



**SAN DIEGO HIV PLANNING GROUP (HPG)  
MEMBERSHIP COMMITTEE  
MEETING PACKET  
WEDNESDAY, JULY 9, 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, July 9, 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:**

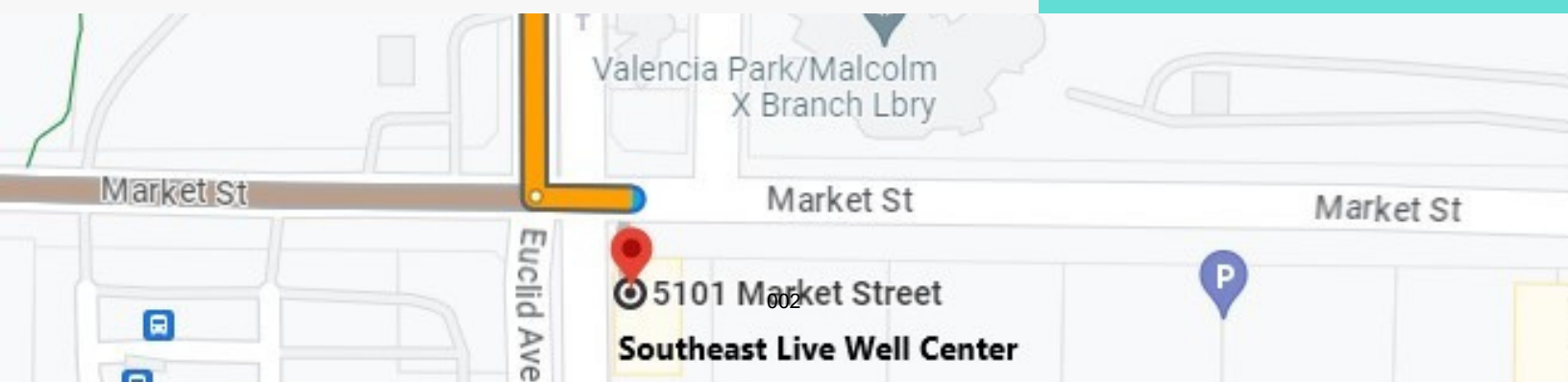
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



## **PUBLIC TRANSPORTATION**

**MTS Trolley:**  
Orange Line

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



## MEMBERSHIP COMMITTEE

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Wednesday, July 9, 2025, 11:00 AM – 1:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Room C)

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### 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](mailto: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 July 9, 2025
5. **ACTION:** Approve the Membership Committee meeting minutes from May 14, 2025
6. New Business
  - a. None
7. Old Business
  - a. HIV Planning Group Membership recruitment update
    - i. Vacant Seats
    - ii. New Committee Members
  - b. HIV Planning Group Membership Demographics
  - c. **Discussion:** HIV Planning Group Bylaws
8. Routine Business
  - a. HIV Planning Group Body Attendance
  - b. HIV Planning Group Committees Attendance

## MEMBERSHIP COMMITTEE

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c. Getting to Zero Community Engagement Project

i. Review of all HPG Committees Membership Lists and Engagement Efforts

9. Future agenda items for consideration

10. Announcements

11. Next meeting date: **Wednesday, August 13, 2025, 11:00 AM - 1:00 PM**

**Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114  
(Tubman Chavez Room A)**

12. Adjournment

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			Pending COB minutes approval
13	Hector Garcia	General Member 13			Pending COB approval
14	VACANT	General Member 14			
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)			Pending COB minutes approval
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	Abigail West	State Government-CDPH Office of AIDS (OA) Part B	State Government-CDPH Office of AIDS (OA) Part B		Resignation 7/1/25
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

# July 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%	13	56.52%	4	66.67%
Black, not Hispanic	1,837	12.22%	2	8.70%	1	16.67%
Hispanic	6,326	42.09%	6	26.09%	1	16.67%
Asian/Pacific Islander	498	3.31%	2	8.70%	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%
<b>Total</b>	<b>15030</b>	<b>100%</b>	<b>23</b>	<b>100%</b>	<b>6</b>	<b>100%</b>



