



SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING PACKET
WEDNESDAY, SEPTEMBER 10, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114, (Tubman Chavez Room A)

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

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Meeting Location & Directions:

Membership Committee

Wednesday, September 10, 2025

11:00 AM - 1:00 PM

Southeast Live Well Center

5101 Market St.

San Diego, CA 92114

Tubman Chavez Room C



Visitor/Employee parking available in parking structure. Main entrance can be accessed by exiting the parking structure on the 2nd floor and walking down the sidewalk to the left.

FROM I-805 SOUTH:

1. Head northwest on I-805 North.
2. Take exit 12B for Market St.
3. Turn right onto Market St.
4. The destination will be on your right.

FROM I-805 NORTH:

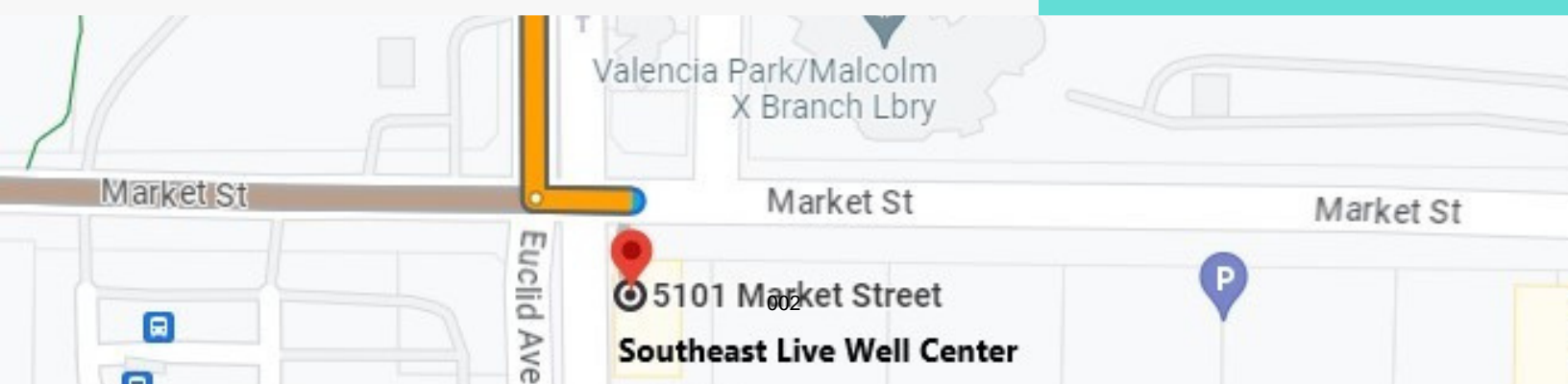
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



MEMBERSHIP COMMITTEE



Wednesday, September 10, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

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

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

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

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

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

A quorum for this meeting is Three (3)

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

MEETING AGENDA ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Membership Committee agenda for September 10, 2025
5. **ACTION:** Approve the Membership Committee meeting minutes from July 9, 2025
6. New Business
 - a. **ACTION:** Approve HPG Appointment, Kalee Garland for Seat #14 General Member
 - b. **ACTION:** Approve HPG Reappointment, Cinnamen Kubricky for Seat #4 General Member
 - c. **ACTION:** Approve HPG Reappointment, Nicole Aguilar for Seat #40, Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)
7. Old Business
 - a. HIV Planning Group Membership recruitment update
 - i. Vacant Seats
 - ii. New Committee Members

MEMBERSHIP COMMITTEE

- b. HIV Planning Group Membership Demographics
- c. Review and Discussion: Chair Member's Guide to Robert's Rules of Order & Responsibilities
- d. **Discussion:** Develop HPG Member Seat Descriptions

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, October 8, 2025, 11:00 AM - 1:00 PM**

Location: County Operations Center, 5530 Overland Ave, San Diego, CA 92123;

