



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

October 27, 2022
1:30 p.m.

***(In person and Via Webex
Conferencing)***

**Sprowel Creek Campus, Rm 106
286 Sprowel Creek Road
Garberville, CA 95542**

Governing Board

Date: Thursday, October 27, 2022
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad
Link: <https://shchd.webex.com/shchd/j.php?MTID=m8f89e92fc68553ca4172eb99ab74d54d>

Agenda

Time*	Page	Item
1:30 p.m.		A. Call to Order
		B. Public Comment See below for Public Comment Guidelines
1:35 p.m.		C. Board Member Comments Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.
1:40 p.m.		D. Announcements
1:45 p.m.	1-8	E. Consent Agenda <ol style="list-style-type: none">1. Approval of Agenda2. Approval of Previous Meeting Minutes<ol style="list-style-type: none">a. Governing Board Meeting Minutes, September 29, 2022b. Special Governing Board Meeting Minutes, October 13, 20223. Approval of Resolution 22:23 – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until November 26, 2022.
1:50 p.m.		F. Correspondence, Suggestions or Written Comments to the Board

- 2:00 p.m. 9-26 G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees
1. Approval of September, 2022 Finances - Paul Eves
 2. PFS report/Provider Printout – September, 2022 – Marie Brown/Remy Quinn
 - HRG report –Remy Quinn
- 27-30 **H. Chief Nursing Officer’s Report – Adela Yanez, CNO**
- 31 **I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]– Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager– (Jan., April, July, Oct.) – Will submit the report next month**
- 2:30 p.m. 32 J. Administrator’s Report –Matt Rees – See FRC report attached
1. **Human Resources Quarterly Report – Kimberly Schiebelhut (Jan., April, July, Oct.)**
 2. Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)
 3. Strategic Plan Committee reports - Rivers
 4. Committee reports – Barbara Truitt and Kevin Church
- K. Old Business - none
- 3:45 p.m. L. New Business
1. Policies and Procedures – Behavioral Health Manual and Policies – See separate packet
 2. Brown Act, AB 361, AB 2449 and SB 1100 – discussion about remote meetings going forward – See separate packet
- M. Meeting Evaluation
- N. Parking Lot - None
- O. Next Meetings
1. Medical Staff Committee - Policy Development, Wednesday, November 9, 2022, 11:00 a.m.
 2. QAPI Meeting – November 23, 2022, 10:00 a.m.
 3. Governing Board Meeting December 1, 2022 at 1:30 p.m.
- P. Adjourn to Closed Session

Q. Closed Session

1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting September 29, 2022
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager
3. Clinic Service Review [H&S Code § 32155] – Adela Yanez, CNO
4. MERP Report [H&S Code § 32155] – Adela Yanez, CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957] –
 - a. David Wells, MD, Initial Appointment to Provisional Associate for Diagnostic Teleradiology privileges, 11/01/2022 to 10/31/2023
 - b. Philip Scheel, MD, Change in status from Active to Courtesy effective 10/16/2022.
6. Personnel matter – Chief Quality and Compliance Officer Kristen Rees evaluation § 54957
7. Next regular Meeting Thursday, December 1, 2022

R. Adjourn Closed Session

S. Resume Open Session

T. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>COO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Governing Board Meeting Agenda

October 27, 2022

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PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA: Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.

PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA: Individuals wishing to address the Board regarding items on the agenda may do so after the Board has completed their initial discussion of the item and before the matter is voted on, so that the Board may have the benefit of these comments before making their decision. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act constraints, the Board meeting is their only opportunity to do so.

OTHER OPPORTUNITIES FOR PUBLIC COMMENT: Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the Board and appropriate staff.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 1276 at least 48 hours prior to the meeting." **Times are estimated*

Posted Monday, October 24, 2022

Governing Board

Date: Thursday, September 29, 2022
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

Special Note: Due to COVID-19, this meeting was held via teleconference.

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Kevin Church, Galen Latsko and Barbara Truitt.

Not Present: None

Also in person: CEO Matt Rees; Marie Brown, PFS Manager; CNO Adela Yanez; CFO Paul Eves; and Karen Johnson, Board Clerk and Medical Staff Coordinator.

Also via Webex: COO Kent Scown; Remy Quinn, HIM Manager; Darrin Guerra, Administrative Assistant.

A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:32 p.m.

B. Public Comment - None

C. Board Member Comments

The Board would like to highlight employees that take additional training.

D. Announcements - None

E. Consent Agenda

1. Approval of Agenda

2. Approval of Previous Meeting Minutes

- a. Special Governing Board Meeting, July 22, 2022
- b. Governing Board Meeting Minutes, July 29, 2022

- c. Governing Board Meeting Minutes, August 25, 2022
- d. Special Governing Board Meeting Minutes, September 6, 2022
- e. Special Governing Board Meeting Minutes, September 16, 2022

Motion: Barbara Truitt made a motion to approve the minutes, as described above.

Second: Galen Latsko

Ayes: Corinne Stromstad, Kevin Church, Galen Latsko, and Barbara Truitt

Noes: None

Not Present: None

Motion carried

- 3. **Approval of Resolution 22:22** – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day Extension until October 29, 2022 and other consent agenda items.

Motion: Barbara Truitt made a motion to adopt Resolution 22:22, as described above.

Second: Kevin Church

Ayes: Corinne Stromstad, Kevin Church, Galen Latsko, and Barbara Truitt

Noes: None

Not Present: None

Motion carried.

F. Correspondence, Suggestions or Written Comments to the Board – None

G. Finance Report – Paul Eves

- 1. Approval of August, 2022 Finances - Paul Eves – see report
 - Laboratory visit number should be 387
 - Additional CHFFA loan of \$2M was applied for. This is an interest-free loan. This will help offset some of the cost of the remodel.

Motion: Barbara Truitt moved to approve the Financials, submitted for August, 2022.

Second: Galen Latsko

Ayes: Corinne Stromstad, Kevin Church, Galen Latsko, and Barbara Truitt

Noes: None

Not Present: None

Motion carried.

- 2. PFS report –August, 2022 –Marie Brown – See report
 - a. HRG report – August, 2022 – Marie Brown– See report

H. Chief Nursing Officer's Reports – Adela Yanez, Interim CNO – See Report.

- An ER Technician will be helping with case management under supervision.

- Flu shot is now available.
 - The Ultrasound is ready to go and should start up about October 10th or 11th, 2022.
- I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]–Kristen Rees, MPH, CPHQ, LSSBB, RHCEOC, Chief Quality and Compliance Officer and Risk Manager – (Jan., April, July, Oct.)
- Applying for a grant due tomorrow for up to \$1M – Test to Treat is for underserved populations.
 - Health Care Quality week will be in October.
- J. Administrator’s Report –Matt Rees, CEO -See “Board Update”
1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) - No Report.
 2. Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) - No Report
 3. Strategic Plan – No Report
 4. Committee Reports –Barbara Truitt – no additional reports
- K. Old Business – Employee Handbook – This item has been tabled.
- L. New Business
1. Policies and Procedures – See packet “A”
 - Motion:** Barbara Truitt made a motion to approve the Policy and Procedure packet “A”, with a correction to Product Recall and Product Hazard Report 2022, but otherwise as submitted.
 - Second:** Kevin Church
 - Ayes:** Barbara Truitt, Kevin Church, Galen Latsko, and Corinne Stromstad.
 - Noes:** None
 - Not Present:** None
 - Motion Carried**
 2. Medical Staff Bylaws and Rules and Regulations – See separate packet
 - One key change is adding Allied Health Practitioner (AHP) Staff to cover Physician Assistants and Nurse Practitioners. Additional changes to incorporate AHP to the Medical Staff Bylaws will be made in the future. AHP Staff will continue to have their credentialing file go to the Chief of Staff for approval, but will not go to Med Staff Committee, nor will they be brought to the Board, since they’re employees.
 - Another change is to the Fair Hearing section.

Motion: Barbara Truitt made a motion to approve Medical Staff Bylaws and Rules and Regulation, as submitted to the Board.

Second: Kevin Church

Ayes: Barbara Truitt, Kevin Church, Galen Latsko, and Corinne Stromstad.

Noes: None

Not Present: None

Motion Carried

3. Board Vacancy – We'll let the County know when we have someone for the position.

M. Meeting Evaluation – Good meeting

N. Parking Lot – Governing Board retreat – This is set for October 25 and 26, 2022. Kevin and Matt will meet with Todd, GovernWell, to finalize the agenda. See 2 handouts provided during the meeting. The Brown Act refresher training will be a separate training.

O. Next Meetings

1. Medical Staff Committee - Policy Development, Wednesday, October 12, 2022, 11:00 a.m. – Barbara Truitt will be attending.
2. QAPI Meeting – October 12, 2022, 10:00 a.m.
3. Finance Committee will be held Friday, October 21, 2022 at 10:00 a.m.
4. Governing Board Meeting Thursday, October 27, 2022 at 1:30 p.m.

P. Adjourn to Closed Session at 3:02 p.m.

Q. Closed Session opened at 3:08 p.m.

1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting July 29, 2022
 - b. Closed Session Governing Board Meeting August 25, 2022
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
3. Clinic Service Review [H&S Code § 32155] – Adela Yanez, Interim CNO
4. Medication Error Reduction Plan Report [H&S Code § 32155] – Adela Yanez, Interim CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957]
 - a. Tahir Alkhairy, MD, Reappointment to Associate for Diagnostic Teleradiology

- privileges, 10/01/2022 to 09/30/2024
 - b. David Ishimitsu, MD, Reappointment to Associate for Diagnostic Teleradiology privileges, 10/01/2022 to 09/30/2024
 - c. Paul Lampert, MD, Reappointment to Associate for Diagnostic Teleradiology privileges, 10/01/2022 to 09/30/2024
 - d. Jonathan Meyer, MD, Reappointment to Associate for Diagnostic Teleradiology privileges, 10/01/2022 to 09/30/2024
 - e. Michael Witkosky, MD, Reappointment to Associate for Diagnostic Teleradiology privileges, 10/01/2022 to 09/30/2024
6. Next Regular Meeting:
- a. Governing Board Meeting, Thursday, October 27, 2022
- R. Adjourned Closed Session at 3:30 p.m.
- S. Resumed Open Session at 3:30 p.m.
1. The following actions were taken at closed session
- Motion:** Barbara Truitt moved to approve the Previous closed session minutes of July 29, 2022 and August 25, 2022.
- Second: Kevin Church
- Ayes: Galen Latsko, Barbara Truitt, and Corinne Stromstad
- Noes: None
- Not Present: None
- Motion carried.**
- Motion:** Barbara Truitt moved to approve Drs. Tahir Alkhairy, David Ishimitsu, Paul Lampert, Jonathan Meyer and Michael Witkosky's Reappointments to Associate Status with Diagnostic Teleradiology privileges from October 1, 2022 to September 30, 2024
- Second: Kevin Church
- Ayes: Galen Latsko, Barbara Truitt, Kevin Church and Corinne Stromstad
- Noes: None
- Not Present: None
- Motion carried.**
- T. Adjourned Open Session at 3:30 p.m.

Submitted by Karen Johnson

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Governing Board – Special Meeting

Date: Thursday, October 13, 2022
Time: 10:00 a.m.
Location: Sprowel Creek and Webex
Facilitator: Corinne Stromstad, Board President

Minutes

Governing Board: Corinne Stromstad, Barbara Truitt, and Galen Latsko in person, and Kevin Church by Webex

Not Present: None

Also present: Kent Scown, COO and Karen Johnson, Board Clerk

Also Present via Webex: Chris Uebel of Moore/Uebel Architecture and Chelsea Brown and Heidi Holtermann, Outreach

A. Call to order – 10:00 a.m.

B. Public Comment –None

C. Board Member Comments – none

D. Announcements – None

E. New Business –

1. Approval of Request For Qualifications process for new hospital architect selection (see attachments Request for Qualifications and Sample Agreement)

The Request for Qualifications was handed out. This process includes picking the best qualified company at a reasonable cost. Next will be publishing it in The Times Standard for Public Notice. A sample agreement was provided and will give contractors an idea of what it will look like.



Motion: Barbara Truitt made a motion to move forward with the Request for Qualifications.

Second: Galen Latsko seconded the motion

Ayes: Corinne Stromstad, Barbara Truitt, Kevin Church and Galen Latsko

Noes: None

Not Present: None

Motion carried.

2. Adjourned at: 10:15 a.m.

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Submitted by Karen Johnson

**Southern Humboldt Community
Healthcare District**

	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics														
Total Acute Patient Days	9	5	11	3	18	15	5	3	7	6	6	10	8	22
Total Swing Patient Days	66	30	39	35	65	95	98	54	3	3	26	37	46	66
Total SNF Patient Days	231	191	237	223	190	217	228	221	215	248	248	214	222	710
Total Patient Days	306	226	287	261	273	327	331	278	225	257	280	261	276	798
Total Acute Discharges	4	2	5	1	7	3	3	1	3	1	2	3	3	6
Total Swing Discharges	5	0	2	2	2	5	5	3	2	1	1	3	3	5
Total SNF Discharges	1	1	2	1	1	0	0	2	0	4	0	1	1	5
	10	3	9	4	10	8	8	6	5	6	3	7	7	16
Acute Length of Stay	2.25	2.50	2.20	3.00	2.57	5.00	1.67	3.00	2.33	6.00	3.00	3.33	3.07	12
ER Admits	4	2	5	1	7	4	3	2	3	1	2	3	3	6
I/P Lab Visits	14	7	10	23	26	14	17	22	23	41	61	15	23	117
I/P Radiology Visits	2	2	4	2	5	6	6	10	3	3	5	5	4	13
I/P EKG's	0	0	1	0	0	0	0	0	0	0	0	3	0	3
Out Patient Statistics														
ER Visits	220	260	206	233	188	218	219	248	270	278	287	259	241	824
Clinic Visits	471	495	453	449	380	509	452	500	479	466	581	415	471	1,462
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	1871	1302	1644	2278	2597	1042	1049	1453	1853	1859	2005	1184	1,678	5,048
Laboratory Visits	546	640	839	1009	455	589	574	681	702	753	1351	507	721	2,611
Radiology	152	167	179	121	182	170	161	154	193	162	160	173	165	495
Mammography	11	19	9	17	9	14	13	28	9	18	30	18	16	66
CT Scans	63	70	66	73	77	88	72	80	88	63	80	77	75	220
EKG's	38	25	44	48	55	37	34	59	64	28	47	62	45	137
Total O/P Visits	3,372	2,978	3,440	4,228	3,943	2,667	2,574	3,203	3,658	3,627	4,541	2,695	-	10,863
Retail Pharmacy Rx's Sold	2,358	2,566	2,249	2,573	2,455	2,999	2,983	3,237	3,279	3,512	3,693	3,472	2,948	10,677
Salary Statistics														
Productive FTE's	79.2	80.5	79.2	71.7	79.1	77.4	79.7	81.1	81.2	81.2	80.2	87.4	79	
Paid FTE's	87.1	87.8	87.9	85.4	87.0	88.0	87.8	88.2	92.0	91.8	94.5	97.3	88	
Salaries & Ben as % of Net Rev	77.6%	64.5%	67.2%	50.1%	72.8%	62.37%	70.03%	71.65%	48.15%	2867.64%	56.79%	63.27%	298.30%	
Benefits as % of Salaries	64.4%	32.2%	19.7%	28.1%	43.9%	19.68%	43.42%	47.12%	-24.13%	11.55%	23.93%	19.68%	30.35%	
Revenue Statistics														
Gross A/R > 120 Days	1,505,869	1,451,996	1,746,576	2,040,686	2,152,505	2,071,508	2,181,976	1,997,956	1,799,059	1,676,234	1,718,059	1,160,605	1,772,854	
A/R>120 Days as % of Total AR	34%		42%	42%	42%	42%	42%	42%	42%	42%	42%	42%	0	
Gross Days in A/R	85.9	86.3	94.7	91.6	86.5	86.5	88.5	84.9	82.9	83.4	83.4	83.4	86	
Net Days in A/R	81.6	79.8	87.5	84.4	79.9	79.9	80.0	78.6	75.0	77.3	74.7	74.7	80	
A/R Cash Collections	847,125	845,077	729,186	727,607	859,954	770,454	1,024,101	1,137,769	1,227,309	801,517	1,182,187	815,275	897,974	
Collections as % of Net Rev	70.8%	68.8%	63.1%	58.0%	59.5%	69.3%	75.8%	91.6%	95.1%	54.9%	2860.8%	55.6%	70.9%	
Accounts Payable Days	2.1	1.9	0.8	6.4	6.2	6.9	7.5	8.1	3.9	2.1	1.1	0.8	5.0	
Cash Collections per Cal Day	27,327	27,261	23,522	23,471	27,740	24,853	33,036	36,702	39,591	25,855	38,135	26,299	28,967	347,603
Cash Disburs. per Cal Day	458,718	40,600	42,521	41,846	54,626	48,648	46,099	53,257	53,859	58,544	50,307	50,270	81,548	914,827
DATA Entry/Details/Calcs														
Calendar Days	31	30	31	31	28	31	30	31	30	31	31	30		

