



SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING PACKET
WEDNESDAY, NOVEMBER 15, 2023, 11:00 AM – 1:00 PM
SOUTHEASTERN LIVE WELL CENTER
5101 MARKET ST. SAN DIEGO, CA 92114 (TUBMAN CHAVEZ ROOM A)

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

TABLE OF CONTENTS

Document	Page Number(s)
Directions and Parking Instructions to the SOUTHEASTERN LIVE WELL CENTER	002
11/15/2023 Membership Agenda	003 - 004
09/13/2023 Membership Meeting Minutes	005 - 009
Membership Committee Operating Guidelines	010 - 015
Membership Application	016 - 021
Getting to Zero (GTZ) 3-Year Action Plan	022 - 025
Membership Open Seats and Term Expired Dates List	026 - 027
Membership November Demographics	028 - 030
Mentor and Mentee Guidelines	031 - 033
HPG Attendance	034 - 035
Committee Attendance	036 - 041
Mentor & Mentee Tracking List	042
Dr. A. Brad Truax Award Event Flyer	043 - 044
Appendix	
AB 2449: Table, Cause/ Emergency Circumstances Information	046 – 048
HPG Bylaws	049 - 068
Committee Operating Guidelines	069 - 072
HPG Membership Reappointment Policy	073

Meeting Location & Directions:

Membership Committee

**Wednesday, November 15,
2023 11:00 AM - 1:00 PM**

Southeast Live Well Center

5101 Market St.

San Diego, CA 92114

Tubman Chavez Room A



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:

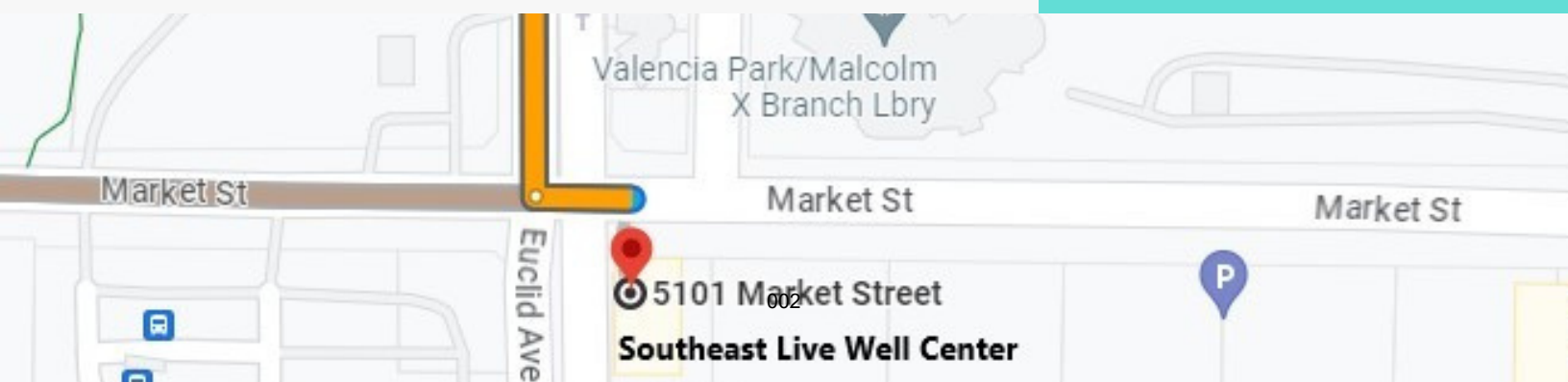
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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





SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING AGENDA
WEDNESDAY, NOVEMBER 15, 2023, 11:00 AM – 1:00 PM
SOUTHEASTERN LIVE WELL CENTER
5101 MARKET ST. SAN DIEGO, CA 92114 (TUBMAN CHAVEZ ROOM A)

To participate remotely via Zoom:

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

Join the meeting via phone: 1-669-444-9171 **Meeting ID:** 83939793722#

Meeting ID: 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 Three (3)

Committee Members: Bob Lewis (Chair), Mikie Lochner, Regina Underwood, Rhea Van Brocklin

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair
2. Public comment on non-agenda items (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Membership Committee agenda for November 15, 2023
5. **ACTION:** Interview and approve Tyra Fleming for 2nd Term HPG Membership
6. **ACTION:** Approve the Membership Committee minutes for September 13, 2023
7. Review follow-up items from the last meeting
8. Old Business:
 - a. Final review: Membership Committee Operating Guidelines
 - b. **ACTION:** Approve the Membership Application
 - c. Getting to Zero (GTZ) 3-Year Action Plan
 - i. Membership Committee Plan/Strategy for Recruitment
 - ii. Consumer Recruitment
 - d. Focused Recruitment
 - i. Open Seats
 - ii. Term Expired Dates
 - iii. New Committee Members
 - iv. Underrepresented Groups – Demographics

9. New Business:
 - a. Discussion and review of Mentor and Mentee Guidelines
10. Routine Business
 - a. Attendance
 - i. HPG Attendance
 - ii. Committees Attendance
 - b. Mentor Appointments
 - i. Evaluation Appointments
 - ii. Discussion: How to bring current HPG members into the Mentorship Program
11. Suggested items for the future committee agenda
12. Announcements
13. Next meeting: **When: December 13, 2023, from 11:00 AM – 1:00 PM.**
Location: Southeastern Live Well Center; 5101 Market St., San Diego, CA 92114
(Tubman Chavez Room A)
14. Adjournment



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

WEDNESDAY, SEPTEMBER 13, 2023, 11:00 AM – 1:00 PM
SOUTHEASTERN LIVE WELL CENTER
5101 MARKET ST. SAN DIEGO, CA 92114 (TUBMAN CHAVEZ ROOM A)

To participate remotely via Webex:

<https://sdcountyca.webex.com/sdcountyca/j.php?MTID=m80a849f5e4d624a16034189cb91617c2>

Join the meeting via phone: 1-470-238-5742 US Toll / 52-55-6722-5298 Mexico Toll

Meeting ID: 2632 423 7131

Password: Member.20

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff at 619-403-8809 or via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is Three (3)

Present: Bob Lewis, Mikie Lochner, Regina Underwood, Rhea Van Brocklin (Virtually - Just Cause)

Agenda Item	Action	Follow-up
1. Call to order	Bob Lewis called the meeting to order at 11:02 AM and noted that a quorum was established.	
2. Public Comment on non-agenda items (for Members of the public)	A member of the public expressed their concern about the voting requirements for meetings, especially for meetings that meet no more than 6 times a year.	
3. Sharing our concerns (for committee members)	None	
4. Action: Review and approve the September 13, 2023 agenda	Motion: Approve the September 13, 2023 meeting agenda as presented. M/S/C: Lochner/Underwood 3/0 Abstentions: Lewis Motion: carries	
5. Action: Review and approve the July 12, 2023 meeting minutes	Action: Approve the July 12, 2023 meeting minutes as presented. M/S/C: Lochner/Underwood 3/0 Abstentions: Lewis Motion carries	

Agenda Item	Action	Follow-up
<p>6. Action: Review follow-up Items from the last meeting</p>	<p>There are possibly new applications coming from 2 peer navigators who recently graduated from Project PEARL (both work at San Ysidro, and both are consumers)</p> <p>Rhea Van Brocklin's second term application is pending approval with the Board of Supervisors.</p> <p>The committee had a brief discussion regarding Tyra Fleming's seat, where the term is associated with the seat and not the member and is partially expired and ends March 10, 2024. She will need to be reappointed for her membership to extend beyond this date.</p>	<p>HPG Support Staff will follow up with the Clerk of the Board to update the Committees - PrimeGov Portal</p> <p>-Vacancies are incorrect - Member seat names are incorrect; they all say HIV Planning Group Membership Committee</p> <p>HPG Support Staff will follow up with the recipient office on the steps for Tyra Fleming's reappointment application process.</p>
<p>7. Action: Interview Marco Aguirre Mendoza's New Application</p>	<p>The committee interviewed Marco Aguirre Mendoza</p> <p>Action: Recommend Marco Aguirre Mendoza for a new HPG appointment Motion: Lochner/Underwood 3/0 Abstentions: Lewis Motion carries</p>	<p>The committee strongly recommended him for membership. HPG Support Staff will draft the Action Item for Marco Aguirre Mendoza and forward it to the Steering Committee.</p> <p>HPG Support Staff will follow up with Marco Aguirre Mendoza on the next step of the application process.</p>
<p>8. Old Business</p>		
<p>a. HPG Discussion and review: Membership Committee Operating Guidelines</p>	<p>The Membership Committee discussed and agreed on the following changes to the Membership Committee Guidelines:</p> <ul style="list-style-type: none"> Remove the letter of reference requirement. 	<p>HPG Support Staff will meet with the Membership Chair to update section 1 from the Membership</p>

Agenda Item	Action	Follow-up
	<ul style="list-style-type: none"> • The application section, Approval Process, and Board of Supervisors appointment can be consolidated into one shorter section. • Add the Attendance requirement language: “To remain in good standing with the right to vote, members must not have more than three (3) HPG absences in a row or six (6) absences in 12 months. • On section 3. B: Form 700; add “If you have any questions or would like assistance completing these forms, please contact HPG Support Staff.” <p>The committee discussed the following:</p> <ul style="list-style-type: none"> - Per the HRSA Project Officer, all members must be in good standing with ALL committees. - A Leave of Absence policy needs to be developed, reviewed, and approved by the Steering Committee to add to the membership Committee Guidelines 	<p>Committee Guidelines application process. HPG Support Staff will follow up with the Clerk of the Board to clarify what happens/next steps when Form 700 is not completed on time. (Does the COB automatically remove them? Does the information get sent to the district attorney's office?)</p> <p>HPG Support Staff will follow up with the recipient office regarding the Leave of Absence option.</p> <p>Chair Lochner will follow up with the HRSA Project Officer regarding the option of Leave of Absence and the need for the Interview Application process.</p>
<p>b. Discussion and review: Membership Application</p>	<p>The Membership Committee agreed by consensus on the following:</p> <p>Page one: Remove the following:</p> <ul style="list-style-type: none"> • Home Address information • Work Address information • Work and cell phone number • Email information • Question #2 • Change #5 into checkboxes <p>To keep the following:</p> <ul style="list-style-type: none"> • Name • Question: “I live with HIV/AIDS.” 	<p>HPG Support Staff will update membership applications email to members for final review, suggested.</p> <p>HPG Support Staff will create a condensed version of the HPG member application</p>