Conference Room 124

12. Adjournment

MEMBERSHIP COMMITTEE



Wednesday, May 14, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | 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 11:00 AM and noted the presence of an in-person quorum. The committee chair shared the following: | |
| 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 May 14, 2025 meeting agenda | Motion: Approve the Membership agenda for May 14, 2025 Motion/Second/Count (M/S/C): Van Brocklin/Wimpie 3/0 Abstentions: Garcia-Bigley Motion carries | |
| 5. ACTION: Review and approve the April 9, 2025, Membership minutes | Motion: Approve the Membership minutes for April 9, 2025. M/S/C: Wimpie/ Jones 3/0 Abstentions: Garcia-Bigley Motion carries | |
| 6. New Business | | |
| a. ACTION: Approve Hector Garcia for Seat 13 | Motion: Approve Hector Garcia for Seat 13, General Member M/S/C: Van Brocklin/ Wimpie 3/0 Abstentions: Garcia-Bigley Motion carries | |
| b. Discussion: HIV Planning Group Bylaws | The committee members began reviewing the Bylaws, which were last reviewed in 2023; the next review is anticipated for September. | |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|-------------|--|-----------|
| | <p>Members had the following recommendations/comments:</p> <p>#1: The current bylaws (Section E, number 10, page 9) lack explicit language outlining processes to support members who are not "in good standing" (e.g., missing meetings). Current Practice: There is an informal process where the committee contacts members in jeopardy to re-engage them, but it is not documented. Recommendations:</p> <ul style="list-style-type: none"> • Add explicit, trauma-informed, client-centered language to bylaws, clarifying that the goal is always to retain and re-engage members rather than focus on removal. • Include a clear process for supporting members before considering any recommendation for removal. • Reference committee guidelines in the bylaws for specifics, since guidelines are easier to update. • Change language in the bylaws to be more neutral (e.g., use "not meeting requirements" vs. "not in good standing"). <p>#2 Committee Appointment and Power Distribution Current Practice: Current bylaws (Article 5, page 14, Section C, number 3) grant the chair the power to appoint members to committees, which can be perceived as exclusionary and lead to delays in participation for specific members. Recommendation:</p> <ul style="list-style-type: none"> • Historical context was provided, indicating that there used to be more checks and balances, with the membership committee as a balancing force. <p>Concerns: The current process may grant too much unilateral power to the chair. Appointments should be based on members' preferences and needs.</p> | |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|-------------|--|-----------|
| | <p>Avoid having providers dominate committees to the exclusion of consumers/service recipients. The voice of consumers may be lost if providers dominate the setting of standards.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Update bylaws to reflect that appointments are made in collaboration with members and the membership committee. • The chair's role should be primarily formal notification rather than selection. • Reference the guidelines and ensure language is clear and neutral about the appointment process. <p>#3 Process Transparency, Accountability, and Grievance Procedures</p> <p>Incidents Raised: Examples given where a member's attempts to address grievances or set agenda items were ignored or dismissed, including the rewriting or disregarding of committee input.</p> <p>Review of Bylaws: There is an existing grievance process (Page 18, Article 8), but practical enforcement and appeal steps are unclear if the process is not followed, especially if the grievance is obstructed.</p> <p>Discussion: Need for checks/balances, and a clear, enforceable, transparent way for members to appeal, grieve, or ensure their concerns are addressed.</p> <p>Concerns about Power Imbalance and Trauma: Issues particularly acute for consumers/recipients who may already feel less empowered.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Include an appeal process in the bylaws for when a grievance is improperly handled. • Add explicit steps for what happens when the process is not followed (e.g., involving the full committee). • Provide for ongoing training for chairs, possibly including trauma-informed leadership and facilitation skills. • Ensure the process and expectations are made clear during onboarding. | |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|-----------|
| c. Review of all HPG Committees Membership Lists and Engagement Efforts | Reviewed by HPG Support Staff | |
| 7. Old Business | | |
| a. HPG Member recruitment update | <p>As of May 14, 2025, we have 22 members. (As of April 30th, Venice Price and Hector Garcia have been removed from the HIV Planning Group Body)</p> <p>Pending:</p> <ul style="list-style-type: none"> Ivy Rooney pending COB Nicole Aguilar pending COB Michael King pending HPG minutes approval Jen Lothridge pending HPG minutes approval <p>Term Expired:</p> <ul style="list-style-type: none"> Ivy Rooney: Seat 43- Prevention Intervention Representative: Formerly: Risk Reduction Activities Representative on 1/26/25 Cinnamen Kubricky: Seat 4 - General Member 11/02/25 | |
| i. Vacant Seats | <p>As of May 14, 2025, there are 17 vacant seats</p> <ul style="list-style-type: none"> 9 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 | |
| ii. New Committee Members | Hector Garcia's request to continue to be in the Community Engagement Group. | |
| b. HPG Membership Demographics | Reviewed | |
| Routine Business | | |

MEMBERSHIP COMMITTEE

| 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 | Reviewed | |
| c. Getting to Zero (GTZ) Community Engagement Project <ul style="list-style-type: none"> i. Membership Committee Plan/Strategy for Recruitment | <p>Review 2025 HPG Outreach Calendar</p> <p>Members suggested the following:</p> <ul style="list-style-type: none"> • Creating marketing materials targeted at young people, possibly developed by interns in that age group. • Leveraging social media in authentic, effective ways. • Offering internships or opportunities for students to earn school credit. • Using raffles or incentives (e.g., gift cards) to encourage participation at tabling events, though this may require approval due to county restrictions on donations • Use awareness days and toolkits to promote HPG involvement and share key messages across platforms. <p>Some Concerns:</p> <ul style="list-style-type: none"> • Staffing shortages were a recurring theme, with limited capacity to expand outreach. Katie was highlighted as taking on multiple responsibilities. Despite these challenges, there are efforts to recruit interns and volunteers. | . |
| 8. Future agenda items for consideration | | |
| 9. Announcements | Happyville, July 17. 2025 | |
| 10. Next Meeting Date | <p>Date: Wednesday, June 11, 2025</p> <p>Time: 11:00 AM –1:00 PM</p> <p>Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)</p> | |
| 12. Adjourn | The meeting adjourned at 12:50 pm. | |

MEMBERSHIP COMMITTEE



Wednesday, July 09, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room C)

A quorum for this meeting is three (3)

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

Committee Members Absent: Lori Jones

ORDER OF BUSINESS

| Agenda Item | Discussion/Action | Follow-Up |
|---|--|-----------|
| 1. Call to order | Felipe Garcia-Bigley called the meeting to order at 11:06 AM 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 July 9, 2025 meeting agenda | Motion: Approve the Membership agenda for July 09, 2025, with the removal of agenda #5 Motion/Second/Count (M/S/C): Van Brocklin/Wimpie/2-0 Abstentions: Garcia-Bigley Motion carries | |
| 5. ACTION: Review and approve the May 14, 2025, Membership minutes | Tabled. | |
| 6. New Business | | |
| a. None | | |
| 7. Old Business | | |
| a. HPG Member recruitment update | <ul style="list-style-type: none">• 1 application submitted for either the Mental Health Provider or Prevention Services Consumer seats.• 1 application for the District 1 seat.• 1 application for the Substance Abuse Treatment Provider seat. | |
| i. Vacant Seats | <ul style="list-style-type: none">• 21 Vacant Seats• 3 Member pending | |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|---|---|--|
| ii. New Committee Members | | |
| b. HPG Membership Demographics | <p>Current HPG Demographics:</p> <ul style="list-style-type: none"> There is a clear need to improve recruitment efforts among Hispanic populations, along with the African American and Asian populations, who are also underrepresented. Cisgender balance is currently equal, but there is a need for transgender representation. | |
| c. Discussion: HIV Planning Group Bylaws | <ul style="list-style-type: none"> A committee member mentioned a document outlining the specific intentions behind the committee member's actions and asked for HPG SS assistance in finding the document. A committee member recommended a step-by-step guideline on bringing grievances to the committee or the whole body. These steps should be listed in the new member packet. A committee member recommended additional training tailored towards committee chairs, so their position expectations are outlined. | HPG SS will assist in finding the document and adding it to the following membership agenda. |
| Routine Business | | |
| 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 <ul style="list-style-type: none"> i. Membership Committee Plan/Strategy for Recruitment | <p>HPG SS reviewed the 2025 HPG Outreach Calendar and Activities. Committee members suggested the following:</p> <ul style="list-style-type: none"> Use Snapchat, Instagram filters, or tools like photo magnets as low-cost environmental giveaways. Develop a reusable photo booth and explore platforms to host shared photo albums from events. Add membership application QR code to the HPG trifold. Remove HPG logos from condoms. | HPG SS will incorporate and implement feedback from the recruitment strategies. |

