

## STEERING COMMITTEE



*Friday, November 14, 2025, 10:00 AM – 12:00 PM*  
*County Operations Center*  
*5530 Overland Ave, San Diego, CA 92123*  
*(Meeting Room 124)*

**The Charge of the Steering Committee:** The Steering Committee charge is to establish the agenda for meetings of the full Planning Group and to address matters of Planning Group governance.

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# Meeting Location & Directions:

## Steering Committee

Friday, November 14, 2025

10:00 AM - 12:00 PM

## County Operations Center

5530 Overland Ave

San Diego, CA 92123

(Training Room 124)



### FROM I-163 SOUTH:

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

### FROM I-15 SOUTH:

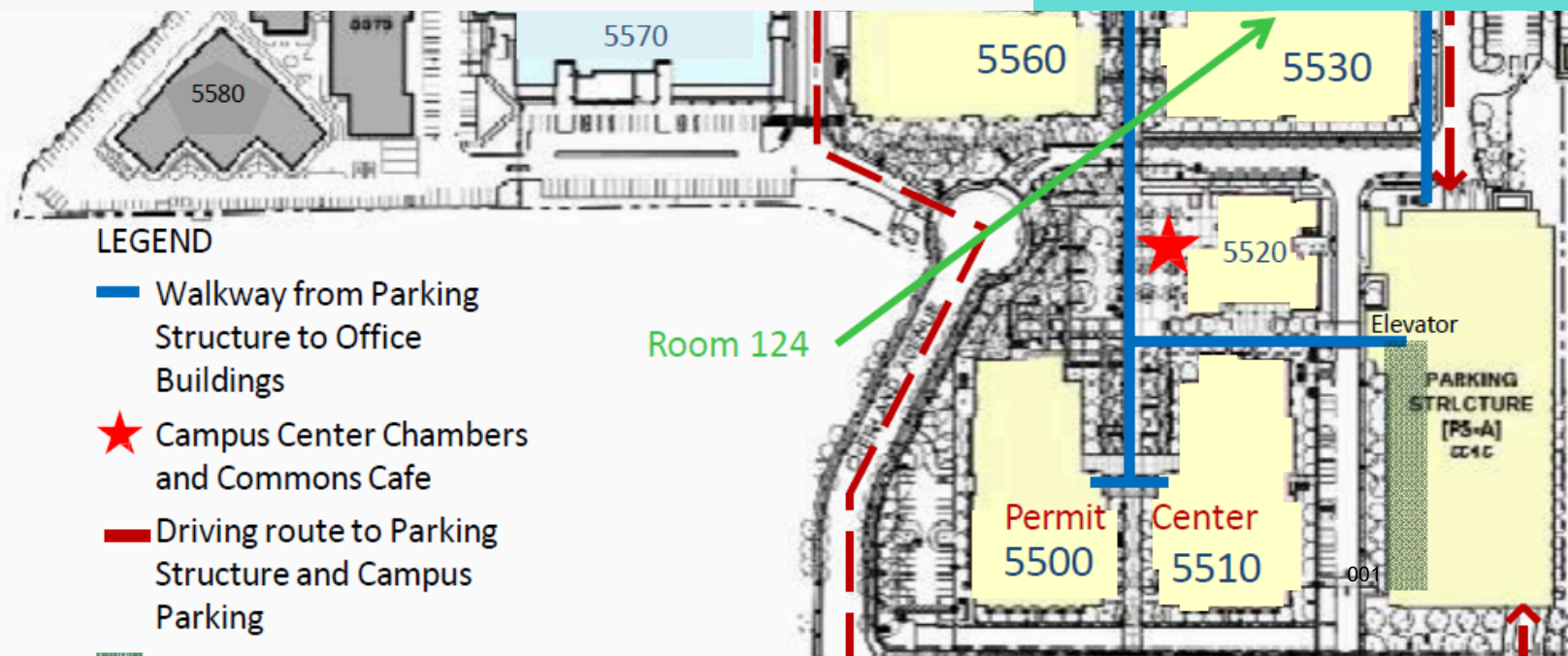
1. Take I-15 North to Exit 10 for Clairemont Mesa Blvd.
2. Turn left onto Clairemont Mesa Blvd.
3. Turn right onto Overland Ave.
4. Continue straight to stay on Overland Ave.



