



INLAND
EMPIRE
HIV
PLANNING
COUNCIL

351 N. Mt. View Ave • San Bernardino, CA 92415-0010
(909) 841-1360
Website: www.iehpc.org

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD
Interim County Health Officer Co-Chair

Henry Nickel
Community Co-Chair

Bylaws Subcommittee

Thursday, September 6, 2012
9:30am-11:30am

Meeting Location
Beaumont Civic Center
550 E. 6th St.
Beaumont, CA
(909) 841-1360/PCS Mobile (909) 693-0750

These facilities are in compliance with the Americans with Disabilities Act of 1992.

Agenda

9:30	1. Call to Order <ul style="list-style-type: none">▪ Roll Call*▪ Introductions	V. Jauregui Burns
	2. Public Comments¹	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda²	V. Jauregui Burns
	5. Approval of Minutes² 5.1 Minutes of August 16, 2012	V. Jauregui Burns
	6. Old Business² 6.1 Planning Council Operation <ul style="list-style-type: none">A. Review and Revise IEHPC Policies and Procedures**B. Review MOU between Ryan White Program and Planning Council	Committee Members
	7. Public Comments¹	Members of the Public
	8. Members Privilege	PC Members

9. Review of Action Item

PC Staff

10. Agenda Setting for Next Meeting

PC Members/ V. Jauregui
Burns

11. Roll Call*

PC Staff

11:30

12. Adjournment

V. Jauregui Burns

¹ Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

² The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

* Members must be present at both roll calls to receive credit for meeting attendance.

** Copies can be obtained at the I.E.H.P.C. office and will be available at the meeting.

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Servicios en Español: Notificación para servicios de intérprete deben de someterse setenta y dos horas de anticipo. Por favor llame (909) 841-1360.

MEMORANDUM OF UNDERSTANDING BETWEEN THE RYAN WHITE PART A GRANTEE AND PLANNING COUNCIL

I. Purpose Statement

This Memorandum of Understanding (MOU) between the Inland Empire HIV Planning Council, hereinafter referred to as the COUNCIL, and the Ryan White Part A Grantee, the County of San Bernardino (County) Department of Public Health, hereinafter referred to as the GRANTEE, is undertaken to create a shared understanding of the relationship between the COUNCIL and the GRANTEE, define their respective roles and responsibilities, and promote a mutually beneficial partnership.

The partnership will ensure the effective planning and delivery of medical and support services to persons living with and affected by HIV in the Ryan White HIV/AIDS Treatment Modernization Act Part A Riverside/San Bernardino, California Transitional Grant Area, hereinafter referred to as the TGA.

The GRANTEE and the COUNCIL agree to the following terms:

- The acronym "TGA" as used in this agreement refers to the Riverside/San Bernardino, California Transitional Grant Area comprised of Riverside and San Bernardino Counties.
- The phrase "RYAN WHITE (RW) PROGRAM" as used in this agreement refers to the Ryan White HIV/AIDS Treatment Modernization Act of 2006, Public Law 109.415 and amendments thereto.
- The acronym "HRSA" as used in this agreement refers to the United States Department of Health and Human Services Health Resources and Services Administration, the federal agency that administers the RYAN WHITE PROGRAM.

The COUNCIL and GRANTEE agree to abide by RYAN WHITE PROGRAM legislative requirements and HRSA policies.

II. Responsibilities (See Table 1 for Summary)

A. Responsibilities of the Planning Council

The Council is solely responsible for the following tasks, as specified in the approved IEHPC Bylaws and reflecting Ryan White Program legislation:

1. **Priority Setting/Resource Allocation:** Establish priorities for the allocation of funds within the TGA, based on the epidemiology of the epidemic, including how best to meet each priority, amounts to be allocated to each priority, and other factors for consideration by the RWP based on:
 - a. Documented needs of the HIV infected population

