



INLAND
EMPIRE
HIV
PLANNING
COUNCIL

120 Carousel Mall • San Bernardino, CA 92415-0475
(909) 388-0426 • Fax (909) 388-0424
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

Continuum of Care Committee

Thursday, August 16, 2012
12:30pm-2:30pm

Meeting Location

Department of Behavioral Health
850 E Foothill Blvd
Rialto, CA 92376
(909) 388-0426/PCS Mobile (909) 693-0750

Teleconference Site

Desert AIDS Project
Situation Room, West Wing
1695 North Sunrise Way
Palm Springs, CA 92262-3702
(760) 323-2118

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

Agenda

12:30

1. Call to Order

- Roll Call*
- Introductions

L. Ford-Watson

2. Public Comments¹

Members of the Public

3. Members Privilege

PC Members

4. Approval of Agenda²

L. Ford-Watson

5. Approval of Minutes²

5.1 Minutes of April 19, 2012

L. Ford-Watson

6. Old Business²

6.1 Comprehensive HIV Plan

- Review and revise goals and objectives for 2013-2016 Comprehensive Plan (A-1)

Subcommittee Members

7. New Business²

7.1 Finance Committee Budget (A-2)

L. Ford-Watson

	8. Public Comments¹	Members of the Public
	9. Members Privilege	PC Members
	10. Review of Action Items	PC Staff
	11. Agenda Setting for Next Meeting	PC Members/ L. Ford-Watson
	12. Roll Call*	PC Staff
2:30	13. Adjournment	L. Ford-Watson

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.

** Attachment was not available at time of printing, but will be available at the meeting.

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Table 30 - 2012 Goals, Objectives, Strategies, Plans, & Activities (For 2013-2016)

The National HIV/AIDS Strategy Goal # 1	
Reducing New HIV Infections	
Objective	Strategies/Plans/Activities
<p>Objective 1a</p> <p>By 2016, reduce the number of new HIV infections in the TGA by <u>25%</u> (to 154 in 2016).</p> <p><i>[National HIV/AIDS Strategy target (NHAS) = 25%]</i></p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will continue to collaborate with prevention providers to support an integrated, comprehensive, coordinated continuum of HIV prevention and care throughout the TGA to reduce new infections. 3. RWP will conduct meetings to facilitate coordination of prevention and care service providers to identify strategies for targeted HIV testing and linkages to care and close gaps in prevention and care on an ongoing basis. 4. IEHPC will engage PLWHA in the collaboration of prevention and care services. 5. IEHPC and RWP will ensure that the local system of care continually promotes long-term retention in care and adherence to antiretroviral (ARV) therapy for newly diagnosed PLWHA. 6. RWP will ensure integration of prevention with positives programs, Partner Services, and training throughout the RW HIV service continuum.
Objective	Strategies/Plans/Activities
<p>Objective 1b</p> <p>By 2016, ensure that at least <u>85%</u> of PLWHA who are newly diagnosed are linked to medical care within 3 months of diagnosis.</p> <p><i>[National HIV/AIDS Strategy target (NHAS) = 85%]</i></p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. RWP will ensure full coordination and integration with all HIV testing programs at non-healthcare settings in order for newly diagnosed HIV individuals to have immediate access to the TGA’s continuum of prevention and care. 3. IEHPC and RWP will identify best practices to link newly diagnosed to medical care. 4. RWP will coordinate with RW and non-RW outreach, MAI, and EIS service providers to identify and link unaware and newly diagnosed HIV individuals to medical care. 5. IEHPC will identify populations experiencing barriers and gaps in care and identify mechanisms and resources to address these gaps in access to care. 6. IEHPC will allocate resources at annual PSRA Summit to address gaps and

