



SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING PACKET
WEDNESDAY, November 13, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114, (Tubman Chavez Room C)

The Charge of the Membership Committee: Committee: To recruit, interview, select, and coordinate training for Planning Group Members.

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Meeting Location & Directions:

Membership Committee

Wednesday, November 13, 2024

11:00 AM - 1:00 PM

Southeast Live Well Center

5101 Market St.

San Diego, CA 92114

Tubman Chavez Room C



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

FROM I-805 NORTH:

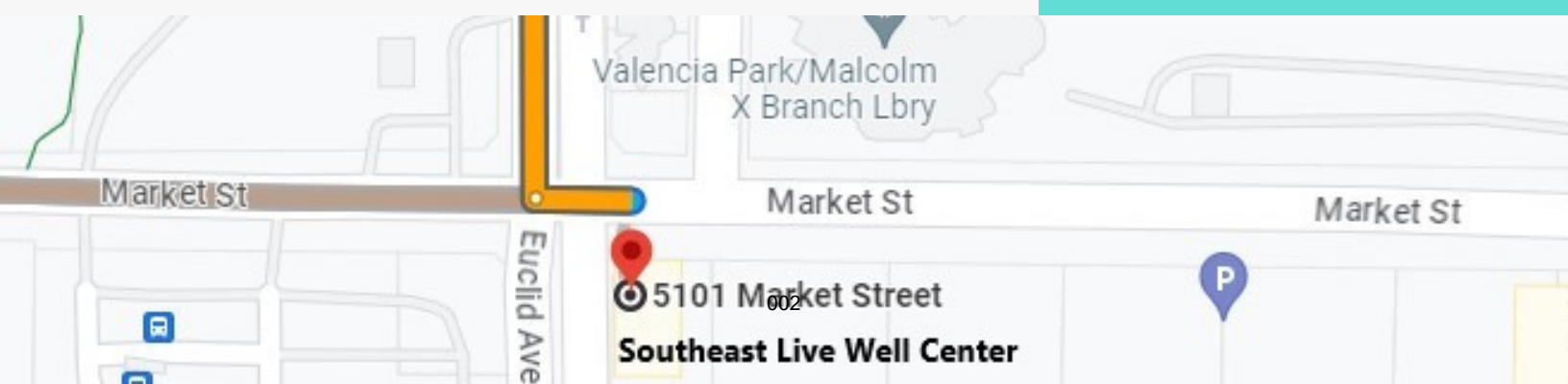
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

MTS Bus Routes:
3, 4, 5, 13, 60, 916,
917 and 955



MEMBERSHIP COMMITTEE



Wednesday, November 13, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room C)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83939793722?pwd=dJARoW31vGchmUT4t6RCnEBdo7m1Ku.1>

Call in: +1 (669) 444-9171 Meeting ID: 83939793722#

Meeting ID (access code): 839 3979 3722 **Password:** MEMBER

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is Four (4)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | Mikie Lochner | Rhea Van Brocklin | Michael Wimpie

MEETING AGENDA ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Membership Committee agenda for November 13, 2024
5. **ACTION:** Approve the Membership Committee meeting minutes from October 9, 2024
6. New Business
 - a. **ACTION:** Approve Martha Rodriguez Luque for any qualified and available seat
 - b. **ACTION:** Approve Eva Matthews for seat 19. Social Service Provider, including providers of housing and homeless services
 - c. **ACTION:** Continue the discussion on HIV Planning Group Member Expectations
 - d. **ACTION:** Continue the discussion on the HPG Mentorship Process
7. Old Business
 - a. HPG Member recruitment update
 - i. Vacant Seats
 - ii. New HPG Members

MEMBERSHIP COMMITTEE

- b. HPG Membership Demographics
- 8. Routine Business
 - a. HIV Planning Group Attendance
 - b. Committees Attendance
 - c. Getting to Zero Community Engagement Project
 - i. Membership Committee Plan/Strategy for Recruitment
- 9. Future agenda items for consideration
- 10. Announcements
- 11. Next meeting date: **Wednesday, December 11, 2024, 11:00 AM - 1:00 PM**
Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)
- 12. Adjournment

MEMBERSHIP COMMITTEE



Wednesday, September 11, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is four (4).

Committee Members Present: Felipe Garcia-Bigley (Chair) | Lori Jones (Just Cause) | Bob Lewis | Mikie Lochner | Rhea Van Brocklin | Michael Wimpie

Committee Members Absent: Regina Underwood

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:01 AM and noted the presence of an in-person quorum.	
2. Public Comment on non-agenda items (for Members of the public)	A public member indicated he could not view the agenda and meeting minutes online. The link was not working correctly.	
3. Sharing our concerns (for committee members)	This is Bob Lewis' (previous committee Chair) last day attending the Membership meeting. His seat term ends on September 13, 2024.	
4. ACTION: Review and approve the September 11, 2024 meeting agenda	Motion: Approve the September 11, 2024, Membership agenda as presented. Motion/Second/Count (M/S/C): Lochner/Wimpie/5-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the July 10, 2024, Membership minutes	Motion: Approve the July 10, 2024, Membership minutes as presented. M/S/C: Lochner/Wimpie/4-0 Abstentions: Garcia-Bigley, Jones Motion carries	
6. New Business		
a. ACTION: Approve Appointment to Juan Conant to seat 25	Motion: Approve the Appointment of Juan Conant to seat 25. M/S/C: Van Brocklin/Lochner/5-0 Abstentions: Garcia-Bigley Motion carries	HPG Support Staff (SS) will forward Juan Conant's recommendation to the September 25, 2024, HPG

