



SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
MEETING PACKET
WEDNESDAY, January 17, 2024 3:00 PM – 5:00 PM
 Southeastern Live Well Center

5101 Market St, San Diego, CA 92114, Room Tubman Chavez A

NOTE: This meeting is audio and video recorded.

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

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Meeting Location & Directions:

Community Engagement Group

Wednesday, January 17, 2024

3:00 PM - 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Tubman Chavez Room A



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

FROM I-805 SOUTH:

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

FROM I-805 NORTH:

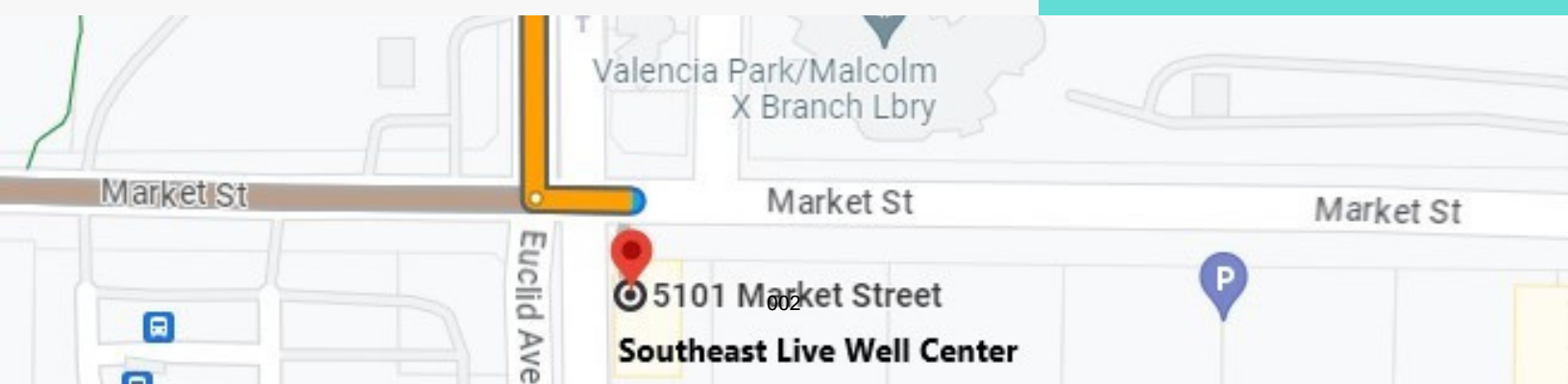
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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





SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
MEETING AGENDA
WEDNESDAY, JANUARY 17, 2024, 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114, Room Tubman Chavez A

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcnV3dGpKdz09>

Call in: US Toll +1 669 444 9171

Meeting ID: 837 8224 2388

Passcode: 106514

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is three (3).

Committee Members: Allan Acevedo (Chair), Michael Donovan, Tyra Fleming, Michael Lochner, Jen Lothridge (Co-Chair)

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions and Icebreaker
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. **Action:** Approve the Community Engagement Group agenda for January 17, 2024
7. **Action:** Approve the Community Engagement Group minutes for December 13, 2023 (Review follow-up items from the minutes)
 - a. Review: Community Engagement Group Working/Training Plan
8. Old Business
 - a. None
9. New Business
 - a. Medicare and Health Insurance Presentation – Dylan Murray, Medicare and Health Insurance
 - b. Medi-Cal Presentation – Adriana Flores Gonzalez, Patient Engagement Specialist
 - c. Review the 2024 Survey of HIV Impact
10. Committee Updates
 - a. CARE Partnership
 - b. Membership Committee

- c. Strategies and Standards Committee
- d. Medical Standards and Evaluation Committee
- e. Priority Settings and Resource Allocation
- f. Steering Committee
- g. HIV Planning Group
- h. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)

11. Announcements

12. **Next meeting date:** February 21, 2024, at 3:00– 5:00 PM.

Location: Southeastern Live Well Center: 5101 Market St, San Diego, CA 92114, Room Tubman Chavez A AND via Zoom.

13. Adjournment

Community Engagement Group Charge:

1) Educate Community Members

- Educate/train community members about the HIV Planning Group’s local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.

2) Increase Community Members’ Participation

- Increase the level and diversity of community involvement, including from under-served and under-represented populations.
- Represent the needs of all community members, including those unable to participate in meetings.
- Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
- Identify and seek to overcome barriers to community participation.

3) Represent Community Member Needs Throughout the HIV Planning Group Process

- Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
- Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop separate budget recommendations.
- Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).



GRUPO DE PLANIFICACIÓN DE SAN DIEGO SOBRE EL VIH (HIV PLANNING GROUP, HPG)
GRUPO DE PARTICIPACIÓN COMUNITARIA
ORDEN DEL DÍA DE LA REUNIÓN
MIÉRCOLES, ENERO 17, 2024, de 3:00 p. m. a 5:00 p. m.
Southeastern Live Well Center (Room Tubman Chavez A)
5101 Market Street, San Diego, CA 92114

Para participar de forma remota a través de Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcnV3dGpKdz09>

Llamada: Línea de EE. UU. +1 669 444 9171

ID de la reunión: 837 8224 2388

Código de acceso: 106514

Puede solicitar servicios de traducción de idiomas al menos 96 horas antes de la reunión.
Contáctese con el personal de asistencia de HPG por correo electrónico a hpg.hhsa@sdcounty.ca.gov.

El quórum para esta asamblea es de tres (3) personas.

Miembros del comité: Allan Acevedo (director), Alfredo De Jesus, Michael Donovan, Tyra Fleming, Michael Lochner, Jen Lothridge (codirectora)

ORDEN DE LOS ASUNTOS

1. Apertura de la sesión, votación nominal, comentarios del director, y un momento de silencio.
2. Revisión de antecedentes, declaración de la misión, objetivos y aceptación de normas de decoro de la reunión
3. Presentaciones y rompehielos
4. Comentario del público (para miembros del público)
5. Comentar nuestras inquietudes (para miembros del comité)
6. **MEDIDA:** Aprobar la orden del día del grupo de participación comunitaria para el 17 de enero de 2024
7. **MEDIDA:** Aprobar el acta del grupo de participación comunitaria para el 13 de diciembre de 2023
 - a. Revisión: Plan de Trabajo/Capacitación del Grupo de Participación Comunitaria
8. Puntos Viejos
 - a. Ninguno
9. Puntos Nuevos
 - a. Presentación de Medicare y Seguros de Salud – Dylan Murray, Medicare y Seguros de Salud
 - b. Presentación de Medi-Cal – Adriana Flores González, Especialista en Participación del Paciente
 - c. Repasar la encuesta del impacto de VIH de 2024

- d.
 - 10. Actualizaciones del Comité
 - a. Asociación CARE
 - b. Comité de Membresía
 - c. Comité de Estrategias y Estándares
 - d. Grupo de Estándares Médicos y Evaluación
 - e. Comité de Designación de Prioridades y Asignación de Recursos
 - f. Comité Directivo
 - g. Grupo de Planificación del VIH
 - h. Comité de Vivienda para el VIH/Oportunidades de Vivienda para Personas con SIDA (HOPWA)
 - 11. Anuncios
 - 12. **Fecha de la próxima asamblea:** February 21, 2024, de 3:00 p. m. a 5:00 p. m.
Lugar: Southeastern Live Well Center: 5101 Market Street, San Diego, CA 92114, Room Tubman Chavez A, Y por Zoom.
 - 13. Aplazamiento
-

Cargo del grupo de participación comunitaria:

1) Instruir a los miembros de la comunidad

- Instruir/capacitar a los miembros de la comunidad sobre el proceso de planificación de los servicios de VIH locales del Grupo de Planificación contra el VIH, y prepararlos y apoyarlos para lograr una mayor participación a través del proceso del grupo de planificación contra el VIH: comités, equipos de trabajo, grupos de trabajo y otras oportunidades, así como la membresía para el grupo de planificación contra el VIH.

2) Aumentar la participación de los miembros de la comunidad

- Aumentar el nivel y la diversidad en la participación de la comunidad, incluidas poblaciones con deficiencias en la atención y la representación.
- Representar las necesidades de todos los miembros de la comunidad, incluidos quienes no pueden participar en las reuniones.
- Ofrecer enlaces a grupos comunitarios de regiones y poblaciones específicas y garantizar la comunicación entre esos grupos y el grupo de participación comunitaria.
- Identificar e intentar superar los obstáculos que impiden la participación comunitaria.

3) Representar las necesidades de los miembros de la comunidad a través del proceso del grupo de planificación contra el VIH

- Ofrecer representación comunitaria en los comités del grupo de planificación contra el VIH, los equipos de trabajo, etc., y garantizar la transmisión de información de esos grupos al grupo de participación comunitaria.
- Fomentar la máxima participación de la comunidad en el Comité de Fijación de Prioridades y otros lugares establecidos para el proceso anual de fijación de prioridades y asignación



SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
DRAFT MINUTES
WEDNESDAY, DECEMBER 13, 2023, 3:00 PM – 5:00 PM

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

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09>

Call in: US Toll +1 669 444 9171

Meeting ID: 837 8224 2388

Passcode: 106514

Language translation services are available upon request at least 96 hours prior to the meeting. Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is four (4).