LIVE WELL  
SAN DIEGO

# July 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%	11	47.83%	4	66.67%
Female	1,620	10.78%	12	52.17%	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%	23	100%	6	100%



LIVE WELL  
SAN DIEGO

# July 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	8.70%	1	16.67%
40-49 years	2,842	18.98%	8	34.78%	2	33.33%
50-59 years	4,038	26.97%	9	39.13%	1	16.67%
60+ years	4,761	31.80%	4	17.39%	2	33.33%
<b>Total</b>	<b>14973</b>	<b>100%</b>	<b>23</b>	<b>100%</b>	<b>6</b>	<b>100%</b>



LIVE WELL  
SAN DIEGO

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## **ARTICLE 1: PURPOSE AND AUTHORITY**

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

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

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

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

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

**ARTICLE 2: MEMBERSHIP AND TERM OF OFFICE****Section A: Open Nomination Process****1. Nomination of New Members**

- a. The HIV Planning Group shall solicit nominations for consideration for appointment to the HIV Planning Group through an open nominations process, and as required by the Ryan White legislation.
- b. Nominees shall be recommended for membership based on legislative requirements and criteria publicized by the HIV Planning Group. The criteria shall include representation, reflectiveness and Conflict of Interest standards.
- c. Each county supervisor selects an individual to represent that district. The HPG assists with identification of such individuals as appropriate. If no representative is named, the Membership Committee shall recruit and nominate an individual from that district using the open nominations process.

**2. Renominations**

- a. HIV Planning Group members who have served only one term and are in good standing are eligible for renomination by the HPG for a second 4-year term. These members may express interest in renomination and will be considered for reappointment in accordance with HPG-established standards, policies, and procedures. Renomination is not automatic.
- b. After completion of two consecutive terms, an individual must be off the HPG for at least one year before they may be renominated.
- c. Supervisors will be informed when the term of their representative is nearing an end, and asked whether they are renaming an eligible representative for a second term or naming a new representative.
- d. If the supervisor does not respond, or indicates that the current representative will not be renamed but does not name a successor, after several contacts and offers of assistance from the HPG, the HPG will identify an individual from that supervisorial district to nominate to the Board of Supervisors using the open nominations process.
- e. In such a situation, the member will be considered a representative of the district, but not a representative of the supervisor.
- f. A performance assessment will be conducted with all HPG members at the end of their first term, regardless of how they are nominated.

### 3. **Authority of Board of Supervisors**

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

**Section B** **Membership Composition.** The membership of the HIV Planning Group consists of up to forty-four (44) members. The HIV Planning Group will limit the number of individuals from HIV, STD and Hepatitis Branch of Public Health Services (HSHB) or a single agency/entity to two (2); however, the Membership Committee will consider the needs of the HIV Planning Group, including subject matter expertise, and recommend a waiver to consider more than two (2) individuals from HSHB or a single agency/entity. The waiver must provide justification for why having an additional member from HSHB or single agency/entity outweighs the membership requirement. The waiver will be reviewed and voted on by the HIV Planning Group.

Members who presently are on the HIV Planning Group in which there are more than two (2) members from HSHB or a single agency may fulfill their current term. The Membership Committee will consider appointments when seats are being renewed and/or filled.

HIV Planning Group members shall be appointed by the Board of Supervisors, as follows:

1. General Member (#1)\*
2. General Member (#2)\*
3. General Member (#3)\*
4. General Member (#4)\*
5. General Member (#5)\*
6. General Member (#6)\*
7. General Member (#7)\*
8. General Member (#8)\*
9. General Member (#9)\*
10. General Member (#10)\*
11. General Member (#11)\*
12. General Member (#12)\*