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		Meeting for approval.
<p>b. Discuss and update the HPG Membership application and interview questions.</p>	<p>Motion: Discuss and update the HPG Membership application and interview questions. Motion: Change Section 3 Question 4 Discussion:</p> <ul style="list-style-type: none"> • Remove the term “Subcommittees” and replace it with “Committees” and Members of the HPG. • Remove “subcommittees meet monthly” and refer to the Opportunities and Involvement document. <p>Amended Motion: Approve the application with an amendment to Sections E and H, reference the attached document to include specific information that includes the “Opportunities for Involvement” document that has committee meetings, and note the in-person attendance requirement AB 2449. M/S/C: Jones/Lewis/5-0 Abstentions: Garcia-Bigley Motion carries</p>	<p>HPG SS will update it and send it to the committee members for review.</p>
<p>c. ACTION: Discussion on HIV Planning Group member Expectations</p>	<p>The committee discussed creating a new detailed HPG document regarding HPG Member expectations and recommended adding the following:</p> <ul style="list-style-type: none"> • Expectations of the HPG members attending the meeting. • HPG Members can arrive early to review and discuss the agenda and other documents 15 minutes before the meeting. • Attendance and AB 2449 requirements. 	<p>HPG SS and Felipe Garcia-Bigley will draft a document for the Membership Committee to review and approve the agenda for the next meeting.</p>
<p>7. Old Business</p>		
<p>a. HPG Member recruitment update</p>	<p>As of September 11, 2024, the following upcoming HPG Members will replace the former HPG members as noted:</p> <ul style="list-style-type: none"> • Juan Conant will be taking over Karla Quezada’s Seat #25 (pending appointment). • Skyler Miles will be taking over Amy Applebaum’s Seat #32. 	<p>HPG SS will draft a document describing each seat and its role.</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> • Michael Donovan will be taking over Shannon Ransom's District 4 Seat #36. • Ben Ignalino will be taking over Moira Mar-Tang's Seat #39. • Dr. Rosemary Garcia's application is being processed, and she will take over Dr. Tilghman's Seat #23 in late October. • There are two new applications in the review process and one Board of Supervisors application for District 5. 	
b. Open Seats	10 general member seats are available.	
c. Seats with Expiring Terms	<p>As of September 14, 2024, there will be the following vacant seats:</p> <ul style="list-style-type: none"> • Seat #3 – General Member • Seat #17 – Healthcare Provider, including Federally Qualified Health Center (FQHC) • Seat #19 – Social Service Provider, including providers of housing and homeless services • Seat #20 – Mental Health Provider • Seat #34 – Board of Supervisors Designee: District 2 	
d. New Committee members	<p>3 new HPG Members are starting September 14, 2024</p> <ul style="list-style-type: none"> • Skyler Miles in Seat 32 • Ben Ignalino in Seat 39 • Michael Donovan in Seat 36 (District 4) 	
e. HPG Membership Demographics	<p>HPG SS reviewed the HPG Membership Demographics and discussed the demographics before and after the HPG Members term out on September 13, 2024.</p> <p>The committee recommended that HPG SS add a more detailed numbering of people to the demographic chart.</p>	<p>HPG SS will update the monthly Membership demographic charts.</p>
8. Routine Business		
a. HIV Planning Group Attendance	<p>HPG SS reviewed HPG members who missed more than two meetings.</p> <p>Due to lack of participation, the committee discussed removing Allan Acevedo from the Strategies Committee meeting. Allan Acevedo</p>	<p>HPG SS will add an action item to remove Allan Acevedo from the Strategies</p>

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	has missed several meetings and has not responded to HPG SS or the Chair.	Standards Committee.
b. Committee Attendance	Reviewed; the report was included in the meeting materials packet.	
c. Continue Discussion on the HPG Mentorship Process	<p>The committee decided to table this item for the next meeting since they will also review membership expectations.</p> <p>The committee did, however, recommend the following regarding new members:</p> <ul style="list-style-type: none"> • Use video technology to introduce new members to review the procedures. • Provide a list of frequent Q&A. • Review the onboarding process. • Start with introductions at each HPG and Committee Meeting. 	
9. Suggested item for the future committee agenda	Discuss the HPG Seats description and work on the draft for review and approval.	
10. Announcement	<ul style="list-style-type: none"> • The Truax Awards Ceremony will be held on Friday, December 6, 2024, from 3 PM to 5 PM at The LGBT Center. Nominations are open. For more information, visit the HPG website at www.sdplanning.org. • HIV Resource Chat and Connect on Wednesday, September 18, 2024, at North Clairemont Library at 12 PM – 2 PM. • HPG Orientation on Tuesday, October 29, 2024, virtually via Zoom. • Clerk of Board Orientation on Tuesday, October 2, 2024, virtually via Zoom at 9 AM – 12 PM. <p>HPG Staff Changes</p> <ul style="list-style-type: none"> • Introduction and welcome to new staff, Katie Emmel. • Krystle Diaz will be leaving the HPG SS as she received a promotion in another branch. 	
11. Next Meeting Date	<p>Date: Wednesday, October 9, 2024 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p>	
12. Adjourn	Meeting Adjourn at 12:55 PM	

HPG Membership Participation Expectations

This draft ensures that committee members understand the importance of participation, respect, and their role in outreach throughout their term seat within the HIV Planning Group (HPG).

In-person Attendance and Participation

- All HPG members and committee members must attend the monthly HIV Planning Group and one HPG committee meeting in person. In-person participation is required to achieve a quorum and ensure the HPG and/or committee can effectively conduct its business.

