SAN DIEGO HIV PLANNING GROUP (HPG)

MEMBERSHIP COMMITTEE

MEETING PACKET

**WEDNESDAY, DECEMBER 11, 2024, 11:00 AM – 1:00 PM**

**Southeastern Live Well Center**

**5101 Market Street, 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 |
| December 11, 2024, Membership Agenda | 003 - 004 |
| November 13, 2024Membership Meeting Minutes | 005 - 009 |
| HIV Planning Group Member Seat Description | 010 - 015 |
| HIV Planning Group Member Expectations | 016 -017 |
| HPG Mentorship Process | 018 - 020 |
| HPG Seats | 021 - 022 |
| HPG Attendance | 023- 025 |
| Committee Attendance | 025 - 030 |
| Getting to Zero Community Engagement Project | 031 - 034 |
| **Appendix** | |
| AB2449 Policy | 036 - 038 |

# Meeting Location & Directions:

**Membership Committee**

Wednesday, December 11, 2024

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.

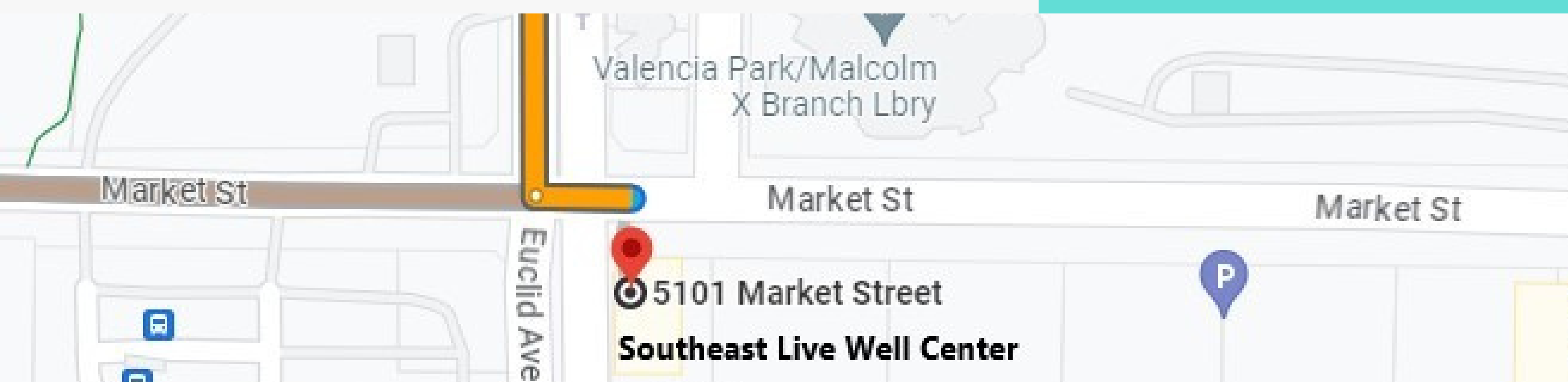
## PUBLIC TRANSPORTATION

**MTS Trolley:**

Orange Line

**MTS Bus Routes:**

3, 4, 5, 13, 60, 916, 917 and 955



## MEMBERSHIP COMMITTEE

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

**To participate remotely via Zoom:**
https://us06web.zoom.us/j/83939793722?pwd=dJARoW31vGchmUT4t6RCnEBdo7m1Ku.1
Call in: +1 (669) 444-9171 Meeting ID: 83939793722#
**Meeting ID (access code):** 839 3979 3722 **Password:** MEMBER
Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

**A quorum for this meeting is Three (3)**

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

### MEETING AGENDA
### ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Membership Committee agenda for December 11, 2024
5. **ACTION**: Approve the Membership Committee meeting minutes from November 13, 2024
6. New Business
   a. Discussion on HIV Planning Group Member Seat Description
7. Old Business
   a. **ACTION:** Continue the discussion on HIV Planning Group Member Expectations
   b. **ACTION:** Continue the discussion on the HPG Mentorship Process
   c. HPG Member recruitment update
      i. Vacant Seats
      ii. New HPG Members
   d. HPG Membership Demographics
8. Routine Business

   a. HIV Planning Group Attendance
   b. Committees Attendance
   c. Getting to Zero Community Engagement Project
      i. Membership Committee Plan/Strategy for Recruitment

9. Future agenda items for consideration
10. Announcements
11. Next meeting date: **Wednesday, January 8, 2025, 11:00 AM - 1:00 PM**
    **Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)**
12. Adjournment

**MEMBERSHIP COMMITTEE**

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

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A quorum for this meeting is four **(4)**.

