don't shy away from leadership positions. If you are interested, and think you can facilitate a meeting and help set the direction of the Council, then find out more!
- Keep a piece of the Council with you in your day-to-day life. Maybe you are a consumer who runs into other consumers at a support group, or waiting for your doctor's appointment. Maybe you're a provider who works with other providers and consumers. Tell them about the kinds of issues being discussed at the Council—get their input and bring it back to the Council. Be aware of the membership gaps of the Council, and recruit the people you know who fill those gaps.

You should expect that, between meetings and getting prepared, Council business will take about 10 hours of your time a month.

What Do I Get Out of It?

- Council participation stirs up emotions: excitement, frustration, triumph, sadness, joy, and sometimes boredom. The stakes are high, and the work is hard, but it is rewarding.
- Council members are an interesting and dynamic bunch of people, and have a multitude of different experiences related to HIV. As a new member, you have things to learn from and teach to all of them.
- There's always the food. The Council is aware that it asks for a lot of its member's time and energy. While we can't pay you, we can feed you. There are snacks at all meetings, and full meals at some meetings. What's more, we can cover the cost of parking, taxis, pay mileage, pay for childcare, and even provide reimbursement for lost wages to help you attend meetings.
- 'I made a difference.' Enough said.