Timely Responses

- A quorum is required to conduct an HPG or a committee meeting. All HPG members must respond promptly to HPG Support Staff emails and other communications, especially when confirming meeting attendance.

Participation in Outreach Activities

- All HPG members are expected to participate in additional HPG activities such as task forces, working groups, and outreach activities. This may include representing the HPG at community events, supporting public engagement initiatives, and collaborating with other members to raise awareness of our HIV prevention and support work. All members are encouraged to participate in these efforts to ensure our initiatives are inclusive and impactful.
 - All HPG members must participate in at least 1-2 of the following HPG activities: (task forces, working groups, and outreach activities within the 12 months.)
 - The Community Engagement Group Members can provide onboarding and mentorship support to the new HPG members.
 - The Community Engagement Group Members can participate in outreach requirement events.

Respectful Behavior and Professionalism

Respectful behavior towards HPG and committee members during meetings and all HPG-related communications is not just an expectation but a reflection of our value and respect for each other. Disrespectful or disruptive behavior is not tolerated because we believe in fostering a culture of mutual respect and understanding.

- All HPG members must uphold a high standard of professional behavior. This includes being punctual, prepared, and actively contributing to discussions.
- All HPG members should be solution-oriented and communicate clearly and respectfully. Differences of opinion may be expressed, fostering collaboration rather than conflict. Constructive engagement discussions should be focused on the committee's objectives, with all members contributing positively and constructively.

Mentor Program Guidelines

Overview:

This guide explains the mentor program developed by the HIV Planning Group (HPG). All members of the Planning Group can learn from the guide because:

- Everyone has been a new member at some point and can appreciate how a mentor would help navigate the complex, wide-ranging issues engaged by the HPG.
- Members who are considering leadership roles have the option of requesting a mentor.
- All HPG members learn complex information throughout the year, often by listening to other HPG members. This accumulated learning can serve new members during meetings and through the mentor program.
- New members of the HPG will want to know how to select a mentor and best use their mentor's expertise.
- Members who have served on the HPG for at least a year may become mentors and must understand that role.

Vision of the Mentoring Program:

This program has been designed to cultivate leadership and community spirit in all HPG members and provide supportive guidance for navigating the HPG system and structure. Additionally, mentoring intends to deepen HPG members' cross-cultural communication and trust and broaden their understanding of the system of care and prevention. The desired outcomes of the mentoring program include:

- Nurture the leadership capacity of all HPG members through giving and receiving support in one-on-one mentoring.
- Develop reflective/critical thinking skills and decision-making around important HPG issues.
- Develop skills for understanding HPG processes.
- Increase the retention of new HPG members, particularly the consumer base.

What are the Goals of the Mentor Program?

The goal of the mentor program is to nurture leadership by providing one-on-one support for each new HPG member. Mentoring furthers the larger goal of the HIV Planning Group, which is to create a culture of understanding and decision-making where each HPG member appreciates their unique contribution to the group. The mentor program is designed to integrate more than forty HPG members from wide-ranging backgrounds.

Successful mentoring ensures continuity of membership and enhanced participation. Mentoring teaches how to contribute by answering questions common to all new members about processes, funding, and other critical issues.

How does the Mentor Program Function?

To address the potential confusion faced by new members, it was decided to set up a one-on-one match where veteran HPG members would volunteer to give advice and provide historical background information to new HPG members. The mentor program formalizes knowledge transfer between established HPG members and new arrivals.

Once the new HPG member selects a mentor and the mentor agrees to the match, it's up to the two members to coordinate their connection. The key agreement is that the mentor be available to explain HPG-related issues. They can visit over coffee, by email, phone, etc.

Mentors agree to give HPG information to the new members. An essential crucial part of delivering knowledge includes giving all members the freedom to vote with their conscience.

How Does a New HPG Member Select a Mentor?

New HPG members select their mentor, ideally an established member with experience in the HPG. New HPG members may ask for guidance from HPG **Staff** about which HPG members are available to serve as mentors. The Membership Committee then approves the mentor relationship.

The HPG Membership Committee administers the mentor relationship. Prospective HPG members are told about the mentoring program during their pre-orientation. Once voted onto the HPG, new members, HPG Support staff, and the pool of available mentors complete the following steps:

- 1) HPG **Support** explains the mentor program and asks the new members to read these guidelines.
- 2) The new HPG member drafts a short list of people on the HPG whom they would like to be their mentor.
- 3) HPG **Support** provides the Membership Committee with prospective mentors. The Membership Committee determines if the top choice is already mentoring numerous people. If a new member requests an unavailable mentor, the Membership Chair asks the latest member to work with their second choice. The third-choice mentor will be selected if the second choice is fully booked.
- 4) The HPG **Chair or Membership Chair** calls the requested mentor and asks if they will work with the new member.
- 5) Mentors stepping into this role for the first time attend a meeting with the **HPG and Membership Chairs**, set up by HPG **Support**, to review these guidelines and clarify the expectations and duties for mentors and new HPG members.
- 6) The mentor and the new HPG member build their relationship. It's suggested that they meet at least once or twice in person, plus have phone conversations and email check-ins during the new HPG member's first three months on the HPG. They may set up a regular meeting time or meet as needed.
- 7) If a new HPG member wishes to have a different mentor, that request should be made to HPG **Support**.
- 8) the mentoring program intends to support new members until they are sufficiently grounded in HPG activities.
- 9) The mentoring cycle is complete when an HPG member feels sufficiently adept at HPG activities to become a mentor for new members.

How will the Mentor Program be Implemented?