MEMBERSHIP COMMITTEE

| Agenda Item | Discussion/Action | Follow-Up |
|--|---|-----------|
| | <ul style="list-style-type: none">• Print membership application QR codes for individuals to take with them at events. | |
| 8. Future agenda items for consideration | None. | |
| 9. Announcements | The Pacific AETC has been restructured from eight to four teams, with California now having just Northern and Southern teams housed at new medical institutions. Services will continue with a reimagined format. | |
| 10. Next Meeting Date | Date: Wednesday, June 11, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A) | |
| 12. Adjourn | The meeting adjourned at 12:36 pm. | |

| 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 | 1 |
| 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 | | 08/26/29 | 1 |
| 13 | Hector Garcia | General Member 13 | | | Pending COB approval |
| 14 | Kalee Garland | General Member 14 | | | Pending Membership 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 | 1 |
| 19 | Eva Matthews | Social Service Provider, including providers of housing and homeless services | Mama's Kitchen | 04/07/29 | 1 |
| 20 | VACANT | Mental Health Provider Formerly a combined seat; now just Mental Health | | | |
| 21 | VACANT | Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse | | | Vacant since 9/26/24 |
| 22 | Adrianne Yancey | Local Public Health Agency: HHSA Director or Designee | County of San Diego- PHSA | 05/02/27 | 1 |
| 23 | Rosemary Garcia | Local Public Health Agency: Public Health Officer or Designee | County of San Diego - HSHB | 01/07/29 | 1 |
| 24 | VACANT | Hospital Planning Agency or Health Care Planning Agency | | | |
| 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 | VACANT | Prevention Services Consumer | | | |
| 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 | | | |
| 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 | |
| 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 4/24/25 |
| 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 | Resignation 4/28/25 |

COB- Clerk of Board

| Seat # | HPG Vacant Seats as of 09/2025 |
|---------------|--|
| 2 | General Member |
| 5 | General Member |
| 6 | General Member |
| 7 | General Member |
| 8 | General Member |
| 9 | General Member |
| 11 | General Member |
| 15 | General Member |
| 20 | Mental Health Provider |
| 21 | Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse |
| 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 |

September 2025 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% | 14 | 56.00% | 4 | 57.14% |
| Black, not Hispanic | 1,837 | 12.22% | 3 | 12.00% | 2 | 28.57% |
| Hispanic | 6,326 | 42.09% | 6 | 24.00% | 1 | 14.29% |
| Asian/Pacific Islander | 498 | 3.31% | 2 | 8.00% | 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% | 25 | 100% | 7 | 100% |



LIVE WELL
SAN DIEGO

September 2025 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 | 48.00% | 4 | 57.14% |
| Female | 1,620 | 10.78% | 13 | 52.00% | 3 | 42.86% |
| 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% | 25 | 100% | 7 | 100% |



September 2025 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 | 8.00% | 1 | 14.29% |
| 40-49 years | 2,842 | 18.98% | 9 | 36.00% | 3 | 42.86% |
| 50-59 years | 4,038 | 26.97% | 10 | 40.00% | 1 | 14.29% |
| 60+ years | 4,761 | 31.80% | 4 | 16.00% | 2 | 28.57% |
| Total | 14973 | 100% | 25 | 100% | 7 | 100% |

Chair Member's Guide to Robert's Rules of Order & Responsibilities

1

Purpose of the Chair

The Chair is responsible for leading meetings in a fair, organized, and productive manner while ensuring all members have the opportunity to participate. The Chair upholds Robert's Rules of Order to maintain structure and decorum.

Core Responsibilities of the Chair

Prepare for Meetings

- Review and approve agendas in advance.
- Ensure the agenda is distributed to members before the meeting.
- Review previous minutes and pending motions or issues.
- Coordinate with staff or committee leads as needed.

Call the Meeting to Order

- Begin the meeting at the scheduled time.
- Confirm a quorum (minimum number of members present).
- Welcome participants and introduce any guests or new members.

Preside Over the Meeting

- Follow the agenda item by item.
- Recognize speakers before they speak.
- Keep discussion focused and respectful.
- Enforce time limits if needed.
- Remain neutral in debate (only vote in a tie or as rules permit).

Manage Motions and Voting (Using Robert's Rules)

- Recognize members making motions.
- Ensure every motion is seconded before proceeding.
- State the motion clearly for the record.
- Open the floor for discussion (debate).

Chair Member's Guide to Robert's Rules of Order & Responsibilities

2

- Call for the vote and announce the result.

Example Script for Handling a Motion:

- “It has been moved and seconded that [state motion]. Is there any discussion?”
- [Allow discussion. When complete...]
- “Are you ready for the question? All those in favor, say ‘Aye.’ All those opposed say ‘No.’ The motion is carried/or not.”

Maintain Order and Decorum

- Ensure all participants are treated with respect.
- Address side conversations or disruptions.
- Use a gavel if necessary to call for order.
- Remind participants to address the Chair, not each other directly.

Facilitate Equal Participation

- Encourage quieter members to speak.
- Prevent anyone from dominating the discussion.
- Ask clarifying questions to keep the discussion focused.

Adjourn the Meeting Properly

- Ensure all agenda items are addressed.
- Ask for a motion to adjourn.
- Adjourn with a clear statement and next meeting info.