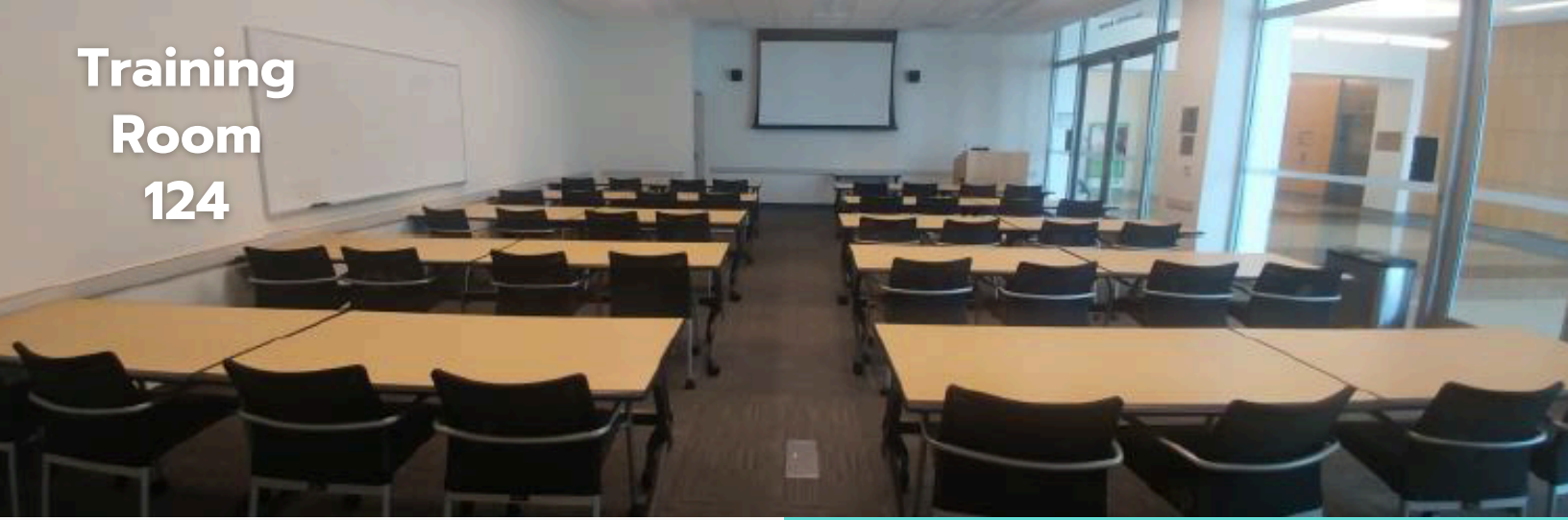
### PUBLIC TRANSPORTATION

#### MTS Bus Routes:

25, 235, 928



# Training Room 124



## FROM TROLLEY & BUS:

1. Take the Blue Trolley Line to the Balboa Avenue Transit Center.
2. Walk to Balboa Ave & Moraga Ave bus stop (about 7-minute walk, 0.3 miles).
3. Take Route 27 bus from Balboa Ave & Moraga Ave to Complex Dr & Clairemont Mesa Blvd.
4. Head north on Complex Dr.
5. Cross the street and turn right on Clairemont Mesa Blvd (after U.S. Bank Branch on the right).
6. Cross the street and turn left onto Overland Ave. and head north.
7. Enter east through County Operations Center entrance/black gate. **Building 5530** will be on your left.

## FROM BUS:

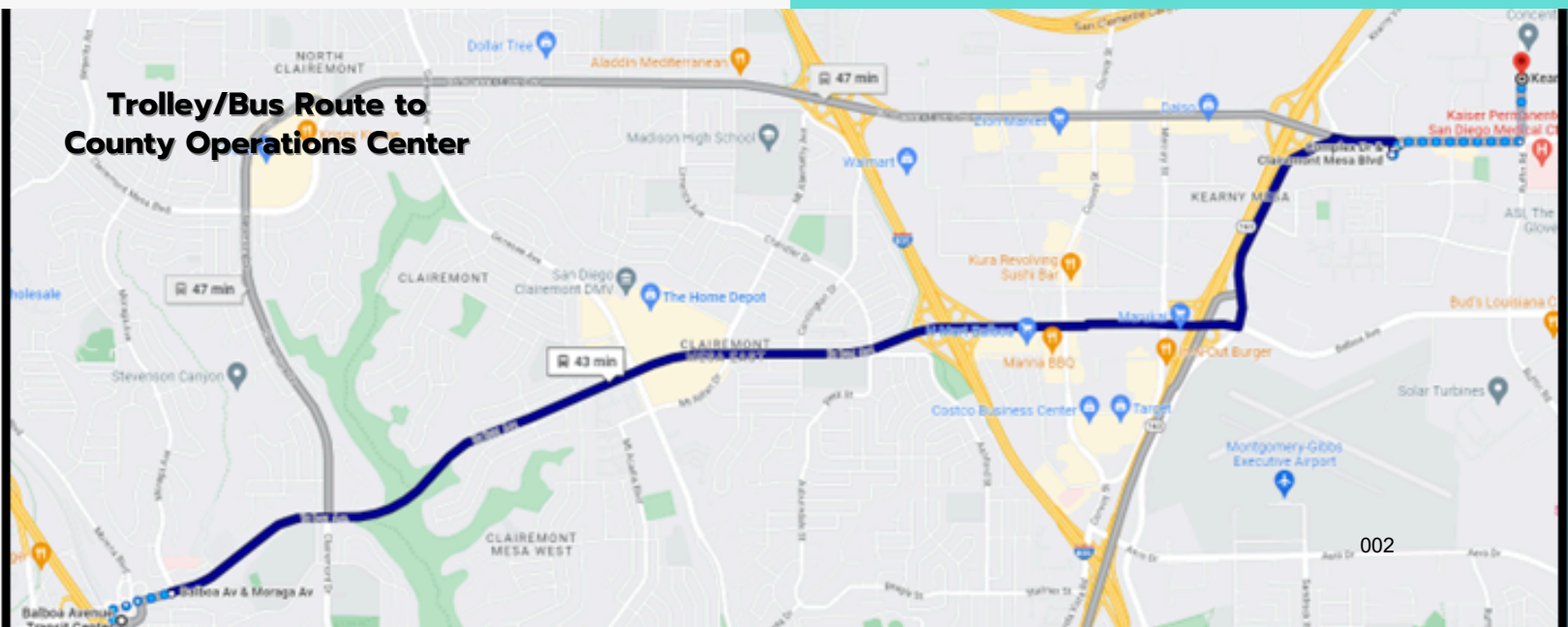
### From Ruffin Road:

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

### From Overland Ave.:

1. Walk north on Overland Ave.
2. Enter east through County Operations Center entrance/black gate.
3. Turn left on pedestrian walkway. **Building 5530** will be on your **left**.