	<p>barriers that impede access to care and support linkages to care for <u>newly diagnosed HIV</u> individuals.</p> <p>7. RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for <u>newly diagnosed</u> PLWHA that are eligible for LIHP.</p>
Objectives	Strategies/Plans/Activities
<p>Objective 1c</p> <p>By 2016, reduce monitored viral load in TGA by <u>10%</u>.</p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. RWP will collaborate with HIV service providers in the TGA to enhance ARV therapy adherence among clients in order to contribute to improved health outcomes. 3. RWP will explore and share available options with HIV service providers regarding training on best practices on how to optimize ARV adherence for RW clients. 4. IEHPC and RWP will collaborate with prevention providers to create a TGA-wide educational campaign to educate <u>unaware, newly diagnosed</u>, and those who are aware of their HIV status but are not in care (<u>unmet need</u>) on why early engagement in medical care is important. 5. RWP will encourage integration of prevention with positives programs and Partner Services throughout the RW HIV service continuum. 6. IEHPC and RWP will monitor community level viral load among RW clients. 7. RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for PLWHA that are enrolled in LIHP.
<p>The National HIV/AIDS Strategy Goal # 2</p> <p>Increasing access to care and improving health outcomes for people living with HIV</p>	
Objectives	Strategies/Plans/Activities
<p>Objective 2a</p> <p>By 2016, ensure that at least <u>85%</u> of <u>newly diagnosed</u> HIV positive individuals are linked to medical care within three months of their HIV diagnosis.</p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will collaborate with outreach, MAI and EIS providers throughout the TGA to identify best practices and strategies to bring <u>newly diagnosed</u> PLWHA with special needs to medical care.

<p>[NHAS = 85%]</p>	<ol style="list-style-type: none"> 3. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to retain <u>newly diagnosed</u> PLWHA in medical care. 4. IEHPC and RWP will facilitate coordination with the Riverside County Health Care LIHP and the San Bernardino County ArrowCare to ensure the engagement, stabilization and retention of health for <u>newly diagnosed</u> PLWHA who are enrolled in LIHP. 5. RWP will continue to maintain communication and collaboration with Riverside and San Bernardino LIHP programs to minimize disruption of HIV medical care for PLWHA transitioned into LIHP from Ryan White.
<p>Objectives</p>	<p>Strategies/Plans/Activities</p>
<p>Objective 2b</p> <p>By 2016, ensure that at least <u>80%</u> of current RW PLWHA are in continuous care (at least 2 routine HIV medical care visits at least 3 months apart in 12 months).</p> <p>[NHAS = 80%]</p>	<ol style="list-style-type: none"> 1. IEHPC and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will collaborate with RW and non-RW HIV service providers to increase access to ongoing retention and adherence to treatment and care for PLWHA who are <u>newly diagnosed</u>, aware of their HIV status and who have not yet been linked to medical care (<u>unmet need</u>) or have <u>fallen out of care</u>. 3. IEHPC and RWP will identify best practices on linking to care and retention strategies for individuals who are <i>newly diagnosed</i>, aware of HIV status but are not in medical care (<u>unmet need</u>) or have <u>fallen out of care</u>. 4. RW Grantee will continue to promote ARV therapies that meet treatment guidelines for all PLWHA. 5. IEHPC and RWP will explore and share available options with providers on best practices for linking to medical care and retention strategies for individuals who are <u>newly diagnosed</u>, aware of HIV status but are not in care (<u>unmet need</u>) or have fallen out of care. 6. IEHPC will allocate resources at its annual PSRA Summit to <u>close gaps in care</u> and provide services that identify and re-engage PLWHA who are out of care. 7. IEHPC and RWP and RW providers will utilize ARIES data to identify those clients that are marginally in care or have missed several primary medical care and other core service appointments. Identified patients will be transferred into the TGA's Outreach, MAI or EIS programs for intensive follow-up. 8. IEHPC and RWP will ensure parity of HIV service access throughout the TGA through culturally competent and linguistically appropriate HRSA core and support services that strive to reach all PLWHA.

