



SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING PACKET
WEDNESDAY, January 8, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114, (Tubman Chavez Room A)

The Charge of the Membership Committee: Committee: To recruit, interview, select, and coordinate training for Planning Group Members.

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Meeting Location & Directions:

Membership Committee

Wednesday, January 8, 2025

11:00 AM - 1:00 PM

Southeast Live Well Center

5101 Market St.

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:

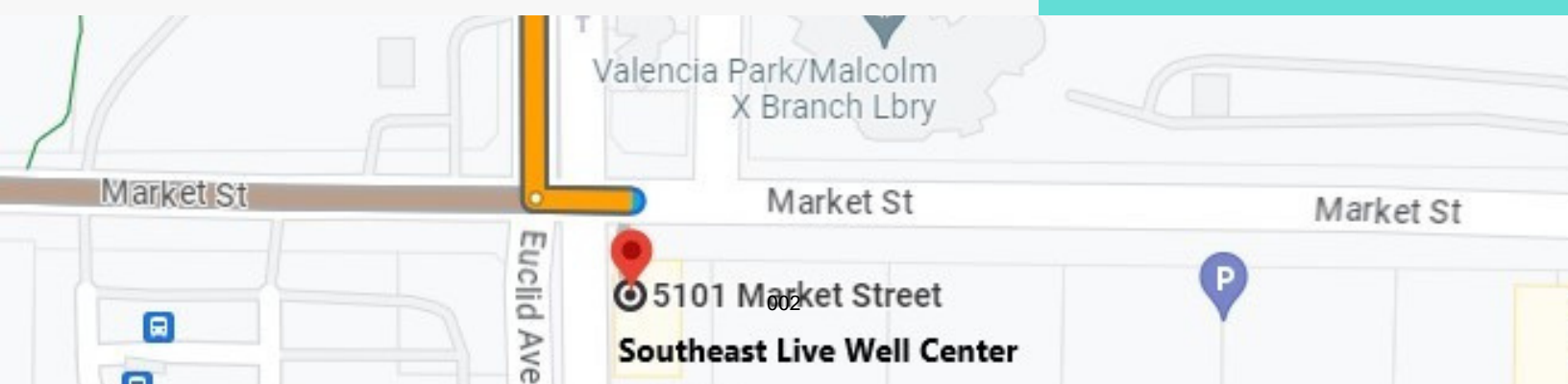
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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



MEMBERSHIP COMMITTEE



Wednesday, January 8, 2025, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market Street, San Diego, CA 92114
(Tubman Chavez Room A)

To participate remotely via Zoom:

<https://us06web.zoom.us/j/83939793722?pwd=dJARoW31vGchmUT4t6RCnEBdo7m1Ku.1>

Call in: +1 (669) 444-9171 Meeting ID: 83939793722#

Meeting ID (access code): 839 3979 3722

Password: MEMBER

Language translation services are available upon request at least 96 hours prior to the meeting.

Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is Three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | Rhea Van Brocklin | Michael Wimpie

MEETING AGENDA ORDER OF BUSINESS

1. Call to order, roll call, 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 Membership Committee agenda for January 8, 2025
5. **ACTION:** Approve the Membership Committee meeting minutes from December 11, 2024
6. New Business
 - a. **ACTION:** Approve Nicole Aguilar for seat 40. Recipient of other Federal HIV Programs- HOPWA / HUD
 - b. **ACTION:** Approve Beth Davenport's Reappointment for seat 35. Board of Supervisors Designee: District 3
 - c. **ACTION:** Approve Ivy Rooney's Reappointment for seat 43. Prevention Intervention Representative: Formerly: Risk Reduction Actives Representative
 - d. **Discussion:** 2025 Membership Committee Goals
7. Old Business
 - a. **ACTION:** Continue the discussion and approve HIV Planning Group Member Participation Expectations

MEMBERSHIP COMMITTEE

- b. **Discussion:** Continue the discussion on HIV Planning Group Legislative Specified Seat Member Representation
- c. **ACTION:** Continue the discussion and approve the HIV Planning Group Mentorship Process
- d. HIV Planning Group Membership recruitment update
 - i. Vacant Seats
 - ii. New Members
- e. HIV Planning Group Membership Demographics

8. Routine Business

- a. HIV Planning Group Body Attendance
- b. HIV Planning Group Committees Attendance
- c. Getting to Zero Community Engagement Project
 - i. Membership Committee Plan/Strategy for Recruitment

9. Future agenda items for consideration

10. Announcements

11. Next meeting date: **Wednesday, February 12, 2025, 11:00 AM - 1:00 PM**

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

12. Adjournment

MEMBERSHIP COMMITTEE



Wednesday, December 11, 2024, 11:00 AM – 1:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
(Tubman Chavez Room A)

A quorum for this meeting is three (3)

Committee Members: Felipe Garcia-Bigley (Chair) | Lori Jones | Benjamin Ignalino | Rhea Van Brocklin | Michael Wimpie