Committee Members: Michael Donovan, Tyra Fleming, Michael Lochner, Jen Lothridge (Co-Chair)

Committee Members Absent: Allan Acevedo (Chair), Alfredo De Jesus

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence.	The Chair, called the meeting to order at 3:08 PM and noted the presence of a quorum in person.	
2. <u>Review:</u> Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group Charge. The Chair reviewed the meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	A member of the public expressed concern about this meeting not being accessible to consumers.	

Agenda Item	Discussion/Action	Follow-Up
5. Sharing our concerns (for committee members)	None	
6. Action: Approve the Community Engagement Group (CEG) agenda for December 13, 2023	<p>Action: Approve the Community Engagement Group agenda for December 13, 2023 as presented.</p> <p>Public comment: A member of the public expressed concern about a CEG member having missed 7 meetings, including 5 in a row, requesting that this be addressed.</p> <p>Motion/Second/Count (M/S/C): Lochner/Donovan 2/0</p> <p>Abstention(s): Lothridge</p> <p>Motion carries</p>	
7. Action: Approve the Community Engagement Group minutes for October 18, 2023	<p>Action: Approve the Community Engagement Group minutes for October 18, 2023 as presented.</p> <p>M/S/C: Donovan/Lochner 2/0</p> <p>Abstention(s): Lothridge</p> <p>Motion carries</p>	
a. Follow-Up Items:	None	
8. Discussion on outreach/recruitment options	<p>The Co-Chair proposed outreach activities and opportunities.</p> <p>HPG Support Staff (HPGSS) provided an update on the approval for an outreach worker through the County.</p> <p>A member of the public recommended that more people be involved so there are more volunteers to go out to community events. They also mention that a lot of organizations do not post information. Additionally, the Southeastern Live Well Center did not know about the meeting today and has been turning people away at the door.</p> <p>A committee member recommended several upcoming options for tabling.</p>	

Agenda Item	Discussion/Action	Follow-Up
	<p>Mikie Lochner mentioned that the needs assessment survey is planned for distribution by March 1, 2024.</p>	
<p>9. Discussion on meeting location and public spaces</p>	<p>Jen Lothridge mentioned that the sites we have meetings at have to be approved by the County of San Diego. There are several venues such as the LGBT Center that have space available.</p> <p>Mikie Lochner clarified that the meeting spaces need to be approved by the County of San Diego, but some barriers include, but are not limited to cost (which we are required to pay) and virtual accessibility.</p> <p>Jen Lothridge has suggested that the committee help Support Staff with finding spaces to consider for future meetings.</p> <p>It was suggested that the Community Engagement Group committee meet in various regions throughout the year. The member of the public also recommended we investigate changing the times of the meeting.</p>	
<p>10. Discussion on the 2024 Working/Training Plan</p>	<p>Mikie Lochner recommended that the committee discuss the Medicare / Medi-Cal programs in January. The member of the public suggested that the HPG By-Laws be discussed in March or later.</p> <p>Michael Donovan recommended Housing in February, Robert's Rules in March, in-depth review, in April, epidemiology in May, and Happyville in June.</p> <p>HPG support staff recommended that the committee consider training on interpreting information in the</p>	<p>HPGSS will coordinate a speaker for January to present on Medi-Cal and Medicare.</p>

Agenda Item	Discussion/Action	Follow-Up
	<p>expenditure sheet prior to the allocation season. This could be combined with another presentation if needed.</p> <p>Training Plan for 2024 Jan: Insurance, Medi-Cal (Medicaid) & Medicare presentation Feb: Housing March: Roberts Rules/ Ryan White April: In depth review of categories and expenditure sheets and budget interpretation May: HIV Epidemiology June: Happyville exercise (priority setting and budget allocation)</p>	
11. Holiday Party		
12. Next meeting date	<p>Next Meeting: Wednesday, January 17, 2024, at 3:00 PM- 5:00 PM., in-person and via Zoom.</p> <p>Location: Southeastern Live Well Center; 5101 Market St. San Diego, CA 92114; (Tubman Chavez Room A)</p>	
13. Adjournment	Meeting was adjourned at 4:00 PM.	



**SAN DIEGO
HIV PLANNING GROUP**
GRUPO DE PLANEACIÓN PARA EL VIH (HPG) DE SAN DIEGO
GRUPO DE PARTICIPACIÓN COMUNITARIA
BORRADOR DEL ACTA

MIÉRCOLES, 13 DE DICIEMBRE DE 2023, DE 3:00 p. m. a 5:00 p. m.

Southeastern Live Well Center (sala Tubman Chavez A)
 5101 Market Street, San Diego, CA 92114

Para participar de forma remota a través de Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcV3dGpKdz09>

Por llamada telefónica: Número de EE. UU. +1 669 444 9171

ID de la reunión: 837 8224 2388

Código de acceso: 106514

Se pueden pedir servicios de traducción de idiomas al menos 96 horas antes de la reunión.
 Póngase en contacto con el personal de soporte de HPG por correo electrónico a
hpg.hhsa@sdcounty.ca.gov.

El quórum para esta reunión es cuatro (4).

Miembros del comité: Michael Donovan, Tyra Fleming, Michael Lochner, Jen Lothridge (Copresidenta)

Miembros del comité ausentes: Allan Acevedo (Presidente), Alfredo De Jesus

ORDEN DEL DÍA

Tema del orden del día	Debate/Acción	Seguimiento
1. Apertura, verificación de asistencia, comentarios de la presidencia y un momento de silencio	El presidente declara abierta la sesión a las 3:08 p. m. y señala la presencia de quórum en persona.	
2. <u>Revisión:</u> Antecedentes, declaración de la misión, objetivos y acuerdo sobre el decoro de la reunión	Los miembros del comité leyeron la declaración de misión y el cargo del grupo de participación comunitaria. El presidente revisó el decoro de la reunión.	
3. Presentaciones (nombre, función en HPG/consumidor, pronombres), rompehielos	Se presentaron los miembros y los participantes.	
4. Comentario público (para miembros del público)	Un miembro del público expresó su preocupación por el hecho de que	

Tema del orden del día	Debate/Acción	Seguimiento
	esta reunión no fuera accesible para los consumidores.	
5. Contar nuestras preocupaciones (para los miembros del comité)	Ninguna	
6. Acción: Aprobar el orden del día del Grupo de Participación Comunitaria (CEG) para el 13 de diciembre de 2023	<p>Acción: Aprobar el orden del día del Grupo de Participación Comunitaria para el 13 de diciembre de 2023 como se presentó</p> <p>Comentario público: Un miembro del público expresó su preocupación por el hecho de que un miembro del CEG hubiera faltado a 7 reuniones, 5 de ellas consecutivas, y solicitó que se abordara este problema.</p> <p>Moción/Secundada/Conteo (M/S/C): Lochner/Donovan 2/0</p> <p>Abstenciones: Lothridge</p> <p>La moción implica</p>	
7. Acción: Aprobar el orden del día del Grupo de Participación Comunitaria para el 18 de diciembre de 2023	<p>Acción: Aprobar el orden del día del Grupo de Participación Comunitaria para el 18 de diciembre de 2023 como se presentó</p> <p>M/S/C: Donovan/Lochner 2/0</p> <p>Abstenciones: Lothridge</p> <p>La moción implica</p>	
a. Elementos de seguimiento:	Ninguno	
8. Debate sobre las opciones de divulgación y contratación	<p>La copresidenta propuso actividades y oportunidades de divulgación.</p> <p>El personal de apoyo del HPG (HPGSS) proporcionó una actualización sobre la aprobación de un trabajador de divulgación en todo el condado.</p> <p>Un miembro del público recomendó que participaran más personas para que haya más voluntarios que asistan a los eventos comunitarios. También mencionan que muchas</p>	

Tema del orden del día	Debate/Acción	Seguimiento
	<p>organizaciones no publican información. Además, el Southeastern Live Well Center no sabía que se hacía la reunión hoy y no permitía entrar a las personas. Un miembro del comité recomendó varias opciones futuras para la presentación.</p> <p>Mikie Lochner mencionó que la encuesta de evaluación de necesidades se distribuirá antes del 1 de marzo de 2024.</p>	
<p>9. Debate sobre el lugar de la reunión y los espacios públicos</p>	<p>Jen Lothridge mencionó que los lugares en los que llevamos a cabo las reuniones deben ser aprobados por el condado de San Diego. Hay varios lugares, como el Centro LGBT, que tienen espacio disponible.</p> <p>Mikie Lochner aclaró que los lugares para las reuniones deben ser aprobados por el condado de San Diego, pero algunos obstáculos incluyen, entre otros, el costo (que estamos obligados a pagar) y la accesibilidad virtual.</p> <p>Jen Lothridge ha sugerido que el comité ayude al personal de apoyo a buscar posibles lugares para futuras reuniones.</p> <p>Se sugirió que el comité del Grupo de Participación Comunitaria se reuniera en varias regiones a lo largo del año. El miembro del público también recomendó que investigáramos el cambio de horarios de la reunión.</p>	
<p>10. Debate sobre el plan de trabajo/formación para 2024</p>	<p>Mikie Lochner recomendó que el comité debatiera sobre los</p>	<p>El HPGSS coordinará un orador para</p>

