

COMMUNITY ENGAGEMENT GROUP (CEG)



Wednesday, October 21, 2026, from 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Room B & C

NOTE: This meeting is audio and video recorded.

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov

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Meeting Location & Directions:

Community Engagement Group (CEG)

Wednesday, October 21, 2026

3:00 AM – 5:00 PM

Southeastern Live Well Center

5101 Market Street

San Diego, CA 92114

Meeting Rooms B & C



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:

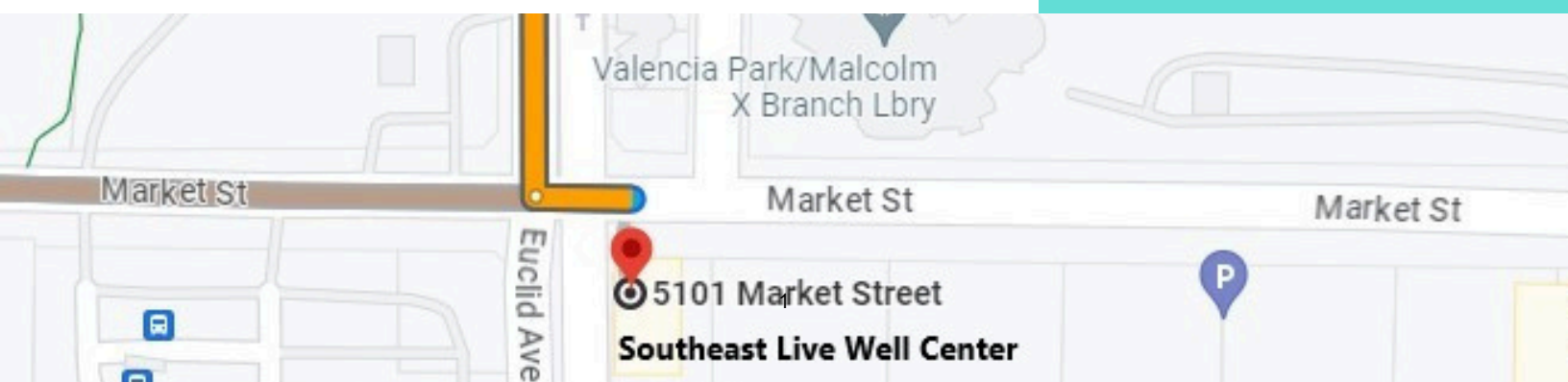
1. Head southeast on I-805 South.
2. Take exit 13A for CA-94-E/M L King Jr. Fwy.
3. Merge onto CA-94 E.
4. Take exit 4A for Euclid Ave.
5. Turn left onto Euclid Ave.
6. Use the left 2 lanes to turn left onto Market St.
7. The destination will be on your right.



PUBLIC TRANSPORTATION

MTS Trolley:
Orange Line

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





Wednesday, October 21, 2026, from 3:00 PM – 5:00 PM
Southeastern Live Well Center
5101 Market St, San Diego, CA 92114
Room B & C

To participate remotely via Zoom:

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

Call in: US Toll +1 669 444 9171

Meeting ID: 897 7814 2157

Passcode: 106514

Language translation services are available upon request at least 96 hours prior to the meeting.
Please contact HPG Support Staff via e-mail at hpg.hhsa@sdcounty.ca.gov.

A quorum for this meeting is five (5)

Committee Members: Roger Al-Chaikh | Tania Avalos-Bello | Andrew Cross | Michael Donovan (Chair) | Esteban Duarte | Jen Lothridge (Co-Chair) | Veronica Nava | Angela Vito Cruz

**MEETING AGENDA
ORDER OF BUSINESS**

1. Call to order, roll call, comments from the chair, and a moment of silence
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum
3. Introductions and Icebreaker
4. Public comment (for members of the public)
5. Sharing our concerns (for committee members)
6. **Action:** Approve the consent CEG agenda (which includes the October 21, 2026 agenda and the September 16, 2026 minutes)
7. Updates
 - a. Committee Updates:
 - i. Membership Committee
 - ii. Strategies and Standards Committee
 - iii. Medical Standards and Evaluation Committee
 - iv. Priority Setting and Resource Allocation Committee
 - v. Steering Committee
 - vi. HIV Planning Group
 - b. Community Updates:
 - i. CARE Partnership
 - ii. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)
8. New Business
 - a. **Discussion:** Review and provide feedback on the extension requirements for the PARS enrollment (*recommendation from Strategies and Standards Committee*)
 - b. **Discussion:** 2027 CEG workplan and community engagement activities
 - c. **Discussion:** Review and provide feedback on the 2027 Needs Assessment Survey
9. Old Business
 - a. Review 2026 CEG workplan
 - b. Committee Attendance
10. Announcements

11. **Next meeting date:** Wednesday, November 4, 2026, from 3:00 PM – 5:00 PM
Location: Southeastern Live Well Center, 5101 Market St, San Diego, CA 92114 Tubman Chavez Room B & C
12. Adjournment
-

Community Engagement Group Charge:

1) Educate Community Members

- Educate/train community members about the HIV Planning Group's local HIV services planning process and prepare them for and support them in increased involvement throughout the HIV Planning Group Process: committees, task forces, working groups, and other opportunities, as well as HIV Planning Group membership.

2) Increase Community Members' Participation

- Increase the level and diversity of community involvement, including from under-served and under-represented populations.
- Represent the needs of all community members, including those unable to participate in meetings.
- Provide linkages to regional and population-specific community groups and ensure communication between those groups and the Community Engagement Group.
- Identify and seek to overcome barriers to community participation.