## **Trolley/Bus Route to County Operations Center**





## STEERING COMMITTEE

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*Friday, November 14, 2025, 10:00 AM – 12:00 PM  
County Operations Center (COC)  
5530 Overland Ave, San Diego, CA 92123  
(Conference Room 124)*

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### To participate remotely via Zoom:

<https://sdcounty-ca-gov.zoom.us/j/87616321238?pwd=iS2ZSlcitaJ3PHVx8fcMjOmbli8aGX.1>

Call in: +1 (669) 444-9171

**Meeting ID (access code):** 876 1632 1238

**Password:** STEER

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](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is four (4)

**Committee Members:** Michael Donovan | Felipe Garcia-Bigley | Dr. David Grelotti | Cinnamen Kubricky (Vice-Chair) | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

## MEETING AGENDA ORDER OF BUSINESS

1. Call to order, introductions, comments from the chair and a moment of silence
2. Public comment (for members of the public)
3. Sharing our concerns (for committee members)
4. **ACTION:** Approve the Steering Committee agenda for November 14, 2025
5. **ACTION:** Approve meeting minutes from September 12, 2025
6. **ACTION:** Approve the HIV Planning Group agenda November 19, 2025
7. HSHB Report
8. Committee reports and recommendations
9. HPG Support Staff Report
10. Old Business
  - a. **Update:** Committee Chair Retreat (January 2026)
  - b. **ACTION:** Develop and approve a policy on appointment of community members to committees
11. New Business
  - a. **Discussion:** Member recruitment strategy
  - b. **Discussion:** Brainstorming ideas on an activity to educate the community on Universal Standards at a future Community Engagement Group (CEG) meeting
  - c. **Update:** HPG Retreat (March-April 2026)

## STEERING COMMITTEE

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- d. **Discussion:** HPG By-laws changes

### 12. Routine Business

- a. **Review:** Committee attendance
- b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)

### 13. Future agenda items for consideration

### 14. Announcements

### 15. Next meeting date: **Friday, January 9, 2026, 10:00 AM – 12:00 PM**

Location: 5530 Overland Ave, San Diego, CA 92123, Conference Room 124 and via Zoom

### 16. Adjournment

## STEERING COMMITTEE



*Friday, September 12, 2025, 10:00 AM – 12:00 PM*  
*County Operations Center*  
*5530 Overland Ave, San Diego, CA 92123*  
*(Meeting Room 124)*

### **A quorum for this meeting is four (4)**

**Members Present:** Michael Donovan | Dr. David Grelotti | Mikie Lochner (Chair) | Rhea Van Brocklin | Michael Wimpie

**Members Absent:** Felipe Garcia-Bigley | Cinnamen Kubricky (Vice-Chair)

### **ORDER OF BUSINESS**

<b>Agenda Item</b>	<b>Discussion/Action</b>	<b>Follow-Up</b>
1. Call to order, introductions, comments from the chair, and a moment of silence	Mikie Lochner called the meeting to order at 10:02 AM. Introductions were made. A moment of silence was observed. The following comments were made: <ul style="list-style-type: none"><li>- The budget process has been completed.</li><li>- A request to be patient with staff.</li><li>- A reminder that the committee chairs are there for consumers, not providers.</li></ul>	
2. Public comment (for members of the public)	None	
3. Sharing our concerns (for committee members)	The following comments were made: <ul style="list-style-type: none"><li>- A request to get a better sense of the budgeting process, especially related to the public comment at the recent Medical Standards and Evaluation Committee (MSEC) meeting. Patrick Loose clarified that the law prohibits HPG members from becoming involved in contracting, especially current procurements. Any programs that have issues with an active procurement may reach out to the Purchasing and Contracting department.</li></ul>	
4. <b>ACTION:</b> Approve the Steering Committee agenda for September 12, 2025	<b>Motion:</b> Approve the Steering Committee agenda for September 12, 2025	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<b>Motion/Second/Count (M/S/C):</b> Van Brocklin/Donovan/4-0 <b>Discussion:</b> none <b>Abstentions:</b> Lochner <b>Motion carries</b>	
5. <b>ACTION:</b> Approve meeting minutes from July 11, 2025	<b>Motion:</b> Approve meeting minutes for July 11, 2025 with a requested change <b>M/S/C:</b> Donovan/Van Brocklin/4-0 <b>Discussion:</b> remove “in a timely manner” from item #3 <b>Abstentions:</b> Lochner <b>Motion carries</b>	
6. <b>ACTION:</b> Approve the HIV Planning Group agenda for September 24, 2025	<b>Motion:</b> Approve the HIV Planning Group agenda for September 24, 2025 with elimination of item #10g <b>M/S/C:</b> Grelotti/Wimpie/4-0 <b>Discussion:</b> A request to see the reallocations before they are presented at the September HPG meeting. <b>Abstentions:</b> Lochner <b>Motion carries</b>	HPG Support Staff (SS) to work with the Recipient’s office to share the reallocations with Rhea ahead of the HPG meeting since the Priority Setting and Resource Allocation Committee (PSRAC) got cancelled.
7. Committee reports and recommendations	<u>Community Engagement Group (CEG):</u> none <u>MSEC:</u> Mental Health and Psychiatric Service Standards will be reviewed at the November meeting. A new attendance policy was also approved. <u>Membership Committee:</u> Kalee Garland’s application was approved for appointment and will be brought to the September HPG. Cinnamen Kubricky’s and Nicole Aguilar’s applications for reappointment were also approved. A discussion about the right to appeal/dissent was held. Another discussion was on having work plans for all committees. The membership committee is considering providing several attendance policy options to the committees to review. This only applies	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	to the committees that meet less frequently than once a month. <u>PSRAC</u> : the September meeting was cancelled due to lack of quorum. <u>Strategies and Standards Committee</u> : none	
8. HPG Support Staff Report	Dasha Dahdouh provided the following updates: <ul style="list-style-type: none"> <li>- Gratitude for everyone's patience as the support staff team works to make the meetings a success.</li> </ul>	
9. HIV, STD, and Hepatitis Branch (HSHB) Report	Patrick Loose provided the following updates: <ul style="list-style-type: none"> <li>- The Senate passed a budget that restored all original proposed cuts. However, the HIV prevention funding has been eliminated. No funding for testing and surveillance. Parts C, D and F are also under consideration for elimination. As these are proposed changes, there is no change to the HPG seats that represent Parts C and D. There is a general concern with the impact on outcomes.</li> <li>- The housing funding (HOPWA) is also being considered for elimination.</li> <li>- Some of the national sources of information are AIDS United, the National Minority AIDS Council, and NACCHO.</li> <li>- Working on a set of recommendations for reallocations.</li> <li>- There has been a drop in overall utilization.</li> <li>- The updated expenditure report will be available within the next week.</li> </ul>	
10. Old Business		
a. <b>Update:</b> Regional Town Halls	The following updates were provided: <ul style="list-style-type: none"> <li>- South and East Regional Planning meetings took place in</li> </ul>	



## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<p>August and September, respectively.</p> <ul style="list-style-type: none"> <li>- The next meeting will take place on Friday, October 10 in the North Inland area at the North Inland Live Well Center.</li> <li>- These regional planning meetings are part of a larger plan, related to the triennial needs assessment and the comprehensive plan.</li> <li>- A consultant will be brought in to help with the assessment of the service capacity.</li> </ul>	
11. New Business		
<p>a. <b>ACTION:</b> Approve the Recipient's Authority to transfer up to \$100,000 between service categories (an increase from \$50,000) without prior approval from the HPG</p>	<p><b>Motion:</b> Approve the Recipient's Authority to transfer up to \$100,000 between service categories (an increase from \$50,000) without prior approval from the HPG.</p> <p><b>M/S/C:</b> Van Brocklin/Wimpie/4-0</p> <p><b>Discussion:</b> The following discussion took place:</p> <ul style="list-style-type: none"> <li>- The hope is that it will help remove some barriers in the underspending.</li> <li>- To clarify, the authority would apply for \$100,000 per category per grant period.</li> </ul> <p><b>Abstentions:</b> Lochner</p> <p><b>Motion carries</b></p>	
<p>b. <b>ACTION:</b> Approve Ryan White Part A carryover funds from FY24-25 to FY25-26 in the amount of \$427,958</p>	<p><b>Motion:</b> Approve Ryan White Part A carryover funds from FY24-25 to FY25-26 in the amount of \$427,958.</p> <p><b>M/S/C:</b> Van Brocklin/Wimpie/4-0</p> <p><b>Discussion:</b> The following discussion took place:</p> <ul style="list-style-type: none"> <li>- General support for this, but a concern that HPG voted to decrease the service category during the budgeting process. The committee was reminded that HPG voted to decrease funding with the carryover in mind.</li> </ul>	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
	<ul style="list-style-type: none"> <li>- Emergency housing funds up to two weeks of hotel stay in an instance of unstable housing. The other part of this is rent subsidy in an instance when housing is at risk of being lost.</li> <li>- Eviction assistance seems to be the most helpful component of this service category.</li> </ul> <p><b>Abstentions:</b> Lochner <b>Motion carries</b></p>	
<p>c. <b>ACTION:</b> Approve a policy on appointment of community members to committees</p>	<p>The following discussion took place:</p> <ul style="list-style-type: none"> <li>- A concern that the decisions are currently unilateral.</li> <li>- Unless there is a real concern from any of the three chairs, the community member should be able to join.</li> <li>- When it comes to HPG members, the guidelines are part of the bylaws. This policy is being considered for community members who express interest in joining a committee that doesn't require HPG membership.</li> <li>- The goal is to decrease barriers and make it easy to join.</li> </ul> <p>The motion was tabled to allow for more discussion.</p>	<p>Membership Committee to review and add the language to the policy.</p>
<p>d. <b>Report:</b> Assessment of the Administrative Mechanism – Dasha Dahdouh</p>	<p>Dasha Dahdouh presented on the 2025 Assessment of the Administrative Mechanism.</p> <ul style="list-style-type: none"> <li>- What would happen if someone is denied a service in a service category? If there is a third-party payor for a service, the client is referred to the payor. Ryan White is a payor of last resort.</li> <li>- How soon after a service delivery is there a requirement to invoice? The invoices are due on the 10<sup>th</sup> of the month for the previous month. Some contracts have negotiated for it to be the 15<sup>th</sup> of the month.</li> </ul>	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
e. <b>Presentation:</b> Integrated HIV Prevention and Care Plan	Francisco Puentes presented on the Integrated HIV Prevention and Care Plan. The consultant who has been hired to support this is a Project Manager and is receiving direction from HSHB.	
f. <b>Discussion:</b> Committee Chair Retreat (November 2025)	The following ideas were presented: <ul style="list-style-type: none"> <li>- Roberts Rules of Order review.</li> <li>- Importance of workplans.</li> <li>- Leadership/mentorship.</li> <li>- Conflict resolution.</li> </ul> Dasha Dahdouh is working on identifying a facilitator.	HPG SS to work on a March-May 2026 HPG retreat
g. <b>Discussion:</b> Working with support staff on agenda items	Mikie Lochner reminded the chairs that the support staff can assist in preparing the agenda for each meeting, including HPG.	
h. <b>Update:</b> Cybersecurity at HPG and committee meetings	Dasha Dahdouh provided the following updates: <ul style="list-style-type: none"> <li>- Over the last several months, HPG SS has implemented a number of features on the back end of Zoom to ensure safety and security of virtual and in-person attendees.</li> </ul>	
12. Routine Business		
a. <b>Review:</b> Committee attendance	The committee attendance summary was reviewed.	
b. Public comments/HPG member comments/Suggestions to the Steering Committee from previous HPG meeting(s)	The following comments were reviewed: <ul style="list-style-type: none"> <li>- A reminder that the Planning Body is here to allocate funds for viral services (public comment, July 23)</li> <li>- A concern that expenses and the cost of living are going up (member concerns, July 23)</li> <li>- A reminder that some consumers may be struggling with recovery (member concerns, July 23)</li> <li>- Appreciation for the opportunity to volunteer during the Pride weekend (member concerns, July 23)</li> </ul>	

## STEERING COMMITTEE

Agenda Item	Discussion/Action	Follow-Up
13. Future agenda items for consideration	A request to remove this item as it's redundant with another item on the agenda.	HPG SS to remove moving forward.
14. Announcements	<ul style="list-style-type: none"><li>- 2025 Truax nominations are open; deadline is October 5, 2025</li><li>- September and October upcoming outreach events and opportunities to volunteer</li></ul>	
15. Next meeting date	<b>Date:</b> Friday, November 12, 2025 <b>Time:</b> 10:00 AM – 12:00 PM <b>Location:</b> County Operations Center, 5530 Overland Ave, San Diego, CA 92123 (Meeting Room 124) and via Zoom	
16. Adjournment	Meeting adjourned at 11:59 AM.	

