



SAN DIEGO HIV PLANNING GROUP (HPG)
 COMMUNITY ENGAGEMENT GROUP
 MEETING PACKET
WEDNESDAY, October 18, 2023 3:00 PM – 5:00 PM
 SERRA MESA – KEARNY MESA LIBRARY
 9005 AERO DRIVE, SAN DIEGO, CA 92123

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, October 18, 2023

3:00 PM - 5:00 PM

Serra Mesa - Kearny Mesa Library

9005 Aero Drive

San Diego, CA 92123



Parking - 88 parking spaces, including 4 disability accessible spaces and 2 motorcycle spaces.

FROM I-15 N:

1. Follow I-15 South to Aero Drive.
2. Take Exit 8 for Aero Drive.
3. Use the right 2 lanes to turn right onto Aero Drive.
4. The destination will be on the left (pass the San Diego Police Department).

FROM I-15 S:

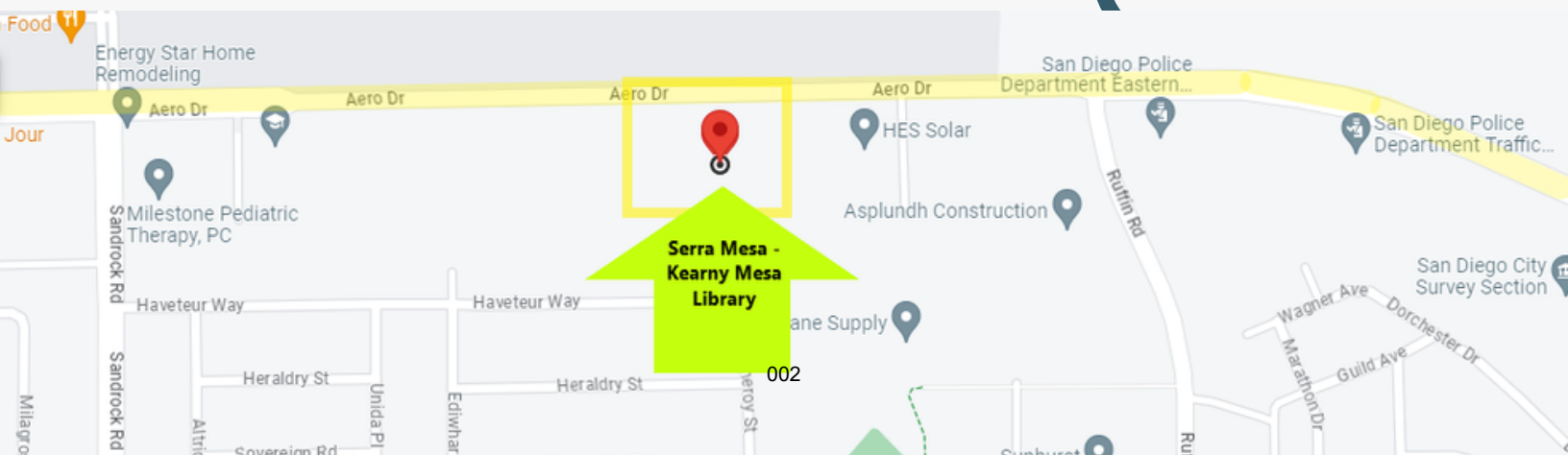
1. Follow I-15 North to Aero Drive.
2. Take Exit 8 for Aero Drive.
3. Use the left 2 lanes to turn left onto Aero Drive.
4. The destination will be on the left.



