



SAN DIEGO HIV PLANNING GROUP (HPG)
 MEMBERSHIP COMMITTEE
 MEETING PACKET
WEDNESDAY, FEBRUARY 4, 2026, 12:00 PM – 2:00 PM
County Operations Center
5570 Overland Ave., San Diego, CA 92123
1st Floor – Room 1047 (Medical Examiner Conference Room)

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

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Meeting Location & Directions:

Membership Committee

Wednesday, February 4, 2026

12:00 PM - 2:00 PM

County Operations Center

5570 Overland Ave.

San Diego, CA 92123

(Room 1047 - Medical Examiner's Office)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

FROM I-15 SOUTH:

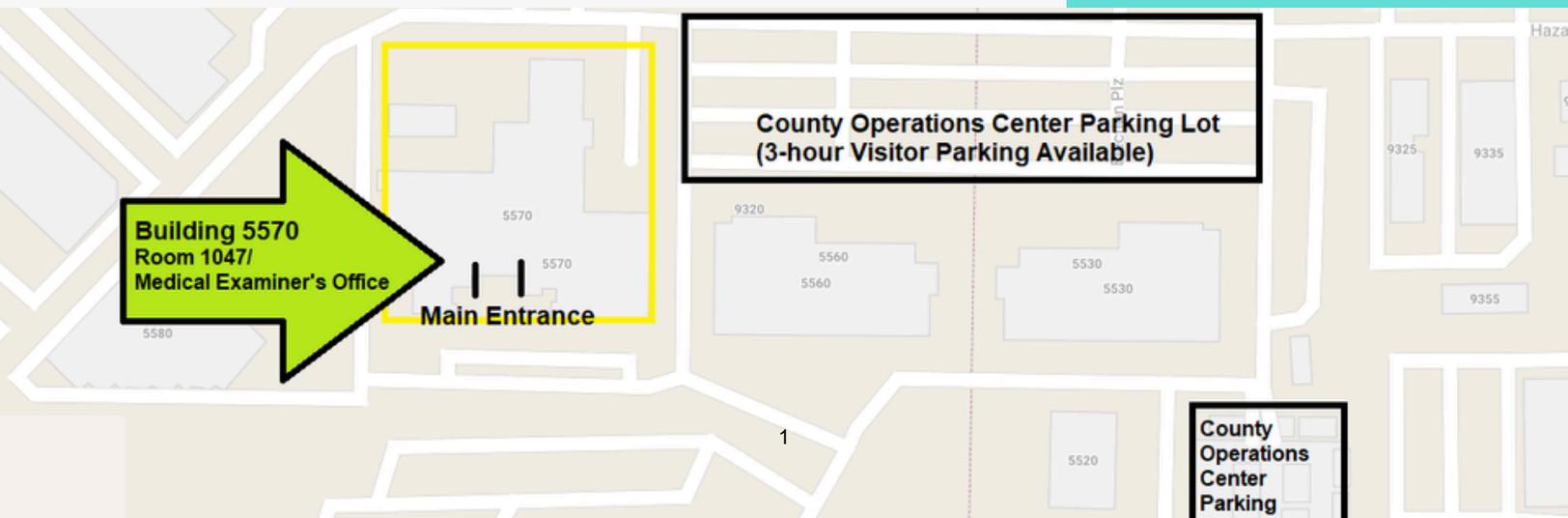
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.

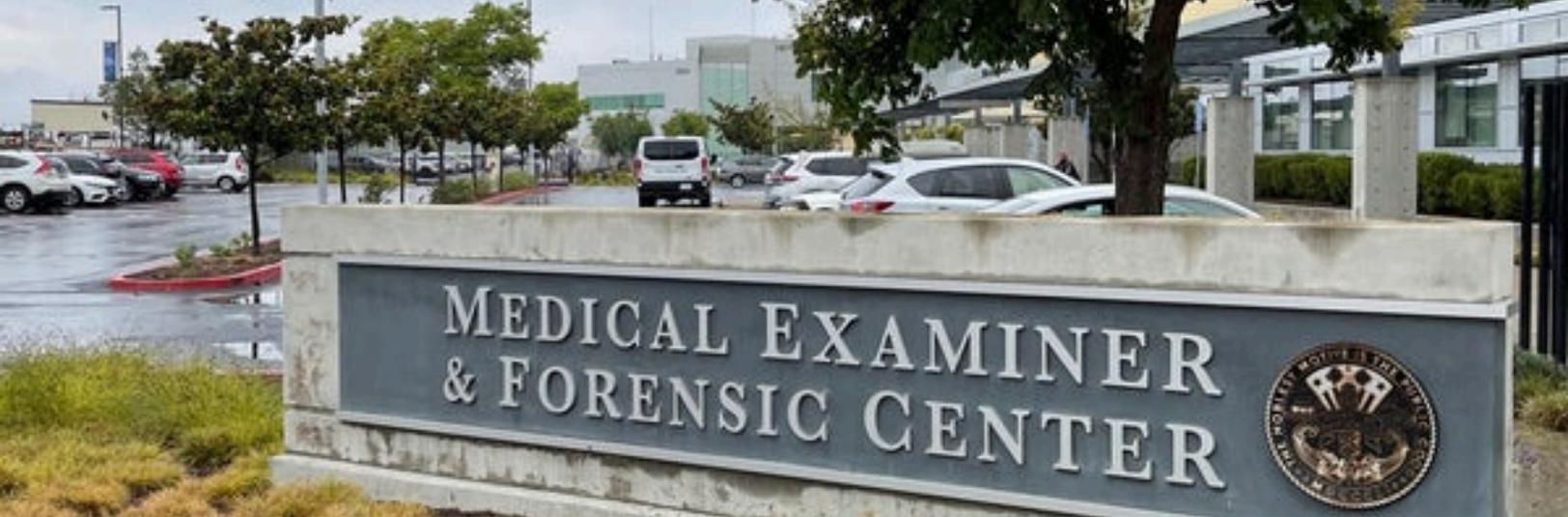


PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928





FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Building 5570/Medical Examiner's Office will be on the left side at the end of the cul-de-sac.

