

COMMUNITY ENGAGEMENT GROUP (CEG)



Wednesday, February 19, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center 5101 Market Street San Diego, CA
92114
(Tubman Chavez Room 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, February 19, 2025

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:

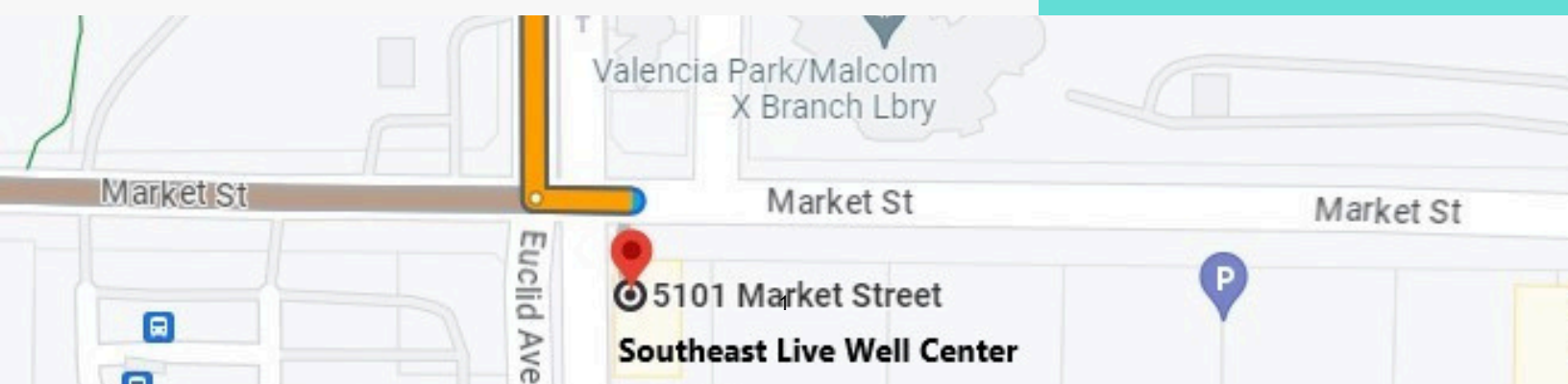
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



COMMUNITY ENGAGEMENT GROUP (CEG)



Wednesday, February 19, 2025, 3:00 PM – 5:00 PM
Southeastern Live Well Center; 5101 Market St, San Diego, CA
92114; Tubman Chavez Room A

To participate remotely via Zoom:

<https://us06web.zoom.us/j/89778142157?pwd=5G57jMW0b1b1V8l8KVbljbAgedPsWV.1>

Call in: US Toll +1 669 444 9171

Meeting ID: 897 7814 2157

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: Michael Donovan (Chair) | Hector Garcia | Jen Lothridge (Co-Chair) | Skyler Miles | Veronica Nava

MEETING AGENDA 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 consent CEG agenda for February 19, 2025 (which includes the February 19, 2025 agenda and the January 29, 2025 minutes)
7. Updates
 - a. Committee Updates:
 - i. Membership Committee
 - ii. Strategies and Standards Committee
 - iii. Medical Standards and Evaluation Committee
 - iv. Priority Setting and Resource Allocation Committee
 - v. Steering Committee
 - vi. HIV Planning Group
 - b. Community Updates:
 - i. CARE Partnership
 - ii. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)
8. Old Business
 - a. Committee Attendance
9. New Business
 - a. **Presentation:** Ryan White Program – Maritza Herrera
 - b. **Presentation:** County of San Diego Prevention Programs and Services – Carlie Catolico

COMMUNITY ENGAGEMENT GROUP (CEG)

10. Announcements

11. **Next meeting date:** Wednesday, March 19, 2025, from 3:00 PM – 5:00 PM

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

12. 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).

COMMUNITY ENGAGEMENT GROUP



Wednesday, January 29, 2025, 3:00 PM – 5:00 PM
Seville Plaza – Live Well Support Center 5469 Kearny Villa Rd,
San Diego, CA 92123 (1st Floor, Training Room B)

A quorum for this meeting is three (3).