13. General Member (#13)\*
14. General Member (#14)\*
15. General Member (#15)\*
16. Chairperson
17. Health care provider, including Federally Qualified Health Center (FQHC)
18. Community-based organizations serving affected populations and/or AIDS service organizations (one seat)
19. Social service provider, including providers of housing and homeless services
20. Mental health provider
21. Substance abuse treatment provider
22. Local public health agency – Health and Human Services Director or designee
23. Local public health agency – Public Health Officer or designee
24. Hospital planning agency or health care planning agency
25. Non-elected community leader
26. Prevention services consumer/advocate
27. Prevention services consumer
28. State government—State Medicaid
29. State government— California Department of Public Health (CDPH) Office of AIDS (OA) Part B
30. Recipient of Ryan White Part C
31. Recipient of Ryan White Part D
32. Representative of individuals who formerly were federal, state or local prisoners, were released from custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date of release
33. Board of Supervisors – District 1 representative
34. Board of Supervisors – District 2 representative
35. Board of Supervisors – District 3 representative
36. Board of Supervisors – District 4 representative
37. Board of Supervisors – District 5 representative
38. Recipient of other federal HIV programs – prevention provider

- 39. Recipient of other federal HIV programs – Part F, AIDS Education and Training Center and/or Ryan White dental provider
- 40. Recipient of other federal HIV programs – Housing Opportunities for Persons with AIDS (HOPWA)/Housing and Urban Development (HUD)
- 41. Recipient of other federal HIV programs – Veterans Administration
- 42. HIV testing representative
- 43. Prevention intervention representative
- 44. General Member (#16)

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

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

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

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

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

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

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

## **Section C: Term of Office**


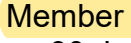

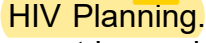
- 1. Members shall serve a term of four years.

2. A member shall be appointed to no more than two consecutive four-year terms. The terms shall begin on the day of appointment by the Board of Supervisors and end in four years. For the purpose of this term limitation, a term shall include any appointment for one-half or more of a four-year term.
3. Members whose terms have expired and who have not been reappointed are no longer on the HPG and may not vote.

**Section D: General Members-Elect.** The Board of Supervisors may appoint three General Members-elect, recommended by the HIV Planning Group. Each General Member-elect shall be able to participate in the HIV Planning Group discussions. Term limit shall be four-years from the date of appointment. Persons appointed under this subsection shall not be officers, employees, or consultants to, and may not represent, any entity that receives Ryan White Part A funding.

**Section E: Requirements**

1. Each newly appointed member shall file a Statement of Economic Interest (Form 700). Annual Statements of Economic Interest shall be filed within 30 days of appointment and no later than March 31 of each year.
2. Each member shall also complete the following forms no later than March 31 of each year: an annual HIV Planning Group Disclosure Form, a Statement of Confidentiality, a form confirming their continued eligibility for the membership seat they currently occupy, and other required documents included in the Membership Policies and Procedures.
3. Members are required to complete periodic Ethics Training as required by the Fair Political Practices Commission and California Law AB 1234.
4. New members are required to attend an orientation session at the beginning of their appointment and to participate in annual mandatory training.
5. Voting members are expected to meet HPG attendance requirements and to serve actively on a standing committee. Exceptions to the requirement for committee membership can be made by the Steering Committee in unusual circumstances, primarily for members who live and work outside San Diego County and for the public health officer's representative.

6. HPG members are expected to meet stated attendance requirements for HPG meetings and for committee meetings for all committees of which they are members.
7. HPG members are expected to follow the Code of Conduct at all times.
8. Members who meet these requirements are considered to be in good standing.
9. Members who have not met requirements 1 -3 within 30 days of appointment or  March 31 of each year shall not be considered in good standing.  Member who are out of compliance with requirements 4 - 6 for more than 90 days shall likewise not be considered in good standing.
10. Members who are not in good  standing shall not be permitted to vote on matters before the  HIV Planning. Membership Committee shall review all members who are not in good standing and develop a plan to assist the member in meeting the requirements and/or consider referring the member to the HPG for a vote to recommend termination from the HIV Planning Group to the Board of Supervisors.

