

STRATEGIES AND STANDARDS COMMITTEE



Thursday, June 20, 2024, 3:00 PM – 4:30 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
(Conference Room 172)

The Charge of the Strategies & Standards Committee: To oversee the Getting to Zero (GTZ) Plan to direct objectives, strategies, and activities to get to zero new infections and continue to support those living with and vulnerable to HIV in living well in San Diego.

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Meeting Location & Directions:

Steering Committee

Tuesday, June 18, 2024

11:00 AM - 1:00 PM

County Operations Center

5560 Overland Ave

San Diego, CA 92123

(Training Room 172)



Parking is **free**. 3-hour visitor parking is available in the parking lot and parking structure. For County business exceeding 3 hours, please park in the numbered spaces in the parking structure.

FROM I-163 SOUTH:

1. Take I-163 North to Exit 8 for Kearny Villa Road.
2. Keep right, follow signs for Kearny Villa Road.
3. Turn right onto Chesapeake Dr.
4. County Operations Center will be on your right.

FROM I-15 SOUTH:

1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 235, 928





Training Room 172

FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5560** will be on your left.

FROM BUS:

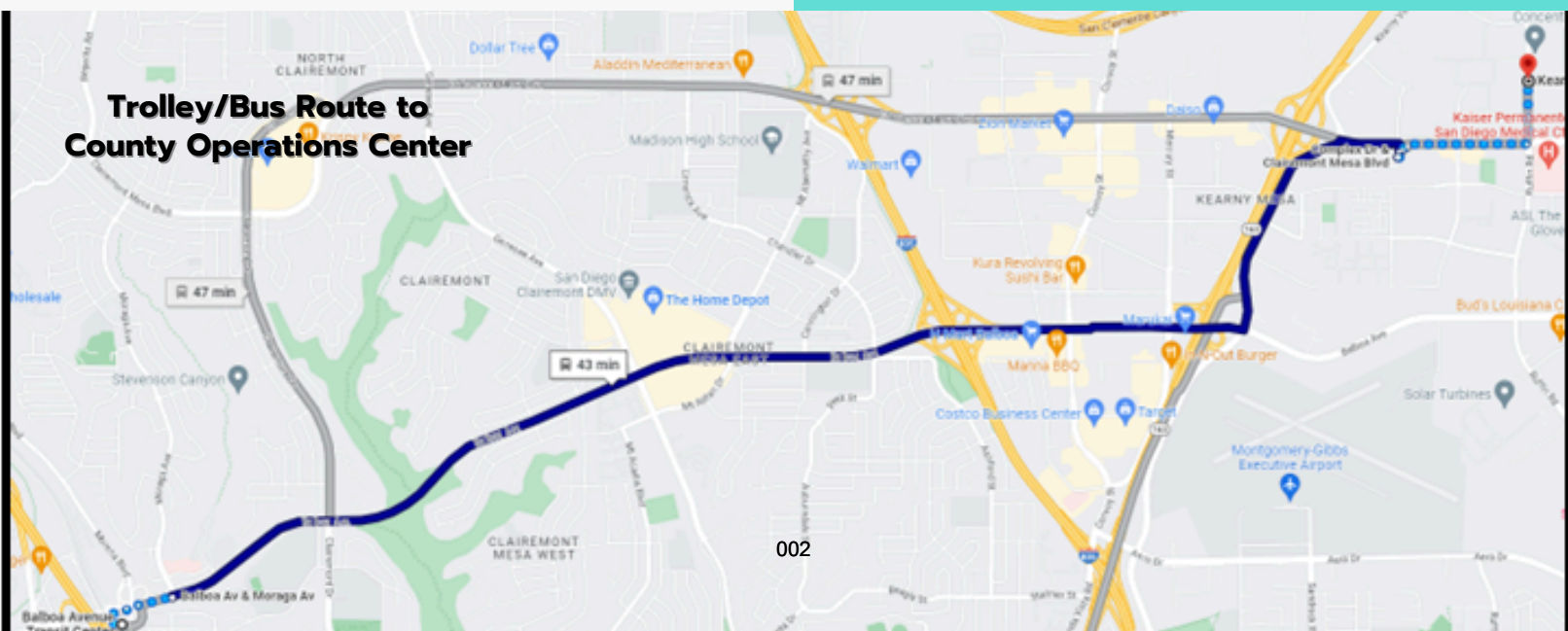
From Ruffin Road:

1. Walk north towards Ruffin Road.
2. Turn left on Hazard Way.
3. Enter through County Operations Center entrance/black gate and head further west. Access to County Operations Center buildings will be on your **left**.