Committee Members Present: Michael Donovan (Chair) | Hector Garcia | Jen Lothridge (Co-Chair) | Veronica Nava

Committee Members Absent: Skyler Miles

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	<p>The chair called the meeting to order at 3:02PM and noted the presence of an in-person quorum.</p> <p>Comments from the Chair: The chair would like to acknowledge that this has been a colorful week due to the fluctuation of policy changes around grants and Federal money. So, the best advice is to roll with it, and it is going to be a bumpy ride.</p>	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement and the Community Engagement Group (CEG) Charge. Donovan, Nava, and Garcia 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)	<p>A member from the public expresses frustration that many people are unaware of the CEG, which needs to change. They share a personal experience of switching insurance, only to discover that their assigned doctor cannot prescribe their HIV medication. Although they are confident that the Ryan White Program will provide the medication if necessary, they note that the process is difficult and slow, and many others may not know how to access this support.</p>	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
5. Sharing our concerns (for committee members)	None.	
6. ACTION: Approve the consent CEG agenda for January 29, 2025 (which includes the January 29, 2025 agenda and the December 11, 2024, minutes)	<p>Motion: Approve the consent agenda for January 29, 2025 with the adjustment of moving 9. New Business above 8. Old Business.</p> <p>Motion/Second/Count (M/S/C): Nava/Garcia/2-0</p> <p>Public comment:</p> <p>Abstention(s): Donovan</p> <p>Motion carries</p>	
Follow-Up Items from minutes:	HPG SS will add the review of the 2025 Community Engagement Group Work/Training Plan to the next agenda; STATUS: Completed	
7a. Committee Updates		
I. Membership Committee	Membership is making progress on recruiting. 3 new members this month and 1 reappointment.	
II. Strategies and Standards Committee	Continue to review the universal standards and trauma-informed care and will be voting on the anti-racism statement that was forwarded from CEG.	
III. Medical Standards and Evaluation Committee (MSEC)	MSEC will meet 2/11 to finalize the Dental Practice Guidelines and Oral Care Service Standards with a discussion including Dr. Whyte the Chief Dental Officer for the County.	
IV. Priority Settings and Resource Allocation Committee (PSRAC)	PSRAC will have a meeting 2/13 to discuss reallocations so please come in and voice your opinion.	
V. Steering Committee	Beginning of March, the Steering Committee will meet the second Friday of every other month from 10am-12pm. They are also planning for the retreat that will occur March 26 th at 1-5pm.	
VI. HIV Planning Group	Approved the reallocations, one appointment, and one reappointment. They also had a presentation from Dr. Whyte on oral health and practices.	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
7b. Community Updates		
I. CARE Partnership	Care met in January and discussed the A Women’s Voice HIV conference and had a presentation from the Women Shine research study.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	None.	
8. Old Business		
a. Committee Attendance	None.	
b. Discussion: Review the 2025 Community Engagement Group Working/Training Plan	<p>The committee reviewed the 2025 recruitment plan and outreach schedule and discussed the following ideas:</p> <ul style="list-style-type: none"> - Sending HPG materials for POZabilities and Christie’s Place to repost. - Recording the “What is the HIV Planning Group” presentation and uploading to YouTube for views. - A “Join the HPG” section has been added to POZabilities newsletter. - Overcoming the perception that the HPG is only bureaucracy and no action. - Putting emphasis on prevention, specifically the Ending the HIV Epidemic. - Changing the date & time of the meetings. - Restructuring the meetings to have a hosting organization and then official business after. - More focus on navigating care and educating consumers what the program does and doesn’t provide. 	HPG SS will update the 2025 Training Plan
9. New Business		
a. Presentation: Conflict of Interest – Dasha Dahdouh	<p>Dasha Dahdouh presented on Conflict of Interest and discussed the following:</p> <ul style="list-style-type: none"> - Defining Conflict of Interest - Recusals and Disqualifications - Members’ Responsibilities as it Relates to Conflict of Interest - Annual HPG Requirements - Part A Funded Providers 	