Agenda Item	Action	Follow-up
		for those reapplying for a second term
c. Getting to Zero (GTZ) 3-Year Action Plan	Reviewed	
i. Membership Committee Plan/Strategy for Recruitment (Dr. Jacobs)	The Membership Committee recommends that Chairs of the Membership and Community Engagement Group meet and start a discussion on the recruitment plan, decide what the recruitment responsibilities of each committee	Chair Lewis will reach out to Chair Acevedo regarding the recruitment plan.
d. Focused Recruitment	Reviewed	
i. Open Seats	<p>The Membership Committee discussed the open seats.</p> <p>No seat is currently available for Jen Lorthridge (who works for Christie's Place to apply since we still need to reach the 33% of General Members' seats.</p> <p>For the Hospital Association Seat:</p> <ul style="list-style-type: none"> - The committee discussed that there is someone available for the seat. However, they can only attend 6 out of 12 meetings a year and would be out of compliance with the HPG attendance requirement after 1 year. The committee must decide if this is acceptable or if another candidate needs to be sought. Inform the HRSA Project Officer regarding this. <p>For the Government MediCal Seat: There may be County Staff who work on the CalAIM rollout who could fill the vacant seat.</p>	<p>HPG Support Staff will follow up with the Board clerk regarding the list of unexpired seats.</p> <p>HPG Support Staff will update the vacant seat list by adding the unexpired term dates</p> <p>Chair Lochner will follow up with the recipient office regarding seating State Government Medi-Cal.</p> <p>Rhea Van Brocklin will follow up with a prospective member for the #43 seat (Prevention Intervention Representative)</p>
ii. New Committee Members	Tabled	
iii. Underrepresented Groups (demographics)	Tabled	
iv. Consumer Recruitment	Reviewed	

Agenda Item	Action	Follow-up
e. Terms Expired Dates	<p>In 2024, 10 HPG members will term out. The committee recommended that each member create a succession plan to recruit their replacement.</p> <p>There was a discussion regarding the appointment process/timeline for those filling the vacant seats. Efforts must be made to ensure seats are occupied during the transition. Clarification is needed from the Clerk of the Board or Recipient.</p>	<p>Chair Lochner will follow up with Alberto Cortes on recruitment strategies for his seat.</p> <p>HPG Support Staff will contact those members terming out next year and ask for replacement recommendations.</p> <p>HPG Support Staff will check with the recipient regarding the best way to transition between members as the number is termed out at the same time in 2024.</p>
9. New Business		
a. Review Mentor and Mentee Guidelines	Tabled	
10. Routine Business		
a. Attendance	Tabled	
b. Mentor Appointments	Tabled	
i. Evaluation for Mentors	Tabled	
ii. Continue discussion: How to bring current HPG members into the Mentorship program.	Tabled	
11. Suggested item for the future committee agenda	Continue with the final review of Membership Committee Guidelines and Membership Application.	
12. Announcement	Truax Award Nominations are due October 1, 2023.	
13. Next Meeting Date	<p>When: October 11, 2023, from 11:00 AM - 1:00 PM.</p> <p>Location: Southeast Live Well Center 5101 Market St. San Diego, CA 92117 (Tubman Chavez Room A) and online via WebEx.</p>	
14. Adjourn	1:01 PM	

**SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP GUIDELINES**

Application Process

Application Submission

All who are interested in becoming HPG members, regardless of how they are appointed, must submit an application. There are varying application processes depending upon the specific seat.

The HPG standard membership application can be found on the HPG website www.sdplanning.org. Applications are available at all public meetings of the HPG and its committees. **Government representative seats**. Applications for district seats must be submitted online through the Board and Commission Portal on the Clerk of the Board of Supervisors' website.

No interview shall occur without a completed application. Completed applications are submitted to HPG support staff. The application can be submitted via email, fax, mail, or in person. Applications received in Spanish are translated by a professional translator coordinated by support staff and certified by the applicant.

	Government Representative	District Representative	All Other Seats
Application Form	Standard HPG Application	County Board and Commission Membership Application	Standard HPG Application
Submission Method	Email, fax, mail or in person	Online through Board and Commission portal (only)	Email, fax, mail or in person
Submitted To	HSHB	Clerk of the Board of Supervisors	HPG Support Staff
Reviewed By	HSHB	District Supervisor	HPG Membership and Steering Committees
Appointed By	San Diego County Board of Supervisors	The Supervisor whose district is being represented	San Diego County Board of Supervisors

Except for individual district and government representative seats, the Membership Committee works in conjunction with the Steering Committee and the HIV Planning Group (HPG) to recommend members for seats on the HPG, which then requires appointment by the Board of Supervisors. The individual district seats are appointed by the Supervisor representing that district and do not require action from the full Board.

The committee monitors membership, composition, and attendance and recommends applicants for appointment through an open nomination process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active committee, and providing recommendations to the Steering Committee and the HPG for recommendations to the Board of Supervisors. The solicitation of nominations for consideration for appointment to the HPG through an open nomination process is required in the Ryan White legislation and detailed in the HPG Bylaws.

Screening

After reviewing the submitted HPG standard membership application to ensure completeness, HPG support staff provides the application to the Membership Chair committee for screening to assess if the applicant meets the requirements for a currently vacant seat on the HPG. If the applicant meets all the requirements for an open seat, the applicant is invited to participate in an interview with the committee. If the application is submitted for a General Member seat, support staff provides the applicant with a list of Ryan White Part A providers to ensure the applicant is receiving services from at least one of the service providers. If there is no open seat the applicant could potentially fill, or if the applicant is a potential member for a seat that is not vacant at that time, the application is held on file. The applicant is referred to other opportunities to be involved in the planning process.

Interview

Interviews are conducted at any San Diego County facility or other designated locations by the committee members, including virtually, and are by invitation only. Interview invitations are extended via telephone or e-mail, and applicants are requested to respond within one week. If an applicant cannot appear for a scheduled interview, they are requested to provide notification of cancellation to support staff 48 hours prior to the scheduled interview time.

While the score is considered, the committee members' vote is the deciding factor in moving a recommendation for HPG membership forward to the Steering Committee. If an applicant is not recommended for HPG membership by the committee, they receive feedback at the time of the interview from the committee members with suggestions that may help the applicant prepare for a future interview. All applicants are encouraged to participate as a member of the public at HPG and committee meetings.

A standardized rating sheet is used by interviewers. The score is based on an evaluation of the written application and the in-person interview. After the interview, the total scores of all interviewer's rating sheets are combined by support staff, and the average score is shared with the committee. If the average score is over 14 out of 20, the members vote on the

applicant to recommend or not recommend the applicant. If the average score is less than 14 out of 20, the committee members discuss areas where further effort or information could increase the score, and any comments noted on the form related to not recommending an applicant, a vote occurs to recommend or not recommend the applicant. Recommendations for membership are then forwarded to the Steering Committee and added to the agenda of an upcoming HPG meeting for full group consideration and voting. If the HPG recommends the applicant for membership, the recommendation is forwarded to the Board of Supervisors via the standard process for the County of San Diego Health and Human Services Agency.

Meeting Participation

Once the HPG has approved the membership recommendation and the applicant's information has been forwarded to the Board of Supervisors for appointment, they are considered pending members of the HPG and invited to sit at the table with other HPG. They can participate in discussions on all agenda items. Pending members are not permitted to vote on agenda items until they have been formally notified of their appointment by the Board. The average time to obtain approval ranges between three and four months.

HPG members in district seats are appointed directly by the District Supervisor they represent. District-appointed members can fully participate and vote after that appointment, with no additional action required from the full Board.

Board of Supervisors Appointment

Once appointed by the Board of Supervisors or the individual Supervisor for district seats, the member receives a welcome packet containing an appointment letter and Form 700, which must be filed within 30 days from the appointment date. HPG support staff contacts the member to discuss the new member orientation schedule, assist with the process of completing required forms, and obtain information about the member's interest and availability to serve on committees. The applicant is then officially appointed as an HPG member, can participate in discussions at all meetings, and may vote on matters at all HPG meetings.

HPG members are required to complete a biennial (every two years) ethics training per the Fair Political Practices Commission and California Law AB1234. Free online training is offered on the California Fair Political Practices Commission website and may be accessed at <http://fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html>. Members must remain online during the training for two (2) hours in order to obtain the completion certificate. Support staff assists HPG members in completing the training by referring members to resources, tracking HPG members' completion of the training, and assisting members with no or limited internet access or who are mono-lingual Spanish speakers (with simultaneous interpretation) to complete the required training. HPG Support Staff tracks the date the ethics training is completed and notifies the Membership Committee if the training is late and by how many days and/or months.

Required forms	
Form/Training	Source
Statement of Economic Interest - Form 700 (annual)	Email notice from Clerk of the Board with link to electronic form
Ethics Training Completion certificate (every two years)	Email notice from Clerk of the Board with link to approved training
Standard of Conduct Form (annual)	HPG Support Staff provides
Conflict of Interest Form (annual)	HPG Support Staff provides
Confidentiality Agreement (annual)	HPG Support Staff provides

TERMS AND SUBCOMMITTEE APPOINTMENTS

HIV Subcommittee Appointments

Members of the HPG are required to participate in at least one sub-committee. They are appointed to by the HPG chair after review and recommendation from the Membership Committee, which includes a discussion of members’ preferences, availability, and needs of the HIV Planning Group. Support staff provides the subcommittee with a summary of the member’s preferences and availability to participate in subcommittee(s). Members of the public who are not HPG members may also be appointed to sub-committees by the HPG chair, except for Membership and Steering Committees, which require to be an HPG member.

End of Term and Second Term Process

Within six (6) months of the end of the first term, the Membership Committee reviews the appointed HPG members’ attendance, participation, and contribution to the HPG, its committees, and the HIV planning process and membership composition and profile. The committee votes on each member to recommend that the member continue or not continue to a second term on the HPG. The recommendation for a second term goes to the Steering Committee for approval, after which time it is forwarded to the HPG and, subsequently, the Board of Supervisors. The member is notified at each step of the process by support staff. Subsequently, the member is either reappointed or not approved by the Board of Supervisors to continue to a second term on the HPG. In the event that there is a gap between the end date of the first term and the date of reappointment for the second term, the HPG member cannot engage in discussion or vote during that time.

