

**Sacramento County**  
**Department of Health Services**  
**HIV Health Services Planning Council**  
[www.sacramento-tga.com](http://www.sacramento-tga.com)

## Meeting Agenda

January 24, 2024, 10:00 AM – 12:00 PM

### Meeting Location –

**4600 Broadway, Sacramento, CA 95820**  
**2<sup>nd</sup> Floor Conference/Community Room 2020**

**Facilitator:** Richard Benavidez, Council Chair

**Scribe:** Angelina Olweny, Council Staff

### Meeting Invitees:

- HIV Health Services Planning Council Members
- Open to the Public

Public Comment: This provides opportunities for the public to address the Council as a whole in order to listen to opinions regarding matters within the jurisdiction of the Council during Regular meetings and regarding items on the Agenda at all other meetings. Public Comment time limit is three (3) minutes.

### \*Action Items

Topic	Presenter	Start Time and Length
Welcome, Introductions, & Housekeeping	Benavidez	10:00 am
Announcements	All	As Needed
Public Comments-Agenda Items 3 Minute Time Limit	All	
January Agenda*	Benavidez	
Minutes of December 2023*	Benavidez	

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State Office of AIDS January 2024 Update	Pulupa	As Needed
Presentation: Integrated Plan Blueprint	Duran	
CPG/HIV/STI Prevention Updates	All	
Recipient Report: <ul style="list-style-type: none"> <li>➤ FY23 year to date Part A Monthly Fiscal Report*</li> <li>➤ FY23 year to date Part B Monthly Fiscal Report</li> <li>➤ SOA Ending the HIV Epidemic Update</li> <li>➤ HRSA Ending the Epidemic Update</li> </ul>	Gossett	
Committee/Work Group Updates <ul style="list-style-type: none"> <li>➤ Administrative Assessment Committee <ul style="list-style-type: none"> <li>➤ Next Meeting Thursday, June 13, 2024</li> </ul> </li> <li>➤ Affected Communities Committee <ul style="list-style-type: none"> <li>➤ Community Presentations</li> <li>➤ Reflectiveness</li> </ul> </li> <li>➤ Priorities and Allocations <ul style="list-style-type: none"> <li>➤ Waiver of 10% Directive</li> </ul> </li> <li>➤ Executive Committee <ul style="list-style-type: none"> <li>➤ Gov12- Member Acknowledgements</li> <li>➤ Gov 14 – Code of Conduct</li> <li>➤ Gov 15 – P&amp;P Conflict of Interest</li> </ul> </li> <li>➤ Quality Advisory Committee</li> <li>➤ Needs Assessment Committee</li> <li>➤ AdHoc Workgroup</li> <li>➤ Governance</li> </ul>	Willett  Zach B.  Bradley-Rowe  Benavidez  Gluckman  Miranda  Basler  Ungeheuer	

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➤ Bylaws		
Council Chair Vote	Kendricks-Clark	
Binder Updates	Caravella	
Public Comments-Non-Agenda Items	All	
Technical Assistance	Benavidez	
Adjournment	Benavidez	12:00 pm

**Attachments:**

- Minutes of December 2023\*
- January 2024 OA Voice Update
- FY23 Year to Date Part A Monthly Fiscal Report\*
- FY23 Year to Date Part B Monthly Fiscal Report
- Gov12- Member Acknowledgements
- Gov 14 – Code of Conduct
- Gov 15 – P&P Conflict of Interest
- Sacramento TGA Bylaws

**NEXT MEETING: February 28, 2024**  
**March 27, 2024**

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December 13, 2023

**HIV HEALTH SERVICES PLANNING COUNCIL**

**Meeting Minutes**

December 13, 2023, 10:00 a.m. to 12:00 p.m.

**Facilitator:** Richard Benavidez, Council Chair

**Scribe:** Angelina Olweny, Council Staff

**Council Member Attendees:**

Austin Green, Chelle Gossett, Christopher Kendrick-Stafford, Jake Bradley-Rowe, Kaye Pulupa, Kelly Gluckman, Melissa Willet, Richard Benavidez, Ronnie Miranda, Zach Basler, Troy Stermer, Tracy Thomas, Kaye Pulupa, Kristina Kendricks-Clark, Minerva Reid

**Members Excused:** Yingjia Huang, Michael Ungeheuer, Judy Vang, Beth Valentine, Melody Law, Josh Kooman, Lenore Gotelli, Brad Bartholomai

**Absent:** Steve Austin, Kane Ortega, Shy Brown

**Guests:** Carolyn Buck, Aaron Armer

**County Staff:** Paula Gammell

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Topic	Minutes
Welcome, Introductions and, Announcements	Welcome and Introductions began at 10:09AM Richard Benavidez gave out certificates of recognition to Council members whose terms were expiring.
Public Comments-Action Items	Richard Benavidez requested that public comments on agenda items should be limited to 3 minutes.
Agenda Review*	The December agenda was presented for review and approval. Melissa Willet motioned to accept the agenda as presented and Zach Basler seconded the motion. Richard Benavidez stated that his name should be added as the presenter of the Quality Advisory Committee update instead of Kristina Kendricks-Clark. Melissa Willett motioned to accept the agenda with the changes made and Ronnie Miranda seconded the motion. The motion passed with a majority. See vote sheets for details.
Minutes Review*	<p>The October minutes were presented for review and approval. Jake Bradley-Rowe motioned to accept the minutes as presented and Kristina Kendricks-Clark seconded the motion. The following changes were made to the agenda.</p> <p>Kane Ortega is to be listed as absent in the minutes.</p> <p>In the section on the presentation by the Sacramento LGBT Center, the clinic should be referred to as the Sacramento County Sexual Health Clinic instead of the Sacramento County Clinic. The first line in the section under the presentation should read programs instead of program.</p> <p>In the section on CPG updates on page four, it should read days two and three are open to the public and not open to the public. The statement on the days should either have both numeric numbers or both numbers spelled out.</p> <p>In the section on Ending the SOA Epidemic, the statement should read "the SOA Ending the Epidemic mobile health service van".</p> <p>In the section on ACC updates, the statement should read that the committee is looking for</p>

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	<p>transgender representation.</p> <p>Ronnie Miranda motioned to accept the minutes with the corrections made and Jake Bradley-Rowe seconded the motion. The motion passed with a majority. See vote sheet for details</p>
OA Voice November 2023 Update	<p>Sonoma County Department of Health Services was recognized for excellence in the prevention of perinatal HIV transmission. Page four has links to ending the epidemic strategic plan and the implementation blueprint.</p> <p>There are no new updates on Strategy A in the December issue of the OA Voice.</p> <p>The Federal Substance Abuse and Mental Health Services Agency (SAMHSA) has a new Housing and Homelessness Resource Center that issues a monthly newsletter with information on upcoming webinars and more.</p> <p>The December issue acknowledged and thanked all those who participated in the fall in-person CPG Meeting and the Steering Committee members who helped plan and support the meeting.</p>
CPG	<p>CPG had a successful meeting in November. There was training on racism and creating an anti-racism environment. A workgroup will work to ensure that CPG policies, procedures, and bylaws incorporate an anti-racism environment. Richard Benavidez gave a presentation on the accomplishments of the Planning Council.</p>
HIV/STI Prevention Updates	<p>There are no updates on STI prevention update. In January, Vicente Consulting Group will give a presentation on the state and Sacramento county integrated blue print plan.</p>
FY23 October Part A Monthly Fiscal Report*	<p>Chelle Gossett presented the FY23 Part A October Monthly Report for review and approval. The expenditures should be at 66.7% through October 31. Reallocation and carry over are not reflected in the October Monthly Fiscal Report because the contracts have not been executed. The current TGA spending for El Dorado County is at 52.8% and 59% for Placer County. The current TGA spending for Sacramento County is at 52%. The overall direct expenditure for the Sacramento Transitional Grant Area (TGA) is 52.5%. Recipients</p>

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FY23 October Part B Monthly Fiscal Report	<p>expenditures are at 49.87%. A correction was made to ambulatory care expenditures in Sacramento County. Ambulatory care expenditures are 51.6% and not 98.4%. This category is underspent.</p> <p>Zach Basler motioned to accept the October Part A Monthly Fiscal report with the changes made and Kelly Gluckman seconded the motion. The motion passed with a majority. See vote sheet for details.</p> <p>A copy of the FY23 Part B October Monthly Fiscal Report was presented for informational purposes. Expenditures should be at 62% through October 31. Yolo County spent 48% of their allocations. Sacramento County spent 53.8%. The overall expenditure was 53.1% for the Transitional Grant Area (TGA).</p> <p>A committee member asked if unspent funding can be used for community events. The response was that allocated funding can only be spent in set categories. Also, the Affected Community Committee hosts community conversations that the general public can attend.</p>
SOA Ending the HIV Epidemic Update	<p>A State Office of AIDS (SOA) Part B site visit was conducted last week. The site visit went very well and the site staff were impressed with the services that Sac TGA is providing.</p>
HRSA Ending the Epidemic	<p>The non-competing continuing grant application was submitted last week for the fifth year of HRSA Ending the Epidemic.</p> <p>Eight federal staff will conduct a Sacramento County site visit. Federal staff want to talk to various stakeholders including affected people and providers. They will also be evaluating the County's programs. Sacramento County of Public Health will be conducting agency site visits to in January and February.</p>

