

SAN DIEGO HIV PLANNING GROUP (HPG)

MEMBERSHIP COMMITTEE MEETING PACKET WEDNESDAY, DECEMBER 13, 2023, 11:00 AM – 1:00 PM SOUTHEAST 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.

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Meeting Location & Directions:

<u>Membership Committee</u> Wednesday, December 13, 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:

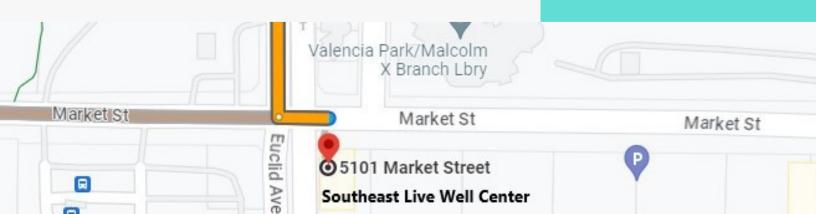
- 1. Head southeast on I-805 South.
- 2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
- 3.Merge onto CA-94 E.
- 4. Take exit 4A for Euclid Ave.
- 5. Turn left onto Euclid Ave.
- 6.Use the left 2 lanes to turn left onto Market St.
- 7. The destination will be on your right.

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, DECEMBER 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 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 December 13, 2023
- 5. **ACTION:** Interview and approve Dr. Spector for 2nd Term HPG Membership
- 6. **ACTION:** Interview and approve Tyra Fleming for 2nd Term HPG Membership
- 7. ACTION: Interview and approve Ivy Rooney for New HPG Member
- 8. ACTION: Approve the Membership Committee minutes for November 15, 2023
- 9. Review follow-up items from the last meeting
- 10. Old Business:
 - a. **ACTION:** Discussion and finalize: Membership Committee Operating Guidelines
 - b. Review 2nd Term HPG Membership Application
 - c. Discussion and review of Mentor and Mentee Guidelines
 - d. Focused Recruitment
 - i. Open Seats
 - ii. Term Expired Dates
 - iii. New Committee Members
 - iv. Underrepresented Groups Demographics

11. New Business:

a. Discussion to change the January 10, 2024, meeting to Wednesday, January 17, 2024

- 12. Routine Business
 - a. Attendance
 - i. HPG Attendance
 - ii. Committees Attendance
- 13. Suggested items for the future committee agenda
- 14. Announcements

15. Next meeting: When: January 10, 2024, from 11:00 AM – 1:00 PM.

Location: Southeastern Live Well Center; 5101 Market St., San Diego, CA 92114 (Tubman Chavez Room A)

16. Adjournment



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

Present: Bob Lewis, Regina Underwood, Rhea Van Brocklin

	Agenda Item	Action	Follow-up
1.	Call to order	Bob Lewis called the meeting to order at 11:01 AM and noted that a quorum was established.	
2.	Public Comment on non- agenda items (for Members of the public)	None	
3.	Sharing our concerns (for committee members)	None	
4.	Action: Review and approve the November 15, 2023 agenda	Motion: Approve the November 15, 2023, meeting agenda as presented. M/S/C: Van Brocklin/Underwood /3-0 Abstentions: Motion: carries	
5.	Action: Interview and approve Tyra Fleming for 2 nd Term HPG Membership	Tabled	
6.	Action: Review and approve the September 13, 2023 meeting minutes	Action: Approve the September 13, 2023 meeting minutes as presented. M/S/C: Van Brocklin/Underwood, 3-0 Abstentions: Motion carries	
7.	Action: Review follow-up Items from the last meeting	The HPG Support Staff reviewed the follow- up items from the previous meeting.	

