

Continuation of Remote Meetings for Brown Act Boards and Commissions

State law requires local agency legislative bodies (which includes the HPG) to comply with the state's open meeting law referred to as the Ralph M. Brown Act (also called the "Brown Act"). Since March 2020, most legislative bodies have been operating under Executive Orders which suspended certain Brown Act provisions on teleconferencing allowing members to participate remotely. That Executive Order ended on September 30, 2021.

As of October 1, 2021, AB 361 allows for a continuation of teleconference meetings in certain circumstances. Following is a summary of AB 361 and its impact on public meetings and the steps required to utilize the teleconferencing option offered in AB 361.

At the next meeting, the HPG or Committee will need to take the actions detailed below if the members desire to continue meeting remotely.

I. Ordinary Brown Act Rules for Teleconferencing ("General Teleconferencing Rule")

Under the ordinary operation of the Brown Act (Gov. Code §54953(b)) a legislative body may use teleconferencing under the following circumstances:

- a. Post agendas at all teleconference locations;
- b. All teleconferenced locations are listed in the notice and agenda of the meeting;
- c. At least a quorum of members are located within the jurisdiction of the legislative body; and
- d. Members of the public are allowed to speak at each teleconferenced location.

II. Governor's Executive Orders Authorized Simplified Teleconferencing Rules, But These Ended on Sept. 30, 2021.

The County and other legislative bodies throughout the state have been using a simplified teleconferencing method, authorized by the Governor's Executive Orders related to the COVID-19 pandemic. This allowed members of legislative bodies attend meetings remotely without following the General Teleconferencing Rule set forth above.

III. New Teleconferencing Method Available Effective October 1, 2021, and Actions HPG and Committees Can Take ("Special Teleconferencing Rule")

Effective October 1, 2021, AB 361 amends Government Code section 54953 to add subsection (e) which allows suspension of the General Teleconferencing Rule listed above if any of the following circumstances exist (underlining added):

- a. There is a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing; or
- b. Legislative body, during a proclaimed state of emergency, holds a meeting for the purposes of determining by majority vote, that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees; or

- c. Legislative body, during a proclaimed state of emergency, has previously determined (by majority vote) that as a result of the emergency meeting in person would present imminent risks to the health or safety of attendees.

After the first meeting, to continue to suspend the General Teleconferencing Rule and use the Special Teleconferencing Rule, the legislative body must make findings, at least every 30 days after that first meeting. The specific findings required are: 1) that legislative body has reconsidered the circumstances of the state of emergency; and 2) i. the state of emergency continues to directly impact the ability of members to meet safely in person; or ii. state or local officials continue to impose or recommend measures to promote social distancing.

IV. Operation of the Special Teleconferencing Rule

If a Brown Act body suspends the General Teleconferencing Rule as allowed under subsection (e), then the legislative body must (underlining added):

- a. Notice the meeting as otherwise required by the Brown Act;
- b. Agenda must identify and include an opportunity for all persons to attend via a call-in option or an internet based service option;
- c. Allow members of the public to access meetings and an opportunity to address the legislative body directly as provided in the notice (call in or internet);
- d. Conduct teleconferenced meetings in a manner that protects the statutory and constitutional rights of the parties;
- e. In the event of a disruption that prevents broadcasting or call-in or internet based service; actions cannot be taken. Any action taken during a disruption may be challenged pursuant to 54960.1;
- f. If a legislative body provides a timed public comment period for each agenda item, it cannot close the public comment period for the agenda or the ability to register on that item until the timed public comment period has elapsed (not likely applicable);
- g. If a legislative body provides a general public comment period, public comment must remain open until public comment period closes; and
- h. If a legislative body provides public comment on each agenda item, it must allow a reasonable time to register and speak (so likely until the matter is voted on).

V. Dr. Wooten has Issued a Social Distancing Recommendation, So Findings Have Been Met In Order to Use the Special Teleconferencing Rule

As of October 1, 2021, the elements to meet under the Special Teleconferencing Rule have been met. There is currently a State of Emergency and Dr. Wooten, the County's Public Health Officer, released a health recommendation on September 23, 202, which stated that utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease.