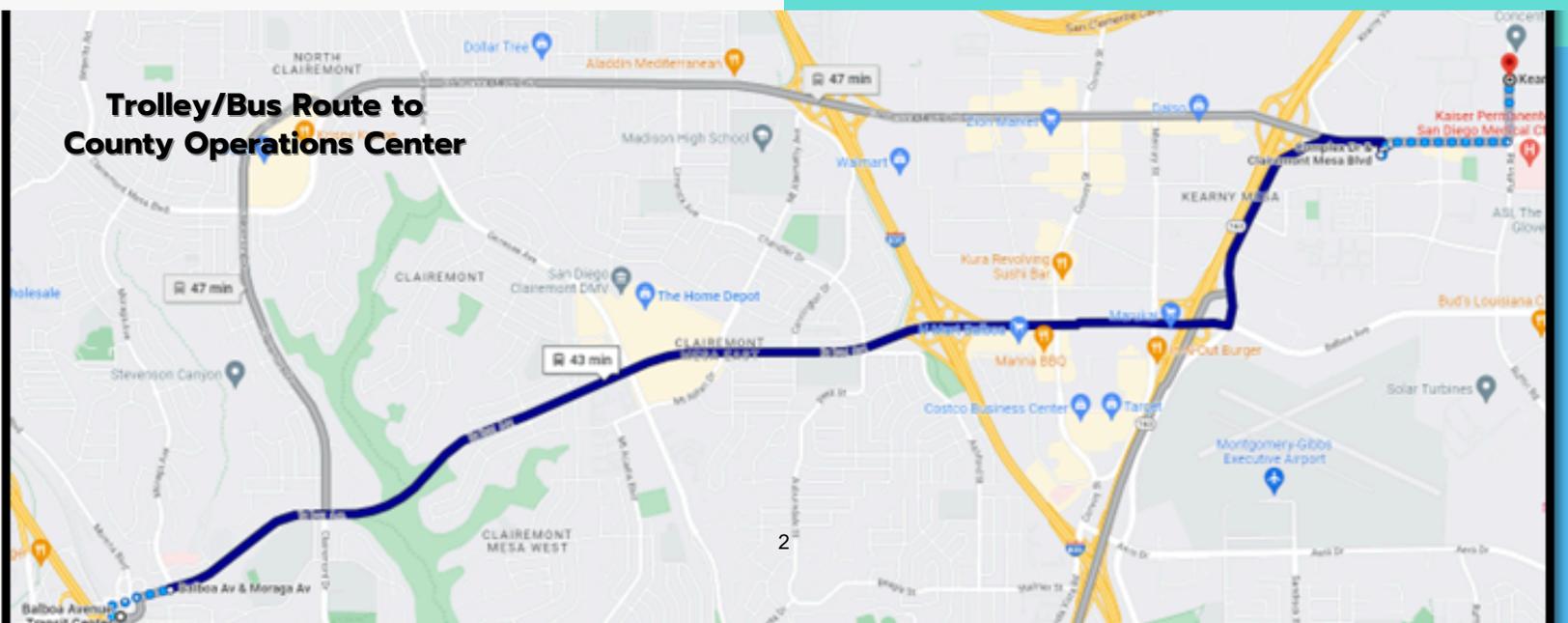
FROM BUS:

From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

From Overland Ave:

1. Walk north on Overland Ave.
2. Building 5570/Medical Examiner's Office will be on the **left** side at the end of the cul-de-sac.





Wednesday, February 04, 2026, 12:00 PM – 2:00 PM
County Operations Center
5570 Overland Ave., San Diego, CA 92123;
1st Floor – Room 1047 (Medical Examiner Conference Room)

To participate remotely via Zoom:

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

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

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

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

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

A quorum for this meeting is Three (3)

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

**MEETING AGENDA
ORDER OF BUSINESS**

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Membership Committee agenda for February 4, 2026
5. **ACTION:** Approve the Membership Committee meeting minutes from November 5, 2025
6. New Business
 - a. **ACTION:** Approve HPG Appointment Andrew Cross, Seat #2, General Member
 - b. Review and Discussion: 2026 Membership Workplan
 - i. Date change
 - c. Review and Discussion: Senate Bill 707 - SB-707 Open meetings: meeting and teleconference requirements
 - d. Discussion: Seat descriptions
7. Old Business
 - a. HIV Planning Group Membership recruitment update
 - i. Vacant Seats
 - ii. New Committee Members

b. HIV Planning Group Membership Demographics

8. Routine Business

a. HIV Planning Group Body Attendance

b. HIV Planning Group Committees Attendance

c. Getting to Zero Community Engagement Project

i. Review Outreach and Event Engagement Efforts

9. Future agenda items for consideration

10. Announcements

11. Next meeting date: **Wednesday, March 11, 2026, 11:00 AM - 1:00 PM**

Location: County Operations Center, 5560 Overland Ave, San Diego, CA 92123; Room 172

12. Adjournment



Wednesday, November 5, 2025, 10:00 AM – 12:00 PM
 County Operations Center,
 5560 Overland Ave, San Diego, CA 92123.
 Conference Room 172

A quorum for this meeting is three (3)

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

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 10:00AM and noted the presence of an in-person quorum.	
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 5, 2025 meeting agenda	Motion: Approve the Membership agenda for November 5, 2025, with the following correction: remove item 6c Motion/Second/Count (M/S/C): Van Brocklin/Wimpie/3-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the September 10, 2025 Membership minutes	Motion: Approve the Membership minutes for September 10, 2025, with the following correction: list Garcia-Bigley as absent M/S/C: Wimpie/Van Brocklin/3-0 Abstentions: Garcia-Bigley Motion carries	HPG SS will update correction.
6. New Business		
a. ACTION: Approve Pamuela Halliwell for Seat #20	Motion: Approve HPG Appointment, Pamuela Halliwell, Seat #20, Mental Health Provider M/S/C: Van Brocklin/Jones/3-0 Abstentions: Garcia-Bigley Motion carries	
b. ACTION: Approve Joseph Westcott for Seat #21	Motion: Approve HPG Appointment, Joseph Westcott, Seat #21, Substance Abuse Treatment Provider M/S/C: Jones/Wimpie/3-0	

Agenda Item	Discussion/Action	Follow-Up
	<p>Abstentions: Garcia-Bigley Motion carries</p>	
<p>c. ACTION: Approve Esteban Duarte, for Seat #27</p>	<p>Tabled.</p>	
<p>d. ACTION: Approve Appointment, Sergio Luna, for Seat #42</p>	<p>Motion: Approve HPG Appointment, Sergio Luna, Seat #42 HIV Testing Representative with the following correction: Seat #27 Prevention Services Consumer M/S/C: Jones/Wimpie/3-0 Abstentions: Garcia-Bigley Motion carries</p>	
<p>e. Review and Discussion: 2026 Membership workplan</p>	<p>Workplan to remain a "living document" adaptable to unforeseen needs or requests. Draft timeline includes: January–February: <ul style="list-style-type: none"> • Review and revise seat descriptions (focus on recruitment and clarity). • Remove unnecessary internal references to make them more user-friendly for outreach. March–May: <ul style="list-style-type: none"> • Review and update membership guidelines (attendance policy, process clarifications). • Staggered to avoid overloading members with concurrent major revisions. June: <ul style="list-style-type: none"> • Review/update membership expectations document. July–August: <ul style="list-style-type: none"> • Review membership application packet and interview questions. October: <ul style="list-style-type: none"> • Review mentoring processes, evaluate effectiveness, and make revisions. November–December: <ul style="list-style-type: none"> • Develop a work plan for the following calendar year 2027. Monthly Standing Items: Process applications for appointment, recruitment, and committee assignment.</p>	