Objectives	Strategies/Plans/Activities
<p>Objective 2c</p> <p>By 2016, ensure that at least <u>75%</u> of RW clients experience positive health outcomes (maintained at a good level or improved) during a 12-month period of time.</p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will ensure the continued implementation of a TGA-wide quality management plan and program that provides outcome-based approaches to ensuring the quality of HIV care. 3. IEHPC and RWP will continue the development of ARIES to accommodate tracking of client-level health outcomes. 4. ARIES reports will used by the Quality Management Program to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and develop and recommend “best practices.” 5. RWP will continue to gather and analyze data on quality of care and services; identify gaps in quality of care and services; and maintain a quality management program that meets or exceeds HRSA expectations. 6. RWP will continue to survey consumers on their needs, satisfaction with services and on cultural and linguistic appropriateness. 7. IEHPC will continue to develop, review and disseminate service standards related to Part A-funded service categories and programs. 8. IEHPC will explore the nature and extent of in-migration of HIV positive persons into the TGA and its impact on local resources and quality of care. 9. IEHPC will review and identify existing strategies from other EMAs or TGAs dealing with the in-migration of PLWHA from other jurisdictions.

The National HIV/AIDS Strategy Goal # 3

Reducing HIV-Related Health Disparities

Objectives	Strategies/Plans/Activities
<p>Objective 3a</p> <p>By 2016, ensure that <u>50%</u> of monitored African American and Latino RW clients will have undetectable viral load (<=50 copies).</p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC and RWP will collaborate with prevention programs to design an educational media campaign(s) that would promote HIV testing and care to populations that are disproportionately impacted in the TGA. 3. IEHPC and RWP will review, identify and address cultural, access, and economic barriers to HIV testing.

	<ol style="list-style-type: none"> 4. IEHPC and RWP will collaborate with prevention, care and treatment providers to increase the number of <u>African Americans and Latino PLWHA</u> who are linked and retained in medical care. 5. RWP will collaborate and coordinate with state-funded outreach and MAI and RW EIS service providers to identify effective local strategies to link into care <u>African Americans and Latinos(as) that are unaware, newly diagnosed and/or are aware of status but are not in care (unmet need).</u> 6. RWP and RW HIV providers will utilize ARIES to identify early potential disparities in care and will also allow for early <u>identification of PLWHA who are marginally engaged in care</u> and/or at risk of falling out of care. Identified clients will be transferred into Medical Case Management for intensive follow-up.
Objectives	Strategies/Plans/Activities
<p>Objective 3b</p> <p>By 2016, increase the number of <u>unaware individuals from emerging populations</u> (African Americans, Latinos, and Recently Released) who have been tested for HIV by <u>5%</u>.</p>	<ol style="list-style-type: none"> 1. IEHPC and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ African Americans, Latinos, and Recently Released. 3. IEHPC and RWP will collaborate with the local health departments to promote routine HIV testing in the private health sector in accordance with CDC guidelines to reduce the number of individuals from <u>emerging populations who are unaware</u> of their HIV status. 4. RWP will coordinate with HIV testing programs in the private health sector in order for <u>newly diagnosed</u> HIV individuals to have immediate access to the TGA’s continuum of prevention and care. 5. RWP will continue communication and information sharing with Riverside and San Bernardino Counties’ Part B services to expand routine HIV testing in private health sector. 6. RWP will collaborate with prevention programs in TGA to expand targeted HIV testing at non-healthcare settings in accordance with CDC guidelines to reduce the number of individuals from emerging populations who are <u>unaware</u> of their HIV status. 7. IEHPC and RWP will partner and collaborate with non-healthcare providers (e.g. Probation Department, Parole Division, and County Coalitions) that provide services for recently released inmates to bring the <u>unaware</u> to HIV testing and, if <u>newly diagnosed</u> link into medical care.