## SAN DIEGO HIV PLANNING GROUP (HPG)



Wednesday, November 19, 2025, 3:00 PM – 5:00 PM  
Southeastern Live Well Center  
5101 Market Street, San Diego, CA 92114  
Tubman Chavez Room C

### To participate remotely via Zoom:

<https://us06web.zoom.us/j/85368987291?pwd=KnO1bBlgoyR53sVY04E8ymyNo6OUq4.1>

Call in: +1 (669) 444-9171

**Meeting ID (access code):** 853 6898 7291

**Password:** SDHPG

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](mailto:hpg.hhsa@sdcounty.ca.gov).

### A quorum for this meeting is thirteen (13)

**HPG Members:** Nicole Aguilar | Marco Aguirre Mendoza | Juan Conant | Beth Davenport | Michael Donovan | Tyra Fleming | Rosemary Garcia | Felipe Garcia-Bigley | David Grelotti | Ben Ignalino | Lori Jones | Michael King | Cinnamen Kubricky (*Vice-Chair*) | Michael Lochner (*Chair*) | Jen Lothridge | Eva Matthews | Skyler Miles | Veronica Nava | Shannon Paugh | Ivy Rooney | Stephen Spector | Rhea Van Brocklin | Jeffery Weber | Michael Wimpie | Adrienne Yancey

### ORDER OF BUSINESS

1. Call to order and roll call (3-3:05)
2. Welcome, moment of silence, matters from the Chair (3:05-3:10)
3. A moment to remember and honor Kenneth Riley, MD, MPH (3:10-3:20)
4. Public comment (for members of the public) – concerns/questions/suggestions for future training topics/agenda items (3:20-3:25)
5. HPG Member Open Forum – concerns/questions/suggestions for future training topics/agenda items (3:25-3:30)
6. **ACTION:** Approve the HPG agenda for November 19, 2025 (3:30-3:35)
7. HIV, STD, and Hepatitis Branch (HSHB) Report (3:35-3:45)
8. Routine Business: (3:45-3:50)

a. **ACTION:** Approval of consent agenda for November 19, 2025 which includes:

- i. Approval of HPG minutes from October 22, 2025
- ii. Acceptance of the following committee minutes:

Steering Committee	September 12, 2025
Membership Committee	September 10, 2025
Priority Setting and Resource Allocation Committee	June 13, 2025; June 27, 2025; July 17, 2025; July 24, 2025; July 31, 2025; August 7, 2025
Medical Standards and Evaluation Committee	September 9, 2025
Community Engagement Group	October 15, 2025
Strategies and Standards Committee	August 5, 2025

## SAN DIEGO HIV PLANNING GROUP (HPG)

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*(The following is for HPG information, not for acceptance):*

*CARE Partnership*

*September 15, 2025*

- iii. *(Membership Committee)*: HPG appointments/reappointments – Pamuela Halliwell, Sergio Luna, Joseph Westcott
- iv. *(Community Engagement Group)*: Joint City/County HIV Housing Committee designated CEG seat appointment – Jen Lothridge
- b. Report Outs – deferred

### 9. Old Business: (N/A)

- a. None

### 10. New Business: (3:50-4:50)

- a. **ACTION**: Approve the Board Letter to Authorize Acceptance of Funding to Address Sexually Transmitted Infections, Support Harm Reduction Services, and Apply for Future Funding Opportunities
- b. **ACTION** *(Priority Setting and Resource Allocation Committee)*: Approve the FY25 (fiscal year March 1, 2025 – February 28, 2026) Reallocations
- c. **Presentation**: The Pacific AIDS Education and Training Center (AETC) (4:20-4:50)

### 11. HPG Support Staff Updates (4:50-4:55)

### 12. Announcements (4:55-5:00)

### 13. Adjournment (5:00)

Next Meeting Date: **one week early Wednesday, December 17, 2025, at 3:00 PM – 5:00 PM**

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



RW 2025-26 PART A AWARD INFORMATION	
Funding Source	Total RW 2025-26 Award
Part A	11,941,254.00
Part A MAI	812,482.00
<b>TOTAL AWARD AMOUNT</b>	<b>12,753,736.00</b>

RW 2025-26 YEAR TO DATE EXPENDITURE AND SAVINGS BREAK-DOWN Through August 2025
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FY25-26 ALLOCATION BREAK DOWN								
Funding Source	Admin. \$	Admin. %	CQM \$	CQM %	RW 2025-26 Service dollars	Total	CORE Medical Services	Support Services
Part A	1,149,330	10%	335,660	3%	10,456,264	11,941,254	46.05%	53.95%
Part A MAI	81,248	10%	34,092	4%	697,142	812,482		
<b>TOTAL</b>	<b>1,230,577.80</b>		<b>369,752.07</b>		<b>11,153,406.13</b>	<b>12,753,736.00</b>	<b>49%</b>	<b>51%</b>