Agenda Item	Discussion/Action	Follow-Up
f. Review and Discussion: Develop HPG member Seat description and Responsibilities	<ul style="list-style-type: none"> • Remove the “Discussion and References” column. • Add seat number under “Membership Category”. 	HPG SS will bring edits to next meeting.
7. Old Business		
a. HPG Member recruitment update	<p>As of November 5, 2025, we have 24 members.</p> <p>Updates:</p> <ul style="list-style-type: none"> • Applications Received in 2025: 15 <ul style="list-style-type: none"> ○ 8 in process ○ 4 incomplete ○ 3 new applications <p>Term Expired:</p> <ul style="list-style-type: none"> • Cinnamen Kubricky: Seat 4 - General Member 11/02/25- Pending HPG Meeting minutes approval 	
i. Vacant Seats	<p>As of November 5, 2025, there are 20 vacant seats</p> <ul style="list-style-type: none"> • 10 General Member seats • 20- Mental Health Provider • 21- Substance Abuse Treatment Provider • 24- Hospital Planning Agency or Health Care Planning Agency • 27- Prevention Services Consumer • 28- State Government-State Medicaid • 34- Board of Supervisors Designee: District 2 • 42- HIV Testing 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 Hep B or C, and historically underserved group and/or subpopulation 	
ii. New Committee Members	<ul style="list-style-type: none"> • Ben Ignalino is interested in Strategies and Standards. • Sergio Luna is interested in Community Engagement Group. 	
b. HPG Membership Demographics	Current HPG Demographics: reviewed and recruitment efforts were discussed.	
Routine Business		

Agenda Item	Discussion/Action	Follow-Up
a. HIV Planning Group Attendance	HPG Support Staff sends reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	
b. Committee Attendance	None.	
c. Getting to Zero (GTZ) Community Engagement Project i. Review Outreach and Event Engagement Efforts	<p>Reviewed 2025 HPG Outreach Calendar:</p> <ul style="list-style-type: none"> • Outreach paused for the holidays. • December Event: <i>Come Home for the Holidays</i>. <p>Community Engagement Group updates:</p> <ul style="list-style-type: none"> • Share CEG flyer with provider offices to increase participation. • Prefer presentations from community partners rather than County staff; emphasize a whole person’s approach. • CEG members will attend CARE in December to meet participants. • Explore hosting CEG meetings at facilities outside County buildings. • Align presentations with HIV Awareness Days to boost attendance. • Plan a Resource Tabling Event for 2026. 	
8. Future agenda items for consideration		
9. Announcements	<ul style="list-style-type: none"> • The 36th Dr. A. Brad Truax Award Ceremony and Reception is taking place on Monday, December 1, 2025 at 3:00 PM – 5:00 PM. It will be held at The Center. 	
10. Next Meeting Date	<p>Date: Wednesday, December 10, 2025 Time: 11:00 AM –1:00 PM Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123 Conference Room 124</p>	
12. Adjourn	The meeting adjourned at 12:37pm.	

MEETING DATE	OBJECTIVES
January 21, 2026	<i>No Meeting</i>
February 04, 2026	<ul style="list-style-type: none"> Review and update seat descriptions
March 11, 2026	<ul style="list-style-type: none"> Review and update membership guidelines (attendance policy, process clarifications)
April 8, 2026	<ul style="list-style-type: none"> Review and update membership guidelines (attendance policy, process clarifications)
May 13, 2026	<ul style="list-style-type: none"> Review and update membership guidelines (attendance policy, process clarifications)
June 10, 2026	<ul style="list-style-type: none"> Review and update membership expectations document
July 8, 2026	<ul style="list-style-type: none"> Review and update membership application packet and interview questions
August 12, 2026	<ul style="list-style-type: none"> Review and update membership application packet and interview questions
September 9, 2026	<ul style="list-style-type: none">
October 14, 2026	<ul style="list-style-type: none"> Review mentoring processes, evaluate effectiveness, and make revisions
November 11, 2026	<ul style="list-style-type: none"> Develop a work plan for the following calendar year 2027
December 9, 2026	<ul style="list-style-type: none"> Develop a work plan for the following calendar year 2027
<p>Monthly Standing Items: Process applications for appointment, recruitment, and committee assignment</p>	

SB 707 Summary of Changes

Background:

- SB 707 seeks to modernize and expand access to public meetings via teleconferencing and translation / accessibility requirements.
- The bill’s changes apply until January 1, 2030 (i.e. they are not permanent).
- It amends multiple sections of the Government Code (e.g. §§ 54953, 54953.8) relating to legislative bodies (local agencies) and public meetings.

Rules for Legislative Bodies – In Effect 1/1/2026

1. Teleconferencing updates

Bill Item	Already doing?	Time to implement
Teleconferencing is allowed without a physical location during a state of emergency, declared locally or by the state. (This option does not expire)	Yes	1/1/2026
Criteria for Emergency Circumstances and Just Cause are combined into one option for Just Cause. This option permits members to participate via teleconferencing without notice of their location and vote by the body is not required. HPG and committee members may utilize this option up to 2 times per year per planning body/committee. Meeting minutes must reflect why the member participated under the Just Cause option (except specifics related to medical conditions).	In Progress	1/1/2026
Participation via teleconferencing for a person with a disability is now allowed as a reasonable accommodation under the Americans with Disabilities Act (ADA). Such accommodation now counts as an in-person attendance for all teleconferencing participation. Remote attendance still	No (Support Staff is working with the County ADA Coordinator to establish criteria, process, and resolution)	1/1/2026

requires audio and camera on (unless disability prevents so) and disclosure of any present adults. Planning body should have a procedure for resolving reasonable accommodation requests under ADA, and the agenda must give notice of how to make the request and how the request will be resolved.		
Watching or listening to broadcast of meeting without being able to interactively speak or discuss is not considered teleconferencing for members.	Yes	1/1/2026
Standard teleconferencing requirements <ul style="list-style-type: none"> • Location from which member is participating is noticed on the agenda and is open to the public • Majority of membership must participate from within jurisdiction of the County • Votes must be by roll call 	Yes	1/1/2026
Member of legislative body who participates remotely must be listed in meeting minutes.	Yes	1/1/2026
Require local agency to identify and make available to bodies a list of one or more meeting locations that may be available for use by the legislative bodies to conduct their meetings.	Yes	1/1/2026