MONITORING ACTIVITIES

Attendance and Absence Notification

For HPG and committee attendance requirements, please refer to the Committee Operating Guidelines. The HPG Support Staff will send a warning letter to members who missed two consecutive HPG meetings. Based on the HPG Bylaws, the Membership Committee chair or his/her designee contacts the member as a final warning that the member is in jeopardy of being recommended for removal from the HPG. The chair or designee emails support staff to confirm that the person was contacted. Support staff maintains documentation and reports at monthly committee meetings on any attendance issues. If an HPG member misses the number of HPG meetings established in the Committee Operating Guidelines for removal within a rolling 12-month period, the HPG Support Staff will inform the Chairs and send out the recommendation letter for removal. Once the recommendation for removal is voted on at the HPG Meeting, then member is sent a letter by the HPG chair notifying the member of a recommendation for vacating the seat is sent to the Board of Supervisors via the Steering Committee. The member continues as a voting member of the HPG until removed by the Board of Supervisors.

Vacating Seats

Members may vacate their seat for multiple reasons, including:

Member resignation

Membership ends on the date set by the resigning member and the Clerk of the Board is notified of the resignation. Members are asked to give as much advanced notice as possible.

Member is no longer eligible for the seat they fill:

The Membership Committee will conduct an evaluation to see if the member is eligible to fill another seat. If so, a recommendation will go forward to the HPG for concurrence and then to the Clerk of the Board to make the change. If there is no other seat the member is eligible for, then their membership ends, and they are no longer able to engage in discussion or vote during HPG meetings. They are encouraged to continue participation in subcommittees that do not require HPG membership.

Recommended separation due to non-compliance with HPG policies and procedures:

The Membership Committee notifies the Steering Committee if there is a recommendation to vacate a seat on the HPG due to a member not completing Form 700 within 30 days of the due date, not completing the ethics training within 30 days of the due date, non-adherence to the attendance requirement outlined in the HPG Bylaws or if an issue is reported of a member violating the standard of conduct or confidentiality agreement. The chair of the HPG sends a letter to the HPG member informing them of the end of their term on the HPG. Other committees may forward recommendations for removal from the HPG to the Membership Committee.

Guideline for minimum scoring requirement to recommend for membership on the HPG: 14 out of 20. **If applicant did not meet scoring requirements, what additional experience/knowledge/training would be helpful for the applicant to consider in the future?**



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION – Optional information

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application you do not understand, please contact the HIV Planning Group Support Staff of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services at HPG.HHSA@sdcounty.ca.gov

Optional Personal Information (will not be filed or forwarded with the remainder of the application.)

Name:

I am a person living with HIV/AIDS: Yes No Decline to Answer

(NOTE: This information will only be available to the HIV Planning Group Membership Chair and Support Staff.)

If “yes,” as a member of the HIV Planning Group, I am willing to self-identify as a person living with HIV/AIDS.

Yes No



San Diego County HIV Planning Group (HPG)

MEMBERSHIP APPLICATION

The mission of the HIV Planning Group is to plan for the delivery of HIV services to reduce the impact of HIV. To help us process your membership application to the HIV Planning Group, please provide all the information requested. You may enter N/A (not applicable) where appropriate. **Please type or print clearly.** If there is any part of the application you do not understand, please contact the HIV Planning Group Support Staff of the HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services at HPG.HHSA@sdcounty.ca.gov

Section 1: Contact Information	
Name:	
Home Address:	
City:	State:
ZIP Code:	
Home Phone Number: ()	
Current Employer (if applicable):	
Work Address:	
City:	State:
ZIP Code:	
Work Phone Number: ()	Cell Phone Number: ()
Accept Text Messages?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:	Fax Number (if available): ()
(Personal)	
(work)	
Please be aware that the HIV Planning Group is a public body. You will receive mail and phone calls from the HSHB and members of the HIV Planning Group. Would you prefer to receive phone calls, messages, and/or e-mails at home or work?	
I prefer to receive phone calls and messages at: <input type="checkbox"/> Personal Cell <input type="checkbox"/> Work Cell	
I prefer to receive an email at:	

Section 2: Personal Information

The composition of the HIV Planning Group is required to (1) reflect the demographics of the HIV/AIDS epidemic in San Diego County, (2) include representation from a range of federally mandated categories, and 3) include representation from impacted communities. The gender, race/ethnicity, and HIV status categories on this form are required by our federal funding sources to monitor and measure reflectiveness and representation on the HIV Planning Group. By providing information for the following sections A-J, you will help ensure the HIV Planning Group reflects parity, inclusion and representation (PIR) of those impacted by HIV/AIDS in San Diego County.

<p>A. I am:</p> <p style="text-align: center;"> <input type="checkbox"/> Male <input type="checkbox"/> Transman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Other: _____ </p>										
<p>B. <input type="checkbox"/> Female <input type="checkbox"/> Transwoman <input type="checkbox"/> Gender Non-Conforming</p>										
<p>B. My race is (please check most prominent):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><input type="checkbox"/> American Indian or Alaskan Native</td> <td style="width: 20%;"><input type="checkbox"/> Black / African American</td> <td style="width: 20%;"><input type="checkbox"/> Hispanic / Latino / Chicano</td> <td style="width: 20%;"><input type="checkbox"/> More than one race</td> <td style="width: 20%;"><input type="checkbox"/> Decline to Answer</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Native Hawaiian / Other Pacific Islander</td> <td><input type="checkbox"/> White / Caucasian</td> <td><input type="checkbox"/> Unknown/Other</td> <td></td> </tr> </table>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Hispanic / Latino / Chicano	<input type="checkbox"/> More than one race	<input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Unknown/Other	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Hispanic / Latino / Chicano	<input type="checkbox"/> More than one race	<input type="checkbox"/> Decline to Answer						
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Unknown/Other							
<p>C. My ethnicity is:</p> <p style="text-align: center;"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Decline to Answer </p>										
<p>D.</p> <p>D. My date of birth is: ____/____/____</p>										
<p>E. I understand the process and procedures of the HPG: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p>F. Number of HPG meetings attended in the last 6 months: _____</p>										
<p>G. Number of committee meetings attended in the last 6 months: _____ (It is suggested that you attend at least (2) meetings prior to becoming a member: one (1) committee meeting and one (1) HIV Planning Group Meeting)</p>										
<p>H. I am currently a member of the following community liaison and/or affiliated groups and/or have the following relevant experience: _____</p>										
<p>I. I am interested in becoming a voting member on the following committees (participation in at least one of the committees is required):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Community Engagement Group</td> <td style="width: 50%;"><input type="checkbox"/> Membership Committee</td> </tr> <tr> <td><input type="checkbox"/> Strategies & Standards Committee</td> <td><input type="checkbox"/> Priority Setting & Resource Allocation Committee</td> </tr> <tr> <td><input type="checkbox"/> Medical Standards & Evaluation Committee</td> <td></td> </tr> </table>	<input type="checkbox"/> Community Engagement Group	<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Strategies & Standards Committee	<input type="checkbox"/> Priority Setting & Resource Allocation Committee	<input type="checkbox"/> Medical Standards & Evaluation Committee					
<input type="checkbox"/> Community Engagement Group	<input type="checkbox"/> Membership Committee									
<input type="checkbox"/> Strategies & Standards Committee	<input type="checkbox"/> Priority Setting & Resource Allocation Committee									
<input type="checkbox"/> Medical Standards & Evaluation Committee										

J. I qualify to serve as an HPG member in one of the following seats (Please check all that apply):

<input type="checkbox"/> General Community Member	<input type="checkbox"/> Rep of individuals who formerly were federal, state, or local prisoners who were released from the custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of the date of release.
<input type="checkbox"/> Healthcare Provider, including Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Board of Supervisors Designee: Districts 1 - 5
<input type="checkbox"/> Community-based organization serving affected populations and AIDS service organization	<input type="checkbox"/> Recipient of other Federal HIV Programs – Prevention Provider
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Part F, AIDS Education and Training Center and/or Ryan White Dental Provider
<input type="checkbox"/> Mental Health Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – HOPWA / HUD
<input type="checkbox"/> Substance Abuse Treatment Provider	<input type="checkbox"/> Recipient of other Federal HIV Programs – Veterans Administration
<input type="checkbox"/> Local Public Health Agency: HHSA Director or Designee	<input type="checkbox"/> HIV Testing Representative
<input type="checkbox"/> Local Public Health Agency: Public Health Officer or Designee	<input type="checkbox"/> Prevention Intervention Representative
<input type="checkbox"/> Hospital Planning Agency or Health Care Planning Agency	<input type="checkbox"/> Affected communities include people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with Hep B or C, and historically underserved groups and/or subpopulations
<input type="checkbox"/> Non-elected Community Leader	<input type="checkbox"/> Prevention Services Consumer/Advocate
<input type="checkbox"/> Prevention Services Consumer	<input type="checkbox"/> State Government – State Medicaid
<input type="checkbox"/> State Government – CDPH Office of AIDS (OA) Part B	<input type="checkbox"/> Recipient of RW Part C
<input type="checkbox"/> Recipient of RW Part D	

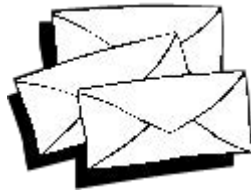
Please list any agency affiliations (work and or board member).

Section 4: Signature and Date

I agree that the information provided in this application (including attachments) is true and correct to the best of my knowledge.

Signature _____ Date _____

If any information on your application changes, or if you wish to withdraw your application from consideration by the HIV Planning Group Membership Committee, please contact the HIV, STD & Hepatitis Branch as soon as possible. Please note that membership interviews will be conducted as needed. If you have any other questions or comments, contact HPG Support Staff at HPG.HHSA@sdcounty.ca.gov



Email your completed application to:

HPG.HHSA@sdcounty.ca.gov

**COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY
HIV, STD, and Hepatitis Branch
ATTN: HIV PLANNING GROUP SUPPORT
690 Oxford Street, Suite #301, MS: P-505
Chula Vista, CA 91911**

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.

