STRATEGIES AND STANDARDS COMMITTEE

Tuesday, December 3, 2024, 3:00 PM – 4:30 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

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:

Strategies & Standards Committee
Tuesday, December 3, 2024
3:00 PM - 4:30 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.

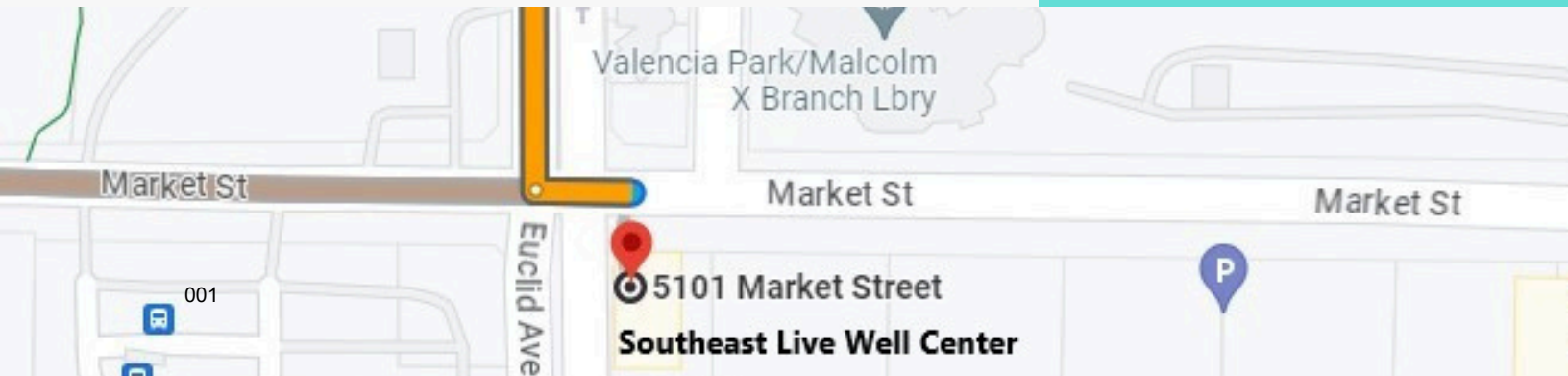
FROM I-805 NORTH:

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



STRATEGIES & STANDARDS COMMITTEE

Tuesday, December 3, 2024, 3:00 PM – 4:30 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/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 five (5).
Committee Members: Amy Applebaum | Beth Davenport | Joseph Mora | Venice Price | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair, and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION**: Approve the Strategies & Standards Committee agenda for December 3, 2024
5. **ACTION***:* Approve the Strategies & Standards minutes for October 1, 2024
6. Review follow-up items from last meeting
7. Old Business:
    a. Transportation Standards – update from Recipients' Office/Felipe Ruiz
    b. Mental Health Services Standards – review and update
    c. Universal Standards – review and update
        i. Trauma-Informed Care – review and update
8. New Business:
    a. **ACTION**: Approve the Mental Health Services Standards
9. Routine Business:
    a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee
10. Recommendations to the HIV Planning Group, HIV Planning Group committees, and requests of recipient
11. Suggested items for the future committee agenda
12. Announcements
13. Next meeting date: **February 4, 2025 at 3:00 PM – 4:30 PM**
    Location: **Southeastern Live Well Center; 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)** AND online via Zoom.
14. Adjournment

STRATEGIES AND STANDARDS COMMITTEE

Tuesday, October 1, 2024, 3:00 PM – 4:30 PM
Southeastern Live Well center
5101 Market St, San Diego, CA 92114
Tubman Chavez Room A

A quorum for this meeting is five (5).

Members Present: Amy Applebaum | Dr. Beth Davenport | Ivy Rooney | Dr. Winston Tilghman | Jeffery Weber | Michael Wimpie (Chair)

Members Absent: Allan Acevedo | Joseph Mora | Venice Price

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, introductions, comments from the chair, and a moment of silence	Michael Wimpie called the meeting to order at 3:08 PM and noted the presence of an in-person quorum. All in attendance introduced themselves. A moment of silence was observed.	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	None	
4. **ACTION:** Approve the Strategies and Standards Committee agenda for October 1, 2024	**Motion:** Approve the Strategies and Standards Committee agenda for October 1, 2024 as presented. **Motion/Second/Count (M/S/C):** Davenport/Applebaum/5-0 **Abstentions:** Wimpie **Motion carries**	
5. **ACTION**: Approve the Strategies and Standards Committee meeting minutes from August 6, 2024	**Motion:** Approve meeting minutes for August 6, 2024 as presented. **M/S/C:** Rooney/Tilghman/5-0 **Abstentions:** Wimpie **Motion carries**	
6. Review follow-up items from last meeting	• HPG Support Staff (HPG SS) will request of Dr. Karris to add 1) isolation and social needs; and 2) service coordination to the HIV and Aging presentation. Status: Completed • HPG SS will follow up with Felipe Ruiz to share the Integrated Statewide Strategic	