Chair's Reference: Key Parliamentary Motions

Chair Member's Guide to Robert's Rules of Order & Responsibilities

3

| Quick Reference | | | | | |
|--------------------------|---------------------|------------------------|-------------------|-----------------------------------|--|
| | Must Be Seconded | Open for Discussion | Can be Amended | Vote Count Required to Pass | May Be Reconsidered or Rescinded |
| Main Motion | √ | √ | √ | Majority | √ |
| Amend Motion | √ | √ | | Majority | √ |
| Kill a Motion | √ | | | Majority | √ |
| Limit Debate | √ | | √ | 2/3 ^{ds} | √ |
| Close Discussion | √ | | | 2/3 ^{ds} | √ |
| Recess | √ | | √ | Majority | |
| Adjourn (End meeting) | √ | | | Majority | |
| Refer to Committee | √ | √ | √ | Majority | √ |
| Postpone to a later time | √ | √ | √ | Majority | √ |
| Table | √ | | | Majority | |
| Postpone Indefinitely | √ | √ | √ | Majority | √ |

Best Practices for Chairing a Meeting

- Be impartial – Treat all members equally, regardless of opinion.
- Stick to the time – Keep discussions moving to stay on schedule.
- Document clearly – Ensure motions and actions are accurately captured in minutes.
- Know your rules – Be familiar with the group's bylaws and standing rules in addition to Robert's Rules.
- Follow up – After meetings, confirm next steps, assignments, and ensure minutes reflect all decisions.

Key Phrases for the Chair to Use

- "The meeting will come to order."
- "The next item on the agenda is..."
- "Is there a motion?"
- "It has been moved and seconded that..."
- "Is there any discussion?"
- "All in favor say 'Aye.' All opposed say 'No.'"
- "The motion is adopted/defeated."
- "Is there any new business?"
- "Hearing none, is there a motion to adjourn?"

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) | | | |
| 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 | <p>Either:</p> <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"> PLWH Federally recognized Indian tribe Individuals co-infected with Hepatitis B or C Historically underserved groups and subpopulations | (G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations | <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. <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 |

| 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) | 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 | <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. |

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Sep 2024 - Aug 2025

| | | | | | | | | | | | | | | |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|-------|--------|-------|
| (23) HPG Members | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 9 |
| Total Meetings | 25-Sep | 23-Oct | 21-Nov | 18-Dec | 22-Jan | 26-Feb | 26-Mar | 23-Apr | 28-May | 25-Jun | Jul | 6-Aug | 13-Aug | TOTAL |
| Aguilar, Nicole, 40 | | | | | | | | | | * | JC | 1 | * | 1 |
| Aguirre Mendoza, Marco, 10 | 1 | 1 | * | NM | JC | NM | * | * | NM | * | * | * | * | 2 |
| Conant, Juan, 25 | | | | | * | NM | * | 1 | NM | * | * | 1 | * | 2 |
| Davenport, Beth, 35 | 1 | * | * | NM | * | NM | * | * | NM | * | * | 1 | * | 2 |
| Donovan, Michael, 32 | * | 1 | * | NM | * | NM | 1 | JC | NM | 1 | * | * | * | 3 |
| Fleming, Tyra, 3 | * | 1 | * | NM | * | NM | * | 1 | NM | * | * | * | * | 2 |
| Garcia, Rosemary, 23 | | | | | 1 | NM | * | * | NM | * | * | * | * | 1 |
| Garcia-Bigley, Felipe, 38 | * | * | * | NM | * | NM | * | * | NM | * | * | * | * | 0 |
| Grelotti, David, 30 | * | * | * | NM | 1 | NM | * | * | NM | * | 1 | 1 | * | 3 |
| Ignalino, Jr., Benjamin, 39 | * | * | * | NM | * | NM | * | * | NM | 1 | 1 | 1 | * | 3 |
| Jones, Lori, 26 | * | * | * | NM | * | NM | JC | * | NM | * | * | * | * | 0 |
| Kubricky, Cinnamen, 4 | * | * | * | NM | JC | NM | * | 1 | NM | * | * | 1 | 1 | 3 |
| Lochner, Mikie, 16 | * | * | 1 | NM | * | NM | * | * | NM | * | * | * | * | 1 |
| Matthews, Eva 19 | | | | | | | | * | NM | * | * | * | * | 0 |
| Miles, Skyler, 32 | * | * | * | NM | * | NM | * | 1 | NM | * | * | * | * | 1 |
| Nava, Veronica, 33 | * | * | 1 | NM | * | NM | * | * | NM | * | * | * | * | 1 |

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
Sep 2024 - Aug 2025

| Total Meetings | 25-Sep | 23-Oct | 21-Nov | 18-Dec | 22-Jan | 26-Feb | 26-Mar | 23-Apr | 28-May | 25-Jun | Jul | 6-Aug | 13-Aug | TOTAL |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|-------|--------|-------|
| Paugh, Shannon, 37 | | | | NM | * | NM | * | * | NM | * | * | * | * | 0 |
| Rooney, Ivy, 43 | * | * | * | NM | * | NM | | | NM | * | * | * | * | 0 |
| Spector, Stephen, 31 | 1 | * | * | NM | JC | NM | * | * | NM | * | * | * | 1 | 2 |
| Van Brocklin, Rhea, 18 | * | * | * | NM | * | NM | * | 1 | NM | 1 | * | * | * | 2 |
| Weber, Jeffery, 41 | 1 | * | 1 | NM | * | NM | * | * | NM | * | * | * | 1 | 3 |
| Wimpie, Michael, 1 | * | * | * | NM | * | NM | * | * | NM | * | * | * | * | 0 |
| Yancey, Adrienne, 22 | 1 | * | * | NM | 1 | NM | * | * | NM | * | * | * | 1 | 3 |
| <i>To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.</i> | | | | | | | | | | | | | | |
| * = Present | | | | | | | | | | | | | | |
| 1 = Absent for the month | | | | | | | | | | | | | | |
| 1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month. | | | | | | | | | | | | | | |
| JC = Just Cause | | | | | | | | | | | | | | |
| EC = Emergency Circumstance | | | | | | | | | | | | | | |