- b. Cost and outcome effectiveness of proposed strategies and interventions,
 - c. Priorities of the HIV infected communities, and
 - d. Availability of other governmental and non-governmental resources.
2. **Contract Consistency with Allocations:** Following grant award and procurement, the Council shall review the total amount of funds contracted for each service category to ensure consistency with previously determined priorities.
 3. **Service Effectiveness Assessment:** At the discretion of the Council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.
 4. **Statewide Coordinated Statement of Need:** Participate in the development of the Statewide Coordinated Statement of Need.
 5. **Standards of Care:** Develop Standards of Care for funded service categories.
 6. **Reallocations:** Rapidly reallocate funds during the year as necessary, based on information from the RWP regarding the need for reallocation to ensure that all funds are obligated during the program year.
 7. **Part A Service Coordination:** Participate in coordination of Part A services with other Federal grantees that provide HIV-related services within the TGA.
 8. **Evaluation of the Administrative Mechanism:** Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the TGA, to include, but not be limited to, the timeliness of the execution of contracts. At the Council's discretion, also assess the effectiveness of services offered in meeting identified needs.
 9. **Council Operations:** Develop and follow policies and procedures to meet legislative responsibilities, such as grievance procedures, conflict of interest policy, open nominations process, and priority setting and resource allocations process (These policies must be approved by the Board of Supervisors).
 10. **Council Training:** Members must be trained on necessary competencies for full participation in collaborative decision-making and regarding their legislatively mandated responsibilities. Additionally, members must receive information and training on meeting membership requirements to include, but not be limited to the following: Completion of County of San Bernardino Contact Information Release Form, Conflict of Interest Declaration & Agreement to Abide by Conflict Of Interest Guidelines, Council Membership Category Self Declaration, and Fair Political Practices Commission-Statement of Economic Interest Form 700.
 11. **Grant Application Documents -** The Council co-chairs will submit the following letters of assurance and endorsement to Grantee staff as required to meet annual RW Program Part A grant conditions of award and reporting and application requirements:
 - a. Letter from the Council co-chairs reporting changes in Council membership composition within 20 days of the occurrence of changes in Council membership.
 - b. Letter of endorsement of allocations as prescribed in the Terms and Conditions section of the TGA's annual RYAN WHITE PROGRAM Part A Notice of Grant Guidance.

B. Responsibilities of the Grantee

The Grantee is solely responsible for meeting responsibilities as specified in the approved IEHPC bylaws and reflecting Ryan White Program legislation:

1. **Procurement of Services:**
 - a. Develop requests for proposals (RFP),
 - b. Conduct technical assistance and bidders' conferences,
 - c. Conduct the application review process for RFPs,
 - d. Negotiate contracts, and
 - e. Award funds, pursuant to approval by the Board of Supervisors.
2. **Reimbursement:** Develop reimbursement and accounting systems.
3. **Contract Monitoring:** Conduct program and fiscal monitoring.
4. **Provision of Information to Council:**
 - a. Provide information to the Council with regard to the use of funds and the characteristics of recipients of services, including information showing the need for reallocations.
 - b. Provide the Council with HRSA RW Program policy and guidance communications.
 - c. Report RW Program aggregated Part A base expenditures on a monthly basis to the Council.
 - d. The RWP may provide information to the Council, but at all times remain subject to the Grantee.
5. **Clinical Quality Management:**
 - a. Establish a clinical quality management program to assess the extent to which HIV-related primary health care services are consistent with Public Health Service guidelines¹ and to enhance health and supportive service access and delivery and continuously improve systems of care.
 - b. Provide the Council with quality management and evaluation data by service category for use in decision making.
6. **Conditions of Award and Reporting:** Establish process for the timely completion of all grant-related Conditions of Award and required reporting according to the TGA's Part A Notice of Grant Award.
7. **Grant Development:** Establish process for timely completion of annual Part A grant development.
8. **Reallocation of Funds:** Reallocate unspent funds within a service area as prioritized by the Council.

C. Responsibilities of Council Support Staff:

¹ <http://www.aidsinfo.nih.gov/guidelines/>

1. General Council administrative duties,
2. Assisting with needs assessments,
3. Studying barriers to care,
4. Planning activities such as writing a comprehensive plan,
5. Assessing the administrative mechanism,
6. Providing technical assistance,
7. Conducting program evaluation, and
8. Assessing of service delivery patterns.