From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5560** will be on your **left**.

Trolley/Bus Route to County Operations Center



STRATEGIES & STANDARDS COMMITTEE



Thursday, June 20, 2024, 3:00 PM – 4:30 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
(Conference Room 172)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/85772860296?pwd=Ym1jWit6cWhnL05BOTlyR25LbWhqQT09>

Call in: +1 (669) 444-9171

Meeting ID (access code): 857 7286 0296

Password: 630634

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 six (6).

Committee Members: Allan Acevedo (Co-Chair) | Amy Applebaum | Dr. Beth Davenport | Moira Mar-Tang | Joseph Mora | Venice Price | Shannon Ransom (Chair) | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie

ORDER OF BUSINESS

1. Call to order, roll call, comments from the chair and a moment of silence
2. **Action:** Approve Emergency Circumstance for Venice Price to participate in the meeting remotely via Zoom
3. Public comment (for members of the public)
4. Sharing our concerns (for committee members)
5. **Action:** Approve the Strategies & Standards Committee agenda for June 20, 2024
6. **Action:** Approve the Strategies & Standards minutes for October 3, 2023
7. Review follow-up items from last meeting
8. Old Business:
 - a. 2024 Needs Assessment Survey – update
 - b. Update: Consider changes to Transportation Standards
 - c. Update: California Statewide Integrated Strategic Plan – Recipient’s Office
 - i. Next steps
9. New Business:
 - a. Chair recruitment
 - b. Discussion: HIV and Aging
 - c. Draft Work Plan for FY 25 (March 1, 2024 – February 28, 2025)

STRATEGIES & STANDARDS COMMITTEE

10. Routine Business:

- a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee

11. Recommendations to the HIV Planning Group, HIV Planning Group committees, and requests of recipient

12. Suggested items for the future committee agenda

- a. Anti-racism statement

13. Announcements

14. Next meeting date: **August 6, 2024 at 3:00 PM – 4:30 PM**

Location: **Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room C)** AND online via Zoom.

15. Adjournment

STRATEGIES & STANDARDS COMMITTEE



Tuesday, October 3, 2023, 3:00 PM – 4:30 PM
County Operations Center
5560 Overland Ave, San Diego, CA 92123
(Training Room 171)

A quorum for this meeting is six (6).

Committee Members Present: Amy Applebaum | Dr. Beth Davenport | Moira Mar-Tang | Shannon Ransom (Chair) | Dr. Winston Tilghman | Michael Wimpie

Committee Members Absent: Allan Acevedo (Co-Chair) | Lucia Franco | Joseph Mora | Jeffery Weber

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, roll call, comments from the chair, and a moment of silence	Shannon Ransom called the meeting to order at 3:06 PM and noted the presence of a quorum in person.	
2. Public comment	A member of the public expressed their concern for procedures on how individuals can enroll in the Ryan White system. There was information shared about how it is supposed to be the agency responsible for enrolling individuals to Ryan White. It was stated that there is a service standard requiring that agencies verify enrollment of Ryan White for clients.	
3. Sharing our concerns	None	
4. Review and approve the agenda for October 3, 2023	Motion: Approve the agenda for the October 3, 2023 meeting with Mental Health Services discussion to 7a. Motion/Second/Count (M/S/C): Tilghman / Applebaum / 7-0 Abstention(s): None Motion carries	
5. Review and approve the Minutes for August 1, 2023	Motion: Approve the minutes for the August 1, 2023 meeting as presented. M/S/C: Tilghman / Wimpie / 8-0 Abstention(s): Applebaum Motion carries	