	Agenda Item	Action	Follow-up
8.	Old Business		
	a. Final review: Membership Committee Operating Guidelines	The Membership Committee reviewed the Guidelines and made additional changes. A member of the public mentioned that the guidelines have changed over time and has asked that the HPG Chair discuss this with the County and request that it go back to the way it used to be. Bob Lewis mentioned that HPG has no control over the Clerk of the Board's decisions.	
	b. ACTION: Approve the Membership Application	Motion: Approve the Membership Application M/S/C: Van Brocklin / Underwood, 3-0 Abstentions: Motion carries	HPG Support Staff will add an agenda item to the November 15, 2023, meeting to review and approve the interview process.
	c. Getting to Zero (GTZ) 3- Year Action Plan	Reviewed	
	i. Membership Committee Plan/Strategy for Recruitment (Dr. Jacobs)	A public member expressed concern about the vacant seats and their role in the action plan.	HPG Support Staff will reach out to Dr. Spector for his availability to be interviewed in December for a second term
	ii. Consumer Recruitment		
	d. Focused Recruitment	 Add to the December Agenda: Dr. Spector's term expires on 1/14/2024. Chris Nolan – interested in being a member of Dist. 1 or seat 34 Marco Aguirre Seat 10- received 11/1 - pending COB approval to add to the agenda Rhea VanBrocklin Seat 18 – pending re-appointment letter from the COB 	
	i. Open Seats	General member seats, 2, 5, 6, 9, 11, 12, 13, 14, 15 & 24 Seat #24 - Hospital Planning Agency or Health Care Planning Agency Seat #26- Prevention Services Consumer/Advocate Seat #27- Prevention Services Consumer	

Agenda Item	Action	Follow-up
	Seat #28- State Government-State Medicaid Seat #33- Board of Supervisors Designee: District 1 Seat #37- Board of Supervisors Designee: District 5 Seat #42- HIV Testing Representative Seat #43- HIV Testing Representative	
ii. Term Expired dates	The committee discussed that 14 seats will be terming out 2024, and ten will have completed a 2^{nd} term.	
iii. New Committee members	None	
iv. Underrepresented Groups (demographics)	Reviewed	
9. New Business		
a. Discussion and review of Mentor and Mentee Guidelines	Tabled and will be discussed at the December 13, 2023, Membership Committee meeting. Rhea Van Brocklin will lead the current Mentor and Mentee Guidelines update.	
10.Routine Business		
a. Attendance	 The following committee and HPG members have resigned since the last meetings. Dr. Adam Zweig – MSEC on 9/19/2023 Shannon Ransom – MSEC on 11/7/2023 Esteban Duarte HPG/CEG on 10/26/2023 	
i. HPG Attendance	 HPG Support Staff provided an update on the HPG member absences over the last 12 months: Pam Highfill - 3 Bob Lewis 3 Venice Price 4 Karla Quezada- Torres 3 Raul Robles 4 	HPG Support Staff will send attendance email notices to those with three or more absences.
ii. Committees Attendance	HPG Support Staff provided an update on the Committee member absences over the last 12 months: Strategies • Allan Acevedo - 4 Steering • Allan Acevedo - 4 PSRAC • Chris Mueller - 3	

Agenda Item	Action	Follow-up
	 Raul Robles - 3 Community Engagement Group Alfredo de Jesus – 5 	
b. Mentor Appointments	The committee reviewed and updated the mentor and mentee list.	
i. Evaluation for Mentors	Tabled	
ii. Continue discussion: How to bring current HPG members into the Mentorship program.	Tabled	
11. Suggested items for the future committee agenda		
12. Announcement	The 34 th Annual Dr. A. Brad Truax Award Ceremony and Reception will take place on Friday, December 1, 2023, from 3:00 PM – 5:00 PM at the LGBT Center at 3909 Centre Street, San Diego, CA 92103 The Tree of Life Ceremony at Mama's Kitchen will follow the event.	
13. Next Meeting Date	When: December 13, 2023, 11:00 AM - 1:00 PM. Location: Southeastern Live Well Center 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
14. Adjourn	The meeting adjourned at 12:39 PM.	



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 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 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, and decision-making skills 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 processes, funding, and other criticalissues.

How does the Mentor Program Function?

The mentor program formalizes knowledge transfer between established HPG members and new members. An essential part of delivering knowledge includes giving all members the freedom to vote with their conscience.

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 Frequency of visits are up to each mentor pair.