D. Shared Responsibilities

The Grantee and Council share the following legislative responsibilities, with one entity having the lead role for each, as stated below:

1. **Needs assessment: (Lead Entity- The Council):** Carry out comprehensive needs assessment to determine the service needs and gaps of PLWH in the TGA, including those of people in and out of care, and the capacity of the system of care to meet those needs; this requires obtaining regular PLWH and other community input on community needs and priorities. The Council has primary responsibility for needs assessment, with the Grantee assisting with the process and providing the Council information such as service utilization data and expenditures by service category and facilitating communication with service providers.
2. **Comprehensive planning: (Lead Entity- The Council):** Develop a Comprehensive Plan, compatible with existing California state and local plans, regarding the provision of health and support services to individuals with HIV disease, that is consistent with a client-centered continuum of care appropriate for the TGA. The Council takes the lead in developing the Plan, with the Grantee providing information, input, and other assistance. The Grantee has the opportunity to review and suggest changes to the draft Plan. The Plan is developed every three years or as specified by the funding agency, the Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA/HAB).

Table 1. Planning Council and Grantee Roles

Role/Task	CEO ¹ /Grantee	Planning Council
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Table 1. Planning Council and Grantee Roles

Role/Task	CEO ¹ /Grantee	Planning Council
Council Formation/Member Appointments	✓ (CEO)	
Council Operations		✓
Evaluation of the Administrative Mechanism		✓
Priority Setting & Resource Allocation & Directives		✓
Standards of Care		✓
Grant Documents/PC Letters of Assurance		✓
Comprehensive Planning (Shared)	✓	✓
Needs Assessment (Shared)	✓	✓
Procurement	✓	
Contracting	✓	
Contract Monitoring	✓	
Technical Assistance to Providers	✓	
Clinical Quality Management	✓	
Conditions of Award/Reporting Requirements	✓	
Grant Development	✓	
Reallocation of Funds	✓	
Expenditure Reporting	✓	
Relay HRSA Communication	✓	

¹Chief Elected Official (CEO)

E. Administrative Responsibilities

In addition to these legislative roles, the Grantee and Council share the following responsibilities related to Part A planning and management:

1. **Fiscal management of Council support funds:** The Public Health Department, as the administrative arm of the Grantee, provides fiscal management of Council support funds. The Council works with their staff to develop, and when if necessary modify, the annual Council support budget, which is a portion of the administrative cost allocation of up to 10% of the Part A grant that is used to administer the grant; e.g. write the annual grant, administer and monitor contracts, and meet reporting requirements. The Council staff and Council share responsibility for monitoring Council expenditures, based on reports provided by Council support staff. The Grantee is responsible for ensuring that all expenditures meet RW guidelines as well as County financial management regulations.

2. **Contracting for Council consultants or services:** The Council provides direction on the hiring of consultants and other contractors that are paid through Council funds, as annually designated by the Grantee as a portion of its ten percent administrative grant management budget, however, this contracting must meet County procurement requirements as well as Ryan White guidelines. The process, including oversight, is managed by Council support staff.
3. **Office space:** Where possible, the Grantee and Council will maintain separate and distinct office space. The Department of Public Health takes the lead in providing appropriate office space for both entities. Office space for the Council must meet all Americans with Disabilities Act (ADA) requirements.
4. **Grantee and Council support staff:** The Council and Grantee agree that both Grantee and Council staff are employees of the County Department of Public Health, but are hired and supervised by different divisions to maintain the independence of the two entities with their complementary but different legislative responsibilities. Council staff may, at the discretion of the Grantee and with input from the Council, be comprised of Riverside County employees or may be contracted staff. Currently Grantee staff members are hired and supervised by the Ryan White Program in the Department of Public Health Division of Disease Control. The Council Liaison is supervised by the County Health Officer. When Council support staff are hired, at least one Council representative sits on the Interview Panel on behalf of the Council and is consulted throughout the hiring process. This Council representative is generally the Chair or Vice Chair when the Council Liaison is hired. When other Council support staff members are hired this representative will be Council Liaison when other. The Council support staff is responsible for supporting the work of the Council and its committees to enable the Council to meet its responsibilities under the RW Program. Where questions or concerns arise regarding the roles and responsibilities of the Council Support staff, the ultimate decision maker is County Health Officer. However, the Council Chair is consulted and the Grantee Part A Public Health Director is kept informed about major Council support staff issues or staffing changes.
5. **Annual Grant Application Process:** The Grantee has primary responsibility for the preparation and submission of the Part A application. Council support staff provides information for the application sections related to Council membership and responsibilities (such as priority setting and resource allocations), and may assist with preparation and review of the application. The Council authorizes the Chair to sign a letter accompanying the application that indicates whether the Grantee has expended funds in accordance with Council priorities, allocations, and directives.
6. **Request For Proposals (RFP):** All aspects of the procurement process are the sole responsibility of the Grantee.