STRATEGIES & STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
6. Review follow up items from last meeting:		
a. Recipient's Office to reach out to Dr. Samantha Tweeten regarding data on predictors of nonviral suppression.	There are currently no updates from the Recipient's office.	Item to remain on the agenda as a follow-up.
7. Old Business		
a. Getting to Zero (GTZ) Community Engagement Plan		
i. Progress and next steps	<p>Dr. Delores Jacobs discussed eligibility of services and how there has been a challenge with receiving timely access.</p> <p>A member of the public commented on the difference between PARS and Emergency Financial Assistance, and both cannot be used simultaneously unless in a particular situation.</p>	
b. Review draft changes to Universal Standards:		
i. Discussion: Review draft changes to Trauma-Informed care (Shannon Ransom/Rhea Van Brocklin)	<p>The draft changes to Trauma-Informed Care are in progress.</p> <p>It was reminded from the previous discussion that the group had decided on having two (2) separate standards on Cultural Humility and Trauma-Informed Care.</p> <p>Volunteers from the committee will assist with the Trauma Informed Care standards are greatly appreciated.</p> <p>The group hopes to review a draft by the December meeting.</p>	Draft changes of Trauma Informed Care will be brought to next meeting
c. Consider changes to Transportation Standards	The Recipient's office reported that they have received approval from the HRSA officer on how to deploy transportation services. Guidance	The Recipient's office will bring forward

STRATEGIES & STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>has reported that transportation is an allowable cost to any service category. A memo will be sent out to notify subrecipients that they will be able to amend their existing budget to add additional funding for transportation.</p> <p>There is support for mass transit; however, authorization for monthly transit passes is not allowable and is only for core medical and support services. The Recipient's office will continue to investigate the issue for transit passes.</p> <p>It was also noted that there is support for any mass transit trip that would require more than one hour to or from the destination and that ridesharing is allowable. It was suggested to survey Ryan White clients who are over the age of 50 as they might have different transportation needs as well as look into the use of the Pronto ticketing system for public transit.</p>	<p>changes to the Transportation Services standards at the December meeting.</p>
<p>d. California Statewide Integrated Strategic Plan</p>		
<p>i. Next steps</p>	<p>Jurisdictions under the Ending the HIV Epidemic (EHE) grant met on October 3, 2023 with the Centers for Disease Control and Prevention (CDC) as well as the California Department of Public Health (CDPH) to discuss the integrated strategic plan. California's Integrated Statewide Plan is focusing on social determinants of health such as stigma, medical mistreatment, racism, and systems on how to address that.</p>	<p>Recipient's office may invite members from CDPH to report on the statewide plan as well as invite The Recipient's Office staff to present information.</p>
<p>e. Mental Health Services – Request from Priority</p>	<p>Dr. Jacobs provided overview on the consumer recommendations and</p>	<p>The Recipient's</p>

STRATEGIES & STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
<p>Settings and Resource Allocation Committee (PSRAC)</p>	<p>ongoing consumer comments that consider challenges with mental health services and substance use treatment. There are several primary challenges for individuals, including information regarding availability of services allowable by Ryan White and other communications to let people know that the services are available.</p> <p>Another challenge is timely access, which refers to the limits for how long you must wait for a service in California. It was iterated that mental health treatment is not exclusively for people who are using substances. Ryan White services are used for those who are diagnosed with HIV and experiencing mental health issues. Substance use treatment is used for individuals using any substances. Medical standards should address screening so long as there are those qualified for screening.</p> <p>It was recommended to include standards regarding response time from initial contact until that intake appointment occurs. There is a suggestion for aligning standards with the standards set by the California Department of Healthcare Services.</p> <p>Opportunities to screen people for mental health services and substance use treatment – should be a recommendation made in areas where Ryan White clients are most likely to be encountered such as Emergency Financial Assistance. It would be helpful to have a standard, that at least for Ryan White Services, that there is a</p>	<p>office will bring forward changes to the Mental Health Services standards for review at the December meeting.</p>