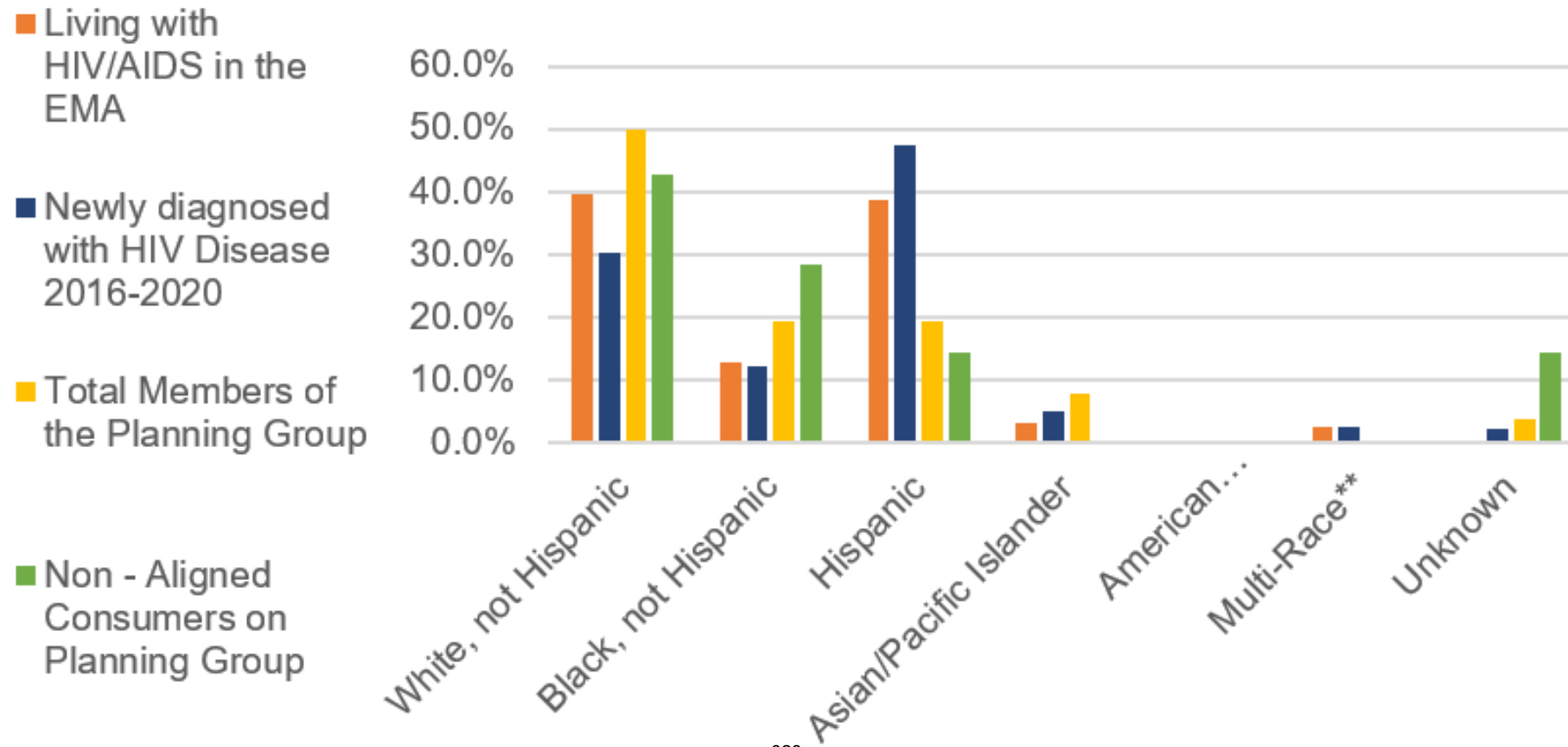
Seat #	Name	SEAT NAME	Term Expires:	Term 1&2
1	Michael Wimpie	General Member 1	5/21/2027	2
2	VACANT	General Member 2		Unexpired term: 1/26/2025
3	Tyra Fleming	General Member 3	3/10/2023	1
4	Cinnamen Kubricky	General Member 4	11/2/2025	1
5	VACANT	General Member 5		Unexpired term: 1/26/2025
6	VACANT	General Member 6		Unexpired term: 4/6/2025
7	Raul Robles	General Member 7	9/13/2024	2
8	Allan Acevedo, JD	General Member 8	4/6/2025	1
9	VACANT	General Member 9		Unexpired term: 9/14/2025
10	VACANT	General Member 10		
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	6/23/2024	1
17	Robert Lewis	Healthcare Provider, including Federally Qualified Health Center (FQHC)	9/13/2024	2
18	Rhea Van Brocklin	Community-based organization serving affected populations and AIDS service organization	10/15/2023	1
19	Regina Underwood	Social Service Provider, including providers of housing and homeless services	9/13/2024	2
20	Dr. Delores Jacobs, PhD	Mental Health Provider Formerly a combined seat; now just Mental Health	9/13/2024	2
21	Pamela Highfill	Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse	2/8/2026	1
22	Adrienne Yancey	Local Public Health Agency: HHS Director or Designee	5/2/2027	1
23	Dr. Winston Tilghman	Local Public Health Agency: Public Health Officer or Designee	10/18/2024	2
24	VACANT	Hospital Planning Agency or Health Care Planning Agency		
25	Karla Quedaza-Torres	Non-Elected Community Leader	9/13/2024	2
26	VACANT	Prevention Services Consumer/Advocate		Unexpired term: 5/2/2027
27	VACANT	Prevention Services Consumer		
28	VACANT	State Government-State Medicaid		
29	Abigail West	State Government-CDPH Office of AIDS (OA) Part B	3/12/2027	2
30	Dr. David Grelotti	Recipient of RW Part C	3/10/2024	1
31	Dr. Stephen Spector	Recipient of RW PART D	1/14/2024	1

32	Amy Applebaum	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	9/13/2024	2
33	VACANT	Board of Supervisors Designee: District 1		Unexpired term: 8/30/2026
34	Alberto Cortes	Board of Supervisors Designee: District 2	7/19/2024	2
35	Dr. Beth Davenport, PhD	Board of Supervisors Designee: District 3	2/9/2025	1
36	Shannon Ransom (Hansen)	Board of Supervisors Designee: District 4	9/13/2024	2
37	VACANT	Board of Supervisors Designee: District 5		
38	Felipe Garcia-Bigley	Recipient of other Federal HIV Programs- Prevention Provider	10/11/2026	1
39	Moira Mar-Tang	Recipient of other Federal HIV Programs- Part F, AIDS Education and Training center and/or Ryan White Dental Provider	9/13/2024	2
40	Freddy Villafan	Recipient of other Federal HIV Programs- HOPWA / HUD	1/11/2026	1
41	Jeffery Weber	Recipient of other Federal HIV Programs- Veterans Administration	12/13/2026	1
42	VACANT	HIV Testing Representative		Unexpired term: 6/23/2024
43	VACANT	Prevention Intervention Representative Formerly: Risk Reduction Activities Representative		Unexpired term: 1/26/2025
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	8/17/2025	1

NOVEMBER 2023 RACE/ETHNICITY



Nov 2023
Race/Ethnicity

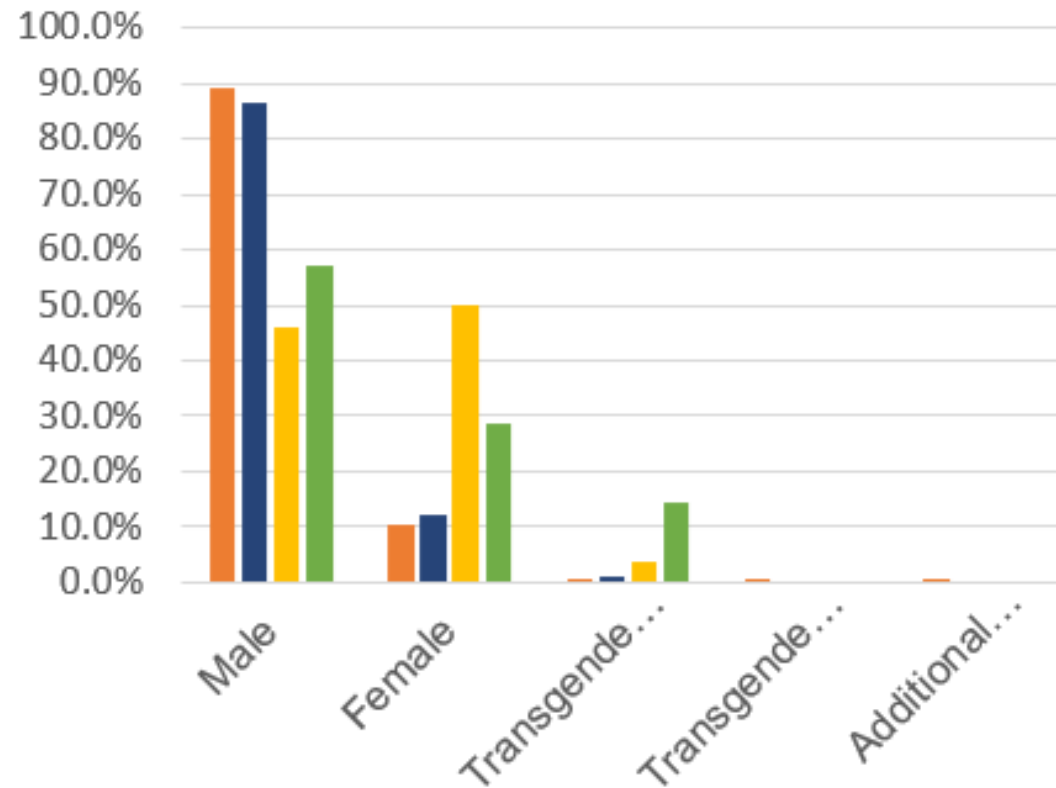


NOVEMBER 2023 GENDER



- Living with HIV/AIDS in the EMA
- Newly Diagnosed
- Total Members of the Planning Group
- Non - Aligned Consumers on Planning Group