Agenda Item	Discussion/Action	Follow-Up
	Plan with the committee. Status: Completed • HPG SS will update the work plan to move HIV and Aging to October. Status: Completed • HPG SS will follow up with Dr. Tweeten to obtain an updated data set on people living with HIV and out of care to send to the committee. Status: In Progress • HPG SS will follow up with Joseph Mora to see if he is willing to accept the committee co-chair nomination. Status: Completed	
7. Old Business		
a. Transportation Standards Draft – Maritza Herrera	The Transportation Service Standards will be updated shortly as part of the Whole Person Care Approach and will be presented together with other updated service standards.	Staff will follow up with Maritza Herrera regarding the timeframe for this update.
b. Discussion: Co-chair	Discussed in follow-up previously and will be discussed below as an action, agenda item 8a.	
8. New Business		
a. **ACTION**: Remove Allan Acevedo as Co-chair	**Motion:** Remove Allan Acevedo as Co-chair **M/S/C:** Davenport/Weber/5-0 **Abstentions:** Wimpie **Motion carries**	
b. Presentation: HIV and Aging – Dr. Karris	Dr. Maile Young Karris presented on the issues and challenges of HIV among older adults.	
c. Review and Update: Mental Health Service Standards	No input was provided during the meeting.	HPG SS will send the document to the committee for input before the next meeting.
d. Review and Update: Universal Standards – Trauma Informed Care	The committee discussed the following: • There was a concern that consumer input was not incorporated into the service standards during the last revision. Lauren Brookshire noted that HPG SS and she will work on locating the record of that discussion so it can be included in the updated version. • Trauma-informed care involves integrating the understanding of trauma	HPG SS to work with the Recipients' Office to identify the input that was provided during the last update. HPG SS to bring forward standard trauma informed care language for

Agenda Item	Discussion/Action	Follow-Up
	and its effects into all county service standards and contracts. This approach aims to prevent re-traumatization and promote safety, self-care, and resilience in service delivery. This will be included in the service standards. • Annual training is mandated for service providers to align with trauma-informed care principles, especially when interacting with clients who have experienced trauma, and to understand and appropriately address clients' needs and behaviors.	consideration and inclusion into the service standards. The county has established principles emphasizing safety, cultural competence, empowerment, shared power, trustworthiness, and integrated services.
9. Routine Business		
a. Discussion: Recommendations from Priority Setting & Resource Allocation Committee (PSRAC)	None	
10. Recommendations to the HPG, HPG committees, and requests of recipient	None	
11. Suggested items for future committee agenda	None	
12. Announcements	• HPG Orientation will be held on Tuesday, October 29, 2024, at 2:00 PM – 4:00 PM via Zoom. To register, scan the QR code in the packet. • The Truax Awards Ceremony will be held on Friday, December 6, 2024, at 3:00 PM – 5:00 PM at The LGBT Center.	
13. Next meeting date	**Date:** Tuesday, December 3, 2024 **Time:** 3:00 PM – 4:30 PM **Location:** Southeastern Live Well Center, 5101 Market St, San Diego, CA 92114 (Tubman Chavez Room A)	
14. Adjournment	Meeting adjourned at 4:09 PM.	

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

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:

Proving 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

Mental Health Services

Service Category Definition

Mental health services are the provision of outpatient psychological, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Psychiatric services related to medication is covered in a separate service standard.

Purpose and Goals

The goal of mental health services is to provide outpatient, assessment, diagnosis, and treatment to persons living with HIV.

Intake

Providers will conduct a comprehensive client intake process. This process determines a client's need for mental health services and the extent of services that need to be provided. A client intake will be completed for all clients who request or are referred to mental health services. The intake process also acquaints the client with the range of services offered and determines the client's interest in such services. Mental health services are allowable for HIV-infected clients only.

Key Service Components and Activities

Key activities for mental health services include:

- Initial comprehensive assessment including documentation of diagnosis and determination of needs
- Development of individual treatment plans
- Treatment provision in individual, family, and/or group settings, crisis intervention and psychiatric consultation.
    - **Individual Counseling/Psychotherapy**: Frequency and duration of individual counseling or psychotherapy is determined based upon client need or as outlined in the Treatment Plan.
    - **Family and Conjoint Counseling/Psychotherapy:** The overall goal of family and conjoint counseling/psychotherapy is to help the client and his/her family improve their functioning, given the complications of living with HIV. The frequency and duration are based on upon client needs or as outline in the Treatment Plan.
    - **Group Treatment:** Group treatment can provide opportunities for increased social support vital to those isolated by HIV. Provider will assure an appropriate clinician facilitates the groups and limit the groups to a maximum of 12 persons per group (unless it is a couples-specific group).
        - Group counseling sessions consists of face-to-face contact between one or more therapists and a group of no fewer than two Ryan White eligible clients.
    - **Crisis Intervention:** This is an unplanned service provided to an individual, couple or family experiencing psychosocial stress. Crisis interventions are provided in order to prevent deterioration of functioning or to assist in the client's return to baseline functioning. Client safety will be assessed and addressed. This service may occur as often as necessary to ensure client safety and maintenance of baseline functioning.