Ryan White Part A Allocations								% Elapsed	50%		
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Outpatient Ambulatory Health Services: Primary Care	1l	1	1,102,630.00	11%	718,407.00	1,821,037.00	17%	706,238.47	39%	1,114,798.53	
Outpatient Ambulatory Health Services: Medical Specialty	1l	2	195,000.00	2%	-	195,000.00	2%	97,327.03	50%	97,672.97	
Psychiatric Medication Management	1j	12	6,000.00	0%	7,500.00	13,500.00	0%	3,805.93	28%	9,694.07	
Oral Health	1k	3	160,940.00	2%	97,847.00	258,787.00	2%	116,971.46	45%	141,815.54	
Medical Case Management	1h	4	1,151,853.00	12%	(122,000.00)	1,029,853.00	10%	483,896.68	47%	545,956.32	
Non-Medical Case Management for Housing		6	200,000.00	2%	-	200,000.00		7,459.93	4%	-	
Housing: Emergency Housing	2e	9	1,183,515.00	12%	203,717.00	1,387,232.00	13%	549,722.25	40%	837,509.75	
Housing: Location, Placement and Advocacy Services		8	100,000.00	1%	(100,000.00)	-		-	0%	-	
Housing: Partial Assistance Rental Subsidy (PARS)	2e	7	850,507.00	9%	104,000.00	954,507.00	9%	415,036.95	43%	539,470.05	
Non-Medical Case Management	2h	5	392,021.00	4%	(85,000.00)	307,021.00	3%	155,456.09	51%	151,564.91	
Coordinated HIV Services for Women, Infants, Children, Youth, and Families (WICYF)	1c	13	993,157.00	10%	70,000.00	1,063,157.00	10%	492,604.91	46%	570,552.09	
Childcare Services	2a		-	0%	-	-	0%	-	0%	-	
Early Intervention Services: Regional Services	1c	14	790,000.00	8%	(42,000.00)	748,000.00	7%	355,435.67	48%	392,564.33	
Health Education & Risk Reduction	2d	14a	-	0%	-	-	0%	-	0%	-	
Outreach Services	2j	14b	-	0%	-	-	0%	-	0%	-	
Referral Services	2l	14c	-	0%	-	-	0%	-	0%	-	
Referral to Health and Supportive Services (Peer Navigation)		16	260,000.00	3%	(61,148.00)	198,852.00	2%	82,779.57	42%	116,072.43	

Ryan White Part A Allocations						% Elapsed		50%			
Service Categories	HRSA Ranking	Priority Ranking	RW 2025-26 HPG Initial Allocation	%	HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Mental Health: Counseling/Therapy	1j	10	810,000.00	8%	(230,000.00)	580,000.00	6%	275,960.74	48%	304,039.26	
Psychosocial Support Services		17	46,744.00	0%	-	46,744.00	0%	-	0%	-	
Substance Use Services: Outpatient	1m	11	313,127.00	3%	41,010.00	354,137.00	3%	159,299.85	45%	194,837.15	
Substance Abuse Services: Residential	2o	18	-	0%	-	-	0%	-	0%	-	
Home-based Health Care Coordination	1e	19	228,500.00	2%	(15,000.00)	213,500.00	2%	93,898.51	44%	119,601.49	
Transportation: Assisted and Unassisted	2g	20	151,830.00	2%	(60,000.00)	91,830.00	1%	42,539.93	46%	49,290.07	
Food Services: Food Bank/Home-Delivered Meals	2c	21	536,073.00	5%	97,090.00	633,163.00	6%	204,919.65	32%	428,243.35	
Medical Nutrition Therapy	1i	22	35,542.00	0%	-	35,542.00	0%	18,656.86	52%	16,885.14	
Legal Services	2i	23	285,265.00	3%	-	285,265.00	3%	149,784.39	53%	135,480.61	
Emergency Financial Assistance	2b	24	61,856.00	1%	-	61,856.00	1%	23,170.07	37%	38,685.93	
Home Health Care	1f	25	-	0%	-	-	0%	-	0%	-	
Early Intervention Services: HIV Counseling and Testing	1c	26	-	0%	-	-	0%	-	0%	-	
Cost-Sharing Assistance	1d	27	-	0%	-	-	0%	-	0%	-	
Hospice	1g	28	-	0%	-	-	0%	-	0%	-	
Subtotal			9,854,560.00	100%	624,423.00	10,478,983.00	98%	4,434,964.94	42%	6,044,018.06	
Ryan White Part A Minority AIDS Initiative (MAI)			RW 2025-26 HPG Initial Allocation		HPG & Recipient Approved Actions +/-	RW 2025-26 HPG Adjusted Allocation	%	RW 2025-26 Year to Date Expenditure	RW 2025-26 Year-to-Date - % Expenditure/Budget)	RW 2025-26 Balance	Comments
Multi-Disciplinary Team			593,182.00		-	593,182.00	86%	231,031.30	39%	362,150.70	
Housing: Emergency Housing			100,000.00		-	100,000.00	14%	22,308.59	22%	77,691.41	
Subtotal			693,182.00		-	693,182.00	100%	253,339.89	37%	439,842.11	
TOTAL			10,547,742.00		624,423.00	11,172,165.00		4,688,304.83	42%	6,483,860.17	

CORE and Support Services Allocation Breakdown						
	Total Allocation	% Allocated	Total Expenditure	% Spent	Total Balance	% Balance
CORE Medical Services	4,825,976.50	46.1%	1,986,263.28	41.2%	2,839,713.22	58.8%
Support Services	5,653,005.00	53.9%	2,230,351.43	39.5%	3,422,653.57	60.5%
TOTAL	10,478,981.50		4,216,614.71		6,262,366.79	

# Partial Assistance Rent Subsidy Program Report

## Waiting List

- **61** currently on the waitlist
  - **27** on waitlist previously enrolled in PARS
  - **34** are new applicants