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 administers the mentor relationshipThe 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 a list of prospective mentors. The Membership Committee determines if the top choice is already mentoring numerous people. If a new member requests unavailable unavailable mentor, the Membership Chair asks the latest member to work with their second choice. If the second choice is fully booked, the third-choice mentor will be selected.
- **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 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 basis.
- 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.
 - The Membership Chair works with the committee to develop a list of eligible members who meet the requirement criteria.
 - HPG Support staff will confirm with the identified mentor candidates that they are willing to serve as a mentor for a minimum term of XX year(s).
 - The final mentor list will be shared with the full HPG and made available in the meeting packet for the monthly HPG meetings.
 - In conjunction with HPG Support, the Membership Committee prepares, sends out and gathers results from the mentoring <u>survey</u>. This annual evaluation of the mentoring program solicits information about how the program is effective and what can be done to improve 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 and the local HPG budget cycle. These cycles drive the allocation and prioritization efforts that are the HPG's primary responsibility, and mentors must 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, be they must be able to clarify concepts.
- Mentors must be able to commit to a minimum of one monthly session for at least six months to provide foundational support to new members.
- It is highly recommended that mentors attend a cohort of Project Pearl, the San Diego Ending the HIV Epidemic (EHE) HIV leadership training, where key concepts about the Ryan White HIV/AIDS Program, meaningful involvement of people with AIDS (MIPA), and HPG processes are discussed and practiced. Mentors can submit interest forms on www.sdprojectpearl.com to receive information about an upcoming cohort and training availability.

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 the mentor and the new HPG member after the mentoring relationship has been active for full entire year. In an email Revised 12/7/2024

or phone call, HPG Support asks if the mentoring relationship is still ongoing or if the mentoring relationship should 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? A minimum of one monthly check in with your mentor is highly recommended for the first six months. **??**

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

Seat #	HPG Vacant Seats as of 12/2023
2	General Member
5	General Member
6	General Member
9	General Member
11	General Member
12	General Member
13	General Member
14	General Member
15	General Member
24	Hospital Planning Agency or Health
24	Care Planning Agency
26	Prevention Services
20	Consumer/Advocate
27	Prevention Services Consumer
28	State Government-State Medicaid
33	Board of Supervisors Designee: District
	1
37	Board of Supervisors Designee: District
57	5
42	HIV Testing Representative
43	Recipient of other Federal HIV
45	Programs- Prevention Provider

	Name	SEAT NAME	Term	Term 1&2
#			Expires:	
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- Marco Aguirre M	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	9/13/2024	2
17		Federally Qualified Health Center	5/15/2024	2
		(FQHC)		
18	Rhea Van Brocklin	Community-based organization	10/15/2023	1
		serving affected populations and		
		AIDS service organization	- (/	-
19	Regina Underwood	Social Service Provider, including	9/13/2024	2
		providers of housing and homeless		
20	Dr. Delores Jacobs, PhD	services Mental Health Provider	9/13/2024	2
		Formerly a combined seat; now just	0, _0, _0_ !	-
		Mental Health		
21	Pamela Highfill	Substance Abuse Treatment Provider	2/8/2026	1
		Formerly a combined seat; now just		
		Substance Abuse		
22	Adrianne Yancey	Local Public Health Agency: HHSA	5/2/2027	1
		Director or Designee	51 21 2021	–
23	Dr. Winston Tilghman	Local Public Health Agency: Public	10/18/2024	2
		Health Officer or Designee		
24	VACANT	Hospital Planning Agency or Health		
25	Karla Ousilaat T	Care Planning Agency	0/12/2024	2
25	Karla Quedaza-Torres	Non-Elected Community Leader	9/13/2024	2
26	VACANT	Prevention Services		Unexpired term: 5/2/2027
27	VACANT	Consumer/Advocate Prevention Services Consumer		
28	VACANT	State Government-State Medicaid		
20 29	Abigail West	State Government-CDPH Office of	3/12/2027	2
23	הטוצמוו איבטנ	AIDS (OA) Part B	5/12/2027	L
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	9/13/2024	2
52			9/15/2024	2
		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		
33	VACANT	Board of Supervisors Designee:		Unexpired term: 8/30/2026
		District 1		
34	Alberto Cortes	Board of Supervisors Designee:	7/19/2024	2
		District 2		
35	Dr. Beth Davenport, PhD	Board of Supervisors Designee:	2/9/2025	1
		District 3		
36	Shannon Ransom	Board of Supervisors Designee:	9/13/2024	2
	(Hansen)	District 4		
37	VACANT	Board of Supervisors Designee:		
		District 5		
38	Felipe Garcia-Bigley	Recipient of other Federal HIV	10/11/2026	1
		Programs- Prevention Provider		
39	Moira Mar-Tang	Recipient of other Federal HIV	9/13/2024	2
		Programs- Part F, AIDS Education and		
		Training center and/or Ryan White		
		Dental Provider		
40	Freddy Villafan	Recipient of other Federal HIV	1/11/2026	1
		Programs- HOPWA / HUD		
41	Jeffery Weber	Recipient of other Federal HIV	12/13/2026	1
		Programs- Veterans Administration		
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	8/17/2025	1
		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		