COMMUNITY ENGAGEMENT GROUP

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> - Examples of Conflicts of Interests 	
<p>b. Discussion: Review the HIV Planning Group Membership Participation Expectation document</p>	<p>The following was discussed:</p> <ul style="list-style-type: none"> - The document should state that every member of CEG can attend at least one additional committee meeting annually. However, since not all CEG members are part of the HPG, it can be placed in another CEG document. - To put the document in either the outreach document or charge document. <p>Public comment:</p> <ul style="list-style-type: none"> - The document should say all “HPG and community members”. 	<p>HPG SS will add the CEG expectation to one of the documents as a listed responsibility.</p>
<p>10. Announcements</p>	<ul style="list-style-type: none"> - POZabilities A Sweet Affair Fundraiser February 1st from 6:30-8:30 PM - Christie’s Place Black History Month Celebration February 28th from 12:30-3PM. Theme is the 70s. 	
<p>11. Next meeting date</p>	<p>Next Meeting: Wednesday, February 19, 2025, from 3:00 PM – 5:00 PM Location: <i>Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)</i></p>	
<p>12. Adjournment</p>	<p>Meeting was adjourned at 4:38PM.</p>	

COMMUNITY ENGAGEMENT GROUP (CEG)

2025 Training Plan

Month	Presentation / Training
January	▪ Conflict of Interest (Dr. Ken Riley)
February	<ul style="list-style-type: none"> ▪ Ryan White Program (Maritza Herrera) ▪ County of San Diego Prevention Programs and Services (Carlie Catolico)
March	▪
April	▪ Review of the Needs Assessment Data
May	▪
June	▪ Happyville exercise prep
July	▪ Happyville exercise / "Another Day in Happyville"
August	▪
September	<ul style="list-style-type: none"> ▪ HIV and Aging (County Chief Gerontologist) ▪ National HIV/AIDS and Aging Awareness Day
October	▪
November	▪ Medicare/Medi-CAL presentation
December	▪

Topics without a set date
<ul style="list-style-type: none"> ▪ Dental Services ▪ Tailored language from providers considering age, length of status, and history ▪ Presentations on barriers to accessing care with San Ysidro Health ▪ In depth review of 4-5 service categories

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
February 2024 - January 2025**

Community Engagement Group	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	#
Total Meetings	1	0	1	1	1	1	0	1	1	0	1	1	9
(5) Members													
Donovan, Michael c						*	NM	*	*	NM	*	*	0
Garcia, Hector												*	0
Lothridge, Jen ^{cc}	*	NM	*	*	*	*	NM	*	*	NM	*	*	0
Miles, Skyler					*	*	NM	*	*	NM	*	1	1
Nava, Veronica				*	*	*	NM	*	*	NM	*	*	0

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

* = Present

1 = Absent for the month

1 = Absence when there are multiple meetings that month. Member needs to attend at least one (1) meeting for attendance to count for that month.

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT



**PUBLIC HEALTH SERVICES
HIV, STD AND HEPATITIS BRANCH**

SANDIEGOCOUNTY.GOV/HHSA



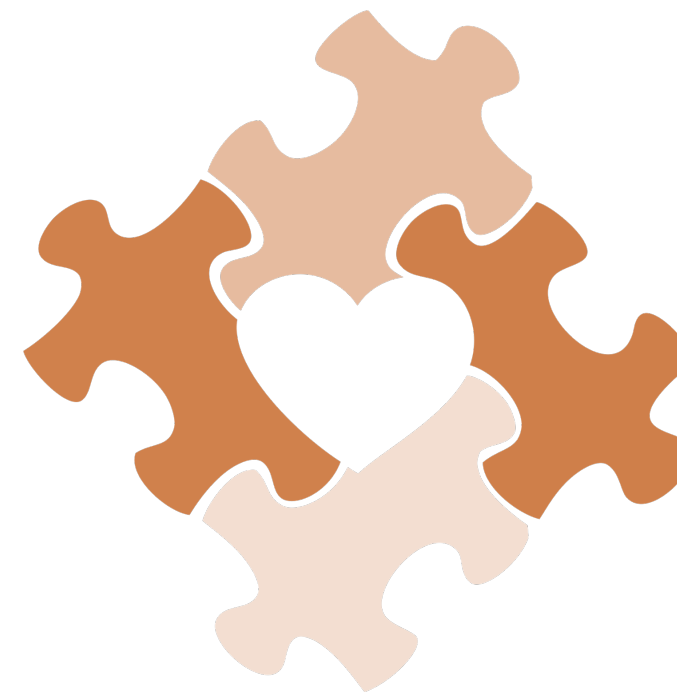
- Largest Federal government program *specifically designed* to provide services for people living with HIV/AIDS.
- Third largest Federal program serving people living with HIV/AIDS – after Medicaid and Medicare.
- Originally enacted as the Ryan White Comprehensive AIDS Resources Emergency Act in 1990.
- Addresses the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care.