**Southern Humboldt Community
Healthcare District
Income Statement
September 2022**

Current Month			Year to Date			
\$					\$	%
Variance	Budget	Actual		Actual	Budget	Variance
			GROSS PATIENT REVENUE			
(10,864)	237,500	226,636	INPATIENT	625,660	712,500	(86,840)
7,750	41,670	49,420	INPATIENT ANCILLARY	158,789	125,010	33,779
406,415	1,202,080	1,608,495	OUTPATIENT ANCILLARY	4,687,772	3,606,240	1,081,532
403,301	1,481,250	1,884,551	TOTAL PATIENT REVENUE	5,472,221	4,443,750	1,028,471
			DEDUCTIONS FROM REVENUE			
158,160	515,630	673,790	CONTRACTUAL ALLOWANCES	1,412,059	1,546,890	(134,831)
25,225	71,670	96,895	PROVISION FOR BAD DEBTS	185,372	215,010	(29,638)
42,939	36,000	78,939	OTHER ALLOWANCES/DEDUCTIONS	344,851	108,000	236,851
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(900,000)	(900,000)	
226,324	323,300	549,624	TOTAL DEDUCTIONS	1,042,282	969,900	72,382
176,977	1,157,950	1,334,927	NET PATIENT REVENUE	4,429,939	3,473,850	956,089
4,920	12,000	16,920	OTHER OPERATING REVENUE	53,191	36,000	17,191
181,897	1,169,950	1,351,847	TOTAL OPERATING REVENUE	4,483,130	3,509,850	973,280
(27,139)	731,670	704,531	SALARIES & WAGES	2,439,331	2,195,010	244,321
(19,694)	158,330	138,636	EMPLOYEE BENEFITS	422,302	474,990	(52,688)
94,362	123,330	217,692	PROFESSIONAL FEES	617,382	369,990	247,392
(22,927)	112,500	89,573	SUPPLIES	326,446	337,500	(11,054)
(9,240)	21,670	12,430	REPAIRS & MAINTENANCE	75,864	65,010	10,854
85,034	110,000	195,034	PURCHASED SERVICES	586,952	330,000	256,952
4,822	14,170	18,992	UTILITIES	45,740	42,510	3,230
(10,304)	23,330	13,026	INSURANCE	39,260	69,990	(30,730)
0		0	INTEREST	0	0	0
9,795	38,330	48,125	DEPRECIATION/ AMORTIZATION	142,545	114,990	27,555
36,726	33,330	70,056	OTHER	186,651	99,990	86,661
141,435	1,366,660	1,508,095	TOTAL OPERATING EXPENSES	4,882,473	4,099,980	782,493
40,462	(196,710)	(156,248)	OPERATING PROFIT (LOSS)	(399,343)	(590,130)	190,787
(2,500)	95,000	92,500	TAX REVENUE	277,500	285,000	(7,500)
33,376	40,000	73,376	OTHER NONOPERATING REV (EXP)	185,411	120,000	65,411
		27,704	INTEREST INCOME	27,704		
58,580	135,000	193,580	NET NON OPERATING REV (EXP)	490,615	405,000	85,615
99,042	(61,710)	37,332	NET INCOME (LOSS)	91,272	(185,130)	276,402

**Southern Humboldt
Community Healthcare District
Income Statement Trend**

	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	12 Month AVG: Mar '21-Feb 22	YTD - Current Year
Inpatient Daily Hospital Services	219,424	170,256	217,954	170,724	226,213	263,867	217,261	192,011	175,686	203,494	195,530	226,636	206,588	625,660
Ancillary Revenue	45,472	40,036	51,743	54,178	57,688	86,204	71,057	64,210	41,791	62,795	46,574	49,420	55,931	158,789
Outpatient Revenue	1,273,369	1,162,271	1,356,271	1,577,499	1,208,326	1,472,842	1,285,791	1,414,753	1,463,561	1,494,265	1,585,012	1,608,495	1,408,538	4,687,772
Total Hospital Revenue	1,538,265	1,372,563	1,625,968	1,802,401	1,492,227	1,822,913	1,574,109	1,670,974	1,681,038	1,760,554	1,827,116	1,884,551	1,671,057	5,472,221
Contractual Allowances	324,712	415,578	447,106	501,660	508,013	761,987	556,716	615,921	472,276	144,218	594,051	673,790	501,336	1,412,059
Provision for Bad Debts	140,689	54,169	137,821	117,448	118,631	10,157	49,676	17,220	43,045	76,189	12,288	96,895	72,852	185,372
Other Allowances/Deductions	39,931	63,107	100,622	38,322	67,521	90,994	52,827	61,168	21,290	191,920	73,992	78,939	73,386	344,851
Other Operating: IGTs & Supplemental	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(900,000)
Total Deductions	205,332	232,854	385,549	357,430	394,165	563,138	359,219	394,309	236,611	112,327	380,331	549,624	347,574	1,042,282
Contractual %													21%	19%
Net Patient Revenue	1,332,933	1,139,709	1,240,419	1,444,971	1,098,062	1,259,775	1,214,890	1,276,665	1,444,427	1,648,227	1,446,785	1,334,927	1,314,490	4,429,939
Net Revenue %	87%	83%	76%	80%	74%	69%	77%	76%	86%	94%	79%	71%	79%	81%
Other Operating Revenue	14,551	15,668	14,753	34,137	14,219	14,964	26,619	14,215	15,242	15,449	20,822	16,920	18,130	53,191
Total Revenue	1,347,484	1,155,377	1,255,172	1,479,108	1,112,281	1,274,739	1,241,509	1,290,880	1,459,669	1,663,676	1,467,607	1,351,847	1,332,620	4,483,130
Salaries & Wages	579,710	564,028	627,862	565,381	562,777	634,230	606,216	628,652	926,391	1,062,282	672,518	704,531	677,882	2,439,331
Employee Benefits	373,211	181,430	134,580	159,058	247,085	271,899	263,210	296,245	(223,582)	122,742	160,924	138,636	177,120	422,302
Professional Fees	112,883	180,917	109,637	112,547	278,975	310,402	178,201	228,761	214,234	175,415	224,275	217,692	195,328	617,382
Supplies	106,131	109,659	101,501	182,616	107,907	93,932	68,106	119,328	64,935	103,987	132,886	89,573	106,713	326,446
Repairs & Maintenance	20,930	13,640	8,884	12,666	27,885	16,373	43,108	21,161	24,467	48,351	15,083	12,430	22,082	75,864
Purchased Services	125,499	70,442	66,996	132,609	159,060	109,754	87,732	221,948	427,722	189,613	202,305	195,034	165,726	586,952
Utilities	30,677	5,875	6,943	4,079	39,491	6,414	32,704	18,898	42,146	9,191	17,557	18,992	19,414	45,740
Insurance	12,982	12,703	13,521	13,112	13,112	13,112	13,112	13,112	13,111	13,117	13,117	13,026	13,095	39,260
Interest														0
Depreciation	37,258	45,975	37,021	38,614	49,177	48,603	48,603	48,603	48,603	47,210	47,210	48,125	45,417	142,545
Other Expense	30,170	33,332	211,206	76,536	44,049	55,565	41,975	54,246	77,739	42,944	73,651	70,056	67,622	186,651
Total Expenses	1,429,451	1,218,001	1,318,151	1,297,218	1,529,518	1,560,284	1,382,967	1,650,954	1,615,766	1,814,852	1,559,526	1,508,095	1,490,399	4,882,473
Expenses %	106%	105%	105%	88%	138%	122%	111%	128%	111%	109%	106%	112%	112%	4%
Profit/Loss from Operations	(81,967)	(62,624)	(62,979)	181,890	(417,237)	(285,545)	(141,458)	(360,074)	(156,097)	(151,176)	(91,919)	(156,248)	(157,779)	(399,343)
Tax Revenue	92,500	92,500	92,500	100,855	92,500	92,500	92,500	92,500	92,500	92,500	92,500	92,500	93,196	277,500
Other Non Operating Rev (Exp)	311,075	40,160	244,733	327,636	347,670	383,116	301,936	365,465	724,752	100,000	12,035	73,376	269,329	185,411
Interest Income	31	1,064		6,789			9,031					27,704	6,218	27,704
Net Non-operating Rev/(Exp)	403,606	133,724	337,233	435,280	440,170	475,616	403,467	457,965	817,252	192,500	104,535	193,580	368,743	490,615
NET INCOME/ (LOSS)	321,639	71,100	274,254	617,170	22,933	190,071	262,009	97,891	661,155	41,324	12,616	37,332	210,965	91,272

Southern Humboldt Community Healthcare District
Balance Sheet
September 2022

ASSETS	
Current Assets	
Cash- Checking & Investments	496,735
LAIF Account	9,626,972
Humboldt County Property Tax Acct	1,119,622
Patient Accounts Receivable	3,418,601
Less Allowances	2,088,714
Accounts Receivable- Net	1,329,887
Other Receivables	1,894,106
Inventories	272,285
Estimated 3rd Party Settlements	
Prepaid expenses and Deposits	797,280
Total current assets	15,536,887
Property and Equipment	
Land	959,877
Land improvements	553,251
Buildings	2,465,451
Equipment	6,409,249
Construction in progress	2,514,724
Total property and equipment	12,902,552
Less : accumulated depreciation	(6,550,568)
Net property and equipment	6,351,984
Other Assets	
Investments	5,852
Total Other Assets	5,852
Total Assets	21,894,723

LIABILITIES & FUND BALANCE	
Current Liabilities	
Accounts Payable	43,679
Accrued Payroll & Related costs	511,448
Other Current Liabilities	
Deferred revenue IGT	
A/R Credit balances	
Medicare Accelerated Payments	1,746,296
Medicare Contingency	2,000,000
Current Portion-Long Term Debt	
Other Short Term Debt - PPP Loan	
Accrued interest	
Total current Liabilities	4,301,423
Long Term Debt, Less Current Portion	
CHFFA Bridge Loan	511,000
Total Long-term debt	511,000
Less: Current Portion-Long Term Debt	
Net Long Term Debt	511,000
Equity	
Unrestricted Fund Balance--Prior Years	16,991,026
Net Income (Loss)--Current Year	91,272
Restricted Fund Balance	
Total fund balance	17,082,298
Total Liabilities and Fund Balance	21,894,722

Revenue Cycle / Patient Financial Services

September 2022 Finance Committee Report

HRG - Key Items:

- Cash totaled \$815K, 93% net revenue
- AR dropped to 66.5 days or \$3.4M
- Third Party aging increased by \$114K, to 22.6%
- Unbilled AR decreased by 1.1 days, ending at 4.5 days

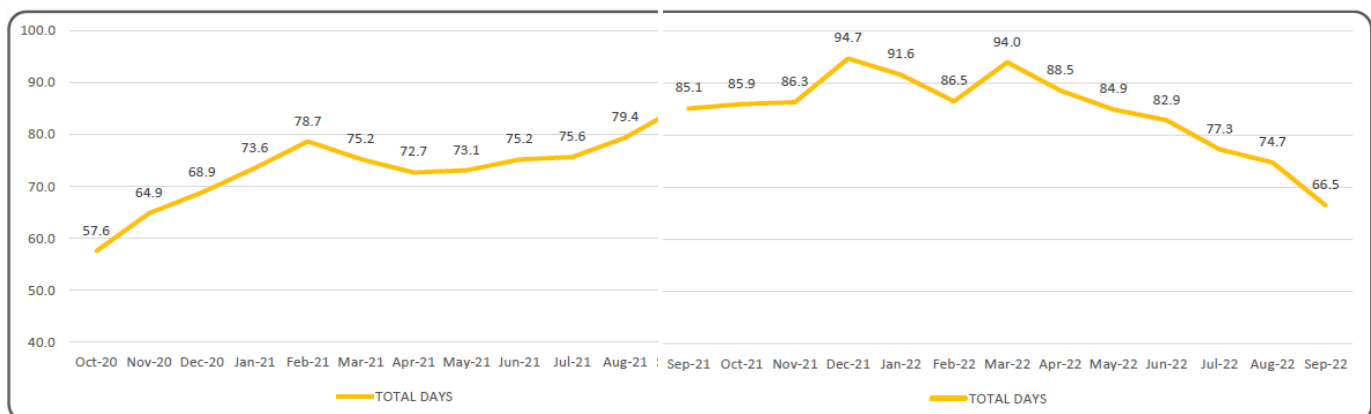
Accounts Receivable – We are pleased to report a continuing downward trend in our AR Days from 74.7 in August to 66.5 in September. In preparing this report, we looked at some trending data from the last two years and wanted to share some history and insight on the overall fluctuation in AR Days. The last 24 months have seen many changes to the healthcare industry, as well as the services offered here at SoHum Health. There have been numerous regulatory changes that have had an impact on a state and federal level. We started to see a notable increase in our AR Day in November of 2020.

This was one of the primary items we were asked to monitor and correct with the leadership change in the Revenue Cycle department in March 2021. We began monitoring all areas of the Revenue Cycle from Patient Access, through Health Information, and into the Billing office. We sought areas to make meaningful internal changes to staffing, training, and processes to mitigate the impact where possible. However, this came at a time when our district was doing a courageous job of offering Covid Vaccines to the community, even though we were uncertain how to bill payers, without denials, for this new service because the rules had not been finalized. All the charges for thousands of accounts had to be manually entered after we received the correct information, which took several months. As well as navigating the changing requirements to get a clean claim out the door with all the proper codes and modifiers, which turned out to be trial and error as the payers kept changing the requirements.

We also saw a massive increase in lab volume as Covid 19 testing became available to our patients on a protocol order under the waiver of the national health emergency. These challenges required increasing staff to meet demand, working with staff to refine processes for efficiency, creating varied and detailed new processes, and coordinating with other departments in a tumultuous time where everyone was working from home, not immediately available, and dealing with personal and family health issues.

More recently, from March 2022 to current, we had two related HRG system issues. Once discovered these were corrected, but they did have a serious impact on our AR Days and our ability to forward SP accounts to collections. Forwarding SP accounts to collections also changed due to legal requirements by the state of California with AB 1020, forcing us to keep these accounts in our inventory for an additional 60 days, bringing the total from 120 to 180 days of no patient payments or contact before we can forward them.

While the above does not summarize all the complex issues faced by our department over these last two years, it does give an idea of the hard work and dedication demonstrated by all our Revenue Cycle staff, including our partners with Eide Bailly and HRG, in diligently working to decrease the AR Days overall. We wanted to use this month's report as a look back on these hurdles, to highlight how far we have come, and we are thankful to see the AR Days return to the lowest number since November of 2020.