Tema del orden del día	Debate/Acción	Seguimiento
	<p>programas Medicare/Medi-Cal en enero. El público sugirió que los estatutos del HPG se debatieran en marzo o más tarde. Michael Donovan recomendó el tema vivienda en febrero, las Reglas del orden de Robert en marzo, una revisión exhaustiva en abril, epidemiología en mayo y Happyville en junio.</p> <p>El personal de apoyo del HPG recomendó que el comité considerara la posibilidad de capacitar sobre la interpretación de la información en la hoja de gastos antes de la temporada de asignación. Esto se podría combinar con otra presentación si es necesario.</p> <p>Plan de capacitación para 2024 Enero: Presentación sobre seguros, Medi-Cal (Medicaid) y Medicare Febrero: Vivienda Marzo: Reglas de Robert/Ryan White Abril: Revisión en profundidad de las categorías y las hojas de gastos y la interpretación del presupuesto Mayo: Epidemiología del VIH Junio: Ejercicio de Happyville (establecimiento de prioridades y asignación presupuestaria)</p>	<p>enero para hablar sobre Medi-Cal y Medicare.</p>
11. Fiesta navideña		
12. Fecha de la próxima reunión	<p>Próxima reunión: Miércoles, 17 de enero de 2024, de 3:00 p. m. a 5:00 p. m., en persona y a través de Zoom.</p> <p>Ubicación: Southeastern Live Well Center; 5101 Market St. San Diego, CA 92114;</p>	

Tema del orden del día	Debate/Acción	Seguimiento
	(sala Tubman Chavez A)	
13. Aplazamiento	La reunión terminó a las 4:00 p. m.	

**Community Engagement Group (CEG)
2024 Training Plan**

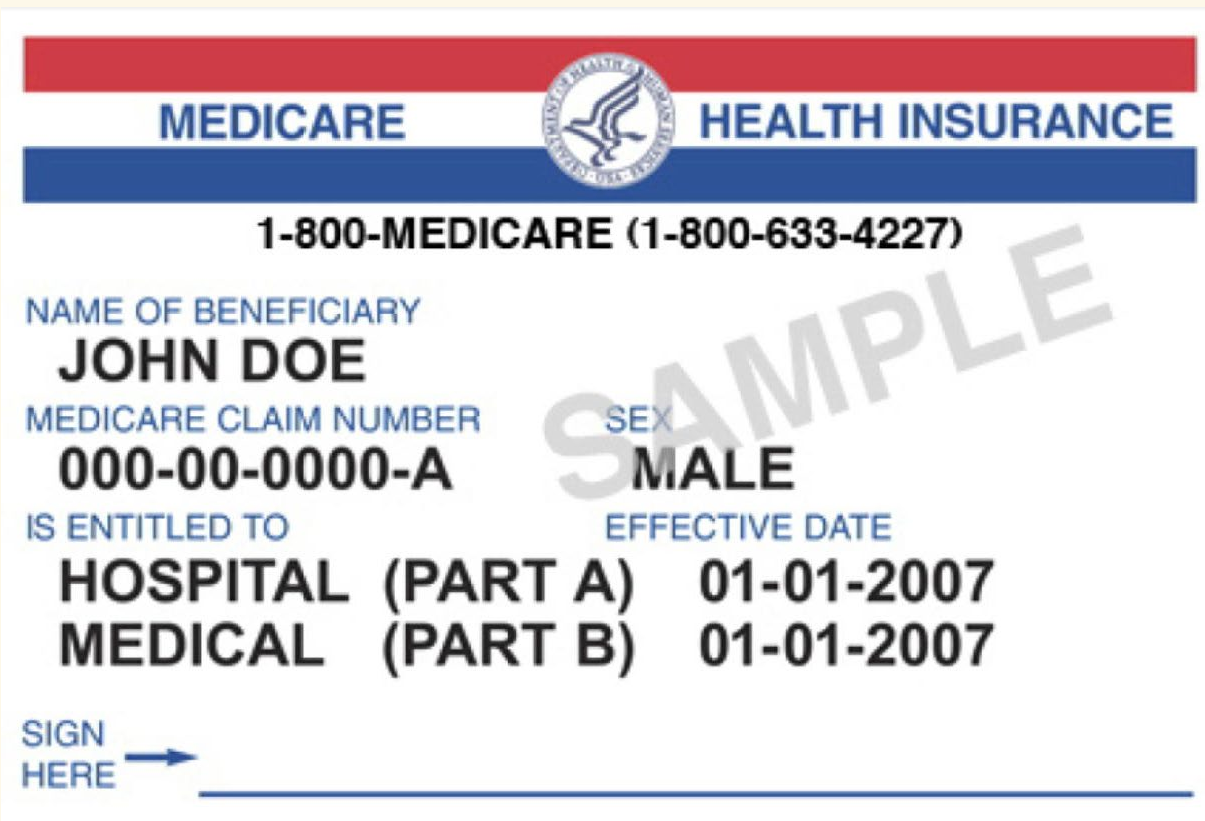
Month	Presentation/Training	Month	Presentation/Training
January	Insurance Programs	July	Happyville exercise (Dr. Ken Riley)
February	Housing	August	(None; due to weekly HPG meetings)
March	Robert's Rules of Order/Ryan White	September	Consolidated Housing presentation
April	In depth review of service categories	October	Doxycycline Post-exposure prophylaxis (Dr. Winston Tilghman)
May	Epidemiology data (using to make decisions)	November	HPG Bylaws Training
June	Expenditure Sheets and budget sheets (Dr. Ken Riley)	December	None

Topics without a set date	
Conflict of Interest	
Dental services	
Transportation	

Your Choices with Medicare

Presented by Dylan Murray, San Diego Medicare Broker

Original Medicare: Part A and Part B



A sample Medicare card for John Doe. The card features a red and blue header with the Medicare logo. Below the header, it lists the beneficiary's name, Medicare claim number, sex, and the effective dates for Part A (Hospital) and Part B (Medical). A 'SIGN HERE' line is at the bottom left.

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO
HOSPITAL (PART A)

EFFECTIVE DATE
01-01-2007

MEDICAL (PART B)

EFFECTIVE DATE
01-01-2007

SIGN HERE → _____

Part A: Hospital Costs

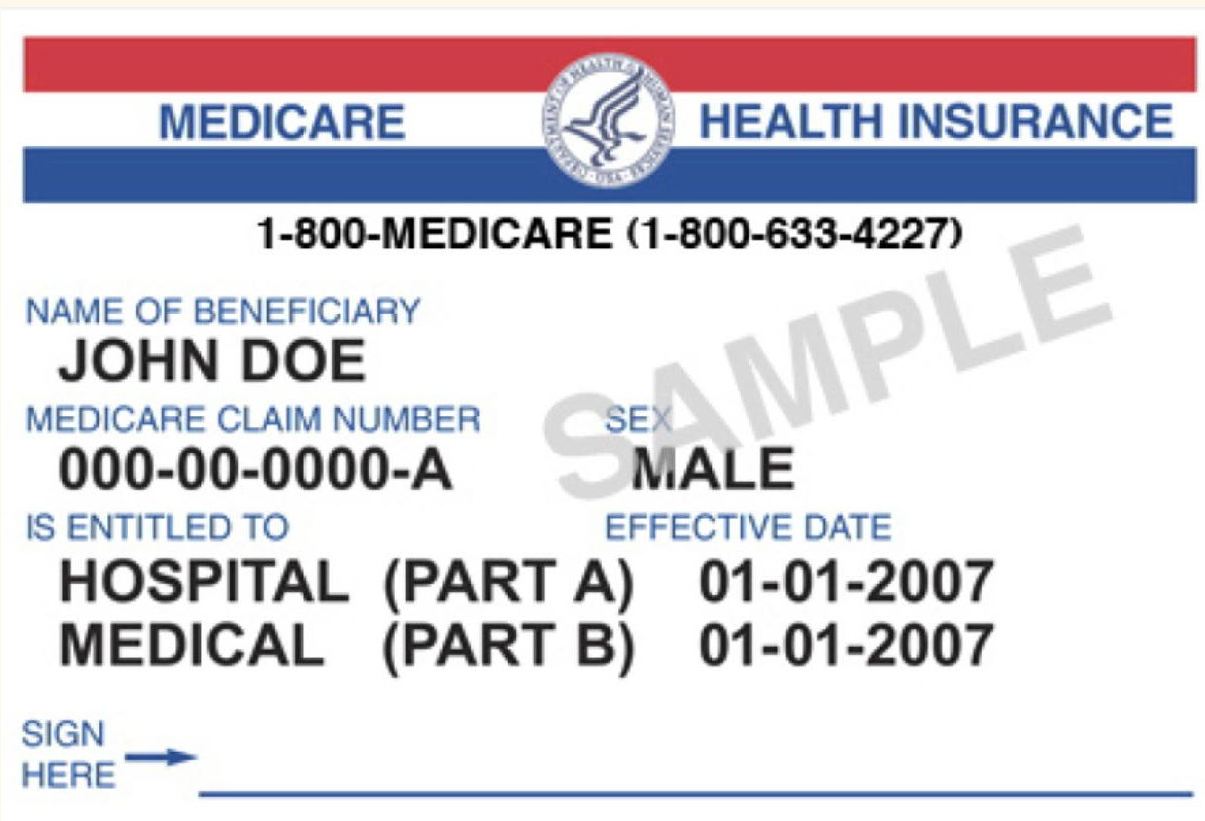
- ❖ Work a total of 10 years (40 quarters) and Part A is paid.*

Part B: Medical Costs

- ❖ Generally \$170 per month
- ❖ Income: sliding scale costs

* Partial work history Part A costs \$274 or \$499 each month.