The Mentor training will be supported by a combination of HIV Planning Group bodies, including:

- **Membership Committee:** In conjunction with the HPG support, identifies mentors, negotiates the matches between mentors and new HPG members, and monitors the mentor program. In conjunction with HPG Support, the Membership Committee prepares, sends out, and gathers results from the mentoring survey. This annual evaluation of the mentoring program solicits information about how the program is effective and what can be done to improve the program.
- **HPG Support:** HPG Support assists the new HPG members in selecting a mentor during orientation training.

What is the Mentor Skill Set?

The Membership Committee determines which HPG members are ready to be mentors based on criteria that include:

- Mentors have been on the HPG long enough to participate in a complete yearly HRSA and CDC funding and cycle the local HPG budget cycle. These cycles drive the allocation and prioritization efforts that are the HPG's primary responsibility, and mentors must understand and understand these annual rhythms that move the HPG forward.
- A demonstrated ability to teach and explain HPG concepts. Since mentors are asked to provide guidance, but they must be able to clarify concepts.

The Mentoring Lifecycle

The Membership Committee will review the currently active mentor relationships semi-annually. On behalf of the Membership Committee, HPG **Support** checks in with the mentor and the new HPG member after the mentoring relationship has been active for the entire year. In an email or phone call, HPG Support asks if the mentoring relationship is ongoing or can be dissolved.

The mentoring relationship may continue at the participants' request. If it dissolves, the mentor may request another new HPG member or a break from mentoring.

Frequently Asked Questions

Is it required to have a mentor? Having a mentor is voluntary. No new HPG member is required to be assigned to a mentor.

How often should I meet with my mentor?
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Can I request a different mentor? Yes, contact HPG Staff if you feel you need a new mentor.

Seat #	Name	SEAT NAME	Agency Affiliation	Term Expires:	Term 1&2
1	Michael Wimpie	General Member 1	None	05/21/27	2
2	VACANT	General Member 2			Unexpired term: 1/26/2025
3	Tyra Fleming	General Member 3	None	04/09/28	2
4	Cinnamen Kubricky	General Member 4	None	11/02/25	1
5	VACANT	General Member 5			Unexpired term: 1/26/2025
6	VACANT	General Member 6			Unexpired term: 4/6/2025
7	VACANT	General Member 7			
8	VACANT	General Member 8			Unexpired term 04/06/2025
9	VACANT	General Member 9			Unexpired term: 9/14/2025
10	Marco Aguirre Mendoza	General Member 10	None	12/05/27	1
11	VACANT	General Member 11			
12	VACANT	General Member 12			
13	VACANT	General Member 13			
14	VACANT	General Member 14			
15	VACANT	General Member 15			
16	Mikie Lochner	Chairperson	None	06/23/28	2
17	VACANT	Healthcare Provider, including Federally Qualified Health Center (FOHC)			
18	Rhea Van Brocklin	Community-based organization serving affected populations and AIDS service organization	Christie's Place	11/07/27	1
19	VACANT	Social Service Provider, including providers of housing and homeless services			
20	VACANT	Mental Health Provider Formerly a combined seat; now just Mental Health			
21	VACANT	Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse			Vacant since 9/26
22	Adrienne Yancey	Local Public Health Agency: HHSA Director or Designee	County of San Diego- PHSA	05/02/27	1
23	Rosemary Garcia	Local Public Health Agency: Public Health Officer or Designee	County of San Diego - HSHB		Pending COB Approval
24	VACANT	Hospital Planning Agency or Health Care Planning Agency			
25	Juan Conant	Non-Elected Community Leader			Pending COB Approval
26	Lori Jones	Prevention Services Consumer/Advocate	None	06/02/27	1
27	VACANT	Prevention Services Consumer			
28	VACANT	State Government-State Medicaid			

29	Abigail West	State Government-CDPH Office of AIDS (OA) Part B	State Government-CDPH Office of AIDS (OA) Part B	03/12/27	2
30	Dr. David Grelozzi	Recipient of RW Part C	UC San Diego	07/16/28	2
31	Dr. Stephen Spector	Recipient of RW PART D	UC San Diego	04/09/28	2
32	Skyler Miles	Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release	None	09/14/28	1
33	Veronica Nava	Board of Supervisors Designee: District 1	Christie's Place	08/30/26	1
34	VACANT	Board of Supervisors Designee: District 2			
35	Dr. Beth Davenport, PhD	Board of Supervisors Designee: District 3	LGBT Center	02/09/25	1
36	Michael, Donovan	Board of Supervisors Designee: District 4		09/14/28	1
37	Shannon Paugh	Board of Supervisors Designee: District 5			Docket 12/10/24
38	Felipe Garcia-Bigley	Recipient of other Federal HIV Programs- Prevention Provider	Family Health Centers of San Diego	10/11/26	1
39	Benjamin Ignalino	Recipient of other Federal HIV Programs- Part F, AIDS Education and Training center and/or Ryan White Dental Provider	Pacific AETC Regional Program Manager	09/14/28	1
40	VACANT	Recipient of other Federal HIV Programs- HOPWA / HUD			Vacant since 9/26
41	Jeffery Weber	Recipient of other Federal HIV Programs- Veterans Administration	San Diego Veterans Administration	12/13/26	1
42	Hector Garcia	HIV Testing Representative			Pending COB approval
43	Ivy Rooney	Prevention Intervention Representative Formerly: Risk Reduction Activities Representative	Ivy Pharmacy	01/26/25	1
44	Venice Price	Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation	None	08/17/25	2