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Agenda Item	Discussion/Action	Follow-Up
	<p>dedicated space available in which to provide those services. The Recipient's office had reported on a grant that was awarded by Health Resources and Services Administration (HRSA) for Status Neutral Approach. One of the objectives is working with the HIV Planning Group to create universal standards regardless of people's HIV status.</p>	
8. New Business		
<p>a. Discussion: Additional recommendations from PSRAC:</p>		
<p>i. Emergency financial assistance</p>	<p>Dr. Jacobs asked what the criteria are for people who may feel an urgent need for the same-day financial assistance. There needs to be specific eligibility for same-day or next-day assistance so that everyone understands what is required for that to happen. A member of the public brought up that PARS and Emergency Financial Assistance are two separate entities and cannot both be used except in extremely rare cases.</p>	
<p>ii. Reevaluate eligibility criteria for basic needs support categories</p>	<p>Dr. Jacobs provided an overview of the eligibility criteria for basic needs support categories and clarified the importance of keeping the terms for basic support simply in effort to ensure that the categories do not negatively impact someone's ability to prioritize their health care and remaining care.</p>	
<p>b. Discussion: Service Standards to be updated:</p>		
<p>i. Testing Standard</p>	<p>Testing Standards have not been completed yet.</p>	
<p>ii. Emergency Financial Assistance and Housing</p>	<p>Discussed in Item 7e.</p>	

STRATEGIES & STANDARDS COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
iii. Mental Health Services	Discussed in Item 8a.	
9. Recommendations to HPG, HPG committees and requests of recipient	No recommendations.	
10. Suggested items for the future committee agenda	<p>It was recommended for discussion on the committee workplan for the year 2024 and to include the following topics: HIV and Aging, and the Consumer Needs Assessment.</p> <p>Dr. Davenport and Shannon Ransom are the co-chairs for the committee overseeing the review of the tool utilized for surveying the community.</p>	Discussion on Needs Assessment committee to remain on agenda for next meeting in December.
11. Announcements	<p>Acceptance of Truax Awards nominations have been extended to October 13, 2023.</p> <p>A committee member thanked the HIV Planning Group support staff for keeping them updated and uplifted while being a member of the committee.</p>	
12. Next meeting date	<p>Date: December 5, 2023 Time: 3:00 PM – 4:30 PM</p> <p>Location: Southeastern Live Well Center 5101 Market St. San Diego, CA 92114 Tubman Chavez Room A</p> <p>And remotely/virtually via Zoom.</p>	
13. Adjournment	4:30 PM	



**San Diego HIV Planning Group
Key Findings Summary
Transportation Services: Barriers
Draft September 16, 2022**



The Clinical Quality Management (CQM) Committee met on August 16, 2022 to discuss/review barriers in providing Ryan White Medical Transportation Services.

Nine service provider organizations participated as well as staff from the HIV, STD, and Hepatitis Branch (HSHB) of the Public Health Services of the County of San Diego.

Ryan White providers currently offer medical transportation via:

1. Ridesharing
2. Daily and monthly bus passes
3. Assisted transportation vouchers

Key points from the discussion:

Providing medical transportation is an administratively complex and time-consuming process. Reasons include:

1. HRSA/HSHB/HPG requirements
 - a. Service administration
 - i. Budget limitations
 - ii. Enrollment requirements
 - iii. All “new” clients
 - b. Staff time and resources
 - i. Interdepartmental work (including case managers, accounting, billing, admin, legal)
 1. Schedule, coordinate, and monitor rides
 2. Track rides and appointments in agency logs
 3. Collect and store receipts
 4. Solicit client signatures
 5. Identify and allocate additional monies (pay for MTS passes in advance)
 - ii. Consumers must “plan” for transportation, virtually disallowing emergency rides and approvals
2. MTS issues
 - a. Contracts required to offer passe
 - b. Time consuming and/or counterproductive customer service (blame providers)
 - c. Documentation required for disability pass

3. Ease/cost of transportation services
 - a. Ridesharing easier but costlier
 - b. Housing issues and tech access for unhoused individuals using ridesharing
 - c. Time-consuming to identify MTS bus routes for stretching/saving funds
 - d. Uncompensated labor
 - i. Call clients
 - ii. Purchase MTS rides
 - iii. Share data with IT
 - iv. Replace Pronto cards
 - v. Track ridesharing in real time
 - vi. Submit agency reimbursements
 - vii. Enter services into ARIES
 - viii. Invoice expenditures with accounting
4. Past and current reforms
 - a. Consistent messaging
 - b. Share with HPG committees
 - c. HSHB modifications when appropriate and possible

Medical Transportation

Service Category Definition

Medical transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Purpose and Goals

The goal of medical transportation is to provide assistance to people with HIV in accessing non-emergency, assisted or non-assisted transportation services to improve access to appointments and ensure linkage to and retention in care.