PUBLIC TRANSPORTATION

MTS Bus Routes:

25, 928





SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
MEETING AGENDA
WEDNESDAY, OCTOBER 18, 2023, 3:00 PM – 5:00 PM
SERRA MESA – KEARNY MESA LIBRARY
9005 AERO DRIVE, SAN DIEGO, CA 92123

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: Allan Acevedo (Chair), Alfredo De Jesus, 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 October 18, 2023
7. **Action:** Approve the Community Engagement Group minutes for September 20, 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. Doxycycline Post-exposure Prophylaxis Training - Dr. Winston Tilghman
 - b. Review HIV Impact Needs Assessment Survey
 - c. Review Standards Queued for Review
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:** November 15, 2023, from 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 DEL VIH DE SAN DIEGO (HPG)
GRUPO DE PARTICIPACIÓN COMUNITARIA
AGENDA DEL DÍA
MIÉRCOLES, 3:00 PM – 5:00 PM 18 DE OCTUBRE DE 2023
SERRA MESA – BIBLIOTECA KEARNY MESA
9005 AERO DRIVE, SAN DIEGO, CA 92123

Para participar de forma remota a través de Zoom:

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

Llame a: US Toll +1 669 444 9171

ID de reunión: 837 8224 2388

Código de acceso: 106514

Los servicios de traducción de idiomas están disponibles previa solicitud al menos 96 horas antes de la reunión.

Póngase en contacto con el personal de soporte de HPG por correo electrónico en hpg.hhsa@sdcounty.ca.gov

El quórum para esta reunión es de cuatro (4).

Miembros del Comité: Allan Acevedo (Presidente), Alfredo De Jesús, Michael Donovan, Tyra Fleming, Michael Lochner, Jen Lothridge (Copresidenta)

BORRADOR DE LA ORDEN DEL DÍA

1. Llamada al orden, pase de lista, comentarios de la presidencia y un momento de silencio.
2. Revise los antecedentes, la declaración de la misión, los objetivos y el acuerdo del decoro de la reunión
3. Introducciones y rompehielos
4. Comentario público (para miembros del público)
5. Compartir nuestras preocupaciones (para los miembros del comité)
6. **Punto de Acción:** Aprobación de la agenda del día 18 de octubre del 2023
7. **Punto de Acción:** Aprobación de la minuta de la reunión de 18 de septiembre del 2023 y revisar los elementos de seguimiento
 - a. Revisión: Plan de Trabajo/Capacitación del Grupo de Participación Comunitaria
8. Puntos Viejos
 - a. Ninguno
9. Puntos Nuevos
 - a. Entrenamiento de profilaxis posexposición a la doxiciclina - Dr. Winston Tilghman
 - b. Revise la Encuesta de Evaluación del Impacto del VIH
 - c. Revisión de Estándares

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. Próxima reunión 15 de noviembre del 2023, a las 3:00 p.m. de 5:00 p.m.

Ubicación: Southeastern Live Well Center: 5101 Market St, San Diego, CA 92114, Room Tubman Chavez Y via Zoom.

13. Fin de la sesión

Cargo del Grupo de Participación Comunitaria:

1) Educar a los miembros de la comunidad

- Educar/capacitar a los miembros de la comunidad sobre el proceso local de planificación de los servicios de VIH del Grupo de Planificación del VIH y prepararlos y apoyarlos para una mayor participación en todo el proceso del Grupo de Planificación del VIH: comités, grupos de trabajo, grupos de trabajo y otras oportunidades, así como la membresía del Grupo de Planificación del VIH.

2) Aumentar la participación de los miembros de la comunidad

- Aumentar el nivel y la diversidad de la participación de la comunidad, incluso de las poblaciones desatendidas y subrepresentadas.
- Representar las necesidades de todos los miembros de la comunidad, incluidos aquellos que no pueden participar en las reuniones.
- Establecer vínculos con grupos comunitarios regionales y específicos de la población y garantizar la comunicación entre esos grupos y el Grupo de Participación Comunitaria.
- Identificar y tratar de superar las barreras a la participación de la comunidad.

3) Representar las necesidades de los miembros de la comunidad durante todo el proceso del grupo de planificación del VIH

- Proporcionar representación de la comunidad en los comités, grupos de trabajo, etc. del Grupo de Planificación del VIH, y garantizar el flujo de información de esos grupos al Grupo de Participación Comunitaria.
- Alentar la máxima participación de la comunidad en el Comité de Establecimiento de Prioridades y otros lugares establecidos para el proceso anual de establecimiento de prioridades y asignaciones presupuestarias; el Grupo de Participación Comunitaria no desarrollará recomendaciones presupuestarias separadas.
- Servir como un lugar para proporcionar comentarios de la comunidad sobre los problemas del Grupo de Planificación del VIH (p. ej., grupos de trabajo).