2. Other changes

Bill Item	Already doing?	Time to implement
Provide a copy of the Brown Act to any person elected or appointed as a member of a legislative body.	Yes	1/1/2026
Removes requirement that members of an appointed legislative body must be appointed by or under the authority of elected legislative body in order for legislative body to impose harsher open and public meeting requirements or	N/A <i>The Board of Supervisors has broader authority to require greater transparency from HPG (e.g., stronger access</i>	1/1/2026

allow greater access to meetings than prescribed by minimal standards set forth in the act.	<i>standards, more public participation options, additional notice or posting beyond the Brown Act's basic standards)</i>	
All legislative bodies must comply with website posting and notice requirements for special or emergency meetings.	Yes	1/1/2026
Member may engage in separate conversations or communications outside of a meeting via social media, provided that majority of members do not use platform to discuss legislative body subject matter – bill makes exception indefinite.	Yes	1/1/2026
New bill requires legislative body to make oral report of summary for recommendation prior to taking final action on specified forms of compensation for department head or other similar administrative officer of local agency.	Not applicable (N/A)	N/A
Existing law requires that meetings provide opportunity for public comment, though not required for items that have already been considered by a committee. New bill adds exception for items considered by committees related to budgets.	Yes (This makes sure that the planning body still allows for public comment on an item that might have already been discussed at a committee meeting)	1/1/2026

Rules for *Eligible Legislative Bodies* – In Effect 7/31/2026

“*Eligible legislative body*” is defined as: bodies whose jurisdiction or service populations meet certain thresholds.

1. Remote attendance and disruption procedures

Bill Item	Already doing?	Time to implement
Offer hybrid meetings through phone or video.	Yes	7/31/2026

Approve (in an open session) a policy regarding disruption of remote platform and efforts to restore service.	No	7/31/2026
If disruption prevents public from attending a meeting, body must take a recess and try to restore service for at least 1 hour.	Yes	7/31/2026
After 1 hour, body must take a roll call vote to confirm that an effort was made to fix the issue and that resuming the meeting serves the public interest more than delaying it further.	No	7/31/2026
Body or its presiding officer may remove or limit participation from individuals engaging in disruptive behavior, whether attending in-person or remotely.	Yes	7/31/2026

2. Outreach

Bill Item	Already doing?	Time to implement
Provide a system for electronically accepting and fulfilling requests for meeting agendas.	Yes	7/31/2026
Have an accessible webpage dedicated to information concerning public meetings and how members of the public may participate.	Yes	7/31/2026
Make efforts to invite groups that do not traditionally participate in public meetings, such as outreaching to non-English speaking communities or civic engagement organizations.	Yes	7/31/2026

3. Language translation and interpretation

Bill Item	Already doing?	Time to implement
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Translate agenda, instructions on how to participate in meetings, and webpages into any language spoken by >20% of the affected population that speaks English less than very well.	No	7/31/2026
Provide assistance to interpreters, such as arranging space and allowing extra time for interpretation.	Yes	7/31/2026
Make a physical location close to the location where the agenda is posted freely accessible to the public so the public may post additional translations of the agenda.	Yes	7/31/2026

Legislatively Specified Member “Representation” Categories for Ryan White Part A HIV Services Planning Councils

Membership Category	Legislative Language	Summary Description	Discussion and References*
Source for A-M: Legislation, Section 2602(b)(2)		<i>An individual in this category should be:</i>	
Health care providers	(A) health care providers, including federally qualified health centers	A representative of an entity that provides medical care to people living with HIV (PLWH), such as a federal qualified health center (FQHC)/ community health center, or other nonprofit or public clinic	<ul style="list-style-type: none"> ▪ Individuals in this category should be knowledgeable about the health care needs of PLWH and how they are met; they may be medical professionals (e.g., physician, physician assistant, nurse) or managers/administrators ▪ The expectation is that the member represents a provider entity such as a health center or other entity, rather than being an individual medical professional
Community-based organizations/AIDS service organizations (CBOs/ASOs)	(B) community-based organizations serving affected populations and AIDS service organizations	A representative of either a community-based organization (CBO) that serves PLWH along with other populations or an organization that services primarily PLWH (ASO)	<ul style="list-style-type: none"> ▪ This is a broad category that can include someone representing a CBO or ASO that provided core medical or support services ▪ The individual should be knowledgeable about some aspect of PLWH services
Social service providers	(C) social service providers, including providers of housing and homeless services	A representative of an organization that provides some form of social services and includes PLWH among its clients; this might include a provider of services such as medical or non-medical case management, housing or homeless services, food/nutritional services, or other	<ul style="list-style-type: none"> ▪ Social services are defined as activities designed to promote social well-being, or government services provided for the benefit of the community, such as education, medical care, and housing ▪ <i>Senate Report, 2000 Amendments:</i> The committee provides for the inclusion of housing and homeless service providers within the category of “social service providers” to acknowledge the importance of housing and homeless support services to treatment adherence and quality of health care, as these impact effective care for HIV disease. It is the intent of the committee that the category of housing and homeless service providers include grantees receiving Federal, State, or local housing and/or homeless funds, including U.S. Department of Housing and Urban Development (HUD) McKinney Homeless Assistance grant and Housing Opportunities for Persons With AIDS (HOPWA) funds. Such participation acknowledges the importance of coordination of these processes in meeting

* References are all direct quotes.

Membership Category	Legislative Language	Summary Description	Discussion and References *
			funders' principal mission of addressing the multiple and complex needs of persons with HIV disease.
Mental health and substance abuse providers	(D) mental health and substance abuse providers	Either: <ul style="list-style-type: none"> ▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or ▪ Two separate individuals, one representing a mental health service provider and knowledgeable about mental health care, the other representing a substance abuse treatment provider and knowledgeable about substance abuse services 	<ul style="list-style-type: none"> ▪ <i>Part A Manual</i>: One person may represent both the substance abuse provider and the mental health provider categories if his/her agency provides both types of services and the person is familiar with both programs. ▪ PCs often allow for two separate slots in their Bylaws, but sometimes have one person fill both
Local public health agencies	(E) local public health agencies	A representative of a city or county public health department who can bring a public health perspective to HIV planning	<ul style="list-style-type: none"> ▪ This slot is sometimes filled by a senior staff member such as the Director of Public Health or Chief Medical Officer, but may also be filled by someone in the unit responsible for HIV ▪ It is important that this be someone who will participate actively in the work of the PC ▪ While this person (like all PC members) goes through the open nominations process, s/he is sometimes identified by the CEO ▪ Some EMAs and TGAs that cover multiple counties have more than one public health agency slot in order to provide representation from an additional county or municipality
Hospital planning agencies or health care planning agencies	(F) hospital planning agencies or health care planning agencies	An individual with health planning expertise who represents an agency engaged in health planning – a regional health planning entity, a hospital planning association, a hospital or health care system with a health planning component, a primary care association, or another entity	<ul style="list-style-type: none"> ▪ Regional hospital associations often represent hospitals and health care systems; they vary in their interest in HIV care, though there may be interest where hospitals operate outpatient clinics that provide HIV care ▪ Another category of health planning agency is a “certificate of need” agency (these are generally members of the American Health Planning Association), but such agencies are often primarily concerned with determining the need for new hospitals or other facilities and may not have significant knowledge of or interest in HIV planning ▪ Some local governments have health planning units