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<p>Committee Updates</p> <p>AdAC</p> <p>Affected Communities Committee</p> <p>Priorities and Allocations Committee FY23 Reallocation*</p> <p>Quality Advisory Committee</p>	<p>Melissa Willett acknowledged those who participated in AdAC in November. The report from November's meeting is attached in the meeting materials. The next meeting is on June 13 2024. Seated members need to sign a confidentiality agreement before attending the meeting.</p> <p>Jansen Pharmaceuticals has dissolved and Noel Chavez's community liaison position no longer exists. Everardo Alvizo from Gilead will be hosting community conversations in 2024.</p> <p>Reflectiveness is at 32.1%. ACC is looking for Native American and transgender individuals who are receiving Ryan White services to become seated members.</p> <p>PAC will be meeting on Wednesday Jan 3 2024</p> <p>Kristina Kendricks-Clark resigned as the QAC Chair. Kelly Gluckman will assume the QAC chair position.</p> <p>The post-card survey and client satisfaction surveys were discussed at the last meeting. The post-card survey assesses the client's opinion about core services that they receive and helps identify unmet needs. The client satisfaction survey assesses the clients' feedback on providers.</p> <p>One of the strategies to encourage client feedback is to have case managers inform clients about the correlation between completed surveys and increased funding.</p> <p>The other suggestion was to encourage the survey distribution in provider team meetings and case management calls so that the surveys are widely shared.</p> <p>A committee member also suggested that clients should be educated on different service categories. For example, clients might be unaware of what services fall under Emergency</p>
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Needs Assessment Committee	Financial Assistance. QR codes were discussed as an option to distribute both surveys..  The Needs Assessment Committee discussed the topic for the next Needs Assessment Report. The consensus was to develop a targeted report on HIV and Aging based on the data extrapolated from the previous Needs Assessment Survey because 65% of the respondents were over 50 years old. Jake Bradley-Rowe stated that an intern at Sunburst Projects is interviewing clients for a dissertation on HIV and Aging and plans to share the data. A representative from OCH is surveying the aging HIV population and will also release their data.
Executive Committee	The executive committee will meet in January.
AdHoc	The AdHoc Committee will meet in January. Chelle Gossett stated the County Public Information Officer is looking into what the County can or cannot do with regards to developing a new website.
Governance	The Governance Committee did not meet. There will be a vote on a new Council chair at January's Planning Council Meeting on a new chair. The attached bylaws and officer election documents detail the election process. Committee members can nominate themselves or someone else. Those interested in the Council chair position should email Paula by January 10. There will be a roll call vote in January.
Binder Update	Binder updates no new updates. Going forward, binder updates will only available electronically.
Public Comments Non-Agenda Items	Richard Benavidez thanked Jake Bradley-Rowe, the LGBT Center and Sac State for a successful World AIDS day event.

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Tech Assistance	For technical assistance, reach out to Richard Benavidez.
Adjournment	11:37 AM

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Meeting Date: 12/13/23									
	Agenda			Minutes			October Part A Report*		
<b>Seated Members</b>	Approve	Opposed	Abstain	Approve	Opposed	Abstain	Approve	Opposed	Abstain
Beth Valentine									
Austin Green	X			X			X		
Brad Bartholomai									
Chelle Gossett	X			X					X
Christopher Kendrick Stafford	X			X			X		
David Contreras									
Dennis Poupart									
Jake Bradley-Rowe	X			X			X		
Josh Kooman									
Judy Vang									
Kaye Pulpupa			X			X			X
Kane Ortega									
Kelly Gluckman	X			X			X		
Keshia Lynch									
Kristina Kendricks-Clark	X			X			X		
Lenore Gotelli									
Melissa Willet	X			X			X		
Melody Law									
Michael Ungeheuer									
Minerva Reid	X			X			X		
Richard Benavidez	X			X			X		
Ronnie Miranda	X			X			X		
Shy Brown									
Steve Austin									
Tracy Thomas	X			X			X		
Troy Stermer	X			X			X		
Yingjia Huang									
Zach Basler	X			X			X		
Motion	Willet			Bradley-Rowe			Basler		
Second	Basler			Kendricks-Clark			Gluckman		
Amended Motion	Willet			Miranda					

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This newsletter is currently organized to align with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The [Integrated Plan](#) is available on the Office of AIDS' (OA) website.

## INSIDE:

- Strategy A
- Strategy B
- Strategy J
- Strategy K
- Strategy M
- Strategy N

## STAFF HIGHLIGHT

Please join OA in congratulating **Rabia Fakhar**. Rabia has accepted a promotion as a Health Program Specialist I in the OA Support Branch Procurement and Purchasing Unit. In her new role, she will provide analysis and technical support to the various programs and special projects that are necessary to facilitate statewide program operations, as well as providing the expertise and assistance with managing over 400 contracts and all corresponding maintenance and funding encumbrances tied to each contract in addition to all other procurement needs.

Rabia began her career with the State of California working for the Public Utilities Commission (PUC) as an Associate Governmental Program Analyst in September of 2020, working as a Contracts Analyst in the Management Services/Contracts section. In this position, she worked alongside other divisions, contractors, and PUC project managers in all phases of purchasing and contracting Non-IT Goods and Services and ensured cost effective methods are utilized legally and in compliance with the State Administrative Manual. Her duties also included analyzing and managing the contract for the life of the agreement and preparing various complex detailed reports upon request. While not at work, she enjoys going for walks, reading books, traveling, and spending time with family. **Congratulations Rabia!**

## ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the ***Ending the Epidemics Strategic Plan***, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is on-going.

The *Strategic Plan* has 30 strategies organized over 6 social determinants of health and its accompanying *Implementation Blueprint* helps us drill-down into these strategies. Please continue to use and share these documents. The California Department of Public Health (CDPH) has made technical assistance available to counties that want to customize this blueprint for their communities. Please check out [Facente Consulting's webpage](#) to get more information about our ongoing community engagement and available technical assistance.

## GENERAL UPDATES

### ➤ COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](#) to stay informed.

## ➤ Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

[Mpox digital assets](#) are available for LHJs and CBOs.

## ➤ Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

## ➤ HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

## ➤ Ending the HIV Epidemic

Thank you to all *Ending the HIV Epidemics in the US Initiative* counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco and Los Angeles. The recently released [National HIV/AIDS Strategy \(NHAS\) Interim Action Report](#) offers more information about the impact of this initiative nationally. We still have a long way to go but we have made progress.

For more information about the [California EHE Initiative](#), visit our OA webpage. You can also view presentations (English and Spanish) from the [2023 Ending the Syndemic Symposium](#) that highlight key accomplishments of the initiative in California.

## STRATEGY A

### Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

#### ➤ PrEP-Assistance Program (AP)

As of December 27, 2023, there are 200 PrEP-AP enrollment sites and 188 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

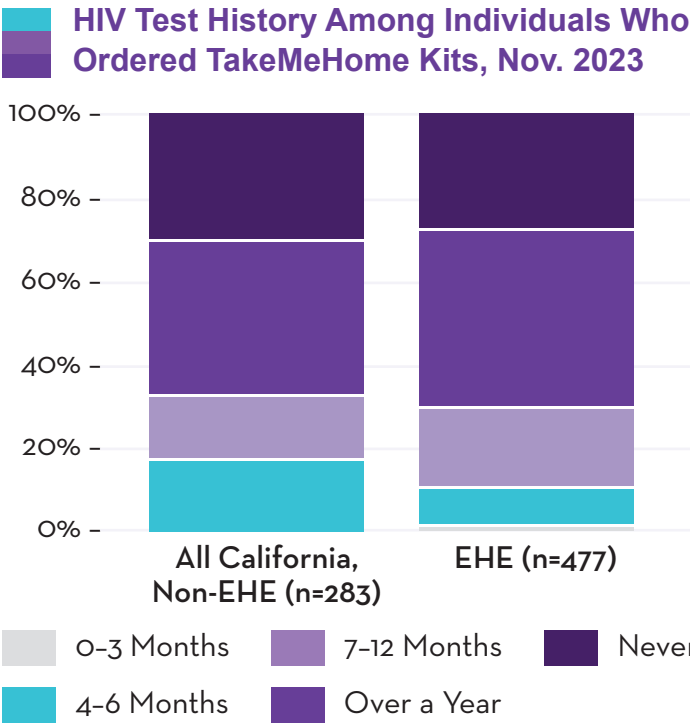
## STRATEGY B

### Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, [TakeMeHome®](#), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In November, 283 individuals in 36 counties ordered self-test kits, with 201 (71.0%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 39 months, between September 1, 2020, and November 30, 2023, 8372 tests have

been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 261 (54.7%) of the 477 total tests distributed in EHE counties. Of those ordering rapid tests, 119 (53.1%) ordered 2 tests.