3) Represent Community Member Needs Throughout the HIV Planning Group Process

- Provide community representation on HIV Planning Group committees, task forces, etc., and ensure the flow of information from those groups to the Community Engagement Group.
- Encourage maximum community involvement in the Priority Setting Committee and other established venues for the annual priority setting and budget allocations process; the Community Engagement Group will not develop separate budget recommendations.
- Serve as a venue for providing community feedback regarding HIV Planning Group issues (e.g., task forces).



Wednesday, September 16, 2026, from 3:00 PM – 5:00 PM
 Valencia Park / Malcolm X Branch Library
 5148 Market St, San Diego, CA 92114

A quorum for this meeting is five (5).

Committee Members: Tania Avalos-Bello | Andrew Cross | Esteban Duarte | Michael Donovan (Chair) | Jen Lothridge (Co-Chair) | Veronica Nava | Angela Vito Cruz

Committee Members Absent: Roger Al-Chaikh

MEETING MINUTES

Agenda Item	Discussion/Action	Follow-Up
1. Call to order, comments from the chair, and a moment of silence	The chair called the meeting to order at 3:03PM and noted the presence of an in-person quorum. The Chair made the following announcements: - An acknowledgment and a warm welcome to the new HPG members. - A request for long-standing CEG members to serve as mentors for our new members.	
2. Review Background, Mission Statement, Goals, and Agreement of Meeting Decorum	Committee members read the Mission Statement, the Community Engagement Group (CEG) Charge, and meeting decorum.	
3. Introductions (Name, Role with HPG/Consumer, Pronouns), Icebreaker	Members and participants introduced themselves.	
4. Public comment (for members of the public)	None	
5. Sharing our concerns (for committee members)	- A warm welcome was extended to new members. Appreciation was expressed for increased participation, and members were encouraged to continue spreading the word to bring more people into the group. - A comment that Christie's Place is hosting a retreat this weekend Friday-Sunday September 18th – 20th.	

Agenda Item	Discussion/Action	Follow-Up
6. ACTION: Approve the consent CEG agenda (which includes the September 16, 2026 agenda and the July 15, 2026 minutes)	Motion: Approve the consent CEG agenda. (which includes the September 16, 2026 agenda and the July 15, 2026 minutes), with the amendment to move item 9a above item 7a. Motion/Second/Count (M/S/C): Nava/Vito-Cruz/6-0 Abstention(s): Donovan Motion carries	
Follow-Up Items from minutes:	None.	
7a. Committee Updates		
I. HIV Planning Group (HPG)	The previous HPG meeting was held in August, during which all priority-setting and resource allocations were approved. Staff noted that next week will be the first HPG meeting for new members Tania, Angela, Esteban, and Andy.	
II. Strategies and Standards Committee	The committee's recent meeting focused heavily on PARS, specifically enrollment length and waiting periods. The members discussed challenges in quantifying timelines due to high service needs and spent the meeting collaborating to adjust standards.	
III. Steering Committee	The committee reviewed and approved updates to the Membership Operating Guidelines. The HPG Application and related processes were also updated to improve clarity and accessibility.	
IV. Membership Committee	The committee discussed extending the reappointment notification timeline from 6 months to 10 months due to delays in appointment processing, which had led to gaps in active membership. The committee noted ongoing quorum challenges, cancellations in July and August, and the need to appoint a new co-chair due to a lap in the chair's reappointment.	
V. Priority Settings and Resource Allocation Committee (PSRAC)	The committee met last week and provided recommendations regarding service delivery. They also requested	

Agenda Item	Discussion/Action	Follow-Up
	that MSEC report quarterly to PSRAC, with a particular focus on mental health service standards and state guideline alignment.	
VI. Medical Standards and Evaluation Committee (MSEC)	The committee has been asked to draft mental health related questions for the assessment working group.	
7b. Community Updates		
I. CARE Partnership	The Partnership will meet next Monday and will hold its first virtual meeting in an effort to increase attendance, which has recently declined.	
II. HIV Housing Committee/Housing Opportunities for Persons with AIDS (HOPWA)	Jen Lothridge provided the following updates: • Townspeople have 3 units available. • Joshua House is at capacity. • Family Health Centers is accepting referrals. • Fraternity House has 4 vacancies and is accepting referrals. • Choices is at capacity but accepting referrals for its waiting list. • Stepping Stone has 1 opening and an active waiting list. • The Center, a new HOPWA contractor, is preparing to fully launch services and is actively engaging the community to promote support. They are accepting walk-ins and emails at counselingatthecenter.org for more information.	
8. Old Business		
a. Review 2026 CEG workplan	None	
b. Committee Attendance	None	
9. New Business		
a. Presentation: National Preparedness Month Presentation	Ashley Gain from the Office of Emergency Services presented on disaster preparedness and the following topics were discussed:	

Agenda Item	Discussion/Action	Follow-Up
	• Emergency management • Emergency Operations Center (EOC) • Disaster preparedness planning ○ Planning for the whole community ○ Steps to help prepare ○ Different emergencies • Gathering supplies ○ Go kit ○ Home kit • Communication tools ○ Alert San Diego ○ Radio stations KOGO AM 600 and KLSD AM 1360 ○ RecoverSD.org ○ Hi-Lo Siren ○ 2-1-1	
10. Announcements	• First Annual Pride Without Fear San Diego / Tijuana Binational Conference on Saturday, October 16, 2026 from 8AM-5PM at 600 B Street, San Diego, CA 92101. • Call for nominations for the annual Dr. A. Brad Truax Awards Ceremony and Reception due October 4th.	
11. Next meeting date	Next Meeting: Wednesday, October 21, 2026, from 3:00 PM – 5:00 PM Location: Southeastern Live Well Center, 5101 Market St, San Diego, CA 92114 Tubman Chavez Room B & C	
12. Adjournment	Meeting was adjourned at 4:31PM.	