**SAN DIEGO
HIV PLANNING GROUP**
SAN DIEGO HIV PLANNING GROUP (HPG)
COMMUNITY ENGAGEMENT GROUP
DRAFT MINUTES

WEDNESDAY, SEPTEMBER 20, 2023, 3:00 PM – 5:00 PM
 County Operations Center (COC)
 5570 OVERLAND AVE, SAN DIEGO, CA 92123 (ROOM 1047)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83782242388?pwd=MTFqZitVcC9hNnFPRkhkcjV3dGpKdz09>

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: Allan Acevedo (Chair), Michael Donovan, Tyra Fleming, Michael Lochner (HPG Chair), Jen Lothridge (Co-Chair), Esteban Duarte

Committee Members Absent: 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 3:02 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)	No public comment.	
5. Sharing our concerns (for committee members)	A member of the committee shared concerns about Housing and Section 8 as well as the changes in the	

Agenda Item	Discussion/Action	Follow-Up
	<p>service categories. Additionally, a member of the public shared concerns about Medicare, how it affects consumers, and the importance of making consumers aware of the programs.</p> <p>A member of the committee expressed concerns about the 20% increase of the city water and wondered what the HPG will do about it.</p>	
<p>6. Action: Approve the Community Engagement Group agenda for September 20, 2023</p>	<p>Action: Approve the Community Engagement Group agenda for September 20, 2023 as presented. Motion/Second/Count (M/S/C): Duarte/Lochner (4/0) Abstention(s): Acevedo Motion carries</p>	
<p>7. Action: Approve the Community Engagement Group minutes for August 30, 2023</p>	<p>Action: Approve the Community Engagement Group minutes for August 30, 2023. M/S/C: Lochner/Donovan (4/0) Abstention(s): Acevedo Motion carries</p>	
<p>a. Follow-Up Items:</p>	<p>HPG support staff provided the committee with all completed follow-up items.</p> <p>Committee members provided HPG support staff with revisions and suggestions to the draft of the recruitment flyer. A Spanish translated version of the flyer is in progress.</p> <p>Allan Acevedo announced that as part of the Getting to Zero Community Engagement action plan, the committee received feedback about service standards and should review to ensure consistency with addressing barriers. The committee</p>	<p>HPG Support Staff will assist in identifying a speaker to present on open enrollment before the open enrollment deadline.</p>

Agenda Item	Discussion/Action	Follow-Up
	<p>agreed to arrange them in the following order:</p> <ol style="list-style-type: none"> 1. Emergency financial assistance housing and shelter 2. Food meals 3. Housing case management 4. Medical therapy 5. Non-medical case management 6. Medical case management <p>Allan Acevedo reviewed the needs assessment and the steps of the process.</p> <p>The committee provided feedback and mentioned that the survey was too long, and it was not clear for what it was trying to accomplish. The committee agreed to review different sections of the survey for October.</p> <p>The committee made the following recommendations to the 2024 training plan:</p> <ul style="list-style-type: none"> • April: In-depth review of service categories. • May: go over the categories. • June: Happyville (subject to change). • AB2449 will be removed, and A presentation on Medicare will be added in place of Assembly Bill (AB) 2449. When the presentation will take place has yet to be decided. <p>HIV Planning Group Bylaws and Insurance has been grouped for November 2023.</p>	

Agenda Item	Discussion/Action	Follow-Up
8. Old Business	None	
9. New Business		
a. Presentation: Housing Resources- Allan Acevedo and Cinnamen Kubricky	Allan Acevedo and Cinnamen Kubricky presented on Housing services and resources. Jen Lothridge suggested www.211sd.org as a great source of information.	The chair will provide the HPGSS a copy of the PowerPoint presentation to share on the HPG website.
b. Review Standards Queued for Review	Tabled.	
10. Committee Updates		
a. CARE Partnership	Tabled.	
b. Membership Committee	Tabled.	
c. Strategies & Standards Committee	Tabled.	
d. Medical Standards and Evaluation Committee (MSEC)	Tabled.	
e. Priority Settings & Resource Allocation Committee (PSRAC)	Tabled.	
f. Steering Committee	Tabled.	
g. HIV Planning Group (HPG)	Tabled.	
h. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Tabled.	
11. Announcements	None.	
12. Next meeting date	Next Meeting: Wednesday, October 18, 2023, from 3:00 PM – 5:00 PM. , in-person and online via Zoom.	