Since September 2020, 948 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 317 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.3%	94.1%
Identify as a man who has sex with other men	58.7%	60.9%
Reported having been diagnosed with an STI in the past year	8.7%	9.5%

TAKEMEHOME

STRATEGY J

**Increase Rates of Insurance/ Benefits Coverage for PLWH or on PrEP:**

As of December 27, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page 5.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	54.8%	60.6%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	35.6%	37.6%
Were 17-29 years old	49.9%	43.5%
Of those sharing their number of sex partners, reported 3 or more in the past year	48.2%	42.2%

(continued on page 5)

### Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	309	8%	---	---	---	---	23	1%	332	9%
25 - 34	1,238	33%	1	0%	1	0%	202	5%	1,442	39%
35 - 44	961	26%	---	---	4	0%	165	4%	1,130	30%
45 - 64	454	12%	---	---	16	0%	106	3%	576	15%
65+	24	1%	1	0%	205	6%	11	0%	241	6%
TOTAL	2,986	80%	2	0%	226	6%	507	14%	3,721	100%

### Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	181	5%	1	0%	32	1%	18	0%	2	0%	63	2%	2	0%	33	1%	332	9%
25 - 34	857	23%	1	0%	135	4%	80	2%	9	0%	269	7%	9	0%	82	2%	1,442	39%
35 - 44	684	18%	4	0%	111	3%	54	1%	6	0%	215	6%	9	0%	47	1%	1,130	30%
45 - 64	347	9%	---	---	48	1%	19	1%	2	0%	132	4%	2	0%	26	1%	576	15%
65+	22	1%	---	---	3	0%	4	0%	---	---	204	5%	---	---	8	0%	241	6%
TOTAL	2,091	56%	6	0%	329	9%	175	5%	19	1%	883	24%	22	1%	196	5%	3,721	100%

### Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	74	2%	---	---	8	0%	10	0%	1	0%	17	0%	---	---	5	0%	115	3%
Male	1,818	49%	5	0%	297	8%	158	4%	18	0%	839	23%	21	1%	169	5%	3,325	89%
Trans	173	5%	---	---	19	1%	6	0%	---	---	13	0%	---	---	6	0%	217	6%
Unknown	26	1%	1	0%	5	0%	1	0%	---	---	14	0%	1	0%	16	0%	64	2%
TOTAL	2,091	56%	6	0%	329	9%	175	5%	19	1%	883	24%	22	1%	196	5%	3,721	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 12/31/2023 at 12:02:08 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.



ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from November
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	504	+ 0.59%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,251	+ 0.20%
Medicare Part D Premium Payment (MDPP) Program	2,089	+ 0.72%
<b>Total</b>	<b>7,844</b>	<b>+ 0.37%</b>

Source: ADAP Enrollment System

## STRATEGY K

### Increase and Improve HIV Prevention and Support Services for People Who Use Drugs:

#### ➤ Harm Reduction and Public Safety Pilot

CDC released resources from their [Harm Reduction and Public Safety Pilot Project](#). Resources include power point presentations, one-pagers and webinar recordings centered around harm reduction and engaging with public safety.

- The Power of Collaboration: Success Stories of Harm Reduction and Public Safety Partnerships to Prevent Overdose [Webinar Recording](#)
- Communicating About Harm Reduction With Public Safety [Webinar Recording](#)
- Outreach to/Engaging With Underserved Communities [Slide Deck](#)

#### ➤ A Qualitative Study of the Negative Impact of Encampment Sweeps on the Mental Health of Unhoused People Who Use Drugs

The Journal of Social Science & Medicine published a study that finds unhoused people who use drugs (PWUD) are increasingly subjected to forced displacement in sweeps that result in multiple negative impacts on the communities' existential security. The report details how sweeps create unpredictability, disrupt routines of survival and drug use, and increase feelings of hopelessness and loss. The authors argue that sweeps further marginalize unhoused PWUD, decreasing their agency and autonomy.

- [“Notice Of Major Cleaning”](#): A Qualitative Study of the Negative Impact of Encampment Sweeps on the Ontological Security of Unhoused People Who Use Drugs

## STRATEGY M

### Improve Usability of Collected Data:

*Epidemiology of HIV in California, 2017-2021* has been released and is now available on the CDPH/OA [Surveillance Reports webpage](#).

This report describes the state of the HIV epidemic in California over the specified five-year period, including trends in new diagnoses

and progress towards viral suppression as well as the impact of social determinants of health on new diagnoses and health outcomes. The report also includes information regarding care of HIV patients in California and HIV prevention among vulnerable populations.

## STRATEGY N

### Enhance Collaborations and Community Involvement:

#### ➤ Seeking ADAP Medical Advisory Committee Community Members

CDPH is committed to ensuring the composition of our Medical Advisory Committee (MAC) membership is reflective of the communities impacted by HIV. CDPH seeks to add at least two or more committee members living with HIV and encourages those who identify as HIV-positive to apply to serve as a community advocate.

The primary role of the MAC is to review the program formulary, evaluate available HIV/AIDS related drugs, in addition to medications

used in the treatment of opportunistic infections, and make recommendations for changes to the program formulary. The ADAP MAC consists of HIV-specialized physicians, pharmacists, psychiatrists, treatment advocacy representatives, and affected community members.

The established vision for the MAC is: ***ADAP will make available, in an effective and timely manner to people living with HIV, pharmaceutical and other treatments which are reliably expected to increase survival, reduce mortality, and improve quality of life.***

If you are interested in applying for membership in the ADAP MAC, please [email your request for an application to CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov](mailto:CDPHADAPMedicalAdvisoryCommittee@cdph.ca.gov).

For [more information regarding the ADAP MAC](#), please see our webpage.

For [questions regarding this issue of \*The OA Voice\*](#), please send an e-mail to [angelique.skinner@cdph.ca.gov](mailto:angelique.skinner@cdph.ca.gov).

Part A Only

<b>EL DORADO COUNTY - December 2023</b>	<b>Approved Budget</b>	<b>Current Month</b>	<b>Cumulative Expenses</b>	<b>% Shade</b>	<b>Percentage Used</b>	<b>Remaining Balance</b>
Service Category						
Ambulatory/Outpatient Care	Not Funded at This Time					
Oral Health	\$5,285		\$3,424		64.8%	\$1,861
Health Insurance Premium & Cost Sharing Asst.	\$1,955		\$550		28.2%	\$1,405
Mental Health Services	\$10,201		\$0		0.0%	\$10,201
Medical Case Management	\$145,640		\$98,549		67.7%	\$47,091
Medical Transportation Services	\$11,784		\$9,790		83.1%	\$1,994
Emergency Financial Assistance	\$31,750		\$28,116		88.6%	\$3,634
Sub-Total El Dorado Counties	\$206,615	\$0	\$140,430		68.0%	\$66,185

<b>PLACER COUNTY - December 2023</b>	<b>Approved Budget</b>	<b>Current Month</b>	<b>Cumulative Expenses</b>	<b>% Shade</b>	<b>Percentage Used</b>	<b>Remaining Balance</b>
Service Category						
Ambulatory/Outpatient Care	Not Funded at This Time					
Oral Health	\$2,530		\$0		0.0%	\$2,530
Health Insurance Premium & Cost Sharing Asst.	\$715		\$323		45.2%	\$392
Mental Health Services	\$4,425		\$0		0.0%	\$4,425
Medical Case Management	\$150,694		\$95,976		63.7%	\$54,718
Medical Transportation Services	\$20,891		\$12,986		62.2%	\$7,906
Emergency Financial Assistance	\$46,000		\$31,983		69.5%	\$14,017
Sub-Total Placer County	\$225,255	\$0	\$141,267		62.7%	\$83,988

Priority Number

SACRAMENTO COUNTY - December 2023		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category							
1 Ambulatory/Outpatient Care		\$423,533	\$0	\$297,989		70.4%	\$125,544
SS: Ambulatory/Outpatient Medical Care		\$364,095		\$259,150		71.2%	\$104,945
SS: Vendor paid viral/load resistance lab test		\$59,438		\$38,839		65.3%	\$20,599
2 ADAP/Prescription Medications		Not Funded at This Time					
3 Health Insurance Premium & Cost Sharing Asst.		\$22,154		\$14,276		64.4%	\$7,878
4 Oral Health		\$260,801		\$69,889		26.8%	\$190,912
5 Medical Case Management		\$1,141,618	\$0	\$821,747		72.0%	\$319,871
SS: MAI		\$191,667		\$174,189		90.9%	\$17,478
SS: Office Based Services		\$458,455		\$366,039		79.8%	\$92,416
SS: Field/In-Home Services		\$471,238		\$274,215		58.2%	\$197,023
SS: Pediatric Treatment Adherence		\$861		\$552		64.2%	\$308
SS: Case Mgmt Child Care		\$19,397		\$6,752		34.8%	\$12,645
6 Case Management (Non-Medical)		\$113,394		\$73,522		64.8%	\$39,872
7 Food Bank/Home Delivered Meals		\$34,654		\$22,612		65.2%	\$12,042
8 Mental Health Services		\$468,819		\$360,515		76.9%	\$108,304
9 Psychosocial Support		Not Funded at This Time					
10 Medical Transportation Services		\$86,122		\$48,474		56.3%	\$37,648
11 Substance Abuse Services - Outpatient		\$188,815		\$135,688		71.9%	\$53,127
12 Substance Abuse Services - Residential		\$58,426		\$9,623		16.5%	\$48,803
13 Housing Assistance		\$24,015		\$10,351		43.1%	\$13,664
14 Child Care Services		\$15,369		\$10,672		69.4%	\$4,697
15 Emergency Financial Assistance		\$20,289		\$8,435		41.6%	\$11,854
16 Medical Nutritional Therapy		\$32,374		\$11,525		35.6%	\$20,849
17 Health Education/Risk Reduction		Not Funded at This Time					
18 Outreach Services		Part B Funded Only					
19 Outreach Services MAI		Part B Funded Only					
20 Linguistic Services		Not Funded at This Time					
21 Home & Community Based Health Services		Not Funded at This Time					
22 Home Health Care		Not Funded at This Time					
23 Hospice		Not Funded at This Time					
24 Legal Services		Not Funded at This Time					
25 Permanency Planning		Not Funded at This Time					
26 Referral for Health Care and Support Services		Not Funded at This Time					
27 Rehabilitation Services		Not Funded at This Time					
28 Respite Care		Not Funded at This Time					
29 ADAP/Prescription Medications		Not Funded at This Time					
30 Early Intervention Services		Not Funded at This Time					
Sub-Total Sacramento County		\$2,890,383	\$0	\$1,895,317		65.6%	\$995,066
Sub-Total TGA Direct Service Expenditures		\$3,322,253	\$0	\$2,177,014		65.53%	\$1,145,239
Recipient - Grantee Admin		\$369,311	\$0	\$136,825		37.05%	\$232,486
Recipient - Quality Mgmt		\$184,655	\$0	\$63,501		34.39%	\$121,154
Grand- Total Direct Services, Recipient		\$3,876,219	\$0	\$2,377,341		61.33%	\$1,498,878