- **Psychiatric consultation:** Providers will provide psychiatric referrals as appropriate.

- Referral/coordination/linkages
  - **Referral/Coordination:** Providers will establish linkages and collaborative relationships with other providers for client referral to ensure integration of services and better client care, including, but not limited to, additional mental health services (psychiatric evaluation and medication management, neuropsychological testing, day treatment programs and in-patient hospitalization); primary care, case management, dental treatment, and substance use treatment.
- Development of follow-up plans if needed
- Case closure

Standard	Measure
Staff assesses clients' eligibility and needs	Documentation of interviews and assessments all potential clients and their respective needs
Staff maintains records of eligibility, intake, and assessments	Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients
	Maintain a single mental health record for each client
Staff ensures clients are connected to the appropriate services when needed	Documentation of all services provided/offered to clients

Personnel Qualifications

All mental health practitioners will have training and experience with HIV related issues and concerns. It is recommended that practitioners participate in continuing education and training on issues related to HIV and mental health. At a minimum, practitioners providing mental health services to people living with HIV will possess knowledge about the following:

- HIV disease process and current medical treatments
- Psychosocial issues related to HIV
- Cultural issues related to communities affected by HIV
- Mental disorders related to HIV and/or other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimes
- Diagnosis and assessment of HIV-related mental health issues
- HIV legal and ethical issues
- Knowledge of human sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

In accordance with State licensing and practice rules and regulations, all direct services will be provided by culturally sensitive, linguistically appropriate, and competent licensed counselors or duly supervised interns.

Standard	Measure
Staff will meet minimum qualifications	Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State of California
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors
Staff are competent	Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff

Assessment and Service Plan

Comprehensive **Assessment:** This is an assessment completed during a face-to-face interview in which the client's history and current presentation are evaluated to determine diagnosis and treatment plan. This assessment will be provided to all persons receiving individual, family/conjoint, and/or group psychotherapy. Persons receiving crisis intervention or drop-in psychotherapy groups only do not require this assessment. The assessment will be based on clinical standards appropriate to the modality chosen with knowledge of HIV risk and harm reduction.

Reassessments: A reassessment is ongoing and driven by client need, such as when there is significant change in the client's status. The reassessment will be documented in the client chart.

Treatment Plans: Treatment plan is developed with the client and is required for persons receiving individual, family/conjoint, and/or group psychotherapy. The provider will continue to address and document existing and newly identified treatment plan goals. The Treatment Plan will include at minimum:

- Diagnosed mental illness or condition
- Treatment modality (group or individual)
- Date for mental health services
- Recommended number of sessions
- Date for reassessment
- Projected treatment end date
- Any recommendations for follow up
- Signature of the mental health professional rendering service

Regular follow-up procedures are provided to encourage and help maintain a client in treatment. The documentation of attempts to contact the client will be in the progress notes. The follow-up may include telephone calls, written correspondence, and direct contact.

Standard	Measure
Staff will assess client's condition and needs	Documentation of comprehensive assessment
Staff will develop a treatment plan. Staff will also monitor and continuously reassess clients' needs	Documentation of the existence of a detailed treatment plan.
Staff will ensure that services meet Ryan White and local guidelines and are consist with the treatment plan	Documentation of service provided to ensure that: • Services provided are allowable under Ryan White, state, and local guidelines • Services provided are consistent with the treatment plan

Universal Standards

Intake Requirements

To receive Ryan White services, clients must establish eligibility by providing:

- Documentation of HIV infection (only required one time at initial enrollment)
- Documentation of residency in San Diego County
- Documentation that their income does not exceed 500% of the federal poverty level
- Documentation of insurance status and any other third-party payers.

Once a client has established eligibility, they will be enrolled in the Ryan White program. Clients maintain their enrollment by completing an annual re-enrollment at 12 months. Documentation of residency, income and insurance status is required for all annual re-enrollments.

Beginning in March 2021, once a client has established eligibility, they will appear on a secure eligibility list, updated weekly, at which time they can receive services from any Ryan White Part A or B provider in San Diego County without having to provide any additional documentation to establish eligibility for Ryan White services.

For all service categories except Emergency Financial Assistance and Housing, clients can receive services for up to 30 days before providing all documentation required to complete enrollment.

At the time of intake, providers are required to verify that any client seeking Ryan White Services has been enrolled in the AIDS Regional Information and Evaluation System (ARIES). For clients who are new to the Ryan White system of care, providers must obtain a signed ARIES consent form from the client and enter new client into ARIES. All service utilization data will then be reported in the ARIES system. Clients who do not sign an ARIES consent form are not eligible to receive Ryan White Part A and B funded services.

Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information. At intake, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location and available transportation.

Providers of prevention services must integrate the Local Evaluation Online (LEO) Privacy Notice into intake processes. Clients need to be presented with a privacy notice and are not required to consent to having their personal information entered into LEO in order to receive services.

Standard	Measure
Clients must meet local and federal program requirements to be eligible to receive Ryan White Part A/B services	Documentation of annual enrollment and mid-year recertification retained in client file OR documentation in client file that the client appears on the Ryan White eligibility list.
Clients seeking Ryan White funded services are enrolled in ARIES and sign a consent form	Documentation of consent form is required and retained in client file
Clients seeking prevention services are presented with a privacy notice	Documentation of provision of privacy notice are retained in client file

Service providers must be mindful of the amount of paperwork required and seek to consolidate as feasible. Clients are encouraged to communicate if they do not understand any part of the intake process.

Client Rights and Responsibilities

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. All providers must have written policies and procedures regarding client rights and responsibilities. Clients are informed of these rights and responsibilities during intake and a written copy is made available.

Clients are informed of expectations when accessing services. If a client does not meet these expectations, the provider is responsible for informing the client of needed changes and a contract may be implemented in order for client to continue receiving services. Failure to comply with a contract may require additional corrective action. Clients will not be denied service due to knowledge of current or prior substance use.

Clients shall not be denied services from a provider based on client's unwillingness to participate in other services.

Standard	Measure
Clients are informed of their rights and responsibilities	Documentation of client rights and responsibilities during intake

Complaint and Grievance Process

In the event clients feel that they are not being heard or services are not being delivered in a way that addresses their needs after providing input, they have the right to make a formal complaint. Clients are to be actively engaged in the services they receive, during assessment, planning and delivery phases. This includes regular feedback to providers regarding their needs and when the services are not meeting their needs.

All providers are required to have written policies and procedures for an internal client complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Service providers will use relevant federal, state and county regulations for investigating and resolving complaints. A copy of the complaint policy will be displayed in an observable location where services are provided. Complaints and investigation results will be forwarded by the provider to the County within 24 hours of both the receipt and resolution of the complaint.

In addition to the internal complaint process, all providers are required to have written grievance policy and procedure for escalation of unresolved complaints. In addition to the internal complaint process, information on how clients may contact the County of San Diego's HIV, STD and Hepatitis Branch will be provided.

Grievance procedures must specifically note that there will be no retaliation against clients for filling a verbal or written grievance. They also must clarify that clients will not be suspended or terminated from services based on filing a complaint or grievance.

Clients will be informed of the complaint and grievance policies during intake. Providers will also post a copy of the Client Service Evaluation form ("Goldenrod") in an observable place. Copies of the form must be easily accessible to clients, along with a stamped self-addressed envelope to the County for review. The form may also be accessed, completed and submitted on the HIV Planning Group website at www.sdplanning.org. Providers shall not require a client to give a form directly to them.

The following is the Goldenrod process:

1. Staff at the HIV, STD and Hepatitis Branch will process this service evaluation. If the client wishes to be contacted, staff will reach out to them within three (3) business days of receiving the form. The client will be asked for additional information (if needed) and asked if the client is comfortable sharing their name with the agency.
2. County staff will contact the agency to report the issue. The agency will be asked to respond to the client either directly or through County staff, and to follow-up in writing to staff within thirty (30) days describing the resolution.
3. Notify the Ryan White Program Manager if there are concerns.

Standard	Measure
Clients' rights are protected, and clients have access to complaint and grievance processes and are made aware of such processes and the outcomes	Documentation of a complaint and grievance policies and client orientation of processes
Clients can file a complaint and grievance without being subject to retaliation	Verification of confidential Client Service Evaluation "Goldenrod" (available in English and Spanish) and mechanism to mail form in an observable location at sites where services are provided

Case Closure

Case closure is a systematic process for removing clients from an active caseload. A case can be reopened in the event the clients' situation and reasons for closure change.

The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive services at the minimal interval as defined by the individual service standard. Case closure may be initiated by a provider and/or client and may occur for the following reasons:

- Case resolved and/or successful attainment of goals
- Client relocated outside San Diego County
- Client initiated case closure of services
- Client does not adhere to treatment plan
- An inability to contact client for 120 days
- Client exhibits inappropriate behavior
- Client's health needs cannot be adequately addressed by the service
- Client's care is transferred to another provider

A case closure summary will be completed for each client and provided to the client when possible for each occurrence of case closure for the following service categories:

- Medical / Dental
- Medical / Non-medical Case Management
- Mental Health / Psychiatry
- Outpatient / Residential Substance Use Disorder Treatment
- Legal
- PARS

Standard	Measure
Client's case is closed based upon at least one of the approved criteria	A case closure is noted in the client chart For specified service categories, a case closure summary including the following: • Most recent assessment and/or diagnosis • Care plan at time of closure • Referrals not yet completed • Reason for case closure For clients who drop out of care without notice, case closure summary including the above and the following: • Documentation of attempts to contact client, including written correspondence and results of these attempts

Termination of Services

A provider may terminate a case (permanently close) when:

- Client is deceased
- Client demonstrates repeated non-adherence
- Client exhibits inappropriate behavior in violation of specific written policies of the provider
- Client violates confidentiality of other client(s)

The client shall be notified in writing with the reason for termination and provided a list of alternative sources of care and support services.