Original Medicare: Part A and Part B



A sample Medicare Health Insurance Card for John Doe. The card features a red and blue header with the Medicare logo. Below the header, it lists the beneficiary's name, Medicare claim number, sex, and effective dates for Part A and Part B. A 'SIGN HERE' line is at the bottom left. A large 'SAMPLE' watermark is overlaid on the card.

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO
HOSPITAL (PART A)

EFFECTIVE DATE
01-01-2007

MEDICAL (PART B)

EFFECTIVE DATE
01-01-2007

SIGN HERE → _____

Medicare Coverage:

Covered:

- ❖ 100% Hospitalization
- ❖ 80% Doctor Visit Costs

Not Covered:

- ❖ Prescription Drugs

ORIGINAL MEDICARE

The you have to choose Advantage Plan or Supplement + Drug

Advantage Plan Option 1

a.k.a. Part C:

HMO Plan with Part D (drug)

PPO Plan with Part D (drug)

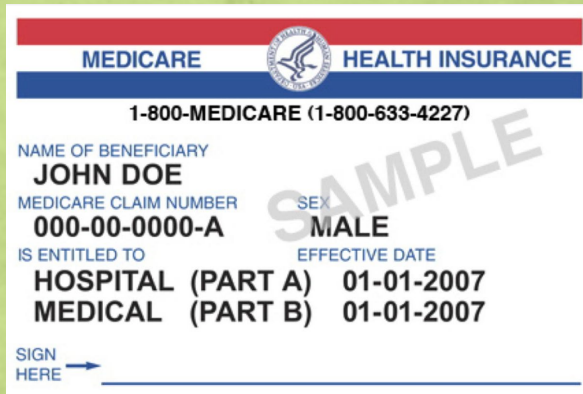
HMO/PPO without Part D (drug)
VA plan

Supplement + Drug Plan Option 2

Plan F, Plan G, etc.

+
Part D (drug)

Medicare Advantage Plans (option 1)



A sample Medicare Health Insurance card for John Doe. The card features the Medicare logo and the text "MEDICARE HEALTH INSURANCE" at the top. Below this, it provides the contact number "1-800-MEDICARE (1-800-633-4227)". The beneficiary's name is "JOHN DOE", and the Medicare claim number is "000-00-0000-A". The card also indicates the beneficiary is entitled to Hospital (Part A) and Medical (Part B) coverage, both effective as of 01-01-2007. A "SAMPLE" watermark is visible across the card. At the bottom left, there is a "SIGN HERE" label with an arrow pointing to a line for a signature.

Covered:

- ❖ 100% Hospitalization
- ❖ 80% Doctor Visits

Not Covered:

- ❖ Prescription Drugs

Medicare Advantage Plans

- ❖ Will have co-pays and co-insurance
- ❖ Provide prescription drug coverage
- ❖ Offer additional benefits like OTC, grocery, dental, vision, rides to the doctor, and hearing aids
- ❖ Cost is \$0 per month.
- ❖ HMO – Limited to network of doctors
- ❖ PPO – Higher costs when seeing doctor

Medicare Advantage Plans

Features:

- Zero or low monthly cost
- HMO Plan – Network of Doctors, can't go outside network, need referrals
- PPO Plan – Network of Doctors ,can go outside network, don't need referrals, higher costs
- Drug Plan included

Added Benefits (vary by plan):

- Dental (HMO preventative care)
- Vision
- Hearing Aids
- PERS (Help I've Fallen)
- Other-The-Counter Spending Card \$10-\$100 per month
- Grocery Card
- Pest Control
- Tech Help



**Large
Doctor
Network** **Fewer
Added
Benefits**



**Small
Doctor
Network** **More
Added
Benefits**

ORIGINAL MEDICARE

The you have to choose Advantage Plan or Supplement + Drug

Advantage Plan Option 1

a.k.a. Part C:

HMO Plan with Part D (drug)

PPO Plan with Part D (drug)

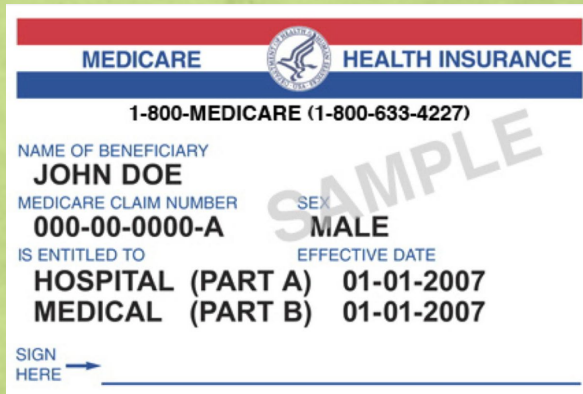
HMO/PPO without Part D (drug)
VA plan

Supplement + Drug Plan Option 2

Plan F, Plan G, etc.

+
Part D (drug)

Medicare Supplement Plan with Drug Plan (option 2)



A sample Medicare Health Insurance card for John Doe. The card features the Medicare logo and the text "MEDICARE HEALTH INSURANCE" at the top. Below this, it provides the phone number "1-800-MEDICARE (1-800-633-4227)". The beneficiary's name is "JOHN DOE", and the Medicare claim number is "000-00-0000-A". The card also indicates the beneficiary is entitled to Hospital (Part A) and Medical (Part B) coverage, both effective as of 01-01-2007. A "SIGN HERE" line is present at the bottom left. A large "SAMPLE" watermark is overlaid on the card.

Covered:

- ❖ 100% Hospitalization
- ❖ 80% Doctor Visits

Not Covered:

- ❖ Prescription Drugs

Medicare Supplement

- ❖ Cover the 20% of doctor bills not covered by Medicare
- ❖ Go to any doctor in the country (Super PPO)
- ❖ Starts at \$160 per month (increases with age)

Medicare Drug Plan

- ❖ Covers most prescription costs
- ❖ Average cost is about \$30

Medicare Supplement with Drug Plan

Features:

- Moderate monthly cost
- Few to no co-pays
- Low annual deductible
- Medicare Network – Largest network of doctors

Added Benefits (vary by plan):

- Gym Membership

Drug Plans



Formulary

- ❖ Each plan has a unique set of drugs it covers
- ❖ Generally five drug categories (tiers)

Tier 1 – Generic; Tier 5 – Brand Name

Cost

- ❖ Monthly premium (\$10 to \$125)
- ❖ Co-pays
- ❖ Coverage categories: January thru December

Drug Plans

January ----- December

	Deductible Around \$550	Coverage Pays to \$5,030	Shared Costs 25% (Donut Hole)	Catastrophic
Tier 1 Preferred Generic	SKIPS DEDUCTIBLE	low cost	higher cost	low cost
Tier 2 Generic	SKIPS DEDUCTIBLE	low cost	higher cost	low cost
Tier 3 Preferred Brand	high cost	lower cost	high cost	low cost
Tier 4 Brand	high cost	lower cost	high cost	low cost
Tier 5 Specialty	high cost	lower cost	high cost	low cost

Thank you!

Dylan Murray

- Medicare Broker
- California License oH31185
- dylan@yourhealthpolicy.com
- 619-306-7943



FAMILY HEALTH CENTERS
OF SAN DIEGO

Medi-cal: Re-determination and Public Charge

Presenter: Vanessa
Aguayo (*she/her/hers*)

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ADULTS/CHILDREN <ul style="list-style-type: none">• Physicals• Sick Visits• Immunizations	WOMEN <ul style="list-style-type: none">• Breast Cancer Screenings• Cervical Cancer Screenings• Prenatal & Postnatal Care• Pregnancy Testing• Family Planning• Gynecology	DENTAL CARE <ul style="list-style-type: none">• Urgent Care• Cleanings• Fillings• Dentures
CARE FOR <ul style="list-style-type: none">• Diabetes• Asthma• High Blood Pressure• Other Conditions	MENTAL HEALTH <ul style="list-style-type: none">• Counseling for Children, Adults & Families	STD <ul style="list-style-type: none">• Screenings & Treatment• HIV Testing
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*Visit fee does not include the cost of labs or other fees. Rev. 03/2019

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Billing & Insurance

- Family Health Centers of San Diego accepts a wide range of payment and insurance plans:
 - **Medi-Cal** (*Molina, Community Health Group, Blue Shield Promise, Aetna*)
 - **Covered California**
 - Sliding fee scale (*income and family size*)
 -

Our staff can also help patients enroll in free or low-cost services, such as Medi-Cal, which can help cover the cost of treatment and services.