Missing Invoices	December					
Emergency Financial Assistance, Oral Health, Medical Nutritional Therapy, Mental Health, Non Medical Case Management, Transportation, Health Insurance, Food, Child Care, MAI Medical Case Management, Medical Case Management, Ambulatory Care, Residential Substance Abuse	Under 5%		0-77%			
	Within 5%		78-88%			
	Over 5%		89% - Over			
TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$3,130,586	\$0	\$2,002,825		63.98%	\$1,127,761
Part A MAI	\$191,667	\$0	\$174,189		90.88%	\$17,478

Total Part A: 75/25 Expenditure Requirement	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Core Services (Does not include MAI MCM)	\$2,667,892	\$0	\$1,736,263	85.2%	#DIV/0!	86.7%
Support Services	\$462,694	\$0	\$266,562	14.8%	#DIV/0!	13.3%

# **HIV Health Services Planning Council Sacramento TGA**

## **Policy and Procedure Manual**

**Subject:** Member Policy Acknowledgement

**No.:** GOV 12

**Date Approved:** 05/25/05

**Date Revised:** 03/23/22

**Date Reviewed:** 03/23/22

### **Purpose**

The HIV Health Services Planning Council (Council) operates most efficiently when members are knowledgeable of all policies and have an understanding of basic operating procedure. The Member Policy Acknowledgement form is created to document a member's commitment to developing a basic understanding of the principles and information contained in the Council's Policy and Procedure Manual and receipt of these materials.

### **Policy**

All members of the HIV Health Services Planning Council are required to read and sign the Policy Acknowledgement Declaration (Attached). Members whose signed Declaration is not on file with Council staff are suspended from voting until such time as the signed document is received.

### **Procedure**

- A. All new members will be provided with a Policy Acknowledgement form at the time of initial orientation and receipt of the Policy and Procedure Manual. The orientation session will at minimum highlight member attendance, conflict of interest and confidentiality responsibilities. These principles will be reflected in the acknowledgement statement which the Member will be asked to sign at the conclusion of orientation.
- B. Annually, in January, all Council members will re-submit a signed Policy Acknowledgement form at an annual meeting of the Council's choosing. Ideally this activity will be timed with the general yearly review and updating of all existing operating procedure. Should a member take issue with a specific policy or operating procedure, the member may take up the issue through customary means (i.e. Council

agenda item). However, Declaration filing is required before voting privilege is granted.

- C. Council Support staff will maintain signed acknowledgement forms on file for a period of 2 years (current and last prior) after Member resignation or removal from the Council.
- D. Any member who does not submit a signed Acknowledgement form within 30 days from initial orientation or the annual review meeting date will be notified by the Chair that the Members' voting status is suspended until the Acknowledgement is received and filed by Council staff.



Signed: \_\_\_\_\_  
Richard Benavidez, Chair

Date: 3/23/22

HIV Health Services Planning Council

**Acknowledgement of HIV Health Services Planning Council Policies  
Including Attendance, Conflict of Interest and Confidentiality**

Please read and affirm your understanding and compliance with each of the following sections of the Planning Council Bylaws:

**Article III**

Section 3.10: "Regular meeting attendance is expected and it is the responsibility of all members to communicate unavoidable absences as specified in policy."

**Note**: Members may be removed by a vote of the Planning Council for having three (3) consecutive unexcused absences or five (5) unexcused absences over a twelve (12) month period.

**\*I acknowledge an understanding of and a commitment to these statements, Signed \_\_\_\_\_**

**Article VII**

Section 7.1: "Conflict of interest is a breach of an obligation to the council that has the effect or intention of advancing one's own interest or the interests of others in a way detrimental to the interests or potentially harmful to the fundamental mission of the Council."

**\*I acknowledge an understanding of and a commitment to this statement, Signed \_\_\_\_\_**

**Article VIII**

Section 8.1: "No member of the Council or its committees shall disclose confidential information acquired in the course of his/her official duties."

In addition, I understand that additional criminal or civil penalties may apply under existing local, state or federal law.

**\*I acknowledge an understanding of and a commitment to this statement, Signed \_\_\_\_\_**

Additionally, I acknowledge that it is my responsibility to follow all Planning Council approved policies, procedures and Bylaws not specifically referred to in this document, and to maintain my Policy and Procedure Manual with policy updates as provided by Council Staff.

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Council Member: \_\_\_\_\_**

# HIV Health Services Planning Council Sacramento TGA

## Policy and Procedure Manual

**Subject:** Code of Conduct

**No:** GOV 14

**Date Approved:** 02/26/14

**Date Revised:** 03/23/22

**Date Reviewed:** 03/23/22

### CODE OF CONDUCT POLICY & PROCEDURES

**NOTE:** This Code of Conduct formulated and adopted by for the Sacramento Transitional Grant Area (TGA) is consistent with the “best practices” of Planning Councils serving EMA/TGA’s across the United States. Further, it is compliant with guidelines of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (“CARE Act”) and the most recent HRSA guidance. The Code is comprised of **two sections: (1)** one for **members of the Planning Council, its committees, ad-hoc, or subcommittees;** and **(2)** one for **members of the public** who attend Planning Council, committee, subcommittee or task force meetings as well as any other public events presented or supported by the Planning Council. Copies of this Code of Conduct are available to all meeting guests who, by their presence and participation, agree to respect and adhere to the terms of set forth herein.

### **Purpose and Scope**

This Code of Conduct describes the behavior expected of all Planning Council members and other official meeting participants at all meetings and activities associated with the work of the Planning Council.

The Code of Conduct is designed to ensure appropriate behavior at Planning Council and committee meetings as well as other events conducted by the Planning Council. Provisions of the Code of Conduct are designed to ensure that the Council can be productive, open to community input, and respectful of its members and visitors. The Code helps to create a positive environment, and to protect all members and public participants from inappropriate and disruptive behavior.



## **Applicability**

The Code of Conduct applies to Planning Council members and to non-members who serve on standing committees, subcommittees, or task forces.

## **Approval and Implementation**

The Planning Council establishes, approves and secures member acceptance of the Code of Conduct.

1. The Code of Conduct is presented and reviewed at each New Member Orientation and at the Planning Council's Annual Meeting each January.
2. Non-Planning Council members of Standing Committees must sign and submit the Code of Conduct Affirmation and Pledge Form prior to joining a committee. Non-Planning Council committee members are to submit their completed forms to the Standing Committee Chair who will forward them to the Planning Council Staff.
3. Planning Council Staff will maintain a copy of the Code of Conduct Affirmation and Pledge Form for each Planning Council and/or Committee Member.

## **Expected Conduct by Planning Council and committee members at all Council Events**

### **Code of Conduct during Meetings**

Planning Council, committee, ad-hoc, and subcommittee members are expected to follow these rules of conduct in all meetings and other Planning Council-related events:

1. Conduct themselves in a professional and courteous manner at all times.
2. Follow the laws and regulations governing Sacramento County's Boards and Commissions, the agencies and jurisdictions in which they serve, and the Planning Council's Bylaws, Policies, and Procedures.
3. Follow the Council's Conflict of Interest Policies and Procedures, assist the chair of the meeting in ensuring that they are consistently followed, and conduct themselves in a manner that prevents perceived as well as actual conflicts of interest.