A termination of service summary will be completed for each client, included in the client's record, and provided to the client upon request.

Standard	Measure
There is documentation with reason(s) for termination in the client record	A termination of service summary including the following documentation: • Most recent assessment and/or diagnosis • Care plan at time of termination • Referrals not yet completed • Reason for termination
Staff determine client eligibility for other programs and re-instatement in services	Documentation of "inactive status" and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate

Cultural and Linguistic Competency

All providers must have an understanding of cultural nuances of communication and the ability to provide appropriate and acceptable services to potential and current clients, including people of color, gay and men who have sex with men, men or women vulnerable to HIV, bisexual men and women, transgender individuals, gender non-binary individuals, persons who use substances, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions.

All providers must have policies and procedures that address cultural competency, diversity, and inclusiveness. Provider's intake procedures will assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location. Staff working directly with clients must receive a minimum of four hours of cultural competency training each year.

Providers will identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Providers will assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff, and volunteers to transcend language barriers and avoid misunderstanding and omission of vital information.

Standard	Measure
Agency policies address cultural and linguistic competency	Documentation in policies on cultural and linguistic competency
Staff receive annual training on cultural competency	Documentation of all staff trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual staff or volunteers, a plan is in place to ensure language needs are met	Copy of written plan to address language needs
Provider has available written materials in the appropriate languages for the communities being served	Materials available in appropriate languages

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality and access and operations.

- All physical case and electronic files are secured at all times
- All activities that relate to client data have appropriate safeguards and controls in place to ensure information security
- All employees and volunteers working have signed a confidentiality agreement
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers

Policies and protocols regarding confidentiality and sharing of protected health information are explained to clients and a confidentiality agreement is signed by clients and maintained in their case files. Except in the case of medical and dental referrals, a separate Release of Information form must be signed by clients in order for information to be shared.

The form must contain:

- Name of the program or person permitted to make the disclosure
- Name of the client
- Party with whom information will be shared
- Purpose and content (kind of information to be disclosed) of the disclosure; information related to mental health, substance use disorder and HIV status require specific consent to release information
- Effective date of Release of Information (when does the form no longer authorize the exchange of information)
- Client's signature or legal representative's signature

Provider must ensure a private, confidential environment for clients to discuss their case(s).

Standard	Measure
Providers develop written policies and procedures that address security, confidentiality, access, and operations	Documentation of policies and procedures
All files are secured	Files inspected and noted during site visits
Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (if training is provided by the provider)

Trauma-Informed Services

The County of San Diego Health and Human Services Agency (HHSA) requires all funded and contracted programs be part of a Trauma-Informed System, which includes providing trauma-informed services and maintaining a trauma-informed workforce. It is an approach for engaging individuals – staff, clients, partners, and the community – and recognizing that trauma and chronic stress influence coping strategies and behavior. Trauma-informed systems and services minimize the risk of re-traumatizing individuals and/or families, and promote safety, self-care, and resiliency.

HHSA has adopted the following Trauma-Informed Principles:

- Understanding trauma and its impact to individuals;
- Promoting safety;
- Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness;
- Supporting consumer empowerment, control, choice, and independence;
- Sharing power and governance (e.g. including clients and staff at all levels in the development and review of policies and procedures);
- Demonstrating trustworthiness and transparency;
- Integrating services along the continuum of care;
- Believing that establishing safe, authentic, and positive relationships can be healing;
- Understanding that wellness is possible for everyone.

All providers will ensure that all staff shall receive at least annual training regarding trauma-informed systems of care. This training shall include some or all of the following:

- Principles of trauma-informed care
- Working with clients who have or might have a history of trauma, particularly trauma experienced within medical and service delivery systems, with a focus on developing trusting and caring relationships
- Identifying and intervening when clients or staff might be triggered
- Tools to de-escalate encounters with clients who are experiencing trauma triggers
- Developing policies and process that support consumer choice, control and empowerment

Standard	Measure
Agency policies address trauma-informed care	Documentation in policies regarding trauma-informed principles
Staff receive annual training on trauma-informed servicers	Documentation of all staff trainings on trauma-informed care
	Copies of the curriculum and handouts etc. kept on file

Universal Standards

Service Categories

All service category definitions and allowable activities are described in HRSA's Policy Clarification Notice 16-02.