STRATEGIES AND STANDARDS COMMITTEE
RECIPIENT REQUEST 2 of 2
08/24/2026

PARS ACTIVE & WAITLIST DEMOGRAPHICS REPORT
AS OF AUGUST 4, 2026

Overview

This write up summarizes demographic information, participation trends, and qualitative program insights for the PARS program based on August 2026 data and additional information provided by the funded provider. The write up includes:

- Active client demographics
- Waitlist activity
- Enrollment trends
- Program operations insights
- Housing case management involvement
- Considerations for future tracking efforts

Waitlist & Enrollment Trends (2023–2026)

The dataset provided by funded provider shows historical monthly figures including new applicants on the waitlist, enrollments, applications received, and total active participants.

Key Patterns

- Waitlist counts typically fluctuate within the 60–70 new applicants range by 2025–2026, demonstrating steady demand.
- Monthly enrollments vary, often between 0–8 clients depending on the month.
- Applications from previously enrolled clients consistently increase over time, culminating in 31 returning applications in August 2026.
- Total active participation numbers generally fall between 70–100 throughout the period.

Demographics

- Race/Ethnicity: Hispanic/Latino is the most represented group (41), followed by Black (12) and White (17). Smaller groups include Asian (3) and American Indian (2).
- Gender: Majority Male (51), with Female (17) and Transgender MTF (7) also represented.
- Age: Clients aged 45+ make up the largest portion (45), followed by 31–44 (28) and 18–30 (2).

- Region: Central region accounts for the highest share (49), followed by East (12), North (8), and South (6).

Active Client Demographics (August 2026)

The active client dataset reflects a total of 86 clients with the following breakdowns.

Age Distribution

- 18–30: 1
- 31–44: 28
- 45+: 57

Regional Distribution

- Central: 63
- East County: 8
- North County: 3
- South Bay: 12

Gender

- Male: 58
- Female: 18
- Trans MTF: 10

Race/Ethnicity

- Hispanic/Latino: 55
- White: 19
- Black/African American: 8
- Asian: 2
- American Indian: 1
- Other: 1

Monthly Additions (July 2026)

- Five new participants were enrolled in July 2026, increasing total active and waitlist combined participation to 99. Among the 99 clients:
 - Gender: 68 Male, 22 Female, 9 Trans MTF
 - Race/Ethnicity: 56 Hispanic/Latino, 27 White, 15 Black/African American, 1 Asian

PARS Enrollment Duration, Suspensions, and Terminations

Participants typically remain in PARS for the full four-year term. Suspensions and terminations occur, though formal tracking is not currently in place.

Suspensions

- Temporary
- Common when participants relocate to new or more affordable housing

- May lead to termination if the participant cannot regain stable housing after displacement or eviction

Terminations occur due to:

- Completion of the four-year term
- Increased income resulting in ineligibility
- Enrollment into other subsidized housing programs (e.g., Section 8, TBRA)
- Relocation outside San Diego County

Tracking Needs

- There is currently no formal tracking of suspension/termination patterns, but this can be implemented moving forward.

Trends Among PARS Participants and Those on the Waitlist

Eligibility Rules & Requirements

- PARS eligibility rules remain stable.
- Some participants require reminder letters to maintain communication with their case manager.

Housing Cost Pressures

- Voucher payment standards continue to change due to ongoing rental increases.

Financial Literacy & Homeownership Support

- RW Housing Case Managers report successful cases where participants saved enough during their PARS term to purchase a home.
- Case managers emphasize bridging the gap between rising housing costs and financial literacy by teaching budgeting and long-term planning.

Waitlist Dynamics

- Some individuals awaiting a second or third term have been on the waitlist for years.
- Current enrollees often join the waitlist before their term ends to secure a future spot.
- Some waitlisted individuals have high needs but face long waits due to the first-come, first-served structure.
- Circumstances may change while waiting; some clients lose housing or move outside the county before a spot becomes available.

Housing Resource Tracking for Waitlisted Clients 45+

- No formal tracking exists for housing resources specific to waitlisted clients over age 45.
- PARS applicants must be enrolled in HOPWA, Section 8, and TBRA, but additional housing resource information from case managers is not routinely collected.

- RW Housing Case Management can begin targeted enrollment and resource tracking for this subgroup if needed.

RW Housing Case Management Participation

- All 87 participants enrolled in PARS are also enrolled in RW Housing Case Management, indicating complete overlap in services and strong coordinated support between programs.

Summary

As of the latest August 4, 2026 data provided by funded provider, PARS reflects a program that continues to serve a predominantly 45+, male, and Hispanic/Latino population, most of whom reside in the Central region of San Diego County. Enrollment and waitlist patterns suggest sustained and significant demand for housing support, as evidenced by consistently high waitlist numbers, recurring applicants, and a total of 99 individuals engaged with the program through active participation or waitlist placement. Participants typically remain enrolled for the full four-year term, though suspensions and terminations do occur due to changes in housing stability, income, eligibility, and relocation. Rising rental prices and the evolving landscape of voucher payment standards continue to shape client experiences, reinforcing the importance of financial literacy and long-term planning—areas where RW Housing Case Management plays a critical role. The full overlap between RW Housing Case Management and PARS enrollment underscores strong program integration and coordinated support. While PARS has established stable eligibility rules and participant expectations, opportunities remain to strengthen tracking around suspensions, terminations, and housing resources—especially for older adults on the waitlist.

2027 Work Plan

Month	Presentation / Training / Activity
January 20 th	•
February 17 th	•
March 17 th	
April 21 st	• Happville Prep Training: epidemiological data & expenditure Sheets
May 19 th	•
June 16 th	• Happyville Exercise / “Another Day in Happyville”
July 21 st	•
August 18 th	•
September 15 th	•
October 20 th	•
November (TBD)	•
December (TBD)	• Holiday party

Topics without a set date
▪ Aging with HIV (55+) ▪ MTS presentation ▪ In-depth review of 1-2 service categories

County of San Diego | HHSA HIV Needs Assessment Survey

What is the purpose of the HHSA Needs Assessment Survey? The County of San Diego Health and Human Services Agency is conducting a 202~~7~~⁴ needs assessment survey. The survey will help County planners address the service needs of people living with or vulnerable to HIV and AIDS in San Diego County.