VI. Next Steps

Under AB 361, on or after October 1, 2021, the first meeting of a legislative body under AB 361 can occur under the Special Teleconferencing Rule without anything

in particular on the agenda. In this case, Staff should note to the board that it is meeting pursuant to the Special Teleconferencing Rule and staff will bring back any future findings the board may need to take to continue to operate under the Special Teleconferencing Rule (i.e. within 30 days).

Alternatively, if time allows and the Chair approves, when the HPG or Committee first meets, an item will be placed on the agenda to determine whether the board wants to utilize the Special Teleconference Rule and if so, to adopt the initial Resolution.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER

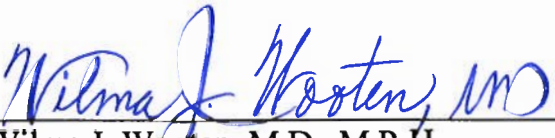
HEALTH OFFICER TELECONFERENCING RECOMMENDATION

COVID-19 disease prevention measures, endorsed by the Centers for Disease Control and Prevention, include vaccinations, facial coverings, increased indoor ventilation, handwashing, and physical distancing (particularly indoors).

Since March 2020, local legislative bodies—such as commissions, committees, boards, and councils—have successfully held public meetings with teleconferencing as authorized by Executive Orders issued by the Governor. Using technology to allow for virtual participation in public meetings is a social distancing measure that may help control transmission of the SARS-CoV-2 virus. Public meetings bring together many individuals (both vaccinated and potentially unvaccinated), from multiple households, in a single indoor space for an extended time. For those at increased risk for infection, or subject to an isolation or quarantine order, teleconferencing allows for full participation in public meetings, while protecting themselves and others from the COVID-19 virus.

Utilizing teleconferencing options for public meetings is an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 disease. This recommendation is further intended to satisfy the requirement of the Brown Act (specifically Gov't Code Section 54953(e)(1)(A)), which allows local legislative bodies in the County of San Diego to use certain available teleconferencing options set forth in the Brown Act.

September 23, 2021



Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego



County of San Diego

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WILMA J. WOOTEN, M.D.,
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PUBLIC HEALTH OFFICER

SAN DIEGO HIV PLANNING GROUP COMMUNITY ENGAGEMENT GROUP

Wednesday, January 18, 2023 3:00 PM

Note: This meeting is being video and audio recorded.

Join Zoom Meeting:

<https://us06web.zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS21LWkQ1bllzd09>

Meeting ID: 954 6903 2405

Passcode: 633258

Committee Members (4): Allan Acevedo (Chair), Alfredo De Jesus, Michael Donovan, Michael Lochner (HPG Chair)

A quorum for this committee is Three (3)

AGENDA

1. Call to order, comments from the Chair, Moment of Silence
2. **ACTION:** Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e):
 - a. Find that the Council has reconsidered the circumstances of the State of Emergency
 - b. Find that State and local officials continue to recommend measures to promote social distancing
3. Zoom Housekeeping
4. Review:
 - a. Background, Mission Statement, Goals, and Agreement of Meeting Decorum
5. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker
6. Public Comment: Non-HPG Member Participants
7. Sharing our Concerns: All Meeting Participants
8. Routine Business:
 - a. Review/approval of meeting agenda for January 18, 2023
 - b. Review/approval of meeting minutes for December 7, 2022 (Review follow-up items)
9. Old Business
 - a. **Review:** Community Engagement Group Working/Training Plan

Board of Supervisors meetings to protect the public's health and prevent the disease from spreading locally. California Governor Gavin Newsom issued Executive Order N-29-20 on March 17, 2020, relating to the convening of public meetings in response to the COVID-19 pandemic. Pursuant to the Executive Order, and to maintain the orderly conduct of the meeting, the County of San Diego will allow the HIV Planning Group members to attend the meeting via teleconference or phone conference and to participate in the meeting to the same extent as if they were present.