Seat #	HPG Vacant Seats as of 11/2024
2	General Member
5	General Member
6	General Member
7	General Member
8	General Member
9	General Member
11	General Member
12	General Member
13	General Member
14	General Member
15	General Member
17	Healthcare Provider, including Federally Qualified Health Center (FQHC)
20	Mental Health Provider
21	Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse
24	Hospital Planning Agency or Health Care Planning Agency
27	Prevention Services Consumer
28	State Government-State Medicaid
34	Board of Supervisors Designee: District 2

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
November 2023 - October 2024

HPG Member (20)	1	0	1	0	1	1	0	1	1	1	1	1	9
Total Meetings	29-Nov	20-Dec	24-Jan	28-Feb	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	TOTAL
Aguirre Mendoza, Marco, 10			*	NM	*	NM	NQ	*	*	*	1	1	2
Davenport, Beth, 35	*	NM	*	NM	*	NM	NQ	*	*	1	1	*	2
Donovan, Michael, 32											*	1	1
Fleming, Tyra, 3	*	NM	*	NM		NM	NQ	*	*	*	*	1	1
Garcia-Bigley, Felipe, 38	*	NM	*	NM	*	NM	NQ	*	*	*	*	*	0
Grelotti, David, 30	*	NM	1	NM	*				*	1	*	*	2
Ignalino, Jr., Benjamin, 39											*	*	0
Jones, Lori, 26									JC	1	*	*	1
Kubricky, Cinnamen, 4	1	NM	JC	NM	*	NM	NQ	*	1	*	*	*	2
Lochner, Mikie, 16	*	NM	*	NM	*	NM	NQ	*	*	*	*	*	0
Miles, Skyler, 32											*	*	0
Nava, Veronica, 33						NM	NQ	*	*	*	*	*	0
Price, Venice, 44	*	NM	*	NM	*	NM	NQ	JC	*	1	*	1	2
Rooney, Ivy, 43						NM	NQ	*	1	*	*	*	1
Spector, Stephen, 31	1	NM				NM	NQ	1	1	*	1	*	4

**HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
November 2023 - October 2024**

Total Meetings	29-Nov	20-Dec	24-Jan	28-Feb	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	TOTAL
Van Brocklin, Rhea, 18	*	NM	*	NM	1	NM	NQ	1	*	*	*	*	2
Weber, Jeffery, 41	*	NM	*	NM	*	NM	NQ	*	1	*	1	*	2
West, Abigail, 29	*	NM	*	NM	*	NM	NQ	*	*	*	*	1	1
Wimpie, Michael, 1	*	NM	*	NM	*	NM	NQ	*	*	*	*	*	0
Yancey, Adrienne, 22	*	NM	*	NM	*	NM	NQ	*	*	*	1	*	1
To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.													
* = Present													
1 = Absent for the month													
1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.													
JC = Just Cause													
EC = Emergency Circumstance													

**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
November 2023 - October 2024**

STRATEGIES	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	#
Total meetings		0		0		0	0	1		1		1	3
Member (9)													
Acevedo, Allan ^{cc}		NM		NM		NM	NQ	1		1		1	3
Applebaum, Amy		NM		NM		NM	NQ	*		*		*	0
Davenport, Dr. Beth		NM		NM		NM	NQ	*		*		*	0
Mora, Joseph		NM		NM		NM	NQ	*		*		1	0
Price, Venice		NM		NM		NM	NQ	EC		1		1	2
Rooney, Ivy				NM		NM	NQ	*		*		*	0
Tilghman, Dr. Winston		NM		NM		NM	NQ	1		*		*	1
Weber, Jeffery		NM		NM		NM	NQ	*		*		*	0
Wimpie, Michael ^c		NM		NM		NM	NQ	*		*		*	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
November 2023 - October 2024**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	Nov	Dec	Jan	Feb	Mar	Apr	May	6-Jun	13-Jun	11-Jul	18-Jul	25-Jul	Aug	Sep	Oct	#
Total meetings	1		1		0	1	1	1	1	1	1	1		0	1	7
Member (8)																
Aguirre Mendoza, Marco					NQ	*	*	*	1	*	*	*		NM	*	0
Jacobs, Dr. Delores	*		*		NQ	*	*	*	*	*	*	*		NM	1	1
Davenport, Beth	1		*		NQ	1	*	*	*	*	*	*		NM	*	2
Fleming, Tyra^{cc}					NQ	*	*	*	JC	*	*	*		NM	*	0
Garcia-Bigley, Felipe	1		*		NQ	*	*	*	*	*	1	*		NM	*	1
Kubricky, Cinnamen	1		*		NQ	*	*	*	1	*	*	*		NM	1	2
Mueller, Chris	*		*		NQ	*	*	*	*	*	*	*		NM	*	0
Van Brocklin, Rhea^c	1		*		NQ	*	*	*	*	*	*	*		NM	*	1

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

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EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
November 2023 - October 2024

MEMBERSHIP	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	#
Total meetings	1	1	0	1	0	1	0	1	1	0	1	1	8
Member (6)													
Garcia-Bigley, Felipe ^c							*	*	*	NM	*	NQ	0
Ignalino, Ben												NQ	0
Jones, Lori										NM	JC	NQ	0
Lochner, Mikie	1	*	NM	1	NM	*	NQ	1	*	NM	*	NQ	3
Van Brocklin, Rhea	*	*	NM	*	NM	*	NQ	*	1	NM	*	NQ	1
Wimpie, Michael									*	NM	*	NQ	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
November 2023 - October 2024