III. Communications

A. Principles for Effective Communications

The Grantee and Council recognize the importance of regular and open communication and of sharing information on a timely basis. Information needs to be received regularly. The parties commit themselves to the following principles:

1. **All parties will take responsibility for establishing and maintaining open communications.** This includes both sharing information on a timely basis and reviewing shared information once it has been received. If issues or problems arise, it means communicating with the other parties to clarify the situation and decide how best to address it.
2. **Grantee and Council staff and Council members will avoid inappropriate communication requests or channels;** e.g. not asking for information from individuals other than the designated individuals, using and not bypassing established communication channels, and maintaining the confidentiality of information that should not be shared outside the Part A program.
3. **When policies or procedures are problematic, the parties will work together to clarify and, if appropriate, refine these** - while adhering to legislative guidelines, HRSA/HAB expectations, and state and local statutes and policies.
4. **Communications and problem solving will protect the separation of roles between the Council and Grantee.** The Council can request that the Grantee provide it with aggregate summary reports of service information, both fiscal and programmatic. The Grantee should not provide and the Council should not have access to individual provider information, but should receive data by service category and/or across service categories. In cases where there is only one service provider for a service category, the Council will have access to this information but without identifying information.
5. **Council members and staff will not use individual provider information in meetings or decision making.** Council members will refrain from requesting information through the Public Records Act or Freedom of Information Act in their capacity as Council members to mitigate conflicts of interest.
6. **If either Grantee staff or Council support staff or members receive complaints about the other party, they will inform the other party,** with appropriate protection of confidentiality.
7. **The Council will not become involved in consumer complaints about services.** If the Council or its support staff receives consumer or provider concerns or complaints about a specific provider, it will refer the individual expressing the concern to the individual provider for resolution through its own complaints process. If the Council or support staff receives broader complaints or concerns about services, it will refer them to the Grantee.
8. **The Council, its staff, and Grantee will use electronic communication in an appropriate and professional manner.** Electronic communication should be relevant, concise, and contextually appropriate. The Council will be cautious in using electronic communication to avoid violating the Brown Act; e.g. engaging in a serial meeting using email violating the Brown Act requirement to not meet

outside of the publicly held Council meetings. The Council will also comply with all applicable County electronic communication policies.

B. Implementing these Principles

To facilitate communications and implement these principles, all parties agree to the following actions:

1. **The signatories, or designees, to this agreement will participate in a face-to-face planning meeting including both entities and all parties before the program year begins and will continue to meet at least quarterly throughout the year.** The first meeting, held just before the beginning of the Part A program year in March, will be used to lay out specific mutual expectations for the year, ensure a mutual understanding of the Part A program's status and directions, clarify a calendar for the year including dates when materials and information will be shared, and address potential issues. Including identifying additional reports or information needed. Subsequent meetings will be used to monitor progress and refine the calendar as needed, further define information sharing needs, and address any issues that may arise in the relationship between the Grantee and Council.
2. **When making special requests for information or materials, both parties will provide as much lead time as possible; when sharing information, both parties will do so as quickly as possible.** Normally, information received by one entity but important to both – such as a Conditions of Award, new or revised HRSA/HAB regulations or expectations, and the Part A Program Guidance – will be shared as quickly as possible. Requests for information will generally be met within five business days. If requests will take longer to meet, the party responding will contact the other party to discuss and agree on a time frame for meeting the request. Both parties commit themselves to responding rapidly to any requests that involve meeting Conditions of Award, satisfying other HRSA/HAB requirements or requests, and addressing other matters that may affect the funding or reputation of the County Part A program.
3. **If requested information is not received in a timely manner, the Grantee's Program Coordinator and the Council's Liaison will have responsibility for resolving the situation.**
4. **The need for representation of Grantee staff at Council meetings will be communicated to Grantee staff well in advance of the meeting.** The Council will not place a Grantee staff on any Council meeting agenda until this need has been communicated to the Grantee staff at least 2 weeks prior to the posting of the applicable agenda.