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

<https://www.surveymonkey.com/r/SD-HIVImpactSurvey>.

Your participation in this survey is voluntary and your answers will remain anonymous. This means that no information you provide is linked to you. You do not need to answer any questions you do not feel comfortable answering. There are no right or wrong answers – we want to hear about you and your experiences. Some of these questions are personal. However, your open and honest responses are important so that the County can best serve people who are living with or vulnerable to HIV/AIDS. If you decide not to participate, it will not affect the services you are currently receiving or may seek in the future.

Some of the content of this survey might be uncomfortable. You are encouraged to prepare yourself emotionally before reading further. If you believe that you will find the survey to be uncomfortable, you should choose to not participate. The County of San Diego has a variety of resources. A 24/7 Access and Crisis Line provides free, confidential support in over 200 languages. Call 1 (888) 724-7240.

The survey should take about 25 minutes to complete. We appreciate the valuable time you are taking to complete the survey! Your responses are anonymous and will contribute to our analysis of the San Diego community needs.

Where to go for questions or comments about the survey? If you have any questions about the survey and the analysis, please email hpg.hhsa@sdcounty.ca.gov.

Survey Date: _____, 202~~7~~⁴

SECTION 1: HIV STATUS

1. What is your current HIV/AIDS status?

- | | | |
|---|---|---|
| ☐ Living with HIV (undetectable)
SKIP TO QUESTION 6 | ☐ Living with HIV (detectable)
SKIP TO QUESTION 6 | ☐ Living with AIDS
SKIP TO QUESTION 6 |
| ☐ Not living with HIV | ☐ Not sure of current HIV status | |

2. Do you get tested for HIV at least once every year? ~~Have you been tested for HIV in the past 12 months?~~

- ☐ Yes ☐ No

3. If you are not living with HIV or not certain of your current HIV status, when did you last test for HIV?

- | | | |
|--|--|---|
| ☐ Within the last 3 months | ☐ Within the last 6 months to 1 year | ☐ Not sure |
| ☐ Within the last 3-6 months | ☐ More than a year ago | ☐ Never been tested |

4. Pre-exposure prophylaxis (PrEP) is a medication that a person who does not have HIV takes every day to reduce the risk of getting HIV. Are you currently taking PrEP?

- ☐ Yes ☐ Considering taking PrEP ☐ No, but used to ☐ Decided not to ☐ Do not know about PrEP

5. Has your health care provider ever offered you an HIV test?

- ☐ Yes ☐ No ☐ Not sure

*****If you are not living with HIV or unaware of your HIV status, SKIP TO SECTION 2*****

Commented [EH1]: combine questions 2 and 3: Have you gotten tested for HIV in the past 12 months

Commented [EH2]: delete

Formatted Table

Commented [EH3]: define PrEP somewhere

Commented [EH4]: delete

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6. Do you currently have a case manager?

- ☐ Yes ☐ No ☐ Not sure

7. Do you have a health care provider (doctor, nurse practitioner, or physician assistant) who provides HIV treatment?

- ☐ Yes ☐ No, I don't currently have a health care provider who provides HIV treatment ☐ I've never had a health care provider who provides HIV treatment **SKIP TO QUESTION 10**

Commented [EH5]: delete

8. Have you received HIV care in the last 12 months? (this may include a virtual visit)

- ☐ Yes ☐ No ☐ Not sure

9. If you answered "yes" to the previous question, was your last visit with a doctor, nurse, or other health care team member for your HIV/AIDS?

- ☐ In Person ☐ Virtual ☐ Both

Commented [EH6]: not necessary anymore

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

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

Commented [EH7]: will find data from previous surveys + come back to it

11. CD4/T-cell blood test is a test used to check the health of people with HIV, to see if they may be at risk for getting sick. In the last 12 months, how many CD4/T-cell blood tests have you had?

- ☐ Zero ☐ One ☐ Two ☐ More than two ☐ Not sure ☐ I've never had a CD4/T-cell blood test

Commented [EH8]: remove; we rely more on other data

12. An HIV viral load blood test measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV. In the last 12 months, how many HIV viral load tests have you had?

Commented [EH9]: remove

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- ☐ Zero ☐ One ☐ Two
☐ More than two ☐ Not sure ☐ I've never had an HIV viral load blood test

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

- ☐ Yes ☐ No ☐ Not sure

Commented [EH10]: combine with question 1

14. Are you currently on antiretroviral therapy (ART)/medication or treatment for HIV?

- ☐ Yes ☐ No ☐ Not sure

15. How often do you take your HIV ART medication as prescribed by your doctor?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

Commented [EH11]: change options or change question: Do you take your HIV medication as prescribed by your doctor? yes or no

16. In the last five years, has there been a time in which you were off your HIV medication for more than 6 months?

- ☐ No ☐ I have never taken HIV medication
☐ Yes (please explain): _____

17. In your opinion, which of the following changes in your life would impact your decision to stop your HIV medication in the future? (Select all that apply)

- ☐ Housing ☐ Move to another area ☐ Change in relationship status ☐ Perception that medication isn't helping
☐ Other (please explain): _____

Commented [EH12]: better for a focus group

Commented [EH13R12]: add other options to select (ex. loss of insurance, substance use)

SECTION 2: OTHER HEALTH CONCERNS

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

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

Commented [EH14]: look into other options

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

- ☐ Yes ☐ No ☐ Not sure

Commented [EH15R14]: maybe change the order to the beginning?