Agenda Item	Discussion/Action	Follow-Up
	Location: Serra Mesa – Kearny Mesa Library 9005 Aero Drive, San Diego, CA 92123	
13. Adjournment	Meeting was adjourned at 5:00 PM.	

San Diego County | HHSA HIV Needs Assessment Survey

What is the purpose of the HHSA Needs Assessment Survey? The HIV Planning Group (HPG), San Diego County Health and Human Services Agency HIV, Hepatitis and STD Branch, and Harder+Company Community Research are conducting an HIV needs assessment survey. The survey will help the HPG identify the service needs of people living with or vulnerable to HIV/AIDS in San Diego County.

How does it work? You may complete the survey on paper or follow this link to complete it online:

http://bit.ly/sdhivsurvey. 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.

Is there any kind of incentive? After completing the survey, if you would like to enter into a raffle for \$100, please follow the link online to enter your name into a separate survey (which will not be linked to your survey responses). If you are taking the survey on paper, please contact Ashlyn Dadkhah to be entered into the drawing.

Where to go for questions or comments about the survey? Ashlyn Dadkhah at Harder+Company Community Research (619-398-1980).

Survey Date: _____ 2020

COVID-19: We appreciate you taking the time to complete this survey, especially during this difficult time. As you respond to these questions, please consider the care you received prior to the COVID-19 crisis.

Section 1: Demographics

- 1. What is the ZIP code where you live?** (note: If you do not know your ZIP code, write the name of the city or area where you live) _____
- 2. What is your age?** _____
- 3. What is your race/ethnicity?** (Check all that apply)
 - Black/African American
 - African
 - Caribbean Black
 - Mexican
 - South American
 - Central American
 - Puerto Rican
 - Filipino/a
 - Chinese
 - Vietnamese
 - Korean
 - Japanese
 - Laotian
 - Cambodian
 - Indigenous: _____
 - Pacific Islander / Hawaiian
 - Asian Indian/South Asian
 - Middle Eastern
 - White (non-Hispanic)
 - Multi-racial: _____
 - Other: _____
 - Prefer not to answer
- 4. What language do you most often speak at home?** (Select only one)
 - Arabic
 - American Sign Language
 - Cantonese
 - English
 - Farsi
 - Korean
 - Mandarin
 - Spanish
 - Tagalog
 - Vietnamese
 - Other: _____
 - Prefer not to answer
- 5. Which of these best describes your gender identity?** (Check all that apply)
 - Woman
 - Trans woman
 - Man
 - Trans man
 - Genderqueer / Gender Non-Conforming
 - Non-binary
 - A gender not listed here (please specify): _____
 - Prefer not to answer
- 6. Which of these best describes your sexual orientation?** (Check all that apply)
 - Asexual
 - Bisexual
 - Gay
 - Lesbian
 - Pansexual
 - Questioning / Unsure
 - Queer
 - Heterosexual / Straight
 - A sexual orientation not listed here (please specify): _____
 - Prefer not to answer

7. **Are you:**
- Active duty military
 - Veteran or retired military
 - Does not apply
8. **Do you receive medical care through the Ryan White HIV/AIDS Program?**
- Yes
 - No
 - Not sure
9. **Do you have any other health insurance coverage?**
- Insurance through a current or former employer or union
 - Insurance purchased directly from an insurance company (e.g., Covered California)
 - Medicare, for people 65 and older, or people with certain disabilities
 - Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
 - TRICARE or other military health care
 - VA (including those who have ever used or enrolled for VA health care)
 - Indian Health Service
 - Any other type of health insurance or health coverage plan
 - I don't have other health insurance coverage