Southern Humboldt Community Healthcare District

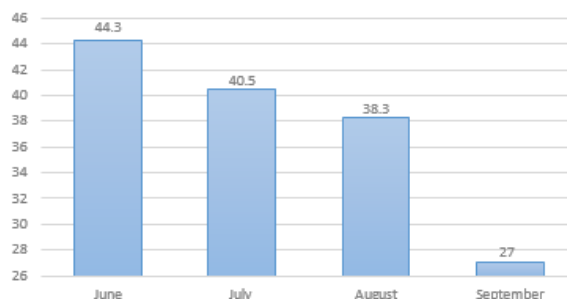
September 2022



Key Items

- ➡ Cash totaled \$815K, 93% net revenue
- ➡ AR dropped to 66.5 days or \$3.4M
- ➡ Third Party aging increased by \$114K, to 22.6%
- ➡ Unbilled AR decreased by 1.1 days, ending at 4.5 days

Self Pay AR Day Trending



Detailed Initiatives & Obstacles

- **Overall AR:** September closed with \$3.4M in gross AR or 66.5 AR days. Revenue came in very strong at \$1.6M. Although there was an increase of \$54K to revenue, gross AR was reduced significantly by \$289K. Third Party AR did increase and came in at 35 AR days. This was an increase of 4.2 days from August. Unbilled AR decreased by 1.1 AR days coming in at 4.5 AR days for the month of September and is now just 1.5 AR days away from the set goal of 3 days. Unbilled AR is a topic that is discussed in the bi-weekly conference calls between SHCHD and HRG. Cash collections came in at \$815K, or 93% or August's net revenue.
- **Self Pay:** Self Pay AR saw a significant drop in the month of September, ending at 27 days. This is a decrease of 11.3 days since August, and is now just 2 days from the goal of 25. The month ended with 2,425 accounts for \$1.3M in equating to 27 days in AR. The amount of accounts in Self Pay went down by 430 and collections were strong. Self Pay collections came in roughly \$9K less than what was seen in August, to \$57K. Despite this reduction from last month, collections still came in \$19K above the thirteen-month average. SHCHD was able to complete one very large bad debt pull for the month of September and sent nearly \$513K to collections. The large influx to bad debt balances is a direct result of a previous issue that delayed statements last spring. The issue had been resolved and those impacted accounts have now aged through the statement cycles, eligible for bad debt. Self Pay AR has been a focal point in recent months and will continue to be until we reach goal of 25 days.
- **Third Party Aging:** September closed with \$470K in Third Party balances aged over 90 days, totaling 22.6%. There was an increase of \$114K from August, increasing the total percentage of aged accounts by 3.5%. Medicare saw an increase by \$89K, increasing by 7.3% to 23.8%. A contributing factor to the increased Medicare is a result of the Swingbed (SB) PTAN/NPI, which is now resolved. However, there are two claims totaling roughly \$29K that are aged, but not finalized processing through Medicare yet. Medi-Cal aging increased by \$6K, at 18.4%. Commercial aging increased by \$22K and ended August at 29.9%. Workers Compensation decreased by \$5K. Third Party aging is 8.6% away from our goal of 14% and will continue to be an area of focus until that goal is met.

Industry Updates

UnitedHealthcare Provides Modifier Policy Reducing Reimbursement on Facility Claims

Effective October 1, 2022, in accordance with CMS, UnitedHealthcare (UHC) Commercial plans will reduce the allowed amount when the following modifiers are submitted on an outpatient facility claim line. These modifiers are appended indicating a reduced service or different equipment used for the service.



- Modifiers 52 and 73 will result in 50% reduction
- Modifier CT will result in a 15% reduction
- Modifier FX will result in a 7% reduction for dates of service in 2022 and a 10% reduction beginning January 1, 2023
- Modifier FY will result in a 7% reduction for dates of service in 2022 and a 10% reduction beginning January 1, 2023

In alignment with the American Medical Association, modifier 53 should not be appended to a claim line on a UB04 facility claim. Therefore, UHC will deny the claim reported with modifier 53 on outpatient facility claims.

Modifier 74 is an appropriate modifier to be submitted on facility claims. This modifier will be considered informational as there will not be a reduction in reimbursement applied.

To review the bulletin, please visit: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/rpub/UHC-COMM-RPUB-JUL-2022.pdf>

If you have any questions, concerns, or points you wish to discuss after reviewing the enclosed information, please feel free to contact me.

Christy Williams | Director of CBO

Healthcare Resource Group

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Southern Humboldt Community Healthcare District

MONTH END FINANCE REPORT

September 2022



SoHum Health

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FINANCE DASHBOARD

Revenue Cycle Performance	Target		April-22		May-22		June-22		July-22		August-22		September-22			
	REVENUE															
	Net Revenue		\$818,902		\$860,466		\$918,479		\$844,388		\$878,488		\$817,420			
	Gross Revenue		\$1,384,159		\$1,464,711		\$1,474,557		\$1,510,151		\$1,582,735		\$1,637,530			
	CASH															
	Cash Collections as a % of Net Revenue		100%		107%		139%		142%		86%		140%		93%	
	Cash Collections		\$1,024,101		\$1,137,769		\$1,217,580		\$786,503		\$1,182,187		\$815,275			
	ACCOUNTS RECEIVABLE															
	Net AR		\$2,143,062		\$1,774,113		\$1,696,446		\$1,416,249		\$1,422,763		\$1,329,887			
	Gross AR		\$4,350,642		\$4,140,558		\$3,936,767		\$3,737,262		\$3,708,255		\$3,418,601			
Unbilled		3		6.9		6.1		6.9		4.3		5.6		4.5		
Third Party		38		36.0		33.4		31.7		32.4		30.8		35.0		
Self Pay		25		45.6		45.4		44.3		40.5		38.3		27.0		
Total Days in AR		66		88.5		84.9		82.9		77.3		74.7		66.5		
Days in AR - Credit Balances		< 1		2.25		1.87		1.90		1.93		1.98		1.80		
UNBILLED																
In-house		< 2 Days		0.0		0.0		0.2		0.0		0.4		0.8		
DNFB		< 1 Day		6.9		6.1		6.7		4.3		5.2		3.6		
Total Unbilled		<3 Days		6.9		6.1		6.9		4.3		5.6		4.5		

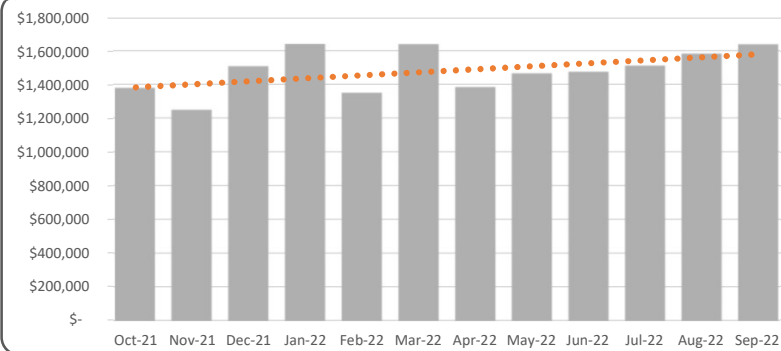
Third Party	Target		April-22		May-22		June-22		July-22		August-22		September-22															
	AGING (excluding credits)																											
	Medicare Aging > 90 Days		9%		11.6%		\$ 100,944		12.6%		\$ 104,764		11.8%		\$ 70,384		18.0%		\$ 92,227		16.5%		\$ 97,731		23.8%		\$ 187,548	
	Medicaid Aging > 90 Days		14%		21.0%		\$ 198,832		17.9%		\$ 131,848		12.7%		\$ 112,593		18.0%		\$ 165,977		18.6%		\$ 171,806		18.4%		\$ 178,375	
	Commercial Aging > 90 Days		18%		30.0%		\$ 95,549		33.5%		\$ 123,298		35.7%		\$ 132,930		22.3%		\$ 81,128		21.5%		\$ 69,362		29.9%		\$ 91,726	
	Work Comp Aging > 90 Days		36%		49.9%		\$ 26,297		33.5%		\$ 14,992		47.4%		\$ 14,065		57.8%		\$ 22,197		57.4%		\$ 17,596		61.9%		\$ 12,949	
	Total Third Party Aging > 90 Days		14%		19.3%		\$ 421,622		18.9%		\$ 374,902		17.5%		\$ 329,972		19.7%		\$ 361,528		19.1%		\$ 356,496		22.6%		\$ 470,598	
	CLAIM SUBMISSION EFFICIENCY																											
	Claims Submission				2,003		\$ 2,189,220		1,263		\$ 1,451,713		1,794		\$ 1,918,330		1,486		\$ 1,682,882		1,380		\$ 2,222,145		1,350		\$ 1,789,190	
	Clean Claims		85%		83%		81%		84%		83%		81%		80%													
Denial Percent		5%		7%		5%		5%		4%		4%		3%														
Total Denial Rate		Count Amt		136		\$ 98,978		120		\$ 112,468		99		\$ 72,659		87		\$ 75,394		107		\$ 63,681		83		\$ 60,855		
Late Charges		Count Amt		150		\$ 35,391		76		\$ 8,701		28		\$ 902		66		\$ 24,528		42		\$ 9,335		99		\$ 18,532		
Communication Log Backlog				21		\$ 58,931		77		\$ 154,303		100		\$ 157,069		50		\$ 70,186		79		\$ 58,426		44		\$ 50,450		

Self Pay	Target		April-22		May-22		June-22		July-22		August-22		September-22															
	INVENTORY & QUALITY																											
	Total Inventory				3,505		\$ 2,240,554		3,344		\$ 2,216,895		3,173		\$ 2,105,043		2,957		\$ 1,959,428		2,855		\$ 1,899,559		2,425		\$ 1,388,640	
	New				384		\$ 129,050		364		\$ 123,986		422		\$ 196,662		317		\$ 93,596		374		\$ 122,268		297		\$ 146,884	
	Resolved				1,103		\$ 66,875		459		\$ 114,812		610		\$ 332,592		524		\$ 223,952		447		\$ 173,344		707		\$ 622,665	
	Aged >180 days from Assignment		< 25%		71.6%		\$ 1,605,165		63.4%		\$ 1,405,722		60.2%		\$ 1,266,992		59.4%		\$ 1,164,657		62.5%		\$ 1,187,446		47.1%		\$ 654,076	
	Total Payment Plans over 120 days				\$9,637		\$23,479		\$28,312		\$24,661		\$39,557		\$25,127													
	Average Speed to Answer		< 60 seconds		137		112		129		145		32		48													
	STATEMENTS & LETTERS																											
	Statements & Letters				897		394		1,110		1,850		1,492		970													
Charity Care Applications In Process		In Out		33		\$ 19,674		14		\$ 16,699		37		\$ 26,461		7		\$ 12,385		29		\$ 32,537		37		\$ 46,793		
Inbound and Outbound Calls				305		455		260		800		231		770		184		310		284		847		269		461		
WRITE OFFS																												
Bad Debt as a % of Gross Revenue		< 2%		0.0%		\$ -		1.9%		\$ 27,754		1.4%		\$ 21,026		0.8%		\$ 11,557		1.4%		\$ 21,643		31.3%		\$ 512,826		
Charity as a % of Gross Revenue		< 2%		6.3%		\$ 87,222		3.1%		\$ 45,909		13.5%		\$ 199,419		3.5%		\$ 53,600		5.1%		\$ 81,379		4.4%		\$ 72,800		

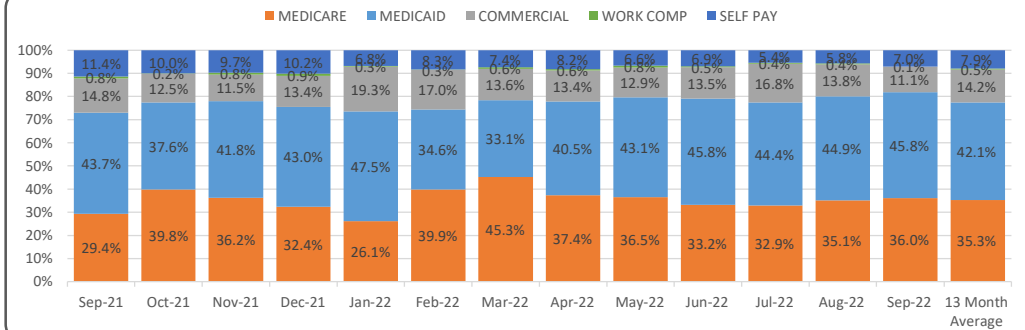
GROSS REVENUE

PAYER	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
MEDICARE	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 427,748	\$ 538,639	\$ 742,459	\$ 517,108	\$ 535,226	\$ 490,275	\$ 497,277	\$ 555,868	\$ 590,200	\$ 525,639
MEDICAID	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 779,456	\$ 466,921	\$ 542,632	\$ 559,974	\$ 631,339	\$ 676,074	\$ 670,704	\$ 710,829	\$ 749,538	\$ 626,438
COMMERCIAL	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 316,007	\$ 229,347	\$ 222,294	\$ 185,153	\$ 188,623	\$ 199,337	\$ 254,416	\$ 218,738	\$ 181,491	\$ 210,804
WORK COMP	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 4,843	\$ 3,414	\$ 10,258	\$ 8,879	\$ 12,311	\$ 6,889	\$ 6,454	\$ 6,147	\$ 1,698	\$ 7,703
SELF PAY	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 111,825	\$ 111,801	\$ 121,591	\$ 113,045	\$ 97,212	\$ 101,982	\$ 81,299	\$ 91,154	\$ 114,603	\$ 117,678
TOTAL	\$ 1,526,536	\$ 1,379,368	\$ 1,250,010	\$ 1,508,417	\$ 1,639,879	\$ 1,350,122	\$ 1,639,234	\$ 1,384,159	\$ 1,464,711	\$ 1,474,557	\$ 1,510,151	\$ 1,582,735	\$ 1,637,530	\$ 1,488,262
AVERAGE DAILY REVENUE	\$ 50,049	\$ 47,759	\$ 45,669	\$ 44,976	\$ 47,808	\$ 49,982	\$ 51,436	\$ 49,141	\$ 48,784	\$ 47,510	\$ 48,363	\$ 49,646	\$ 51,418	\$ 48,657