Nov 2023
Gender

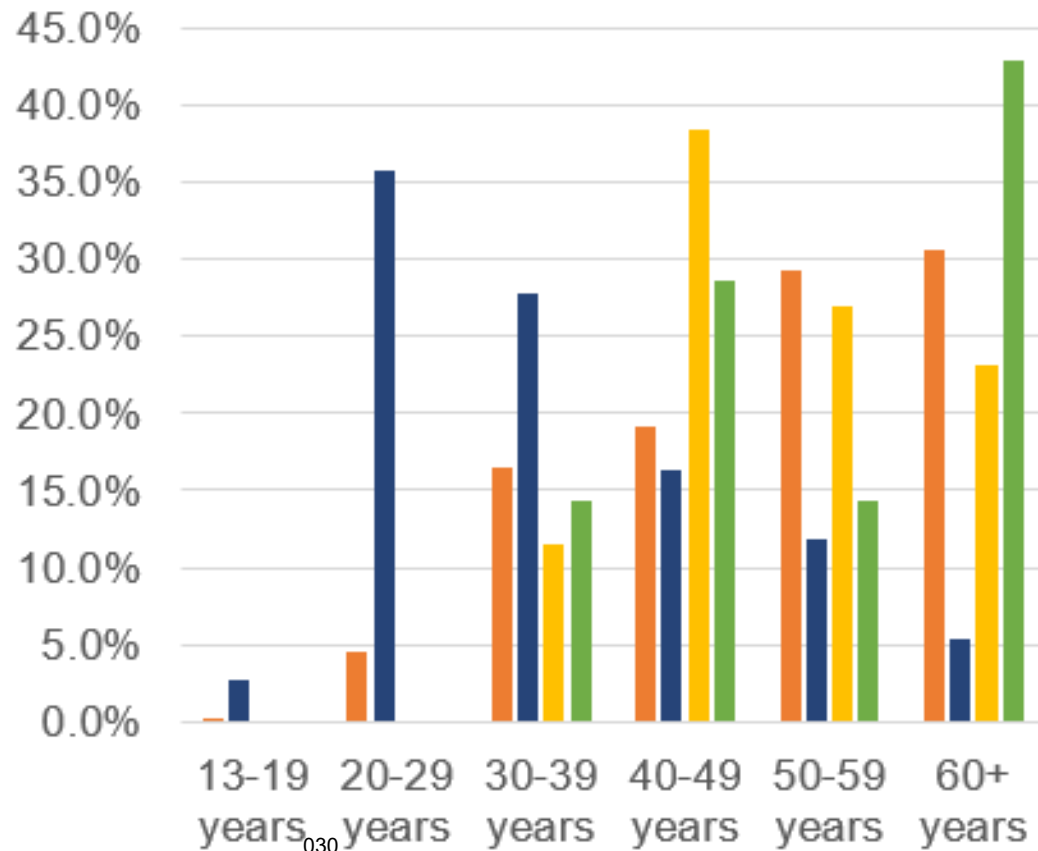


NOVEMBER 2023 AGE



- Living with HIV/AIDS in the EMA
- Newly Diagnosed
- Total Members of the Planning Group
- Non - Aligned Consumers on Planning Group

Nov 2023
Age



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 they need to understand that role.

Vision of the Mentoring Program:

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

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

How does the Mentor Program Function?

To address the potential confusions 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 historical background 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, over the phone, etc.

Mentors agree to give HPG information to the new members. A key part of delivering knowledge includes giving all members the freedom to vote with their own conscience.

How Does a New HPG Member Select a Mentor?

New HPG members select their mentor, who is ideally an established member with experience on 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 mentor relationship is administered by the HPG Membership Committee. 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 who they would like to be their mentor.
- 3) **HPG Support** provides the Membership Committee a list of prospective mentors. The Membership Committee determines if the top choice is already mentoring numerous people. If new member requests a mentor who is unavailable, the Membership Chair asks the new member to work with their second choice. If the second choice is also fully booked, then the third-choice mentor will be selected.
- 4) **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 both 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 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 on an as needed basis.
- 7) If a new HPG member wishes to have a different mentor, that request should be made to **HPG Support**.
- 8) The intention of the mentoring program is 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 and 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 have participated in a complete yearly HRSA and CDC funding cycle, as well as the local HPG budget cycle. These cycles drive the allocation and prioritization efforts that are the HPG's main responsibility, and it's important that mentors 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, it's important that they be able to clarify concepts.

The Mentoring Lifecycle

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

The mentoring relationship may continue at the request of the participants. If the mentoring relationship is dissolved, the mentor may request another new HPG member, or the mentor may request 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? That will be determined by you and your mentor.

Can I request a different mentor? Yes, contact HPG Staff if you feel you need a new mentor.

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Nov 2022- Oct 2023

HPG Member	0	0	1	1	1	1	1	1	1	1	1	0	9
Total Meetings	27-Nov	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	24-May	26-Jun	26-Jul	2-Aug	27-Sep	25-Oct	TOTAL
Acevedo, Allan, 8	NM	NM	*	*	*	*	*	*	*	*	1	NM	1
Applebaum, Amy, 32	NM	NM	1	*	*	*	*	*	*	*	*	NM	1
Cortes, Alberto, 34	NM	NM	*	1	*	*	*	*	1	*	*	NM	2
Davenport, Elizabeth, 35	NM	NM	*	*	JC	*	*	*	*	1	1	NM	2
Duarte, M. Esteban							*	*	*	1	1	NM	2
Fleming, Tyra								*	*	*	*	NM	0
Garcia-Bigley, Felipe	NM	NM	*	*	*	*	*	*	*	*	*	NM	0
Grelotti, David, 30	NM	NM	*	*	1	*	*	*	*	1	*	NM	2
Highfill, Pamela, 21	NM	NM	*	1	*	*	EC	1	*	*	1	NM	3
Jacobs, Delores, 20	NM	NM	*	*	*	*	*	*	*	*	1	NM	1
Kubricky, Cinnamen, 4	NM	NM	*	1	*	*	1	*	*	*	*	NM	2
Lewis, Bob, 17	NM	NM	*	1	1	1	*	*	*	*	*	NM	3
Lochner, Mikie, 16	NM	NM	*	*	*	*	1	*	*	*	*	NM	1
Mar-Tang, Moira, 39	NM	NM	1	*	1	*	*	*	*	EC	*	NM	2
Price, Venice, 44	NM	NM	*	1	*	*	*	1	1	1	*	NM	4
Quezada-Torres, Karla, 25	NM	NM	1	*	*	1	*	*	*	*	1	NM	3

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Nov 2022- Oct 2023

Total Meetings	27-Nov	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	24-May	26-Jun	26-Jul	2-Aug	27-Sep	25-Oct	TOTAL
Ransom, Shannon, 36	NM	NM	*	*	*	*	*	1	*	*	*	NM	1
Robles, Raul 7	NM	NM	*	*	1	1	1	*	*	*	1	NM	4
Rucker, James,42	NM	NM	*	*	*	*	*	*	*	1			
Spector, Stephen 31	NM	NM	*	*	1	*	EC	*	*	*	JC	NM	1
Tilghman, Winston, 23	NM	NM	*	1	*	*	*	*	*	*	JC	NM	1
Underwood, Regina, 19	NM	NM	*	*	1	*	*	*	*	*	*	NM	1
Van Brocklin, Rhea, 18	NM	NM	*	*	*	*	1	JC	*	*	*	NM	1
Villafan, Freddy 40	NM	NM	*	*	1	*	*	*	*	1	*	NM	2
Weber, Jeffery, 41			*	*		*	1	*	*	*	*	NM	1
West, Abigail, 29	NM	NM	1	*			*	*	*	1	*	NM	2
Wimpie, Michael, 1	NM	NM	*	1	*	*	*	*	*	*	*	NM	1
Yancey, Adrienne							EC	*	*	*	*	NM	0

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
12-MONTH COMMITTEE TRACKING
Nov 2022 - Oct 2023

STRATEGIES	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	#
Total meetings	1	1	0	1	0	1	0	0	0	1	0	1	6
Member													
Acevedo, Allan	*	1	NM	1	NM	1	NM	NM	NM	*	NM	1	4
Applebaum, Amy	*	*	NM	*	NM	1	NM	NM	NM	*	NM	*	1
Davenport, Dr. Beth	*	*	NM	*	NM	1	NM	NM	NM	*	NM	*	1
Franco, Lucia	1	*	NM	*	NM	*	NM	NM	NM	*	NM	1	2
Mora, Joseph	*	*	NM	*	NM	*	NM	NM	NM	*	NM	1	1
Mar-Tang, Moira	*	*	NM	*	NM	*	NM	NM	NM	*	NM	*	0
Price, Venice	*	*	NM	1	NM	*	NM	NM	NM	1	NM	*	2
Ransom, Shannon	*	*	NM	*	NM	*	NM	NM	NM	*	NM	*	0
Tilghman, Dr. Winston	*	1	NM	*	NM	*	NM	NM	NM	*	NM	*	1
Weber, Jeffery	*	*	NM	*	NM	*	NM	NM	NM	*	NM	1	1
Wimpie, Michael	*	*	NM	*	NM	*	NM	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

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Nov 2022 - Oct 2023**

MEMBERSHIP	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	#
Total meetings	1	1	1	1	1	0	1	0	1	0	1	0	8
Member													
Lewis, Bob	1	*	*	*			*	NM	*	NM	*	NM	1
Lochner, Mikie	*	*	*	*	*	NM	*	NM	*	NM	*	NM	0
Underwood, Regina	*	*	*	*	*	NM	*	NM	*	NM	*	NM	0
Rhea Van Brocklin	1	*	*	*	*	NM	1	NM	*	NM	JC	NM	2

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

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Nov 2022 -Oct 2023**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE															
PSRAC	Nov	Dec	Jan	Feb	Mar	Apr	May	8-Jun	20-Jun	20-Jul	27-Jul	Aug	Sep	Oct	#
Total meetings	0	1	1	1	1	0	1	1	1	1	1	0	1	0	8
Member															
Jacobs, Dr. Delores ^C	NM	*	*	*	*	NM	*	*	*	*	*	NM	*	NM	0
Carroll, Reginald					*	NM	*	*	*	*	*	NM	1	NM	1
Cortes, Alberto	NM	*	*	1	JC	NM	*	*	1	1	1	NM	*	NM	2
Davenport, Beth	NM	*	*	*	*	NM	*	*	*	*	*	NM	1	NM	1
Garcia-Bigley, Felipe	NM	*	*	*	*	NM	1	*	*	*	*	NM	*	NM	1
Highfill, Pam	NM	*	*	*	JC	NM	*	*	*	*	*	NM	*	NM	0
Kubricky, Cinnamen ^U	NM	1	*	*	*	NM	1	*	*	*	*	NM	*	NM	2
Mueller, Chris	NM	*	1	*	1	NM	*	*	*	*	*	NM	1	NM	3
Robles, Raul	NM	1	*	1	JC	NM	*	*	*	*	*	NM	1	NM	3
Rucker, James	NM	*	*	*	*	NM	*	*	*	*	*	NM			
Quezada-Torres, Karla	NM	*	*	*	JC	NM	*	*	1	*	*	NM	*	NM	1
Underwood, Regina	NM	*	*	*	*	NM	*	1	*	*	*	NM	*	NM	1
Van Brocklin, Rhea	NM	*	*	*	*	NM	1	*	*	*	*	NM	1	NM	2
Villafan, Freddy	NM	*	*	1	*	NM	*	*	*	*	*	NM	1	NM	2