STEERING (7)	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	#
Total Meetings	1	0	1	1	1	1	1	1	1	0	1	0	9
Community Engagement Group <i>Interim Chair Michael Donovan</i>				*	*	*	*	*	NM	NM	*	NM	0
Medical Standards & Evaluation Committee Dr. David Grelotti	*	NM	*	*	1	1	*	1	NM	NM	1	NM	4
Membership Committee Felipe Garcia-Bigley									NM	NM	1	NM	1
Priority Setting & Resource Allocation Committee Rhea Van Brocklin					*	*	*	1	NM	NM	*	NM	1
Strategies & Standards Committee Michael Wimpie										NM	*	NM	0
HIV Planning Group Mikie Lochner (Chair)	*	NM	*	*	*	*	*	*	NM	NM	*	NM	0
HIV Planning Group Cinnamen Kubricky (Vice-Chair)						*	*	*	NM	NM	*	NM	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
November 2023 - October 2024**

Community Engagement Group	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	#
Total Meetings	1	1	1	1	0	1	1	1	1	0	1	1	10
Member (5)													
Donovan, Michael									*	NM	*	*	0
Lochner, Mikie ^c	*	*	*	*	NM	*	1	1	*	NM	*	*	2
Lothridge, Jen ^{cc}	*	*	*	*	NM	*	*	*	*	NM	*	*	0
Miles, Skyler								*	*	NM	*	*	0
Nava, Veronica							*	*	*	NM	*	*	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
Nov 2023 - September 2024**

Medical Standards & Evaluation Committee					
MSEC	Nov	Feb	Jun	Sep	#
Total Meetings	1	1	1	1	4
Member (10)					
Tilghman, Dr. Winston^C	*	*	*	*	0
Aldous, Dr. Jeannette^{CC}	*	1	*	*	1
Bamford, Dr. Laura	*	JC	*	*	0
Grelotti, Dr. David	*	*	1	*	1
Hernandez, Yessica	*	1	*	*	1
Lewis, Bob	*	*	*	1	1
Spector, Dr. Stephen	*	*	1	1	2
Stangl, Lisa	*	*	1	1	2
Quezada-Torres, Karla	*	*	*	*	0

To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month.

Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

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Brief Listing Consumer Recommendations & Committee Progress thru June 2023

Background

The San Diego County HIV Planning Group's (HPG) *Community Engagement Project for Getting to Zero and Ending the HIV Epidemic* began in January 2020 and the recommendations continue to help to guide HPG planning and HPG committee work. The Consumer Recommendations and the 2022-23 committee progress are contained in this report. HPG has envisioned a 3-year Action Plan to incorporate this consumer feedback and 2022-23 is year 1 of this 3-year Action Plan. A total of 30 Action Items were presented for HPG Committees to address. 40% of items (12 items) were fully completed, An additional 30% (9 items) are currently in various stages of completion in the committee process; and 30% (9 items) remain not yet addressed by the committees. Items and their completion status are listed in this report. Finally, consultant observations and recommendations are provided at the end of this report.

Community Engagement Methodology

This project included **160 community participants** living with or vulnerable to HIV. Participation included: 1 large group, in-person community member event (98 participants), 2 rounds of extended key informant telephone interviews (64 participants), 12 Advisory Committee meetings, 32 small regional team meetings, and a final framework for a 3-year action plan for HPG implementation. The final action plan contains 11 recommendations for addressing consumer needs and redressing disparities in late HIV diagnoses, retention in care and viral suppression rates.

Participant Demographics & Descriptors

- ¾ participants living with HIV, ¼ participants vulnerable to HIV
- 78% identified as MSM, 8% of participants identified as women, and 14% as Transgender/Nonbinary.
- 77% of interview participants identified as community members of color: 36% as Black/African American; 36% as Latinx; 20% as White; and 6% as Bi-racial;
- Ages of participants ranged from 20-71 years of age
- Among interview participants, 70% endorsed a history of **one of the following experiences** -
 - Substance use (primarily alcohol and/or methamphetamine)
 - or homelessness & food insecurity,
 - or significant traumatic experiences
 - or mental health symptoms.
- For 11% of the 70% indicating at least one of the above difficulties, the use of drugs included injection drug use.
- Further, among the 70% endorsing at least one of above, 83% of those participants discussed a history **that included all of the above experiences** - not only drug and alcohol use, but also struggles with homelessness, food insecurity, significant traumatic experiences, and mental health symptoms.
- 90% of **those indicating all of the experiences** above also indicated periodic struggles to remain in HIV care and adherent to medication protocols.

Consumer Recommendations Overview

Participants appeared very engaged and thoughtful. Responses were focused both on broad themes including: experiences which have created and reinforced care system mistrust, the need for greater transparency and improved communication about available resources, and the need for greater access to mental health and substance use treatment resources. Participants also offered descriptions of their every-day challenges in prioritizing their healthcare and the barriers to accessing the systems of HIV care, as well as their suggestions for improvements that might reduce those barriers. These suggestions included improved workforce representation, enhanced communications and improved access to service and health information, greater and more rapid access to mental health and substance use treatments, greater and more rapid access to basic support resources (housing, food, transportation, emergency financial assistance), improved access to peer navigators, and access to social support groups and reduced duplicative, confusing bureaucratic barriers to service.