DECEMBER 2023 RACE/ETHNICITY



Race/Ethnicity Living with 60.0% HIV/AIDS in the EMA 50.0% 40.0% Newly diagnosed with HIV Disease 30.0% 2016-2020 20.0% 10.0% Total Members of White, not Hispanic not Hispanic Numite, not Hispanic Hispanic Islander AsianPacific Islander the Planning Group Non - Aligned Consumers on Planning Group

Dec 2023

DECEMBER 2023 GENDER



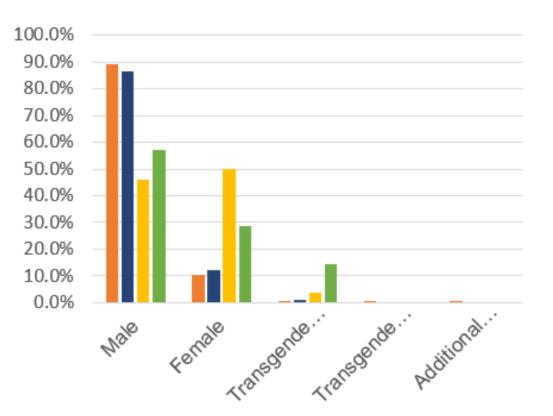
 Living with HIV/AIDS in the EMA

Newly Diagnosed

Total Members of the Planning Group

Non - Aligned Consumers on Planning Group

Dec 2023 Gender



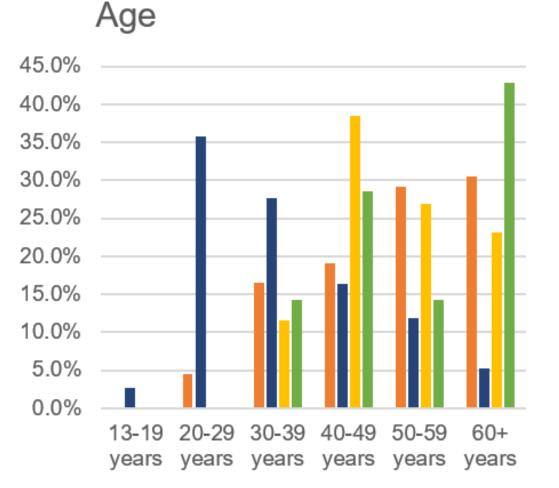
DECEMBER 2023 AGE



Living with HIV/AIDS in the EMA

■Newly Diagnosed

- Total Members of the Planning Group
- Non Aligned Consumers on Planning Group



Dec 2023

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

			1		1								
HPG Member	0	1	1	1	1	1	1	1	1	1	0	1	10
Total Meetings	21-Dec	25-Jan	22-Feb	22-Mar	26-Apr	24-May	26-Jun	26-Jul	2-Aug	27-Sep	25-Oct	29-Nov	TOTAL
Acevedo, Allan, 8	NM	*	*	*	*	*	*	*	*	1	NM	1	2
Applebaum, Amy, 32	NM	1	*	*	*	*	*	*	*	*	NM	1	2
Cortes, Alberto, 34	NM	*	1	*	*	*	*	1	*	*	NM	*	2
Davenport, Elizabeth, 35	NM	*	*	JC	*	*	*	*	1	1	NM	*	2
Duarte, M. Esteban						*	*	*	1	1	NM		
Fleming, Tyra							*	*	*	*	NM	*	0
Garcia-Bigley, Felipe	NM	*	*	*	*	*	*	*	*	*	NM	*	0
Grelotti, David, 30	NM	*	*	1	*	*	*	*	1	*	NM	*	2
Highfill, Pamela, 21	NM	*	1	*	*	EC	1	*	*	1	NM	1	4
Jacobs, Delores, 20	NM	*	*	*	*	*	*	*	*	1	NM	*	1
Kubricky, Cinnamen, 4	NM	*	1	*	*	1	*	*	*	*	NM	1	3
Lewis, Bob, 17	NM	*	1	1	1	*	*	*	*	*	NM	*	3
Lochner, Mikie, 16	NM	*	*	*	*	1	*	*	*	*	NM	*	1
Mar-Tang, Moira, 39	NM	1	*	1	*	*	*	*	EC	*	NM	*	2
Price, Venice, 44	NM	*	1	*	*	*	1	1	1	*	NM	*	4
Quezada-Torres, Karla, 25	NM	1	*	*	1	*	*	*	*	1	NM	*	3

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

Total Meetings	21-Dec	25-Jan	22-Eeb	22-Mar	26-Apr	24-May	26-Jun	26-Jul	2-Aug	27-Sep	25-Oct	29-Nov	TOTAL
