



**MHPC**

**The Mississippi HIV Planning Council**

## MHPC Membership Application Form

All information provided on this application will be kept **CONFIDENTIAL**.

MHPC is seeking strategic members that possess values such as diligence, integrity and compassion. The Council is seeking individuals and organizations that can help MHPC secure key resources and that strive to change the HIV epidemic status in our State. Individuals, stakeholders or organizations are invited to submit an application for membership to the Mississippi State Department of Health (see below) for consideration. Please note that a submission of an application does not guarantee membership access to MHPC.

Prior to being seated as a MHPC council member, it is a requirement to complete new member orientation. If seated as council member, your term will be for two consecutive years. All Council members and/or their assigned proxy (substitute) are required to attend all MHPC meetings, be active on at least one standing committee and active on at least one work group committee. There is no financial compensation for service on this Council. However, reimbursement can be requested for any approved travel associated with MHPC activity.

**Please complete the form below and return to: Mississippi State Department of Health, Office of STD/HIV, Prevention and Treatment, ATTN: Johnnetta Jackson, P.O. Box 1700, Jackson, Mississippi 39215-1700 or email to [Johnnetta.Jackson@msdh.ms.gov](mailto:Johnnetta.Jackson@msdh.ms.gov)**

First Name: _____ Last Name: _____			
Physical Address: _____ Street and Post Office Box/ Apartment Number			
City, State and Zip Code			
Mailing Address: _____ Street and Post Office Box/ Apartment Number			
City, State and Zip			
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone: (_____) _____		Personal Phone : (_____) _____	
Work Email : _____		Personal Email : _____	
Employer _____		Title: _____	
Education: _____			
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other:( <i>please specify</i> ) _____	<b>Sexual Orientation:</b> <input type="checkbox"/> Heterosexual (man to woman or woman to man) <input type="checkbox"/> MSM (man who has sex with men) <input type="checkbox"/> WSW (woman who has sex with women) <input type="checkbox"/> Man who has sex with women or men <input type="checkbox"/> Woman who has sex with men or women	<b>Age:</b> <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+	<b>Race/Ethnicity:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/ African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other:( <i>Please specify</i> ) _____

**Disclosure of HIV status is not required for consideration for membership to MHPC. The choice to disclose is completely optional and will not interfere with your acceptance or denial to MHPC.**

I choose not to disclose my status     Positive     Negative     Do not know

Indicate which category you would be able to represent as a member of the MHPC. (Check all that apply)

**Individual**

- Person living with HIV or AIDS     HIV/AIDS Advocate     Family/Friend of a PLWHA
- Member of Community or Group Disproportionately Impacted by HIV/AIDS
- Faith-Based Leader/Clergy     Business Professional     Political Official
- Other: \_\_\_\_\_

**Organization**

**HIV Service Providers (name of organization)** \_\_\_\_\_  
 Prevention     Care     Other: \_\_\_\_\_

**Other (Non-HIV) Service Provider (name of organization)** \_\_\_\_\_  
Type of Service provided: \_\_\_\_\_

**Stakeholder**

**Individual or organizational-** *A person or representative of an organization who has personal or professional experience or expertise that is useful for HIV Prevention and Care.*

**Name of Organization** \_\_\_\_\_

Why do you want to be a member of MHPC? \_\_\_\_\_  
\_\_\_\_\_

What qualifications, special skills, expertise or experience will you bring to MHPC? \_\_\_\_\_  
\_\_\_\_\_

List the populations or groups you will be able to impact as an MHPC member: \_\_\_\_\_  
\_\_\_\_\_

Which NHAS Goal related work group you would like to serve on? (Please see the next page for a list of goals and objectives)  
\_\_\_\_\_

Please provide the name, phone number, and email address of three professional and or personal references

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for MHPC membership and may result in my dismissal, if discovered at a later date. I also acknowledge that I am capable of completing all duties related to being a member of MHPC and by my signature I consent to this statement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership Committee Use Only**

Date Reviewed: \_\_\_\_\_ Committee Action:     Approved     Not Approved     Need additional information

**In order to meet each NHAS Goal and the respective objectives stated in the Integrated Prevention and Care Plan, the MHPC has created three work groups. Each work group is responsible for meeting the objectives of each individual NHAS goal. All MHPC members are to be on at least one work group during their term on the MHPC. Please select which work group you would like to be on and record it on your MHPC application.**