RYAN WHITE HIV/AIDS PROGRAMS

- **PART A:** Urban areas such as cities and counties
- **PART B:** States and Territories
 - AIDS Drug Assistance Program (ADAP)
 - Case Management
 - Insurance Premium Payment (OA/HIPP)
- Healthcare Agencies
 - Early Intervention Services and Capacity Development (**PART C**)
 - Women, Infants, Children, and Youth (**PART D**)
- **PART F:** Other programs
 - Dental, Education/Training, Planning, Capacity Development and Demonstrations





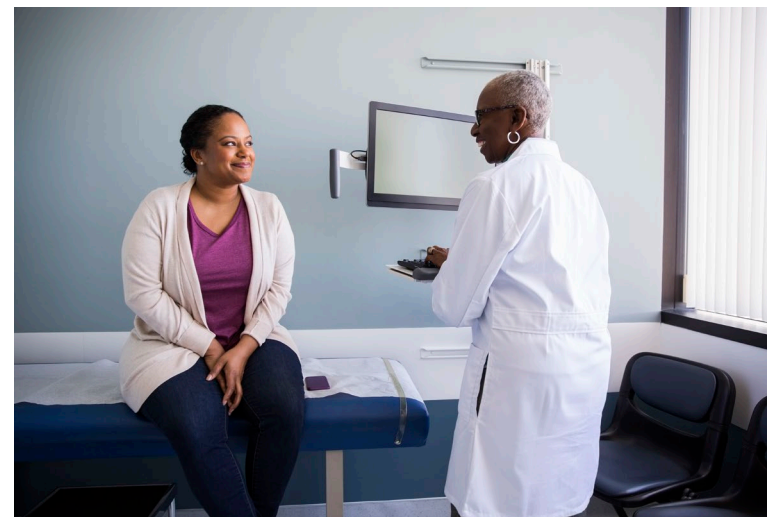
- Services to be provided in the following San Diego County HHSA Service Regions/Areas:
 - All regions of San Diego County.





CLIENTS TO BE SERVED:

- Living with Diagnosed HIV
- Residing in San Diego County
- Income \leq 600% of FPL
- No other payer source (except for VA and IHS)