14. **Do you have a healthcare provider who prescribes PrEP?**
- Yes
 - No
 - Don't know
 - I've never had a healthcare provider (doctor, nurse practitioner, physician assistant) (Skip to Q. 43)
 - I don't have a healthcare provider right now

15. **Do you have a healthcare provider who prescribes PEP (Post-exposure prophylaxis)?**
- Yes
 - No
 - Don't know
 - I've never had a healthcare provider (doctor, nurse practitioner, physician assistant) (Skip to Q. 43)
 - I don't have a healthcare provider right now

16. **Has your healthcare provider ever offered you an HIV test?**
- Yes
 - No
 - Don't know

*****If you are HIV negative or unaware of your HIV status, skip to Section 4: Other Health Concerns (Q. 43)*****

17. **Do you currently have a HIV case manager?**
- Yes
 - No
 - Don't know

18. **Do you have an HIV medical care provider (doctor, nurse practitioner or physician assistant) who provides HIV care and treatment?**
- Yes
 - No, I don't have an HIV healthcare provider right now
 - I've never had an HIV healthcare provider (doctor, nurse practitioner, physician assistant) (Skip to Q. 22)

19. **When was your most recent or last visit with a doctor, nurse or other health care team member for your HIV/AIDS? (this may include a virtual visit)**
- In the last three months
 - Between 3-6 months
 - Between 7-12 months
 - More than a year
 - Not sure

10. **What is your current HIV/AIDS status?**
- HIV-positive, (undetectable) (Skip to Q.17)
 - HIV-positive, (detectable) (Skip to Q.17)
 - Living with AIDS (Skip to Q.17)
 - HIV negative
 - Not sure of current HIV status
11. **If you are HIV negative or not certain of current HIV status, when did you last get tested for HIV?**
- Within the last 3 months
 - Within the last 3 to 6 months
 - Within the last 6 months to 1 year
 - More than a year ago
 - Not sure
 - Never been tested
12. **Do you get tested for HIV at least once every year?**
- Yes
 - No
13. **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
 - Considering taking PrEP
 - No longer taking PrEP, but used to
 - Decided not to take PrEP
 - Do not know about PrEP

20. **Was your most recent or last visit with a doctor, nurse or other health care team member for your HIV/AIDS...**
- In-Person
 - Virtual

Section 2: HIV Status

21. In the past 10 years, have you ever gone more than one year (12 months) without seeing a/your HIV medical care provider?

- Yes
- No
- Not sure

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

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

23. Have you ever had a CD4/T-cell blood test? This is a blood test used to check the health of people with HIV, to see if they may be at risk for getting sick.

- Yes
- No (Skip to Q. 25)
- Not sure

24. In the last 12 months, how many CD4/T-cell blood test(s) have you had?

- Zero
- One
- Two
- More than two
- Not sure

25. Have you ever had your viral load measured? This is a blood test that measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV.

- Yes
- No (Skip to Q. 27)
- Not sure

26. In the last 12 months, how many HIV viral load test(s) have you had?

- Zero
- One
- Two
- More than two
- Not sure

27. During your most recent visit with your HIV medical provider, how did your doctor share information about your blood test results with you? (Check all that apply)

- They discussed the results with me
- They gave me a print out of the results
- I was able to access them online
- My doctor did not share information about my blood results with me
- Not sure
- I haven't had a recent visit with my HIV medical provider
- I've never had a healthcare provider for HIV (doctor, nurse practitioner, physician assistant)

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

- Yes
- No
- Not sure

29. Do you currently take medication for HIV (antiretroviral therapy (ART))?

- Yes
- No
- Not sure

30. How often do you take HIV medication every day and as prescribed by your doctor?

- Always
- Usually (>50%)
- Sometimes (<=50%)
- Never

31. Have you ever stopped taking your HIV medication?

- Yes:
Why? _____

- No

- 32. Do you have plans to stop taking your HIV medication sometime in the future?**
- Yes:
Why? _____

- No

- 33. In the last two years, has there been a time in which you were off your HIV medication for more than 6 months?**
- Yes:
Why? _____

- No

Section 3: Access to Treatment and Basic Needs Services

34. Check the box in the column that most closely matches your experience during the past year with the health services listed below:

	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/medicines (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"/>

35. 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)? (Check all that apply.)