ORDER OF BUSINESS

Agenda Item	Discussion/Action	Follow-Up
1. Call to order	Felipe Garcia-Bigley called the meeting to order at 11:06 AM and noted the presence of an in-person quorum. The committee chair shared the 2024 Membership Committee Accomplishments: Revised Membership Guidelines: • Membership committee guidelines have been updated to streamline processes. Membership Application Simplification: • The membership application was reduced from 10 pages to 5 pages. • The HPG membership reappointment application was revised from two pages to two pages (indicating clarity or format improvement). Streamlined Interview Process: • Enhanced efficiency to facilitate quicker scheduling and reduce previous scheduling difficulties. 2024 Recruitment Overview: • Applications received: 15 • Interviews conducted: 9 • Appointments made: 7 • Vacancies addressed: Reduced from 18 (last year) to 19 this year.	
2. Public Comment on non-agenda items (for Members of the public)	Nicole Aguilar's Introduction: Employed by Housing Community Development Services at the County of San Diego for four years. Leads the Joint City and County Housing HIV Housing Committee.	

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
3. Sharing our concerns (for committee members)	A committee member inquired why only nine interviews were conducted out of 15 applications received. The following reasons were shared: • Commitment concerns • In-person meeting requirements • Promotions • Relocation out of state	
4. ACTION: Review and approve the December 11, 2024 meeting agenda	Motion: Approve the Membership agenda for December 11, 2024. With the change, Mikie Lochner was removed from the agenda as he stepped down from the committee in November. Motion/Second/Count (M/S/C): Van Brocklin/Jones/3-0 Abstentions: Garcia-Bigley Motion carries	
5. ACTION: Review and approve the November 13, 2024, Membership minutes	Motion: Approve the Membership minutes for November 13, 2024 M/S/C: Wimpie/Jones/3-0 Abstentions: Garcia-Bigley Motion carries	
6. New Business		
a. Discussion on HIV Planning Group Member Seat Description	The committee members discussed the following: • Reviewed old documents for seat descriptions and identified the need for clear, updated definitions to prevent confusion • Plan to consult the Health Resources and Services Administration (HRSA) for updated definitions • Emphasis on aligning seat descriptions with current requirements and roles • Affiliation Percentage Concern: • Current unaffiliated consumers compose 40% of existing members • HRSA requires 33% of seats to be unaffiliated consumers, not based on current occupancy	Bring the percentage discrepancy to the Steering committee for discussion and possible advocacy for policy change. HPG Support Staff will consult HRSA regarding updated seat descriptions.
7. Old Business		
a. ACTION: Continue the discussion on the HIV Planning Group Member Expectations	No motion was made. The following discussion took place: • Removed the word "must" and replaced it with "should" to soften the tone.	HPG SS will update the draft and email it to the Chair for review.

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	- Added clarification for timely responses within 48 hours. - Changed language from "average activities" to "additional activities." - Tone and Language Adjustments: - Members prefer direct language without sounding prescriptive. - Consensus to remove "must" to communicate expectations more effectively. - Institutionalize timely response expectations, possibly highlighting them for emphasis. - Ensure formatting consistency and accurate capitalization.	
b. ACTION: Continue the discussion on the HPG Mentorship Process	No motion was made, but the committee continued discussing the HPG mentorship process. The following was discussed: Current Challenges: - Many members are new and have limited experience. - Existing mentors are often in leadership roles with high demands. Proposed Solutions: - Informal mentorship process: foster relational mentorship through informal check-ins. - Encourage mentors to be available 30 minutes before meetings for casual support. - Utilize Project Pearl cohorts to provide structured training and mentorship opportunities. - Offer sessions open to both affiliated and unaffiliated individuals. - Promote Project Pearl as an alternative mentorship pathway. - Encourage members to volunteer for informal mentorship opportunities.	HPG Support Staff will create a one-page mentorship guide outlining available mentorship opportunities.
c. HPG Member recruitment update	As of December 11, 2024, there are 21 members and 23 vacant seats. - Shannon Paugh was appointed on December 10, 2024, for Seat 37, District 5. - Eva Matthews is awaiting the approval of HPG meeting minutes.	HPG Support Staff Katie Emmel will conduct outreach at events to attract diverse candidates.