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

**Committee Members Absent:** Rhea Van Brocklin

**ORDER OF BUSINESS**

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|---|
| 1. Call to order | Felipe Garcia-Bigley called the meeting to order at 11:02 AM and noted the presence of an in-person quorum. | |
| 2. Public Comment on non-agenda items (for Members of the public) | None | |
| 3. This is a crucial part of our meeting, and each of your concerns and insights is highly valued and integral to our committee's work. | Mikie Lochner announced that he would be stepping down from the committee. | |
| 4. **ACTION:** Review and approve the November 13, 2024 meeting agenda | **Motion:** Approve the Membership agenda for November 13, 2024, with a change to the Initial reference to October 9th minutes was incorrect; the correct date is September 11th. A correction has been made in the provided packet for reference, ensuring the accuracy of our records.<br>**Motion/Second/Count (M/S/C):** Lochner/Wimpie/4-0<br>**Discussion:** none<br>**Abstentions:** Garcia-Bigley<br>**Motion carries** | |
| 5. **ACTION:** Review and approve the September 11, 2024, Membership minutes | **Motion:** Approve the Membership minutes for September 11, 2024<br>**M/S/C:** Lochner/Wimpie/4-0<br>**Discussion:** none<br>**Abstentions:** Garcia-Bigley<br>**Motion carries** | |

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|---|
| 6. New Business | | |
| a. **ACTION:** Approve Martha Rodriguez Luque for any qualified and available seat | **Motion:** Approve Martha Rodriguez Luque for any qualified and available seat<br>**M/S/C:**<br>**Discussion: Background on Martha:**<br>• 20 years of experience in internal medicine and HIV treatment.<br>• Former department chief in Venezuela; moved to San Diego six months ago.<br>• Active involvement in supporting individuals living with HIV.<br>• Currently a student at San Diego Mesa College, learning English.<br>• Engaged in educational initiatives and presentations on HIV prevention.<br>**The following discussion was held:**<br>• Martha's application remains open until a suitable seat becomes available<br>• Clarification is needed on the percentage requirement for unaffiliated consumers (33% vs. 40%).<br>• Consider existing unaffiliated consumer seats and potential adjustments to accommodate Martha.<br>• Emphasis on the importance of not delaying active and engaged individuals from participating.<br>• Agree to postpone Martha's vote until clarification is received from the project officer. | HPG Support Staff (SS) will ask the Project Officer for clarification on the minimum number of unaffiliated consumers. |
| **b. ACTION:** Approve Eva Matthews for seat #19 – Social Service Provider, including providers of housing and homeless services | **Motion:** Approve Eva Matthews for seat 19—Social Service Providers, including housing and homeless services providers.<br>**M/S/C:** Ignalino/Wimpie/3-0<br>**Discussion:** Background on Eva:<br>• CEO of Mama's Kitchen since January.<br>• Previously worked at Family Health Centers in San Diego for 9 years.<br>• Strong interest in HIV care and prevention.<br>• Collaborated with multiple HIV care organizations and participated in HIV planning group meetings. | |

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|---|
| | • Applied initially for District 2 but was ineligible due to residency and organizational boundaries.<br>**Abstentions:** Garcia-Bigley, Lochner<br>**Motion carries** | |
| c. **ACTION:** Continue the discussion on HIV Planning Group Member Expectations | The following discussion was held:<br>• A member expressed concern regarding using the words "must" and would like to use a different language<br>• A member of the committee suggested changing the language to **"**All HPG members are highly encouraged to participate in at least 1-2 of the following HPG activities annually: (task forces, working groups, outreach activities and/or a committee they're not assigned to virtually.)"<br>• Mandatory in-person attendance at HIV planning meetings and at least one committee meeting.<br>• Timely responses are required to maintain quorum. | HPG SS will work with the Membership Chair to update the document |
| d. **ACTION:** Continue the discussion on the HPG Mentorship Process | The following discussion was held:<br>• Structured Onboarding: Implement worksheets and agendas to guide mentors and mentees through meetings and processes.<br>• Pre-Meeting Sessions: Have seasoned members join meetings 30 minutes early to address new members' questions.<br>• Clear Definitions: Define mentorship roles clearly, specifying that mentors should have at least one year of experience within HPG.<br>• Relationship Building: Emphasize the importance of building relationships and providing professional guidance and personal support.<br>• Develop standardized mentorship guidelines.<br>• Assign mentors based on availability and willingness, ensuring compatibility with mentees. | |

## MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|---|
| 7. Old Business | | |
| a. HPG Member recruitment update | As of November 13, 2024<br>**Occupied Seats**: 20 seats filled<br>**Vacant Seats**: 24 seats open<br>• Continue processing pending seat applications.<br>• Actively recruit candidates for open seats, especially in critical areas like mental health and substance abuse treatment. | |
| i. Vacant Seats | • **Vacant Seats**: 24 seats open | |
| ii. New Committee Members | **Pending Appointments**<br>**Seat 25**: Juan Conat (Non-Elected Community Leader) - Pending approval.<br>**Seat 42**: Hector Garcia (HIV Testing Representative) - Pending approval.<br>**Shanna Paugh**: District 5 representative. Approval expected by December 10th. | |
| b. HPG Membership Demographics | Reviewed | |
| 8. Routine Business | | |
| a. HIV Planning Group Attendance | • Revise attendance policies to better suit committees with different meeting frequencies.<br>• Engage committee chairs in developing tailored attendance requirements. | |
| b. Committee Attendance | Reviewed | |
| c. Getting to Zero Community Engagement Project<br>i. Membership Committee Plan/Strategy for Recruitment | Table | HPG Support Staff will set a meeting with both the Membership and Community Engagement Group Chair to discuss a plan for recruitment |
| 9. Future agenda items for consideration | • Discussion on HIV Planning Group Member Seat Description | |

## MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|---|
| | • Membership Committee Plan/Strategy for Recruitment | |
| 10. Announcements | Traux Event Friday, December 6th from 3-5 pm | |
| 11. Next Meeting Date | Date: Wednesday, December 11, 2024<br>Time: 1:00 AM –1:00 PM<br>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) | |
| 12. Adjourn | The meeting adjourned at 4:01 pm. | |

# Legislatively Specified Member "Representation" Categories for Ryan White Part A HIV Services Planning Councils

| Membership Category | Legislative Language | Summary Description | Discussion and References[*] |
|---|---|---|---|
| Source for A-M: Legislation, Section 2602(b)(2) | | *An individual in this category should be:* | |
| Health care providers | (A) health care providers, including federally qualified health centers | A representative of an entity that provides medical care to people living with HIV (PLWH), such as a federal qualified health center (FQHC)/ community health center, or other nonprofit or public clinic | ▪ Individuals in this category should be knowledgeable about the health care needs of PLWH and how they are met; they may be medical professionals (e.g., physician, physician assistant, nurse) or managers/administrators<br>▪ The expectation is that the member represents a provider entity such as a health center or other entity, rather than being an individual medical professional |
| Community-based organizations/AIDS service organizations (CBOs/ASOs) | (B) community-based organizations serving affected populations and AIDS service organizations | A representative of either a community-based organization (CBO) that serves PLWH along with other populations or an organization that services primarily PLWH (ASO) | ▪ This is a broad category that can include someone representing a CBO or ASO that provided core medical or support services<br>▪ The individual should be knowledgeable about some aspect of PLWH services |
| Social service providers | (C) social service providers, including providers of housing and homeless services | A representative of an organization that provides some form of social services and includes PLWH among its clients; this might include a provider of services such as medical or non-medical case management, housing or homeless services, food/nutritional services, or other | ▪ Social services are defined as activities designed to promote social well-being, or government services provided for the benefit of the community, such as education, medical care, and housing<br>▪ *Senate Report, 2000 Amendments:* The committee provides for the inclusion of housing and homeless service providers within the category of ``social service providers'' to acknowledge the importance of housing and homeless support services to treatment adherence and quality of health care, as these impact effective care for HIV disease. It is the intent of the committee that the category of housing and homeless service providers include grantees receiving Federal, State, or local housing and/or homeless funds, including U.S. Department of Housing and Urban Development (HUD) McKinney Homeless Assistance grant and Housing Opportunities for Persons With AIDS (HOPWA) funds. Such participation acknowledges the importance of coordination of these processes in meeting |

[*] References are all direct quotes.