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20. ~~Have you ever been tested for Hepatitis C?~~ Do you have or have you had Hepatitis C in the past?

☐ Yes ☐ No ☐ Not sure

21. If you tested positive for Hepatitis C, did you receive treatment?

☐ Yes ☐ No ☐ Not sure ☐ I have never tested positive

22. If you answered "No" to the previous question, please explain why you didn't receive treatment:

23. Do you have or have you had Tuberculosis in the past ~~Tuberculosis~~?

☐ Yes ☐ No ☐ Not sure

24. Have you ever been screened or tested for other Sexually Transmitted Infection(s) (STIs such as Chlamydia, Gonorrhea, Syphilis)?

☐ Yes ☐ No ☐ Not sure

25. In the 12 months, how many times have you been screened or tested for STIs? _____

26. Has your health care provider offered Doxycycline Post-Exposure Prophylaxis for Bacterial STI prevention?

☐ Yes ☐ No ☐ Not sure

27. Are you currently pregnant or have been pregnant in the last 5 years?

☐ Yes ☐ No ☐ Not sure ☐ Not applicable

Commented [EH16]: move to a section 8 (prevention needs)

28. Have you obtained prenatal care/services (ongoing medical care during a pregnancy)?

☐ Yes ☐ No ☐ Not sure ☐ Not applicable

Commented [EH17]: also move to section 8

SECTION 3: MENTAL HEALTH AND SUBSTANCE USE CONCERNS

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

☐ Yes ☐ No ☐ Not sure

Commented [EH18]: MSEC INPUT: In the past 6 months, have you received any mental-health support such as counseling, therapy, or emotional wellness services?

30. Select all that apply to you from the list below:

☐ I may have an alcohol problem ☐ I may have a drug problem ☐ I am in recovery

Commented [EH19]: How often are you concerned about the amount of substances (including alcohol) you're using?

Never, Sometimes, Usually, Always (line to drag where they are at)

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☐ I have had an alcohol problem, but no longer use alcohol ☐ I have had a drug problem, but no longer use drugs ☐ None apply to me

31. Have you ever injected illicit and non-prescribed drugs? (select only one)

☐ No **SKIP TO SECTION 4** ☐ Yes, in the last 12 months ☐ Yes, more than 12 months ago

32. Have you ever shared needles or works?

☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

33. Which drugs have you injected? (Select all that apply)

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

Commented [EH20]: delete

SECTION 4: CRIMINAL JUSTICE HISTORY

34. Have you ever been incarcerated (jail or prison)?

☐ Yes ☐ No **SKIP TO SECTION 5**

Commented [EH21]: Delete + combine with 35

35. If you answered "yes" to the previous question, when were you released?

☐ Within the past 2 years ☐ Within 3-5 years ☐ More than 5 years ago

Commented [EH22]: Add option: I have never been incarcerated

36. If you were incarcerated, did you have any problems getting the following **AFTER** your release:

Medical care	Housing	Other support services	Employment
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Commented [EH23]: Move to be the last option

SECTION 5: EMPLOYMENT AND INCOME

37. What is your current employment status?

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

Commented [EH24]: Employed/self-employed

38. What is the highest level of education you have completed?

☐ Never attended school ☐ High school graduate/GED ☐ Bachelor's degree
☐ Less than high school ☐ Some college/technical or vocational school ☐ Graduate degree
☐ Some high school ☐ Associate's degree ☐ Other: _____

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

☐ Earnings/job ☐ Social Security (e.g., SSI, SSDI) ☐ Retirement

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- ☐ Family/Friends ☐ General Assistance/Relief ☐ No income
☐ CalWorks ☐ Unemployment ☐ Other: _____

40. What is your best estimate of your gross (before tax) MONTHLY household income from all sources (work, social security, disability, alimony, etc.)?

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

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

_____ adults (18+) _____ children (under 18)

SECTION 6: HOUSING

43. What is your current housing situation?

- ☐ Renting a property ☐ Living in a shelter ☐ Staying with a friend/relative ☐ Incarcerated
☐ Own a property ☐ Unsheltered ☐ Living in a treatment facility ☐ Living in supportive living facility or group home
☐ Moving from friend/relative to friend/relative (couch surfing) ☐ Other: _____

44. Have any of these situations impacted your ability to obtain and retain housing? (Select all that apply)

- ☐ Lack of available housing ☐ Cost of housing ☐ Poor credit history ☐ Access to health insurance ☐ Limited support system
☐ Insufficient monthly income ☐ Family size ☐ Substance use ☐ Criminal record ☐ Homelessness
☐ Lack of employment opportunities ☐ Geographic accessibility to health care ☐ HIV/AIDS stigma ☐ None
☐ Other (please explain): _____

Commented [EH25]: CalWorks/TANF

Commented [EH26]: Delete; get information from other sources

Commented [EH27]: delete

Commented [EH28]: Stable, Unstable, Transitional (living in a supportive living facility, group home, treatment facility)

Commented [EH29]: Living in a shelter, vehicle, hotel

Commented [EH30]: Renting/Own

Commented [EH31]: Staying with someone temporarily and not sure how long I can stay (couch surfing)

Commented [EH32]: Make the first option

SECTION 7: ACCESS TO TREATMENT AND BASIC NEEDS SERVICES

45. For each HEALTH SERVICE listed in the rows below, check only one box that most closely matches your experience during