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	• Dr. Rosemary Garcia (Public Health Officer) is pending approval from the Clerk of the Board. • Hector Garcia (HIV Testing Representative), pending Clerk of the Board approval. • Juan Conant pending Clerk of the Board approval. • Beth Davenport's reappointment application will be added to the January meeting approval. • Ivy Rooney has not yet submitted her reappointment application.	
i. Vacant Seats	Reviewed	
ii. New Committee Members	Reviewed	
d. HPG Membership Demographics	Current HPG Demographics: • Race: Predominantly White, need to increase Hispanic representation. • Gender: Balanced distribution (50%). • Age: Diverse age groups, with initiatives to include younger members. Disparities Identified: • Overrepresentation of White members. • Underrepresentation of Hispanic and Latino populations.	HPG Support Staff will conduct outreach efforts to Hispanic communities and organizations, leveraging Project Pearl and community events to enhance diversity.
Routine Business		
a. HIV Planning Group Attendance	HPG Support Staff send reminders to members who have missed three (3) consecutive or six (6) meetings within 12 months.	Add to the January Steering agenda to discuss HPG attendance policy.
b. Committee Attendance	Reviewed	
c. Getting to Zero (GTZ) Community Engagement Project i. Membership Committee Plan/Strategy for Recruitment	Current Status: • Coordination between community engagement and membership committees. • Need for clear role definitions and responsibilities.	HPG Support Staff will schedule a meeting between the Community Engagement Group (CEG) and Membership Chairs to discuss a

MEMBERSHIP COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
		membership recruitment plan. HPG Support Staff will develop a responsibility matrix to outline specific duties on the GTZ Outreach Plan.
8. Future agenda items for consideration	1. Approval of Mentorship Guidelines. 2. Discussion on Seat Description Clarifications. 3. Discussion on the 33% requirement among unaffiliated consumers over the total seats.	HPG Support Staff will ask HRSA for descriptions of the unaffiliated seats.
9. Announcements	A 2025 Women's Conference will be held on March 15, 2025, at the Park and Market venue. The theme is "The Evolution of Women and HIV."	
10. Next Meeting Date	Date: Wednesday, January 8, 2025 Time: 11:00 AM –1:00 PM Location: Southeastern Live Well Center, 5101 Market Street, San Diego, CA 92114 (Tubman Chavez Room A)	
12. Adjourn	The meeting adjourned at 12:37 pm.	

HPG Membership Participation Expectations

This draft ensures that committee members understand the importance of participation, respect, and their role in outreach throughout their term seat within the HIV Planning Group (HPG).

In-person Attendance and Participation

- All HPG members and committee members attend the monthly HIV Planning Group and one HPG committee meeting in person. In-person participation is required to achieve a quorum and ensure the HPG and/or committee can effectively conduct its business.

Timely Responses

- A quorum is required to conduct an HPG or a committee meeting. All HPG members respond promptly to HPG support staff emails and other communications, especially when confirming meeting attendance, **within 48 hours**.

Participation in Additional Activities

- All HPG members are expected to participate in additional HPG activities such as task forces, working groups, and/or outreach activities. This may include representing the HPG at community events, supporting public engagement initiatives, and/or collaborating with other members to raise awareness of our HIV prevention and support work. All members are encouraged to participate in these efforts to ensure our initiatives are inclusive and impactful.
 - All HPG members participate in at least one or more of the following HPG activities annually: task forces, working groups, and/or outreach activities
 - All HPG members, new and existing, are encouraged to attend at least one Community Engagement Group meeting per year.
 - The Community Engagement Group members can provide onboarding and mentorship support to the new HPG members.
 - The Community Engagement Group members can participate in outreach requirement events.

Respectful Behavior and Professionalism

HPG members are expected to engage respectfully. Respectful behavior towards HPG and committee members during meetings and all HPG-related communications is not just an expectation but a reflection of our value and respect for each other. Disrespectful or disruptive behavior is not tolerated because we believe in fostering a culture of mutual respect and understanding.

- All HPG members uphold a high standard of professional behavior. This includes being punctual, prepared, and actively contributing to discussions.
- All HPG members are solution-oriented and communicate clearly and respectfully. Differences of opinion may be expressed, fostering collaboration rather than conflict. Constructive engagement discussions are focused on the committee's objectives, with all members contributing positively and constructively.

Legislatively Specified Member “Representation” Categories for Ryan White Part A HIV Services Planning Councils

Membership Category	Legislative Language	Summary Description	Discussion and References*
Source for A-M: Legislation, Section 2602(b)(2)			
Health care providers	(A) health care providers, including federally qualified health centers	A representative of an entity that provides medical care to people living with HIV (PLWH), such as a federal qualified health center (FQHC)/ community health center, or other nonprofit or public clinic	- Individuals in this category should be knowledgeable about the health care needs of PLWH and how they are met; they may be medical professionals (e.g., physician, physician assistant, nurse) or managers/administrators - The expectation is that the member represents a provider entity such as a health center or other entity, rather than being an individual medical professional
Community-based organizations/AIDS service organizations (CBOs/ASOs)	(B) community-based organizations serving affected populations and AIDS service organizations	A representative of either a community-based organization (CBO) that serves PLWH along with other populations or an organization that services primarily PLWH (ASO)	- This is a broad category that can include someone representing a CBO or ASO that provided core medical or support services - The individual should be knowledgeable about some aspect of PLWH services
Social service providers	(C) social service providers, including providers of housing and homeless services	A representative of an organization that provides some form of social services and includes PLWH among its clients; this might include a provider of services such as medical or non-medical case management, housing or homeless services, food/nutritional services, or other	- Social services are defined as activities designed to promote social well-being, or government services provided for the benefit of the community, such as education, medical care, and housing <i>Senate Report, 2000 Amendments:</i> The committee provides for the inclusion of housing and homeless service providers within the category of “social service providers” to acknowledge the importance of housing and homeless support services to treatment adherence and quality of health care, as these impact effective care for HIV disease. It is the intent of the committee that the category of housing and homeless service providers include grantees receiving Federal, State, or local housing and/or homeless funds, including U.S. Department of Housing and Urban Development (HUD) McKinney Homeless Assistance grant and Housing Opportunities for Persons With AIDS (HOPWA) funds. Such participation acknowledges the importance of coordination of these processes in meeting