### Demographics:

- Gender: **42** male, **13** female, **6** transgender
  - Race/ethnicity:
    - **16** Black, **30** Hispanic/Latino, **13** white, **1** Asian, **1** American Indian
- Age: **42** over 45, **17** ages 31-44, **2** ages 18-30
- Central region **41**, East **11**, South **3**, North **6**

## Current Clients

- **87** currently enrolled

### Demographics:

- Gender: **63** male, **16** female, **8** transgender
- Race/ethnicity:
  - **10** Black, **50** Hispanic/Latino, **24** white, **2** Asian, **1** American Indian
- Age: **57** over 45, **28** ages 31-44, **2** ages 18-30
- Central region **51**, East **13**, South **18**, North **5**



LIVE WELL  
SAN DIEGO

# Ryan White Utilization Report

## Summary of Services for FY 25

*(March 1, 2025 - February 28, 2026)*

HIV, STD and Hepatitis Branch



## Universal Standards

### Trauma-Informed Services

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

A safe and welcoming environment is a physical and emotional space where all clients and staff, regardless of race, ethnicity, sexual orientation, gender identity, immigration status, income level, religion, or substance use history, feel respected, affirmed, and free from judgment or harm. This environment supports trust, engagement, and retention in care, which are essential for achieving optimal health outcomes for people living with HIV (PLWH).

HHSA has adopted the following Trauma-Informed Principles:

- Understanding trauma and its impact to individuals.
- Promoting safety.
- Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness.
- Supporting consumer empowerment, control, choice, and independence.
- Sharing power and governance (e.g., including clients and staff at all levels in the development and review of policies and procedures).
- Demonstrating trustworthiness and transparency.
- Integrating services along the continuum of care.
- Believing that establishing safe, authentic, and positive relationships can be healing.
- Understanding that everyone experiences trauma in different ways and recognition that trauma can affect people's physical, mental, emotional, and spiritual well-being.
- Trauma-informed practices are interwoven through the system and are present in ongoing trainings, supervision, and daily operations.
- Understanding that wellness is possible for everyone.

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

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

Standard	Measure
Agency policies address trauma-informed care	Documentation in policies regarding trauma-informed principles
Staff receive annual training on trauma-informed services	Documentation of all staff trainings on trauma-informed care

	Copies of the curriculum, handouts, etc. kept on file
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### Intake Requirements

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

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

Once a client has established eligibility, they will be enrolled in the Ryan White program. Clients maintain their enrollment by completing an annual re-enrollment at 12 months. For mid-year recertifications, clients do not need to provide additional documentation unless there has been a change in residency, income, or insurance status. Documentation of residency, income and insurance status is required for all annual re-enrollments.

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

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

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

Also, at the time of intake, providers are required to assess needs of client and their ability to meet these needs through Ryan White services or offer appropriate referrals. To the degree that telehealth appointments are appropriate for, continue to be allowable by third party payors and are provided to clients, information regarding the potential availability of telehealth services as well as the availability of assistance with the provision of necessary equipment and some limited internet access will be provided.

Within 90 days of intake or recertification, providers also assess client access issues, including linguistic, literacy and cultural needs, physical accessibility, and service location. Service information and assessment is also provided regarding temporary housing services, food services, emergency financial assistance, mental health services and substance use treatments, and available transportation. Such information will be provided to clients and documented in CERS at least once a year thereafter.

[Measure: CERS note indicating date service information/referrals were provided.]

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



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

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

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

### Client Rights and Responsibilities

Clients have the right to receive services that address their needs, as well as refuse services. Clients may actively engage in decision making. Clients also have the right to involve their family members and/or other identified support persons in support of their care if they wish. Consent will be required in order for any information to be shared directly by providers with such persons. All providers must have written policies and procedures regarding client rights and responsibilities. Clients are informed of these rights and responsibilities during intake and a written copy is made available.

Clients are informed of service expectations in a clear and supportive manner at the time of engagement. If these expectations are not being met, providers will engage the client in a respectful, collaborative conversation to discuss any needed changes and explore supportive options. In some cases, a mutual service agreement may be developed to help clarify goals and ensure continued access to care. The purpose of such agreements is to support the clients' success in the program. If further support is needed, additional steps may be taken in partnership with the clients. No client will be denied services based solely on current or past substance use.

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

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

### Complaint and Grievance Process

In the event clients feel that they are not being heard or services are not being delivered in a

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

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

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

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

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

The following is the Goldenrod process:

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

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

### Case Closure

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

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

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

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

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

Standard	Measure
Client's case is closed based upon at least one of the approved criteria.	<p>A case closure is noted in the client chart. For specified service categories, a case closure summary including the following:</p> <ul style="list-style-type: none"> <li>• Most recent assessment and/or diagnosis</li> <li>• Care plan at time of closure</li> <li>• Referrals not yet completed</li> <li>• Reason for case closure</li> </ul> <p>For clients who drop out of care without notice, case closure summary including the above and the following:</p> <ul style="list-style-type: none"> <li>• Documentation of attempts to contact client, including written correspondence and results of these attempts.</li> </ul>

### Termination of Services

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

- Client is deceased
- Client demonstrates repeated non-engagement
- Client exhibits repeated behavior that is not aligned with the safe and welcoming

- environment
- Client violates confidentiality of other client(s)

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

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

Standard	Measure
There is documentation with reason(s) for termination in the client record.	A termination of service summary including the following documentation: <ul style="list-style-type: none"> <li>• Most recent assessment and/or diagnosis</li> <li>• Care plan at time of termination</li> <li>• Referrals not yet completed</li> </ul> Reason for termination
Staff determine client eligibility for other programs and re-instatement in services.	Documentation of "inactive status" and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate.

### Cultural and Linguistic Competency

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

This competency includes ensuring that eligible, RW-certified transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV. All providers will help to ensure eligible, RW certified transgender clients living with HIV are provided with access to gender-affirming services including but not limited to hormone therapy, gender-affirming mental health services and STD testing and treatment.