## ARTICLE 3: CONFLICT OF INTEREST

### Section A: Conflict of Interest Definition and Scope

1. As defined in the Ryan White Part A Manual, Conflict of Interest (COI) is “an actual or perceived interest in an action that will result or has the appearance of resulting in a personal, organizational, or professional gain” for the HPG member or their immediate family members. Conflict of Interest does not refer to persons living with HIV disease whose sole relationship to a Part A funding provider is as a client receiving services or an uncompensated volunteer.
2. Ryan White legislation does not permit the HPG to “be directly involved in the administration of a grant,” or to “designate (or otherwise be involved in the selection of) particular entities as recipients of any of the amounts provided in the grant.” In addition, the legislation states that: “A Planning Body member who has a financial interest in an entity, is an employee of or consultant to a public or private entity, or is a Board member of a public or private organization that receives or is seeking funding from Ryan White [Part A] grant funds, will not participate, directly or in an advisory capacity, in the process of selecting entities to receive such funding for such purposes.” [Ryan White HIV/AIDS Treatment Extension Act, Section 2602(b)(5)(A) and (B)]

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

1. Per Article 2, Section G (1), each newly appointed member of the HIV Planning Group shall file a statement of economic interest, pursuant to the Conflict of Interest Code adopted by the HIV Planning Group. Failure to file a statement of economic interest in the specific time period is subject to vacancy provisions in Article 2, Section G.
2. Member responsibility during meetings: HPG members are expected to follow applicable local, state and federal rules governing COI. It is the responsibility of each HPG member to disclose all conflicts of interest.
3. Members shall refrain at all times from referring to specific agencies that are funded or seeking funds.
4. The HIV Planning Group is prohibited from participating in the making of contracts.
5. Members who have a conflict of interest, or who appear to have a conflict of interest shall abstain from all voting on the action item. HPG who have a COI may speak to points of information to provide subject matter



expertise in response to a question and as requested from the Chair. A subject matter expert may ask permission to speak on a subject for which he/she has expertise. The member must raise their hand for discussion, and once called upon by the Chair, shall state their conflict prior to speaking on the matter.

6. If the HIV Planning Group discovers a member was in conflict subsequent to the vote, the vote is invalid and shall be retaken.

## ARTICLE 4: DUTIES

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

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

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

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

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

**Section D: Comprehensive/Integrated Planning.** Develop a comprehensive plan for individuals living with or at risk of acquiring HIV for the delivery of health services in accordance with applicable Health Resources and Services Administration (HRSA)/HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS

Program legislation and guidance, Centers for Disease Control and Prevention requirements and compatible with the Statewide Coordinated Statement of Need.

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

**ARTICLE 5: OFFICERS**

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

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

**Section C: Duties of the Chairperson:**

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

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

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

**ARTICLE 6: ORGANIZATION PROCEDURES**

- Section A:** **Robert's Rules of Order.** Robert's Rules of Order shall govern the operation of the HIV Planning Group in all cases not covered by the Ralph M. Brown Act, or these bylaws. The HIV Planning Group may formulate specific procedural rules of order to govern the conduct of its meetings.
- Section B:** **Voting.** Any group voting is on the basis of one vote per person and no proxy, telephone or absentee voting is permitted.
- Section C:** **Open Meetings.** All meetings of the HIV Planning Group and its committees are open to the public to the extent required by the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act. Meetings are held in accessible, public places. Notice of all meetings shall be posted in a publicly accessible place for a period of 72 hours prior to the meeting. Special meetings require 24 hour notice. In addition, such notice will be emailed and posted on [www.sdplanning.org](http://www.sdplanning.org). Notices will be mailed upon request.
- Section D:** **Regular Meetings.** The HIV Planning Group shall establish a regular meeting schedule, shall meet a minimum of six (6) times each year, and shall give public notice of the time and place of meetings in compliance with the requirements of the Ralph M. Brown Act and the Ryan White HIV/AIDS Treatment Extension Act.
- Section E:** **Quorum.** Greater than 50% of members currently appointed shall constitute a quorum and a simple majority must be participating in a meeting to take action. Unless otherwise indicated in the bylaws, an action by HIV Planning Group is considered to be consensus or majority vote of a quorum of voting members in a publicly noticed HIV Planning Group meeting. If a quorum cannot be established, no official business can be conducted. However, presentations may be made and public comments received.
- Section F:** **Minutes.** The HIV Planning Group shall keep detailed minutes of its meetings, electronic or hard copies of which shall be available for inspection and copying at the HIV, STD and Hepatitis Branch of Public Health Services. The minutes are also posted on the HIV Planning Group website, [www.sdplanning.org](http://www.sdplanning.org). The accuracy of all minutes shall be certified by the chairperson of the HIV Planning Group, following approval of the meeting minutes by action of the HIV Planning Group.