- There was a waitlist
- I didn't have enough money to pay
- I didn't think I could get services
- I had difficulty with getting health coverage
- I had problems with keeping health coverage
- I had a bad experience with a health care provider
- I was using drugs and/or alcohol
- I was afraid of people finding out
- I had trouble or couldn't get to location of services
- I didn't think medical care would help me
- Children, family or childcare needs came first
- I needed someone who spoke my language
- HIV medications made me feel sick
- I didn't trust doctors or clinics
- I was afraid of possible side effects of medications
- I didn't know where or how to find services
- I am/was physically disabled
- I had mental health problems

- I was tired of dealing with HIV
- I was too sick to leave home
- I was homeless
- Other _____

36. Check the box in the column that most closely matches your experience during the past year with the services for *basic needs* listed below:

	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 or 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, transportation vouchers to help you access health care services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. 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)? (Check all that apply.)

- There was a waitlist
- I didn't have enough money to pay
- I didn't think I could get services
- I was using drugs and/or alcohol
- I was afraid of people finding out
- I had trouble or couldn't get to location of services
- Children, family or childcare needs came first
- I needed someone who spoke my language
- I didn't know where or how to find services
- I am/was physically disabled
- I had mental health problems
- I was too sick to leave home
- I was homeless
- Other _____

38. Check the box in the column that most closely matches your experience during the past year with support services listed below:

	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"/>
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"/>

39. 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)? (Check all that apply.)

- There was a waitlist
- I didn't have enough money to pay
- I didn't think I could get services
- I was using drugs and/or alcohol
- I was afraid of people finding out
- I had trouble or couldn't get to location of services
- Children, family or childcare needs came first
- I needed someone who spoke my language
- HIV medications made me feel sick
- I didn't know where or how to find services
- I am/was physically disabled
- I had mental health problems
- I was too sick to leave home
- I was homeless
- Other _____

40. Check the box in the column that most closely matches your experience during the past year with *mental health and substance use services* listed below:

	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. Alcohol/drug recovery services/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Counseling/therapy (individual or group by a professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Psychiatric services (medication management for bi-polar, clinical depression etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. 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)? (Check all that apply.)

- There was a waitlist
- I didn't have enough money to pay
- I didn't think I could get services
- I had difficulty with getting health coverage
- I had problems with keeping health coverage
- I had a bad experience with a health care provider
- I was using drugs and/or alcohol
- I was afraid of people finding out
- I had trouble or couldn't get to location of services
- I didn't think care would help me
- Children, family or childcare needs came first
- I needed someone who spoke my language
- I didn't trust doctors or clinics
- I didn't trust therapists or counselors
- I didn't know where or how to find services
- I am/was physically disabled
- I was too sick to leave home
- I was homeless
- Other _____

42. From the list below, which of the services are the 5 most important to you today?

Please write the letters for the 5 most important services.

- A. Dental care
- B. HIV/AIDS medication/medicines (as prescribed by a doctor)
- C. HIV primary care (clinic, doctor, nurse practitioner, etc.)
- D. Home health care (nurse, attendant, hospice, physical therapy at your home)
- E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)
- F. Childcare (day care or babysitting)
- G. Emergency housing/shelter (emergency hotel stay)
- H. Emergency utility payment (water, gas, electricity, phone)
- I. Food (home delivered meals, food bank or food pantry)
- J. Help to pay rent
- K. Legal Services
- L. Transportation (bus pass, transportation vouchers to help you access health care services)
- M. Case management (ongoing help to get services or benefits, not just one-time)
- N. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)
- O. Information and referral to services and how to get them (in writing, by phone or internet, in person)
- P. Peer advocacy or peer navigation (referral, advice to get services)
- Q. Representation payee (someone who manages my money)
- R. Alcohol/drug recovery services/treatment
- S. Counseling/therapy (individual or group by a professional)
- T. Psychiatric services (medication management for bi-polar, clinical depression etc.)