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

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Nov 2022 - Oct 2023

STEERING

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	#
Total Meetings	0	0	1	1	0	1	1	1	1	0	1	0	7
Community Engagement Group Allan Acevedo	NM	NM	1	1	NM	1	*	1	*	NM	*	NM	4
Medical Standards Dr. Tilghman	NM	NM	*	*	NM	*	*	*	*	NM	*	NM	0
Membership Bob Lewis	NM	NM	*	1			*	*	*	NM	*	NM	1
Priority Setting and Resource Allocation Dr. Jacobs	NM	NM	*	*	NM	*	*	*	*	NM	*	NM	0
Strategies & Standards Shannon Ransom	NM	NM	*	*	NM	*	*	*	*	NM	1	NM	1
Chair- Mikie Lochner	NM	NM	*	*	NM	*	1	*	*	NM	*	NM	1
Vice Chair - Rhea Van Brocklin	NM	NM	*	*	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

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Nov 2022 - Oct 2023**

Community Engagement Group	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	#
Total Meetings	0	1	1	1	1	1	1	1	1	1	1	1	11
Member													
Acevedo, Allan ^{UC}	NM	*	*	*	*	*	*	*	*	*	*	*	1
De Jesus, Alfredo ^U	NM	*	*	*	*	1	*	1	*	1	1	1	5
Donovan, Michael	NM	*	*	*	JC	*	*	*	*	*	*	*	0
Duarte, Esteban					JC	*	*	1	1	1	*	1	4
Fleming, Tyra					*	*	JC	*	*	*	JC	*	0
Lochner, Mikie ^U	NM	*	*	1	*	*	1	*	*	*	*	*	1
Lothridge, Jen					*	*	*	*	*	*	*	*	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

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Nov 2022 - Sep 2023

Medical Standards & Evaluation Committee

MSEC	Nov	Feb	May	Sep	#
Total Meetings	0	1	1	1	3
Member					
Tilghman, Dr. Winston ^C	NM	*	*	*	0
Aldous, Dr. Jeannette ^{NCC}	NM	*	*	*	0
Bamford, Dr. Laura	NM	*	*	*	0
Grelotti, Dr. David	NM	*	*	*	0
Hernandez, Yessica		*	*	*	0
Lewis, Robert	NM	1	1	JC	2
Lochner, Mikie	NM	*	*	*	0
Ransom, Shannon	NM	*	*	1	1
Spector, Dr. Stephen	NM	1	1	*	2
Stangl, Lisa ^N	NM	*	1	*	1
Quezada-Torres, Karla	NM	*	*	1	1
Zweig, Dr. Adam ^N	NM	1	1		2

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

HIV PLANNING GROUP:
MENTOR-MENTEE ASSIGNMENTS

<u>(Less than 2yr tenure)</u>	<u>Affiliation</u>	<u>Mentor</u>	<u>Dates Met</u>
Allan Acevedo	Unaffiliated Consumer	Rhea Van Brocklin	
Beth Davenport	District 3	Shannon Ransom	
Cinnamen Kubricky	Unaffiliated Consumer	Mikie Lochner	
Felipe Garcia-Bigley	Recipient of other Federal HIV Programs- Prevention Provider	Bob Lewis	
Jeffrey Weber	Recipient of other Federal HIV Programs- Veterans Administration	Rhea Van Brocklin	
Venice Price	Unaffiliated Consumer	Mikie Lochner	
Freddy Villafan	Recipient of other Federal HIV Programs- HOPWA / HUD	Bob Lewis	
Pamela Highfill	Substance Abuse Treatment Provider	Dr. Delores Jacobs	
Tyra Fleming	Unaffiliated Consumer	Rhea Van Brocklin	

Pending members who will need mentors:

None

Appointed more than 2 years ago

Presented by the
San Diego HIV Planning Group

The 34th Annual

DR. A. BRAD TRUAX AWARDS

The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his contributions to the HIV/AIDS effort in San Diego.

The award is given annually on World AIDS Day (December 1) to recognize the outstanding overall contributions made by a person involved in the fight against the HIV/AIDS epidemic in our community.



Additionally, awards are given in each of the following three (3) categories:

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

Each honoree will be acknowledged as a Community Award Recipient.

Event Details

Friday, December 1, 2023

3:00 PM – 5:00 PM

The San Diego LGBT Community Center
3909 Centre St, San Diego, CA 92103

Spanish interpretation will be provided.

ASL provided upon request.

For more info, send email to:

HPG.HHSA@sdcounty.ca.gov

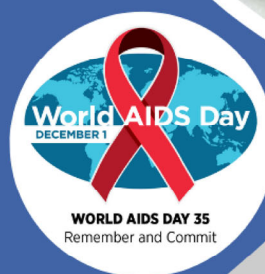
Presentado por el Grupo de Planificación
del VIH de San Diego

La 34ª Edición Anual

DEL DR. A. BRAD PREMIOS TRUAX

El Premio Dr. A. Brad Truax fue creado para honrar la memoria del Dr. Truax y sus contribuciones al esfuerzo contra el VIH/SIDA en San Diego.

El premio se otorga anualmente en el Día Mundial del SIDA (1 de diciembre) para reconocer las contribuciones generales sobresalientes realizadas por una persona involucrada en la lucha contra la epidemia del VIH/SIDA en nuestra comunidad.



Además, se otorgan premios en cada una de las siguientes tres (3) 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 persona honrada será reconocida como Ganador del Premio de la Comunidad.

Detalles del evento

Viernes, 1 de diciembre de 2023

3:00 PM - 5:00 PM

*The San Diego LGBT Community Center
3909 Centre St. San Diego, CA 92103*

Se proporcionará interpretación al español. ASL proporcionado a pedido.

Para obtener más información, envíe un correo electrónico a:

HPG.HHSA@sdcounty.ca.gov



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

APPENDIX

(Page 045-073)

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

HIV Planning Group Bylaws Table of Contents

ARTICLE 1: PURPOSE AND AUTHORITY.....	3
Section A: <u>Establishment</u>	3
Section B: <u>Purposes</u>	3
Section C: <u>Getting to Zero Initiative</u>	3
Section D: <u>Type of Organization</u>	3
ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE	4
Section A: <u>Open Nomination Process</u>	4
1. <u>Nomination of New Members</u>	4
2. <u>Renominations</u>	4
3. <u>Authority of Board of Supervisors</u>	5
Section B: <u>Membership Composition</u>	5
Section C: <u>Term of Office</u>	7
Section D: <u>General Members-Elect</u>	8
Section E: <u>Requirements</u>	8
ARTICLE 3: CONFLICT OF INTEREST.....	10
Section A: <u>Conflict of Interest Definition and Scope</u>	10
Section B: <u>Management of Conflict of Interest</u>	10
ARTICLE 4: DUTIES	12
Section A: <u>Determination of Duties</u>	12
Section B: <u>Needs Assessment</u>	12
Section C: <u>Priority Setting and Resource Allocation</u>	12
Section D: <u>Comprehensive/Integrated Planning</u>	12
Section E: <u>Assessment of the Administrative Mechanism</u>	13
Section F: <u>Statewide Coordinated Statement of Need</u>	13
Section G: <u>Coordination of Services</u>	13
Section H: <u>Compliance with Legislation</u>	13
Section I: <u>System of Care</u>	13
Section J: <u>HIV Prevention</u>	13
ARTICLE 5: OFFICERS	14
Section A: <u>Chairperson</u>	14
Section B: <u>Vice-Chairpersons</u>	14
Section C: <u>Duties of the Chairperson</u>	14
Section D: <u>Duties of the Vice-Chairperson(s)</u>	14

ARTICLE 6: ORGANIZATION PROCEDURES..... 15

 Section A: Robert's Rules of Order 15

 Section B: Voting..... 15

 Section C: Open Meetings..... 15

 Section D: Regular Meetings..... 15

 Section E: Quorum 15

 Section F: Minutes 15

ARTICLE 7: COMMITTEES 16

 Section A: Use of Committees..... 16

 Section B: Composition and Chairs..... 16

 Section C: Appointments 16

 Section D: Operations 16

 Section E: Steering Committee 16

 Section F: Membership Committee 17

ARTICLE 8: GRIEVANCE PROCEDURES..... 18

 Section A: Grievances Related to Services..... 18

 Section B: Other Types of Grievances 18

ARTICLE 9: STAFF ASSISTANCE 19

 Section A: Staff Assistance to the HIV Planning Group..... 19

 Section B: Recordkeeping and Reporting 19

ARTICLE 10: COMPENSATION AND EXPENSE.....20

 Section A: Voluntary Service 20

 Section B: Reimbursement for Expenses..... 20

ARTICLE 1: PURPOSE AND AUTHORITY

Section A: Establishment. On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).

Section B: Purposes. The HIV Planning Group is established in order to participate in the Federal Ryan White HIV/AIDS Treatment Extension Act of 2009, and any subsequent amendments. The HIV Planning Group is also established in accordance with guidance from the Centers for Disease Control and Prevention (CDC) for purposes of developing an engagement process to plan for services to prevent new HIV infections, identify, inform, link and retain people with HIV in care to achieve viral suppression.

Section C: Getting to Zero Initiative. Finally, the HIV Planning Group provides planning and coordination of the County of San Diego's Getting to Zero initiative. This initiative was adopted in recognition that, due to advances in HIV treatment as well as development of highly effective HIV prevention interventions, HIV has become a winnable battle. Getting to Zero focuses on:

1. Ensuring the wide availability of testing in community-based and health care settings;
2. Providing access to treatment and supportive services that promote retention in care for all persons living with HIV;
3. Preventing new infections through a combination of evidence-based interventions; and
4. Engaging communities in developing strategies to improve health outcomes related to HIV.