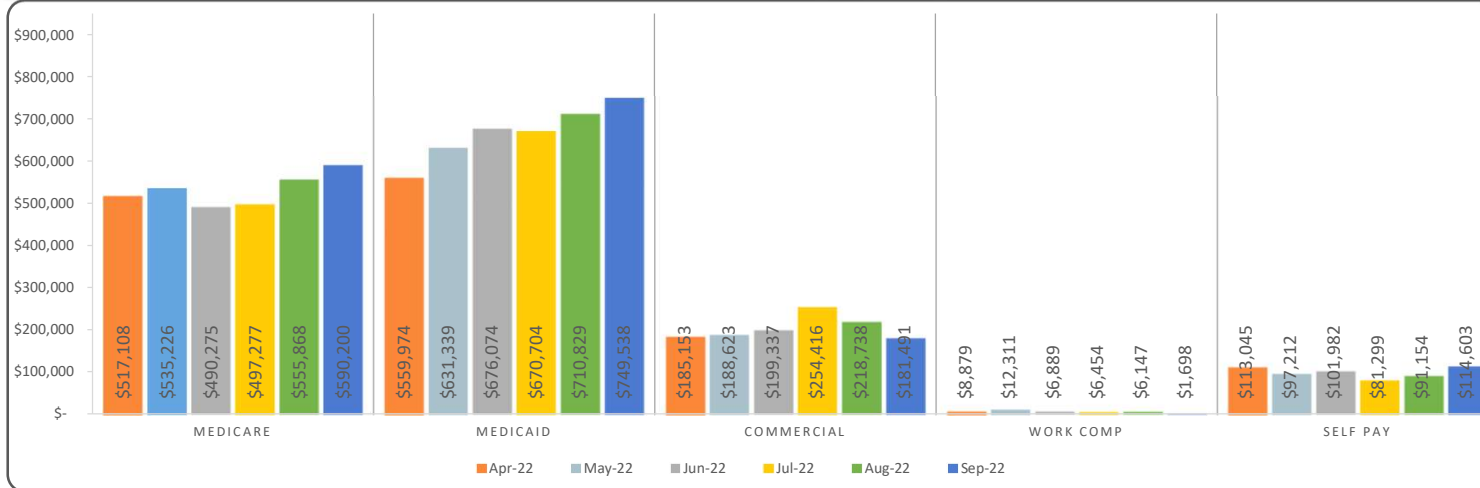
Gross Revenue



Payer Mix



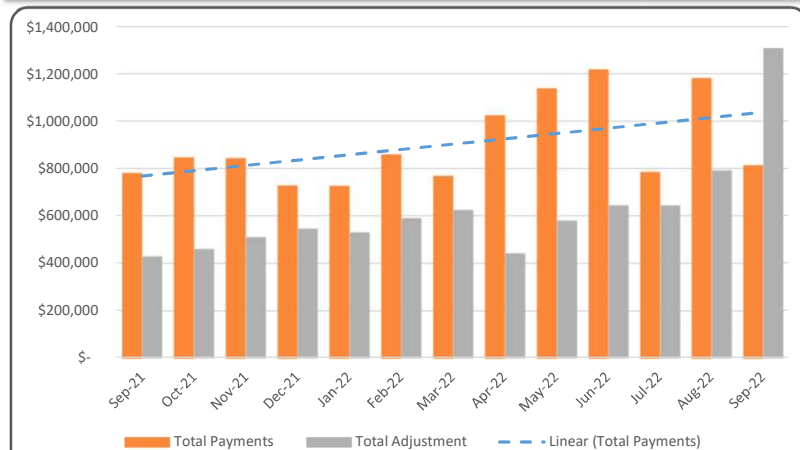
Revenue Trending By Payer



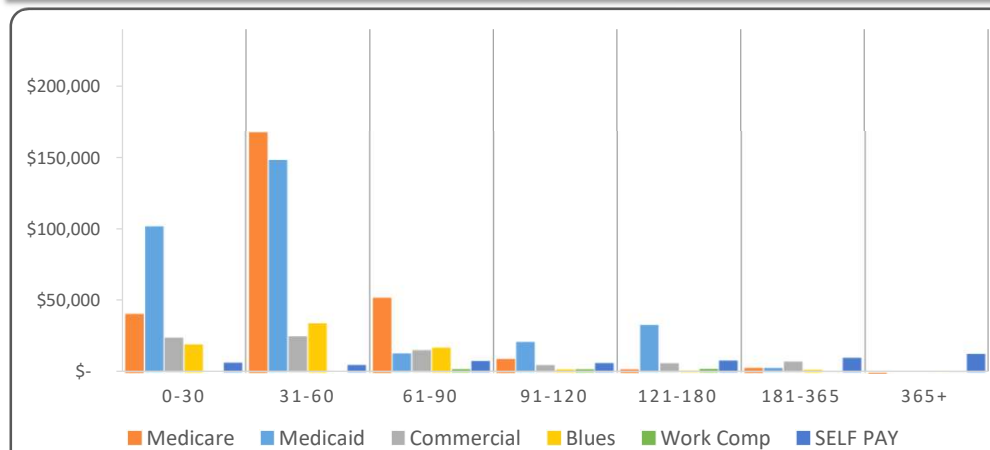
CASH DETAIL

PAYER	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
MEDICARE														
Payments	\$ 302,872	\$ 324,436	\$ 505,109	\$ 382,225	\$ 353,842	\$ 398,314	\$ 450,962	\$ 491,736	\$ 653,772	\$ 743,061	\$ 450,340	\$ 268,672	\$ 272,770	\$ 430,624
Adjustments	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ 97,705	\$ 66,441	\$ 65,484	\$ 85,982	\$ (48,508)	\$ (48,202)	\$ (155,707)	\$ 20,576	\$ 186,886	\$ 153,735	\$ 24,397
Collection %	103%	98%	126%	80%	84%	86%	84%	111%	108%	127%	96%	59%	64%	94%
MEDICAID														
Payments	\$ 253,418	\$ 317,123	\$ 173,863	\$ 200,547	\$ 212,315	\$ 275,251	\$ 131,928	\$ 327,277	\$ 306,596	\$ 243,359	\$ 137,465	\$ 623,479	\$ 319,979	\$ 270,969
Adjustments	\$ 353,823	\$ 360,075	\$ 273,521	\$ 338,117	\$ 396,591	\$ 445,733	\$ 311,968	\$ 296,009	\$ 471,305	\$ 476,678	\$ 288,197	\$ 355,444	\$ 456,542	\$ 371,077
Collection %	42%	47%	39%	37%	35%	38%	30%	53%	39%	34%	32%	64%	41%	41%
COMMERCIAL														
Payments	\$ 73,099	\$ 90,785	\$ 23,057	\$ 32,890	\$ 42,329	\$ 45,115	\$ 55,397	\$ 94,255	\$ 35,661	\$ 49,987	\$ 78,377	\$ 90,192	\$ 83,210	\$ 61,104
Adjustments	\$ 22,192	\$ 38,548	\$ 15,162	\$ 11,202	\$ 12,751	\$ 9,930	\$ 27,215	\$ 34,954	\$ 19,183	\$ 15,330	\$ 67,108	\$ 37,478	\$ 26,028	\$ 25,929
Collection %	77%	70%	60%	75%	77%	82%	67%	73%	65%	77%	54%	71%	76%	71%
BLUES														
Payments	\$ 97,873	\$ 71,400	\$ 109,199	\$ 88,547	\$ 95,349	\$ 107,252	\$ 95,023	\$ 66,073	\$ 86,067	\$ 125,891	\$ 74,430	\$ 127,658	\$ 75,087	\$ 93,835
Adjustments	\$ 37,614	\$ 31,797	\$ 46,032	\$ 35,632	\$ 34,181	\$ 58,967	\$ 39,602	\$ 35,755	\$ 42,946	\$ 57,868	\$ 40,415	\$ 54,789	\$ 40,371	\$ 42,767
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	67%	69%	65%	70%	65%	67%
WORK COMP														
Payments	\$ 12,018	\$ 7,004	\$ 8,873	\$ 5,181	\$ 4,469	\$ 1,631	\$ 7,429	\$ 1,482	\$ 9,756	\$ 7,723	\$ 6,841	\$ 6,504	\$ 6,931	\$ 6,603
Adjustments	\$ 2,958	\$ 3,282	\$ 5,576	\$ 3,131	\$ 1,731	\$ 1,688	\$ 3,695	\$ 1,463	\$ 4,651	\$ 5,630	\$ 2,719	\$ 4,325	\$ 2,288	\$ 3,318
Collection %	80%	68%	61%	62%	72%	49%	67%	50%	68%	58%	72%	60%	75%	65%
SELF PAY														
Payments	\$ 40,860	\$ 32,085	\$ 24,686	\$ 17,085	\$ 18,553	\$ 29,302	\$ 29,539	\$ 42,539	\$ 45,773	\$ 47,380	\$ 38,993	\$ 65,640	\$ 57,009	\$ 37,650
Bad Debt Recoveries	\$ 1,927	\$ 4,291	\$ 291	\$ 2,711	\$ 751	\$ 3,090	\$ 174	\$ 739	\$ 144	\$ 179	\$ 57	\$ 44	\$ 288	\$ 1,130
Adjustments	\$ 10,968	\$ 11,569	\$ 8,579	\$ 23,588	\$ 12,037	\$ 7,658	\$ 29,539	\$ 36,623	\$ 18,153	\$ 26,050	\$ 160,625	\$ 50,805	\$ 43,691	\$ 33,837
Charity Care	\$ 5,495	\$ 3,409	\$ 107,586	\$ 6,325	\$ 7,646	\$ 2,062	\$ 92,241	\$ 87,222	\$ 45,909	\$ 199,419	\$ 53,600	\$ 81,379	\$ 72,800	\$ 58,853
Bad Debt	\$ 7,470	\$ 6,828	\$ 158,775	\$ 31,967	\$ -	\$ 35,941	\$ -	\$ 27,754	\$ 27,754	\$ 21,026	\$ 11,557	\$ 21,643	\$ 512,826	\$ 64,291
Total SP Adjustments	\$ 23,933	\$ 21,806	\$ 274,940	\$ 61,879	\$ 19,682	\$ 9,721	\$ 157,722	\$ 123,845	\$ 91,816	\$ 246,494	\$ 225,781	\$ 153,827	\$ 629,317	\$ 156,982
Collection %	63%	60%	8%	22%	49%	75%	16%	26%	33%	16%	15%	30%	8%	32%
TOTAL														
Total Payments	\$ 782,067	\$ 847,125	\$ 845,077	\$ 729,186	\$ 727,607	\$ 859,954	\$ 770,454	\$ 1,024,101	\$ 1,137,769	\$ 1,217,580	\$ 786,503	\$ 1,182,187	\$ 815,275	\$ 901,914
Total Adjustment	\$ 430,532	\$ 461,817	\$ 511,680	\$ 547,667	\$ 531,378	\$ 591,522	\$ 626,184	\$ 443,517	\$ 581,700	\$ 646,293	\$ 644,797	\$ 792,749	\$ 1,308,282	\$ 467,489
Total Collection %	64%	65%	62%	57%	58%	59%	55%	70%	66%	65%	55%	60%	38%	60%

Cash & Adjustment Trending

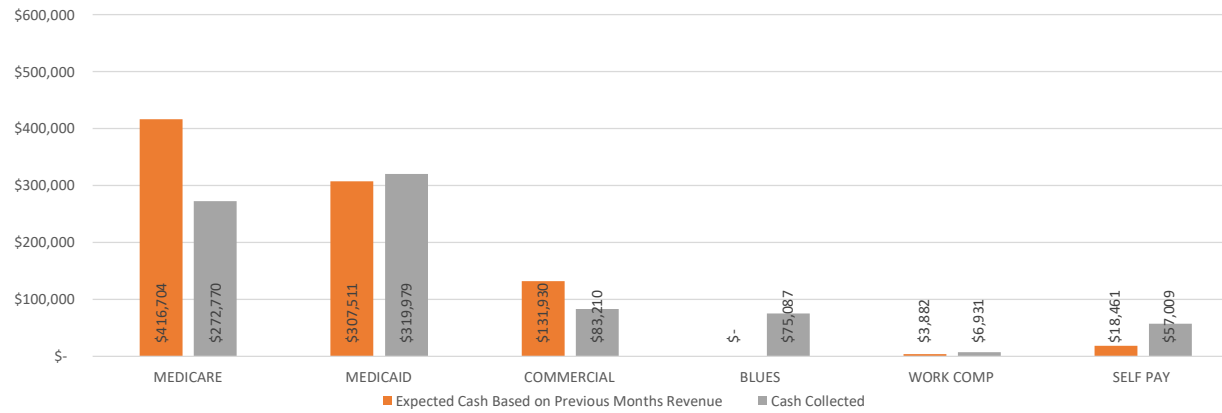


Cash Collections by Discharge Date

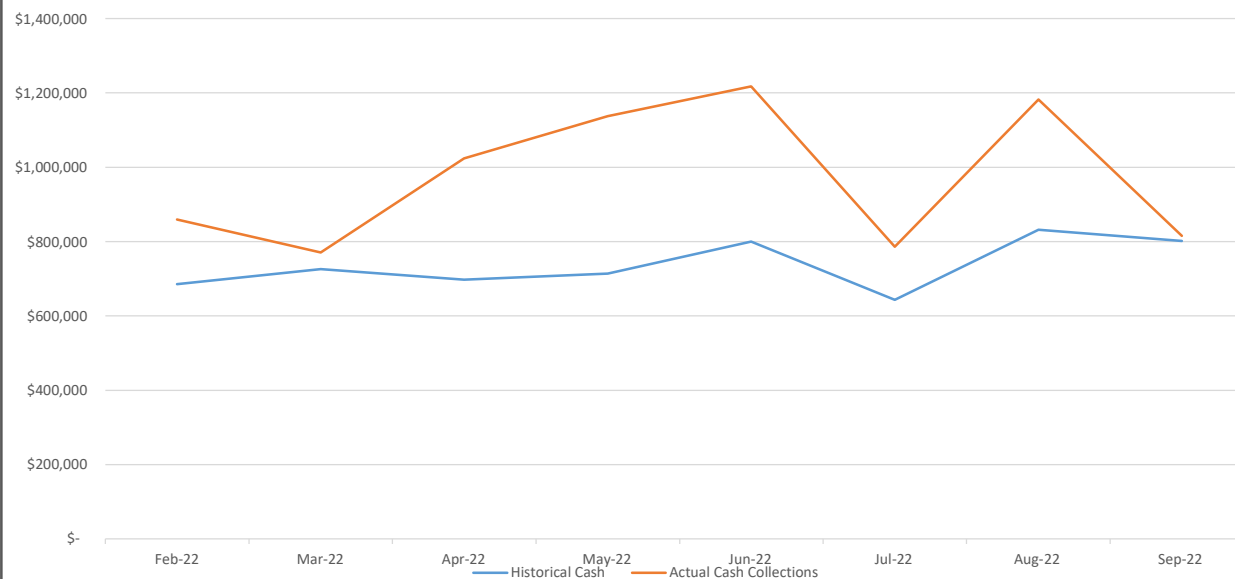


CASH FORECASTING

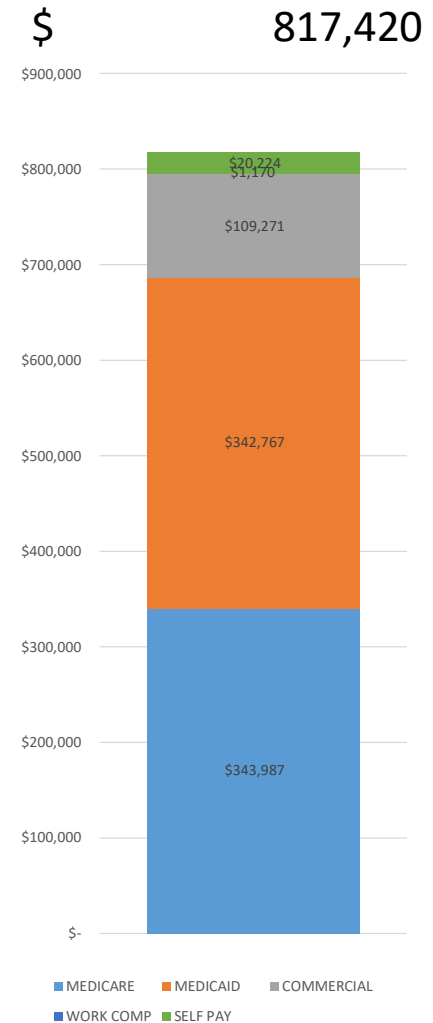
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Actual Cash Based on Historical Collections



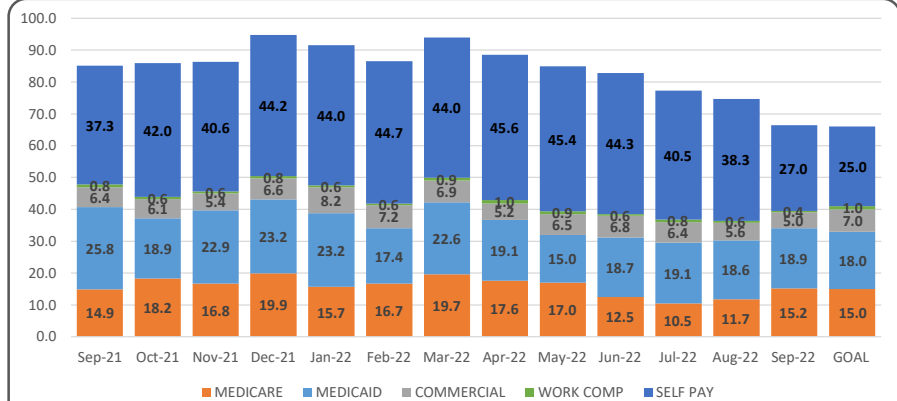
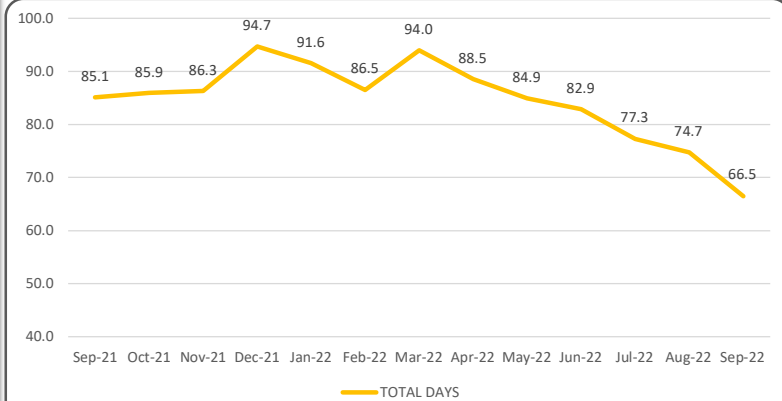
Cash Expected Next Month
(Based on this Months Revenue)