Membership Category	Legislative Language	Summary Description	Discussion and References *
			<ul style="list-style-type: none"> ▪ Some primary care associations (whose members include FQHCs and sometimes other clinics) and free clinic associations have health planning units ▪ This is often a challenging position to fill
<p>Affected communities, including:</p> <ol style="list-style-type: none"> a. PLWH b. Federally recognized Indian tribe c. Individuals co-infected with Hepatitis B or C d. Historically underserved groups and subpopulations 	<p>(G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations</p>	<p>One or more individuals, most often at least the following:</p> <ul style="list-style-type: none"> ▪ A PLWH who is a member of a Federally recognized Indian located within the EMA or TGA; the PC is not required to fill this seat if there is no Federally recognized tribe within the jurisdiction, but may choose to recruit a PLWH in order to have representation from this population ▪ A PLWH who is co-infected with Hepatitis B or C <p>If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or immigrants</p>	<ul style="list-style-type: none"> ▪ If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or recent immigrants ▪ <i>Senate Report, 2000 Amendments:</i> The committee recognizes that homeless persons comprise a medically underserved population that experiences disparities in health services. The prevalence of HIV/AIDS is considerably higher among homeless people than in the general population. Limited access to medical care severely restricts the access of homeless people to HIV/AIDS prevention, risk reduction, treatment, and care. Accordingly, the committee construes terms used throughout the act, such as "special population," "traditionally underserved," "historically underserved," "disproportionately affected," and "affected subgroup experiencing disparities in health services" to include the homeless population. <p><i>Senate Report, 2000 Amendments, Membership considerations:</i> By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes</p>

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

Membership Category	Legislative Language	Summary Description	Discussion and References*
Recipients of other federal HIV programs	(L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services	<p>A representative from each of the following, when they exist in the EMA or TGA, in each case an individual knowledgeable about the program represented but not necessarily an administrator – line staff are acceptable representatives:</p> <ul style="list-style-type: none"> ▪ An organization providing HIV prevention services that are funded by the federal government, usually but not necessarily by the Centers for Disease Control and Prevention (CDC) ▪ A recipient with funding under each of the following RWHAP Part F programs: RWHAP dental programs, AIDS Education and Training Centers (AETC), and/or Special Projects of National Significance (SPNS) ▪ A recipient or subrecipient of funds under the Housing Opportunities for Persons with AIDS (HOPWA) program ▪ A representative of a Veterans Administration HIV services program 	<ul style="list-style-type: none"> ▪ The number of required slots depends upon the number of different types of HIV programs funded in the EMA or TGA ▪ <i>Part A Manual:</i> The category “grantees under other Federal HIV programs” is to include, at a minimum, a representative from each of the following: <ul style="list-style-type: none"> • Federally-funded HIV prevention services. • A grantee providing services in the EMA/TGA that is funded under Part F’s Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and/or Ryan White Dental Programs. • The Housing Opportunities for Persons With AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD). • Other Federal programs that provide treatment for HIV/AIDS, such as the Veterans Health Administration. ▪ <i>Part A Manual:</i> One person can represent any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs. ▪ Local grantees of, or participants in, other Federal categorical HIV and STD programs should be considered for representation on the planning council, but they are not specifically required.
Representatives of recently incarcerated PLWH	(M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.	An individual with HIV who was released from a federal, state, or local prison or jail within the last three years and had HIV when released	<ul style="list-style-type: none"> ▪ An individual who is appointed to the PC within three years after release from incarceration remains eligible to serve an entire term; the individual should not be re-appointed more than three years after release ▪ Occasionally, a PC may be unable to recruit such an individual, and may need to select a person who represents this population, such as a staff member of a halfway house or a program that serves the recently incarcerated

Membership Category	Legislative Language	Summary Description	Discussion and References *
Source for Consumers: Legislation, Section 2602(b)(5)(C)			
Non-aligned consumers of Part A services	<p>Not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS as determined under paragraph (4)(A) [size and demographics of the population of individuals with HIV/AIDS].</p> <p>For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.</p>	<p>Individuals who are receiving [or parents or caregivers of individuals who are receiving] at least one HIV-related service funded through RWHAP Part A and are not aligned with an entity that receives or is seeking Part A funding</p> <ul style="list-style-type: none"> ▪ Being non-aligned means they are not members of the Board of Directors, employees, or consultants of a Part A-funded provider ▪ Individuals who together reflect the demographics of the local HIV epidemic in terms of at least the following: age, race/ethnicity, and gender ▪ Consumers should provide broad representation that includes individuals from different geographic areas within the EMA or TGA and individuals from underserved populations 	<ul style="list-style-type: none"> ▪ PCs vary in whether a volunteer for a Part A subrecipient is considered to be “aligned”; usually a volunteer is considered to be aligned only if receiving a stipend or if the individual volunteers at least 20 hours a week ▪ <i>Senate Report, 2000 Amendments, Membership considerations:</i> The committee places importance on the inclusion of representation from historically underserved, low-income, urban and rural areas and populations within the EMA. Planning councils should continue to identify and include in council activities specific groups within underserved communities that are experiencing increased infections, as documented in State and local HIV/AIDS surveillance and needs assessment data. By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/ underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes address the difficulties related to health disparities and access to and adherence with HIV treatment.

Seat #	Seat Name	Legislative Language	Summary Description
1 -16	General Member 1 - 16	<p>Not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS as determined under paragraph (4)(A) [size and demographics of the population of individuals with HIV/AIDS].</p> <p>For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.</p>	<p>Individuals who are receiving [or parents or caregivers of individuals who are receiving] at least one HIV-related service funded through RWHAP Part A and are not aligned with an entity that receives or is seeking Part A funding</p> <ul style="list-style-type: none"> ▪ Being non-aligned means they are not members of the Board of Directors, employees, or consultants of a Part A-funded provider ▪ Individuals who together reflect the demographics of the local HIV epidemic in terms of at least the following: age, race/ethnicity, and gender ▪ Consumers should provide broad representation that includes individuals from different geographic areas within the EMA or TGA and individuals from underserved populations
17	Healthcare Provider, including Federally Qualified Health Center (FQHC)	(A) health care providers, including federally qualified health centers	A representative of an entity that provides medical care to people living with HIV (PLWH), such as a federal qualified health center (FQHC)/ community health center, or other nonprofit or public clinic
18	Community-based organization serving affected populations and AIDS service organization	(B) community-based organizations serving affected populations and AIDS service organizations	A representative of either a community-based organization (CBO) that serves PLWH along with other populations or an organization that services primarily PLWH (ASO)
19	Social Service Provider, including providers of housing and homeless services	(C) social service providers, including providers of housing and homeless services	A representative of an organization that provides some form of social services and includes PLWH among its clients; this might include a provider of services such as medical or non-medical case management, housing or homeless services, food/nutritional services, or other