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
Sep 2024 - Aug 2025

| STRATEGIES | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | # |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Total meetings | | 1 | | 1 | | 1 | | 0 | 0 | 1 | | 1 | 5 |
| (12) Members | | | | | | | | | | | | | |
| Aguilar, Nicole | | | | | | * | | NM | NM | * | | 1 | 1 |
| Applebaum, Amy | | * | | * | | * | | NM | NM | * | | * | 0 |
| Conant, Juan | | | | | | * | | NM | NM | 1 | | 1 | 2 |
| Davenport, Beth | | * | | * | | 1 | | NM | NM | * | | 1 | 2 |
| King, Michael | | | | | | | | | | * | | * | 0 |
| Miles, Skyler | | | | | | | | | | * | | * | 0 |
| Mora, Joseph | | 1 | | 1 | | * | | NM | NM | * | | * | 2 |
| Nava, Veronica | | | | | | | | | | * | | 1 | 1 |
| Rooney, Ivy | | * | | * | | * | | NM | NM | 1 | | * | 1 |
| Tilghman, Winston | | * | | * | | 1 | | NM | NM | * | | * | 1 |
| Weber, Jeffery | | * | | * | | * | | NM | NM | * | | * | 0 |
| Wimpie, Michael ^c | | * | | * | | * | | NM | NM | * | | * | 0 |

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
Sep 2024 - Aug 2025

| PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-------|-----|--------|--------|--------|--------|--------|-------|---|
| PSRAC | Sep | Oct | Nov | Dec | Jan | Feb | Mar | April | May | 12-Jun | 26-Jun | 17-Jul | 24-Jul | 31-Jul | 7-Aug | # |
| Total meetings | 0 | 1 | 1 | | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7 |
| (10) Members | | | | | | | | | | | | | | | | |
| Aguirre Mendoza, Marco | NM | * | * | | JC | NQ | JC | NM | NQ | 1 | * | 1 | * | * | * | 0 |
| Jacobs, Dr. Delores | NM | 1 | * | | 1 | NQ | * | NM | NQ | * | * | * | 1 | * | 1 | 3 |
| Davenport, Beth | NM | * | * | | * | NQ | * | NM | NQ | * | * | * | * | * | 1 | 1 |
| Fleming, Tyra^{cc} | NM | * | * | | * | NQ | * | NM | NQ | * | * | * | 1 | * | * | 0 |
| Garcia-Bigley, Felipe | NM | * | * | | * | NQ | * | NM | NQ | * | * | * | * | * | * | 0 |
| Kubricky, Cinnamon | NM | 1 | * | | JC | NQ | * | NM | NQ | * | * | * | * | * | 1 | 2 |
| Luna, Sergio | | | | | | | | | | * | * | * | 1 | * | * | 0 |
| Matthews, Eva | | | | | * | NQ | JC | NM | NQ | * | * | 1 | * | * | * | 0 |
| Mueller, Chris | NM | * | * | | * | NQ | * | NM | NQ | * | * | * | * | * | * | 0 |
| Van Brocklin, Rhea^c | NM | * | 1 | | * | NQ | * | NM | NQ | * | 1 | * | * | * | * | 1 |

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Sep 2024 - Aug 2025

| MEMBERSHIP | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | # |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|
| Total meetings | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 9 |
| (5) Members | | | | | | | | | | | | | |
| Garcia-Bigley, Felipe ^c | * | NQ | * | * | * | * | NQ | * | * | NM | * | NM | 0 |
| Ignalino, Ben | | NQ | * | * | 1 | 1 | NQ | 1 | * | NM | * | NM | 3 |
| Jones, Lori | JC | NQ | * | * | * | JC | NQ | * | * | NM | 1 | NM | 1 |
| Van Brocklin, Rhea | * | NQ | 1 | * | * | * | NQ | * | * | NM | * | NM | 1 |
| Wimpie, Michael | * | NQ | * | * | * | * | NQ | * | * | NM | * | NM | 0 |
| To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months. | | | | | | | | | | | | | |

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Sep 2024 - Aug 2025

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

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Sep 2024 - Aug 2025

| Community Engagement Group | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | # |
|-----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----------|
| Total Meetings | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 9 |
| (5) Members | | | | | | | | | | | | | |
| Donovan, Michael c | * | * | 1 | * | * | * | NM | 1 | * | * | * | NM | 1 |
| Garcia, Hector | | | | | * | 1 | NM | 1 | * | * | * | NM | 2 |
| Lothridge, Jen ^{cc} | * | * | NM | * | * | * | NM | * | * | * | * | NM | 0 |
| Miles, Skyler | * | * | NM | * | 1 | 1 | NM | * | * | 1 | * | NM | 3 |
| Nava, Veronica | * | * | NM | * | * | * | NM | * | * | * | * | NM | 0 |

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
Nov 2024 - May 2025

| Medical Standards & Evaluation Committee | | | | | |
|---|------------|------------|------------|------------|----------|
| MSEC | Nov | Feb | Apr | May | # |
| Total Meetings | 1 | 1 | 1 | 1 | 4 |
| (12) Members | | | | | |
| Tilghman, Dr. Winston | JC | * | * | * | 0 |
| Aldous, Dr. Jeannette^{CC} | * | JC | * | * | 0 |
| Bamford, Dr. Laura | 1 | * | * | * | 1 |
| Grelotti, David^C | * | * | * | * | 0 |
| Hernandez, Yessica | * | * | * | * | 0 |
| Lewis, Bob | * | * | 1 | * | 1 |
| Spector, Dr. Stephen | 1 | * | * | 1 | 2 |
| Quezada-Torres, Karla | * | 1 | * | * | 1 |
| Rodriguez, Martha | * | * | * | * | 0 |
| Paugh, Shannon | | * | 1 | * | 1 |
| Garcia, Rosemary | | | * | * | 0 |
| Whyte, Fadra | | | * | * | 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