| Membership Category | Legislative Language | Summary Description | Discussion and References* |
|---|---|---|---|
| | | | funders' principal mission of addressing the multiple and complex needs of persons with HIV disease. |
| Mental health and substance abuse providers | (D) mental health and substance abuse providers | Either:<br>▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or<br>▪ Two separate individuals, one representing a mental health service provider and knowledgeable about mental health care, the other representing a substance abuse treatment provider and knowledgeable about substance abuse services | ▪ *Part A Manual:* One person may represent both the substance abuse provider and the mental health provider categories if his/her agency provides both types of services and the person is familiar with both programs.<br>▪ PCs often allow for two separate slots in their Bylaws, but sometimes have one person fill both |
| Local public health agencies | (E) local public health agencies | A representative of a city or county public health department who can bring a public health perspective to HIV planning | ▪ This slot is sometimes filled by a senior staff member such as the Director of Public Health or Chief Medical Officer, but may also be filled by someone in the unit responsible for HIV<br>▪ It is important that this be someone who will participate actively in the work of the PC<br>▪ While this person (like all PC members) goes through the open nominations process, s/he is sometimes identified by the CEO<br>▪ Some EMAs and TGAs that cover multiple counties have more than one public health agency slot in order to provide representation from an additional county or municipality |
| Hospital planning agencies or health care planning agencies | (F) hospital planning agencies or health care planning agencies | An individual with health planning expertise who represents an agency engaged in health planning – a regional health planning entity, a hospital planning association, a hospital or health care system with a health planning component, a primary care association, or another entity | ▪ Regional hospital associations often represent hospitals and health care systems; they vary in their interest in HIV care, though there may be interest where hospitals operate outpatient clinics that provide HIV care<br>▪ Another category of health planning agency is a "certificate of need" agency (these are generally members of the American Health Planning Association), but such agencies are often primarily concerned with determining the need for new hospitals or other facilities and may not have significant knowledge of or interest in HIV planning<br>▪ Some local governments have health planning units |

| Membership Category | Legislative Language | Summary Description | Discussion and References[*] |
| --- | --- | --- | --- |
| | | | ▪ Some primary care associations (whose members include FQHCs and sometimes other clinics) and free clinic associations have health planning units<br>▪ This is often a challenging position to fill |
| Affected communities, including:<br>a. PLWH<br>b. Federally recognized Indian tribe<br>c. Individuals co-infected with Hepatitis B or C<br>d. Historically underserved groups and subpopulations | (G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations | One or more individuals, most often at least the following:<br>▪ A PLWH who is a member of a Federally recognized Indian located within the EMA or TGA; the PC is not required to fill this seat if there is no Federally recognized tribe within the jurisdiction, but may choose to recruit a PLWH in order to have representation from this population<br>▪ A PLWH who is co-infected with Hepatitis B or C<br>If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or immigrants | ▪ If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or recent immigrants<br>▪ *Senate Report, 2000 Amendments:* The committee recognizes that homeless persons comprise a medically underserved population that experiences disparities in health services. The prevalence of HIV/AIDS is considerably higher among homeless people than in the general population. Limited access to medical care severely restricts the access of homeless people to HIV/AIDS prevention, risk reduction, treatment, and care. Accordingly, the committee construes terms used throughout the act, such as ``special population,'' ``traditionally underserved,'' ``historically underserved,'' ``disproportionately affected,'' and ``affected subgroup experiencing disparities in health services'' to include the homeless population.<br>*Senate Report, 2000 Amendments, Membership considerations:* By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/ underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes |

| Membership Category | Legislative Language | Summary Description | Discussion and References[*] |
|---|---|---|---|
| | | | address the difficulties related to health disparities and access to and adherence with HIV treatment. |
| Nonelected community leaders | (H) nonelected community leaders | An individual who is viewed as a community leader overall or in the HIV community but is not an elected official | ▪ This slot should be used to include one or more individuals who play some form of leadership role in the community – as Chair of a PLWH group, Board member of an organization, or an individual active in community improvement or support for PLWH<br>▪ Sometimes this slot is used to maintain a slot on the PC for an individual who used to fit another slot but changes jobs – that is appropriate only if the individual is genuinely a community leader |
| State government:<br>a. Medicaid agency<br>b. Part B recipient | (I) State government (including the State medicaid agency and the agency administering the program under part B) | One or two individuals, usually:<br>▪ An individual within the State Medicaid agency who is knowledgeable about Medicaid policies and procedures that are likely to affect PLWH, and<br>▪ A representative of the Part B recipient; ideally someone knowledgeable about Part B policies and procedures, ADAP, needs assessment and integrated planning, or other issues with implications for planning | ▪ It can be challenging to get representation and consistent attendance from state officials if the EMA or TGA is not located in or near the state capital; some PCs allow these members to connect to PC and committee meetings remotely in order to obtain their input, though this can create some challenges related to Open Meetings/Sunshine laws<br>▪ *Part A Manual:* A single planning council member may represent both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs. |
| Part C recipients | (J) grantees under subpart II of part C | A representative of a recipient of RWHAP Part C funds who is knowledgeable about its program operations | ▪ Part C recipients are often FQHCs/community health centers; if the health care provider slot is not filled by someone from an FQHC, it may be helpful to recruit someone for this slot from an FQHC<br>▪ Some Part C and Part D recipients also receive Part A funds; it is acceptable to select someone from such an entity for the Part C or Part D slot<br>▪ *Senate Report, 2000 Amendments:* Where applicable, such membership should include representatives from other titles of the CARE Act in order to ensure that the membership processes adequately reflect the demographics of the local epidemic. |
| Part D recipient or representatives of area organizations serving children, youth, and families with HIV | (K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area | ▪ A representative of a recipient of RWHAP Part D funds if there is a Part D program operating within the EMA or TGA<br>▪ If not, a representative of an organization that serves children, youth, women, and families living with HIV that does not have Part D funding | |