* References are all direct quotes.

Membership Category	Legislative Language	Summary Description	Discussion and References *
			funders' principal mission of addressing the multiple and complex needs of persons with HIV disease.
Mental health and substance abuse providers	(D) mental health and substance abuse providers	Either: ▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or ▪ Two separate individuals, one representing a mental health service provider and knowledgeable about mental health care, the other representing a substance abuse treatment provider and knowledgeable about substance abuse services	▪ <i>Part A Manual:</i> One person may represent both the substance abuse provider and the mental health provider categories if his/her agency provides both types of services and the person is familiar with both programs. ▪ PCs often allow for two separate slots in their Bylaws, but sometimes have one person fill both
Local public health agencies	(E) local public health agencies	A representative of a city or county public health department who can bring a public health perspective to HIV planning	▪ This slot is sometimes filled by a senior staff member such as the Director of Public Health or Chief Medical Officer, but may also be filled by someone in the unit responsible for HIV ▪ It is important that this be someone who will participate actively in the work of the PC ▪ While this person (like all PC members) goes through the open nominations process, s/he is sometimes identified by the CEO ▪ Some EMAs and TGAs that cover multiple counties have more than one public health agency slot in order to provide representation from an additional county or municipality
Hospital planning agencies or health care planning agencies	(F) hospital planning agencies or health care planning agencies	An individual with health planning expertise who represents an agency engaged in health planning – a regional health planning entity, a hospital planning association, a hospital or health care system with a health planning component, a primary care association, or another entity	▪ Regional hospital associations often represent hospitals and health care systems; they vary in their interest in HIV care, though there may be interest where hospitals operate outpatient clinics that provide HIV care ▪ Another category of health planning agency is a “certificate of need” agency (these are generally members of the American Health Planning Association), but such agencies are often primarily concerned with determining the need for new hospitals or other facilities and may not have significant knowledge of or interest in HIV planning ▪ Some local governments have health planning units

Membership Category	Legislative Language	Summary Description	Discussion and References *
			- Some primary care associations (whose members include FQHCs and sometimes other clinics) and free clinic associations have health planning units - This is often a challenging position to fill
Affected communities, including: - PLWH - Federally recognized Indian tribe - Individuals co-infected with Hepatitis B or C - Historically underserved groups and subpopulations	(G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations	One or more individuals, most often at least the following: - A PLWH who is a member of a Federally recognized Indian located within the EMA or TGA; the PC is not required to fill this seat if there is no Federally recognized tribe within the jurisdiction, but may choose to recruit a PLWH in order to have representation from this population - A PLWH who is co-infected with Hepatitis B or C If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or immigrants	- If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or recent immigrants <i>Senate Report, 2000 Amendments:</i> The committee recognizes that homeless persons comprise a medically underserved population that experiences disparities in health services. The prevalence of HIV/AIDS is considerably higher among homeless people than in the general population. Limited access to medical care severely restricts the access of homeless people to HIV/AIDS prevention, risk reduction, treatment, and care. Accordingly, the committee construes terms used throughout the act, such as "special population," "traditionally underserved," "historically underserved," "disproportionately affected," and "affected subgroup experiencing disparities in health services" to include the homeless population. <i>Senate Report, 2000 Amendments, Membership considerations:</i> By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes