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the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Dental care	☐	☐	☐	☐	☐
B. HIV/AIDS medication/medicine (as prescribed by a doctor)	☐	☐	☐	☐	☐
C. HIV primary care (clinic, doctor, nurse practitioner, etc.)	☐	☐	☐	☐	☐
D. Home health care (nurse, attendant, hospice, physical therapy at your home)	☐	☐	☐	☐	☐
E. Medical specialist other than HIV specialist (Hep C/liver, eye, ear, etc.)	☐	☐	☐	☐	☐
F. Alcohol/drug recovery services/treatment	☐	☐	☐	☐	☐
G. Counseling/therapy (individual or group by a professional)	☐	☐	☐	☐	☐
H. Psychiatric services (medication management for bipolar, clinical depression, etc.)	☐	☐	☐	☐	☐

46. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **HEALTH SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

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

Commented [EH33]: delete

Commented [EH34]: delete

Commented [EH35]: doesn't answer the question

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☐ Other (please explain): _____

Commented [EH36]: delete Other option

47. For each **BASIC NEEDS SERVICE** listed in the rows below, check only one box that most closely matches your experience during the past 12 months:

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Childcare (day care or babysitting)	☐	☐	☐	☐	☐
B. Emergency housing/shelter (emergency hotel stay)	☐	☐	☐	☐	☐
C. Emergency utility payment (water, gas, electricity, phone)	☐	☐	☐	☐	☐
D. Food (home delivered meals, food bank, food pantry)	☐	☐	☐	☐	☐
E. Help to pay rent	☐	☐	☐	☐	☐
F. Legal services	☐	☐	☐	☐	☐
G. Transportation (bus pass, transportation vouchers to help you access health care services)	☐	☐	☐	☐	☐

48. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **BASIC NEEDS SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

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

Commented [EH37]: Apply changes made in 46 to 48 AND 50 for options

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- ☐ I am/was physically disabled
 ☐ I had mental health problems
 ☐ I didn't think medical care would help me
 ☐ There was a waitlist
 ☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

49. For each **SUPPORT SERVICE** listed in the rows below, check **only one** box that most closely matches your experience during the past 12 months:

Commented [EH38]: Add F. Housing Case Management and G. Psychosocial Support Services

	I didn't need this service	I received this service, and it met my needs	I received this service, but it did not meet my needs	I received this service, but it was hard to access	I needed this service, but couldn't get it
A. Case management (ongoing help to get services or benefits, not just one-time)	☐	☐	☐	☐	☐
B. Coordinated services center (one-stop shop to get different services such as case management, education, peer navigation)	☐	☐	☐	☐	☐
C. Information and referral to services and how to get them (in writing, by phone or internet, in person)	☐	☐	☐	☐	☐
D. Peer advocacy or peer navigation (referral, advice to get services)	☐	☐	☐	☐	☐
E. Representation payee (someone who manages my money)	☐	☐	☐	☐	☐

50. If you responded "I received this service, but it was hard to access" or "I needed this service, but couldn't get it" for any of the **SUPPORT SERVICES** listed above, why did you have trouble accessing this/these service(s)? (Select all that apply)

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

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- ☐ I am/was physically disabled
 ☐ I had mental health problems
 ☐ I didn't think medical care would help me
 ☐ There was a waitlist
 ☐ Does not apply, I have not been out of care

☐ Other (please explain): _____

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

Please write the letters for the 5 most important services, in order of importance to you (1 being most important).

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

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

Commented [EH39]: Add Housing Case Management and Psychosocial Support Services

Commented [EH40]: Add another separate option for M. Food Vouchers (gift cards) (underneath L. Food)

SECTION 8: PREVENTION NEEDS

52. Have you had sex (oral, vaginal, anal) in the last 12 months?

- ☐ Yes
 ☐ No **SKIP TO SECTION 9**

53. How many sexual partners have you had in the last 12 months?

54. What parts of YOUR body are involved when having sex? (Select all that apply)

- ☐ Penis
 ☐ Vagina
 ☐ Anus
 ☐ Mouth

55. What parts of your partner's/partners' body/bodies are involved when having sex? (Select all that apply)

Commented [EH41]: Delete 52-55

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☐ Penis ☐ Vagina ☐ Anus ☐ Mouth

56. Where did you meet your sex partners within the last 12 months? (Select all that apply)

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

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

☐ Adam4adam ☐ Snapchat ☐ Manhunt.com ☐ Tinder ☐ Craigslist.com ☐ Growler
☐ Facebook ☐ Barebackrt.com ☐ Scruff ☐ Recon ☐ Bear411 ☐ Sniffies
☐ Jack'd.com ☐ Grindr ☐ Hornet ☐ Does not apply ☐ Other: _____

Commented [EH42]: Add Bumble, Hinge, Instagram

58. If you go online or use a smartphone app to meet partners, which of the following do you include on your profile? (Select all that apply)

☐ Not living with HIV ☐ Living with HIV ☐ HIV unknown ☐ I do not use apps
☐ Not living with HIV and on PrEP ☐ Living with HIV (undetectable) ☐ I do not state

Commented [EH43]: Delete

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

☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never ☐ I do not use apps

Commented [EH44]: delete

60. In the last 12 months, were any of your sex partners: (Select all that apply)

☐ Anonymous ☐ Not living with HIV ☐ Living with HIV ☐ Sex workers
☐ Not aware of HIV status ☐ Not living with HIV and on PrEP ☐ Person(s) who inject drugs
☐ Gay/Bisexual/Other men who have sex with men

Commented [EH45]: delete

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61. For each item in the rows below, check only one box that most closely matches the frequency during the last 12 months:

Commented [EH46]: Add J. I use substances (including alcohol) while having sex with partners.