IV. Information/Document Sharing and Reports/Deliverables

A. Overview

It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and

receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality.

B. Information to be Provided by the Council to the Grantee

The Council or its support staff will provide the Grantee with the following information and materials:

1. A dated list of Council members and their terms of office, with primary affiliations, to be provided annually and updated as needed throughout the year, in accordance with current Notice of Grant Award (NGA) guidelines.
2. Notification of the Council's monthly meetings, retreats, orientation and training sessions, and other Council events, at the same time notification goes to Council members.
3. The meeting notice, agenda, and package for each Council meeting, to be provided at the same time they are provided to Council members.
4. The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Grantee or edits to existing directives on how best to meet these priorities – the same information that is submitted to HRSA/HAB as part of the annual Part A application. This information will be provided within two weeks after the Council has approved the priorities, allocations, and directives. The list will be on Council letterhead with the signature of the Council co-chair.
5. Copies of final planning documents prepared by the Council, e.g. Needs Assessments and the Comprehensive Plan after approval by the Council.
6. Information or documents needed by the Part A Program to complete the sections of the annual application related to the Council and its functions, to be provided on a mutually agreed-upon schedule.

C. Information to be Provided by the Grantee to the Council

The Part A Program will provide the Council with the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year and at quarterly meetings of the parties to this MOU, as described in Section II.B. of this MOU.

1. A copy of the annual grant award notice including Conditions of Award, a copy of any approved carryover request, and a copy of other official communications from HRSA/HAB that directly involve the Council, within three business days after they are received from the funding agency and more quickly where time-sensitive responses are required.
2. A monthly utilization report by service category.

3. Recommendations to the Council regarding over and under expenditures by service category and suggested reallocations.
4. Information and recommendations to assist the Council in setting priorities among service categories, allocate funds to those service categories, and provide directives to the Grantee on how best to meet these priorities.
5. Information needed by the Council to meet its responsibility for assessing the efficiency of the administrative mechanism. The content and format for this information will be mutually agreed upon, but will typically include information on procurement, contracting, and reimbursement procedures and timelines.

When the Council or a Committee requests special or additional information from the Grantee, the request will always be listed in the summary minutes of the meeting. Also, Council support staff will provide a list of requests to Grantee staff.

D. Documents and Information that will Not be Shared

In order to maintain the confidentiality of sensitive information, the following information will not be shared:

1. The Council will not share information on the HIV status of members of the Council who are not publicly disclosed as people living with HIV/AIDS. Except for individuals who choose to disclose their status, the HIV status of Council members will not be shared with the Grantee or with other Council members except those involved in the Open Nominations Process (i.e., the Council Development Committee).
2. The Grantee will not share information about applicants for service contracts or about the performance of individual contractors. Information will be shared by aggregated service category only. If there is only one provider in a service category, the information will be shared, but without identifying information.

V. Settling Disputes or Conflicts

If conflicts or disputes arise with regard to the roles and responsibilities specified in Section II of this Memorandum of Understanding, the parties will use the following procedures to resolve them:

1. Begin with a face-to-face meeting between the parties affected by the conflict from the Grantee and the Council to attempt to resolve the situation.
2. If the situation cannot be resolved by these parties, hold a meeting of both parties and a second representative from the Council and the Grantee. If the affected parties are Grantee or Council staff, their supervisors, will be the representatives included in the second meeting to discuss the issue and reach resolution if possible. In the case of Council staff, the representative may also be the Community Co-chair.