Section D: Type of Organization. The HIV Planning Group is a non-partisan, non-sectarian, non-profit making organization. It does not take part officially in, nor does it lend its influence to any political issues.

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE**Section A: Open Nomination Process****1. Nomination of New Members**

- a. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
- b. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
- c. Each county supervisor selects an individual to represent that district. The HPG assists with identification of such individuals as appropriate. If no representative is named, the Membership Committee shall recruit and nominate an individual from that district using the open nominations process.

2. Renominations

- a. HIV Planning Group members who have served only one term and are in good standing are eligible for renomination by the HPG for a second 4-year term. These members may express interest in renomination and will be considered for reappointment in accordance with HPG-established standards, policies, and procedures. Renomination is not automatic.
- b. After completion of two consecutive terms, an individual must be off the HPG for at least one year before they may be renominated.
- c. Supervisors will be informed when the term of their representative is nearing an end, and asked whether they are renaming an eligible representative for a second term or naming a new representative.
- d. If the supervisor does not respond, or indicates that the current representative will not be renamed but does not name a successor, after several contacts and offers of assistance from the HPG, the HPG will identify an individual from that supervisorial district to nominate to the Board of Supervisors using the open nominations process.
- e. In such a situation, the member will be considered a representative of the district, but not a representative of the supervisor.
- f. A performance assessment will be conducted with all HPG members at the end of their first term, regardless of how they are nominated.

3. Authority of Board of Supervisors

- a. Requirements for open nomination process do not eliminate or change the authority of the County Board of Supervisors to appoint members of the HIV Planning Group.
- b. The County Board of Supervisors will approve and/or appoint as HIV Planning Group members only individuals who have gone through the open nomination process.

Section B Membership Composition. The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors, as follows:

1. General Member (#1)*
2. General Member (#2)*
3. General Member (#3)*
4. General Member (#4)*
5. General Member (#5)*
6. General Member (#6)*
7. General Member (#7)*
8. General Member (#8)*
9. General Member (#9)*
10. General Member (#10)*
11. General Member (#11)*
12. General Member (#12)*

13. General Member (#13)*
14. General Member (#14)*
15. General Member (#15)*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer
28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider

39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)
41. Recipient of other federal HIV programs – Veterans Administration
42. HIV testing representative
43. Prevention intervention representative
44. General Member (#16)

Up to 16 “General Member” seats are available for individuals who provide needed expertise and representation to the HPG and ensure that all federal requirements are met.

At least thirty-three percent (33%) of HPG members must be unaligned consumers of Ryan White Part A services.*

At least two of these unaligned consumers must publicly disclose their status.

The membership shall include the following: member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and representatives of historically underserved groups and/or subpopulations.

As required by the legislation, the HIV Planning Group shall reflect in its composition the demographics of the population of individuals with HIV in San Diego County, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.

* Section 2602 (b)(5)(C) of the Public Health Services Act defines unaffiliated consumers as consumers who:

- “are receiving HIV-related services” from Ryan White Part A-funded providers;
- “are not officers, employees, or consultants” to any providers receiving Ryan White Part A funds, and “do not represent any such entity;” and
- “reflect the demographics of the population of individuals with HIV/AIDS” in the eligible metropolitan area.

Section C: Term of Office

1. Members shall serve a term of four years.

2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.
3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

Section D: General Members-Elect. The Board of Supervisors may appoint three General Members-elect, recommended by the HIV Planning Group. Each General Member-elect shall be able to participate in the HIV Planning Group discussions. Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: Requirements

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.
2. Each member shall also complete the following forms no later than March 31 of each year: an annual HIV Planning Group Disclosure Form, a Statement of Confidentiality, a form confirming their continued eligibility for the membership seat they currently occupy, and other required documents included in the Membership Policies and Procedures.
3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.
4. New members are required to attend an orientation session at the beginning of their appointment and to participate in annual mandatory training.
5. Voting members are expected to meet HPG attendance requirements and to serve actively on a standing committee. Exceptions to the requirement for committee membership can be made by the Steering Committee in unusual circumstances, primarily for members who live and work outside San Diego County and for the public health officer's representative.

6. HPG members are expected to meet stated attendance requirements for HPG meetings and for committee meetings for all committees of which they are members.
7. HPG members are expected to follow the Code of Conduct at all times.
8. Members who meet these requirements are considered to be in good standing.
9. Members who have not met requirements 1 -3 within 30 days of appointment or by March 31 of each year shall not be considered in good standing. Member who are out of compliance with requirements 4 - 6 for more than 90 days shall likewise not be considered in good standing.
10. Members who are not in good standing shall not be permitted to vote on matters before the HIV Planning. Membership Committee shall review all members who are not in good standing and develop a plan to assist the member in meeting the requirements and/or consider referring the member to the HPG for a vote to recommend termination from the HIV Planning Group to the Board of Supervisors.

ARTICLE 3: CONFLICT OF INTEREST

Section A: Conflict of Interest Definition and Scope

1. As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is “an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain” for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.

2. Ryan White legislation does not permit the HPG to “be directly involved in the administration of a grant,” or to “designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.” In addition, the legislation states that: “A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes.” [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

Section B: Management of Conflict of Interest. Members may be appointed to the HIV Planning Group who will, from time to time, have conflicts of interest in matters before the HIV Planning Group. Conflicts of interest shall be managed as follows:

1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.
2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter

expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.

6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken.

ARTICLE 4: DUTIES

Section A: Determination of Duties. Duties and responsibilities of the HIV Planning Group shall be as set forth in the Ryan White HIV/AIDS Treatment Extension Act legislation and the Centers for Disease Control and Prevention planning guidance as listed below:

Section B: Needs Assessment. Assess needs, with particular attention to:

1. Individuals who are at high-risk for acquiring HIV;
2. Individuals who are unaware of their HIV status;
3. Individuals living with HIV disease who know their HIV status and are not receiving HIV-related services;
4. Individuals at risk of falling out of care;
5. Communities that experience disparities in access and services; and
6. Establishing methods for obtaining input on community needs and priorities, which may include surveys, public meetings, focus groups, and ad hoc panels.

Section C: Priority Setting and Resource Allocation. Establish priorities for the allocation of Ryan White HIV/AIDS Treatment Extension Act funds. The HIV Planning Group should consider the following:

1. Size and demographics of the population of individuals with HIV disease and needs of such population;
2. Demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
3. Priorities of the communities with HIV disease for whom the services are intended;
4. Coordination of services with HIV prevention and substance abuse treatment, mental health services and housing;
5. Availability of other governmental and non-governmental resources to cover health care costs; and
6. Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Section D: Comprehensive/Integrated Planning. Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS

Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

- Section E:** **Assessment of the Administrative Mechanism.** Assess the efficiency of the administrative mechanism in rapid allocation of Ryan White HIV/AIDS Treatment Extension Act funds to the areas of greatest need within San Diego County and assess the effectiveness of the services offered in meeting the identified needs.
- Section F:** **Statewide Coordinated Statement of Need.** Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.
- Section G:** **Coordination of Services.** Coordinate with other federally funded programs that provide HIV-related services in San Diego County.
- Section H:** **Compliance with Legislation.** Assist the Board of Supervisors in ensuring San Diego County's full and complete compliance with the Ryan White HIV/AIDS Treatment Extension Act and its subsequent amendments.
- Section I:** **System of Care.** Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.
- Section J:** **HIV Prevention.** Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

Section A: Chairperson. The chairperson of the HIV Planning Group shall be appointed by the chairperson of the Board of Supervisors, and cannot be an employee of HSHB or the County of San Diego, for a length of term decided upon by the Board of Supervisors. The chairperson acts as the sole spokesperson for the HIV Planning Group.

Section B: Vice-Chairpersons. HIV Planning Group members will elect two vice-chairpersons, one of whom shall be a Ryan White consumer. An employee of HSHB cannot be a vice-chair. The vice-chairpersons shall serve a term of two years.

Section C: Duties of the Chairperson:

1. Presides over the HIV Planning Group and Steering Committee
2. Recommends committees, ad hoc committees and task force meetings
3. Appoints the chair and members to the committees
4. Directs Planning Group Support Staff

Section D: Duties of the Vice-Chairperson(s):

1. If the chair is unable to perform the duties of the position for sixty days or more, the chair and/or Steering Committee shall provide a letter of designation to delegate the duties to the vice-chairperson(s).
2. The vice-chairperson(s) can assume responsibility for all meetings in the absence of the chair including conducting and convening meetings.

ARTICLE 6: ORGANIZATION PROCEDURES

- Section A:** **Robert's Rules of Order.** Robert's Rules of Order shall govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.
- Section B:** **Voting.** Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.
- Section C:** **Open Meetings.** All meetings of the HIV Planning Group and its committees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on www.sdplanning.org. Notices will be mailed upon request.
- Section D:** **Regular Meetings.** The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.
- Section E:** **Quorum.** Greater than 50% of members currently appointed shall constitute a quorum and a simple majority must be participating in a meeting to take action. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established, no official business can be conducted. However, presentations may be made and public comments received.
- Section F:** **Minutes.** The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, www.sdplanning.org. The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting minutes by action of the HIV Planning Group.

ARTICLE 7: COMMITTEES

- Section A: Use of Committees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc committees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A Standing and ad hoc committee may bring an action item to the HIV Planning Group for approval.
- Section B: Composition and Chairs.** All standing and ad hoc committee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members. Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing committees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson may be appointed per Article 5, Section C of these bylaws.
- Section C: Appointments.** Members of the HIV Planning Group are appointed to a committee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D: Operations.** All committees shall operate under the bylaws of the HIV Planning Group. Each committee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E: Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a committee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be 33% of the number of current members of the Steering Committee and a simple majority must be participating in a meeting to take

action. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

Section F: Membership Committee. The HIV Planning Group shall establish a Membership Committee to monitor membership, composition and attendance, recruit candidates for existing and anticipated vacancies, and recommend applicants for appointment through an open nominations process, which includes recruiting widely, clarifying the membership criteria, publicizing the membership criteria, addressing conflict of interest requirements, using an application form, maintaining an active Membership Committee and providing nominees to the Board of Supervisors as appropriate. All members of the Membership Committee shall be members of the HIV Planning Group. The Membership Committee shall forward recommendations to the HIV Planning Group for approval.