Objectives	Strategies/Plans/Activities
<p>Objective 3c</p> <p>By 2016, ensure that at least <u>85%</u> of <u>newly diagnosed</u> PLWHA from <u>emerging populations</u> (African Americans, Latinos, and Recently Released) are linked to medical care within three months of diagnosis.</p> <p>[NHAS = 85%]</p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ African Americans, Latinos, and Recently Released. 3. RWP will coordinate with outreach, MAI and EIS providers throughout the TGA to identify best practices and local strategies to bring <u>newly diagnosed</u> PLWHA from emerging populations to care. 4. RWP will coordinate outreach, MAI and EIS providers throughout the TGA to facilitate access to Early Intervention Services (EIS), MAI and/or outreach of individuals who are from <u>emerging populations</u> that are not in medical care. 5. RWP will collaborate with non-healthcare providers (e.g. Probation Department, Parole Division, and County Coalitions) that provide services for recently released inmates to link <u>newly diagnosed</u> to medical care. 6. RWP will collaborate with Riverside and San Bernardino Counties’ Low-Income Health Programs (LIHP) to connect/retain <u>newly diagnosed</u> PLWHA from emerging populations in care. 7. IEHPC will allocate resources at annual PSRA Summit to address <u>gaps in care</u> and barriers that impede access to care and support linkages to care for <u>newly diagnosed</u> HIV individuals from <u>emerging populations</u>.
Objectives	Strategies/Plans/Activities
<p>Objective 3d</p> <p>By 2016, increase the number of <u>unaware individuals from special populations</u> (Adolescents, Homeless, IDU, and Transgenders) who have been tested for HIV by <u>5%</u>.</p>	<ol style="list-style-type: none"> 1. IEHCP and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary. 2. IEHPC will research/explore/better determine the needs of HIV+ adolescents, homeless, IDU, and Transgenders. 3. IEHPC and RWP will collaborate with local health departments to promote routine HIV testing in the private health sector in accordance with CDC guidelines to reduce the number of individuals from <u>special populations that are unaware</u> of their HIV status. 4. RWP will coordinate with HIV testing programs in the private health sector in order for <u>newly diagnosed</u> HIV individuals to have immediate access to the TGA’s continuum of prevention and care. 5. RWP will continue communication and information sharing with Riverside and San Bernardino Counties’ Part B services to expand routine HIV testing in

	<p>private health sector.</p> <p>6. RWP will coordinate with prevention programs in TGA to expand targeted HIV testing at non-healthcare settings (e.g., Gay/Straight Alliance Clubs; Transgender Support Groups; Homeless Coalitions) in accordance with CDC guidelines to reduce the number of individuals from <u>special populations who are unaware</u> of their HIV status.</p> <p>7. IEHPC and RWP will partner and collaborate with non-healthcare providers that provide services to special populations to bring <u>unaware</u> to HIV testing and, if <u>newly diagnosed</u> link into medical care.</p>
Objectives	Strategies/Plans/Activities
<p>Objective 3e</p> <p>By 2016, ensure that <u>85% of newly diagnosed PLWHA from special populations</u> (Adolescents, Homeless, IDU, and Transgenders) are linked to medical care within three months of diagnosis.</p> <p>[NHAS = 85%]</p>	<p>1. IEHPC and RWP will continue to collaborate with prevention and other public health experts in the two-county area to improve data collection completeness. This will also include working with local experts and benchmark jurisdictions to establish baselines and revise benchmarks/targets when necessary.</p> <p>2. IEHPC will research/explore/better determine the needs of HIV+ adolescents, homeless, IDU, and Transgenders.</p> <p>3. RWP will coordinate with outreach, MAI and EIS providers throughout the TGA to identify best practices and local strategies to bring <u>newly diagnosed PLWHA from special populations</u> to medical care.</p> <p>4. RWP will coordinate outreach, MAI and EIS providers throughout the TGA to facilitate access to Early Intervention Services (EIS), MAI and/or outreach of individuals who are from <u>special populations</u> that are not in medical care.</p> <p>5. RWP will collaborate with non-healthcare providers (e.g., Gay/Straight Alliance Clubs; Transgender Support Groups; Homeless Coalitions) that provide services for individuals from <u>special populations</u> to bring <u>unaware</u> to HIV testing and if <u>newly diagnosed</u> linked to medical care.</p> <p>6. RWP will collaborate with Riverside and San Bernardino Counties' Low-Income Health Programs (LIHP) to retain <u>newly diagnosed</u> PLWHA from <u>special populations</u> in medical care.</p> <p>7. IEHPC will allocate resources at annual PSRA Summit to <u>close gaps in care</u> and barriers that impede access to care and support linkages to care for <u>newly diagnosed HIV individuals from special populations</u>.</p>