For more information on the HPG, contact HPG staff at HPG.HHSA@sdcounty.ca.gov
Planning Group Website www.sdplanning.org

- b. Discussion:** Community Engagement Committee Co-Chair Vacancy
 - 10. New Business**
 - a. Review:** Changes to HPG Bylaws
 - 11. Updates**
 - a.** CARE Partnership
 - b.** Membership Committee
 - c.** Strategies and Standards
 - d.** Medical Standards and Evaluation (MSEC)
 - e.** Priority Settings and Resource Allocation (PSRAC)
 - f.** Steering Committee
 - g.** HPG
 - 12. Announcements**
 - 13. Confirm next meeting date:** Wednesday, February 15, 2023 held virtually via Zoom
 - 14. Adjournment**
-

Community Engagement Group Charge:

- 1) Educate Community Members
 - Educate/train community members about the HIV Planning Group's local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.
- 2) Increase Community Members' Participation
 - Increase the level and diversity of community involvement, including from under-served and under-represented populations.
 - Represent the needs of all community members, including those unable to participate in meetings.
 - Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
 - Identify and seek to overcome barriers to community participation.
- 3) Represent Community Member Needs Throughout the HIV Planning Group Process
 - Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
 - Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop a separate set of budget recommendations.
 - Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).

Board of Supervisors meetings to protect the public's health and prevent the disease from spreading locally. California Governor Gavin Newsom issued Executive Order N-29-20 on March 17, 2020, relating to the convening of public meetings in response to the COVID-19 pandemic. Pursuant to the Executive Order, and to maintain the orderly conduct of the meeting, the County of San Diego will allow the HIV Planning Group members to attend the meeting via teleconference or phone conference and to participate in the meeting to the same extent as if they were present.



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SAN DIEGO HIV PLANNING GROUP (HPG) COMMUNITY ENGAGEMENT GROUP

Join Zoom Meeting

<https://zoom.us/j/95469032405?pwd=cnJuUUVrVjRhdlByS21LWkQ1blIzd09>

Wednesday, December 7, 2022

3:00 PM – 5:00 PM

DRAFT MINUTES

Quorum = Three (3)

Members Present: Allan Acevedo (Chair) / Alfredo De Jesus / Michael Donovan / Mikie Lochner (HPG Chair)

Members Absent:

| Agenda Item | Action | Follow-up |
|---|--|-----------|
| 1. Call to order/ Moment of Silence | Allan Acevedo called the meeting to order at 3:01 PM and noted a quorum was established. | |
| 2. Action: Continuance of Teleconferencing Meeting Option Pursuant to Government Code Section 54953(e) | <p>Action: Recognize that there is a continued proclaimed state of emergency and State and local officials have imposed or recommended measures to promote social distancing authorizing teleconferenced meetings pursuant to Government Code section 54953(e).</p> <p>Motion/Second/Count (M/S/C): Mikie/Allan Abstentions: De Jesus, Donovan Motion: Carries</p> | |
| 3. Zoom Housekeeping | Reviewed by Allan Acevedo | |
| 4. Review | | |
| a. Background, mission statement, goals, and ground rules | Reviewed. | |

| Agenda Item | Action | Follow-up |
|---|--|-----------|
| 5. Introductions, icebreaker | People introduced themselves and as an icebreaker the Chair asked what people did to celebrate Thanksgiving. | |
| 6. Public Comment – For Non-HPG Member Participants | None | |
| 7. Sharing our Concerns For all Participants | None | |
| 8. Routine Business | | |
| a. Review/approval of meeting agenda for December 7, 2022 | <p>Motion: Approve the meeting agenda for December 7, 2022 as presented. With update to move Shannon's presentation earlier.</p> <p>M/S/C: Donovan/Mikie 3/0</p> <p>Abstentions: De Jesus</p> <p>Motion: Carries</p> | |
| b. Review/approval of meeting minutes for November 9, 2022 (Review follow-up items) | <p>Motion: Approve the meeting minutes for November 9, 2022 as presented.</p> <p>M/S/C: Donovan, Lochner 3/0</p> <p>Abstentions: De Jesus</p> <p>Motion: Carries</p> | |
| c. Review/approval of meeting minutes for October 19, 2022 (Review follow-up items) | <p>Motion: Approve the meeting minutes for October 19, 2022 as presented.</p> <p>M/S/C: Lochner, Donovan 3/0</p> <p>Abstentions: De Jesus</p> <p>Motion: Carries</p> | |
| 9. Old Business | | |
| a. Review: Working/Training Plan | <p>Once this group starts meeting in person, the intent is to have meetings in different venues.</p> <p>Training plan should include training on the different service categories based on what the community has specified are of importance.</p> | |