20	Mental Health Provider	D) mental health and substance abuse providers	<ul style="list-style-type: none"> ▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or ▪ Two separate individuals, one representing a mental health service provider and knowledgeable about mental health care, the other representing a substance abuse treatment provider and knowledgeable about substance abuse services
21	Substance Abuse Treatment Provider	D) mental health and substance abuse providers	<ul style="list-style-type: none"> ▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or ▪ Two separate individuals, one representing a mental health service provider and knowledgeable about mental health care, the other representing a substance abuse treatment provider and knowledgeable about substance abuse services
22	Local Public Health Agency: HHSA Director or Designee	(E) local public health agencies	A representative of a city or county public health department who can bring a public health perspective to HIV planning
23	Local Public Health Agency: Public Health Officer or Designee	(E) local public health agencies	A representative of a city or county public health department who can bring a public health perspective to HIV planning
24	Hospital Planning Agency or Health Care Planning Agency	(F) hospital planning agencies or health care planning agencies	An individual with health planning expertise who represents an agency engaged in health planning – a regional health planning entity, a hospital planning association, a hospital or health care system with a health planning component, a primary care association, or another entity
25	Non-Elected Community Leader	(H) nonelected community leaders	An individual who is viewed as a community leader overall or in the HIV community but is not an elected official

26	Prevention Services Consumer/Advocate		
27	Prevention Services Consumer		
28	State Government-State Medicaid	(I) State government (including the State medicaid agency and the agency administering the program under part B)	One or two individuals, usually: <ul style="list-style-type: none"> ▪ An individual within the State Medicaid agency who is knowledgeable about Medicaid policies and procedures that are likely to affect PLWH, and ▪ A representative of the Part B recipient; ideally someone knowledgeable about Part B policies and procedures, ADAP, needs assessment and integrated planning, or other issues with implications for planning
29	State Government-CDPH Office of AIDS (OA) Part B	(I) State government (including the State medicaid agency and the agency administering the program under part B)	One or two individuals, usually: <ul style="list-style-type: none"> ▪ An individual within the State Medicaid agency who is knowledgeable about Medicaid policies and procedures that are likely to affect PLWH, and ▪ A representative of the Part B recipient; ideally someone knowledgeable about Part B policies and procedures, ADAP, needs assessment and integrated planning, or other issues with implications for planning
30	Recipient of RW Part C	(J) grantees under subpart II of part C	A representative of a recipient of RWHAP Part C funds who is knowledgeable about its program operations
31	Recipient of RW PART D	(K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area	<ul style="list-style-type: none"> ▪ A representative of a recipient of RWHAP Part D funds if there is a Part D program operating within the EMA or TGA ▪ If not, a representative of an organization that serves children, youth, women, and families living with HIV that does not have Part D funding

32	Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release	(M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.	An individual with HIV who was released from a federal, state, or local prison or jail within the last three years and had HIV when released
33	Board of Supervisors Designee: District 1		
34	Board of Supervisors Designee: District 2		
35	Board of Supervisors Designee: District 3		
36	Board of Supervisors Designee: District 4		
37	Board of Supervisors Designee: District 5		
38	Recipient of other Federal HIV Programs- Prevention Provider	(L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services	<p>A representative from each of the following, when they exist in the EMA or TGA, in each case an individual knowledgeable about the program represented but not necessarily an administrator – line staff are acceptable representatives:</p> <ul style="list-style-type: none"> ▪ An organization providing HIV prevention services that are funded by the federal government, usually but not necessarily by the Centers for Disease Control and Prevention (CDC) ▪ A recipient with funding under each of the following RWHAP Part F programs: RWHAP dental programs, AIDS Education and Training Centers (AETC), and/or Special Projects of National Significance (SPNS) ▪ A recipient or subrecipient of funds under the Housing

			<p>Opportunities for Persons with AIDS (HOPWA) program</p> <ul style="list-style-type: none"> ▪ A representative of a Veterans Administration HIV services program
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- HOPWA / HUD		
41	Recipient of other Federal HIV Programs- Veterans Administration		
42	HIV Testing Representative		
43	Prevention Intervention Representative Formerly: Risk Reduction Activities Representative		

<p>44</p>	<p>Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation</p>	<p>(G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations</p>	<p>One or more individuals, most often at least the following:</p> <ul style="list-style-type: none"> ▪ A PLWH who is a member of a Federally recognized Indian located within the EMA or TGA; the PC is not required to fill this seat if there is no Federally recognized tribe within the jurisdiction, but may choose to recruit a PLWH in order to have representation from this population ▪ A PLWH who is co-infected with Hepatitis B or C <p>If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or immigrants</p>
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Seat #	Name	SEAT NAME	Agency Affiliation	Term Expires:	Term 1&2
1	Michael Wimpie	General Member 1	None	05/21/27	2
2	VACANT	General Member 2			
3	Tyra Fleming	General Member 3	None	04/09/28	2
4	Cinnamen Kubricky	General Member 4	None	11/02/25	Pending COB approval
5	VACANT	General Member 5			
6	VACANT	General Member 6			
7	VACANT	General Member 7			
8	VACANT	General Member 8			
9	VACANT	General Member 9			
10	Marco Aguirre Mendoza	General Member 10	None	12/05/27	1
11	VACANT	General Member 11			
12	Jennifer Lothridge	General Member 12	None	08/26/29	1
13	Hector Garcia	General Member 13			Pending COB approval
14	Kalee Garland	General Member 14			Pending COB approval
15	VACANT	General Member 15			
16	Mikie Lochner	Chairperson	None	06/23/28	2
17	Michael King	Healthcare Provider, including Federally Qualified Health Center (FQHC)	Family Health Centers of San Diego	08/26/29	1
18	Rhea Van Brocklin	Community-based organization serving affected populations and AIDS service organization	Christie's Place	11/07/27	2
19	Eva Matthews	Social Service Provider, including providers of housing and homeless services	Mama's Kitchen	04/07/29	1
20	Pamuela Halliwell	Mental Health Provider	The Center		Pending COB approval
21	Joseph Westcott	Substance Abuse Treatment Provider	Stepping Stone		Pending COB approval
22	Adrienne Yancey	Local Public Health Agency: HHS Director or Designee	County of San Diego- PHSA	05/02/27	1
23	Rosemary Garcia	Local Public Health Agency: Public Health Officer or Designee	County of San Diego - HSHB	01/07/29	1
24	VACANT	Hospital Planning Agency or Health Care Planning Agency			Vacant since 09/2020
25	Juan Conant	Non-Elected Community Leader	AIDS Healthcare Foundation	01/07/29	1
26	Lori Jones	Prevention Services Consumer/Advocate	None	06/02/27	1
27	Sergio Luna	Prevention Services Consumer	Gilead		Pending COB approval
28	VACANT	State Government-State Medicaid			
29	Leroy Blea	State Government-CDPH Office of AIDS (OA) Part B	State Government- CDPH Office of AIDS (OA) Part B		Pending COB approval