ACCOUNTS RECEIVABLE

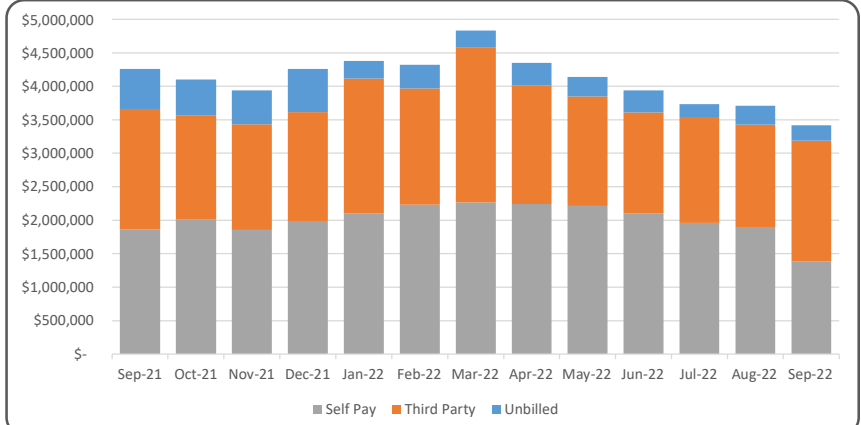
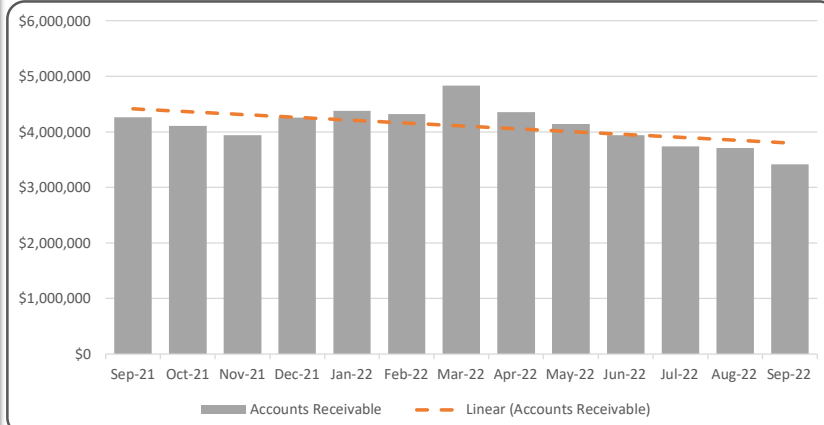
AR Days

PAYER	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
MEDICARE	14.9	18.2	16.8	19.9	15.7	16.7	19.7	17.6	17.0	12.5	10.5	11.7	15.2	15.9
MEDICAID	25.8	18.9	22.9	23.2	23.2	17.4	22.6	19.1	15.0	18.7	19.1	18.6	18.9	20.3
COMMERCIAL	6.4	6.1	5.4	6.6	8.2	7.2	6.9	5.2	6.5	6.8	6.4	5.6	5.0	6.3
WORK COMP	0.8	0.6	0.6	0.8	0.6	0.6	0.9	1.0	0.9	0.6	0.8	0.6	0.4	0.7
SELF PAY	37.3	42.0	40.6	44.2	44.0	44.7	44.0	45.6	45.4	44.3	40.5	38.3	27.0	41.4
TOTAL DAYS	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5	84.9	82.9	77.3	74.7	66.5	84.5



AR Balance

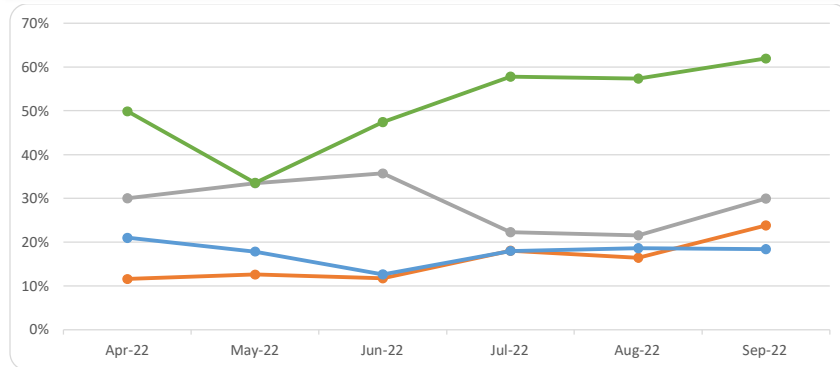
PAYER	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
MEDICARE	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 748,436	\$ 834,221	\$ 1,011,373	\$ 864,590	\$ 828,105	\$ 593,780	\$ 507,839	\$ 582,895	\$ 783,406	\$ 771,665
MEDICAID	\$ 1,289,536	\$ 904,985	\$ 1,047,831	\$ 1,043,932	\$ 1,106,825	\$ 870,378	\$ 1,159,997	\$ 939,475	\$ 733,511	\$ 888,101	\$ 921,687	\$ 921,244	\$ 969,381	\$ 984,376
COMMERCIAL	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 390,942	\$ 357,842	\$ 352,803	\$ 255,074	\$ 319,138	\$ 321,984	\$ 311,717	\$ 275,712	\$ 258,102	\$ 307,294
WORK COMP	\$ 42,074	\$ 30,405	\$ 26,812	\$ 34,458	\$ 29,721	\$ 28,217	\$ 44,031	\$ 50,949	\$ 42,910	\$ 27,858	\$ 36,591	\$ 28,844	\$ 19,071	\$ 33,995
SELF PAY	\$ 1,866,174	\$ 2,006,398	\$ 1,855,738	\$ 1,987,106	\$ 2,103,148	\$ 2,232,314	\$ 2,264,662	\$ 2,240,554	\$ 2,216,895	\$ 2,105,043	\$ 1,959,428	\$ 1,899,559	\$ 1,388,640	\$ 2,009,666
TOTAL	\$ 4,260,844	\$ 4,103,537	\$ 3,941,004	\$ 4,258,570	\$ 4,379,072	\$ 4,322,972	\$ 4,832,867	\$ 4,350,642	\$ 4,140,558	\$ 3,936,767	\$ 3,737,262	\$ 3,708,255	\$ 3,418,601	\$ 4,106,996



ACCOUNTS RECEIVABLE AGING

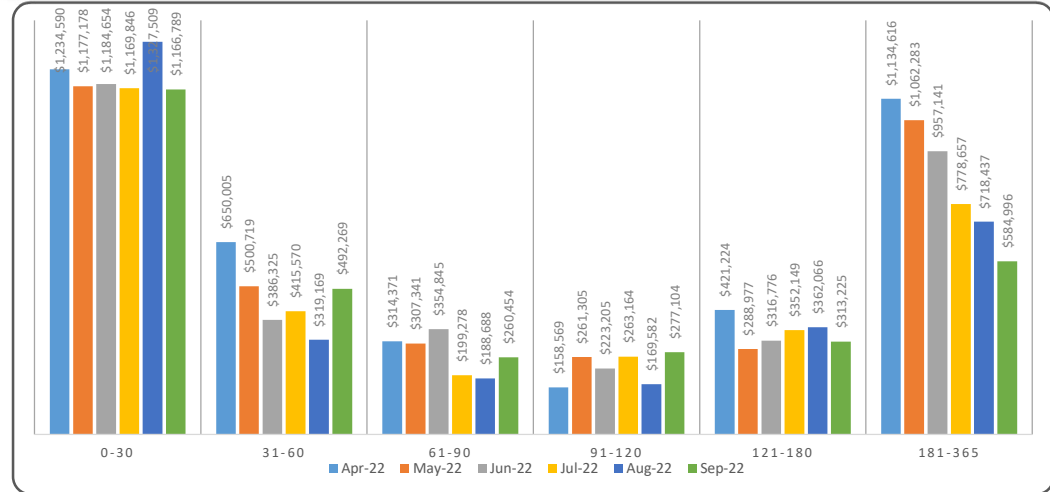
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	188	\$ 334,898	52	\$ 203,966	102	\$ 60,667	18	\$ 126,017	11	\$ 34,509	8	\$ 16,435	6	\$ 10,587	385	\$ 787,079
Credit	0	\$ -	1	\$ (20)	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2	\$ (3,652)	3	\$ (3,672)
TOTAL	188	\$ 334,898	53	\$ 203,946	102	\$ 60,667	18	\$ 126,017	11	\$ 34,509	8	\$ 16,435	8	\$ 6,935	388	\$ 783,406
MEDICAID																
Non-Credit	279	\$ 607,340	99	\$ 122,567	92	\$ 62,617	73	\$ 24,058	59	\$ 90,753	36	\$ 40,337	24	\$ 23,226	662	\$ 970,899
Credit	1	\$ (25)	1	\$ (25)	1	\$ (224)	1	\$ (518)	0	\$ -	3	\$ (113)	9	\$ (613)	16	\$ (1,518)
TOTAL	280	\$ 607,315	100	\$ 122,542	93	\$ 62,393	74	\$ 23,540	59	\$ 90,753	39	\$ 40,225	33	\$ 22,613	678	\$ 969,381
COMMERCIAL																
Non-Credit	181	\$ 132,746	76	\$ 47,040	95	\$ 34,843	27	\$ 24,215	27	\$ 11,844	64	\$ 29,549	40	\$ 26,118	510	\$ 306,355
Credit	20	\$ (608)	22	\$ (620)	7	\$ (822)	5	\$ (1,169)	5	\$ (916)	36	\$ (7,533)	304	\$ (36,586)	399	\$ (48,253)
TOTAL	201	\$ 132,138	98	\$ 46,420	102	\$ 34,021	32	\$ 23,046	32	\$ 10,928	100	\$ 22,016	344	\$ (10,467)	909	\$ 258,102
WORK COMP																
Non-Credit	4	\$ 865	8	\$ 5,989	6	\$ 1,101	7	\$ 1,102	7	\$ 10,251	5	\$ 1,061	2	\$ 535	39	\$ 20,904
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	3	\$ (419)	6	\$ (1,414)	9	\$ (1,833)
TOTAL	4	\$ 865	8	\$ 5,989	6	\$ 1,101	7	\$ 1,102	7	\$ 10,251	8	\$ 641	8	\$ (878)	48	\$ 19,071
SELF PAY																
Non-Credit	93	\$ 92,715	164	\$ 113,988	187	\$ 102,859	166	\$ 103,910	267	\$ 169,377	686	\$ 510,725	524	\$ 332,577	2087	\$ 1,426,151
Credit	14	\$ (1,143)	9	\$ (616)	9	\$ (586)	5	\$ (512)	23	\$ (2,593)	36	\$ (5,047)	242	\$ (27,014)	338	\$ (37,511)
TOTAL	107	\$ 91,572	173	\$ 113,372	196	\$ 102,273	171	\$ 103,398	290	\$ 166,784	722	\$ 505,679	766	\$ 305,562	2425	\$ 1,388,640
ACCOUNTS RECEIVABLE																
Non-Credit	745	\$ 1,168,564	399	\$ 493,551	482	\$ 262,087	291	\$ 279,303	371	\$ 316,733	799	\$ 598,107	596	\$ 393,044	3683	\$ 3,511,388
Credit	35	\$ (1,775)	33	\$ (1,281)	17	\$ (1,632)	11	\$ (2,199)	28	\$ (3,509)	78	\$ (13,111)	563	\$ (69,279)	765	\$ (92,786)
GRAND TOTAL	780	\$ 1,166,789	432	\$ 492,269	499	\$ 260,454	302	\$ 277,104	399	\$ 313,225	877	\$ 584,996	1159	\$ 323,765	4448	\$ 3,418,602

Aged Over 90 Days Trending (excluding Credits)



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Medicare	11.6%	12.6%	11.8%	18.0%	16.5%	23.8%
Medicaid	21.0%	17.9%	12.7%	18.0%	18.6%	18.4%
Commercial	30.0%	33.5%	35.7%	22.3%	21.5%	29.9%
Work Comp	49.9%	33.5%	47.4%	57.8%	57.4%	61.9%

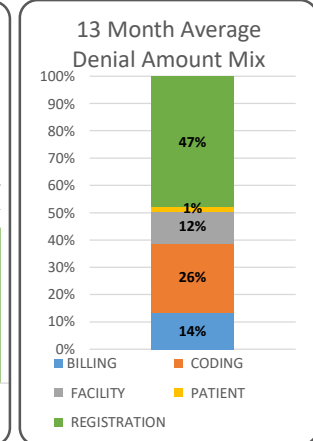
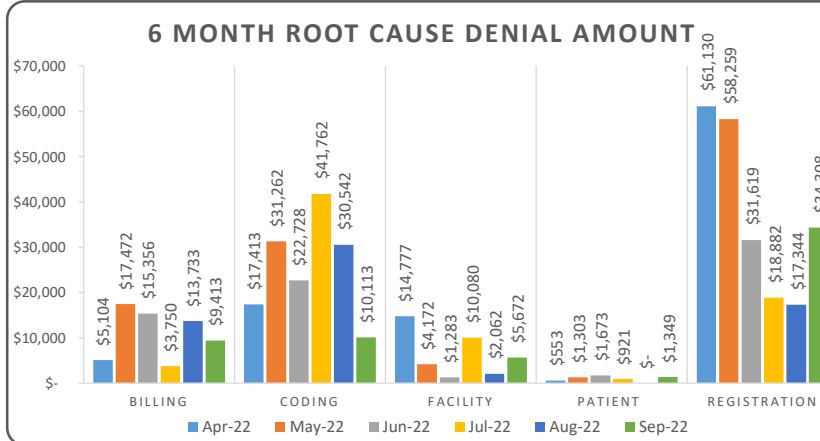
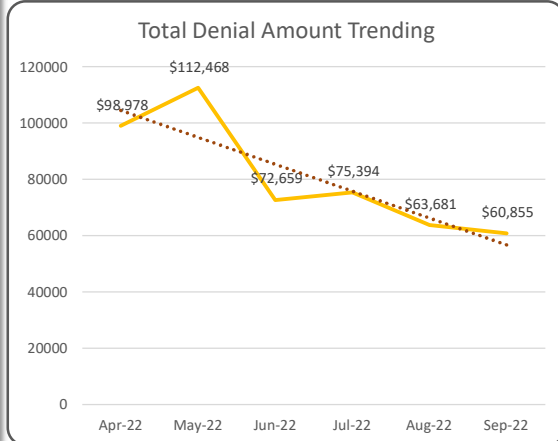
6 Month Aging



DENIAL MANAGEMENT

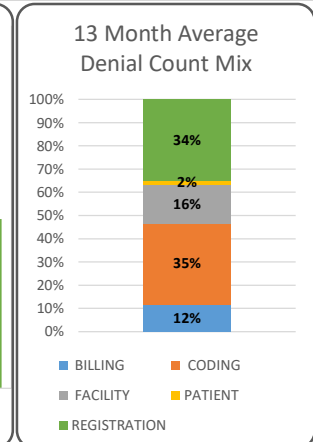
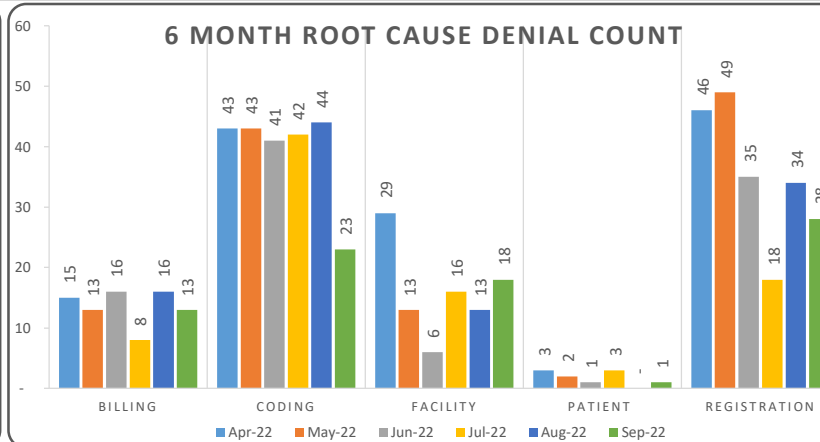
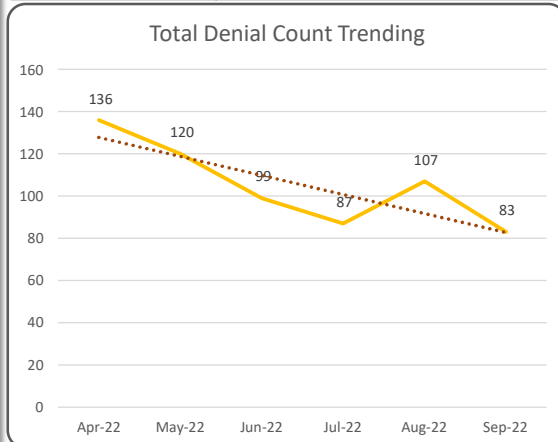
Denial Amount