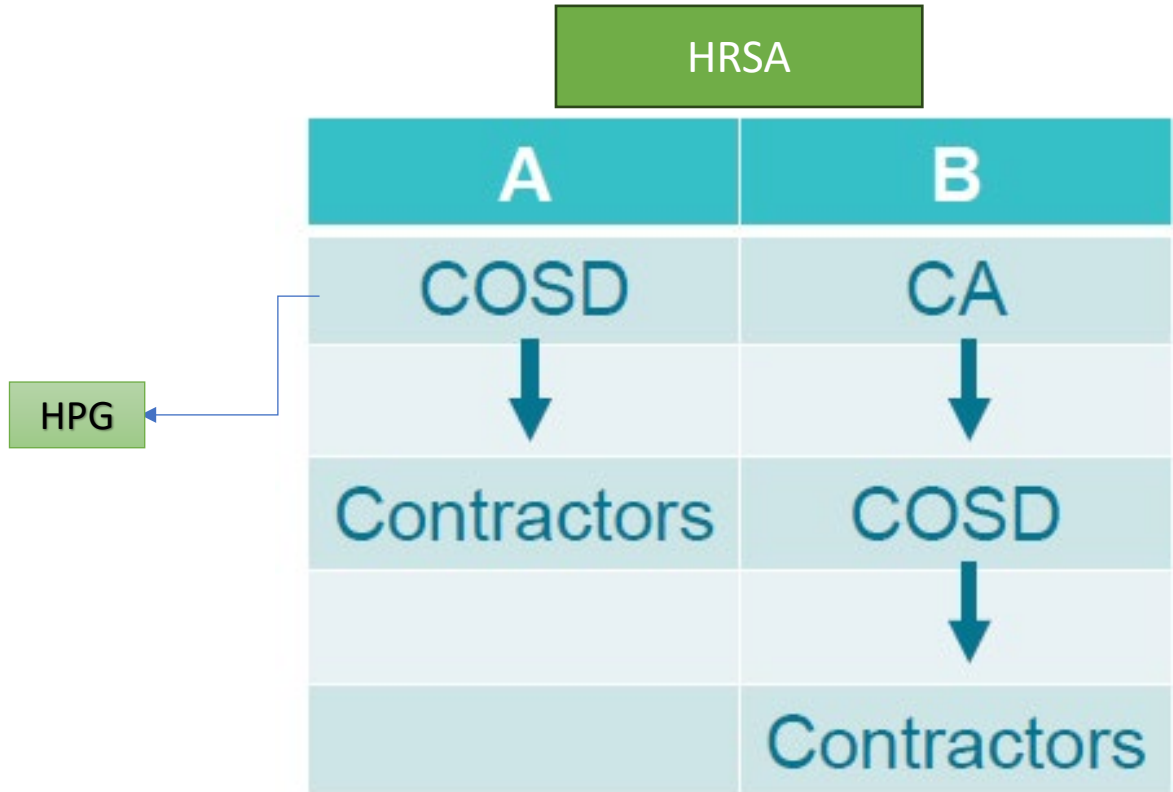




LIMITATIONS OF FUNDING

Ryan White funding cannot be used to:

- Pay for broad-scope awareness activities focused on general public
- Make direct cash or cash-equivalent payments to service recipients
- Pay for maintenance, lease, loan, insurance, registration or license of privately owned vehicles
- Pay for clothing; funeral, burial or cremation or related expenses; local or state personal property taxes; pet foods of non-essential products; off-premise social/recreational activities or payments for a client's gym membership
- Any other cost not allowed of specifically excluded by guidance



FY24-25 (to date) Program Overview

- Part A FY 24-25 (March-February) \$12,452,333
- Part B FY 24-25 (April –March) \$2,322,859
- 15 agencies offering services in 16 primary service categories

RYAN WHITE SERVICES



FY 24 Priority Rank/Category	Criteria	Limitations	Requires referral
6. Non-Medical Case Management for Housing	<p>Eligible to receive Ryan White services</p> <p>Upon intake, all eligible clients will be required to enroll in all available housing assistance waiting lists, including Section 8, Housing Opportunities for Persons with AIDS (HOPWA), and Tenant-Based Rental Assistance (TBRA). Sta A housing plan must be developed within 60 days of enrolling in housing case management and no later than 90 days after enrolling in PARS. The client & case manager should review the plan regularly, and at least every quarter.</p>	Housing case management does not provide support or guidance for accessing other services, and it is required that housing case managers closely coordinate client needs outside of housing with medical or non-medical case managers as part of a treatment team approach.	Case Manager
7. Housing: Emergency Housing	<p>Eligible to receive RW services.</p> <p>Because all housing support provided under Ryan White is temporary, a housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p>	<p>Services prioritize hotel/single room occupancy (SRO) vouchers over rental assistance. Service can be used once in a 12-month period.</p> <p>Service is not available to individuals who:</p> <ul style="list-style-type: none"> • Receive Housing Opportunities for People with AIDS (HOPWA) funds. <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients 	Case Manager
8. Housing Location, Placement and Advocacy Services	(The Strategies and Standards Committee will draft service standards for this service category)		
9. Housing: Partial Assistance Rental Subsidy (PARS)	<p>Must not receive other subsidized housing, either tenant-based or project-based</p> <p>Housing transition plan is required to ensure clients maintain housing self-sufficiency at the conclusion of assistance.</p> <p>All clients enrolled in the Partial Assistance Rental Subsidy (PARS) program must also enroll in housing case management.</p>	<p>Provides 40% of a client’s monthly rental costs not to exceed 40% of the fair-market rent for San Diego County as determined by the U.S. Department of Housing and Urban Development (HUD).</p> <p>Housing services may not:</p> <ul style="list-style-type: none"> • Be used for mortgage payments • Be in the form of direct cash payments to clients • Be used for rental or security deposits. Such deposits are typically returned to clients as cash which would violate the prohibition on providing cash payments to clients. 	Case Manager
10. © Mental Health: Counseling, Therapy/Support Groups	May request or be referred by providers or case manager	Case is closed when all action items on the care plan are completed, and medical care is stabilized. There are no annual limits on the number of services provided.	