| Membership Category | Legislative Language | Summary Description | Discussion and References* |
|---|---|---|---|
| Recipients of other federal HIV programs | (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services | A representative from each of the following, when they exist in the EMA or TGA, in each case an individual knowledgeable about the program represented but not necessarily an administrator – line staff are acceptable representatives:<br>▪ An organization providing HIV prevention services that are funded by the federal government, usually but not necessarily by the Centers for Disease Control and Prevention (CDC)<br>▪ A recipient with funding under each of the following RWHAP Part F programs: RWHAP dental programs, AIDS Education and Training Centers (AETC), and/or Special Projects of National Significance (SPNS)<br>▪ A recipient or subrecipient of funds under the Housing Opportunities for Persons with AIDS (HOPWA) program<br>▪ A representative of a Veterans Administration HIV services program | ▪ The number of required slots depends upon the number of different types of HIV programs funded in the EMA or TGA<br>▪ *Part A Manual:* The category "grantees under other Federal HIV programs" is to include, at a minimum, a representative from each of the following:<br>• Federally-funded HIV prevention services.<br>• A grantee providing services in the EMA/TGA that is funded under Part F's Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and/or Ryan White Dental Programs.<br>• The Housing Opportunities for Persons With AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD).<br>• Other Federal programs that provide treatment for HIV/AIDS, such as the Veterans Health Administration.<br>▪ *Part A Manual:* One person can represent any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs.<br>▪ Local grantees of, or participants in, other Federal categorical HIV and STD programs should be considered for representation on the planning council, but they are not specifically required. |
| Representatives of recently incarcerated PLWH | (M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released. | An individual with HIV who was released from a federal, state, or local prison or jail within the last three years and had HIV when released | ▪ An individual who is appointed to the PC within three years after release from incarceration remains eligible to serve an entire term; the individual should not be re-appointed more than three years after release<br>▪ Occasionally, a PC may be unable to recruit such an individual, and may need to select a person who represents this population, such as a staff member of a halfway house or a program that serves the recently incarcerated |

| Membership Category | Legislative Language | Summary Description | Discussion and References* |
|---|---|---|---|
| **Source for Consumers:** Legislation, Section 2602(b)(5)(C) | | | |
| Non-aligned consumers of Part A services | Not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS as determined under paragraph (4)(A) [size and demographics of the population of individuals with HIV/AIDS].<br>For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. | Individuals who are receiving [or parents or caregivers of individuals who are receiving] at least one HIV-related service funded through RWHAP Part A and are not aligned with an entity that receives or is seeking Part A funding<br>▪ Being non-aligned means they are not members of the Board of Directors, employees, or consultants of a Part A-funded provider<br>▪ Individuals who together reflect the demographics of the local HIV epidemic in terms of at least the following: age, race/ethnicity, and gender<br>▪ Consumers should provide broad representation that includes individuals from different geographic areas within the EMA or TGA and individuals from underserved populations | ▪ PCs vary in whether a volunteer for a Part A subrecipient is considered to be "aligned"; usually a volunteer is considered to be aligned only if receiving a stipend or if the individual volunteers at least 20 hours a week<br>▪ *Senate Report, 2000 Amendments, Membership considerations:* The committee places importance on the inclusion of representation from historically underserved, low-income, urban and rural areas and populations within the EMA. Planning councils should continue to identify and include in council activities specific groups within underserved communities that are experiencing increased infections, as documented in State and local HIV/AIDS surveillance and needs assessment data. By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/ underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes address the difficulties related to health disparities and access to and adherence with HIV treatment. |

SAN DIEGO
HIV PLANNING GROUP

## HPG Membership Participation Expectations

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

### In-person Attendance and Participation

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

### Timely Responses

- A quorum is required to conduct an HPG or a committee meeting. All HPG members should respond promptly to HPG Support Staff emails and other communications, especially when confirming meeting attendance, within 48 hours.