4. Address others with respect – as intelligent people with a right to be a part of discussions and decision making – so that everyone has the opportunity to speak and to be listened to, without interruption.
5. Follow any additional procedures for discussion that may be set by the meeting Chair, such as limiting the length of individual presentations and setting reasonable time limits on debate. The Council's Vice Chair will be responsible for helping to ensure that the Code of Conduct is followed during Planning Council and Executive Committee meetings. The Chair or Vice Chair of a committee will play this role in committee meetings.
6. Recognize the authority and follow the direction of the meeting Chair. Do not disrupt a meeting or encourage or assist members of the public to do so.
7. Cooperate with the agreed-upon decision-making process – whether majority rule, some form of super majority (e.g., two-thirds vote) if specified in the Bylaws, or consensus, etc. Unless otherwise determined, decision-making will be done using *Robert's Rules of Order*.
8. State disagreements about issues without engaging in personal attacks.
9. Follow and support decisions made by the body, regardless of their personal position.
10. Serve as both an advocate and a planner, recognizing a responsibility to both present the concerns of specific communities or population groups, and make decisions that are data-based and reflect the overall needs of people living with HIV disease in the TGA.
11. Follow the Council's Confidentiality Policy (Bylaws Article VIII), as stated in the Confidentiality Pledge signed by each member. This means not disclosing personal information about any Planning Council or committee or subcommittee member – such as the HIV status of anyone who is not publicly disclosed, or medical or personal/personnel information that would constitute an invasion of privacy – that was obtained through their Planning Council relationships and activities.
12. Act on behalf of all PLWH in the TGA, not to benefit the member or any funded entity.
13. Refrain from asking questions, requesting information, or making comments about the performance or funding of individual provider agencies. Dealing with specific providers involves procurement and contract management and is the responsibility of the recipient.

Members may, however, request information about performance and expenditures related to a service category, regardless of the number of providers in that category.

14. If they feel they cannot support the mission, goals, strategies, programs, and/or leadership of the Council and committees as agreed upon by the members, resign or decline involvement in the affected matter.
15. Take responsibility not only for following by the Code of Conduct personally, but also for speaking out to ensure that all participants follow it.
16. Every Council member will participate and allow the participation of every other Council member and guest without discrimination with respect to race, gender, religious belief, color, national origin, ancestry, age, physical or mental disability status, or sexual or gender orientation.
17. No Council member shall use alcohol or illegal drugs, or be under the influence of such, at any Council meeting or community event.
18. Violation of this Code of Conduct may lead to corrective action up to and including removal from Council membership.

### **Representation/Communications**

Except as stated otherwise in the Bylaws, the only authorized official representatives of the Planning Council are the Chair and the Vice Chair.

1. The Chair and/or the Vice Chair may represent the Planning Council in public. This includes representation to the press, public, and in any situation where the official input of the Planning Council is needed.
2. Committee Chairs may represent their committee only, and only to other members of the Planning Council, except when authorized by the Planning Council to represent it.
3. Other members shall represent only themselves, unless properly authorized by the Planning Council or a committee to represent the Planning Council or the Committee, respectively.

### **Sanctions**

The following measures may be taken if a Planning Council or committee member fails to comply with the Code of Conduct stipulated above.

1. When a Planning Council or committee member violates this Code of Conduct in a meeting, the meeting Chair is expected to inform him/her that the behavior is unacceptable. Others in attendance are expected to support the Chair in ensuring that everyone follows the Code of Conduct. If inappropriate behavior continues and the Chair feels it will disrupt the process, s/he may ask the individual to leave the meeting. Prior to removing the individual, the Chair of the meeting shall publicly state the reason for removal.
2. If a member of the Planning Council repeatedly violates the Code of Conduct, the Confidentiality Policy or other Council policies during committee meetings, the Committee Chair may request that the Planning Council Chair remove this individual as a committee member subject to the approval of the Executive Committee. The member will be suspended from Committee attendance and participation while the request for removal is pending.
3. If a Planning Council member continually violates the Code of Conduct in Planning Council meetings or other events, s/he may be recommended to the County Board of Supervisors Office of Boards and Commissions for "removal for cause" as stated in the Bylaws. Such a recommendation requires a two-thirds vote of the Council members, meeting in executive session, at any regular or special meeting that is held after provision of no fewer than ten business day's prior notice. If the member is recommended by the Planning Council for removal, s/he will be suspended from participation until action by the County Board of Supervisors Office of Boards and Commissions.
4. If a committee or subcommittee member who is not a Planning Council member repeatedly violates the Code of Conduct, the Planning Council Chair may remove this individual as a committee member with the approval of the Executive Committee.
5. If the individual feels that s/he has been treated unfairly, s/he may express this concern to the Executive Committee, which will attempt to resolve the situation informally. If unable to do so, the Executive Committee will inform the individual of his/her right to pursue his/her complaint using the Planning Council's Grievance Policy and Procedures process.

## **Expected Conduct by Members of the Public at Planning Council Events**

### **Code of Conduct**

The following is expected conduct by members of the public who attend Council or committee meetings or other Planning Council-sponsored events:

1. Members of the public are encouraged to attend and participate in meetings of the Planning Council as well as community events organized or supported by the Planning Council.
2. People living with HIV/AIDS (PLWHA) community members are strongly encouraged to attend and actively participate in the monthly Affected Communities Committee meeting. The Affected Communities Committee is an integral part of the Planning Council process. The Affected Communities Committee Chair is a member of the Executive Committee. As a result, the Affected Communities Committee is the best means of providing input and raising concerns of the PLWHA community.
3. Members of the public are encouraged to attend and participate in committee meetings and to become regular, active members of committees that include non-Planning Council membership. This allows maximum opportunities for public input at an early stage in discussions.
4. Opportunity for public comment and contribution will be included in Planning Council meetings and events. Members of the public are expected to comply with the times and means for comment and input established by the Planning Council.
5. The Agenda for each monthly Planning Council Meeting including specific issues to be considered will be posted on the Council website.
6. Members of the public may submit written comments that will be distributed to all Planning Council members and meeting attendees. In order for such written comments to be included in the Meeting Materials for a specific meeting, the comments must be provided to the Planning Council Staff no less than ten (10) calendar days before the meeting date.
7. A Public Comment Period with a firm time limit will be provided at every regular monthly meeting of the full Planning Council. Members of the public wishing to offer comments at a given meeting must submit a written or email request to the Planning Council's Vice Chair or Planning Council Staff no later than close of business on the Monday before the monthly Planning Council meeting held on Wednesday. Priority for use of available public comment time will be assigned based upon the order in which requests were received. If requests for use of public comment time exceed the pre-set period, the Chair shall have sole and final discretion of whether additional meeting time will be allocated for public comments. The Chair's decision will consider the time demands imposed by the remainder of

the agenda requiring Planning Council consideration and action at the particular meeting.

8. Time constraints prevent having members of the public participate in Planning Council debate.
9. Members of the public are expected to treat members and other guests with courtesy and respect at all times.
10. When speaking, members of the public are expected to follow any specified time limitations and to recognize the authority and follow the direction of the Chair of the meeting.
11. Members of the public may speak during the meeting only during Public Comment periods or when recognized and requested to do so by the Chair.
12. Members of the public should recognize that the Planning Council has no role in procurement or in monitoring the performance of specific providers, and that concerns related to services provided by specific agencies should be addressed to the recipient, not the Planning Council. Such concerns or questions can also be raised at the monthly Affected Communities Committee meetings.

## **Sanctions**

The following measures may be taken if a member of the public fails to comply with the Code of Conduct stipulated above.

1. At any given meeting, a member of the public who repeatedly fails to follow these guidelines, uses disrespectful language or otherwise disrupts meetings or events will be warned and, then if the behavior persists, will be asked by the Chair to leave the meeting. Prior to removing the individual, the Chair of the meeting shall state on the record the reason for removal. Other members will behave in a manner that supports the decision and action by the Chair.
2. If a member of the public repeatedly behaves disrespectfully or disruptively at multiple meetings, the Executive Committee may vote to recommend that the individual be excluded from future meetings. If the member of the public wishes to protest this decision, s/he may file a complaint using the same process stated in the Planning Council's Grievance Policy and Procedures.

Signed: \_\_\_\_\_



Richard Benavidez, Chair

Date: 3/23/22

**SACRAMENTO TRANSITIONAL GRANT AREA  
HIV HEALTH SERVICES PLANNING COUNCIL**

**CODE OF CONDUCT AFFIRMATION & PLEDGE**

**Purpose and Scope**

This Code of Conduct describes the behavior expected of all Planning Council members and other official meeting participants at all meetings and activities associated with the work of the Planning Council.

The Code of Conduct is designed to ensure appropriate behavior at Planning Council and committee meetings as well as other events conducted by the Planning Council. Provisions of the Code of Conduct are designed to ensure that the Council can be productive, open to community input, and respectful of its members and visitors. The Code helps to create a positive environment, and to protect all members and public participants from inappropriate and disruptive behavior.

**Applicability**

The Code of Conduct applies to Planning Council members and to non-members who serve on standing committees, subcommittees, or ad-hoc committees.

**Understanding and Acceptance**

By signing this Code of Conduct Pledge, I acknowledge receiving a copy of the full Code of Conduct and being afforded the opportunity to discuss it with the Planning Council Chair or Vice Chair or a member of the Executive Committee. I affirm that I understand the statement and the reasons for it.