Section 4: Other Health Concerns

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

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

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

- Yes
- No
- Not sure

45. Have you ever been tested for hepatitis C?

- Yes
- No
- Not sure

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

- Yes
- No
- Not sure

47. Do you have or have you had in the past Hepatitis C?

- Yes
- No
- Not sure

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

- Yes
- No
- Not sure

49. Have you ever been tested for other sexually transmitted infections(s) (STIs like Chlamydia, Gonorrhea, Syphilis):

- Yes
- No (Skip to Q. 51)
- Not sure

50. In the last year, how many times have you been tested for STIs? _____

51. Check all that apply to you from the list below:

- I may have an alcohol problem
- I have had an alcohol problem but no longer use alcohol
- I may have a drug problem
- I have had a drug problem but no longer use drugs
- I am in recovery
- Does not apply

52. Have you ever injected illicit and non-prescribed drugs?

- Yes
- No (Skip to Q. 56)

53. Have you injected illicit and non-prescribed drugs in the last 12 months?

- Yes
- No

54. Have you ever shared needles or works?

- Always
- Usually (>50%)
- Sometimes (<=50%)
- Never

55. Which drugs have you injected?

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

Section 5: Criminal Justice History

56. Have you ever been convicted of a crime?

- Yes
- No (Skip to Q. 60)

57. If you answered yes, were you ever incarcerated (jail or prison)?

- Yes
- No (Skip to Q. 60)

58. If you were incarcerated, when were you released?

- Within the past year
- Within the past 1-2 years
- Within the 2-5 years
- More than 5 years ago

59. If you were incarcerated, did you have any problems getting medical care/housing/HIV needs upon your release?

- Yes
- No

Section 6: Employment and Income

60. What is your current employment status?

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

61. 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: _____

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

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

63. What is your best estimate of your monthly household income from all sources (work, social security, disability, alimony, etc.)?

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

65. Do you receive any other types of assistance based on your income? (Select all that apply)

- Medi-Cal
- CalFresh (also called SNAP or food stamps)
- WIC (Women, Infants, and Children Program)
- TANF (Temporary Assistance to Needy Families)
- None
- Don't know
- Other: _____

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

_____adults (18+) _____children (under 18)

Section 7: Housing

67. What is your current housing situation?

- Renting or own home
- Staying with a friend/relative
- Living in a treatment facility
- Moving from friend/relative to friend/relative (couch surfing)
- Living in a shelter
- Living in supportive living facility or group home
- Living on the street
- Other: _____

68. In your opinion, which housing issues are most urgent in your community for those living with HIV/AIDS? (Select up to 3 responses)

- Cost of housing/insufficient monthly income
- Lack of employment opportunities
- Family size
- Alcoholism and/or drug use
- Lack of available housing
- Homelessness
- Poor credit history
- HIV/AIDS stigma
- Other stigma: _____
- Access to health insurance
- Geographic accessibility to healthcare
- Criminal record
- Other: _____
- None

69. 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 by birth
 - Not a US citizen
 - US citizen by naturalization

Section 8: Prevention Needs

70. Have you had sex (oral, vaginal, anal) in the last 3 months?

- Yes
- No (If no, you are finished. See back page for resources.)

71. Estimate the number of sex partners within the last 3 months? (Enter a number for each gender; no ranges)

- # of women partners _____
- # of men partners _____
- # of transmen partners _____
- # of transwomen partners _____
- # of gender-queer, gender non-conforming, gender-fluid, or non-binary partners _____

72. Where did you meet your sex partners within the last 3 months? (Check all that apply)

- No new sex partners
- Coffee shops
- Smartphone app
- Public place
- Adult book/video store
- Online/internet (Grindr, Scruff, etc.)
- Parks
- Through friends
- Bars/clubs
- Social parties/gatherings
- Work
- Bathhouses
- Sex parties
- Phone chat lines
- Other: _____

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

- adam4adam
- Facebook
- jack'd.com
- Snapchat
- barebackrt.com
- Grindr
- manhunt.com
- Tinder
- craigslist.com
- Growler
- Phone chat lines
- Scruff
- Does not apply
- Other: _____