### Participation in Additional Activities

- All HPG members are expected to participate in additional HPG activities such as task forces, working groups, and/or outreach activities. This may include representing the HPG at community events, supporting public engagement initiatives, and/or collaborating with other members to raise awareness of our HIV prevention and support work. All members are encouraged to participate in these efforts to ensure our initiatives are inclusive and impactful.
    - All HPG members should participate in at least one or more of the following HPG activities: (task forces, working groups, and outreach activities annually.)
    - All HPG members, new and existing, are encouraged to attend at least one Community Engagement Group meeting per year.
    - The Community Engagement Group Members can provide onboarding and mentorship support to the new HPG members.
    - The Community Engagement Group Members can participate in outreach requirement events.

### Respectful Behavior and Professionalism

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

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

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the committee's objectives, with all members contributing positively and constructively.

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# Mentor Program Guidelines

## Overview:

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

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

## Vision of the Mentoring Program:

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

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

## What are the Goals of the Mentor Program?

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

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

## How does the Mentor Program Function?

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

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

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

## How Does a New HPG Member Select a Mentor?

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

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

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

## How will the Mentor Program be Implemented?

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

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

## What is the Mentor Skill Set?

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

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

## The Mentoring Lifecycle

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

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

## Frequently Asked Questions

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

**How often should I meet with my mentor?**
**??**

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

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

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

**COB- Clerk of Board**

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

| HPG Member (20) | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Meetings | 20-Dec | 24-Jan | 28-Feb | 27-Mar | 24-Apr | 22-May | 26-Jun | 24-Jul | 7-Aug | 25-Sep | 23-Oct | 21-Nov | TOTAL |
| Aguirre Mendoza, Marco, 10 | | * | NM | * | NM | NQ | * | * | * | 1 | 1 | * | 2 |
| Davenport, Beth, 35 | NM | * | NM | * | NM | NQ | * | * | 1 | 1 | * | * | 2 |
| Donovan, Michael, 32 | | | | | | | | | | * | 1 | * | 1 |
| Fleming, Tyra, 3 | NM | * | NM | | NM | NQ | * | * | * | * | 1 | * | 1 |
| Garcia-Bigley, Felipe, 38 | NM | * | NM | * | NM | NQ | * | * | * | * | * | * | 0 |
| Grelotti, David, 30 | NM | 1 | NM | * | | | | * | 1 | * | * | * | 2 |
| Ignalino, Jr., Benjamin, 39 | | | | | | | | | | * | * | * | 0 |
| Jones, Lori, 26 | | | | | | | | JC | 1 | * | * | * | 1 |
| Kubricky, Cinnamen, 4 | NM | JC | NM | * | NM | NQ | * | 1 | * | * | * | * | 1 |
| Lochner, Mikie, 16 | NM | * | NM | * | NM | NQ | * | * | * | * | * | 1 | 1 |
| Miles, Skyler, 32 | | | | | | | | | | * | * | * | 0 |
| Nava, Veronica, 33 | | | | | NM | NQ | * | * | * | * | * | 1 | 1 |
| Price, Venice, 44 | NM | * | NM | * | NM | NQ | JC | * | 1 | * | 1 | 1 | 3 |
| Rooney, Ivy, 43 | | | | | NM | NQ | * | 1 | * | * | * | * | 1 |
| Spector, Stephen, 31 | NM | | | | NM | NQ | 1 | 1 | * | 1 | * | * | 3 |

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

| Total Meetings | 20-Dec | 24-Jan | 28-Feb | 27-Mar | 24-Apr | 22-May | 26-Jun | 24-Jul | 7-Aug | 25-Sep | 23-Oct | 21-Nov | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Van Brocklin, Rhea, 18 | NM | * | NM | 1 | NM | NQ | 1 | * | * | * | * | * | 2 |
| Weber, Jeffery, 41 | NM | * | NM | * | NM | NQ | * | 1 | * | 1 | * | 1 | 3 |
| West, Abigail, 29 | NM | * | NM | * | NM | NQ | * | * | * | * | 1 | * | 1 |
| Wimpie, Michael, 1 | NM | * | NM | * | NM | NQ | * | * | * | * | * | * | 0 |
| Yancey, Adrianne, 22 | NM | * | NM | * | NM | NQ | * | * | * | 1 | * | * | 1 |