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NM = No Meeting

NQ = No Quorum

June & July Community Events

Event 1: The Collective Coalition Sober Pride 2025

Saturday, Jun 21st, 2025, from 3:00pm – 7:00pm
1625 Newton Ave, San Diego, CA, 92113

Event 2: La Maestra Pride Health Fair

Friday, Jun 27th, 2025, 9:00am – 12:00pm
4060 Fairmount Ave, San Diego ca 92105

Event 3: PH Advocate Summer Camp

Mon-Fri, Jun 23rd – 27th, 2025
2202 Comstock St, San Diego, CA

Event 4: Big Gay Picnic

Sunday, Jul 13th, 2025, from 10:00am – 3:00pm
2908 Balboa Dr, San Diego, CA, 92103

Event 5: HappyVille

Wednesday, Jul 16th, 2025, from 3:00pm – 5:00pm
5101 Market St, San Diego, CA 92114

Event 6: San Diego Pride Festival Day 1

Saturday, Jul 19th, 2025, from 11:30am – 8:00pm
1549 El Prado, San Diego, CA, 92101

Event 7: San Diego Pride Festival Day 2

Sunday, Jul 20th, 2025, from 11:30am – 7:00pm
1549 El Prado, San Diego, CA, 92101



August & September Community Events

Event 1: SD Black Pride Sunset Cookout

Sunday, Aug 10th, 2025, from 1:00pm – 8:00pm
1051 University Ave, San Diego CA

Event 2: South Region Town Hall

Friday, Aug 15th, 2025, from 1:00pm – 3:00pm
4235 Beyer Blvd, San Diego, CA 92173

Event 3: National Faith & HIV/AIDS Awareness Day

Monday, Aug 25th, 2025, from 4:00pm – 7:00pm
3909 Centre St., San Diego, CA

Event 4: East Region Townhall

Monday, Sept 8th, 2025, from 12:30pm – 2:30pm
201 E. Douglas, El Cajon, CA 92020

Event 5: CEG HIV Aging Awareness Event

Wednesday, Sept 10th, 2025, from 3:00pm – 5:00pm
1501 Market St, San Diego, CA, 92114

Event 6: Big Gay Picnic

Sunday, Sept 14th, 2025, from 11:00am – 3:00pm
2908 Balboa Dr, San Diego, CA



LIVE WELL
SAN DIEGO

October & November Community Events

Event 1: SD Latine Pride Celebration

****confirmation in progress****

Sunday, Oct 5th, 2025, from **TBD**
2995 Commercial St, San Diego, CA 92113

Event 2: North Region Town Hall

Friday, Oct 10th, 2025, from 11:00am – 1:00pm
4235 Beyer Blvd, San Diego, CA 92173

Event 3: Big Gay Picnic

Sunday, Oct 12th, 2025, from 10:00am – 3:00pm
2908 Balboa Dr, San Diego, CA, 92103

Event 4: TBD

Event 5: TBD

Event 6: TBD





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

APPENDIX

(Page 040 - 042)

ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

(An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

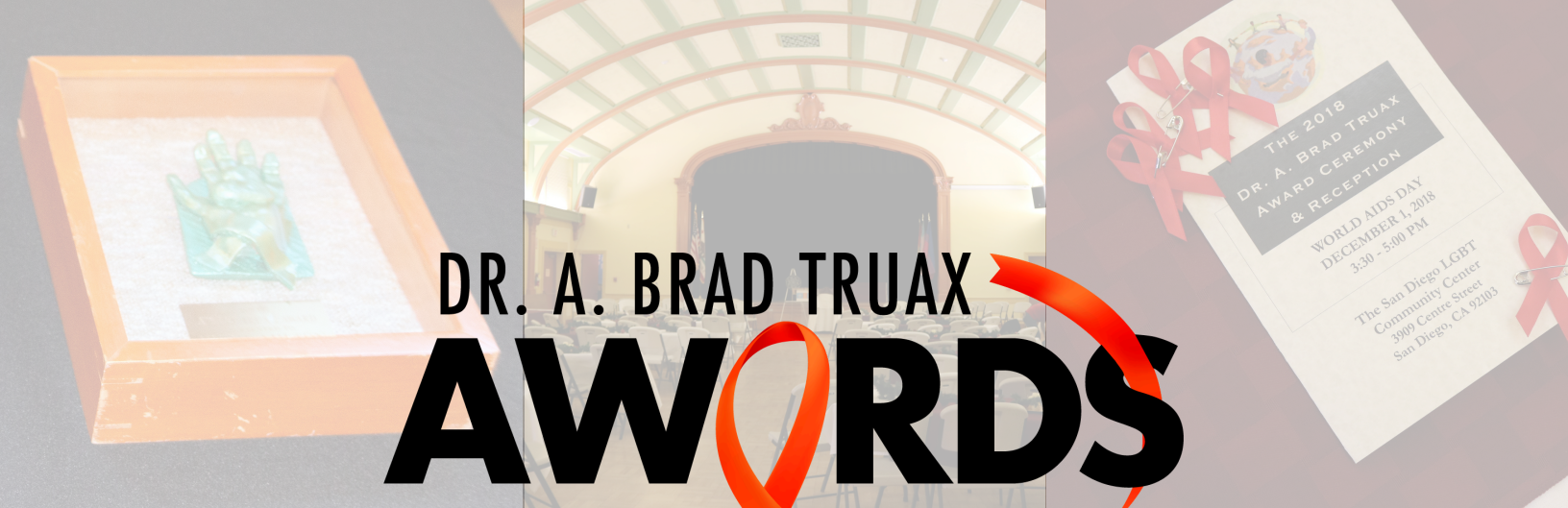
| Qualifying Reason | Provisions to Attend Remotely | Requirements/Limitations |
|---|--|---|
| <p>“Just Cause”</p> | <ul style="list-style-type: none"> There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely. A contagious illness prevents the member from attending the meeting in person. There is a need related to a defined physical or mental disability that is not otherwise accommodated for. Traveling while on official business of the legislative body or another state or local agency. | <p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p> |
| <p>“Emergency Circumstances”</p> | <p><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></p> <p>A member is <i>not</i> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p> | <p>A member of the legislative body must:</p> <ol style="list-style-type: none"> Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and Provide a general description of no more than 20 words of the circumstance justifying such attendance. <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting¹.</p> |

¹If the request does not allow sufficient time to be placed on the agenda as a proposed action item, then the legislative body may take action at the beginning of the meeting.