No patient will be turned away because of their inability to pay.

What is Medi-Cal?

- Medi-Cal is California's version of the federal Medicaid program.
- It offers **no-cost and low-cost health insurance** to those living in California that meet the eligibility requirements.
 - A comprehensive set of benefits known as "essential health benefits," *(also known as Full Scope Medi-Cal)*.
- Medi-Cal Managed Care program contracts with a health plan to provide services for you in an organized and coordinated manner.



Full Scope Medi-Cal

- Regular checkups
- Doctor and dental visits
- Vaccines
- Mental Health Services
- Hospital care
- Prescriptions
- Hospitalizations

Call us for immediate assistance **619-255-8228**
Protect your family and finances - DON'T WAIT!



Who Qualifies for Full Scope Medi-Cal?

- People ages 0 to 26 can qualify for full Medi-Cal coverage regardless of legal status, if other criteria is met (*i.e. income, place of residency, etc.*).
- People ages 27 to 49 require legal immigration status (*i.e. Social Security, legal residency, U.S. citizenship*).
- People 50+ can qualify for full coverage Medi-Cal regardless of legal status, if other criteria is met (*i.e. income, place of residency, etc.*).

Whether or not an individual qualifies for Medi-Cal depends on:

- **Income**
- **California Residency**
- **Household Size**



Program Eligibility by Federal Poverty Level for 2024

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL).

		Federal Premium Tax Credit*										
		SEE NOTE BELOW FOR INCOMES IN THIS RANGE			American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)					AIAN Limited Cost Sharing (over 300%)		
		Silver 94 (100%-150%)			Silver 87 (>150%-200%)		Silver 73 (>200%-250%)		Tax credit continues beyond 400%			
% FPL		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
Household Size	1	\$0	\$14,580	\$20,121	\$21,870	\$29,160	\$31,056	\$36,450	\$38,783	\$43,740	\$46,948	\$58,320
	2	\$0	\$19,720	\$27,214	\$29,580	\$39,440	\$42,004	\$49,300	\$52,456	\$59,160	\$63,499	\$78,880
	3	\$0	\$24,860	\$34,307	\$37,290	\$49,720	\$52,952	\$62,150	\$66,128	\$74,580	\$80,050	\$99,440
	4	\$0	\$30,000	\$41,400	\$45,000	\$60,000	\$63,900	\$75,000	\$79,800	\$90,000	\$96,600	\$120,000
	5	\$0	\$35,140	\$48,494	\$52,710	\$70,280	\$74,849	\$87,850	\$93,473	\$105,420	\$113,151	\$140,560
	6	\$0	\$40,280	\$55,587	\$60,420	\$80,560	\$85,797	\$100,700	\$107,145	\$120,840	\$129,702	\$161,120
	7	\$0	\$45,420	\$62,680	\$68,130	\$90,840	\$96,745	\$113,550	\$120,818	\$136,260	\$146,253	\$181,680
	8	\$0	\$50,560	\$69,773	\$75,840	\$101,120	\$107,693	\$126,400	\$134,490	\$151,680	\$162,804	\$202,240
	add'l add	\$0	\$5,140	\$7,094	\$7,710	\$10,280	\$10,949	\$12,850	\$13,673	\$15,420	\$16,551	\$20,560

Medi-Cal	Medi-Cal for Adults	Medi-Cal for Pregnant Women	Medi-Cal Access Program (for Pregnant Women)
		Medi-Cal for Kids (0-18 Yrs.)	

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

Silver 94, 87 and 73 plans have no deductibles, and lower co-pays and out-of-pocket maximum costs.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

Medi-Cal Eligibility Criteria

- **To enroll, you will need:**

- State-issued photo ID, if not available, an ID from your home country (*for age-eligible undocumented applicants*)
- Social security number (SSN) for adults (*if applicable*)
- Proof of a San Diego County address (*i.e., lease or utility bill*)
- Proof of current income (*i.e. last 2-4 most recent paystubs*)



Young Adult Expansion starting Jan 1, 2024

- Starting January 1, 2023, people ages 27 to 49 **will qualify for full-scope Medi-Cal regardless of immigration status.**
- All other Medi-Cal eligibility rules, including income limits, will still apply.
- This latest expansion of full-scope Medi-Cal brings CA closer to *a Healthy California for All.*

Keep Your Health Coverage

Federal Continuing Coverage Requirement ended March 31, 2023

During the COVID-19 public health emergency (ESP), individuals were allowed to maintain their Medi-Cal health insurance regardless of any changes in their life.

- **The County office will require renewal of Medi-Cal**

- Beginning April 1, 2023, the normal Medi-Cal renewal process will resume and be processed for the next 14 months

- **Nov 1: Begins the Open Enrollment Period for Covered California**

- Families who do not qualify for Medi-Cal can apply for Covered California

90% of Covered California beneficiaries receive financial assistance

What is Public Charge?

A term in immigration law referring to individuals potentially reliant on public programs as their main support.

According to the California Health and Human Services Agency (CalHHS), the following benefits will **NOT** harm your immigration status:

- **Medi-Cal** or **Covered California**
- **CalFresh, Pandemic EBT, School meals**
- County Health Services
- Public Housing and Section 8
- **California COVID-19 Rent Relief Program**
- **WIC** (Women, Infants & Children)

and many more government benefits



Disclaimer: We are not legal experts. We are providing information. For legal advice, scan QR code for trusted legal organizations.



Free Medi-Cal Application Enrollment Assistance

- Free Enrollment Assistance for New Applications and Renewals:
 - **Medi-Cal and Covered California**
 - Millions of eligible children and teens (ages 0-26) qualify for full Medi-Cal, regardless of legal status
 - **Effective May 1, 2022**, eligible adults (age 50 and older) who qualify for full Medi-Cal, regardless of legal status, if other eligible criteria applies, such as income and place of residency.

Children who have health coverage are better prepared to succeed in school and in life!





Vaccine Information

COVID-19 Vaccine

- As of September 12, 2023, CDC recommends **everyone 6 months and older get an updated COVID-19 vaccine.**
- The vaccine protects against possible serious outcomes of COVID-19 illness this fall and winter.
- Most people 5 years or older should get one dose of the updated vaccine.

The Flu Vaccine

- CDC recommends a yearly flu vaccine as the first and most important action in reducing your risk of flu and its potentially serious outcome.
- **Everyone 6 months and older should get an annual flu vaccine**, ideally by the end of October.
- People should continue to get vaccinated if flu viruses pose a threat to their community.



FAMILY HEALTH CENTERS
OF SAN DIEGO

Vanessa Aguayo
Patient Engagement Specialist
(858) 326-7162
vanessaag@fhcsd.org

**Thank you for
your time!**

Any Questions?

County of San Diego | HHSa HIV Needs Assessment Survey

What is the purpose of the HHSa Needs Assessment Survey? The County of San Diego Health and Human Services Agency is conducting a 2024 needs assessment survey. The survey will help County planners address the service needs of people living with or vulnerable to HIV and AIDS in San Diego County.

How does it work? You may complete the survey on paper or follow this link to complete it online: _____. Your participation in this survey is voluntary and your answers will remain anonymous. This means that no information you provide is linked to you. You do not need to answer any questions you do not feel comfortable answering. There are no right or wrong answers – we want to hear about you and your experiences. Some of these questions are personal. However, your open and honest responses are important so that the County can best serve people who are living with or vulnerable to HIV/AIDS. If you decide not to participate, it will not affect the services you are currently receiving or may seek in the future.

Some of the content of this survey might be uncomfortable. You are encouraged to prepare yourself emotionally before reading further. If you believe that you will find the survey to be uncomfortable, you should choose to not participate. The County of San Diego has a variety of resources. A 24/7 Access and Crisis Line provides free, confidential support in over 200 languages. Call 1 (888) 724-7240.

The survey should take about 25 minutes to complete. We appreciate the valuable time you are taking to complete the survey! Your responses are anonymous and will contribute to our analysis of the San Diego community needs.

Where to go for questions or comments about the survey? If you have any questions about the survey and the analysis, please email hpg.hhsa@sdcounty.ca.gov.

Survey Date: _____, 2024

SECTION 1: HIV STATUS

1. What is your current HIV/AIDS status?

Living with HIV (undetectable)

SKIP TO QUESTION 6

Not living with HIV

Living with HIV (detectable)

SKIP TO QUESTION 6

Not sure of current HIV status

Living with AIDS

SKIP TO QUESTION 6

2. Do you get tested for HIV at least once every year?

Yes

No

3. If you are not living with HIV or not certain of your current HIV status, when did you last test for HIV?

Within the last 3 months

Within the last 6 months to 1 year

Not sure

Within the last 3-6 months

More than a year ago

Never been tested

4. Pre-exposure prophylaxis (PrEP) is a medication that a person who does not have HIV takes every day to reduce the risk of getting HIV. Are you currently taking PrEP?