Membership Category	Legislative Language	Summary Description	Discussion and References *
			address the difficulties related to health disparities and access to and adherence with HIV treatment.
Nonelected community leaders	(H) nonelected community leaders	An individual who is viewed as a community leader overall or in the HIV community but is not an elected official	▪ This slot should be used to include one or more individuals who play some form of leadership role in the community – as Chair of a PLWH group, Board member of an organization, or an individual active in community improvement or support for PLWH ▪ Sometimes this slot is used to maintain a slot on the PC for an individual who used to fit another slot but changes jobs – that is appropriate only if the individual is genuinely a community leader
State government: a. Medicaid agency b. Part B recipient	(I) State government (including the State medicaid agency and the agency administering the program under part B)	One or two individuals, usually: ▪ An individual within the State Medicaid agency who is knowledgeable about Medicaid policies and procedures that are likely to affect PLWH, and ▪ A representative of the Part B recipient; ideally someone knowledgeable about Part B policies and procedures, ADAP, needs assessment and integrated planning, or other issues with implications for planning	▪ It can be challenging to get representation and consistent attendance from state officials if the EMA or TGA is not located in or near the state capital; some PCs allow these members to connect to PC and committee meetings remotely in order to obtain their input, though this can create some challenges related to Open Meetings/Sunshine laws ▪ <i>Part A Manual</i>: A single planning council member may represent both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs.
Part C recipients	(J) grantees under subpart II of part C	A representative of a recipient of RWHAP Part C funds who is knowledgeable about its program operations	▪ Part C recipients are often FQHCs/community health centers; if the health care provider slot is not filled by someone from an FQHC, it may be helpful to recruit someone for this slot from an FQHC
Part D recipient or representatives of area organizations serving children, youth, and families with HIV	(K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area	▪ A representative of a recipient of RWHAP Part D funds if there is a Part D program operating within the EMA or TGA ▪ If not, a representative of an organization that serves children, youth, women, and families living with HIV that does not have Part D funding	▪ Some Part C and Part D recipients also receive Part A funds; it is acceptable to select someone from such an entity for the Part C or Part D slot ▪ <i>Senate Report, 2000 Amendments</i>: Where applicable, such membership should include representatives from other titles of the CARE Act in order to ensure that the membership processes adequately reflect the demographics of the local epidemic.

Membership Category	Legislative Language	Summary Description	Discussion and References *
Recipients of other federal HIV programs	(L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services	A representative from each of the following, when they exist in the EMA or TGA, in each case an individual knowledgeable about the program represented but not necessarily an administrator – line staff are acceptable representatives: ▪ An organization providing HIV prevention services that are funded by the federal government, usually but not necessarily by the Centers for Disease Control and Prevention (CDC) ▪ A recipient with funding under each of the following RWHAP Part F programs: RWHAP dental programs, AIDS Education and Training Centers (AETC), and/or Special Projects of National Significance (SPNS) ▪ A recipient or subrecipient of funds under the Housing Opportunities for Persons with AIDS (HOPWA) program ▪ A representative of a Veterans Administration HIV services program	▪ The number of required slots depends upon the number of different types of HIV programs funded in the EMA or TGA ▪ <i>Part A Manual:</i> The category “grantees under other Federal HIV programs” is to include, at a minimum, a representative from each of the following: • Federally-funded HIV prevention services. • A grantee providing services in the EMA/TGA that is funded under Part F’s Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and/or Ryan White Dental Programs. • The Housing Opportunities for Persons With AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD). • Other Federal programs that provide treatment for HIV/AIDS, such as the Veterans Health Administration. ▪ <i>Part A Manual:</i> One person can represent any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs. ▪ Local grantees of, or participants in, other Federal categorical HIV and STD programs should be considered for representation on the planning council, but they are not specifically required.
Representatives of recently incarcerated PLWH	(M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.	An individual with HIV who was released from a federal, state, or local prison or jail within the last three years and had HIV when released	▪ An individual who is appointed to the PC within three years after release from incarceration remains eligible to serve an entire term; the individual should not be re-appointed more than three years after release ▪ Occasionally, a PC may be unable to recruit such an individual, and may need to select a person who represents this population, such as a staff member of a halfway house or a program that serves the recently incarcerated

Membership Category	Legislative Language	Summary Description	Discussion and References *
Source for Consumers: Legislation, Section 2602(b)(5)(C)			
Non-aligned consumers of Part A services	Not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS as determined under paragraph (4)(A) [size and demographics of the population of individuals with HIV/AIDS]. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.	Individuals who are receiving [or parents or caregivers of individuals who are receiving] at least one HIV-related service funded through RWHAP Part A and are not aligned with an entity that receives or is seeking Part A funding ▪ Being non-aligned means they are not members of the Board of Directors, employees, or consultants of a Part A-funded provider ▪ Individuals who together reflect the demographics of the local HIV epidemic in terms of at least the following: age, race/ethnicity, and gender ▪ Consumers should provide broad representation that includes individuals from different geographic areas within the EMA or TGA and individuals from underserved populations	▪ PCs vary in whether a volunteer for a Part A subrecipient is considered to be “aligned”; usually a volunteer is considered to be aligned only if receiving a stipend or if the individual volunteers at least 20 hours a week ▪ <i>Senate Report, 2000 Amendments, Membership considerations:</i> The committee places importance on the inclusion of representation from historically underserved, low-income, urban and rural areas and populations within the EMA. Planning councils should continue to identify and include in council activities specific groups within underserved communities that are experiencing increased infections, as documented in State and local HIV/AIDS surveillance and needs assessment data. By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/ underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes address the difficulties related to health disparities and access to and adherence with HIV treatment.