| Agenda Item | Action | Follow-up |
|--|---|-----------|
| | <p>Suggestions that were made: Dental, Transportation, Housing, Insurance Programs (Such as ADAP and Health Insurance Program), Ryan White, By Laws, Robert Rules of Order, Conflicts of Interest, Epidemiology Data and the process to gather that information. A suggestion was made that in February and May there should be a housing presentation, June should continue to be the Happyville exercise, August should not have any presentations because that is when HPG meets every week and may conflict with this group.</p> <p>Draft timeline should be put together to be presented next month.</p> | |
| b. Discussion: Co-Chair Vacancy | Anyone interested please apply. | |
| 10. New Business | | |
| a. Presentation: CARE Partnership – Shannon Ransom | Shannon presented on how CARE Partnership works in conjunction with HPG as a separate partnership and not a committee. She emphasized the differences from committees when it comes to HPG rules, such as Brown Act, HPG membership, rules on votes, public comment, etc. She also spoke of the benefits this change brought regarding participation from the community, and how the partnership with HPG and HPG Support Staff is working now. | |
| b. Review: Conflict of Interest – Rodney Von Jaeger | Conflict of interest was reviewed by Rodney Von Jaeger, HPG Support Staff Lead. This included the definition of COI, and the procedure for HPG members to notify of possible COI to the HPG. This only applies to HPG members only. | |
| c. Review: Changes to wording in Consumer Group Charge. | New wording in Group charge was approved and will move to Steering Committee for approval. | |
| 11. Updates | | |
| a. CARE Partnership | CARE Partnership is meeting on Monday December 12 th , 2022 at 11:00AM via Zoom. Leadership has changed with | |

| Agenda Item | Action | Follow-up |
|---|--|-----------|
| | Shannon Ransom and Patty Lopez stepping down to give the opportunity for people with lived experiences to lead the partnership. Johneisha Jones was elected as the Chair, with Venice Price and Amanda Duffell Mirador as co-chairs. | |
| b. Membership Committee | Membership will be looking at a couple of applications that were submitted. Interviews are being scheduled for the next meeting. They will also review unfilled seats and are actively recruiting for those seats. Participants are invited to apply. | |
| c. Strategies & Standards | It took place Wednesday December 6, 2022. There was a discussion on people being served regardless on their Ryan White use and barriers they experience to access care, including Transportation. Universal Standards were also discussed to include competency and trauma informed care training. | |
| d. Medical Standards and Evaluation (MSEC) | Did not meet in November. | |
| e. Priority Settings and Resource Allocation Committee (PSRAC) | Next meeting is 12/08/2022. They will be looking at any reallocations that come through, but currently there are none. They will also be looking at their Work Plan and budget. | |
| f. Steering | Scheduled to meet on Thursday December 15, 2022. They will be looking into modifying agendas to run quicker and more efficiently. | |
| g. HPG | Scheduled for December 21, 2022. They will be looking at any recommendations sent from committees. HPG will not be meeting in March to schedule the annual retreat. | |
| h. MPOX Task Force | December 15, 2022 meeting has been canceled but will meet again in January to discuss equity of vaccine access. The MPOX Task Force was recognized for their effort to address MPOX in San Diego County. | |
| i. Joint Housing Committee | The Joint Housing Committee meets every four months and Consumer Engagement | |