**Enforcement**

I realize that violation of any provision of this agreement may result in disciplinary measure/s up to and including removal from the Planning Council being taken against me.

Any perceived violation of the Code of Conduct is to be addressed by the Council Chair, Vice Chair, Committee Chair and/or Executive Committee as prescribed in the full Code of Conduct Policy and Procedures. Any issue not resolved by those means is to be addressed and resolved using the Planning Council's Grievance Policy and Procedures

**Pledge**

By signing below, I agree to abide by the expectations set forth in the Code of Conduct for the Sacramento TGA's HIV Health Services Planning Council and its Committees.

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**Print Name**

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**Signature**

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**Date**

**HIV Health Services Planning Council  
Sacramento TGA**

**Policy and Procedure Manual**

**Subject:** Policy & Procedures Conflict of Interest

**No:** GOV 15

**Date Approved:** 02/26/14

**Date Revised:** 03/23/22

**Date Reviewed:** 03/23/22

**POLICY & PROCEDURES - CONFLICT OF INTEREST**

*"The Planning Council is bound by the Legislative requirements of Ryan White HIV/AIDS Treatment Extension Act of 2009 ("CARE Act") Part A which expressly prohibits Planning Council participation in the selection of specific entities to receive Part A funding, or in the management of provider contracts."*

**Conflict of interest** is defined by the Planning Council Bylaws as *"an interest by a planning council member in an action that may result in personal, organizational, or professional gain."* The conflict of interest may be actual or perceived. Therefore, any council member who is affiliated with or who has a family member affiliated with an agency receiving or competing for Ryan White funds in a specific service category may not participate in decisions involving that service category. The affiliated member may not initiate discussion, introduce a motion or vote on the setting of service priorities, allocation of resources, or development of directives related to that service category.

- **"Affiliated"** is defined as being an employee, paid consultant, contractor, officer or board member, or a volunteer (20 or more hours per week) for an agency receiving or competing for Ryan White funds in a specific service category.
- **"Family member"** is defined as spouse, partner, mother, father, child, or sibling. Being a client of a provider is not considered a conflict of interest.

**Management of Conflict of Interest:** The Planning Council manages conflict of interest by requiring members to abide by the conflict of interest standards described in the Bylaws and to the guidelines for the management of conflict of interest described below.



1. Each Planning Council member must file a new or updated Conflict of Interest Disclosure Form by January 1<sup>st</sup> of each year. Those with no conflict of interest must prepare a form with the notation "NONE", sign, date and submit said form. Planning Council members will be able to submit the required form at the February Planning Council meeting immediately before the January 1<sup>st</sup> deadline. Members absent from that meeting will be responsible for completing and filing a form on or before the deadline.
2. Forms are to be submitted to the Planning Council Staff. Council Staff will ensure copies of the member's declaration(s) are to be retained in the Council files.
3. If the member's affiliation changes, the member must submit a revised declaration form within 30 days of the effective date of the change.
4. Conflict of interest is to be addressed at new member orientation and as part of any ongoing member development. New members are to complete, sign and submit Conflict of Interest Disclosure Form during their orientation session.
5. At the beginning of each meeting of the Planning Council, the Chair or Vice Chair presiding shall direct each member to (1) state his/her name; (2) identify his/her Planning Council membership category and position, if any; (3) and state whether he/she does or does not have a conflict of interest.
6. Any affiliated member with a potential conflict of interest must verbally disclose such at the beginning of any affected discussion.
7. Upon disclosure of his/her affiliation and conflict of interest(s), the Planning Council member may engage in discussion of issues pertinent to the types of services provided by his/her agency but must comply with the limitations imposed and specified below.
8. An affiliated Planning Council member may not make or second a motion on issues directly related to services provided by the agency with which he/she is affiliated.
9. An affiliated Planning Council member may not vote on issues directly related to services provided by the agency with which he/she is affiliated.
10. During priority setting, resource allocation, directive formulation, or reallocation of funds, an affiliated Planning Council member may not

initiate discussion about service category(ies) in which they have a conflict of interest.

11. During priority setting, resource allocation, directive formulation, or reallocation of funds, an affiliated Planning Council member may not vote on a motions involving a service category(ies) in which they have a conflict of interest.
12. During priority setting or resource allocation, an affiliated Planning Council member may vote on a slate of priorities or allocations that includes multiple service categories even if they have a conflict of interest with one or more, but not all, of the grouped categories.
13. The obligations of Planning Council members under the Conflict of Interest Policy shall extend to any discussions with other Planning Council Members regardless of location.
14. Any perceived violation of the Planning Council's Conflict of Interest Policy and Procedures is to be addressed and resolved using the Planning Council's Grievance Policy and Procedures.

Signed:   
Richard Benavidez, Chair

Date: 3/23/22

# **SACRAMENTO TGA HIV HEALTH SERVICES PLANNING COUNCIL**

## **2022 MEMBERSHIP CONFLICT OF INTEREST DECLARATION**

### **CONFLICT OF INTEREST**

Conflict of Interest is of particular significance in the operations of the Council and its committees. The Sacramento Region HIV Health Services Planning Council recognizes the potential for conflict of interest. The following guidelines are intended to identify circumstances in which members should disqualify themselves from acting, so that conflicts of interest may be avoided. Conflict of interest rules are as follows:

1. The Council, as a body, may not designate or otherwise be involved in the selection of particular entities as recipients of any of the amounts provided in the grant.
2. In general, a person has a conflict of interest if that person stands to benefit personally, professionally or financially from the outcomes of a particular decision. More specifically, the following people have a potential conflict of interest:
  - a. An employee or paid contractor of an agency which does, or may, receive funds allocated through the Sacramento Region Ryan White CARE Program;
  - b. A person in a decision making role of an agency or who has other responsibilities for the fiscal management of an agency or organization;
  - c. A person who is related or has a close personal relationship to any person(s) described in (a) or (b) above;
  - d. A person who has a financial interest in the operations of an agency; i.e. landlord, supplier, subcontractor, etc.;
3. Consumers of HIV/AIDS services who are not affiliated with an agency as described in Section 2, are generally not considered to have a conflict of interest;
4. Government officials who do not otherwise have a relationship with an agency as described above in Section 2 and are acting officially for the public agency which they represent, generally do not have a conflict of interest.

A potential conflict of interest does not exclude a person from membership on the Council, its Committees or Work Groups. Given the expertise and experience needed to perform the functions mandated to the Council by the national

legislation, conflicts of interest are inevitable. The Council does seek to maintain a reasonable balance of interests, and may need to limit the total number of persons with a conflict of interest who are selected to participate in certain capacities.

If you believe that you may have a conflict of interest, please respond to one of the statements below:

- a. I, and/or a family member, or person with whom I am closely related, personally serve (have served within the last twelve months) as an employee, or contractor, or other similar capacity, with the following organization(s) that has/have received, or may seek funding from the Sacramento Region Ryan White CARE Program. (Please list.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- b. I am not sure whether I have an official conflict of interest, but I think the following information may be important:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐

By checking this box, I am stating that I do not have any conflicts of interest.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

## **Sacramento TGA Bylaws**

### **Article I**

#### **Name of Organization and Area of Service**

Section 1.1. Name: The name of this body shall be the HIV Health Services Planning Council (herein after referred to as the Council).

Section I.2. Area of Service: The transitional grant area (TGA) to be served by the Council will be Sacramento County, El Dorado County and Placer County (herein after referred to as the TGA). For the purposes of service delivery under State Office of AIDS funding, Yolo County is included.

### **Article II**

#### **Authority, Purpose and Duties**

Section 2.1, Legal Authority: The Council was created by, and functions pursuant to, the requirements established in the Ryan White Comprehensive AIDS Resources and Emergency Act of 1990 (CARE Act), any amendments to that Act, and policies and procedures set by the United States Department of Health Services (DHS) through the Health Resources Services Administration (HRSA). In accordance with the CARE Act, the Council is appointed by the Sacramento County Board of Supervisors, designated as the Chief Elected Official (CEO) for the TGA. In 1997, a policy change by the State Office of AIDS established the Council as the entity responsible for the State Office of AIDS funds planning and allocation processes for the TGA.

Section 2.2. Purpose: The purpose of the Council is to provide effective and efficient planning for the TGA to promote development of HIV/AIDS health care and support services that meet regional needs. The Council seeks to address these needs in a cost-effective manner in ways that reduce inefficiencies and redundancies. Emphasis is placed on the identification and engagement of the uninsured, underinsured, emerging afflicted population and all disenfranchised groups living with HIV.

Section 2.3, Responsible Entities: The process of applying for, receiving, and administering Parts A/B funding necessitates a collaborative relationship between three parties: the Sacramento County Board of Supervisors as CEO, the Council, and the Sacramento County Department of Health Services (DHS) as the Recipient, each with complementary duties as described in the remainder of this section.

Section 2.4. Duties of Chief Elected Official: The CEO shall:

- (a) Receive Parts A and State Office of AIDS grant funds awarded to the TGA;

- (b) Select the Recipient;
- (c) Appoint members to the Council for the TGA; and,
- (d) Ensure that all terms and conditions of the Memorandum of Understanding (MOU) between Sacramento County, El Dorado County, Placer County and Yolo County are adhered to.