Additional Requirements for a Member Participating Remotely

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

- The member:
 - Notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. **OR**
 - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See “requirements/limitations” for the use of emergency circumstances.)
- The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
- The member shall participate through both audio and visual technology.

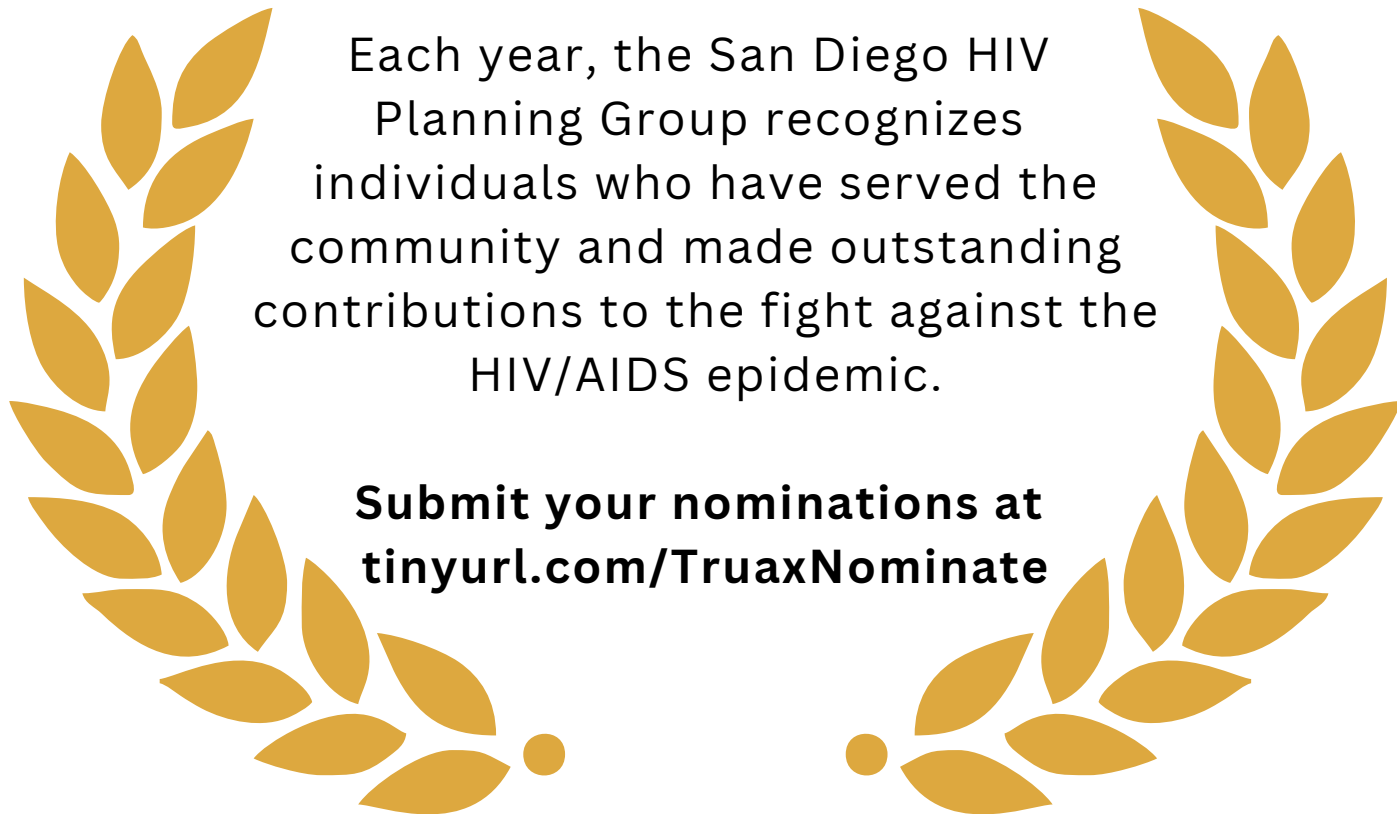


DR. A. BRAD TRUAX AWARDS

CALL FOR NOMINATIONS

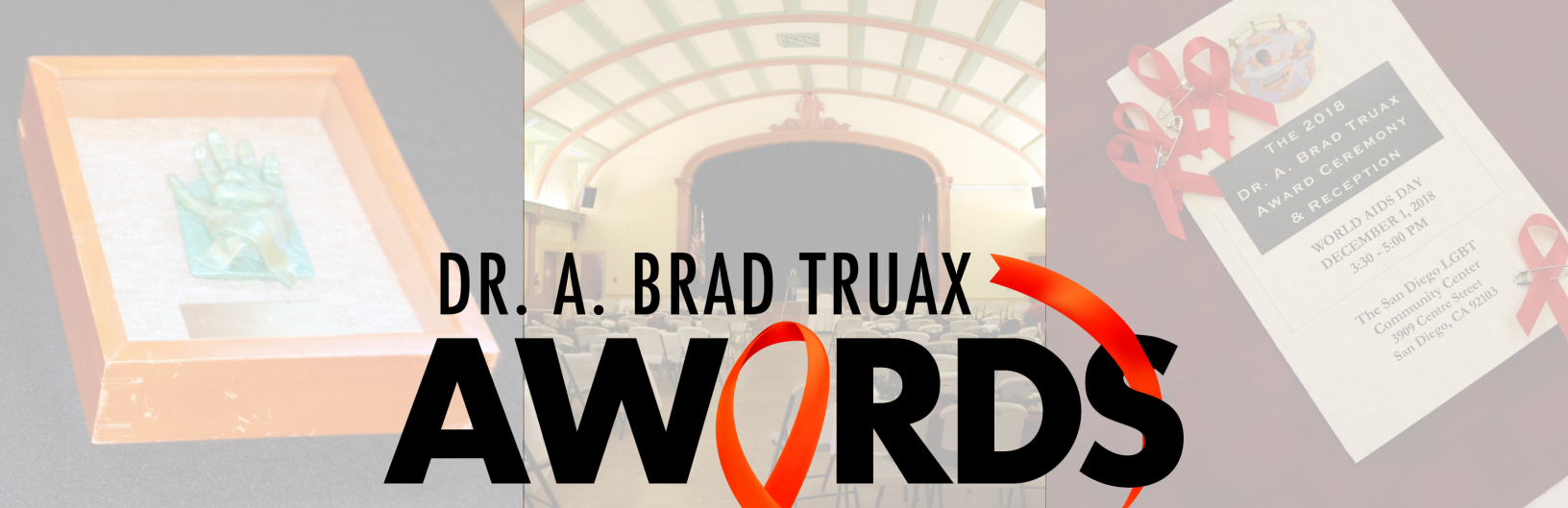
Do you know someone that goes above and beyond to provide service that improves the quality of life of people living with HIV/AIDS in San Diego?