Total Meetings	21-000	20-0an	22-1 60	22-IVICI	20-40	24-111ay	20-0011	20-001	2-Aug	21-060	20-001	23-1107	TOTAL
Ransom, Shannon, 36	NM	*	*	*	*	*	1	*	*	*	NM	*	1
Robles, Raul 7	NM	*	*	1	1	1	*	*	*	1	NM	*	4
Spector, Stephen 31	NM	*	*	1	*	EC	*	*	*	JC	NM	1	2
Tilghman, Winston, 23	NM	*	1	*	*	*	*	*	*	JC	NM	*	1
Underwood, Regina, 19	NM	*	*	1	*	*	*	*	*	*	NM	1	2
Van Brocklin, Rhea, 18	NM	*	*	*	*	1	JC	*	*	*	NM	*	1
Villafan, Freddy 40	NM	*	*	1	*	*	*	*	1	*	NM	1	3
Weber, Jeffery, 41		*	*		*	1	*	*	*	*	NM	*	1
West, Abigail, 29	NM	1	*			*	*	*	1	*	NM	*	2
Wimpie, Michael, 1	NM	*	1	*	*	*	*	*	*	*	NM	*	1
Yancey, Adrianne						EC	*	*	*	*	NM	*	0
To remain in good standir	ng and elig	lible to v	ote, the l	HPG me	mber m	ay not m	iss 3 con	secutive	meetings	s or 6 mee	etings wit	thin 12 mo	onths.
* = Present	<u> </u>					-			U		<u> </u>		
1 = Absent for the month													
1 = Absent when there are r	multiple me	etings in	a month.	The me	mber ne	eds to at	end at lea	ast one me	eeting for	attendanc	e to coun	t for the sp	ecific mont
JC = Just Cause													
EC = Emergency Circums	tance												

STRATEGIES	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	#
Total meetings	1	0	1	0	1	0	0	0	1	0	1	0	5
Member													
Acevedo, Allan	1	NM	1	NM	1	NM	NM	NM	*	NM	1	NM	4
Applebaum, Amy	*	NM	*	NM	1	NM	NM	NM	*	NM	*	NM	1
Davenport, Dr. Beth	*	NM	*	NM	1	NM	NM	NM	*	NM	*	NM	1
Franco, Lucia	*	NM	*	NM	*	NM	NM	NM	*	NM	1	NM	1
Mora, Joseph	*	NM	*	NM	*	NM	NM	NM	*	NM	1	NM	1
Mar-Tang, Moira	*	NM	*	NM	*	NM	NM	NM	*	NM	*	NM	0
Price, Venice	*	NM	1	NM	*	NM	NM	NM	1	NM	*	NM	2
Ransom, Shannon	*	NM	*	NM	*	NM	NM	NM	*	NM	*	NM	0
Tilghman, Dr. Winston	1	NM	*	NM	*	NM	NM	NM	*	NM	*	NM	1
Weber, Jeffery	*	NM	*	NM	*	NM	NM	NM	*	NM	1	NM	1
Wimpie, Michael	*	NM	*	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