ARTICLE 8: GRIEVANCE PROCEDURES

Section A: **Grievances Related to Services.** HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.

Section B: **Other Types of Grievances.** Other grievances based on outlined process for making decisions shall be addressed by the Steering Committee.

1. Members have the right to grieve any decision made by the HIV Planning Group they feel did not follow established process.
2. To file a grievance, member will contact HIV Planning Group Chairperson and HIV Planning Group support staff, who will forward to the Steering Committee.
3. Member will be invited to the Steering Committee to present grievance.
4. Steering Committee will decide on grievance or ask for more information.
5. Steering Committee will resolve grievance within two regularly scheduled meetings.

ARTICLE 9: STAFF ASSISTANCE

Section A: **Staff Assistance to the HIV Planning Group.** The HIV, STD and Hepatitis Branch of Public Health Services, Health and Human Services Agency shall provide staff assistance pursuant to the legislative requirements and guidelines. The HIV Planning Group oversees the work of the HIV Planning Group support staff who will report to non-Recipient County staff for supervision.

Section B: **Recordkeeping and Reporting.** HIV Planning Group support staff shall be responsible for the keeping of records of all actions and reports of the committee and shall submit these actions and reports to the HIV Planning Group on a regular basis.

ARTICLE 10: COMPENSATION AND EXPENSE

Section A: **Voluntary Service.** Members of the HIV Planning Group shall serve without compensation.

Section B: **Reimbursement for Expenses.** HIV Planning Group members and members-elect appointed pursuant to Article 2, Section B and D who are consumers of Ryan White services may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.

**HIV Planning Group (HPG)
Committee Operating Guidelines
Ad Hoc Committee(s)**

Reviewed and approved by Steering Committee on _____

GUIDELINES:

1. Committee meetings provide opportunities for the public and planning group members who are not officially appointed to the committee to participate in committee via public comment. All are welcome to attend and have the right as well as are encouraged to participate in public comment throughout the duration of the meeting.
2. Meetings agendas are available at least 72 hours prior to the committee meeting (24 hours prior to special meetings) at www.sdplanning.org and posted physically at the location where the meeting will be held. Meeting agendas can be mailed upon request to HPG support staff. Committee agendas, minutes, and reports are available at the meeting. A sign-in sheet is used to track committee members in attendance.
3. Meetings presently occur in-person with a remote/virtual option for members of the public and for committee members who provide in advance notice of a “Just cause” or “Emergency circumstance” consistent with the guidelines of Assembly Bill 2449 (AB 2449). Please see the appendix for details of AB 2449. When members of a committee participate remotely/by teleconference, all decisions are made by a simple majority vote, which occur by roll call.

MEETING STRUCTURE:

1. The HIV Planning Group and all its committees operate in accordance with the State of California’s Robert M. Brown Act, which establishes guidelines that guarantee the public’s right to attend and participate in meetings of local legislative bodies. A sample meeting agenda appears at the end of this document.
2. Before the meeting begins, a quorum is established to confirm that a simple majority of the committee members are present. If a quorum is not present, the meeting is called to order, attendance is taken, and the meeting is adjourned or recessed until a quorum is present.
3. The meeting begins with a call to order and may include introductions, comments from the chair(s), and a moment of silence. Each committee member introduces themselves with their affiliations/conflicts. Comments from the chairs may include a welcome and reminders about the areas that are not the committee’s purview.
4. Prior to the review of the meeting’s agenda, there is an opportunity for public comment that concern items not listed on the day’s agenda. There is also an opportunity for public comment at the beginning of each agenda item (regardless of how many topics, discussions or actions the agenda item has) and for announcements at the end of the meeting. Discussion during the meeting will remain focused on the current agenda item being addressed.
5. Participation guidelines during the meeting are reviewed. To ensure ample opportunity for all present to speak and be heard, committee members are limited to two (2) minutes per comment and limited to two (2) comments per item. Public comments are welcomed prior to each agenda item. Public comments are limited to two (2) minutes per person (after they introduce themselves and state their affiliation (if any) so that all have an opportunity to participate.
6. During business portions of the meetings, to make certain all can participate, committees may utilize amended **Roberts Rules of Order**. These include six (6) basic steps that are followed in a vote of the committee:
 - Once an action item is introduced, a member of the committee **makes a motion** for an action related to the item.

- The motion must be **seconded** by another member of the committee. If no one seconds the motion, it is dropped, and another motion can be made.
 - Once a motion is made and seconded, the committee chairperson will provide an opportunity for public comment and followed by **committee discussion**.
 - If there is any opposition to the motion and members have not discussed their reasons/rationale for their opposition, members in opposition will be offered a final opportunity before the vote to express their reason/rationale for opposition.
 - Following all discussion, the committee chair will ask for a **vote on the motion**, including any opposing votes and/or any abstentions.
 - The motion then either carries or fails by counting the majority of votes in support or in opposition.
7. Action items to approve the day's agenda and to review and approve the last meeting's minutes may be accepted by consensus, if no members of the committee are participating remotely/by teleconference, by verifying if any changes need to be made and confirming that committee members agree the minutes accurately represent the meeting.
 8. During the old business section of the agenda, the committee addresses topics already introduced at the previous meeting(s).
 9. After old business is concluded, new business agenda items are presented for the first time.
 10. During old and new business portions of the meetings to support participation and decision-making, the committee may attempt to reach a consensus, if no members of the committee are participating remotely/by teleconference.. If consensus cannot be reached, a formal vote of the voting members will be held. A simple majority will prevail.

ADDITIONAL GUIDELINES:

1. When speaking during the meeting, all are encouraged to participate and introduce themselves.
2. Minimize the use of acronyms and jargon. However, if utilized, please define them, and explain what they mean so that everyone understands.
3. To support the decision-making process, there may be requests for information from different sources outside of what is available at the meeting. This may require that the topic be deferred as old business until a future meeting when additional information is available. The agenda item would be tabled.

BECOMING A MEMBER OF THE COMMITTEE:

1. HIV Planning Group members are appointed to committees by the HPG Chair based on the member's preference, expertise, and availability.
2. Community members not on the HPG may also be appointed to the committee by informing the committee chair of their desire to participate on the committee. The committee chair confers with the HPG chair, who makes the appointment, and support staff will document their membership on the meeting agenda. Committee appointments must be made 72 hours prior to the committee meeting to establish a quorum. If the request to be on the committee is made at the committee meeting, the appointment will become official at the subsequent committee meeting.
3. To remain in good standing with the right to vote, members must not have more than three (3) HPG absences in a row or six (6) absences in a 12-month period. Attendance is tracked by support staff and reviewed at the committee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting members.

SELECTION AND ROLE OF THE COMMITTEE CO-CHAIR:

1. Any committee member may be elected as the committee's co-chair by consensus or a simple majority vote of the committee members regardless of their membership status on

the HPG except for the Steering Committee and Membership Committee (the co-chair for both the Steering and Membership Committees must be an HPG member).

2. Nominees for the co-chair position can be made by committee members or through self-nomination.
3. Elections are held as vacancies occur.
4. The co-chair serves in the absence of the chair or when the chair has a conflict of interest. Duties include conducting committee meetings, attending Steering Committee, and acting as a liaison with HPG support staff.

SUBCOMMITTEE CHARGES AND DEFINITIONS:

Documentation with the charge of each committee and definitions are available at

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/hiv_std_hepatitis_branch/HIV_Planning_Group/Meetings.html.

If you have any questions or concerns, please contact the HIV Planning Group Support staff.

SAMPLE AGENDA:

HIV PLANNING GROUP
(Committee name)
Date, Time, Location
Remote access information and link

DRAFT AGENDA

1. Call to order; introductions; comments from the chair
2. Public comment
3. Review and approve agenda for _____
4. Review and approve minutes from _____
5. Old business
 - a) _____
6. New business
 - a) _____
7. Suggested items for the committee agenda
8. Announcements
9. Confirm next meeting: date, time, location:
10. Adjournment

CONDUCT GUIDELINES:

1. The HPG wishes to ensure that business is conducted in an orderly fashion and that all have an equal opportunity to observe and participate in the proceedings. Each person who addresses the HPG Group or a committee shall not use loud, threatening, profane, or abusive language that disrupts, disturbs, or otherwise impedes the orderly conduct of an HPG meeting. Any such language or any other disorderly conduct that disrupts, disturbs, or otherwise impedes the orderly conduct of the meeting is prohibited.
2. The Chairperson may rule that a speaker is impeding the orderly conduct of the meeting if the comment is "off topic," or otherwise unrelated to the agenda item under consideration, or if the speaker's conduct violates any other provision in these Rules of Procedure, and the speaker may forfeit their remaining time on that item.
3. No person in the audience at an HPG or committee meeting shall engage in conduct that disrupts the orderly conduct of any meeting, including, but not limited to, the utterance of loud or threatening language, whistling, clapping, stamping of feet, speaking over, or interrupting the recognized speaker, repeated waving of arms or other disruptive acts.
4. The Chairperson has the authority to issue a warning to a person violating the Rules of Procedure. If the person continues to violate the Rules of Procedure and disrupt the meeting, the Chairperson may request that person to leave the meeting and may seek assistance from the building Security and/or local police officers, if necessary.
5. Any person removed from a meeting shall be excluded from further attendance at the remainder of the meeting. The exclusion from the meeting shall be noted by the HPG Support staff upon being so directed by the Chairperson.
6. If any meeting of the HPG or a committee is willfully interrupted or disrupted by a person or by a group or groups of persons to render the orderly conduct of the meeting unfeasible, the Chairperson may recess the meeting or request the person, group or groups of persons who are willfully interrupting the meeting to leave the meeting or request assistance for the person(s) to be removed from the meeting.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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SAN DIEGO HIV PLANNING GROUP (HPG)

MEMBERSHIP COMMITTEE

GUIDELINES FOR REAPPOINTING HPG MEMBERS

This document is intended to provide guidance and direction in the event that an HIV Planning Group Member reaches their term expiration and wishes to be reappointed/serve a second term.

Direction for reappointing members that resign and ask to be reappointed before their 4-year term expires

Direction for reappointing members whose 4-year term is expiring.

- Members looking to serve a second four-year term must complete and submit a new application and re-interview.
- Members who have served less than a four-year term can use their original application.
- Once interviews are conducted, the Membership Committee will discuss and vote on reappointing candidates.