Nominate them for a Dr. A. Brad Truax Award!
Submit by Sunday, October 5th, 2025



Each year, the San Diego HIV Planning Group recognizes individuals who have served the community and made outstanding contributions to the fight against the HIV/AIDS epidemic.

Submit your nominations at
tinyurl.com/TruaxNominate



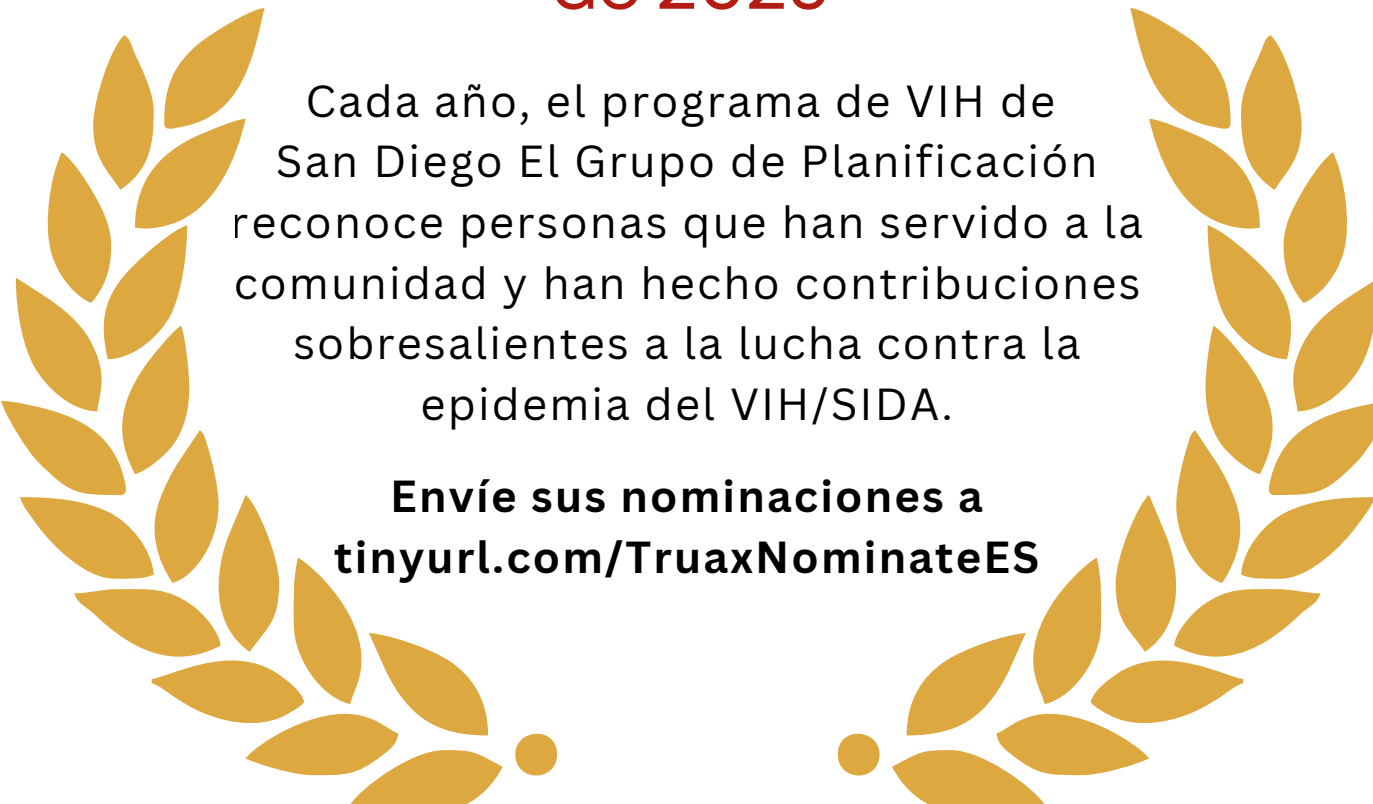
DR. A. BRAD TRUAX AWARDS

CONVOCATORIA DE CANDIDATURAS

¿Conoce a alguien que haga todo lo posible para brindar un servicio que mejore la calidad de vida de las personas que viven con VIH / SIDA en San Diego?

¡Nomínelos para un premio Dr. A. Brad Truax!

Enviar antes del domingo 5 de octubre de 2025



Cada año, el programa de VIH de San Diego El Grupo de Planificación reconoce personas que han servido a la comunidad y han hecho contribuciones sobresalientes a la lucha contra la epidemia del VIH/SIDA.

**Envíe sus nominaciones a
tinyurl.com/TruaxNominateES**