Yes

Considering taking PrEP

No, but used to

Decided not to

Do not know about PrEP

5. Has your health care provider ever offered you an HIV test?

Yes

No

Not sure

*****If you are not living with HIV or unaware of your HIV status, SKIP TO SECTION 2*****

County of San Diego | HHS HIV Needs Assessment Survey

6. Do you currently have a case manager?

- Yes No Not sure

7. Do you have a health care provider (doctor, nurse practitioner, or physician assistant) who provides HIV treatment?

- Yes No, I don't currently have a health care provider who provides HIV treatment I've never had a health care provider who provides HIV treatment **SKIP TO QUESTION 10**

8. Have you received HIV care in the last 12 months? (this may include a virtual visit)

- Yes No Not sure

9. If you answered "yes" to the previous question, was your last visit with a doctor, nurse, or other health care team member for your HIV/AIDS?

- In Person Virtual Both

10. If you did NOT get HIV medical care for one year or more, or have never received care, why not? (Select all that apply)

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> I felt healthy | <input type="checkbox"/> I was unhoused | <input type="checkbox"/> I needed someone to talk to who understands HIV | <input type="checkbox"/> I was afraid of people finding out | <input type="checkbox"/> HIV medications made me feel sick |
| <input type="checkbox"/> Children, family, or childcare needs came first | <input type="checkbox"/> I didn't have enough money to pay | <input type="checkbox"/> I didn't know where or how to find services | <input type="checkbox"/> I had a bad experience with a health care provider | <input type="checkbox"/> I was afraid of possible side effects of medications |
| <input type="checkbox"/> I was not ready to deal with having HIV | <input type="checkbox"/> I was using drugs and/or alcohol | <input type="checkbox"/> I didn't think I could get services | <input type="checkbox"/> I didn't trust doctors or clinics | <input type="checkbox"/> I had difficulty with getting health coverage |
| <input type="checkbox"/> I was tired of dealing with HIV | <input type="checkbox"/> I was too sick to leave home | <input type="checkbox"/> I didn't have a ride to services | <input type="checkbox"/> I needed someone who spoke my language | <input type="checkbox"/> I had problems with keeping health coverage |
| <input type="checkbox"/> I am/was physically disabled | <input type="checkbox"/> I had mental health problems | <input type="checkbox"/> I didn't think medical care would help me | <input type="checkbox"/> There was a waitlist | <input type="checkbox"/> Does not apply, I have not been out of care |

Other (please explain): _____

11. CD4/T-cell blood test is a test used to check the health of people with HIV, to see if they may be at risk for getting sick. In the last 12 months, how many CD4/T-cell blood tests have you had?

- Zero One Two
 More than two Not sure I've never had a CD4/T-cell blood test

County of San Diego | HHSA HIV Needs Assessment Survey

12. An HIV viral load blood test measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV. In the last 12 months, how many HIV viral load tests have you had?

- Zero One Two
 More than two Not sure I've never had an HIV viral load blood test

13. Do you currently have a suppressed/undetectable viral load?

- Yes No Not sure

14. Are you currently on antiretroviral therapy (ART)?

- Yes No Not sure

15. How often do you take ART medication as prescribed by your doctor?

- Always Usually (more than half the time) Sometimes (about half the time or less) Never

16. In the last five years, has there been a time in which you were off your HIV medication for more than 6 months?

- No I have never taken HIV medication

Yes (please explain): _____

17. In your opinion, which of the following changes in your life would impact your decision to stop your HIV medication in the future? (Select all that apply)

- Housing Move to another area Change in relationship status Perception that medication isn't helping

Other, please explain: _____

SECTION 2: OTHER HEALTH CONCERNS

18. Do you have a disability? If so, please check those that apply to you:

- I do not have a disability Deaf/hard of hearing (use ASL) Intellectual and developmental disability
 Blind/visually impaired Physically disabled Post-Traumatic Stress Disorder (PTSD)
 Other: _____

County of San Diego | HHS HIV Needs Assessment Survey

19. Do you have or have you had in the past Hepatitis B?

- Yes No Not sure

20. Have you ever been tested for Hepatitis C?

- Yes No Not sure

21. If you tested positive for Hepatitis C, did you receive treatment?

- Yes No Not sure I have never tested positive

22. If you answered "No" to the previous question, please explain why you didn't receive treatment:

23. Do you have or have you had in the past Tuberculosis?

- Yes No Not sure

24. Have you ever been screened or tested for other Sexually Transmitted Infection(s) (STIs such as Chlamydia, Gonorrhea, Syphilis)?

- Yes No Not sure

25. In the 12 months, how many times have you been screened or tested for STIs? _____

26. Has your health care provider offered Doxycycline Post-Exposure Prophylaxis for Bacterial STI prevention?

- Yes No Not sure

27. Are you currently pregnant or have been pregnant in the last 5 years?

- Yes No Not sure Not applicable

28. Have you obtained prenatal care/services (ongoing medical care during a pregnancy)?

- Yes No Not sure Not applicable

County of San Diego | HHS HIV Needs Assessment Survey

SECTION 3: MENTAL HEALTH AND SUBSTANCE USE CONCERNS

29. In the past 6 months, have you seen a therapist or received counseling?

- Yes No Not sure

30. Select all that apply to you from the list below:

- I may have an alcohol problem I may have a drug problem I am in recovery
 I have had an alcohol problem, but no longer use alcohol I have had a drug problem, but no longer use drugs None apply to me

31. Have you ever injected illicit and non-prescribed drugs? (select only one)

- No **SKIP TO SECTION 4** Yes, in the last 12 months Yes, more than 12 months ago

32. Have you ever shared needles or works?

- Always Usually (more than half the time) Sometimes (about half the time or less) Never

33. Which drugs have you injected? (Select all that apply)

- Cocaine Non-prescribed hormones Methamphetamine (Crystal) Fentanyl
 Heroin Does not apply Other: _____

SECTION 4: CRIMINAL JUSTICE HISTORY

34. Have you ever been incarcerated (jail or prison)?

- Yes No **SKIP TO SECTION 5**

35. If you answered "yes" to the previous question, when were you released?

- Within the past 2 years Within 3-5 years More than 5 years ago

36. If you were incarcerated, did you have any problems getting the following AFTER your release:

- | Medical care | Housing | Other support services | Employment |
|--|--|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

County of San Diego | HHSA HIV Needs Assessment Survey

SECTION 5: EMPLOYMENT AND INCOME

37. What is your current employment status?

- Employed
- Self-employed
- Retired
- Not working, but looking for a job
- Not working and not looking for a job
- Homemaker/stay-at-home parent
- Full- or part-time family caregiver
- Unable to work/Disabled
- Student

38. What is the highest level of education you have completed?

- Never attended school
- Less than high school
- Some high school
- High school graduate/GED
- Some college/technical or vocational school
- Associate's degree
- Bachelor's degree
- Graduate degree
- Other: _____

39. Currently, what is your main source of income? (Select only one)

- Earnings/job
- Family/Friends
- CalWorks
- Social Security (e.g., SSI, SSDI)
- General Assistance/Relief
- Unemployment
- Retirement
- No income
- Other: _____

40. What is your best estimate of your gross (before tax) MONTHLY household income from all sources (work, social security, disability, alimony, etc.)?

41. What is the total monthly cost that you and your household pay for rent or mortgage and utilities (water, electricity, and/or gas)?

42. What is the total number of family members or people supported by your household income (including yourself)?

_____ adults (18+) _____ children (under 18)

SECTION 6: HOUSING

43. What is your current housing situation?

- Renting a property
- Own a property
- Moving from friend/relative to friend/relative (couch surfing)
- Living in a shelter
- Unsheltered
- Staying with a friend/relative
- Living in a treatment facility
- Other: _____
- Incarcerated
- Living in supportive living facility or group home

County of San Diego | HHSA HIV Needs Assessment Survey

44. Have any of these situations impacted your ability to obtain and retain housing? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Lack of available housing | <input type="checkbox"/> Cost of housing | <input type="checkbox"/> Poor credit history | <input type="checkbox"/> Access to health insurance | <input type="checkbox"/> Limited support system |
| <input type="checkbox"/> Insufficient monthly income | <input type="checkbox"/> Family size | <input type="checkbox"/> Substance use | <input type="checkbox"/> Criminal record | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Lack of employment opportunities | <input type="checkbox"/> Geographic accessibility to health care | <input type="checkbox"/> HIV/AIDS stigma | <input type="checkbox"/> Other stigma: _____ | <input type="checkbox"/> None |

Other, please explain: _____

SECTION 7: ACCESS TO TREATMENT AND BASIC NEEDS SERVICES

45. For each **HEALTH SERVICE** listed in the rows below, check **only one** box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. HIV/AIDS medication/medicine (as prescribed by a doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. HIV primary care (clinic, doctor, nurse practitioner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Home health care (nurse, attendant, hospice, physical therapy at your home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Alcohol/drug recovery services/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Counseling/therapy (individual or group by a professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Psychiatric services (medication management for bipolar, clinical depression, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