Section 2.5, Duties of Council: The duties of the Council shall be to:

- (a) Establish priorities for the allocation of Part A and State Office of AIDS funds within the TGA including how best to meet each such priority and any additional factors to be considered in the fund allocation process;
- (b) Develop a comprehensive plan for organizing, delivering, evaluating and monitoring HIV related health and support services that seek to be innovative and interactive with existing California State and/or local plans relative to the provision of health services to individuals with HIV;
- (c) Assess the efficiency, effectiveness and expediency of the administrative mechanism for allocating funds to areas of greatest need within the TGA;
- (d) Participate in the development of the Statewide coordinated statement of need; and,
- (e) Establish methods for engaging with the community to determine and prioritize needed support and care.

Section 2.6, Duties of the Recipient: The Recipient shall:

- (a) Develop and maintain contractual agreements with Sacramento, El Dorado, and Placer Counties and the State Office of AIDS specific to the distribution of Part A and State Office of AIDS funds;
- (b) Write and assemble the Part A and State Office of AIDS applications;
- (c) Select contractors and set contract award levels based on an established process in accordance with priorities set by the Council and under the terms of the MOU. The contractor award process shall include an appeals procedure;
- (d) Disseminate notice of contract awards inclusive of the appeals procedure;
- (e) Develop and execute contracts in a manner consistent with Part A requirements for rapid allocation of funds;
- (f) File reports required by HRSA and the State Office of AIDS;
- (g) Develop and implement a fund reallocation process under parameters set forth by the Council to insure the rapid and appropriate redistribution of any funds for which the established anticipated rates of service expenditures are greater or less than projected at the time of original funding; and,
- (h) Monitor and assess the quality, effectiveness and economy of the services supported with Part A and State Office of AIDS grant funds.

## **Article III Council Membership**

Section 3.1, Nominations: The ultimate selection and appointment of Council members is the responsibility of the Sacramento County Board of Supervisors upon recommendation by the Public Health Advisory Board (PHAB). Nominations for membership on the Council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Nomination Policies and Procedures established by the Council, in conjunction with the PHAB, shall guide the process of recruitment, application, selection and recommendation to the Board of Supervisors.

Section 3.2. Number: The membership of the Council shall be comprised of a maximum of 44 individuals who shall be appointed by the Sacramento County Board of Supervisors.

Section 3.3. Representation: Council membership must reflect in its composition the demographics of the epidemic in the TGA with emphasis given to the disproportionately affected and historically under-served groups and sub-populations.

- (a) The proportion of Council members living with HIV shall meet or exceed the minimum level defined by HRSA regulations; and,
- (b) The Council shall include any federally mandated categorical representatives mandated by the HRSA and any additional categorically designated locally and as outlined in the council's policies and procedures, which may be updated from time to time.

Section 3.4, Voting: All members shall have voting privileges on the Council.

Section 3.5, Terms: A full term as a member of the Council is three (3) years. A regular term begins on January 1. Candidates for reappointment, including those filling mandated positions, will be selected following the same policies and procedures used for new members. If a member is unable to complete a term for any reason a new member may be selected, as outlined in Section 3.9, to serve the remainder of the term.

Planning Council seats are set by the Board of Supervisors for a term of three years. Terms begin January 1 and end three years later on December 31. Example. January 1, 2005 – December 31, 2007.

Members can serve no more than three consecutive three-year terms. The exceptions are the Health Officers, the state Part B and Medi-Cal representatives or a designated member for a service provider, who shall serve by virtue of their office, with no fixed term.

A member who is selected to fill an unexpired term will serve for the remainder of that term, and if eligible to serve two additional three-year terms if his/her membership is renewed.

Upon completion of the maximum terms outlined above, an individual is eligible to immediately re-apply for Planning Council membership for additional three-year term and subsequently must re-apply every three years.

Section 3.6, Alternative Representation of Members:

- (a) Under certain circumstances as defined by policy and procedure, members living with HIV may have an alternate assigned to represent him or her during any absence due to illness related to their HIV status. Alternates will be selected according to the established policies and procedures for nomination and appointment to the Council and by any other policies and procedures that define and govern the roles and responsibilities of Council members and/or Alternate. Alternates shall participate fully in activities and meetings of the Council but vote only at those meetings which they are replacing an official Council member.
- (b) Seated members who represent a category mandated by federal or local authority for which there is only one possible source for appointment will be allowed to send a designated non-voting representative according to the policies and procedures established by the Council.
- (c) Other Council members do not qualify to have alternates or designated representatives assigned or appointed during absences for any reason.

Section 3.7, Resignations: Any Council member may resign at any time by giving written notice to an officer of the Council. Such resignation shall take effect as indicated in the notice or, if no date is given, on the date of receipt of notice.

Section 3.8, Termination: Members may be terminated from the Council for the following reasons:

- (a) Unexcused and/or excessive absence from regular council meetings;
- (b) Loss of the member's qualifying status for continued appointment;
- (c) Habitual behavior that disrupts the Council's ability to conduct business in a timely and efficient manner; and,
- (d) Conduct that negatively impacts community confidence in the Council, such as a violation of conflict of interest or breach of confidentiality.

Recommendation of terminations for any reason will be reviewed and submitted to the Council by the Executive Committee or any committee created by the Council for such a purpose. An officer, co-chairperson, or any other member may be removed from the Planning Council by a two-thirds



majority vote of the Council if it is the judgment of the membership that the member in question is not serving the best interests of the Council. Notice of and the reasons will be sent to the member, submitted to the Public Health Advisory Board and provided to the Board of Supervisors as appropriate.

Section 3.9, Vacancies: If there are vacancies that occur prior to the annual nomination process, new members shall be appointed in accordance with policies and procedures created by the Council, and subject to approval by the Board of Supervisors. To the fullest extent possible, appointments will be made that maintain or augment the representation and reflect goals as mandated by HRSA or established by the Council. Vacancies may be filled at any time.

Section 3.10 Attendance:

Regular meeting attendance, physically or via teleconference, is expected and it is the responsibility of all members to communicate barriers to attendance and unanticipated absences as specified in policy.

In the absence of HRSA specific criteria for physically conducting Council business, members of the Council generally hold to the following principles:

- Traditional in-person meetings are the preferred forum for general Council and committee meetings.
- Tele/video conferencing is appropriate if the following criteria apply:
  - The Executive Committee finds that tele/video conferencing for business necessity is more expedient, conducive to ensuring a quorum, facilitates accessibility to the public or is necessary to protect attendees from imminent risks to the health or safety, or to accommodate any state of emergency declared by the California Governor.
- Recommendation for conducting a tele/video meeting will be presented by the Executive Committee at each regular council meeting for consensus determination.
- The Council will post meeting notices in the usual manner including how to access virtual meetings.
- In the event that there is a disruption in the public broadcast of the call-in or internet-based meeting service, there will be no further action on agenda items until public access is restored.

#### Subsection (A) Absence Assessment:

The Chair or Chair delegate will contact each member with two (2) consecutive unexcused absences regardless of the medium used to conduct Council general membership meeting to determine barriers for member continued participation.

The Chair or Chair delegate will contact each member with four (4) absences in a 12-month period regardless of the medium used to conduct Council general membership meeting to determine barriers for member continued participation.

After contacting the member the Chair may, using discretion, request the Executive Committee to waive the attendance requirements or put before the Council a motion to remove the member under Article III Section 3.8. A majority vote of Executive Committee members is required to put forth the motion to the Council at large.

Members mandated by federal or local authority who are unable to attend a Council meeting because of mandated travel designated by HRSA, the appointing authority for their particular jurisdiction (i.e., El Dorado, Placer, Sacramento or Yolo County), or critical public health issue shall be considered excused.

General members who are unable to attend a Council meeting due to Board sanctioned travel and/or meeting attendance as the official representative of the Council shall be excused. Individual Council members who are absent as the result of civic responsibility (i.e., jury duty) or other third party legal obligation (i.e., subpoena, summons) shall be considered excused.

### **Article IV Officers**

Section 4.1, Officers: The officers of the Council shall be the Chair, and Vice Chair. The Council may or through authority vested in the Chair to appoint, such other officers as the business of the Council may require, each of whom shall have such authority and perform such duties as the Council determines necessary.

#### Section 4.2, Duties of the Chair:

- (a) Call the session to order at the specified time for both Council and Executive Committee;
- (b) Ensure that there is a quorum;
- (c) Announce the business and the order in which it will be considered
- (d) Appoint any standing or special committee or workgroup; as designated by the Council;

- (e) Suspend or terminate any special committee or work group, as determined necessary by a majority vote of the Executive Committee;
- (f) Serve as a liaison and represent the interests of the Council to the Board of Supervisors, the Department of Health and Human Services, to any agency, group or individual of the public having business with the Council;
- (g) Perform all other duties as instructed by the Council directly, or through policy and procedure as may be necessary or incidental to the position;
- (h) Act as the primary liaison between Council and Recipient to establish service priorities, financial integrity, quality assurance and Council evaluation; and,
- (i) Act as the primary contact/representative for the Council in business matters including but not limited to correspondence, complaints, information release, policy position and advocacy.