GTZ Consumer Recommendations & Committee Progress thru June 2023

<p>Recommendation 1: Acknowledge and address medical system mistrust</p>
<p>REPRESENTATION</p> <p>1a. Ensure progress toward a contracted HIV service-delivery workforce representative of those living with and at higher risk for HIV in San Diego County and ensure ongoing recruitment, support and retention of this representative workforce</p> <p>PROGRESS: Completed. Cultural Humility and Competence Standards including instruction to service providers to “Recruit staff members with lived experience at all levels of the organization and provide appropriate supports to ensure their success.”</p>
<p>1b. Acknowledge systemic racism, missteps, mistakes and harms of the past and ensure plans are created and implemented to ensure ongoing training to help to ensure this past is not repeated.</p> <p>PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.</p>
<p>1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE</p> <p>Provide access via links to enhanced, skill-based trainings to HIV service-delivery staff which improve the ability to consistently communicate cultural respect, knowledge and humility, as well as the skills required for trauma-informed care.</p>
<p>Recommendation 2: Improve communications and outreach strategies for those living with and at higher risk for HIV who live, work or participate in historically-underserved, Low Information communities.</p>
<p>2a. Use multiple communications platforms and outreach strategies to better provide HIV services information to HIV community members and historically-underserved communities impacted in San Diego County, including the following HIV services information: What services are available? Where are services located? Who is eligible for services? What is the cost of services to the eligible community member? What is the contact information for scheduling or for more information? This recommendation is intended to proactively provide the information to the community rather than placing the burden of information seeking solely on consumers.</p> <p>PROGRESS: Partially completed and ongoing. Enhanced Communication Plan begun and continuing weekly via email and social media. Awaiting app completion and deployment. Awaiting completion of services App.</p>
<p>2b. Provide increased and readily available basic health information to low information, historically-underserved community members and communities, including: What is early disease detection and why is it important? Where is HIV, HCV, STD testing available? What is PrEP and who is eligible? Importance of early connection to HIV treatment and medication, What does an undetectable viral load mean for transmission of HIV? Information regarding mental health or substance use treatment (both out-patient and residential treatment).</p> <p>PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.</p>
<p>Recommendation 3: Ensure that all HIV community members have opportunities for equitable access to tele-health appointments and to participation in public meetings, address the digital disparities present for those with lower-income who are also living with or at higher risk for HIV</p>
<p>3a. For low-income HIV consumers, and HPG members, who have not been able to access County or City digital resource programs, provide opportunities to gain access to affordable or no-cost, broadband internet connectivity and the hardware necessary to participate in healthcare appointments and public meeting opportunities.</p> <p>PROGRESS: Completed and ongoing. Addressed via standards to allow telehealth to continue (as appropriate) and to provide for access to internet and hardware to those who need it.</p>
<p>3b. For those HIV community members who have experienced digital disparities, provide information regarding virtual training opportunities to learn digital/virtual skills that can allow them to more easily participate in virtual meetings and resources.</p> <p>Recommendation 4: Provide increased mental health and alcohol/substance use treatment opportunities for those living with or at higher risk for HIV. Additionally, more widely communicate information about these opportunities to HIV community members.</p>
<p>4a. Coordinating with the existing harm reduction task force, provide guidance to contracted HIV service providers designed to increase the availability of harm reduction services for substance misuse treatment.</p> <p>PROGRESS: Completed and ongoing. Guidance provided</p>

<p>4b. Expand and augment the current syringe exchange program(s) in San Diego County to allow services to be provided for an increased number of community members (including HIV community members) and to include more opportunities for connection to additional needed services (i.e., wound care, MAT, Case management, vaccinations, etc.)</p> <p>PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.</p>
<p>4c. Coordinating with County drug and alcohol services personnel, ensure the design and implementation of a coordinated system for rapid response for HIV community members who desire to enter substance use residential or out-patient treatment.</p>
<p>4d. In light of reported treatment disruptions which often occur for those without secure housing, design and deploy more rapid interventions for consumers, particularly when insecure housing and either substance misuse or mental health symptoms are co-occurring.</p>
<p>4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available.</p>
<p>4f. Continue to increase the opportunities for same-site location of medical providers, mental health providers and alcohol/substance use counselors for those living with or at higher risk for HIV.</p>
<p>4g. In collaboration with UCSD and AETC, provide links and resources for skill-based training for HIV service personnel regarding the stigmatizing behaviors faced by substance using HIV community members and ways to reduce those stigmatizing behaviors within the health care system itself.</p> <p>Recommendation 5: More consistently provide rapid access to basic support services: housing, food, transportation, emergency financial assistance including shut-off & eviction prevention. Additionally, more widely communicate information about these opportunities and the processes to access them.</p>
<p>5a. Chief among those mentioned and directly related to community members' ability to meaningfully participate consistently in health care is Housing.</p> <p>PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.</p> <p>Recommendation 6: Continue to expand the opportunities to hire, support and utilize peer navigators, peer health educators, peer outreach specialists, benefits navigators, and housing specialists.</p> <p>PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.</p> <p>Recommendation 7: Design, integrate and deploy strategies to address the stigmas faced by HIV community members; including the multiple layers of stigma faced by those living with HIV who are also Black and Latino MSM, Transgender persons, Immigrants who may be under-documented or undocumented, those struggling with mental health symptoms or alcohol/substance use challenges or those without stable housing.</p>
<p>7a. Increase opportunities/programs for participation in Psychosocial Support Groups for those living with or at higher risk for HIV who may, as a function of family or community stigma, have fewer social supports.</p> <p>PROGRESS: Partially completed. Provided funding for Psychosocial support groups category but not yet deployed.</p> <p>Recommendation 8: Increase the number of HIV service sites that have the capacity for whole person-whole health services including PrEP, mental health services, substance use treatment services, hormone treatment, case management, and housing resources. This should include the capacity for coordinated, integrated, same-day, appointments when requested.</p> <p>PROGRESS: Partially completed. Standard approved to ensure inclusion of Transgender/Nonbinary clients and hormone treatments. Coordinated service centers include mental health and substance use treatment services. Same-day appts not yet widely available to those who prefer them.</p> <p>Recommendation 9: Design, create and execute improved community engagement and outreach strategies that utilize community organizing principles and personal relationship building. Strategies should include: transportation and meal reimbursements, as well as appropriate and respectful incentives, engaging, interesting meeting opportunities for planning participation and routine report-outs regarding what has been done with HIV community feedback.</p> <p>Recommendation 10: Revise and refine the documentation processes that create a barrier to access services for persons living with or at increased risk for HIV.</p>
<p>10a. Reduce the duplication of forms and paperwork required to access HIV services.</p>

PROGRESS: Awaiting completion of reduced paperwork process for initial/renewal RW eligibility.