**Group 1: NHAS Goal #1 Reducing New HIV Infections**

<b>SMART Objectives</b>	<b>Annual</b>	<b>Due Date</b>
1. Annually by December 31, add 5 new (unduplicated) sites to the total number of DMH certified residential alcohol/drug treatment clinics that perform opt out rapid HIV testing.	Yes	December 31
2. Annually by December 31, add two (2) new sites that perform general HIV screening as a routine component of an annual wellness visit as per CDC recommendations. Sustain support annually for MSDH public health lab to perform at least 70,000 HIV tests	Yes	December 31
3. Annually by December 31, add one (1) new health care or non-health care site that provides targeted HIV testing in the Mississippi counties with greater than 20 cases or incidence rate of 16.2 per 100,000 people.	Yes	December 31
4. Annually by December 31, identify at least one (1) new PEP/PrEP health provider in Mississippi and inform the public.	Yes	December 31
5. Annually by December 31, increase by 15% organized community outreach activities (e.g., reproductive health education in community settings, etc.) using HIV-focused Community Health Workers and provide HIV education/prevention update trainings at least bi annually to CHWs.	Yes	December 31

**Group 2: NHAS Goal # 2 Increasing Access to Care and Improving Health Outcomes for PLWH**

<b>SMART Objectives</b>	<b>Annual</b>	<b>Due Date</b>
1. Improve surveillance data to care analysis to reduce the number of erroneously identified out of care individuals by 5-10 % annually.	Yes	5-10% each year until 2021
2. Increase by two (2) to five (5) annually, the number of DIS that provide enhanced Partner Services for high-risk HIV negative MSM to improve HIV outcomes.	Yes	5% each year until 2021
3. By October 1 2017, provide Ryan White-funded health care workers with written standards of care for all available Ryan White core and support services.	No	October 1, 2017
4. Annually by December 31, provide training on patient-centered HIV care for at least 25 new (unduplicated) health care workers.	Yes	December 31
5. By March 31 2021, increase by 15% the number of PLWH who obtain health insurance and/or Medicaid coverage	No	15% by March 31, 2021
6. By December 31, after 2018 annually provide certification in medical case management and coordination of services by developing and implementing a formal medical case management program that meets state and	Yes	December 31(after 2018)

federal standards for new and current case managers.		
7. By December 2018, develop an action plan to improve access to Mental Health services to eligible PLWH in each Public Health District by.	No	December 2018
8. Provide one telehealth outpatient ambulatory HIV healthcare site for eligible PLWH in at least 3 underserved areas by 2021.	No	2021
9. Each year recruit at least one Oral Health Care provider to serve eligible PLWH in target counties with a case rate higher than 16.2.	Yes	December 31
10. By December 31 annually, train 25 allied health professionals in HIV prevention.	Yes	December 31
11. By September 30, 2019, expand the Peer HIV focused Community Health Worker program to assure at least one appropriately trained CHW that can provide linkage to care and re-engagement services at all Ryan White funded sites.	No	September 30, 2019

**Group 3: NHAS Goal # 3 Reducing HIV- related Disparities and Health Inequities**

<b>SMART Objectives</b>	<b>Annual</b>	<b>Due Date</b>
1. By December 31, annually increase by 10% transportation services to eligible PLWH in two Public Health Districts by 2021.	Yes	10% by December 31
2. Increase the number of health care workers and ASO staff that complete cultural competency training that includes working with low health literacy level consumers by 20% year over year until 2021.	Yes	20% each year until 2021
3. By December 31, 2020, advocate for sufficient state funding support for HIV prevention and treatment in Mississippi.	No	December 31, 2020
4. By September 30, 2021, advocate for a 15% increase in general state funding support for HIV prevention and treatment services in Mississippi	No	15% by September 30, 2121
5. Annually by December 31, provide at least 100 health care workers (including ASO staff, HIV consumers, and advocates) with workplace health literacy and cultural sensitivity training on race, gender and sexual orientation according to CLAS standards.	Yes	100 by December 31
6. Annually by December 31, increase the number of impressions and interactions by at least 5% using a social marketing campaign to target disproportionately affected populations via social media which includes culturally competent messages about HIV Prevention Care and treatment resources.	Yes	5% by December 31
7. By September 30, 2021, approve at least one new policy or policy change through legislative action or administrative rule to reduce HIV discrimination in Mississippi.	No	September 30, 2021