Intake Requirements

~~Services requiring a brief intake assessment vs services requiring a comprehensive intake assessment – how to determine? How to operationalize?~~

The purpose of doing a comprehensive biopsychosocial intake assessment is to determine what services and systems a client needs. This information is then used to create an individual service plan, which is to be developed in cooperation with the client within 30 days of intake.

A comprehensive intake assessment is required for any client coming into medical or non-medical case management, mental health services or substance use treatment. It is not required for other services, though it may be used as a tool to determine client needs.

Providers must also ensure the need to complete a comprehensive intake does not interfere with addressing urgent needs. When working with complex situations, providers may choose to extend the time for completion of a comprehensive intake assessment. However, if this timeframe is extended, full documentation of the complexities and barriers leading to a request for extension must be included in the client file.

To receive Ryan White services, clients must establish eligibility by providing:

- Documentation of HIV infection (only required one time at initial enrollment)
- Documentation of residency in San Diego County
- Documentation that their income does not exceed 500% of the federal poverty level
- Documentation of insurance status and any other third-party payers

Once a client has established eligibility, they will be enrolled in the Ryan White program. Clients maintain their enrollment by completing an annual re-enrollment at 12 months. Documentation of residency, income and insurance status is required for all annual re-enrollments.

Once ~~a client has established eligibility~~enrolled in Ryan White, ~~they~~client will appear on a secure eligibility list, updated weekly, at which time they can receive services from any Ryan White Part A or B provider in San Diego County without having to provide any additional documentation to establish eligibility for Ryan White services. Ryan White is then considered the payor of last resort, and as such, funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under. . . any State compensation program, under an

Commented [SY1]: Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under. . . any State compensation program, under an insurance policy, or under any Federal or State health benefits program. . . , or by an entity that provides health services on a pre-paid basis."

insurance policy, or under any Federal or State health benefits program. . . , or by an entity that provides health services on a pre-paid basis."

For all service categories except Emergency Financial Assistance and Housing, clients can receive services for up to 30 days before providing all documentation required to complete enrollment.

At the time of intake, providers must verify that any client seeking Ryan White Services has been enrolled in the AIDS Regional Information and Evaluation System (ARIES), HIV Care Connect or any other registration and service delivery tracking system established by the County or its funders. For clients who are new to the Ryan White system of care, providers must obtain a signed consent form from the client and enter new client information into ARIES, HIV Care Connect or other registration and service delivery tracking system established by the County or its funders. All service utilization data shall then be reported in the appropriate system, which is ~~.~~ shared among funded providers. Clients who do not sign a consent form are not eligible to receive Ryan White Part A and B funded services.

During intake, providers must assess client needs and their ability to meet those needs through Ryan White services or offer appropriate referrals. To the degree that telehealth appointments are appropriate, allowable by third party payors and provided to clients, information regarding the potential availability of telehealth services and assistance with the provision of necessary equipment and limited internet access shall be provided.

Within 90 days of intake or recertification, providers shall assess client access issues, including linguistic, literacy and cultural needs, physical accessibility and service location. Providers shall also provide service information and assessment regarding temporary housing services, food services, emergency financial assistance, mental health services and substance use treatments, and available transportation. Such information shall be provided to clients and documented in ARIES, HIV Care Connect or other registration and service delivery tracking system established by the County or its funders at least once a year thereafter.

Additionally, providers are required to review client rights and responsibilities, complaint and grievance policies and confidentiality and sharing of protected health information.

Providers of prevention services must integrate the Local Evaluation Online (LEO) Privacy Notice into intake processes. Clients must be presented with a privacy notice but are not required to consent to having their personal information entered into LEO in order to receive services.

Service providers must be mindful of the amount of paperwork required and seek to consolidate wherever feasible. Clients shall be encouraged to communicate if they do not understand any part of the intake process.

Client Rights and Responsibilities

Clients have the right to receive services that address their needs or to refuse services. Clients may actively engage in decision making. Clients also have the right to involve their family members and/or other identified support persons in support of their care if they wish. Providers must obtain

Commented [LP2]: Just noting that once all editing is complete, we will need to make formatting consistent. Right here, I'm noticing that the footer displays Medical Case Management...Also, please make sure the minimum font size is 14 😊

Commented [LP3]: We are shifting to HIV Care Connect in May...I'm thinking we might want to include that...maybe "ARIES, HIV Care Connect, or any other registration and service delivery tracking system established by the County or its funders." Thoughts?

Commented [SA4R3]: Makes sense to me.

Commented [SY5]: Assume that this consent includes the sharing of information across funded providers? If so, might be worth mentioning.

client consent for any information to be shared directly by providers with such persons. All providers must have written policies and procedures regarding client rights and responsibilities. Clients shall be informed of these rights and responsibilities and provided with a written copy during intake.