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

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

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least

one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

PRIORITY SETTING & RES	OURC	E ALL	ΟCΑΤ	ION C	омм	ITTEE									
PSRAC	Dec	Jan	Feb	Mar	Apr	May	8-Jun	20-Jun	20-Jul	27-Jul	Aug	Sep	Oct	Nov	#
Total meetings	1	1	1	1	0	1	1	1	1	1	0	1	0	1	9
Member															
Jacobs, Dr. Delores ^C	*	*	*	*	NM	*	*	*	*	*	NM	*	NM	*	0
Carroll, Reginald				*	NM	*	*	*	*	*	NM	1	NM	*	1
Cortes, Alberto	*	*	1	JC	NM	*	*	1	1	1	NM	*	NM	*	2
Davenport, Beth	*	*	*	*	NM	*	*	*	*	*	NM	1	NM	1	1
Garcia-Bigley, Felipe	*	*	*	*	NM	1	*	*	*	*	NM	*	NM	*	1
Highfill, Pam	*	*	*	JC	NM	*	*	*	*	*	NM	*	NM	*	0
Kubricky, Cinnamen ^U	1	*	*	*	NM	1	*	*	*	*	NM	*	NM	1	2
Mueller, Chris	*	1	*	1	NM	*	*	*	*	*	NM	1	NM	*	3
Robles, Raul	1	*	1	JC	NM	*	*	*	*	*	NM	1	NM	*	3
Rucker, James	*	*	*	*	NM	*	*	*	*	*	NM				
Quezada-Torres, Karla	*	*	*	JC	NM	*	*	1	*	*	NM	*	NM	*	1
Underwood, Regina	*	*	*	*	NM	*	1	*	*	*	NM	*	NM	1	2
Van Brocklin, Rhea	*	*	*	*	NM	1	*	*	*	*	NM	1	NM	1	3
Villafan, Freddy	*	*	1	*	NM	*	*	*	*	*	NM	1	NM	1	3

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

STEERING	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	#
Total Meetings	0	1	1	0	1	1	1	1	0	1	0	1	8
Community Engagement													
Group	NM	1	1	NM	1	*	1	*	NM	*	NM	1	5
Allan Acevedo													
			ī			-		-	-				
Medical Standards	NM	*	*	NM	*	*	*	*	NM	*	NM	*	0
Dr. Tilghman													U
									-				
Membership	NM	*	1			*	*	*	NM	*	NM	*	1
Bob Lewis		. <u> </u>	1										Ŧ
Priority Setting and													
Resource Allocation	NM	*	*	NM	*	*	*	*	NM	*	NM	*	0
Dr. Jacobs													
Strategies & Standards	NM	*	*	NM	*	*	*	*	NM	1	NM	*	1
Shannon Ransom		-			-				INIVI	1		-	Ŧ
Chair- Mikie Lochner	NM	*	*	NM	*	1	*	*	NM	*	NM	*	1
Vice Chair -	NM	*	*		*	*	*	*		*		*	0
Rhea Van Brocklin		,		NM					NM		NM	,	U

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

Community Engagement Group	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	#
Total Meetings	1	1	1	1	1	1	1	1	1	1	1	1	12
Member													
Acevedo, Allan ^{uc}	*	*	*	*	*	*	*	*	*	*	1	1	2
De Jesus, Alfredo ^U	*	*	*	*	1	*	1	*	1	1	1	1	6
Donovan, Michael	*	*	*	JC	*	*	*	*	*	*	*	*	0
Duarte, Esteban				JC	*	*	1	1	1	*	1		
Fleming, Tyra				*	*	JC	*	*	*	JC	*	*	0
Lochner, Mikie ^U	*	*	1	*	*	1	*	*	*	*	*	*	2
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