30	Dr. David Grelotti	Recipient of RW Part C	UC San Diego	07/16/28	2
31	Dr. Stephen Spector	Recipient of RW PART D	UC San Diego	04/09/28	2
32	Skyler Miles	Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release	None	09/14/28	1
33	Veronica Nava	Board of Supervisors Designee: District 1	Christie's Place	08/30/26	1
34	VACANT	Board of Supervisors Designee: District 2			Vacant since 03/2024
35	Dr. Beth Davenport, PhD	Board of Supervisors Designee: District 3	LGBT Center	02/10/29	2
36	Michael, Donovan	Board of Supervisors Designee: District 4	None	09/14/28	1
37	Shannon Paugh	Board of Supervisors Designee: District 5	Vista Community Clinic	12/10/28	1
38	Felipe Garcia-Bigley	Recipient of other Federal HIV Programs- Prevention Provider	Family Health Centers of San Diego	10/11/26	1
39	Benjamin Ignalino	Recipient of other Federal HIV Programs- Part F, AIDS Education and Training center and/or Ryan White Dental Provider	Pacific AETC Regional Program Manager	09/14/28	1
40	Nicole Aguilar	Recipient of other Federal HIV Programs- HOPWA / HUD	County of San Diego Housing	06/24/29	1
41	Jeffery Weber	Recipient of other Federal HIV Programs- Veterans Administration	San Diego Veterans Administration	12/13/26	1
42	VACANT	HIV Testing Representative		01/07/29	Vacant since 4/2025
43	Ivy Rooney	Prevention Intervention Representative Formerly: Risk Reduction Activities Representative	Ivy Pharmacy	06/24/29	2
44	VACANT	Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation	None	08/17/25	Vacant 4/2025

Seat #	HPG Vacant Seats as of 01/2026
2	General Member
5	General Member
6	General Member
7	General Member
8	General Member
9	General Member
11	General Member
15	General Member
24	Hospital Planning Agency or Health Care Planning Agency
28	State Government-State Medicaid
34	Board of Supervisors Designee: District 2
42	HIV Testing 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 Hep B or C, and historically underserved group and/or subpopulation

February 2026 Race/Ethnicity

Planning Council/Planning Body Reflectiveness (Use HIV/AIDS Prevalence data as reported in your FY 2024 Application)						
Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	5,724	38.08%	13	54.17%	3	50.00%
Black, not Hispanic	1,837	12.22%	3	12.50%	2	33.33%
Hispanic	6,326	42.09%	6	25.00%	1	16.67%
Asian/Pacific Islander	498	3.31%	2	8.33%	0	0.00%
American Indian/Alaska Native	39	0.26%	0	0.00%	0	0.00%
Multi-Race	467	3.11%	0	0.00%	0	0.00%
Unknown	139	0.92%	0	0.00%	0	0.00%
Total	15030	100%	24	100%	6	100%



1

1

February 2026 Gender

Planning Council/Planning Body Reflectiveness (Use HIV/AIDS Prevalence data as reported in your FY 2024 Application)						
Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	13,267	88.29%	12	50.00%	4	66.67%
Female	1,620	10.78%	12	50.00%	2	33.33%
Transgender: male-to-female	135	0.90%	0	0.00%	0	0.00%
Transgender: female-to-male	4	0.03%	0	0.00%	0	0.00%
Other gender identity	0	0.00%	0	0.00%	0	0.00%
Total	15026	100%	24	100%	6	100%



2

2

February 2026 Age

Planning Council/Planning Body Reflectiveness

(Use HIV/AIDS Prevalence data as reported in your FY 2024 Application)

Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	25	0.17%	0	0.00%	0	0.00%
20-29 years	700	4.68%	0	0.00%	0	0.00%
30-39 years	2,607	17.41%	2	8.33%	1	16.67%
40-49 years	2,842	18.98%	9	37.50%	3	50.00%
50-59 years	4,038	26.97%	10	41.67%	1	16.67%
60+ years	4,761	31.80%	3	12.50%	1	16.67%
Total	14973	100%	24	100%	6	100%



LIVE WELL
SAN DIEGO

3

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Jan 2025 - Dec 2025

(25) HPG Members	1	0	1	1	0	1	1	1	1	1	1	0	0	9
Total Meetings	22-Jan	26-Feb	26-Mar	23-Apr	28-May	25-Jun	23-Jul	6-Aug	13-Aug	24-Sep	22-Oct	19-Nov	17-Dec	TOTAL
Aguilar, Nicole, 40						*	JC	1	*	*	*	*	NM	1
Aguirre Mendoza, Marco, 10	JC	NM	*	*	NM	*	*	*	*	*	*	*	NM	0
Conant, Juan, 25	*	NM	*	1	NM	*	*	1	*	*	1	*	NM	3
Davenport, Beth, 35	*	NM	*	*	NM	*	*	1	*	1	*	*	NM	2
Donovan, Michael, 32	*	NM	1	JC	NM	1	*	*	*	*	1	*	NM	3
Fleming, Tyra, 3	*	NM	*	1	NM	*	*	*	*	*	*	*	NM	1
Garcia, Rosemary, 23	1	NM	*	*	NM	*	*	*	*	*	*	*	NM	1
Garcia-Bigley, Felipe, 38	*	NM	*	*	NM	*	*	*	*	*	*	*	NM	0
Grelotti, David, 30	1	NM	*	*	NM	*	1	1	*	*	*	1	NM	4
Ignalino, Jr., Benjamin, 39	*	NM	*	*	NM	1	1	1	*	*	*	*	NM	3
Jones, Lori, 26	*	NM	JC	*	NM	*	*	*	*	*	*	*	NM	0
King, Michael										*	JC	1	NM	1
Kubricky, Cinnamen, 4	JC	NM	*	1	NM	*	*	1	1	*	*	1	NM	4
Lochner, Mikie, 16	*	NM	*	*	NM	*	*	*	*	*	*	*	NM	0
Lothridge, Jen										*	*	*	NM	0
Matthews, Eva 19				*	NM	*	*	*	*	*	*	*	NM	0

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Jan 2025 - Dec 2025

Total Meetings	22-Jan	26-Feb	26-Mar	23-Apr	28-May	25-Jun	23-Jul	6-Aug	13-Aug	24-Sep	22-Oct	19-Nov	17-Dec	TOTAL
Miles, Skyler, 32	*	NM	*	1	NM	*	*	*	*	1	*	1	NM	3
Nava, Veronica, 33	*	NM	*	*	NM	*	*	*	*	*	*	*	NM	0
Paugh, Shannon, 37	*	NM	*	*	NM	*	*	*	*	*	*	*	NM	0
Rooney, Ivy, 43	*	NM	*	*	NM	*	*	*	*	*	*	1	NM	1
Spector, Stephen, 31	JC	NM	*	*	NM	*	*	*	1	*	*	*	NM	1
Van Brocklin, Rhea, 18	*	NM	*	1	NM	1	*	*	*	*	*	*	NM	2
Weber, Jeffery, 41	*	NM	*	*	NM	*	*	*	1	*	*	*	NM	1
Wimpie, Michael, 1	*	NM	*	*	NM	*	*	*	*	*	*	*	NM	0
Yancey, Adrienne, 22	1	NM	*	*	NM	*	*	*	1	1	1	1	NM	5