Providers shall inform clients what is expected of them when they access services. If a client does not meet those expectations, the provider is responsible for informing the client of required changes and a contract may be implemented for the client to continue receiving services. If a client fails to comply with a contract, additional corrective action may be required. Clients shall not be denied service due to current or prior substance use.

Clients shall not be denied any services based on unwillingness to participate in other services.

Complaint and Grievance Process

In the event clients feel that they are not being heard or services are not being delivered in a way that addresses their needs after providing input, they have the right to make a formal complaint. Clients shall be actively engaged in the services they receive during assessment, planning and delivery phases. This includes regular feedback to providers regarding their needs and when services are not meeting their needs.

All providers shall have written policies and procedures for an internal client complaint process. The policy shall identify responsible staff, an appeal process, tracking system, follow-up procedures, and a timeline. Service providers shall use relevant federal, state and county regulations for investigating and resolving complaints. A copy of the complaint policy shall be displayed in an observable location where services are provided. Complaints and investigation results shall be forwarded by the provider to the County within 24 hours of both the receipt and resolution of the complaint.

In addition to the internal complaint process, all providers are required to have a written grievance policy and procedure for escalation of unresolved complaints. Clients shall be provided with information on how to contact the County of San Diego's HIV, STD and Hepatitis Branch.

Grievance procedures must specifically note that there will be no retaliation against clients for filing a verbal or written grievance. They also must clarify that clients will not be suspended or terminated from services based on filing a complaint or grievance.

Providers shall inform clients of the complaint and grievance policies during intake. Providers must also post a copy of the Client Service Evaluation form ("Goldenrod") in an observable place. Copies of the form must be easily accessible to clients, along with stamped envelopes addressed to the County for review. The form may also be accessed, completed and submitted on the HIV Planning Group website at www.sdplanning.org. Providers shall not require a client to give a form directly to them.

The following is the Goldenrod process:

1. Staff at the HIV, STD and Hepatitis Branch shall process this service evaluation. If the client wishes to be contacted, staff shall reach out to them within three (3) business days of receiving the form. The client shall be asked for additional information (if needed) and asked if they are

comfortable sharing their name with the agency.

2. County staff shall contact the agency to report the issue. The agency shall be asked to respond to the client either directly or through County staff, and is required to follow up by providing a description of the resolution in writing to staff within thirty (30) days of receiving the complaint report.
3. Notify the Ryan White Program Manager if there are concerns.

Case Closure

Case closure is a systematic process for removing clients from an active caseload. A case can be reopened in the event the client's situation and reasons for closure change.

The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client file. Clients are considered active provided they receive services at the minimal interval as defined by the individual service standard. Case closure may be initiated by a provider and/or client for the following reasons:

- Case resolved and/or successful attainment of goals
- Client relocated outside San Diego County
- Client initiated case closure of services
- Client does not adhere to treatment plan
- Inability to contact client for 120 days
- Client exhibits inappropriate behavior in violation of specific written policies of the provider
- Client's health needs cannot be adequately addressed by the service
- Client's care is transferred to another provider

A case closure summary shall be completed for each client within (timeframe), and provided to the client when possible, for each occurrence of case closure for the following service categories:

- Medical / Dental
- Medical / Non-medical Case Management
- Mental Health / Psychiatry
- Outpatient / Residential Substance Use Disorder Treatment
- Legal
- Partial Assistance Rental Subsidy (PARS)

Commented [AS6]: Does this need to be defined?

Commented [SY7]: Again, spell out acronym…..

Termination of Services

A provider may terminate (permanently close) a case when:

- Client is deceased
- Client demonstrates repeated non-adherence
- Client exhibits inappropriate behavior in violation of specific written policies of the provider
- Client violates confidentiality of other client(s)

The client shall be notified in writing with the reason for termination and provided a list of alternative sources of care and support services.

A termination of service summary shall be completed for each client, included in the client file, and provided to the client upon request.

Competency in Service Design and Delivery

Local epidemiology in San Diego County indicates that HIV disproportionately impacts some of the County's communities, including gay, bisexual, and other men who have sex with men, Black/African American persons, Hispanic/Latinx persons, Transgender persons, persons who inject drugs, and persons who are age 50 or older. These disproportionalities and disparities result largely from marginalization, oppression, discrimination, and stigma, along with historical and current structural racism, homophobia, transphobia/gender non-binary phobia, and ableism. These disproportionalities also show up in socio-economic status, poverty, educational attainment, stable employment, stable housing, involvement with carceral systems, and access to systems that support whole-person well-being. Finally, other San Diego communities experience disparities in access to services due to their low proportion of the overall epidemiology, such as women and youth living with or vulnerable to HIV.

