



Case Management Training Program Advisory Committee Application

Purpose

The Case Management Training Advisory Committee is an advisory body to the Case Management Training Program, housed under the Education and Community Engagement Division in the Infectious Disease Bureau. This committee will help to review and create modules for medical and non-medical case managers funded through the Part A Ryan White Service Division.

Membership

The advisory committee needs medical case managers, non-medical case managers, program Managers, community members, and people living with HIV that represent the ethnically and culturally diverse viewpoints and interests of the community. Emphasis is placed on ensuring membership reflects the spectrum of socio-demographic groups impacted by health inequities including, but not limited to people of color, linguistically diverse populations, LGBTQ, aging populations, people with disabilities, formerly incarcerated, and low-income residents.

Members Responsibilities

- Serve a two-year membership term.
- Actively participate in meeting discussions by representing the concerns and interests of the community.
- Serve as a resource for sharing information about public health, the social determinants of health, and health equity with their community.
- Review existing modules and provide feedback and updates.
- Make recommendations on new modules and as needed assistance on new modules.
- Assist in creating and evaluating surveys.
- Provide resources that can be distributed to case managers.
- Assist in planning and staffing large case management training events (resources fairs, end of the year events, WAD, etc.).

Membership Benefits

- An opportunity to advise on issues that are important to you.
- A chance to provide feedback on curriculum that will be incorporated into program design and education for all case managers funded under Ryan White Part A Grant in the Boston EMA.

Completed applications are due on **August 28th**. Submit by mail or email to:

Boston Public Health Commission | Infectious Disease Bureau

Attention: Case Management Training Program

1010 Massachusetts Ave., 2nd Floor, Boston, MA 02118

Email: IDBtraining@bphc.org

Part 1: Contact Information

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

Name: _____

Home Address: _____

City/State: _____ Zip Code _____

Home Phone: _____ Cellular/Mobile Phone: _____

Personal E-mail: _____

Employer: _____

Employer Address: _____

Employer City/State: _____ Employer Zip Code: _____

Title/Position: _____

Work Phone: _____ Work Fax: _____

Work E-mail: _____

The Case Management Training Program team will be contacting you via text message, e-mail, and/or telephone about meeting activities. Please tell us how you prefer to be contacted by checking off the corresponding box:

I prefer to receive calls and messages by **phone**

I prefer to receive e-mail messages by **email**

I prefer to receive e-mail messages by **text message**

Part 2: Personal Information

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 the CM Training Program staff.

I am Male Female Transgender

My age range is 19 and under 20-29 30-39 40-44
 45-49 50-59 60-69 70+

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

I am a person living with Hepatitis B Yes No

I am a person who has or has had Hepatitis C Yes No

If you are a person living with HIV, are you willing to self-identify as such for Advisory Committee activities? * Yes No

**Disclosure of HIV status is encouraged, but not required for membership.*

Hispanic or Latino/a	Federal Race Categories	Other Racial or Ethnic Groups
You MUST check one	Choose as many as applicable, but you MUST choose at least one	You may choose one or more from the following.
<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a <input type="checkbox"/> Unknown/Unreported	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown/Unreported <input type="checkbox"/> Two or more (please specify: _____) <input type="checkbox"/> Other: _____	<input type="checkbox"/> African <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Brazilian <input type="checkbox"/> Portuguese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other: _____

What languages do you speak? _____

What languages do you read and write? _____

Do you have any special needs (e.g. accessibility)? _____

Part 3: Membership Questionnaire

1. Why do you want to be an advisory committee member? What do you hope to gain or learn from the experience?

2. What special skills, educational background, perspectives, or life experiences will you bring to the Advisory Committee? If you are a previous member of the Case Management Advisory Committee, what experiences will you bring to a **new** term?

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

4. Describe an HIV related topic, idea, or concept that you find engaging and explain why?

5. Are you a member of other HIV support-related groups or boards?

Check off the areas of expertise you would bring to the advisory committee:

- | | |
|--|--|
| <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/Abuse 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 |
| <input type="checkbox"/> Primary Medical Care: Ambulatory/Outpatient Therapies | <input type="checkbox"/> Primary Medical Care: Antiretroviral |
| <input type="checkbox"/> White MSM HIV Issues and Needs | <input type="checkbox"/> MSM of Color HIV Issues and Needs |
| <input type="checkbox"/> Women's HIV Issues and Needs | <input type="checkbox"/> Children/Youth HIV Issues and Needs |
| <input type="checkbox"/> Transgender HIV Issues and Needs | <input type="checkbox"/> Ex-offender HIV Issues and Needs |
| <input type="checkbox"/> Immigrant/Migrant HIV Issues and Needs | <input type="checkbox"/> Other: |

Part 4: Statement of Member Commitment

I agree that as a member of the Case Management Training Program Advisory Committee I shall:

1. Actively assist in reviewing existing and new modules and provide feedback/recommendations
2. Assist in creating and evaluating survey tools
3. Attend all scheduled meetings of the Advisory Committee
4. Comply with Advisory Committee attendance policies and fulfill all member responsibilities.

Sign

Date

The deadline for submission is August 28, 2019.

Email or mail your completed application to
Boston Public Health Commission | Infectious Disease Bureau
Attention: Case Management Training Program
1010 Massachusetts Ave. 2nd Floor | Boston, MA 02118
Email: IDBTraining@bphc.org