HIV Planning Group Mentor Program Guide:

Overview: The HIV Planning Group (HPG) Mentor Program provides guidance and support to new members while fostering leadership among all members. The program benefits:

- All members: Everyone learns complex HPG processes and can appreciate mentorship.
- New members: Gain guidance for navigating, sharing expertise, and fostering HPG systems.
- Experienced members: Can mentor others, sharing expertise and leadership.

Vision: The program builds leadership and community spirit, deepens cross-cultural trust, and enhances understanding of care and prevention systems. Outcomes include:

- Developing leadership through mentoring.
- Improving decision-making and reflective thinking.
- Strengthening knowledge of HPG processes.
- Retaining new members, particularly consumers.

Goals:

- To nurture leadership and understanding among HPG members through personalized mentorship. The program integrates members from diverse backgrounds and ensures continuity, enhanced participation, and knowledge-sharing.

Functionality: Veteran HPG members mentor new members through one-on-one connections, offering advice and historical insights. Mentors:

- Share HPG knowledge.
- Answer questions about processes and funding.
- Provide flexibility for communication (e.g., in person, by email, or phone).

Mentor Selection Process:

- New members review guidelines and draft a list of preferred mentors.
- Membership Committee approves matches based on availability.
- Mentorship begins with guidance provided during pre-orientation.
- Mentors and new members connect twice in person and maintain contact for three months.

Key Steps:

1. Mentors and mentees review guidelines and expectations.
2. Check-ins
3. Mentees can request a different mentor if needed.
4. Mentorship ends when mentees feel confident in HPG activities and may choose to mentor others.

Implementation: The Membership Committee collaborates with HPG Support to identify mentors, coordinate matches, and provide training

Additional support: Project Pearl is an alternative mentorship pathway. Project Pearl cohorts provide structured training and mentorship opportunities. Sessions are open to both affiliated and unaffiliated individuals.

Seat #	Name	SEAT NAME	Agency Affiliation	Term Expires:	Term 1&2
1	Michael Wimpie	General Member 1	None	05/21/27	2
2	VACANT	General Member 2			Unexpired term: 1/26/2025
3	Tyra Fleming	General Member 3	None	04/09/28	2
4	Cinnamen Kubricky	General Member 4	None	11/02/25	1
5	VACANT	General Member 5			Unexpired term: 1/26/2025
6	VACANT	General Member 6			Unexpired term: 4/6/2025
7	VACANT	General Member 7			
8	VACANT	General Member 8			Unexpired term 04/06/2025
9	VACANT	General Member 9			Unexpired term: 9/14/2025
10	Marco Aguirre Mendoza	General Member 10	None	12/05/27	1
11	VACANT	General Member 11			
12	VACANT	General Member 12			
13	VACANT	General Member 13			
14	VACANT	General Member 14			
15	VACANT	General Member 15			
16	Mikie Lochner	Chairperson	None	06/23/28	2
17	VACANT	Healthcare Provider, including Federally Qualified Health Center (FQHC)			
18	Rhea Van Brocklin	Community-based organization serving affected populations and AIDS service organization	Christie's Place	11/07/27	1
19	Eva Matthews	Social Service Provider, including providers of housing and homeless services			Pending HPG Minutes
20	VACANT	Mental Health Provider Formerly a combined seat; now just Mental Health			
21	VACANT	Substance Abuse Treatment Provider Formerly a combined seat; now just Substance Abuse			Vacant since 9/26
22	Adrianne Yancey	Local Public Health Agency: HHSA Director or Designee	County of San Diego- PHSA	05/02/27	1
23	Rosemary Garcia	Local Public Health Agency: Public Health Officer or Designee	County of San Diego - HSHB	01/07/29	1
24	VACANT	Hospital Planning Agency or Health Care Planning Agency			
25	Juan Conant	Non-Elected Community Leader		01/07/29	1
26	Lori Jones	Prevention Services Consumer/Advocate	None	06/02/27	1
27	VACANT	Prevention Services Consumer			
28	VACANT	State Government-State Medicaid			

29	Abigail West	State Government-CDPH Office of AIDS (OA) Part B	State Government-CDPH Office of AIDS (OA) Part B	03/12/27	2
30	Dr. David Grelotti	Recipient of RW Part C	UC San Diego	07/16/28	2
31	Dr. Stephen Spector	Recipient of RW PART D	UC San Diego	04/09/28	2
32	Skyler Miles	Rep of individuals who formerly were federal, state, or local prisoners who were released from custody of the penal system during the preceding 3 yrs. and had HIV/AIDS as of date of release	None	09/14/28	1
33	Veronica Nava	Board of Supervisors Designee: District 1	Christie's Place	08/30/26	1
34	VACANT	Board of Supervisors Designee: District 2			
35	Dr. Beth Davenport, PhD	Board of Supervisors Designee: District 3	LGBT Center	02/10/29	2
36	Michael, Donovan	Board of Supervisors Designee: District 4		09/14/28	1
37	Shannon Paugh	Board of Supervisors Designee: District 5	Vista Community Clinic	12/10/28	1
38	Felipe Garcia-Bigley	Recipient of other Federal HIV Programs- Prevention Provider	Family Health Centers of San Diego	10/11/26	1
39	Benjamin Ignalino	Recipient of other Federal HIV Programs- Part F, AIDS Education and Training center and/or Ryan White Dental Provider	Pacific AETC Regional Program Manager	09/14/28	1
40	Nicole Aguilar	Recipient of other Federal HIV Programs- HOPWA / HUD			Vacant since 9/26
41	Jeffery Weber	Recipient of other Federal HIV Programs- Veterans Administration	San Diego Veterans Administration	12/13/26	1
42	Hector Garcia	HIV Testing Representative		01/07/29	1
43	Ivy Rooney	Prevention Intervention Representative Formerly: Risk Reduction Activities Representative	Ivy Pharmacy	01/26/25	1
44	Venice Price	Affected community including people with HIV/AIDS, member of a federally recognized Indian tribe as represented in the population, individual co-infected with Hep B or C, and historically underserved group and/or subpopulation	None	08/17/25	2