## ARTICLE 7: COMMITTEES

- Section A: Use of Committees.** The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc committees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. A Standing and ad hoc committee may bring an action item to the HIV Planning Group for approval.
- Section B: Composition and Chairs.** All standing and ad hoc committee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members. Where possible, at least one member will be a publicly disclosed unaligned consumer or another person with HIV. Standing committees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson may be appointed per Article 5, Section C of these bylaws.
- Section C: Appointments.** Members of the HIV Planning Group are appointed to a committee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.
- Section D: Operations.** All committees shall operate under the bylaws of the HIV Planning Group. Each committee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.
- Section E: Steering Committee.** The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a committee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be 33% of the number of current members of the Steering Committee and a simple majority must be participating in a meeting to take

action. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

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

## ARTICLE 8: GRIEVANCE PROCEDURES

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

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

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

**ARTICLE 9: STAFF ASSISTANCE**

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

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

## **ARTICLE 10: COMPENSATION AND EXPENSE**

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

**Section B:** **Reimbursement for Expenses.** HIV Planning Group members and members-elect appointed pursuant to Article 2, Section B and D who are consumers of Ryan White services may be reimbursed for expenses incurred in performing their duties under this article, including mileage reimbursement in accordance with Administrative Code Section 472, provided that the HIV Planning Group allocates Ryan White HIV/AIDS Treatment Extension Act funds for this purpose. Transportation and childcare reimbursements shall be limited to those eligible members.

HIV PLANNING GROUP  
12-MONTH ATTENDANCE TRACKING  
July 2024 - June 2025

(24) HPG Members	1	1	1	1	1	0	1	0	1	1	0	1	9
Total Meetings	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	23-Apr	28-May	25-Jun	TOTAL
Aguilar, Nicole, 40												*	0
Aguirre Mendoza, Marco, 10	*	*	1	1	*	NM	JC	NM	*	*	NM	*	2
Conant, Juan, 25							*	NM	*	1	NM	*	1
Davenport, Beth, 35	*	1	1	*	*	NM	*	NM	*	*	NM	*	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	*	1	*	*	*	NM	1	NM	*	*	NM	*	2
Ignalino, Jr., Benjamin, 39			*	*	*	NM	*	NM	*	*	NM	1	1
Jones, Lori, 26	JC	1	*	*	*	NM	*	NM	JC	*	NM	*	1
Kubricky, Cinnamen, 4	1	*	*	*	*	NM	JC	NM	*	1	NM	*	2
Lochner, Mikie, 16	*	*	*	*	1	NM	*	NM	*	*	NM	*	1
Matthews, Eva 19										*	NM	*	0
Miles, Skyler, 32			*	*	*	NM	*	NM	*	1	NM	*	1