| Agenda Item | Action | Follow-up |
|---|--|-----------|
| | group will have regular updates a month after they meet. | |
| 12. Announcements | <p>POZabilities will be doing a dinner for Christmas holiday.</p> <p>The Mayor of San Diego signed a proclamation for World AIDS Day which was on December 1st, 2022. The proclamation will be shown on social media and website. Mikie Lochner wrote an article regarding World AIDS Day in The San Diego Union Tribune.</p> <p>Truax Awards took place December 1st</p> <ul style="list-style-type: none"> ▪ Service Award: HIV Education, Prevention and/or Counseling and Testing <ul style="list-style-type: none"> ○ Presented to: Lisa Asmus ▪ Service Award: HIV Care, Treatment and/or Support Services <ul style="list-style-type: none"> ○ Presented to: Jerry Turner ▪ Service Award: HIV Planning, Advocacy and/or Policy Development <ul style="list-style-type: none"> ○ Presented to: Rhea Van Brocklin ▪ 2022 Dr. A. Brad Truax Award <ul style="list-style-type: none"> ○ Presented to: Kenneth Riley, MD | |
| 13. Confirm next meeting date Wednesday, January 18, 2023 via Zoom | Next Meeting: Wednesday, January 18, 2023 via Zoom | |
| 14. Adjournment | Meeting was adjourned at 4:28 PM | |

HIV Planning Group Bylaws

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ARTICLE 1: PURPOSE AND AUTHORITY

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

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

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

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

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

ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE

Section A: Open Nomination Process

4. 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.

5. 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.

6. Authority of Board of Supervisors

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

Section B **Membership Composition.** The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will ~~take into account~~ 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. ~~Unaffiliated consumer~~ General Member (#1)*
2. ~~Unaffiliated consumer~~ General Member (#2)*
3. ~~Unaffiliated consumer~~ General Member (#3)*
4. ~~Unaffiliated consumer~~ General Member (#4)*
5. ~~Unaffiliated consumer~~ General Member (#5)*
6. ~~Unaffiliated consumer~~ General Member (#6)*
7. ~~Unaffiliated consumer~~ General Member (#7)*
8. ~~Unaffiliated consumer~~ General Member (#8)*
9. ~~Unaffiliated consumer~~ General Member (#9)*
10. ~~Unaffiliated consumer~~ General Member (#10)*
11. ~~Unaffiliated consumer~~ General Member (#11)*

12. ~~Unaffiliated consumer~~ General Member (#12)*
13. ~~Unaffiliated consumer~~ General Member (#13)*
14. ~~Unaffiliated consumer~~ General Member (#14)*
15. ~~Unaffiliated consumer~~ 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. ~~Affected community, including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with hepatitis B or C, and historically underserved group and/or subpopulation.~~ General Member (#16)

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

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

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

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

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

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

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

Section C: Term of Office

1. Members shall serve a term of four years.

2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.
- ~~2. In the event that a member with a four-year term completes eight years of service, that member may serve on the HIV Planning Group without voting rights until a successor has been appointed.~~
- ~~3. After the completion of two consecutive four-year terms, an individual may reapply after one year.~~
3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

Section D: ~~Consumer~~ General Members-Elect. The Board of Supervisors may appoint three ~~consumer~~ General m Members-elect, recommended by the HIV Planning Group. ~~Steering Committee, who shall substitute, with voting authority, for any consumer member appointed under Article 2, Section A, seats 1-14.~~ Each ~~consumer~~ General m Member-elect shall be able to participate in the HIV Planning Group discussions, ~~and may substitute, with voting authority, in the absence of one of the designated consumer members.~~ Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

Section E: Requirements

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.
2. Each member shall also complete an annual HIV Planning Group Disclosure Form 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.