#### Section 4.3, Duties of the Vice-Chairs:

The Vice Chair shall perform the duties of the Chair in the absence of the Chair and as delegated by the Chair or otherwise directed by the Council including but not limited to:

- (a) Facilitate the effective implementation, coordination and maintenance of general business operation for the Council;
- (b) Act as primary liaison between council and staff to establish membership recruitment/maintenance, marketing activities, branding activities, event planning and community outreach;
- (c) Facilitate/coordinate the effective establishment/maintenance of committee structure as defined by the Council; and,
- (d) Give or cause to be given, all notices of regular and special meetings of the Council or any other Committee needing to conduct business.

Any officer or council member may call for a special session as appropriate to the business at hand and within the requirements of the Brown Act as appropriate.

Any officer may attend committee as an *ex officio* member.

Section 4.4, Election and Term of Office: Officers are nominated and elected by the members of the Council to serve for three years. Officers will be elected within the three months following the annual appointment of members.

Section 4.5, Terms: No officer shall be eligible to serve more than two consecutive terms in the same office. In such cases where there is no nomination or interested candidate for the office vacancy, the term of the

existing officer may be extended for three years by a two-thirds majority vote of the Council membership.

Section 4.6, Vacancies: Vacancies which occur prior to the end of a term of office shall be filled by an election at the next regular or special meeting of the Council and will serve until the next regular election of officers.

## **Article V Committee Structure**

Section 5.1, Committees: The Council may designate one or more committees on a standing, ad hoc or advisory basis. Each committee shall consist of at least two (2) or more members of the Council and may, as desired by the Council, include nonmembers. The Chair of any committee shall be a member of the Council. The Council may assign to the committee any authority of the Council, except that no committee may:

- (a) Fill vacancies on the Council or on any committee that has the authority of the Council;
- (b) Amend or repeal the bylaws or adopt new bylaws;
- (c) Amend or repeal any resolution of the Council that by its expressed terms is not amendable or subject to repeal; and,
- (d) Appoint any other committees of the Council or the members of such committees.

Section 5.2, Meetings and Actions of Committees: Meetings and actions of all committees shall be governed by, and held and taken in accordance with all other provisions of these Bylaws and any other policies or procedures set by the Council which governs meetings and voting. Minutes will be taken at each meeting of any committee and shall be filed in a manner designated by Council policies and procedures.

Section 5.3, Standing Committees: The Standing Committees of the Council shall be the Executive Committee and the Governance Committee at a minimum. The current Standing Committees are as follows: the Executive Committee, the Governance Committee, the Administrative Assessment Committee, the Affected Communities Committee, the Quality Advisory Committee, the Priorities and Allocations Committee, and the Needs Assessment Committee.

- (a) For a description of standing committees, refer to Policy and Procedure Manual document GOV 02.

Section 5.4, Executive Committee: The purpose of the Executive Committee is to act for the Council between Council regular meeting to ensure the timely execution of routine business matters and to provide guidance and leadership to

the general membership in fulfillment of the Council responsibilities as prescribed by the Health Resources and Services Agency (HRSA) Ryan White HIV/AIDS Program and established Council activities and objectives.

Criteria for Executive Committee:

All members of the Executive Committee shall be Council members

- Composition:
  - Council Chair
  - Council Vice Chair
  - Recipient Designate (nonvoting)
  - Governance Committee Chair
  - Priorities/Allocations Committee Chair
  - Affected Communities Committee Chair
  - Quality Advisory Committee Chair

The Committee Chairs for Needs Assessment and Administrative Assessment should present to the Executive Committee no less than twice yearly.

In the absence of regional representation on the Executive Committee through Committee Chair structure the Council may appoint 2 Council members at large to represent El Dorado and Placer Counties.

The Council may form Ad Hoc committees as deemed necessary in which case Ad hoc Committee chairs may participate in Executive Committee proceedings as determined appropriate by the Council Chair.

The Chair of the Executive Committee shall be the Council Chair;

Activities of the Executive Committee shall include, but are not limited to:

- i. Assessment of the efficiency and effectiveness of the administrative mechanism for rapidly and appropriately allocating the funds within TGA;
- ii. Review and act upon grievances according to policies and procedures established by the Council;
- iii. Instituting procedures for Council record keeping and other administrative functions;
- iv. Review and comment on reports and recommendations from committees, but not making decisions except issues that may be delegated by the Council or that are urgent and time-sensitive;
- v. Acting as a coordinating mechanism for the Committees, workgroups and a sounding board and problem-solving mechanism for complex or controversial issues;

- vi. Review and recommend disciplinary action against members, in accordance with criteria established by Council bylaws;
- vii. Conduct an annual assessment of the efficiency and effectiveness of Council support services and recommending changes as needed;
- viii. Review, prioritize and recommend parameters for the Council's regular meetings;
- ix. In general, advise and provide leadership to the Council; and,
- x. Report any actions or recommendations from the Executive Committee at the next regular Council meeting.

## **Article VI**

### **Meetings and Operating Procedures**

Section 6.1, Regular Meetings: A regular meeting schedule for the Council will be set by the Council and can be temporarily amended as the need arises by the Chair or the Executive Committee. There will be at least six (6) regular meetings during the year. Additional meetings may be scheduled, as needed. Whenever possible, at each Council meeting the date and time of the next Council meeting shall be established.

Section 6.2, Special Meetings: Special meetings may be held on the call of any two (2) officers or four (4) Council members. Should such a meeting be called, all members shall be notified by telephone, facsimile or other reasonable alternative at least forty-eight (48) hours prior to the specified meeting time. The call or notice for a special meeting must state specifically the subject matter of the meeting. No other subject matter may be introduced or considered at the meeting.

Section 6.3, Quorum: One-third of the number of seated Council members constitutes a quorum for the transaction of business for which there is no dissenting vote. Members present representing at least one-third of the total seated members but not more than a majority of the total, may conduct any business with a 3/4 vote of those present. When a majority of the seated members are present any business can be transacted with a simple majority vote of those present. A majority must be determined based on all those present excluding those who cannot vote due to a conflict of interest as described in Article VII. Proxies are not permitted, with the exception of voting by alternates for affected community members as described under Article III Section 5. Members present at a duly called or held meeting at which a quorum is present may continue to do business until adjournment, notwithstanding the withdrawal of enough members to have less than a quorum.

Section 6.4, Open Meetings: Council meetings shall be open to the public except under circumstances and procedures as prescribed by applicable

county and state policies which allow for particularly sensitive information to be discussed in an executive session of a policy body. Written minutes shall be kept of all meetings and considered for approval at the next scheduled meeting. Members of the public may speak on issues related to Council business or consistent with the Council purpose under general guidelines set by the Council.

Section 6.5. Parliamentary Procedure: Robert's Rules of Order (latest edition) shall govern all meetings of the Council and its committees except as otherwise provided in these Bylaws.

## **Article VII Conflict of Interest**

Section 7.1, Definitions: Conflict of interest is a breach of an obligation to the council that has the effect or intention of advancing one's own interest or the interests of others in a way detrimental to the interests or potentially harmful to the fundamental mission of the Council.

Section 7.2, Member's Responsibilities: The Council maintains a Conflict of interest and Ethics Code that calls for the members to conduct themselves in such a way as not to convey the impression on any person that they can be influenced into actions that conflict with their personal duties. It is expected that all Council members conduct themselves with the highest ethical standards in a manner that will bear the closest scrutiny.

Section 7.3, Disclosure Forms: All Council members will file an annual Statement of Economic Interest (Form 700) as provided in the Conflict of Interest and Ethics Code.

Section 7.4, Disputes: Challenge by any Council member relative to a perceived conflict of interest shall be pursued through Parliamentary procedure including but not limited to a motion of Personal Privilege.

Section 7.5, Removal: Any member may be removed from the Council and all committees when it is determined that the member knowingly attempted to influence the Council in an area of interest conflict.

## **Article VIII Confidentiality**

Section 8.1, Prohibition: No member of the Council or its committees shall disclose confidential information acquired in the course of his/her official duties.

Section 8.2, Definition: Confidential information shall include, but is not limited to:

- (a) Information concerning the medical condition, substance abuse history, or sexual orientation of any individual, whether a member of the Council, a member of a committee, or the recipient of a service provided with Part A/B funds;
- (b) Any other confidential information, official in nature that is not suitable for public disclosure.

## **Article IX Grievances**


Section 9.1, Grievances: Persons or agencies who have a grievance regarding a decision made directly by the Council or regarding services provided by Ryan White CARE Act funds must follow the policies and procedures established by the Council. The authorized policies and procedures are available from the Council, its officers or designated agent upon request.

## **Article X Amendments**

Section 10.1 Revisions: These Bylaws may be amended by a three-fourths vote of the Council members present at a properly constituted meeting.

Section 10.2, Notice of Proposed Revisions: Copies of all proposed amendments to the Bylaws shall be sent to all members of the Council at least seven (7) working days prior to the meeting at which such amendments are to be considered for adoption.

Section 10.3, Scope of Authority for Revisions: At a meeting to amend bylaws, decisions can only be made on those bylaws contained in the prior notice as described in Section 10.2.

Signed:   
Richard Benavidez, Chair

Date: 6/22/22