 ${\bf 1}$ = 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

Medical Standards & Evaluation Committee

MSEC	Feb	May	Sep	Nov	#
Total Meetings	1	1	1	1	4
Member					
Tilghman, Dr. Winston ^C	*	*	*	*	0
Aldous, Dr. Jeannette ^{N CC}	*	*	*	*	0
Bamford, Dr. Laura	*	*	*	*	0
Grelotti, Dr. David	*	*	*	*	0
Hernandez, Yessica	*	*	*	*	0
Lewis, Robert	1	1	JC	*	2
Lochner, Mikie	*	*	*	1	1
Ransom, Shannon	*	*	1		
Spector, Dr. Stephen	1	1	*	*	2
Stangl, Lisa ^N	*	1	*	*	1
Quezada-Torres, Karla	*	*	1	*	1
Zweig, Dr. Adam ^N	1	1			

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

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month.

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

JC = Just Cause

EC = Emergency Circumstance



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

APPENDIX (Page 028-052)

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ARTICLE 1: PURPOSE AND AUTHORITY

- Section A: <u>Establishment.</u> On December 15, 2015, the San Diego County Board of Supervisors established the County of San Diego HIV Planning Group (HPG).
- **Section B:** <u>Purposes.</u> 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: <u>Getting to Zero Initiative.</u> 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: <u>Type of Organization.</u> The HIV Planning Group is a non-partisan, nonsectarian, 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 <u>Membership Composition.</u> 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 coinfected 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: <u>General Members-Elect</u>. 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: <u>Requirements</u>

- 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

- 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: <u>Needs Assessment.</u> 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: <u>Priority Setting and Resource Allocation.</u> 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: <u>Comprehensive/Integrated Planning.</u> 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: <u>Assessment of the Administrative Mechanism.</u> 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: <u>Statewide Coordinated Statement of Need.</u> Participate in the development of the Statewide Coordinated Statement of Need initiated by the California Department of Public Health, Office of AIDS.
- **Section G**: <u>Coordination of Services.</u> Coordinate with other federally funded programs that provide HIV-related services in San Diego County.
- **Section H**: <u>Compliance with Legislation.</u> 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**: <u>System of Care.</u> Advise and make recommendations to the San Diego County Board of Supervisors pertaining to the HIV continuum of care.
- **Section J**: <u>HIV Prevention.</u> Gather information to support/inform health department decisions regarding HIV prevention priorities and interventions.

ARTICLE 5: OFFICERS

- Section A: <u>Chairperson.</u> 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: <u>Vice-Chairpersons</u>. HIV Planning Group members will elect two vicechairpersons, 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: <u>Duties of the Chairperson</u>:

- 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: <u>Robert's Rules of Order.</u> 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:** <u>Voting.</u> Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.
- Section C: <u>Open Meetings</u>. 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: <u>Regular Meetings.</u> 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:** <u>Quorum.</u> 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: <u>Minutes.</u> 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: <u>Use of Committees.</u> 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: <u>Composition and Chairs.</u> 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: <u>Appointments.</u> 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: <u>Operations.</u> 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: <u>Steering Committee.</u> 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 cochairperson 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: <u>Membership Committee.</u> 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: <u>Grievances Related to Services.</u> HIV Planning Group Grievance Procedures as it relates to Ryan White services can be found in Attachment 1.
- **Section B**: <u>Other Types of Grievances.</u> 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: <u>Staff Assistance to the HIV Planning Group.</u> 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: <u>Recordkeeping and Reporting.</u> 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**: <u>Voluntary Service.</u> Members of the HIV Planning Group shall serve without compensation.
- Section B: <u>Reimbursement for Expenses.</u> 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:

- 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 <u>www.sdplanning.org</u> 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 decisionmaking, 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 selfnomination.
- 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.

		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

SAMPLE AGENDA:

CONDUCT GUIDELINES:

- 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.



HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES 3851 ROSECRANS STREET, MAIL STOP P-578 SAN DIEGO, CA 92110-3134 (619) 531-5800 • FAX (619) 542-4186 WILMA J. WOOTEN, M.D., M.P.H. PUBLIC HEALTH OFFICER

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.

NICK MACCHIONE, FACHE AGENCY DIRECTOR