In 2020 and 2021, the HIV Planning Group conducted a community engagement project, resulting in several recommendations to ensure the HIV service delivery system funded by the County of San Diego can better serve its residents. These recommendations include developing, implementing, and evaluating the effectiveness of systems that:

1. Ensure staff who interact with clients or who have control over systems that clients interact with receive education about the realities of lived experiences of clients served, including discussions of inequitable access, inequitable outcomes and how both personal interactions and systemic barriers can lead to disparate outcomes.
2. Ensure clients receive education and support to advocate for what they need, speak out when their needs are not being adequately addressed, and receive timely and adequate responses and supports to address their needs.
3. Ensure that clients can communicate in ways they are most comfortable (*e.g.,* Spanish, American Sign Language, Adaptive and Assistive Communication.)
4. Ensure that all entry points can assess whole-person and whole-family wellness, and when requested can provide support in accessing additional services and supports.
5. Ensure that client support needs are assessed and reasonable accommodations are available to allow clients to participate in and receive benefit from services.
6. Recruit staff members with lived experience at all levels of the organization and provide

appropriate supports to ensure their success.

To eliminate disparities, all providers must have the ability to provide appropriate and acceptable services to potential and current clients, including persons of color, gay men and other men who have sex with men, men or women vulnerable to HIV, bisexual men and women, transgender individuals, gender non-binary and gender non-conforming individuals, persons who use substances, persons with mental health concerns and disabled persons. Providers who serve any of these groups must make reasonable accommodations in service provisions to ensure all clients can participate fully in services and achieve the same outcomes.

All providers must have policies and procedures in place that address cultural humility and competency, diversity and inclusiveness. Provider's intake procedures shall assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, adaptations and accommodations for disabilities, and service location. Staff working directly with clients must receive a minimum of four hours of cultural humility and competency training each year.

Providers shall identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in other languages. If there are no staff members or volunteers who can perform this function, the provider shall develop alternate methods to ensure language appropriate services are available.

Providers shall assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff, and volunteers to transcend language barriers and avoid misunderstanding and omission of vital information.

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality and access, and operations.

- All physical case and electronic files must be secured at all times
- All activities that relate to client data must have appropriate safeguards and controls in place to ensure information security
- All employees and volunteers must have signed a confidentiality agreement
- All staff orientation materials include client confidentiality policies and procedures, and indicate how they are communicated to staff and volunteers

Providers must explain to clients the policies and protocols regarding confidentiality and sharing of protected health information. Clients must sign a confidentiality agreement, which is to be maintained in their case files. Except in the case of medical and dental referrals, clients must sign a separate Release of Information form before information may be shared.

Commented [SY8]: Is this contrary to the release signed as part of the data systems previously mentioned?

The form must contain:

- Name of the program or person permitted to make the disclosure

- Name of the client
- Party with whom information will be shared
- Purpose and content (type of information to be disclosed) of the disclosure; information related to mental health, substance use disorder and HIV status require specific consent to release information
- Effective date of Release of Information (when does the form no longer authorize the exchange of information)
- Client's signature or legal representative's signature

Provider must ensure a private, confidential environment for clients to discuss their case(s).

STRATEGIES AND STANDARDS COMMITTEE

FY 24-25 TRAINING/WORK PLAN

MEETING DATE	OBJECTIVES
May 7, 2024	Meeting Cancelled
June 20, 2024	• Transportation Standards
August 6, 2024	• Transportation Standards • 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	• HIV and Aging • Mental Health Services Standards – review and update • Universal Standards – review and update ○ Trauma-Informed Care – review and update

December 3, 2024	• Continue to review and update:
	  ○ Mental Health Services Standards
	  ○ Universal Standards
	  ○ Trauma-Informed Care
	  ○ Transportation Standards

February 4, 2025	• Review and update:
	  ○ Eligibility Criteria for Basic Needs Support Categories
	  ○ Emergency Financial Assistance and Housing Standards
	  ○ Testing Standards

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
November 2023 - October 2024

STRATEGIES	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	#
Total meetings		0		0		0	0	1		1		1	3
Member (9)													
Acevedo, Allan		NM		NM		NM	NQ	**1**		**1**		**1**	**3**
Applebaum, Amy		NM		NM		NM	NQ	*		*		*	**0**
Davenport, Dr. Beth		NM		NM		NM	NQ	*		*		*	**0**
Mora, Joseph		NM		NM		NM	NQ	*		*		**1**	**1**
Price, Venice		NM		NM		NM	NQ	**EC**		**1**		**1**	**2**
Rooney, Ivy				NM		NM	NQ	*		*		*	**0**
Tilghman, Dr. Winston		NM		NM		NM	NQ	**1**		*		*	**1**
Weber, Jeffery		NM		NM		NM	NQ	*		*		*	**0**
Wimpie, Michael [c]		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
Just Cause	• 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	"A physical or family medical emergency that prevents a member from attending the meeting in person." A member is not required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.	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. 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*.

**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 and in person	Call-in or internet-based and 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