	Always	Sometimes	Never	Not Applicable
A. I knew the HIV status of my sex partners.	☐	☐	☐	☐
B. I knew whether my sex partners had been tested for STIs.	☐	☐	☐	☐
C. I told my sex partners my current HIV status.	☐	☐	☐	☐
D. I used condoms when having sex with person(s) who didn't know my HIV status.	☐	☐	☐	☐
E. I used condoms when having sex with a person(s) not living with HIV or a person(s) who did not know their HIV status.	☐	☐	☐	☐
F. I used condoms when having sex with a person(s) not living with HIV who is on PrEP.	☐	☐	☐	☐
G. I used condoms when having sex with a person(s) living with HIV.	☐	☐	☐	☐
H. I used condoms when having sex with a person(s) living with HIV who told me they have an undetectable viral load.	☐	☐	☐	☐
I. I am on PrEP and I told my sex partners about it.	☐	☐	☐	☐

SECTION 9: DEMOGRAPHICS

62. What is the ZIP code where you live or stay most nights? _____
(Note: If you do not know your ZIP code, write the name of the city or area where you live)

63. What is your age? _____

64. What is your race/ethnicity? (Select all that apply)

- | | | | |
|---|--|--|---|
| ☐ Black/African American | ☐ South American | ☐ Japanese | ☐ Laotian |
| ☐ African | ☐ Central American | ☐ Chinese | ☐ Cambodian |
| ☐ Caribbean Black | ☐ Filipino/a | ☐ Korean | ☐ White (non-Hispanic) |
| ☐ Latino/Hispanic | ☐ Pacific Islander/Hawaiian | ☐ Middle Eastern | ☐ Asian Indian |
| ☐ Mexican | ☐ Indigenous: _____ | ☐ Multi-racial: _____ | ☐ Other: _____ |

65. What language do you speak primarily? (Select only one)

- | | | | |
|-------------------------------|----------------------------------|---------------------------------|------------------------------------|
| ☐ English | ☐ Farsi | ☐ Cantonese | ☐ Korean |
| ☐ Spanish | ☐ Tagalog | ☐ Mandarin | ☐ Creole |
| ☐ Arabic | ☐ Vietnamese | ☐ Chinese | ☐ Other: _____ |

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66. Which of these best describe your current gender identity? (Select all that apply)

- ☐ Woman
 ☐ Man
 ☐ Genderqueer/Gender Non-conforming/Gender Fluid
☐ Trans Woman
 ☐ Trans Man
 ☐ Questioning/Unsure/Exploring
☐ Non-binary
 ☐ Two-spirit
 ☐ A gender not listed here (please specify): _____

67. Which of these best describe your current sexual orientation? (Select all that apply)

- ☐ Asexual
 ☐ Queer
 ☐ Heterosexual/Straight
☐ Gay
 ☐ Bisexual
 ☐ Questioning/Unsure/Exploring
☐ Pansexual
 ☐ Lesbian
 ☐ A sexual orientation not listed here (please specify): _____

68. Do you have health insurance coverage?

- ☐ Yes
 ☐ No
 ☐ Not sure

69. Do you receive medical care through the Ryan White HIV/AIDS Program?

- ☐ Yes
 ☐ No
 ☐ Not sure

70. Figuring out the difference between medical coverage providers can be confusing. To the best of your knowledge, which of the following plan(s) are you associated with? (Select all that apply)

- ☐ Medi-Cal (nationally known as Medicaid)
 ☐ Private Insurance (via work, former employer, union, etc.)
 ☐ Veteran's Administration
 ☐ Not sure
☐ Medi-Cal Managed Care
 ☐ Covered CA (marketplace exchange)
 ☐ Tricare or other military health care
 ☐ None
☐ Medi-Cal Dental Program (Denti-Cal)
 ☐ Medi-Medi (Medicare and Medicaid)
 ☐ Indian Health Services
☐ Medicare (mostly for people 65 or older, and sometimes for people with certain disabilities)
 ☐ Other _____

Commented [EH48]: Change options to: Medi-Cal (can include Denti-Cal), Medicare, Military benefits, Private Insurance (via work, former employer, union, etc.), Covered CA, Indian Health Services, Not sure, None

71. What is your current citizenship status? (Reminder: your answers will remain anonymous. This means that your answer to this question will not be linked to you in any way.)

- ☐ US citizen
 ☐ Not a US citizen or permanent resident
 ☐ Decline to state
☐ Permanent resident
 ☐ Refugee or asylum seeker

If you are 50 YEARS OLD OR OLDER, please continue to section 10. Your responses about the needs of the aging population will help us improve the service delivery for people living with HIV aged 50 and older!

If you are under the age of 50, you are all done! Thank you again for your time!

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SECTION 10: SERVICES FOR ADULTS 50 YEARS OF AGE AND OLDER

72. What are your greatest worries as you get older while living with HIV/AIDS? (Select all that apply)

- | | | |
|---|--|---|
| ☐ Overall health | ☐ Housing | ☐ End of life care |
| ☐ Social isolation/ <u>being alone</u> | ☐ Access to HIV/AIDS services/medications | ☐ None |
| ☐ Other (please explain): _____ | | |

Commented [EH49]: suggestion to keep only 72, 73, 82, 83

Commented [EH50]: suggestion to keep only 72, 73, 82, 83

73. Has your health care provider ever talked to you about the implications of aging with HIV/AIDS?

- ☐ Yes ☐ No ☐ Not sure

74. Are you dealing with any other diagnoses or chronic illnesses? (Select all that apply)

- | | | | | |
|--|---|-------------------------------------|--|--|
| ☐ Hepatitis | ☐ Osteoporosis/Bone disease | ☐ Diabetes | ☐ Sleep disorders | ☐ Mobility challenges |
| ☐ Cancer | ☐ Cardiovascular (Heart) disease | ☐ Neuropathy | ☐ Memory loss (neurocognitive challenges) | ☐ No other diagnoses or illnesses |
| ☐ Other (please explain): _____ | | | | |

75. Are you currently or have you ever experienced mental health challenges? (Select all that apply)

- ☐ Anxiety ☐ Depression ☐ Isolation ☐ Not sure ☐ None

☐ Other (please explain): _____

76. Do you feel you have a support system that you can rely on during a time of need? (Please select all that apply)

- | | | |
|----------------------------------|---|---|
| ☐ Family | ☐ Service providers | ☐ Support groups |
| ☐ Friends | ☐ Spiritual advisors | ☐ None |