County of San Diego | HHS HIV Needs Assessment Survey

46. If you responded “I received this service, but it was hard to access” or “I needed this service, but couldn’t get it” for any of the **HEALTH SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- I felt healthy
 - I was unhoused
 - I needed someone to talk to who understands HIV
 - I was afraid of people finding out
 - HIV medications made me feel sick
 - Children, family or childcare needs came first
 - I didn’t have enough money to pay
 - I didn’t know where or how to find services
 - I had a bad experience with a health care provider
 - I was afraid of possible side effects of medications
 - I was not ready to deal with having HIV
 - I was using drugs and/or alcohol
 - I didn’t think I could get services
 - I didn’t trust doctors or clinics
 - I had difficulty with getting health coverage
 - I was tired of dealing with HIV
 - I was too sick to leave home
 - I didn’t have a ride to services
 - I needed someone who spoke my language
 - I had problems with keeping health coverage
 - I am/was physically disabled
 - I had mental health problems
 - I didn’t think medical care would help me
 - There was a waitlist
 - Does not apply, I have not been out of care
- Other (please explain): _____
- _____
- _____

47. For each **BASIC NEEDS SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn’t need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn’t get it
A. Childcare (day care or babysitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emergency housing/shelter (emergency hotel stay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Emergency utility payment (water, gas, electricity, phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Food (home delivered meals, food bank, food pantry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Help to pay rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Transportation (bus pass,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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transportation vouchers to help you access health care services)

48. If you responded “I received this service, but it was hard to access” or “I needed this service, but couldn’t get it” for any of the **BASIC NEEDS SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- I felt healthy
- I was unhoused
- I needed someone to talk to who understands HIV
- I was afraid of people finding out
- HIV medications made me feel sick
- Children, family or childcare needs came first
- I didn’t have enough money to pay
- I didn’t know where or how to find services
- I had a bad experience with a health care provider
- I was afraid of possible side effects of medications
- I was not ready to deal with having HIV
- I was using drugs and/or alcohol
- I didn’t think I could get services
- I didn’t trust doctors or clinics
- I had difficulty with getting health coverage
- I was tired of dealing with HIV
- I was too sick to leave home
- I didn’t have a ride to services
- I needed someone who spoke my language
- I had problems with keeping health coverage
- I am/was physically disabled
- I had mental health problems
- I didn’t think medical care would help me
- There was a waitlist
- Does not apply, I have not been out of care

Other (please explain): _____

49. For each **SUPPORT SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn’t need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn’t get it
A. Case management (ongoing help to get services or benefits, not just one-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Information and referral to services and how to get them (in writing, by phone or internet, in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| D. Peer advocacy or peer navigation (referral, advice to get services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Representation payee (someone who manages my money) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50. If you responded “I received this service, but it was hard to access” or “I needed this service, but couldn’t get it” for any of the SUPPORT SERVICES listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> I felt healthy | <input type="checkbox"/> I was unhoused | <input type="checkbox"/> I needed someone to talk to who understands HIV | <input type="checkbox"/> I was afraid of people finding out | <input type="checkbox"/> HIV medications made me feel sick |
| <input type="checkbox"/> Children, family or childcare needs came first | <input type="checkbox"/> I didn’t have enough money to pay | <input type="checkbox"/> I didn’t know where or how to find services | <input type="checkbox"/> I had a bad experience with a health care provider | <input type="checkbox"/> I was afraid of possible side effects of medications |
| <input type="checkbox"/> I was not ready to deal with having HIV | <input type="checkbox"/> I was using drugs and/or alcohol | <input type="checkbox"/> I didn’t think I could get services | <input type="checkbox"/> I didn’t trust doctors or clinics | <input type="checkbox"/> I had difficulty with getting health coverage |
| <input type="checkbox"/> I was tired of dealing with HIV | <input type="checkbox"/> I was too sick to leave home | <input type="checkbox"/> I didn’t have a ride to services | <input type="checkbox"/> I needed someone who spoke my language | <input type="checkbox"/> I had problems with keeping health coverage |
| <input type="checkbox"/> I am/was physically disabled | <input type="checkbox"/> I had mental health problems | <input type="checkbox"/> I didn’t think medical care would help me | <input type="checkbox"/> There was a waitlist | <input type="checkbox"/> Does not apply, I have not been out of care |
| <input type="checkbox"/> Other (please explain): _____ | | | | |
| _____ | | | | |
| _____ | | | | |

51. From the list below, which of the services are most important to you today?

Please write the letters for the 5 most important services, in order of importance to you (1 being most important).

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

- | | |
|---|---|
| A. Dental care | K. Emergency utility payment (water, gas, electricity, phone) |
| B. HIV/AIDS medication/medicine (as prescribed by a doctor) | L. Food (home delivered meals, food bank, food pantry) |
| C. HIV primary care (clinic, doctor, nurse practitioner, etc.) | M. Help to pay rent |
| D. Home health care (nurse, attendant, hospital, physical therapy at your home) | N. Legal services |
| E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.) | O. Transportation (bus pass, transportation vouchers to help you access health care services) |

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F. Alcohol/drug recovery services/treatment

P. Case management (ongoing help to get services or benefits, not just one-time)

G. Counseling/therapy (individual or group by a professional)

Q. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)

H. Psychiatric services (medication management for bipolar, clinical depression, etc.)

R. Information and referral to services and how to get them (in writing, by phone or internet, in person)

I. Childcare (day care or babysitting)

S. Peer advocacy or peer navigation (referral, advice to get services)

J. Emergency housing/shelter (emergency hotel stay)

T. Representation payee (someone who manages my money)

SECTION 8: PREVENTION NEEDS

52. Have you had sex (oral, vaginal, anal) in the last 12 months?

Yes

No **SKIP TO SECTION 9**

53. How many sexual partners have you had in the last 12 months? _____

54. What parts of YOUR body are involved when having sex? (Select all that apply)

Penis

Vagina

Anus

Mouth

55. What parts of your partner's/partners' body/bodies are involved when having sex? (Select all that apply)

Penis

Vagina

Anus

Mouth

56. Where did you meet your sex partners within the last 12 months? (Select all that apply)

Coffee shops

Parks

Online (Grindr, Scruff, etc.)

Work

Bathhouse

Public place

Adult book/video store

Social parties/gatherings

Sex parties

No new sex partners

Bars/clubs

Smartphone app

Through friends

Other: _____

57. If you met sex partners online or with a smartphone app, on which website(s) or app(s) did you meet your sex partners? (Select all that apply)

Adam4adam

Snapchat

Manhunt.com

Tinder

Craigslist.com

Growler

Facebook

Barebackrt.com

Scruff

Recon

Bear411

Sniffies

Jack'd.com

Grindr

Hornet

Does not apply

Other: _____

58. If you go online or use a smartphone app to meet partners, which of the following do you include on your profile? (Select all that apply)

Not living with HIV

Living with HIV

HIV unknown

I do not use apps

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Not living with HIV and on PrEP Living with HIV (undetectable) I do not state

59. If you go online or use a smartphone app to meet partners, how frequently do you include your HIV status on your profile?

Always Usually (more than half the time) Sometimes (about half the time or less) Never I do not use apps

60. In the last 12 months, were any of your sex partners: (Select all that apply)

Anonymous Not living with HIV Living with HIV Sex workers
 Not aware of HIV status Not living with HIV and on PrEP Person(s) who inject drugs
 Gay/Bisexual/Other men who have sex with men

61. For each item in the rows below, check only one box that most closely matches the frequency during the last 12 months:

	Always	Sometimes	Never	Not Applicable
A. I knew the HIV status of my sex partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I knew whether my sex partners had been tested for STIs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I told my sex partners my current HIV status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I used condoms when having sex with person(s) who didn't know my HIV status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I used condoms when having sex with a person(s) not living with HIV or a person(s) who did not know their HIV status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I used condoms when having sex with a person(s) not living with HIV who is on PrEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I used condoms when having sex with a person(s) living with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I used condoms when having sex with a person(s) living with HIV who told me they have an undetectable viral load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. I am on PrEP and I told my sex partners about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: DEMOGRAPHICS

62. What is the ZIP code where you live or stay most nights? _____
 (Note: If you do not know your ZIP code, write the name of the city or area where you live)

63. What is your age? _____

64. What is your race/ethnicity? (Select all that apply)

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- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> South American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> African | <input type="checkbox"/> Central American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Caribbean Black | <input type="checkbox"/> Filipino/a | <input type="checkbox"/> Korean | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Pacific Islander/Hawaiian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Indigenous: _____ | <input type="checkbox"/> Multi-racial: _____ | <input type="checkbox"/> Other: _____ |

65. What language do you speak primarily? (Select only one)

- | | | | |
|-------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="radio"/> English | <input type="radio"/> Farsi | <input type="radio"/> Cantonese | <input type="radio"/> Korean |
| <input type="radio"/> Spanish | <input type="radio"/> Tagalog | <input type="radio"/> Mandarin | <input type="radio"/> Creole |
| <input type="radio"/> Arabic | <input type="radio"/> Vietnamese | <input type="radio"/> Chinese | <input type="radio"/> Other: _____ |