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

* = Present

1 = Absent for the month

**1** = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.

**JC** = Just Cause

**EC** = Emergency Circumstance

**HIV PLANNING GROUP**

**6-MONTH COMMITTEE TRACKING**

**December 2023 - November 2024**

| STRATEGIES | Dec | Jan | Feb | Mar | Apr | May | Jun | July | Aug | Sep | Oct | Nov | # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total meetings** | 0 | | 0 | | 0 | 0 | 1 | | 1 | | 1 | 0 | 3 |
| **(8) Members** | | | | | | | | | | | | | |
| **Applebaum, Amy** | NM | | NM | | NM | NQ | * | | * | | * | NM | 0 |
| **Davenport, Dr. Beth** | NM | | NM | | NM | NQ | * | | * | | * | NM | 0 |
| **Mora, Joseph** | NM | | NM | | NM | NQ | * | | * | | 1 | NM | 1 |
| **Price, Venice** | NM | | NM | | NM | NQ | **EC** | | 1 | | 1 | NM | 2 |
| **Rooney, Ivy** | | | NM | | NM | NQ | * | | * | | * | NM | 0 |
| **Tilghman, Dr. Winston** | NM | | NM | | NM | NQ | 1 | | * | | * | NM | 1 |
| **Weber, Jeffery** | NM | | NM | | NM | NQ | * | | * | | * | NM | 0 |
| **Wimpie, Michael** [c] | NM | | NM | | NM | NQ | * | | * | | * | 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

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**NM** = No Meeting

**NQ** = No Quorum

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

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

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

| MEMBERSHIP | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total meetings | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 8 |
| (6) Members | | | | | | | | | | | | | |
| Garcia-Bigley, Felipe [c] | | | | | | * | * | * | NM | * | NQ | * | 0 |
| Ignalino, Ben | | | | | | | | | | | NQ | * | 0 |
| Jones, Lori | | | | | | | | | NM | JC | NQ | * | 0 |
| Lochner, Mikie | * | NM | 1 | NM | * | NQ | 1 | * | NM | * | NQ | * | 2 |
| Van Brocklin, Rhea | * | NM | * | NM | * | NQ | * | 1 | NM | * | NQ | 1 | 2 |
| Wimpie, Michael | | | | | | | | * | NM | * | NQ | * | 0 |

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***** = Present

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

| STEERING COMMITTEE | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Meetings** | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | **8** |
| **(7) Members** | | | | | | | | | | | | | |
| **Community Engagement Group**<br>**Michael Donovan** | | | * | * | * | * | * | NM | NM | * | NM | * | **0** |
| | | | | | | | | | | | | | |
| **Medical Standards & Evaluation Committee**<br>**Dr. David Grelotti** | | | | | | | | | | | | **1** | **1** |
| | | | | | | | | | | | | | |
| **Membership Committee**<br>**Felipe Garcia-Bigley** | | | | | | | | NM | NM | **1** | NM | * | **1** |
| | | | | | | | | | | | | | |
| **Priority Setting & Resource Allocation Committee**<br>**Rhea Van Brocklin** | | | | * | * | * | **1** | NM | NM | * | NM | * | **1** |
| | | | | | | | | | | | | | |
| **Strategies & Standards Committee**<br>**Michael Wimpie** | | | | | | | | | NM | * | NM | **1** | **1** |
| | | | | | | | | | | | | | |
| **HIV Planning Group**<br>**Mikie Lochner (Chair)** | NM | * | * | * | * | * | * | NM | NM | * | NM | **1** | **1** |
| **HIV Planning Group**<br>**Cinnamen Kubricky (Vice-Chair)** | | | | | * | * | * | NM | NM | * | NM | * | **0** |

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

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

| Community Engagement Group | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Meetings** | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | **9** |
| **(5) Members** | | | | | | | | | | | | | |
| Donovan, Michael c | | | | | | | | * | NM | * | * | NM | **0** |
| Lochner, Mikie | * | * | * | NM | * | **1** | **1** | * | NM | * | | | **2** |
| Lothridge, Jen [cc] | * | * | * | NM | * | * | * | * | NM | * | * | NM | **0** |
| Miles, Skyler | | | | | | | * | * | NM | * | * | NM | **0** |
| Nava, Veronica | | | | | | * | * | * | 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