Questions?

Maritza Herrera, MPH, Community Health Program Specialist

Pronouns: she/her/hers

Public Health Services – HIV, STD, and Hepatitis Branch

County of San Diego, Health and Human Services Agency

Email: Maritza.Herrera@sdcounty.ca.gov C:619-403-8705

HIV Prevention



Carlie Catolico, MPH, CHES
Community Health Program Specialist

SANDIEGOCOUNTY.GOV/HHSA



HIV Prevention



- **Funding: CDC → CDPH → Local Health Jurisdictions**
 - *High-Impact HIV Prevention and Surveillance Programs for Health Departments*, including Ending the HIV Epidemic (EHE) funds and strategies
 - Funding available from August 2024 – May 2029
- **Overarching approach**
 1. Social determinants of health
 2. Priority populations
 3. Syndemic lens
 4. Status-neutral approaches

Prevention

- Strengthen disease investigation infrastructure
- Expand and provide navigation services
- Expand access to syringe services for people who inject drugs

EHE



Ending
the
HIV
Epidemic
A PLAN FOR AMERICA



GOAL:

75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

www.hiv.gov



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Prevention

- 4 High Impact Prevention contracts
 - Central
 - North Coastal
 - South
 - Southeast
- 1 Social Media & Condom Distribution contract
- 1 Evaluation contract
- 3 Testing contracts
 - Central, South, North
- 2 Linkage to PrEP contracts
 - Central, South

EHE

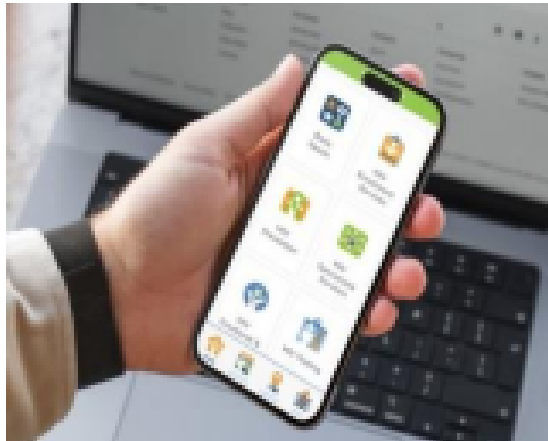
1. GTZ App
2. Benefits Navigation
3. PWID
4. Mobile PrEP
5. Transgender Services
6. Routine Opt-Out Testing

Other:

- BHOC/TMH Promotional Outreach
- HPG Support



SD Getting to Zero Mobile Application & Resource Guide



- ✚ Link to access:
 - <https://tinyurl.com/qtzbooklet>
 - <https://tinyurl.com/qtzbooklet-spanish>
- ✚ Available in online and print versions
- ✚ Available in English and Spanish



THANK YOU

[SANDIEGOCOUNTY.GOV/HHSA](https://www.sandiegocounty.gov/hhsa)



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.



SAVE THE DATE!

ANNUAL HIV PLANNING GROUP RETREAT

03

DAY

26

MONTH

25

YEAR

1:00PM - 5:00PM

Southeastern Live Well Center

5101 Market St, San Diego, CA 92114

Tubman Chavez Room A

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
Just Cause	<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	A member is limited to two (2) virtual attendances based on "just cause" per calendar year
Emergency Circumstances	<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