66. Which of these best describe your current gender identity? (Select all that apply)

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man | <input type="checkbox"/> Genderqueer/Gender Non-conforming/Gender Fluid |
| <input type="checkbox"/> Trans Woman | <input type="checkbox"/> Trans Man | <input type="checkbox"/> Questioning/Unsure/Exploring |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Two-spirit | <input type="checkbox"/> A gender not listed here (please specify): _____ |

67. Which of these best describe your current sexual orientation? (Select all that apply)

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning/Unsure/Exploring |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> A sexual orientation not listed here (please specify): _____ |

68. Do you have health insurance coverage?

- Yes No Not sure

69. Do you receive medical care through the Ryan White HIV/AIDS Program?

- Yes No Not sure

70. Figuring out the difference between medical coverage providers can be confusing. TO the best of your knowledge, which of the following plan(s) are your associated with? (Select all that apply)

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Medi-Cal (nationally known as Medicaid) | <input type="checkbox"/> Private Insurance (via work, former employer, union, etc) | <input type="checkbox"/> Veteran's Administration | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Medi-Cal Managed Care | <input type="checkbox"/> Covered CA (marketplace exchange) | <input type="checkbox"/> Tricare or other military health care | <input type="checkbox"/> None |
| <input type="checkbox"/> Medi-Cal Dental Program (Denti-Cal) | <input type="checkbox"/> Medi-Medi (Medicare and Medicaid) | <input type="checkbox"/> Indian Health Services | |
| <input type="checkbox"/> Medicare (mostly for people 65 or older, and sometimes for people with certain disabilities) | | <input type="checkbox"/> Other _____ | |

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71. What is your current citizenship status? (Reminder: your answers will remain anonymous. This means that your answer to this question will not be linked to you in any way.)

- US citizen Not a US citizen or permanent resident Decline to state
 Permanent resident Refugee or asylum seeker

If you are 50 YEARS OLD OR OLDER, please continue to section 10. Your responses about the needs of the aging population will help us improve the service delivery for people living with HIV aged 50 and older!

If you are under the age of 50, you are all done! Thank you again for your time!

SECTION 10: SERVICES FOR ADULTS 50 YEARS OF AGE AND OLDER

72. What are your greatest worries as you get older while living with HIV/AIDS? (Select all that apply)

- Overall health Housing End of life care
 Social isolation Access to HIV/AIDS services/medications None
 Other (please explain): _____

73. Has your health care provider ever talked to you about the implications of aging with HIV/AIDS?

- Yes No Not sure

74. Are you dealing with any other diagnoses or chronic illnesses? (Select all that apply)

- Hepatitis Osteoporosis/Bone disease Diabetes Sleep disorders Mobility challenges
 Cancer Cardiovascular (Health disease) Neuropathy Memory loss (neurocognitive challenges) No other diagnoses or illnesses
 Other (please explain): _____

75. Are you currently or have you ever experienced mental health challenges? (Select all that apply)

- Anxiety Depression Isolation Not sure None
 Other (please explain): _____

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76. Do you feel you have a support system that you can rely on during a time of need? (Please select all that apply)

- Family
 Service providers
 Support groups
 Friends
 Spiritual advisors
 None
 Other (please explain): _____

77. Are you experiencing any challenges carrying out your day-to-day activities such as preparing meals, cleaning, etc.?

- Yes
 No

78. Are you worried about losing your income or benefits as you age?

- Yes
 No

79. How often do you experience food insecurity (not having a steady supply of enough food)?

- Always
 Usually (more than half the time)
 Sometimes (about half the time or less)
 Never

80. How often do you have access to a computer?

- Always
 Usually (more than half the time)
 Sometimes (about half the time or less)
 Never

81. For each service in the rows below, check only one box that most closely matches your comfort level with using a telehealth option for (online consultations on the computer or mobile phone):

	1	2	3	4	5	
	Extremely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Extremely comfortable	Not applicable
A. Clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Housing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

82. Do you have any CLINICAL/MEDICAL needs that are not being met and that have a negative impact on your quality of life?

- Yes
 No

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83. If you answered "yes" to the previous question, what are the additional CLINICAL/MEDICAL needs that are not being met?

84. Do you have any SOCIAL SUPPORT needs that are not being met and that have a negative impact on your quality of life?

Yes No

85. If you answered "yes" to the previous question, what are the additional SOCIAL SUPPORT needs that are not being met?

86. What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?

87. What matters most to you right now?

THANK YOU!

APPENDIX

(Pages 060 - 062)

ASSEMBLY BILL (AB) 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2023)

If the physical attendance quorum requirement is met, AB 2449 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to attend remotely	Requirements/Limitations
<p>Just Cause</p>	<ul style="list-style-type: none"> • There is a childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely • A contagious illness prevents the member from attending the meeting in • There is a need related to a defined physical or mental disability that is not otherwise accommodated for • Traveling while on official business of the legislative body or another state or local agency 	<p>A member is limited to two (2) virtual attendances based on “just cause” per calendar year</p>
<p>Emergency Circumstances</p>	<p>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</p> <p>A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p>A member of the legislative body must make a request to the body to allow the member to meet remotely due to an emergency circumstance, and further must provide a general description of the circumstance justifying such attendance.</p> <p>A request from a member to attend remotely due to an emergency circumstance requires that the legislative body take action and approve the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting*.</p>

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

ADDITIONAL REQUIREMENTS FOR A MEMBER PARTICIPATING REMOTELY:

In addition to making a request either for “just cause” or due to an “emergency circumstance” for remote appearance, AB 2449 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. Before any action is taken during the meeting, the member **must** publicly disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
2. A member of the legislative body participating from a remote location must participate through both audio **and** visual technology.
3. A member’s remote participation cannot be for more than three (3) consecutive months or 20 percent of the regular meetings for the local agency within a calendar year. And if the legislative body regularly meets fewer than ten (10) times per calendar year, a member’s participation from a remote location cannot be for more than two meetings.

AB 2449 Checklist

(Applicable January 1, 2023 to December 31, 2025)

Procedures for Public Participation

- Public must be able to remotely hear, visually observe, and address the legislative body either remotely or in person in real time
- Public must have the opportunity to participate via: 1) two-way audio or 2) a telephonic service with a webcasting service
- Public cannot be required to submit comments prior to the meeting

Procedures for Member to Teleconference from a Remote Location

- Member must participate through both audio and visual technology
- Member must disclose adults who are present in the room at the remote location with the member and the general nature of the relationship with those individuals
- Member must submit a general description of the need to teleconference to the legislative body at the earliest opportunity (do not disclose any medical diagnosis or disability)
- Member may teleconference for just cause. Just cause is limited to 2 meetings per calendar year (see "Limits per Member" below). Just cause is defined as:
 - Child care or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse or domestic partner
 - Contagious illness that prevents member from attending in person
 - A need related to a physical or mental disability
 - Travel on official business of the legislative body or another state or local agency
- Member may teleconference due to emergency circumstances, which requires approval of the legislative body and which is defined as a physical or family medical emergency that prevents a member from participating in person
- Limits per Member: Just cause and emergency circumstances cannot be invoked collectively for more than: 1) two meetings if the legislative body has fewer than 10 meetings per calendar year, or 2) three consecutive months or 20 percent of regular meetings per calendar year if the legislative body has 10 or more meetings per year. Just cause cannot be invoked more than twice per calendar year.

Procedures for the Board/Commission/Committee/Group

- Include instructions on the agenda how the public can participate remotely
- A quorum of the members of the legislative body must participate in person at the noticed location that is open to the public
- A majority of the membership must approve a request by a member to teleconference due to emergency circumstances; include the request on the agenda if received in time
- All votes must be taken by roll call
- Meeting must be stopped and no action taken if the broadcast of the meeting or ability of the public to comment is disrupted

TELECONFERENCING RULES UNDER THE BROWN ACT

	Default Rule	Declared Emergency (AB 361)	Just Cause (AB 2449)	Emergency Circumstance (AB 2449)
In person participation	Required	Not Required	Required	Required
Member participation via teleconferencing	Audio or Audio-visual	Audio or Audio-visual	Audio-visual	Audio-visual
Required (minimum) opportunities for public participation	In-Person	Call-In or internet-based	Call-in or internet-based <u>and</u> in person	Call-in or internet-based <u>and</u> in person
Disruption of broadcast or public's ability to comment	Meeting can proceed	No further action taken	No further action taken	No further action taken
Reason must be approved by legislative body	No	Yes (Initial findings and renewed findings every 30 days)	No, but general description to be provided by legislative body	Yes and general description to be provided to legislative body
Votes must be taken by roll call	Yes	Yes	Yes	Yes
Member's remote location included on agenda	Yes	No	No	No
Declared emergency and health official's recommendations for social distancing	No	Yes	No	No
Annual limits	None	None	Twice per calendar year (limits for emergency circumstances also apply for collective number of times AB 2449 can be used per year)	3 consecutive months/ 20% of regular meetings per calendar year; or 2 meetings per calendar year if body meets less than 10 times per year (collectively with just cause)
Effective Dates	Ongoing	Expires 12/31/2023	Expires 12/31/2025	Expires 12/31/2025