HIV PLANNING GROUP  
12-MONTH ATTENDANCE TRACKING  
July 2024 - June 2025

Total Meetings	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	22-Jan	26-Feb	26-Mar	23-Apr	28-May	25-Jun	TOTAL
Nava, Veronica, 33	*	*	*	*	1	NM	*	NM	*	*	NM	*	1
Paugh, Shannon, 37						NM	*	NM	*	*	NM	*	0
Rooney, Ivy, 43	1	*	*	*	*	NM	*	NM			NM	*	1
Spector, Stephen, 31	1	*	1	*	*	NM	JC	NM	*	*	NM	*	2
Van Brocklin, Rhea, 18	*	*	*	*	*	NM	*	NM	*	1	NM	1	2
Weber, Jeffery, 41	1	*	1	*	1	NM	*	NM	*	*	NM	*	3
West, Abigail, 29	*	*	*	1	*	NM	*	NM	*	*	NM	*	1
Wimpie, Michael, 1	*	*	*	*	*	NM	*	NM	*	*	NM	*	0
Yancey, Adrienne, 22	*	*	1	*	*	NM	1	NM	*	*	NM	*	2

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

\* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

**HIV PLANNING GROUP**  
**6-MONTH COMMITTEE TRACKING**  
**July 2024 - June 2025**

STRATEGIES	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	#
Total meetings		1		1		1		1		0	0	1	5
(11) Members													
Aguilar, Nicole								*		NM	NM	*	0
Applebaum, Amy		*		*		*		*		NM	NM	*	0
Conant, Juan								*		NM	NM	*	0
Davenport, Beth		*		*		*		1		NM	NM	*	1
Miles, Skyler												*	0
Mora, Joseph		*		1		1		*		NM	NM	*	2
Nava, Veronica												*	0
Rooney, Ivy		*		*		*		*		NM	NM	*	0
Tilghman, Winston		*		*		*		1		NM	NM	*	1
Weber, Jeffery		*		*		*		*		NM	NM	*	0
Wimpie, Michael <sup>c</sup>		*		*		*		*		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**  
**July 2024 - June 2025**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	11-Jul	18-Jul	25-Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	12-Jun	26-Jun	#
Total meetings	1	1	1		0	1	1		1	0	1	0	0	1	1	7
(10) Members																
Aguirre Mendoza, Marco	*	*	*		NM	*	*		JC	NQ	JC	NM	NQ	1	*	0
Jacobs, Dr. Delores	*	*	*		NM	1	*		1	NQ	*	NM	NQ	*	*	2
Davenport, Beth	*	*	*		NM	*	*		*	NQ	*	NM	NQ	*	*	0
Fleming, Tyra <sup>cc</sup>	*	*	*		NM	*	*		*	NQ	*	NM	NQ	*	*	0
Garcia-Bigley, Felipe	*	1	*		NM	*	*		*	NQ	*	NM	NQ	*	*	0
Kubricky, Cinnamen	*	*	*		NM	1	*		JC	NQ	*	NM	NQ	*	*	1
Luna, Sergio														*	*	0
Matthews, Eva														*	*	0
Mueller, Chris	*	*	*		NM	*	*		*	NQ	*	NM	NQ	*	*	0
Van Brocklin, Rhea <sup>c</sup>	*	*	*		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**  
**July 2024 - June 2025**

<b>MEMBERSHIP</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>#</b>
<b>Total meetings</b>	1	0	1	1	1	1	1	1	0	1	1	0	9
<b>(5) Members</b>													
<b>Garcia-Bigley, Felipe <sup>c</sup></b>	*	NM	*	NQ	*	*	*	*	NQ	*	*	NM	0
<b>Ignalino, Ben</b>				NQ	*	*	1	1	NQ	1	*	NM	3
<b>Jones, Lori</b>		NM	JC	NQ	*	*	*	JC	NQ	*	*	NM	0
<b>Van Brocklin, Rhea</b>	1	NM	*	NQ	1	*	*	*	NQ	*	*	NM	2
<b>Wimpie, Michael</b>	*	NM	*	NQ	*	*	*	*	NQ	*	*	NM	0
To remain in good standing and eligible to vote, the committee member may not miss 3 consecutive meetings or 6 meetings within 12 months.													