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

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

Providers will employ proactive strategies such as partnering with other local

organizations to develop a diverse workforce.

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

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

### Privacy and Confidentiality

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

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

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

The form must contain:

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

- Client's signature or legal representative's signature

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

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



**HIV PLANNING GROUP**  
**12-MONTH COMMITTEE TRACKING**  
**Nov 2024 - Oct 2025**

<b>STEERING COMMITTEE</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>#</b>
<b>Total Meetings</b>	1	0	1	0	1	0	1	0	1	0	1	0	6
<b>(7) Members</b>													
<b>Community Engagement Group</b> <b>Michael Donovan</b>	*	NM	*	NM	*	NM	*	NM	*	NM	*	NM	0
<b>Medical Standards &amp; Evaluation Committee</b> <b>Dr. David Grelotti</b>	1	NM	1	NM	JC*	NM	JC	NM	*	NM	*	NM	2
<b>Membership Committee</b> <b>Felipe Garcia-Bigley</b>	*	NM	*	NM	*	NM	*	NM	*	NM	1	NM	1
<b>Priority Setting &amp; Resource Allocation Committee</b> <b>Rhea Van Brocklin</b>	*	NM	*	NM	1	NM	*	NM	*	NM	*	NM	1
<b>Strategies &amp; Standards Committee</b> <b>Michael Wimpie</b>	1	NM	*	NM	*	NM	*	NM	*	NM	*	NM	1
<b>HIV Planning Group</b> <b>Mikie Lochner (Chair)</b>	1	NM	*	NM	*	NM	*	NM	*	NM	*	NM	1
<b>HIV Planning Group</b> <b>Cinnamen Kubricky (Vice-Chair)</b>	*	NM	*	NM	*	NM	1	NM	*	NM	1	NM	2

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

**Public Comment/Sharing Concerns/Suggestions to the Steering Committee from the  
October 22, 2025 HPG meeting**

<b>Agenda Item</b>	<b>Comment</b>	<b>Steering Committee Response</b>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>- A concern about access to emergency housing and a long waitlist.</li> </ul>	
<b>Sharing Concerns</b>	<ul style="list-style-type: none"> <li>- A concern about rising prices, loss of food benefits.</li> <li>- A comment about additional resources for food access from SD Live Well Advance that took place on October 22.</li> </ul>	
<b>Suggestions to the Steering Committee for consideration of future items</b>	None	
<b>Request from the community on future training topics and other agenda items</b>	None	



# DR. A. BRAD TRUAX **AWARDS**

## THE 36TH ANNUAL DR. A. BRAD TRUAX AWARDS

DECEMBER

MONDAY

**01**

3:00-5:00 PM

3909 Centre St., San Diego, CA  
92103

**The Dr. A. Brad Truax Award was created to honor the memory of Dr. Truax and his tireless dedication to the prevention and treatment of HIV/AIDS in San Diego.**

Come recognize and celebrate the incredible contributions made by those who go above and beyond in the field of HIV work and the fight against the HIV/AIDS epidemic.

**TO REGISTER PLEASE VISIT**

**<https://tinyurl.com/Truax2025>**





# DR. A. BRAD TRUAX AWARDS

## LA 36TH ENTREGA ANUAL DE LOS PREMIOS DR. A. BRAD TRUAX

DICIEMBRE

LUNES

01

3:00-5:00 PM

3909 Centre St., San Diego, CA  
92103

**El premio Dr. A. Brad Truax fue creado para honrar la memoria del Dr. Truax y su incansable dedicación a la prevención y el tratamiento del VIH/SIDA en San Diego.**

Acompáñanos al evento para reconocer y celebrar las increíbles contribuciones realizadas por aquellos que van más allá en el campo del trabajo sobre el VIH y la lucha contra la epidemia del VIH/SIDA

**PARA REGISTRARSE, VISITE**

**<https://tinyurl.com/Truax2025>**



# ASSEMBLY BILL (AB) 2302: THE USE OF JUST CAUSE AND EMERGENCY CIRCUMSTANCES (2025)

(An Amendment to AB 2449)

If the physical attendance quorum requirement is met, AB 2302 permits a member who is not physically present to request virtual attendance at the local legislative body’s meeting under two circumstances: (1) for “just cause” and (2) due to “emergency circumstances”.

Qualifying Reason	Provisions to Attend Remotely	Requirements/Limitations
<p><b>“Just Cause”</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>A contagious illness prevents the member from attending the meeting in person.</li> <li>There is a need related to a defined physical or mental disability that is not otherwise accommodated for.</li> <li>Traveling while on official business of the legislative body or another state or local agency.</li> </ul>	<p>A member is limited to <u>two (2)</u> virtual attendances due to “just cause” per calendar year.</p>
<p><b>“Emergency Circumstances”</b></p>	<p><b><i>“A physical or family medical emergency that prevents a member from attending the meeting in person.”</i></b></p> <p>A member is <u>not</u> required to disclose any medical diagnosis or disability, or any personal medical information that is already exempt from existing law.</p>	<p><b>A member of the legislative body must:</b></p> <ol style="list-style-type: none"> <li>Make a request to the body to allow the member to meet remotely due to an emergency circumstance; and</li> <li>Provide a general description of no more than 20 words of the circumstance justifying such attendance.</li> </ol> <p>A request from a member to attend remotely requires that the legislative body take action and <u>approve</u> the remote attendance at the start of the meeting for the member to be allowed to participate remotely for that meeting<sup>1</sup>.</p>

<sup>1</sup>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 2302 imposes the following three (3) additional requirements on legislative body members seeking to appear remotely at public meetings:

- The member:
  - Notifies 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. **OR**
  - Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances and the legislative body takes action to approve the request. (See “requirements/limitations” for the use of emergency circumstances.)
- 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.
- The member shall participate through both audio and visual technology.