AMOUNT	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
BILLING	\$ 117	\$ 2,474	\$ 10,145	\$ 1,101	\$ 25,646	\$ 23,601	\$ 8,260	\$ 5,104	\$ 17,472	\$ 15,356	\$ 3,750	\$ 13,733	\$ 9,413	\$ 10,475
CODING	\$ 21,686	\$ 21,682	\$ 15,242	\$ 8,452	\$ 14,335	\$ 11,494	\$ 9,388	\$ 17,413	\$ 31,262	\$ 22,728	\$ 41,762	\$ 30,542	\$ 10,113	\$ 19,700
FACILITY	\$ 14,765	\$ 25,690	\$ 14,464	\$ 1,136	\$ 6,063	\$ 10,921	\$ 6,806	\$ 14,777	\$ 4,172	\$ 1,283	\$ 10,080	\$ 2,062	\$ 5,672	\$ 9,069
PATIENT	\$ -	\$ -	\$ -	\$ 427	\$ 2,818	\$ 5,884	\$ -	\$ 553	\$ 1,303	\$ 1,673	\$ 921	\$ -	\$ 1,349	\$ 1,148
REGISTRATION	\$ 37,299	\$ 16,405	\$ 25,601	\$ 53,474	\$ 65,613	\$ 26,347	\$ 25,983	\$ 61,130	\$ 58,259	\$ 31,619	\$ 18,882	\$ 17,344	\$ 34,308	\$ 36,328
TOTAL	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 75,394	\$ 63,681	\$ 60,855	\$ 76,719



Denial Count

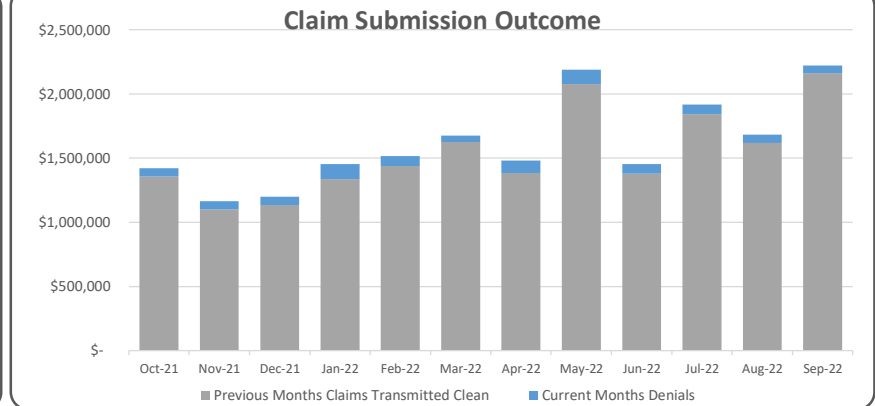
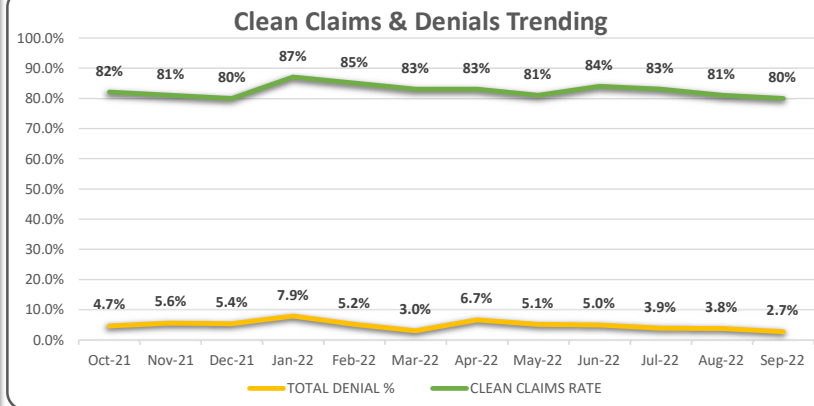
COUNT	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
BILLING	1	11	13	7	18	11	11	15	13	16	8	16	13	12
CODING	22	31	28	22	31	28	28	43	43	41	42	44	23	33
FACILITY	21	15	12	5	20	16	17	29	13	6	16	13	18	15
PATIENT	-	-	-	1	9	6	-	3	2	1	3	-	1	2
REGISTRATION	49	24	37	26	28	24	23	46	49	35	18	34	28	32
TOTAL	93	81	90	61	106	85	79	136	120	99	87	107	83	94



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

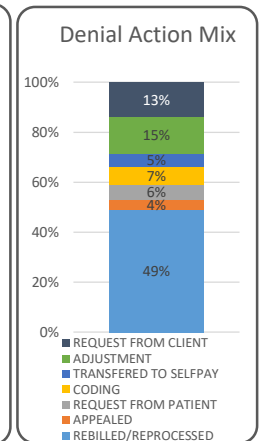
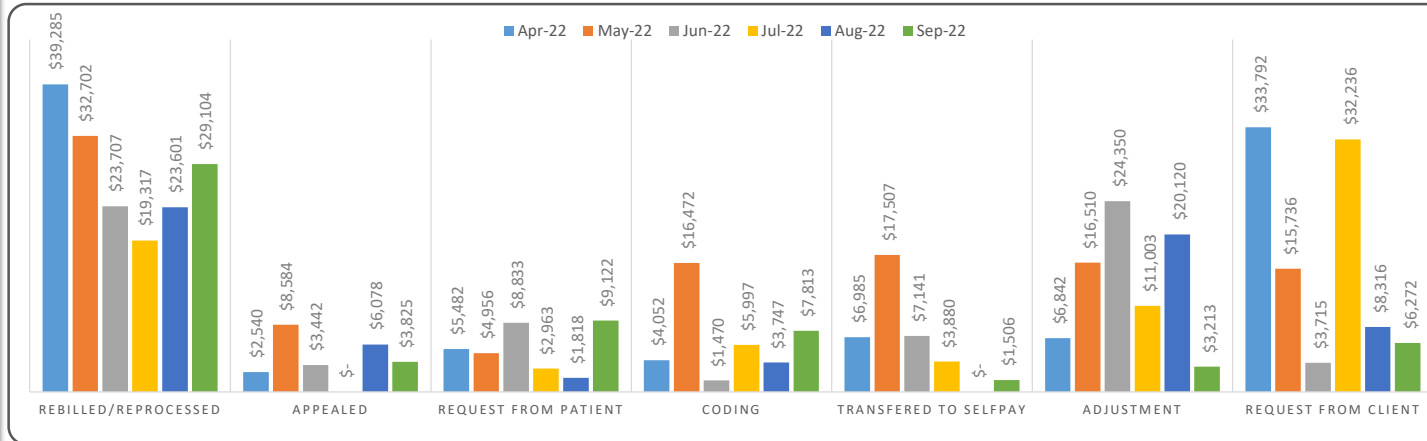
Denial & Clean Claim Trending

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
DENIAL AMOUNT	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 75,394	\$ 63,681	\$ 60,855	\$ 76,719
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 1,543,681	\$ 1,421,703	\$ 1,164,069	\$ 1,198,525	\$ 1,451,836	\$ 1,516,636	\$ 1,676,470	\$ 1,481,392	\$ 2,189,220	\$ 1,451,713	\$ 1,918,330	\$ 1,682,882	\$ 2,222,145	\$ 1,609,123
TOTAL DENIAL %	4.8%	4.7%	5.6%	5.4%	7.9%	5.2%	3.0%	6.7%	5.1%	5.0%	3.9%	3.8%	2.7%	4.9%
CLEAN CLAIMS RATE	85%	82%	81%	80%	87%	85%	83%	83%	81%	84%	83%	81%	80%	83%



Action Taken on Denials

DENIAL ACTION	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
REBILLED/REPROCESSED	\$ 51,694	\$ 38,681	\$ 35,679	\$ 52,815	\$ 75,335	\$ 47,694	\$ 22,109	\$ 39,285	\$ 32,702	\$ 23,707	\$ 19,317	\$ 23,601	\$ 29,104	\$ 37,825
APPEALED	\$ 330	\$ 388	\$ 937	\$ 2,706	\$ 7,000	\$ 33	\$ 4,633	\$ 2,540	\$ 8,584	\$ 3,442	\$ -	\$ 6,078	\$ 3,825	\$ 3,115
REQUEST FROM PATIENT	\$ 267	\$ 8,508	\$ -	\$ 939	\$ 3,802	\$ 14,761	\$ -	\$ 5,482	\$ 4,956	\$ 8,833	\$ 2,963	\$ 1,818	\$ 9,122	\$ 4,727
CODING	\$ 13,297	\$ 3,478	\$ 4,435	\$ 109	\$ 2,332	\$ 3,148	\$ 2,615	\$ 4,052	\$ 16,472	\$ 1,470	\$ 5,997	\$ 3,747	\$ 7,813	\$ 5,305
TRANSFERRED TO SELFPAY	\$ 2,706	\$ 2,064	\$ 2,757	\$ 509	\$ 3,184	\$ 1,775	\$ 2,978	\$ 6,985	\$ 17,507	\$ 7,141	\$ 3,880	\$ -	\$ 1,506	\$ 4,076
ADJUSTMENT	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,476	\$ 10,909	\$ 9,913	\$ 14,337	\$ 6,842	\$ 16,510	\$ 24,350	\$ 11,003	\$ 20,120	\$ 3,213	\$ 11,441
REQUEST FROM CLIENT	\$ 2,034	\$ 5,379	\$ 7,873	\$ 1,034	\$ 12,220	\$ 922	\$ 3,765	\$ 33,792	\$ 15,736	\$ 3,715	\$ 32,236	\$ 8,316	\$ 6,272	\$ 10,253
TOTAL	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,782	\$ 78,246	\$ 50,437	\$ 98,978	\$ 112,468	\$ 72,659	\$ 75,394	\$ 63,681	\$ 60,855	\$ 76,743

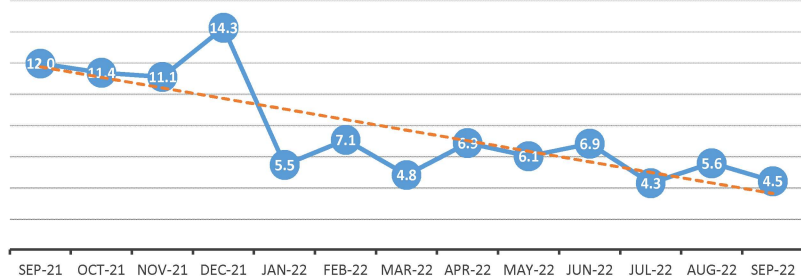


UNBILLED & INVENTORY

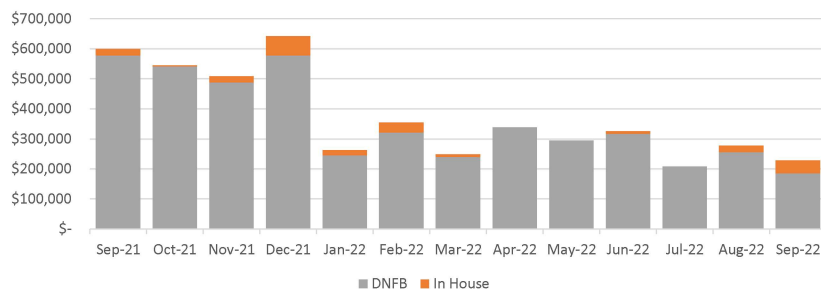
Unbilled

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
In House	\$ 22,170	\$ 3,706	\$ 20,857	\$ 64,355	\$ 17,753	\$ 34,167	\$ 10,466	\$ -	\$ -	\$ 9,182	\$ -	\$ 22,251	\$ 43,554	\$ 19,112
DNFB	\$ 577,639	\$ 541,096	\$ 487,338	\$ 577,901	\$ 245,224	\$ 320,765	\$ 238,954	\$ 338,650	\$ 295,441	\$ 316,709	\$ 208,502	\$ 255,911	\$ 185,499	\$ 353,048
Total Unbilled	\$ 599,809	\$ 544,802	\$ 508,195	\$ 642,256	\$ 262,978	\$ 354,932	\$ 249,420	\$ 338,650	\$ 295,441	\$ 325,891	\$ 208,502	\$ 278,162	\$ 229,053	\$ 372,161
Unbilled Days	12.0	11.4	11.1	14.3	5.5	7.1	4.8	6.9	6.1	6.9	4.3	5.6	4.5	7.7

Total Unbilled Days



Unbilled Dollars

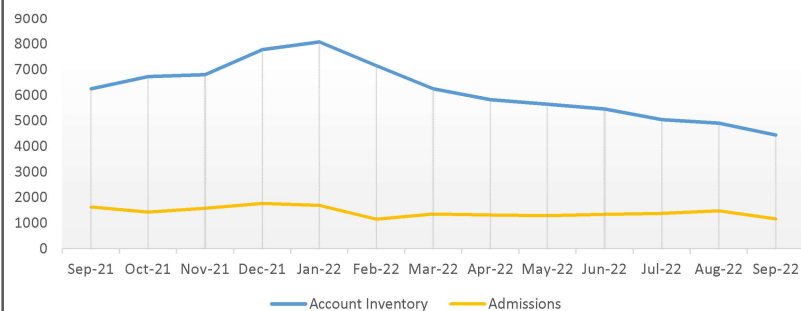


Admissions & Account Inventory

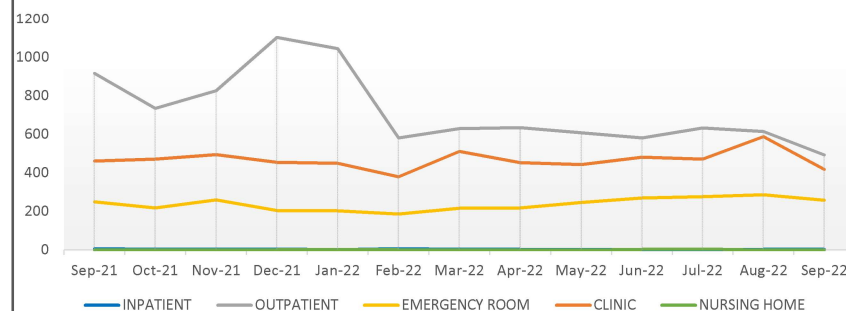
ADMISSIONS	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
INPATIENT	6	3	2	5	1	7	4	2	1	3	1	2	3	3
SWINGBED	3	5	2	3	1	4	5	5	1	1	1	2	2	3
OUTPATIENT	916	733	826	1,102	1,043	581	630	634	607	582	633	615	492	723
EMERGENCY ROOM	250	218	260	205	202	186	217	218	246	270	276	287	259	238
CLINIC	461	471	495	454	449	380	510	453	442	482	472	588	418	467
NURSING HOME	0	0	0	1	1	1	0	1	0	2	4	0	0	1
TOTAL	1,636	1,430	1,585	1,770	1,697	1,159	1,366	1,313	1,297	1,340	1,387	1,494	1,174	1434

ACCOUNT INVENTORY	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	13 Month Average
MEDICARE	657	886	869	1,543	1,294	662	578	556	561	468	362	394	388	709
MEDICAID	832	779	862	911	1,073	799	1,010	714	726	731	656	700	678	805
COMMERCIAL	1,117	1,111	1,119	1,193	1,339	1,214	1,046	964	938	1,020	997	904	909	1067
WORK COMP	100	89	83	80	81	82	95	95	85	71	70	57	48	80
SELF PAY	3,545	3,862	3,872	4,058	4,293	4,408	3,527	3,505	3,344	3,173	2,957	2,855	2,425	3525
TOTAL	6251	6727	6805	7785	8080	7165	6256	5834	5654	5463	5042	4910	4448	6186