3. If the situation still cannot be resolved, hold a meeting of all parties involved in the previous two meetings from both the Grantee and the Council with the Chief Elected Official or his/her representative. The decision of the CEO will be final.

VI. Responsible Parties and Contact Information

The following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time the MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.

The MOU will continue in effect regardless of changes in the individuals who hold these positions. Successors will follow the MOU pending the annual review.

For the Grantee:

- Trudy Raymundo, Director, Department of Public Health, San Bernardino County: 351 N. Mt View San Bernardino, CA 92415 - (909)387-9146
- Scott Rigsby, Ryan White Program Part A Program Coordinator: 120 Carousel Mall San Bernardino, CA 92415 -(909)388-0408

For the Planning Council:

- Angelia Fox, Planning Council Liaison: 340 N. Mt View San Bernardino, CA 92415- (909)387-4424
- Henry Nickel, Planning Council Community Co-chair: 4080 Lemon St Riverside, CA 92501- (951)787-7141
- Maxwell Ohikhuare, MD, San Bernardino County Health Officer: 351 N. Mt View San Bernardino, CA 92415 - (909)387-6219

VII. MOU Term and Review

A. Effective Date

The MOU will become effective once all the authorized individuals representing the Grantee and Council sign it.

B. Term

The MOU will remain in effect unless or until the parties take action to end it or the County is no longer a recipient of Part A funding.

Either party can request termination of this agreement with a 30 day notice to the other part that includes reason(s) for the request.

C. Process for Reviewing and Revising the MOU

The MOU will be reviewed and revised periodically, with the involvement and approval of all parties. Reviews will occur:

1. Following each reauthorization or legislative revision of the Ryan White legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.

2. At least once every year at the first meeting of the parties to this MOU.

When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

VIII. Signatures

Trudy Raymundo, Public Health Director

Date

Scott Rigsby, Program Coordinator

Date

Henry Nickel, Community Co-Chair

Date

Angelia Fox, Planning Council Liaison

Date

Maxwell Ohikhuare, MD, Health Officer

Date



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Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD
Interim County Health Officer Co-Chair

Henry Nickel
Community Co-Chair

Bylaws Subcommittee

Thursday, August 16, 2012
9:30pm-11:30am

Meeting Location

Behavioral Health Center
850 E. Foothill Blvd.
Rialto, CA 92415
(909) 388-0426/PCS Mobile (909) 693-0750

Teleconferencing Location

Desert Aids Project
1695 N. Sunrise Way
Palm Springs, CA 92262
(909)388-0496 Mobile (909)693-0750

These facilities are in compliance with the Americans with Disabilities Act of 1992.

Minutes

Members: T. Evans, V. Jauregui-Burns, L. White, A. Ziven

Staff: A. Fox

10:15am

1. Call to Order

- Roll Call*
- Introductions

V. Jauregui Burns

2. Public Comments¹

NONE

Members of the Public

3. Members Privilege

T. Evans apologized for being tardy.

PC Members

4. Approval of Agenda²

Motion: To approve 08/16/12 Agenda

Motion/Second: A. Ziven, T. Evans

Motion carried.

V. Jauregui Burns

5. Approval of Minutes²

Motion: To approve the June 7, 2012 Minutes

Motion/Second: T. Evans, A. Ziven

Motion carried.

V. Jauregui Burns

6. Old Business²

6.1 Planning Council Operation

A. Review and Revise IEHPC Policies and Procedures**

B. Review MOU between Ryan White Program and Planning Council

Committee Members

7. Public Comments¹

Members of the Public

8. Members Privilege

PC Members

9. Review of Action Item

PC action items are as follows:

1. Agendize Review of Bylaws on October PC meeting
2. Add LIHP, Arrowcare and RCHC to Sec 11 Glossary and Definitions in Policy and Procedures.
3. Prepare a cleaned-up draft of the Policy and Procedures for review next month.
4. Will research a sample Complaint form to review at next meeting.

PC Staff

10. Agenda Setting for Next MeetingSeptember 6, 2012
9:30amPC Members/ V. Jauregui
Burns

11. Roll Call*

PC Staff

11:30**12. Adjournment**

V. Jauregui Burns

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