10b. Explore use of an electronic signature system that does not require in-person, wet signatures for eligibility or authorization forms.

PROGRESS: Not available at this time in RW or County systems.

Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.



SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING PACKET

APPENDIX

(Page 029-033)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
<p>Just Cause</p>	<ul style="list-style-type: none"> • There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely • A contagious illness prevents the member from attending the meeting in • There is a need related to a defined physical or mental disability that is not otherwise accommodated for • Traveling while on official business of the legislative body or another state or local agency 	<p>A member is limited to two (2) virtual attendances based on “just cause” per calendar year</p>
<p>Emergency Circumstances</p>	<p>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</p> <p>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p>

**If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.*

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member’s remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- Member must participate through both audio and visual technology
- Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- Include instructions on the agenda how the public can participate remotely
- A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- All votes must be taken by roll call
- Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstances (AB 2449)
In person participation of quorum	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-Visual	Audio-Visual
Required (minimum) opportunities for public participation	In-person	Call-in or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (initial findings and renewed findings every 30 days)	No, but general description to be provided to legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendation for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025

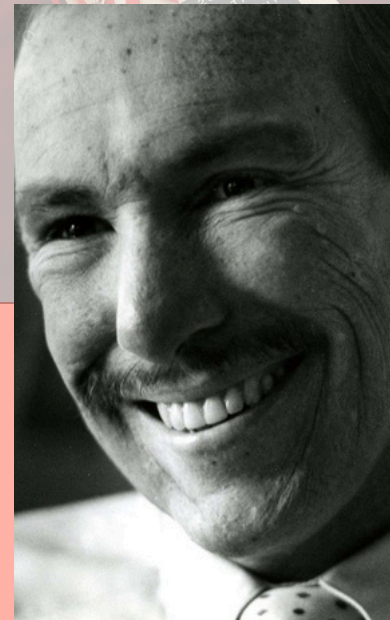
DR. A. BRAD TRUAX AWARDS

Presented by the San Diego HIV Planning Group

THE 35TH ANNUAL DR. A. BRAD TRUAX AWARDS

FRIDAY, DECEMBER 6, 2024 FROM 3PM - 5PM

3909 CENTRE ST., SAN DIEGO, CA 92103



The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his tireless dedication to the prevention and treatment of HIV/AIDS in San Diego.

The award is given annually to recognize a person who has served the community and made outstanding overall contributions to the fight against the HIV/AIDS epidemic.



Three (3) additional awards are given in each of the following categories:

- HIV Education, Prevention, and/or Counseling and Testing
- HIV Care, Treatment, and/or Support Services
- HIV Planning, Advocacy, and/or Policy Development

Each nominee is acknowledged as a Community Award Recipient.

To register or volunteer
scan the QR code



or email

HPG.HHSA@sdcounty.ca.gov

Spanish interpretation will be provided



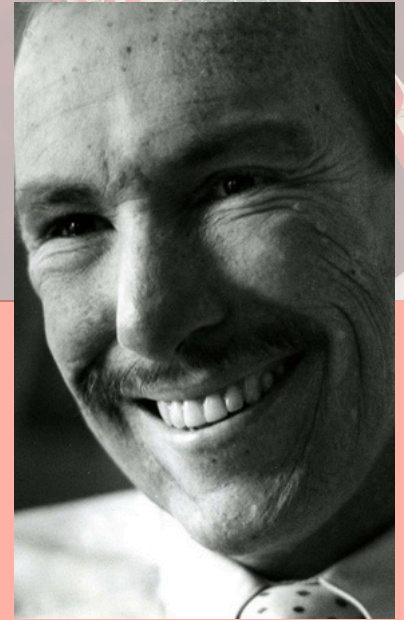
DR. A. BRAD TRUAX AWARDS

Presentado por el Grupo de Planificación del VIH de San Diego

LA 35TH ENTREGA ANUAL DE LOS PREMIOS DR. A. BRAD TRUAX

VIERNES, 6 DE DICIEMBRE DEL 2024 DE 3PM - 5PM

3909 CENTRE ST., SAN DIEGO, CA 92103



El premio Dr. A. Brad Truax fue creado para honrar la memoria del Dr. Truax y su incansable dedicación a la prevención y el tratamiento del VIH/SIDA en San Diego.

El premio se otorga anualmente para reconocer a una persona que ha servido a la comunidad y ha hecho contribuciones generales sobresalientes a la lucha contra la epidemia del VIH/SIDA.



Se otorgan tres (3) premios adicionales en cada una de las siguientes categorías:

- Educación, prevención y/o consejería y pruebas del VIH
- Servicios de atención, tratamiento y/o apoyo para el VIH
- Planificación, promoción y/o desarrollo de políticas sobre el VIH

Cada nominado es reconocido como un Destinatario del Premio de la Comunidad.

Se proporcionará interpretación en español



Para registrarse o ser voluntario
escanee el código QR

o envíe un correo electrónico
HPG.HHSA@sdcounty.ca.gov