Account Inventory & Admissions



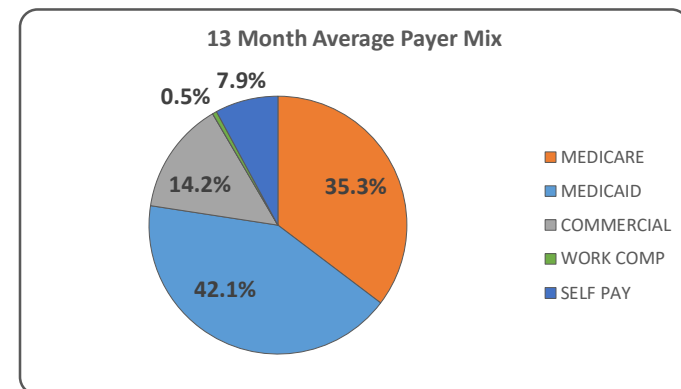
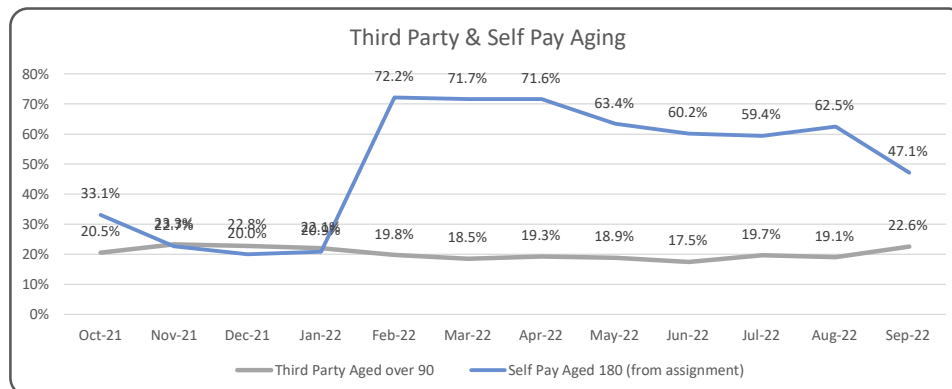
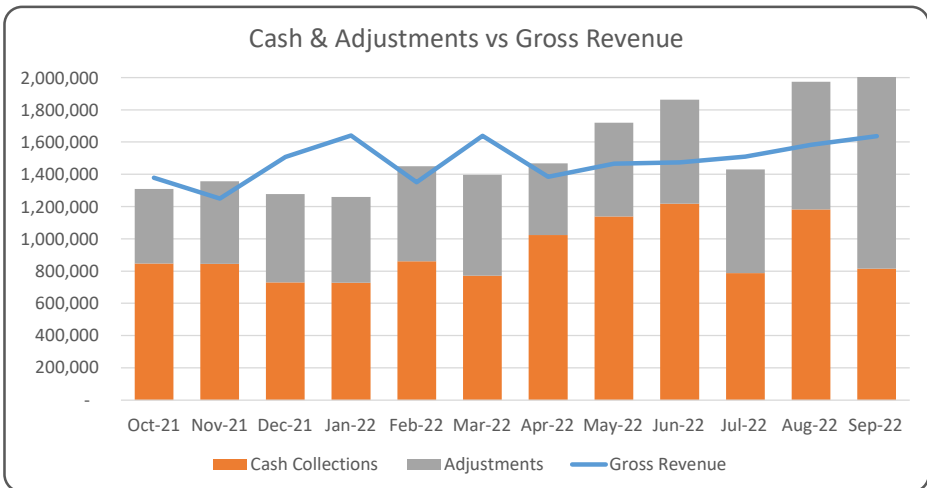
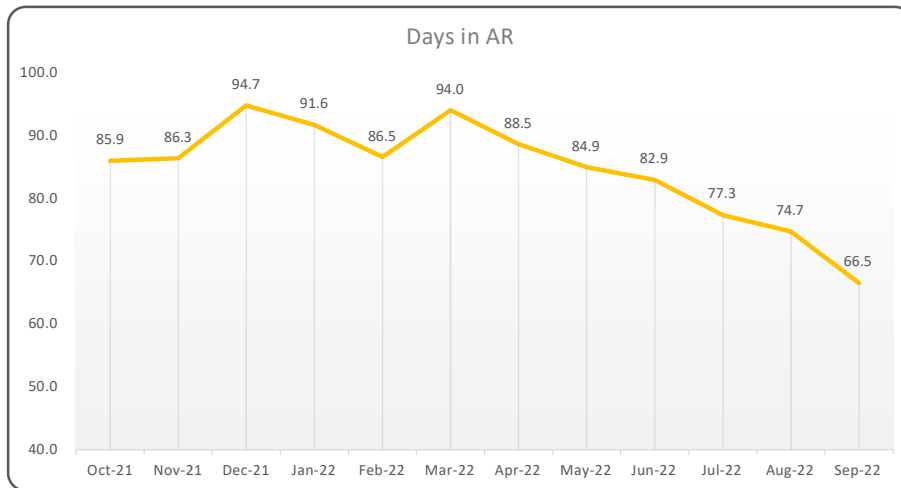
Admissions by Service Type



Southern Humboldt Community Healthcare District

Executive Dashboard

	TARGET	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Days in AR	66.0	85.9	86.3	94.7	91.6	86.5	94.0	88.5	84.9	82.9	77.3	74.7	66.5
Gross AR		4,103,537	3,941,004	4,258,570	4,379,072	4,322,972	4,832,867	4,350,642	4,140,558	3,936,767	3,737,262	3,708,255	3,418,601
Gross Revenue		1,379,368	1,250,010	1,508,417	1,639,879	1,350,122	1,639,234	1,384,159	1,464,711	1,474,557	1,510,151	1,582,735	1,637,530
Cash Collections		847,125	845,077	729,186	727,607	859,954	770,454	1,024,101	1,137,769	1,217,580	786,503	1,182,187	815,275
Adjustments		461,817	511,680	547,667	531,378	591,522	626,184	443,517	581,700	646,293	644,797	792,749	1,308,282
Collection %		64.7%	62.3%	57.1%	57.8%	59.2%	55.2%	69.8%	66.2%	65.3%	55.0%	59.9%	38.4%
Late Charges	1%	0.0%	2.2%	1.4%	0.3%	1.2%	0.0%	2.6%	0.6%	0.1%	1.6%	0.6%	1.1%
Bad Debt	3%	0.5%	12.7%	2.1%	0.0%	0.0%	2.2%	0.0%	1.9%	1.4%	0.8%	1.4%	31.3%
Charity Care	3%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%	6.3%	3.1%	13.5%	3.5%	5.1%	4.4%
Third Party Aged over 90	14%	20.5%	23.3%	22.8%	22.1%	19.8%	18.5%	19.3%	18.9%	17.5%	19.7%	19.1%	22.6%
Self Pay Aged 180 (from assignment)	25%	33.1%	22.7%	20.0%	20.9%	72.2%	71.7%	71.6%	63.4%	60.2%	59.4%	62.5%	47.1%



CNO BOARD REPORT October 2022
Thursday, October 2022**2022 Great California ShakeOut**

SoHum Health participated in the "2022 Great California ShakeOut" on October 20, 2022. The Great California ShakeOut is a one-minute earthquake drill that helps you practice what to do during an earthquake. Please visit the link below for more information regarding what to do during an earthquake.



<https://www.shakeout.org/california/dropcoverholdon/>

The new COVID Booster:

Pfizer is available for 12 years and older. The new booster COVID Bivalent vaccine is expected to increase protection for the new circulating omicron variant. COVID Bivalent vaccine: 32 employees have received the Pfizer Bivalent vaccine since it became available. Please get in touch with the Clinic for more information and availability. We follow the CDC COVID guidelines for precautions and isolation when testing positive for covid. The SNF residents continue to be free from covid, thanks to the consistent staff following all the infection prevention regulations and protocols. We will continue following CDC COVID guidelines to keep residents, patients, and staff free from COVID.

Infection Prevention:

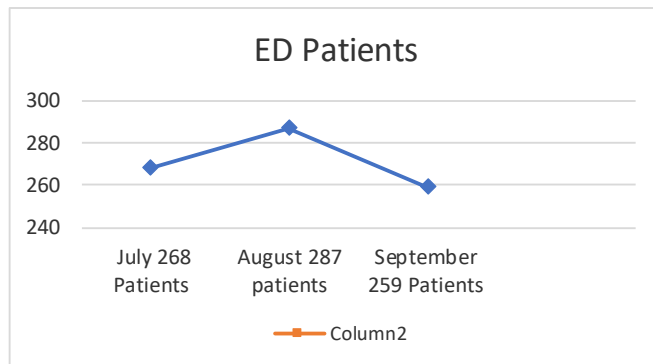
The flu Clinic started the first week in October: 57 employees have received the flu vaccine.

Infection prevention Continues with the education of new employees and travelers on infection prevention issues such as hand hygiene, cough etiquette, clinical staffing, a brief review of bloodborne pathogens, and Isolation precautions, including review of isolation carts, donning and doffing PPE with return demonstration along with return demonstration of hand hygiene.

Continued with survey prep, regular hand hygiene surveillance, audits of those who are placed on transmission-based isolation precautions to ensure placed on correct transmission-based precautions and documented.

ED/Acute:

The ED continues to serve the community by providing emergency care and outpatient services. There were 268 ED patients seen in the ED in July, 287 in August, and 259 in September



The chart reflects the ED patient visits from July to September.

We are fully staffed in the ED and Acute, and we have only two travelers RNs working on the Acute side. The goal's to be fully staffed with local nurses by the beginning of 2023. The newly graduated RNs will be completing their training by January 2023.

The new ED/Acute manager is expected to start working after Thanksgiving Day of this year. The nursing department has had monthly meetings, and we have a "Nursing Skills Day" scheduled for October 26, 2022.

Our goal continues to be that our patients and the community get the highest quality of care, and when they come to our hospital, they can see that the care reflects excellence, compassion, and love.

Laboratory:

The laboratory continues to have morning huddles and monthly lab meetings twice a week. The lab team has been busy with the EPIC/OCHIN implementation meetings and paperwork and continuing to prepare for the COLA Survey.

Two laboratory technicians will be attending a microscope training class in November.

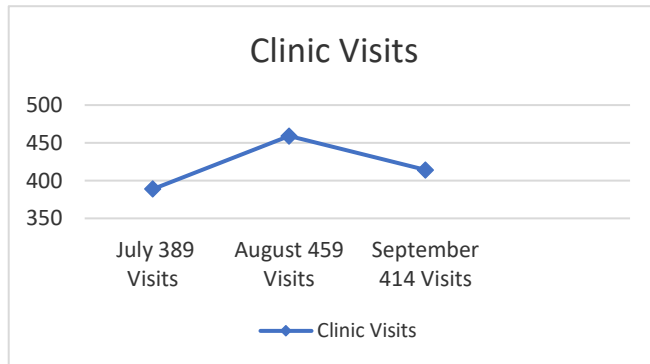
Skills Nursing Facility:

Kim Seems, Interim DON, extended her contract for six more months. The SNF is still at total capacity with eight residents who continue to be covid free.

The residents continue to have fun with their new planters outside and have beautiful flowers growing. It is an excellent place to relax and enjoy nature. The residents continue to get together for lunch daily, go on outings, and do fun activities.

Clinic:

The Clinic continues to provide excellent service to the community. The Clinic had 389 visits in July, 459 visits in August, and 414 visits in September.



The chart reflects the clinic visits from July, August, and September.

April, the Clinic manager, reports: “We are celebrating our awesome medical assistants this week, and Next Wednesday, 10/26/22, we have an advanced care planning workshop over at Sprowel Creek. Open to the public 10-12 and 5-7 pm. We will be there to assist patients with filling out paperwork if needed, answer questions concerning advanced care planning and have a notary on file for those who need that service.

On 10/28/22, 9-4, our mobile clinic will be in service to the community at Shelter Cove. We will be at the community center again. We will be offering visits with a provider if needed and COVID booster and flu shots with the medical assistant. If patients need either of these services, they can call the office to get on the schedule.

Monday, October 24, our new family nurse practitioner Jessie Bugbee will be starting here in the clinic full-time. Her 1st few weeks will be spent training with the other providers in our clinic.

Adela and I are working on bringing the “visiting home nurse” program back to life. Still a work in progress, but it is coming soon. Our behavioral health program is almost in full swing. Katy, our LCSW, has been busy seeing patients/clients, policies & procedures, etc. We have a few clients enrolled in our suboxone program, so that is coming along.

Another project in the wings is Laura, our pediatric NP, and Katy, LCSW, and I are in the beginning stages of putting together a group type getting together for moms and children to talk about a variety of concerns, such as postpartum depression, nutrition, lactation concerns, etc. We are still coming up with other topics.”



Radiology

The new mammography equipment installation has been updated to November by Hologic. Ultrasound has scheduled the first visits for Monday, October 24, 2022. One radiology technologist is still out on medical leave. Lora, our radiology manager, continues to look for a new full-time radiology technologist but expects a short-term traveler to start the last week of October to help with coverage. Rosa, the latest full-time radiology tech hired two months ago, and Lora have been working hard to keep the radiology department going. We welcome Jena, the Diagnostic Medical Sonographer that will be providing ultrasound services.

Adela Yanez, RN, BSN, CNO

Quality report will be
submitted next month.

Youth Diversion Program

- The FRC has contract with HCSO Prop 64 grant for \$107,000.00
- I created a Substance Use Diversion Program for Southern Humboldt youth
- We hired Michelle Kaufmann, Substance Use Counselor
- She now has 14 students on her caseload. Some extremely high-risk usage
- The parents/guardians, school staff, and students have been very appreciative of the new services and support.
- The Sheriff's office is going to request a five-year funding cycle to include SHFRC and the Youth Diversion program in Southern Humboldt.

Food insecurity programs

- The FRC had a few large community donations (\$8,000.00) to support our Weekend Food Bags For Kids, we can afford to support 45 families at this time.
- We received \$10,000.00 for VOCALITY to help supplement the commodity bags with fresh produce weekly from Chautauqua
- We submitted grant proposals for Holiday food support, working in collaboration with the Veteran's, Healy Senior Center, and the Women's Shelter. We will be moving the distribution back to the First Baptist Church. Dec. 16th.

Multi-Agency Collaboration interventions for Students/families

- The FRC is teaming up with Humboldt's Independent Practitioners Association, District Attorney's office, and our Bridges to Success program to offer a Wellness Center on the JR/HS campus. We provide intervention and support for Mental Health issues, Foster and Homeless Youth, Child Welfare Services, and School Attendance interventions.

Community Information Exchange

- THE FRC and SHCHD's Behavioral Health have implemented the CIE to best serve clients, case management, and referrals to other agencies or services. The rollout has been smooth, and we look forward to better serving our clients. We are currently looking for grants to cover the CIE costs next calendar year.

Hiring for Family Support Specialist, two interviews next week.

September's Suicide Awareness and Prevention Community event was well attended (over 100 people) and very educational.

Our Summer Food program served over 1100 meals to the Community.



SoHum Health

Southern Humboldt Community Healthcare District

CRITICAL ACCESS HOSPITAL

BEHAVIORAL HEALTH POLICY PACKET

October 27, 2022

Table of Contents

1. Behavioral Manual
2. Emergency Protocol policy
3. Organizational Chart
4. Patient Discharge Process policy
5. Peer Review policy
6. Referrals
7. Scope of Practice

BEHAVIORAL HEALTH MANUAL

This manual will provide an overview of services provided, documentation standards and materials helpful in navigating Behavioral Health Services for providers at Southern Humboldt Community Healthcare District.

Southern Humboldt
Community Healthcare
District

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INTRODUCTION

I. Overview and Purpose

This manual is a reference guide for clinical staff and providers and should be used in conjunction with existing Policies and Procedures and consultation with Program Managers for SoHum Health. It intends to outline the minimum requirements, all state and local regulations that should be followed, and the rules within your licensing entity. This manual is based on the following sources: Code of Federal Regulations (CFR) titles 42 and 45, the California Code of Regulations (CCR) Title 9, the California Department of Health Care Services (DHCS) Letters and Information Notices, American Health Information Management Association (AHIMA), California Advancing and Innovating Medi-Cal (CalAIM) initiative, among others and can be used for counselors, associates, supervisors, managers, trainers, and Quality Assurance.

Program-specific information has been included where possible. Any additional questions or concerns about standards should be addressed to the Program Manager.