Intake

Case managers will assess the need for transportation services to determine if clients do not have access to transportation that meets their needs.

Key Service Components and Activities

Three key types of transportation services are provided:

- **Unassisted Transportation:** Reserved for individuals who are unable to access or stay in HIV medical care as determined by medical case managers.
 - Transportation is provided in the form of bus and train passes. Day passes may be issued for individuals who do not qualify for the disabled monthly passes and for those eligible for disabled monthly passes who have fewer than three medical or support service visits.
 - Individuals who receive day passes can be issued two extra day passes to cover unexpected or emergency medical visits. Clients are limited to two unused emergency day passes at a time.
 - Disabled monthly passes may be issued for individuals who qualify for the disabled monthly pass and have more than three medical or support service visits in a one-month period.
- **Assisted Transportation:** Only used for transportation to core medical services (e.g., Medical, dental, mental, medical case management and substance abuse counseling appointments). ADA Para-Transit passes, and certified medical transport **may** be used if a client is unable to access unassisted transportation **and** does not already qualify from another program or funding source.
- Transportation provided in an agency or personally owned vehicle.

Other forms of transportation may include but are not limited to: taxis, ride sharing programs and/or mileage reimbursement.

Unallowable services include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a personally owned vehicle
- Payment of any other costs associated with a personally owned vehicle such as lease, loan, insurance, license, or registration fees

Standard		Measure
Staff maintains records of eligibility, intake, and assessments		Documentation of eligibility and need
		Maintain a single record for each client
Staff ensures clients are connected to the appropriate transportation services when needed		Documentation (on a standard transportation services form) of all services provided/offered to clients with justification based on need

STRATEGIES AND STANDARDS COMMITTEE

FY 24-25 TRAINING/WORK PLAN

MEETING DATE	OBJECTIVES
May 7, 2024	Meeting Cancelled
June 20, 2024	<ul style="list-style-type: none">• Transportation Standards
August 6, 2024	<ul style="list-style-type: none">• Mental Health Services Standards – review and update• Key Findings on HIV Positive Aware and Out of Care (Dr. Tweeten)• Getting to Zero Community Engagement Plan – review progress and develop next steps
October 1, 2024	<ul style="list-style-type: none">• Universal Standards – review and update<ul style="list-style-type: none">○ Trauma-Informed Care – review and update
December 3, 2024	<ul style="list-style-type: none">• Eligibility Criteria for Basic Needs Support Categories – review and update• Emergency Financial Assistant and Housing Standards – review and update
February 4, 2025	<ul style="list-style-type: none">• Testing Standards – review and update

**HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
June 2023 - May 2024**

STRATEGIES	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	#
Total meetings	0		1		1		0		0		0	0	2
Member													
Acevedo, Allan	NM		*		1		NM		NM		NM	NQ	1
Applebaum, Amy	NM		*		*		NM		NM		NM	NQ	0
Davenport, Dr. Beth	NM		*		*		NM		NM		NM	NQ	0
Franco, Lucia	NM		*		1		NM		NM		NM	NQ	1
Mora, Joseph	NM		*		1		NM		NM		NM	NQ	1
Mar-Tang, Moira	NM		*		*		NM		NM		NM	NQ	0
Price, Venice	NM		1		*		NM		NM		NM	NQ	1
Ransom, Shannon	NM		*		*		NM		NM		NM	NQ	0
Rooney, Ivy									NM		NM	NQ	0
Tilghman, Dr. Winston	NM		*		*		NM		NM		NM	NQ	0
Weber, Jeffery	NM		*		1		NM		NM		NM	NQ	1
Wimpie, Michael	NM		*		*		NM		NM		NM	NQ	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

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