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

- Always
- Usually (>50%)
- Sometimes (<=50%)
- Never
- Does not apply

75. If you go online or use a smartphone app to meet partners, which of the following do you include on your profile?

- HIV negative
- HIV positive undetectable
- Does not apply
- Leave it blank
- HIV negative on PrEP
- HIV unknown
- HIV positive

76. In the last 3 months, were any of your sex partners:

(Check all that apply)

- Anonymous
- HIV negative and on PrEP
- Person(s) who inject drugs
- Men who have sex with men
- HIV negative and not on PrEP
- Person(s) who accepts or receives money/drugs in exchange for sex, drugs, steroids, hormones, etc.
- HIV positive
- Unknown HIV status

77. **In the last 3 months**, how often:

Please check only one box per row (NA means not applicable)	Always	Usually (>50%)	Sometimes (<=50%)	Never	NA
a. Did you ask your sex partners if they know their HIV status ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you ask your sex partners if they had been tested for STDs ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you tell your sex partners your current HIV status ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did you use condoms when having sex with person(s) who you did not tell your HIV status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you use condoms when having sex with an HIV negative person or a person(s) who did not know their HIV status ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Did you use condoms when having sex with an HIV negative person who is on PrEP ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did you use condoms when having sex with an HIV positive person(s) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Did you use condoms when having sex with an HIV positive person(s) who tells you they have an undetectable viral load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If you take PrEP , did you tell your sex partners that you take PrEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing the survey!

For HIV Resources please visit sdplanning.org/links or contact:

Kym Hodge

Lead Health Planner
 Contact for information about:
 HIV Planning Group
kym.hodge@sdcounty.ca.gov
 (619) 293-4711

Ruben Maldonado

Health Planner
 Contact for information about:
 HIV Planning Group, Non-medical Standards, & Membership Committee
ruben.maldonado@sdcounty.ca.gov
 (619) 293-4706

Kenneth Riley

Health Planner
 Contact for information about:
 HIV Planning Group, Steering Committee, and Medical Standards Committee
kenneth.riley@sdcounty.ca.gov
 (619) 293-4728

Dorian Macon

Prevention Health Planner
 Contact for information about:
 Consumer Group and CARE Partnership Group
dorian.macon@sdcounty.ca.gov
 (619) 293-4738

Presented by the
San Diego HIV Planning Group

The 34th Annual DR. A. BRAD TRUAX AWARDS

The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his contributions to the HIV/AIDS effort in San Diego.

The award is given annually on World AIDS Day (December 1) to recognize the outstanding overall contributions made by a person involved in the struggle against the HIV/AIDS epidemic in our community.

Additionally, awards are given in each of the following three (3) categories:

- HIV Education, Prevention and/or Counseling & Testing
- HIV Care, Treatment and/or Support Services
- HIV Planning, Advocacy and/or Policy Development

Each nominee is acknowledged as a Community Award Recipient.



Event Details

Friday, December 1, 2023

3:00 PM - 5:00 PM

San Diego LGBT Community Center
3909 Centre St. San Diego, CA 92103

Spanish interpretation will be provided. ASL provided upon request.

For more info, send email to:
HPG.HHSA@sdcounty.ca.gov

APPENDIX

(Page 025)

**HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
Oct 2022 - Sep 2023**

Community Engagement Group	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	#
Total Meetings	1	0	1	1	1	1	1	1	1	1	1	1	11
Member													
Acevedo, Allan ^{UC}	*	NM	*	*	*	*	*	*	*	*	*	*	0
De Jesus, Alfredo ^U	1	NM	*	*	*	*	1	*	1	*	1	1	5
Donovan, Michael	*	NM	*	*	*	JC	*	*	*	*	*	*	0
Duarte, Esteban						JC	*	*	1	1	1	*	3
Fleming, Tyra						*	*	JC	*	*	*	JC	0
Lochner, Mikie ^U	*	NM	*	*	1	*	*	1	*	*	*	*	2
Lothridge, Jen						*	*	*	*	*	*	*	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

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