~~Section F: HIV Planning Group Attendance~~

- ~~1. To remain in good standing, a member must have not more than three HIV Planning Group absences in a row or six absences in a 12 month period.~~
- ~~2. To remain in good standing with the right to vote at committees, members must meet committee attendance requirements, outlined in the committee operational guidelines. Attendance is tracked by support staff and reviewed at subcommittee meetings. Members not able to participate in the required number of committee meetings may participate as non-voting committee members.~~
- ~~3. For HPG members who do not meet the HIV Planning Group~~

attendance requirements, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.

~~Section G: Vacancies~~

- ~~1. A vacancy shall occur as a result of any one of the following events before expiration of a term:
 - ~~a. The death of the incumbent.~~
 - ~~b. The resignation of the incumbent.~~
 - ~~c. Termination of membership.~~
 - ~~d. Members who have not filed a Statement of Economic Interest within 30 days of appointment or by March 31 of each year shall be recorded in meeting minutes as absent, and shall not be permitted to vote on matters before the HIV Planning Group starting April 1. For members who are more than 90 days delinquent in filing a statement of economic interest, a recommendation will be forwarded to the Board of Supervisors for termination from the HIV Planning Group.~~
 - ~~e. Members who do not complete periodic ethics training as required by the Fair Political Practices Commission and California Law AB 1234 by the due date shall not be permitted to vote on matters before the HIV Planning Group. For members who are more than 90 days delinquent in completing the ethics training, or for any reasons specified in Government Code Section 1770, a recommendation will be forwarded to the Board of Supervisors for termination from the HPG.~~~~
- ~~2. When a vacancy occurs, both the member and the Clerk of the Board of Supervisors shall be notified by the HIV Planning Group Chair or designee. In the event of a vacancy of a consumer, a member-elect shall become a full voting member of the HIV Planning Group.~~

~~Section H: Standard of Conduct:~~

- ~~1. HIV Planning Group members shall conduct themselves in a professional and courteous manner at all times during an HIV Planning Group or committee meeting. Repeated failure to follow this standard of conduct adopted by the HPG may result in a two-thirds majority (not counting the vote of the affected member) of the HIV Planning Group voting to recommend to the Board of Supervisors for termination from the HPG. Any recommendation to terminate an HIV Planning Group member shall be placed on the HIV Planning Group's agenda and the member being recommended for termination shall be permitted to address the termination recommendation.~~

ARTICLE 3: CONFLICT OF INTEREST

Section A: ~~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.~~

Conflict of Interest Definition and Scope

- ~~21.~~ 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.
- ~~32.~~ Ryan White legislation does not permit the HPG to “be directly involved in the administration of a grant,” or to “designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.” In addition, the legislation states that: “A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes.” [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

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

- ~~1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.~~

2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.
6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken

ARTICLE 4: DUTIES

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

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

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

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

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

Section D: Comprehensive/Integrated Planning. Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services

Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

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

ARTICLE 5: OFFICERS

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

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

Section C: Duties of the Chairperson:

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

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

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

ARTICLE 6: ORGANIZATION PROCEDURES

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

ARTICLE 7: SUBCOMMITTEES

- Section A: Use of Subcommittees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc subcommittees/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 committees may bring an action item to the HIV Planning Group for approval.
- Section B: Composition and Chairs.** All standing and ad hoc subcommittee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members, ~~at least one of whom must be a consumer.~~ Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing subcommittees 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 ~~will~~ may be appointed per Article 5, Section C of these bylaws.
- Section C: Appointments.** Members of the HIV Planning Group are appointed to a subcommittee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D: Operations.** All subcommittees shall operate under the bylaws of the HIV Planning Group. Each subcommittee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E: Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a subcommittee chairperson, a committee co-chairperson can attend to establish quorum. When the co-

chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be a simple majority of the number of current members of the Steering Committee. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

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

ARTICLE 8: GRIEVANCE PROCEDURES

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

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

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

ARTICLE 9: STAFF ASSISTANCE

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

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

ARTICLE 10: COMPENSATION AND EXPENSE

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

Section B: Reimbursement for Expenses. HIV Planning Group members ~~consumers~~ 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.