\* = Present

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**  
July 2024 June 2025

<b>STEERING COMMITTEE</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>#</b>
<b>Total Meetings</b>	0	0	1	0	1	0	1	0	1	0	1	0	5
<b>(7) Members</b>													
<b>Community Engagement Group</b> <b>Michael Donovan</b>	NM	NM	*	NM	*	NM	*	NM	*	NM	*	NM	0
<b>Medical Standards &amp; Evaluation Committee</b> <b>Dr. David Grelotti</b>					1	NM	1	NM	JC*	NM	JC	NM	2
<b>Membership Committee</b> <b>Felipe Garcia-Bigley</b>	NM	NM	1	NM	*	NM	*	NM	*	NM	*	NM	1
<b>Priority Setting &amp; Resource Allocation Committee</b> <b>Rhea Van Brocklin</b>	NM	NM	*	NM	*	NM	*	NM	1	NM	*	NM	1
<b>Strategies &amp; Standards Committee</b> <b>Michael Wimpie</b>		NM	*	NM	1	NM	*	NM	*	NM	*	NM	1
<b>HIV Planning Group</b> <b>Mikie Lochner (Chair)</b>	NM	NM	*	NM	1	NM	*	NM	*	NM	*	NM	1
<b>HIV Planning Group</b> <b>Cinnamen Kubricky (Vice-Chair)</b>	NM	NM	*	NM	*	NM	*	NM	*	NM	1	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**  
**July 2024 - June 2025**

<b>Community Engagement Group</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>#</b>
<b>Total Meetings</b>	1	0	1	1	0	1	1	1	0	1	1	1	9
<b>(5) Members</b>													
Donovan, Michael c	*	NM	*	*	NM	*	*	*	NM	1	*	*	1
Garcia, Hector							*	1	NM	1	*	*	2
Lothridge, Jen <sup>cc</sup>	*	NM	*	*	NM	*	*	*	NM	*	*	*	0
Miles, Skyler	*	NM	*	*	NM	*	1	1	NM	*	*	1	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

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

## 2025 HIV Planning Group Outreach

Date	Event	Location	Zipcode	Region	Activities	Population	Notes
5-Jun	HIV Long-Term Survivors Day				Health campaign	Aging	
21-Jun	The Collective Coalition Sober Pride 2025	1625 Newton Ave, San Diego, CA	92113	Central	Outreach/tabling	LGBTQ+	
23-Jun	Public Health Advocate Camp	2202 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
24-Jun	Public Health Advocate Camp	2203 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
25-Jun	Public Health Advocate Camp	2203 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
26-Jun	Public Health Advocate Camp	2205 Comstock St, San Diego, CA	92111	North Central	Presentation	Youth	
27-Jun	La Maestra Pride Health Fair				Outreach/tabling	LGBTQ+	
27-Jun	National HIV Testing Day				Health campaign	General	
13-Jul	Big Gay Picnic	2908 Balboa Dr, San Diego, CA	92103	Central	Outreach/tabling	LGBTQ+	
16-Jul	CEG Meeting- Happyville				Meeting	General	
19-Jul	San Diego Pride Festival	1549 El Prado, San Diego, CA	92101	Central	Outreach/tabling	LGBTQ+	
20-Jul	San Diego Pride Festival	1549 El Prado, San Diego, CA	92101	Central	Outreach/tabling	LGBTQ+	
15-Aug	Regional Community Engagement / Town Hall	3003 Coronado Ave, San Diego, CA	92154	South	Meeting	General	
21-Sep	Latine Pride Celebration	2995 Commercial St, San Diego, CA	92113		Outreach/tabling	LGBTQ+; Hispanic/Latinx	Confirmation in progress
15-Oct	National Latinx AIDS Awareness Day				Health campaign	Hispanic/Latinx	
1-Dec	Truax Awards				County program	General	
1-Dec	World AIDS Day				Health campaign	General	
12-Dec	CEG Holiday Party				Meeting	General	



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

# APPENDIX

(Page 040-046)

# 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><b>“Just Cause”</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>A contagious illness prevents the member from attending the meeting in person.</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p>
<p><b>“Emergency Circumstances”</b></p>	<p><b><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></b></p> <p>A member is <b><i>not</i></b> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <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 meeting<sup>1</sup>.</p>

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

### Additional Requirements for a Member Participating Remotely

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 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.