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**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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**HIV PLANNING GROUP**
**4-MONTH COMMITTEE TRACKING**
**Feb 2023 - November 2024**

| Medical Standards & Evaluation Committee | | | | | |
|---|---|---|---|---|---|
| **MSEC** | **Feb** | **Jun** | **Sep** | **Nov** | **#** |
| **Total Meetings** | 1 | 1 | 1 | 1 | **4** |
| **(9) Members** | | | | | |
| **Tilghman, Dr. Winston** | * | * | * | **JC** | **0** |
| **Aldous, Dr. Jeannette** [CC] | **1** | * | * | * | **1** |
| **Bamford, Dr. Laura** | **JC** | * | * | **1** | **1** |
| **Grelloti, David** [C] | * | **1** | * | * | **1** |
| **Hernandez, Yessica** | **1** | * | * | * | **1** |
| **Lewis, Bob** | * | * | **1** | * | **1** |
| **Spector, Dr. Stephen** | * | **1** | **1** | **1** | **3** |
| **Stangl, Lisa** | * | **1** | **1** | * | **2** |
| **Quezada-Torres, Karla** | * | * | * | * | **0** |

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

* = Present

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**NM** = No Meeting

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# Brief Listing Consumer Recommendations & Committee Progress thru June 2023

## Background

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

### Community Engagement Methodology

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

### Participant Demographics & Descriptors

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

## Consumer Recommendations Overview

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

## GTZ Consumer Recommendations & Committee Progress thru June 2023

**Recommendation 1: Acknowledge and address medical system mistrust**

**REPRESENTATION**

**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**

**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."

**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**.

**PROGRESS: Partially completed. Anti-racist Retreat conducted, now awaiting consultant recommendations for further training or dialogues.**

**1c. WORKFORCE TRAINING CULTURAL HUMILITY, TRAUMA INFORMED CARE**

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**.

**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.**

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.**

**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.**

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).**

**PROGRESS: Completed and ongoing. Health messaging via social media begun and continuing X2 monthly.**

**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**

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.

**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.**

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.

**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.**

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.

**PROGRESS: Completed and ongoing. Guidance provided**

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| 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.) |
| **PROGRESS: Completed approval syringe exchange (BOS), 2 programs up in County and ongoing.** |
| 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. |
| 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**. |
| 4e. Investigate the current opportunities for substance use treatment for methamphetamine and, if inadequate opportunities exist, expand those available. |
| 4f. Continue to increase the opportunities for s**ame-site location of medical providers, mental health providers and alcohol/substance use counselors** for those living with or at higher risk for HIV. |
| 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. |
| **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.** |
| 5a. Chief among those mentioned and directly related to community members' ability to meaningfully participate consistently in health care is **Housing**. |
| **PROGRESS: Partially completed and continuing. Emergency Housing resources increased and continuing to monitor. Continuing to monitor PARS. Awaiting guidance/outcome of transportation recommendations.** |
| **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.** |
| **PROGRESS: Partially completed. Peer Navigation deployed, awaiting housing case management and benefits specialists.** |
| **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.** |
| **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.** |
| **PROGRESS: Partially completed. Provided funding for Psychosocial support groups category but not yet deployed.** |
| **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.** |
| **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.** |
| **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.** |
| **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.** |
| **10a. Reduce the duplication of forms and paperwork required to access HIV services.** |

| **PROGRESS: Awaiting completion of reduced paperwork process for initial/renewal RW eligibility.** |
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| **10b. Explore use of an electronic signature system that does not require in-person, wet signatures for eligibility or authorization forms.** |
| **PROGRESS: Not available at this time in RW or County systems.** |
| **Recommendation 11: Design and deploy a variety of brief, on-line trainings for those living with or at higher risk for HIV. Trainings include but are not be limited to: what is the HIV Planning Group and options for involvement; What is the HPG Consumer group and how to get involved; What are HPG committees and how to get involved; How to effectively advocate for the HIV community.** |

SAN DIEGO HIV PLANNING GROUP (HPG)

MEMBERSHIP COMMITTEE
MEETING PACKET

# APPENDIX

(Page 036-038)

## 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 |
| --- | --- | --- |
| **Just Cause** | • 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<br>• A contagious illness prevents the member from attending the meeting in<br>• There is a need related to a defined physical or mental disability that is not otherwise accommodated for<br>• Traveling while on official business of the legislative body or another state or local agency | A member is limited to **two (2)** virtual attendances based on "just cause" per calendar year |
| **Emergency Circumstances** | "A physical or family medical emergency that prevents a member from attending the meeting in person."<br><br>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law. | 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. 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*. |

**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 and in person | Call-in or internet-based and 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 |