Budget 2012-2013 DRAFT		June Revisions	Dif	Notes
<u>Salary</u>				
PC Liaison	48,648.00	43,265.00	5,383.00	Staff Started in Mid-May instead of Jan
Office Specialist	41,433.00	37,980.00	3,453.00	Staff is working at a lower pay rate
Benefits	34,044.00	34,277.00	-233.00	Lowered due to salary reductions
	124,125.00	115,522.00	8,603.00	Dif in budget move to operations
<u>Supplies</u>				
IEHPC	3,500.00	3,500.00	0.00	
Staff	3,500.00	3,500.00	0.00	
	7,000.00	7,000.00	0.00	
<u>Travel</u>				
IEHPC	6,000.00	6,000.00	0.00	
Staff	2,775.00	2,775.00	0.00	
	8,775.00	8,775.00	0.00	
<u>Consultants</u>				
Comp Plan	15,000.00	15,000.00	0.00	
County Counsel	6,000.00	6,000.00	0.00	
EAM	2,500.00	2,500.00	0.00	
Needs Assessment		7,500.00	7,500.00	Projected shared(RWP/PC) costs for NA
PS&RA	7,000.00	8,100.00	1,100.00	Increased-PC approved Facilitator Fee
	30,500.00	39,100.00	8,600.00	Projected increase in costs for services
<u>Communication</u>				
Services to support PC Staff	4,000.00	5,200.00	1,200.00	Projected shared(RWP/PC) costs for NA
PC Website	4,549.00	5,000.00	451.00	Increased-PC approved Facilitator Fee
	8,549.00	10,200.00	1,651.00	Projected increase in costs for services
<u>Rent and Lease Structure</u>	10,000.00	10,000.00	0.00	
Room Rental	1,500.00	1,500.00	0.00	
	11,500.00	11,500.00	0.00	
<u>Rental Maintenance Equipment</u>	5,000.00	5,000.00	0.00	
<u>Postage</u>	2,500.00	2,500.00	0.00	
<u>Member Incentives</u>	1,500.00	1,500.00	0.00	Acknowledge of members that have termed out
<u>Food for meetings</u>	1,500.00	1,500.00	0.00	
<u>Marketing/Outreach</u>	7,500.00	15,000.00	7,500.00	Increased in order to market/brand Council and consultant fee
<u>Council Member Development</u>	0.00	24,042.00	35,594.00	Funds that have not been obligated
<u>In Direct</u>				
Salaries/Benefits total = 10%	15,734.00	11,552.00	4,182.00	Decreased because of one time salary savings
Grand Total	224,183.00	253,191.00	29,008.00	



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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

Continuum of Care Committee

Thursday, April 19, 2012
 9:30am-11:30am

Meeting Location
 San Bernardino County
 Department of Public Health
 120 Carousel Mall
 San Bernardino, CA 92415
 (909) 388-0426/PCS Mobile (909) 693-0750

Teleconference Site
 Desert AIDS Project
 Situation Room, West Wing
 1695 North Sunrise Way
 Palm Springs, CA 92262-3702
 (760) 323-2118

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Minutes

9:30	1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	L. Ford-Watson
	2. Public Comments¹ None	Members of the Public
	3. Members Privilege None	PC Members
	4. Approval of Agenda² Motion/Second: J. Houchen/B. Contreras Motion carried.	L. Ford-Watson
	5. Approval of Minutes² 5.1 Minutes of March 08, 2012 Motion/Second: J. Houchen/C. Harris Motion carried.	L. Ford-Watson
	6. Old Business² 6.1 Comprehensive HIV Plan <ul style="list-style-type: none"> • Provide input in the development of the Comprehensive Plan • Continuum of Care and Prevention Chart (A-1) Members of the committee reviewed both of	Subcommittee Members

the above. PC will add flow chart to prevention chart.

7. Public Comments¹

None

Members of the Public

8. Members Privilege

None

PC Members

9. Review of Action Items

PC will add flow chart to prevention chart.

PC Staff

10. Agenda Setting for Next Meeting

PC Members/ L. Ford-Watson

11. Roll Call*

PC Staff

11:30

12. Adjournment

L. Ford-Watson

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