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

* = Present

1 = Absent for the month

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

JC = Just Cause

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Feb 2025 - Jan 2026**

Strategies and Standards Committee														
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#	# of JC Starting Jan 2026
Total meetings	1		0	0	1		1		1		0		4	
(12) Members														
Aguilar, Nicole	*		NM	NM	*		1		*		NM		1	
Applebaum, Amy	*		NM	NM	*		*		*		NM		0	
Conant, Juan	*		NM	NM	1		1		1		NM		3	
Davenport, Beth	1		NM	NM	*		1		*		NM		2	
King, Michael					*		*		*		NM		0	
Miles, Skyler					*		*		1		NM		1	
Mora, Joseph	*		NM	NM	*		*		1		NM		1	
Nava, Veronica					*		1		1		NM		2	
Rooney, Ivy	*		NM	NM	1		*		*		NM		1	
Tilghman, Winston	1		NM	NM	*		*		*		NM		1	
Weber, Jeffery	*		NM	NM	*		*		*		NM		0	
Wimpie, Michael ^c	*		NM	NM	*		*		*		NM		0	

Committee members are expected to attend all meetings. To remain in good standing and eligible to vote, the committee member may not miss more than two (2) meetings within

* = 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

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Feb 2025 - Jan 2026**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																	
PSRAC	Feb	Mar	April	May	12-Jun	26-Jun	17-Jul	24-Jul	31-Jul	7-Aug	Sep	Oct	Nov	Dec	Jan	#	# of JC Starting Jan 2026
Total meetings	0	1		0	1	1	1	1	1	1	0	0	1		1	9	
(12) Members																	
Aguirre Mendoza, Marco	NQ	JC		NQ	1	*	1	*	*	*	NQ	NQ	1		*	3	
Davenport, Beth	NQ	*		NQ	*	*	*	*	*	1	NQ	NQ	*		*	1	
Fleming, Tyra^{cc}	NQ	*		NQ	*	*	*	1	*	*	NQ	NQ	*		*	1	
Garcia-Bigley, Felipe	NQ	*		NQ	*	*	*	*	*	*	NQ	NQ	1		*	1	
Garland, Kalee													1		JC	1	1
Halliwell, Pamuela													*		*	0	
Jacobs, Dr. Delores	NQ	*		NQ	*	*	*	1	*	1	NQ	NQ	*		1	3	
Kubricky, Cinnamen	NQ	*		NQ	*	*	*	*	*	1	NQ	NQ	*		*	1	
Matthews, Eva	NQ	JC		NQ	*	*	1	*	*	*	NQ	NQ	*		*	1	
Mueller, Chris	NQ	*		NQ	*	*	*	*	*	*	NQ	NQ	1		*	1	
Van Brocklin, Rhea^c	NQ	*		NQ	*	1	*	*	*	*	NQ	NQ	*		*	1	
Westcott, Joe													*		*	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

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Feb 2025 - Jan 2026**

STEERING COMMITTEE	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#	# of JC Starting Jan 2026
Total Meetings	0	1	0	1	0	1	0	1	0	1	0	1	6	
(7) Members														
Community Engagement Group Michael Donovan		*		*		*		*		*		*	0	
Medical Standards & Evaluation Committee Dr. David Grelotti		JC*		JC		*		*		*		*	0	
Membership Committee Felipe Garcia-Bigley		*		*		*		1		1		*	2	
Priority Setting & Resource Allocation Committee Rhea Van Brocklin		1		*		*		*		*		*	1	
Strategies & Standards Committee Michael Wimpie		*		*		*		*		*		1	1	
HIV Planning Group Mikie Lochner (Chair)		*		*		*		*		*		*	0	
HIV Planning Group Cinnamen Kubricky (Vice-Chair)		*		1		*		1		*		*	2	

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

* = Present

1 = Absent for the month

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

JC = Just Cause

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Feb 2025 - Jan 2026**

MEMBERSHIP	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#	# of JC Starting Jan 2026
Total meetings	1	0	1	1	0	1	0	1	0	1	0	0	6	
(4) Members														
Garcia-Bigley, Felipe ^c	*	NQ	*	*	NM	*	NM	1	NQ	*	NM	NQ	1	
Jones, Lori	JC	NQ	*	*	NM	1	NM	*	NQ	*	NM	NQ	1	
Van Brocklin, Rhea	*	NQ	*	*	NM	*	NM	*	NQ	*	NM	NQ	0	
Wimpie, Michael	*	NQ	*	*	NM	*	NM	*	NQ	*	NM	NQ	0	

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

* = Present

1 = Absent for the month

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

JC = Just Cause

NM = No Meeting

NQ = No Quorum

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Feb 2025 - Jan 2026**

Community Engagement Group	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#	# of JC Starting Jan 2026
Total Meetings	1	0	1	1	1	1	0	1	1	1	1	1	10	
(4) Members														
Donovan, Michael c	*	NM	1	*	*	*	NM	*	*	*	*	*	1	
Lothridge, Jen ^{cc}	*	NM	*	*	*	*	NM	*	*	*	*	*	0	
Nava, Veronica	*	NM	*	*	*	*	NM	*	1	*	*	*	1	
Luna, Sergio										*	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

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
April 2025 - Nov 2025

Medical Standards & Evaluation Committee (MSEC)	Apr	May	Sep	Nov	#	# of JC Starting Jan 2026
Total Meetings	1	1	1	1	4	
(13) Members						
Tilghman, Dr. Winston	*	*	*	*	0	
Aldous, Dr. Jeannette ^{CC}	*	*	*	*	0	
Bamford, Dr. Laura	*	*	*	1	1	
Grelotti, David ^C	*	*	*	1	1	
Hernandez, Yessica	*	*	*	1	1	
Spector, Dr. Stephen	*	1	*	*	1	
Quezada-Torres, Karla	*	*	*	*	0	
Rodriguez, Martha	*	*	*	1	1	
Paugh, Shannon	1	*	*	*	1	
Garcia, Rosemary	*	*	*	*	0	
Whyte, Fadra	*	*	*	*	0	
Lochner, Mikie		*	*	*	0	
Saville, Edith			*	*	0	
Committee members are expected to attend all meetings. To remain in good standing and eligible to vote, the committee member may not miss more than 2 meetings within the 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

NM = No Meeting

NQ = No Quorum