☐ Other (please explain): _____

77. Are you experiencing any challenges carrying out your day-to-day activities such as preparing meals, cleaning, etc.?

- ☐ Yes ☐ No

78. Are you worried about losing your income or benefits as you age?

- ☐ Yes ☐ No

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79. How often do you experience food insecurity (not having a steady supply of enough food)?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

80. How often do you have access to a computer?

- ☐ Always ☐ Usually (more than half the time) ☐ Sometimes (about half the time or less) ☐ Never

81. For each service in the rows below, check only one box that most closely matches your comfort level with using a telehealth option for (online consultations on the computer or mobile phone):

	1	2	3	4	5	
	Extremely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Extremely comfortable	Not applicable
A. Clinical services	☐	☐	☐	☐	☐	☐
B. Case management	☐	☐	☐	☐	☐	☐
C. Housing support	☐	☐	☐	☐	☐	☐

82. Do you have any CLINICAL/MEDICAL needs that are not being met and that have a negative impact on your quality of life?

- ☐ Yes ☐ No

83. If you answered “yes” to the previous question, what are the additional CLINICAL/MEDICAL needs that are not being met?

84. Do you have any SOCIAL SUPPORT needs that are not being met and that have a negative impact on your quality of life?

- ☐ Yes ☐ No

85. If you answered “yes” to the previous question, what are the additional SOCIAL SUPPORT needs that are not being met?

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86. What changes, if any, would you recommend related to HIV services? What would help make it easier for you to use the different services that are available?

87. What matters most to you right now?

Commented [EH51]: move up

THANK YOU!

2026 Work Plan

Month	Presentation / Training / Activity
January	● ~~Refine the HPG Outreach Presentation~~ ● ~~Finalize 2026 Work Plan~~
February	● ~~Review Service Categories~~
March	<i>No Meeting</i>
April	● ~~Happville prep: Epidemiology data (using to make decisions) & Expenditure Sheets~~
May	<i>No Meeting</i> <i>CEG Outreach Event with Diversionary Theatre</i>
June	● ~~Happyville exercise / "Another Day in Happyville"~~
July	● ~~In-depth review of 1-2 service categories and the recent changes~~
August	<i>No Meeting</i> <i>CEG Outreach Event with Christie's Place (postponed)</i>
September	● ~~Disaster Preparedness Month training~~
October 21 st	● Create CEG outreach and work plan for 2027
November 4 th	● Medical/Medicaid Presentation
December 9 th	● Holiday party

Topics without a set date
▪ Aging with HIV (55+) ▪ MTS presentation

HIV PLANNING GROUP
12-MONTH COMMITTEE TRACKING
October 2025 - September 2026

Community Engagement Group	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	#	# of JC Starting Jan 2026
Total Meetings	1	1	1	1	1	0	1	0	1	1	0		8	
(8) Members														
Al-Chaikh, Roger					1	NM	*	NM	*	*	NM	1	2	
Avalos-Bello, Tania						NM	*	NM	*	1	NM	*	1	
Cross, Andrew							1	NM	1	*	NM	*	2	
Duarte, Esteban							*	NM	*	*	NM	*	0	
Donovan, Michael ^c	*	*	*	*	*	NM	*	NM	*	*	NM	*	0	
Lothridge, Jen ^{cc}	*	*	*	*	*	NM	*	NM	*	*	NM	*	0	
Nava, Veronica	1	*	*	*	*	NM	*	NM	1	*	NM	*	2	
Vito Cruz, Angela									*	*	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

NM = No Meeting

NQ = No Quorum

If the physical attendance quorum requirement is met, SB 707 permits a member who is not physically present to request virtual attendance at the local legislative body's meeting under the **"just cause"** circumstance.

Qualifying Reason	Provisions to Attend Remotely	Requirements /Limitations
"Just Cause"	▪ Childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. ▪ A contagious illness prevents the member from attending the meeting in person. ▪ A need related to a physical or mental condition not otherwise accommodated by any reasonable accommodations provided. ▪ Travel while on official business of the legislative body or another state or local agency. ▪ An immunocompromised child, parent, grandparent, grandchild, sibling, spouse, or domestic partner of the member that requires the member to participate remotely. ▪ A physical or family medical emergency that prevents a member from attending in person. ▪ Military service obligations that result in a member being unable to attend in person because they are serving under official written orders for active duty, drill, annual training, or any other duty required as a member of the California National Guard or a United States Military Reserve organization that requires the member to be at least 50 miles outside the boundaries of the local agency.	A member is limited to two (2) virtual attendances due to "just cause" per calendar year.

Note: The criteria for "emergency circumstance" from AB 2302 are now combined with the "just cause" circumstance for remote participation.

Additional Information for Members Participating Remotely

In addition to making a request for "just cause" for remote attendance, SB 707 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

1. The member shall notify the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting.
2. The member shall publicly disclose at the meeting before any action is taken, 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.
3. The member shall participate through both audio and visual technology.

Furthermore, a member of a legislative body may request reasonable accommodation, pursuant to the applicable law, to participate in meetings remotely. Remote participation due to reasonable accommodation shall be treated as in-person attendance (counting towards quorum) and shall adhere to the following requirements:

1. The member shall request reasonable accommodation to participate remotely at the time of quorum check prior to each meeting.
2. The member shall participate through both audio and visual technology. Any member with a disability, as defined in Section 12102 of Title 42 of the United States Code, may participate only through audio technology if a physical condition related to their disability results in a need to participate off camera.
3. The member shall disclose at the meeting before any action is taken, 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 of those individuals.