COB- Clerk of Board

Planning Council/Planning Body Reflectiveness

(Use HIV/AIDS Prevalence data as reported in your FY 2023 Application)

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	5,724	38.08%	12	50.00%	4	57.14%
Black, not Hispanic	1,837	12.22%	4	16.67%	2	28.57%
Hispanic	6,326	42.09%	6	25.00%	1	14.29%
Asian/Pacific Islander	498	3.31%	2	8.33%	0	0.00%
American Indian/Alaska Native	39	0.26%	0	0.00%	0	0.00%
Multi-Race	467	3.11%	0	0.00%	0	0.00%
Unknown	139	0.92%	0	0.00%	0	0.00%
Total	15030	100%	24	100%	7	100%
Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	13,267	88.29%	12	50.00%	4	57.14%
Female	1,620	10.78%	11	45.83%	2	28.57%
Transgender: male-to-female	135	0.90%	1	4.17%	1	14.29%
Transgender: female-to-male	4	0.03%	0	0.00%	0	0.00%
Other gender identity	0	0.00%	0	0.00%	0	0.00%
Total	15026	100%	24	100%	7	100%

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
January 2023 - December 2024

(21) HPG Members	1	0	1	1	0	1	1	1	1	1	1	0	9
Total Meetings	24-Jan	28-Feb	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	TOTAL
Aguirre Mendoza, Marco, 10	*	NM	*	NM	NQ	*	*	*	1	1	*	NM	2
Davenport, Beth, 35	*	NM	*	NM	NQ	*	*	1	1	*	*	NM	2
Donovan, Michael, 32									*	1	*	NM	1
Fleming, Tyra, 3	*	NM		NM	NQ	*	*	*	*	1	*	NM	1
Garcia-Bigley, Felipe, 38	*	NM	*	NM	NQ	*	*	*	*	*	*	NM	0
Grelotti, David, 30	1	NM	*				*	1	*	*	*	NM	2
Ignalino, Jr., Benjamin, 39									*	*	*	NM	0
Jones, Lori, 26							JC	1	*	*	*	NM	1
Kubricky, Cinnamen, 4	JC	NM	*	NM	NQ	*	1	*	*	*	*	NM	1
Lochner, Mikie, 16	*	NM	*	NM	NQ	*	*	*	*	*	1	NM	1
Miles, Skyler, 32									*	*	*	NM	0
Nava, Veronica, 33				NM	NQ	*	*	*	*	*	1	NM	1
Paugh, Shannon, 37												NM	0
Price, Venice, 44	*	NM	*	NM	NQ	JC	*	1	*	1	1	NM	3
Rooney, Ivy, 43				NM	NQ	*	1	*	*	*	*	NM	1

HIV PLANNING GROUP
12-MONTH ATTENDANCE TRACKING
January 2023 - December 2024

Total Meetings	24-Jan	28-Feb	27-Mar	24-Apr	22-May	26-Jun	24-Jul	7-Aug	25-Sep	23-Oct	21-Nov	18-Dec	TOTAL
Spector, Stephen, 31				NM	NQ	1	1	*	1	*	*	NM	3
Van Brocklin, Rhea, 18	*	NM	1	NM	NQ	1	*	*	*	*	*	NM	2
Weber, Jeffery, 41	*	NM	*	NM	NQ	*	1	*	1	*	1	NM	3
West, Abigail, 29	*	NM	*	NM	NQ	*	*	*	*	1	*	NM	1
Wimpie, Michael, 1	*	NM	*	NM	NQ	*	*	*	*	*	*	NM	0
Yancey, Adrianne, 22	*	NM	*	NM	NQ	*	*	*	1	*	*	NM	1
To remain in good standing and eligible to vote, the HPG member may not miss 3 consecutive meetings or 6 meetings within 12 months.													
* = Present													
1 = Absent for the month													
1 = Absent when there are multiple meetings in a month. The member needs to attend at least one meeting for attendance to count for the specific month.													
JC = Just Cause													
EC = Emergency Circumstance													