## 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"> <li>▪ 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</li> <li>▪ 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</li> </ul>
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"> <li>▪ This is a broad category that can include someone representing a CBO or ASO that provided core medical or support services</li> <li>▪ The individual should be knowledgeable about some aspect of PLWH services</li> </ul>
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"> <li>▪ 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</li> <li>▪ <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</li> </ul>

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\* References are all direct quotes.

Membership Category	Legislative Language	Summary Description	Discussion and References *
			fundersons' 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"> <li>▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or</li> <li>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ <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.</li> <li>▪ PCs often allow for two separate slots in their Bylaws, but sometimes have one person fill both</li> </ul>
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"> <li>▪ 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</li> <li>▪ It is important that this be someone who will participate actively in the work of the PC</li> <li>▪ While this person (like all PC members) goes through the open nominations process, s/he is sometimes identified by the CEO</li> <li>▪ 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</li> </ul>
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"> <li>▪ 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</li> <li>▪ 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</li> <li>▪ Some local governments have health planning units</li> </ul>

Membership Category	Legislative Language	Summary Description	Discussion and References *
			<ul style="list-style-type: none"> <li>Some primary care associations (whose members include FQHCs and sometimes other clinics) and free clinic associations have health planning units</li> <li>This is often a challenging position to fill</li> </ul>
<p>Affected communities, including:</p> <ol style="list-style-type: none"> <li>PLWH</li> <li>Federally recognized Indian tribe</li> <li>Individuals co-infected with Hepatitis B or C</li> <li>Historically underserved groups and subpopulations</li> </ol>	<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"> <li>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</li> <li>A PLWH who is co-infected with Hepatitis B or C</li> </ul> <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"> <li>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</li> <li><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.</li> <li><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</li> </ul>

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"> <li>▪ 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</li> <li>▪ 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</li> </ul>
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"> <li>▪ An individual within the State Medicaid agency who is knowledgeable about Medicaid policies and procedures that are likely to affect PLWH, and</li> <li>▪ 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</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ <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.</li> </ul>
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"> <li>▪ 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</li> </ul>
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"> <li>▪ A representative of a recipient of RWHAP Part D funds if there is a Part D program operating within the EMA or TGA</li> <li>▪ If not, a representative of an organization that serves children, youth, women, and families living with HIV that does not have Part D funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ <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.</li> </ul>

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"> <li>▪ 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)</li> <li>▪ 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)</li> <li>▪ A recipient or subrecipient of funds under the Housing Opportunities for Persons with AIDS (HOPWA) program</li> <li>▪ A representative of a Veterans Administration HIV services program</li> </ul>	<ul style="list-style-type: none"> <li>▪ The number of required slots depends upon the number of different types of HIV programs funded in the EMA or TGA</li> <li>▪ <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"> <li>• Federally-funded HIV prevention services.</li> <li>• 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.</li> <li>• The Housing Opportunities for Persons With AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD).</li> <li>• Other Federal programs that provide treatment for HIV/AIDS, such as the Veterans Health Administration.</li> </ul> </li> <li>▪ <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.</li> <li>▪ 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.</li> </ul>
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"> <li>▪ 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</li> <li>▪ 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</li> </ul>

Membership Category	Legislative Language	Summary Description	Discussion and References *
<b>Source for Consumers:</b> 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"> <li>▪ Being non-aligned means they are not members of the Board of Directors, employees, or consultants of a Part A-funded provider</li> <li>▪ Individuals who together reflect the demographics of the local HIV epidemic in terms of at least the following: age, race/ethnicity, and gender</li> <li>▪ Consumers should provide broad representation that includes individuals from different geographic areas within the EMA or TGA and individuals from underserved populations</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ <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.</li> </ul>