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
January 2023 - December 2024

STRATEGIES	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	#
Total meetings		0		0	0	1		1		1	0	1	4
(8) Members													
Applebaum, Amy		NM		NM	NQ	*		*		*	NM	*	0
Davenport, Dr. Beth		NM		NM	NQ	*		*		*	NM	*	0
Mora, Joseph		NM		NM	NQ	*		*		1	NM	1	2
Price, Venice		NM		NM	NQ	EC		1		1	NM	1	3
Rooney, Ivy		NM		NM	NQ	*		*		*	NM	*	0
Tilghman, Dr. Winston		NM		NM	NQ	1		*		*	NM	*	1
Weber, Jeffery		NM		NM	NQ	*		*		*	NM	*	0
Wimpie, Michael ^c		NM		NM	NQ	*		*		*	NM	*	0

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
6-MONTH COMMITTEE TRACKING
January 2023 - December 2024

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE																
PSRAC	Jan	Feb	Mar	Apr	May	6-Jun	13-Jun	11-Jul	18-Jul	25-Jul	Aug	Sep	Oct	Nov	Dec	#
Total meetings	1		0	1	1	1	1	1	1	1		0	1	1	0	7
(8) Members																
Aguirre Mendoza, Marco			NQ	*	*	*	1	*	*	*		NM	*	*	NM	0
Jacobs, Dr. Delores	*		NQ	*	*	*	*	*	*	*		NM	1	*	NM	1
Davenport, Beth	*		NQ	1	*	*	*	*	*	*		NM	*	*	NM	1
Fleming, Tyra ^{cc}			NQ	*	*	*	JC	*	*	*		NM	*	*	NM	0
Garcia-Bigley, Felipe	*		NQ	*	*	*	*	*	1	*		NM	*	*	NM	0
Kubricky, Cinnamon	*		NQ	*	*	*	1	*	*	*		NM	1	*	NM	1
Mueller, Chris	*		NQ	*	*	*	*	*	*	*		NM	*	*	NM	0
Van Brocklin, Rhea ^c	*		NQ	*	*	*	*	*	*	*		NM	*	1	NM	1

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

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
January 2023 - December 2024

MEMBERSHIP	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	#
Total meetings	0	1	0	1	0	1	1	0	1	1	1	1	8
(5) Members													
Garcia-Bigley, Felipe ^c					*	*	*	NM	*	NQ	*	*	0
Ignalino, Ben										NQ	*	1	0
Jones, Lori								NM	JC	NQ	*	*	0
Van Brocklin, Rhea	NM	*	NM	*	NQ	*	1	NM	*	NQ	1	*	2
Wimpie, Michael							*	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

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
January 2023 - December 2024

STEERING COMMITTEE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	#
Total Meetings	1	1	1	1	1	1	0	0	1	0	1	0	8
(7) Members													
Community Engagement Group Michael Donovan		*	*	*	*	*	NM	NM	*	NM	*	NM	0
Medical Standards & Evaluation Committee Dr. David Grelotti											1	NM	1
Membership Committee Felipe Garcia-Bigley							NM	NM	1	NM	*	NM	1
Priority Setting & Resource Allocation Committee Rhea Van Brocklin			*	*	*	1	NM	NM	*	NM	*	NM	1
Strategies & Standards Committee Michael Wimpie								NM	*	NM	1	NM	1
HIV Planning Group Mikie Lochner (Chair)	*	*	*	*	*	*	NM	NM	*	NM	1	NM	1
HIV Planning Group Cinnamen Kubricky (Vice-Chair)				*	*	*	NM	NM	*	NM	*	NM	0

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
January 2023 - December 2024

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

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

* = Present

1 = Absent for the month

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

JC = Just Cause

EC = Emergency Circumstance

NM = No Meeting

NQ = No Quorum

HIV PLANNING GROUP
4-MONTH COMMITTEE TRACKING
Feb 2023 - November 2024

Medical Standards & Evaluation Committee					
MSEC	Feb	Jun	Sep	Nov	#
Total Meetings	1	1	1	1	4
(9) Members					
Tilghman, Dr. Winston	*	*	*	JC	0
Aldous, Dr. Jeannette^{CC}	1	*	*	*	1
Bamford, Dr. Laura	JC	*	*	1	1
Grelloti, David^C	*	1	*	*	1
Hernandez, Yessica	1	*	*	*	1
Lewis, Bob	*	*	1	*	1
Spector, Dr. Stephen	*	1	1	1	3
Stangl, Lisa	*	1	1	*	2
Quezada-Torres, Karla	*	*	*	*	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



SAN DIEGO HIV PLANNING GROUP (HPG)
MEMBERSHIP COMMITTEE
MEETING PACKET

APPENDIX

(Page 030-032)

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 Circumstances (AB 2449)
In person participation of quorum	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 to 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 recommendation 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