II. Philosophy of Care

SoHum Behavioral Health is dedicated to a philosophy of patient-centered care that focuses on the patient's needs and individualized treatment goals, which the patient directs to live a healthy, meaningful life in our community. SoHum Behavioral Health supports collaborative service delivery with individuals and our community partners. We strongly believe substance use disorders and psychiatric illnesses are chronic conditions that require a disease management approach through a recovery process, beginning with treatment and connection to the community beyond discharge from treatment.

III. Vision

To empower individuals to live longer, healthier lives using information, relationships, and technology.

SoHum Behavioral Health ensures needs of individuals are met and that individuals are:

- Treated with dignity and respect, regardless of their readiness to change.
- Treated as a whole person, taking into consideration culture, beliefs, abilities, physical and psychiatric health, living situation, and social supports.
- Provided the appropriate level of care.
- Provided services in their preferred language, with translation services available as needed.
- Provided services in the most timely manner available.

IV. Mission

To provide high-quality local medical services, to engage community members with education, activities, and lifestyle opportunities that promote optimal health, and to assist our patients in navigating access to services throughout the healthcare system.

V. Values

- Caring: We bring warmth and professionalism to all aspects of patient care.
- Quality: We are committed to our patients, to our services, and to enriching the communities of Southern Humboldt.
- Teamwork: We prioritize working together within our hospital as well as the larger community and healthcare network.
- Positivity: We believe in supporting an environment where healthy attitudes and respect fuel our culture.

VI. Strategic Priorities

SoHum Behavioral Health focuses on improving patients' experience, meeting the patient where they are, and improving and maintaining optimal quality and care access for the diverse populations of Southern Humboldt.

VII. Chain of Command

All employees are expected to follow their chain of command. Employees should first seek out their direct supervisor, then progress to those indicated as more superior in the event they are not available, or there is a concern directly related to their supervisor. For additional information, review agency policy. Reference Organizational Chart.

VIII. Determining the Location of Treatment

As a full-service collaborative model, SoHum Behavioral Health will collaborate with our Emergency Department, Hospital, Skilled Nursing Unit, Clinic, and community partners to decipher best practices and treatment plans for the individual, including where services are provided.

IX. Treatment Modalities

Outpatient Therapy

Outpatient Group Therapy

Intensive Outpatient Treatment

Outpatient Case Management

Substance Use Navigation

Individual Substance Use Counselling

Group Substance Use Counselling

Medication Assisted Treatment

Community Support Groups

Rehabilitation Services

OVERSIGHT

X. Peer Review Process

S:\Policy & Procedure\Behavioral Health Services\Drafts\Peer Review.doc

XI. Patient Feedback

S:\Policy & Procedure\Compliance\Drafts\Complaints and Grievances.doc

XII. PHI and HIPAA

All SHCHD providers must establish, maintain, and update an individual patient record for each patient admitted to treatment and receiving services.

The process includes, but is not limited to:

- A patient identifier
- Patient's date of birth
- Patient gender
- Patient race/ethnicity
- Patient address & phone number
- Patient Authorization for treatment
- Client's emergency contact and if none, so indicate
- Referral source and reason for referral
- Date of admission and type of admission
- Appropriate Advisements, Authorizations, and Acknowledgement of Receipts

In addition, providers must include all activities, assessments, and services in each client's patient record. This documentation may include but is not limited to evidence of the following:

- Specific treatment modality, if applicable
- Care coordination
- Treatment Plans
- Discharge Plan
- Clinical Discharge Summary
- Continuing Services Justifications
- Proof of parental contact for minors

Specific state and federal confidentiality laws exist for all clinical records containing Protected Health Information (PHI). All providers at the program and individual levels are required to safeguard records against loss, defacement, tampering, or use by any unauthorized persons. Records must be stored in a double-locked location and, if transported, must always be maintained in a locked unit. All electronic devices containing PHI must also be secured. See below for policy information.

XIII. Patient Records, Retention, and Records Requests

S:\Policy & Procedure\Health Information Management\Release of Information.doc

XIV. Supervision Standards

Substance Use Counselors

Clinical supervision is critical in the substance abuse treatment field to improve patient care, develop the professionalism of counselors, maintain ethical standards, and for the effectiveness of a SUD treatment program. Providers must provide consistent, scheduled, and structured clinical supervision.

Associate Clinical Providers

Possess a current and active California license that is not under suspension or probation as one of the following:

- o Licensed Marriage and Family Therapist (LMFT)
- o Licensed Clinical Social Worker (LCSW)
- o Licensed Professional Clinical Counselor (LPCC)
- o Licensed Educational Psychologist (LEP)*
- o Licensed Clinical Psychologist
- o Licensed Physician and Surgeon certified in Psychiatry by the American Board of Psychiatry and Neurology

and:

- Have been licensed in California or any other state for at least two (2) years out of the last five (5) years prior to the commencement of supervision.
- Have practiced psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision (or, if an LEP has provided psychological counseling pursuant to Business and Professions Code (BPC) section 4989.14) OR
- Provided direct supervision to ASWs, Associate Professional Clinical Counselors, Marriage and Family Therapist Trainees, or Associate Marriage and Family Therapists who performed psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision. Supervision of psychotherapy performed by a student shall be accepted if substantially equivalent to the supervision required for registrants.

- Sign and comply with required supervision-related forms

LCSWs, LMFTs, LPCCs, and LEPs must complete a minimum of 15 hours of supervision training that meets the course provider and course content requirements specified in regulation within 60 days of the commencement of supervision. Each renewal cycle thereafter requires six hours of continuing professional development in supervision.

NOTE: Licensed Clinical Psychologists and Psychiatrists are exempt from these requirements.

XVI. Scope of Practice

The Scope of Practice for a credentialed or licensed provider, as defined by State, Federal, and County regulations, ensures that counselors and ancillary staff perform within the scope of their training and competence. Clinical services for both substance use disorders and psychiatric health disorders are provided by Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (MFT), Licensed Professional Clinical Counselors (LPCC), Licensed Psychologists (Ph.D.), and registered Associates within those license types. Certified and pre-certified Rehabilitation Counselors may provide substance use treatment services.

Policy: S:\Policy & Procedure\Behavioral Health Services\Drafts\Scope of Practice.doc

SCREENING, ADMISSION, TREATMENT

Patients will be screened to ensure they are able to provide the information necessary to begin accessing services such as insurance, identification, and other PFS needs.

XVII. Adult Screening and Intake

Patients will be referred via their PCP or inquire about availability through the Clinic. Patients must provide all information necessary for registration and complete intake documents. Patients will review and sign an informed consent before engaging in treatment. A patient will complete a full assessment and diagnostic process before creating a treatment plan.

S:\Forms By Dept\Behavioral Health\BH Adult Intake

XVIII. Youth Screening and Intake

Youth patients will be referred via their PCP, or their legal guardian will need to inquire about availability. Youth patients must register and provide all necessary information and complete intake documents. If clinically appropriate and necessary, patients 12 years of age or older can access treatment without the consent of their legal guardian. This circumstance should be the exception rather

than the rule. It should be well-documented why keeping the legal guardian out of the treatment process is clinically necessary. The youth will receive a full assessment and diagnosis. If youth are experiencing issues in the school setting, the best practice is to request a Release of Information be signed to coordinate care as needed with their educational system.

S:\Forms By Dept\Behavioral Health\BH Minor Intake

[XIX. Substance Use Intake](#)

All patients receiving SUD services at this time will be seen under grant funding via CA Bridge. At this time, treatment for Marijuana is not covered by this Grant funding and will need to be addressed on a case-by-case basis. Patients accessing treatment should all have an active chart with the necessary information. They should all be assessed with the American Society of Addictive Medicine (ASAM) intake via the Substance Abuse and Mental Health Services Association (SAMSHA).

[XX. Patient Discharge Process](#)

S:\Policy & Procedure\Behavioral Health Services\Patient Discharge Process.doc

ASSESSMENTS AND STANDARDS

XXI. Behavioral Health Assessment

Best practices should always be adhered to, and a template has been designed to ensure all necessary information is gathered in the assessment process to guide patient treatment options.

XXII. Level of Care Determination

The level of care will be determined based on the patient's diagnosis, needs, and scope of competence of the clinician. All Scope of Practice and competence guidelines should be followed according to policy. Consultation should be considered if the clinician is unsure of the appropriate level of care.

XXIII. Referrals to Higher Level of Care

If a clinician cannot provide services based on the level of care or scope of competence, they should refer and give a warm handoff to the appropriate resource. This referral process must be documented thoroughly.

XXIV. Risk Assessment

Patients must be assessed for risk factors regarding suicidal ideation or intent or both, homicidal ideation or intent or both, and abuse. Risk assessment should be completed using the best clinical judgment and should always be done by a qualified person based on training and licensing. Other staff who encounter a person at risk should communicate with a clinician, a provider, the Emergency Department, or Law Enforcement as necessary. If there is evidence to support the need for additional intervention, the clinician, if safe and appropriate, can discuss possible next steps with the patient (i.e., Child or Adult abuse reporting; voluntary hospitalization). If the patient is a danger to themselves or others, they will need to be taken to the Emergency Department, where a report will be provided, and the next steps will be enacted. Patients with a contract for safety and no means or intent should be provided with safety planning and resources and follow-up in a timely manner.

XXV. Mental Status Exam

A mental status exam should be completed with intake assessments, and a cognitive function assessment will be done. The exam will provide a baseline and can indicate when further intervention is needed.

XXVI. Treatment Plans

Treatment plans are a way to outline patient goals, strengths, and measurable objectives for treatment. Patients should guide their treatment based on what is most impacting their lives or where they are most functionally impaired, and the clinician should assist the patient in creating SMART goals (Specific,

Measurable, Attainable, Realistic, and Time-Framed). All those who could impact patient treatment may be included, such as Case Management, Substance Use Counselor, or Provider.

XXVII. Case Management

Case managers work with individuals and families experiencing a lack of resources and those who are at risk of homelessness or are currently unhoused. Case managers identify households at greatest risk and determine the type of support needed to prevent homelessness. They also help clients develop independent living skills, provide support with treatment, and serve as the point of contact between clients and people in their social and professional support systems. Case managers need the right skills and adequate community knowledge to be successful. (Association, 2022) Case Managers will work directly with the case carrier, likely the clinician, and work in conjunction to connect them to community resources and encourage the enactment of skills learned in the therapeutic setting.

XXVIII. Substance Use Assessment

XXIX. Level of Care Determination (ASAM), Referrals to Higher Levels of Care

SUDCC or other certified SUD counselor should determine a patient's level of care needs and make referrals accordingly. Patients who need to be monitored for medical detox should be discussed with their PCP or referred to the most appropriate hospital or detox setting. Patients who need inpatient treatment should be assisted in connecting to options and planning for the next steps. Regardless of the level of care, a patient should be helped with connection and follow-up to all necessary resources, and medical staff should be consulted when appropriate. If the facility cannot meet the patient's needs, they should be referred to the appropriate resource, and a warm handoff should be completed. Least restrictive environments should always be utilized.

XXX. Treatment Plans

SUD counselors should participate in or develop appropriate treatment plans based on the template listed above. The template uses best practices and can guide treatment for patients.

DIAGNOSIS, MEDICAL NECESSITY AND CLINICAL NECESSITY

XXXI. Diagnosis

All patients who are assessed should be provided with a diagnosis from DSM-5. When evidencing the diagnosis, the clinician should use specific examples of behavior or symptoms reported by the patient.

XXXII. Medical Necessity

Clinicians will need to evidence through functional impairments and diagnosis that patient treatment is medically necessary.

XXXIII. Role of Physicians

Partnering with primary care physicians and other providers, including through the Emergency Department, is encouraged to ensure a patient's physical and psychiatric needs are met. Medication Assisted Treatment (MAT) should be provided by appropriately licensed providers in conjunction with therapeutic interventions when needed. All interventions should follow the patient's right to self-determination.

PROGRESS NOTES

XXXIV. Documentation Standards

A clinically sufficient progress note accurately represents the service provided. Each progress note needs to justify the claim for the service provided. Every billable service must be medically necessary. Services provided to patients must be medically necessary and clinically appropriate to address the patient's presenting condition.

Progress notes are also used to inform other clinical staff about the patient's treatment, to document and claim for services, and to provide a legal record. Progress notes may be read by clients/family members. Use your judgment about what to include. Aim for clarity and brevity when writing notes. Lengthy narrative notes are discouraged. Clear and concise documentation is crucial to patient care. Progress notes are used not only to file a claim for services but to document the client/family's course and progress in treatment. Progress notes should indicate the type of service provided, how the service is medically necessary to address an identified area of impairment, and the progress (or lack of progress) in treatment.

XXXV. Golden Thread

The golden thread links the treatment processes, starting with engaging the client, conducting the assessment, formulating the Treatment Plan, providing services, and documenting progress toward treatment goals in the progress notes. The thread of documentation establishes a written and legal record of the course of treatment. It provides the information needed for guiding the treatment process and billing purposes. Progress notes are individual narrative summaries and may differ based on location and services provided.

XXXVI. Informed Consent

Proper review and signature of informed consent should be gained from all adults and children participating in treatment. Note the reference above for regulations and best practices regarding children 12 and older in treatment.

XXXVII. Groups

Group Treatment can be either clinical process-oriented or non-clinical psycho-educational group services. The purpose of psycho-educational groups is to expand a patient's awareness of substance use and its potential behavioral, medical, and psychological consequences. All group counseling sessions focus on short-term personal, family, job/school, and other problems and their relationship to substance use or a return to substance use. All Groups must contain a minimum of 2 and a maximum of 12 in the group. Group treatments must focus on the needs of the individuals served and directly reflect the individual client's Treatment Plan goals and actionable steps. All Group sessions must be documented with a sign-in sheet for group members and maintained in a binder or other easily accessible format.

The sign-in sheet must include the date of service, the printed and signed name of the counselor(s), the printed and signed name of each patient, and their time signed in. It must also include the start and end time of the group, the duration, and the group topic.

XXXVIII. Collateral, Case Management

Services include professionals and significant persons (i.e., personal, not official, or professional persons) who actively support the achievement of the client's treatment goals. Collateral services may include participation in Transition Plan Meetings or other Multidisciplinary group consultations with the client.

This procedure is used to document services that assist the patient in improving a skill or developing a new skill set. "Rehabilitation" means recovery or resiliency-focused service activity identified to address a behavioral health need in the patient plan. This service activity aids in restoring, improving, and preserving a client's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the client. This procedure may be provided in an individual or group format and may be claimed by any practitioner.

Rehabilitative skills may include:

- Daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and medication compliance.
- Counseling of the consumer, including psychosocial education aimed at helping achieve the individual's goals.
- Education around medication, such as understanding the importance of taking as prescribed and effectively communicating with the prescriber (within the practitioner's scope).

XXXIX. Medication Assisted Treatment (MAT)

S:\Policy & Procedure\Behavioral Health Services\Buprenorphine Administration

PATIENT PROBLEM RESOLUTION PROCESS

Grievances, Appeals, and Expedited Appeals

S:\Policy & Procedure\Compliance\Drafts\ Grievances, Appeals and Expedited Appeals.doc

EMERGENCY PROTOCOL

S:\Policy & Procedure\Behavioral Health Services\Drafts\Emergency Protocol

APPENDIX

Organizational Chart:

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SoHum Health

Southern Humboldt
Community Healthcare District
733 Cedar St
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(707) 932-3921

DEPARTMENT: Behavioral Health	APPROVED: TBD	Page 1 of 1
SUBJECT: Emergency Protocol	EFFECTIVE DATE: TBD	SUPERSEDES: New

POLICY:

This policy of SHCHD for any emergency that may occur when providing Outpatient Behavioral Health services.

PROCEDURE:

A. Medical Emergency:

1. Call 911 to access medical care as soon as possible.
2. Follow the instructions of dispatch to best serve the patient and seek assistance from others as needed to do so.
3. Only use the interventions and tools within your scope of practice or competence, i.e. Basic Life Support certification.

B. Mental Health:

1. Call 911 if the patient is displaying dangerous behaviors to themselves or others and/or making threats to do so.
2. Use de-escalation techniques to reduce the tension, give the patient space and ensure you can exit the room or building if needed without passing by the patient.
3. If in a group setting, separate the patient who is escalated from other patients.
4. When safe, call for your supervisor or next in chain of command to assist.

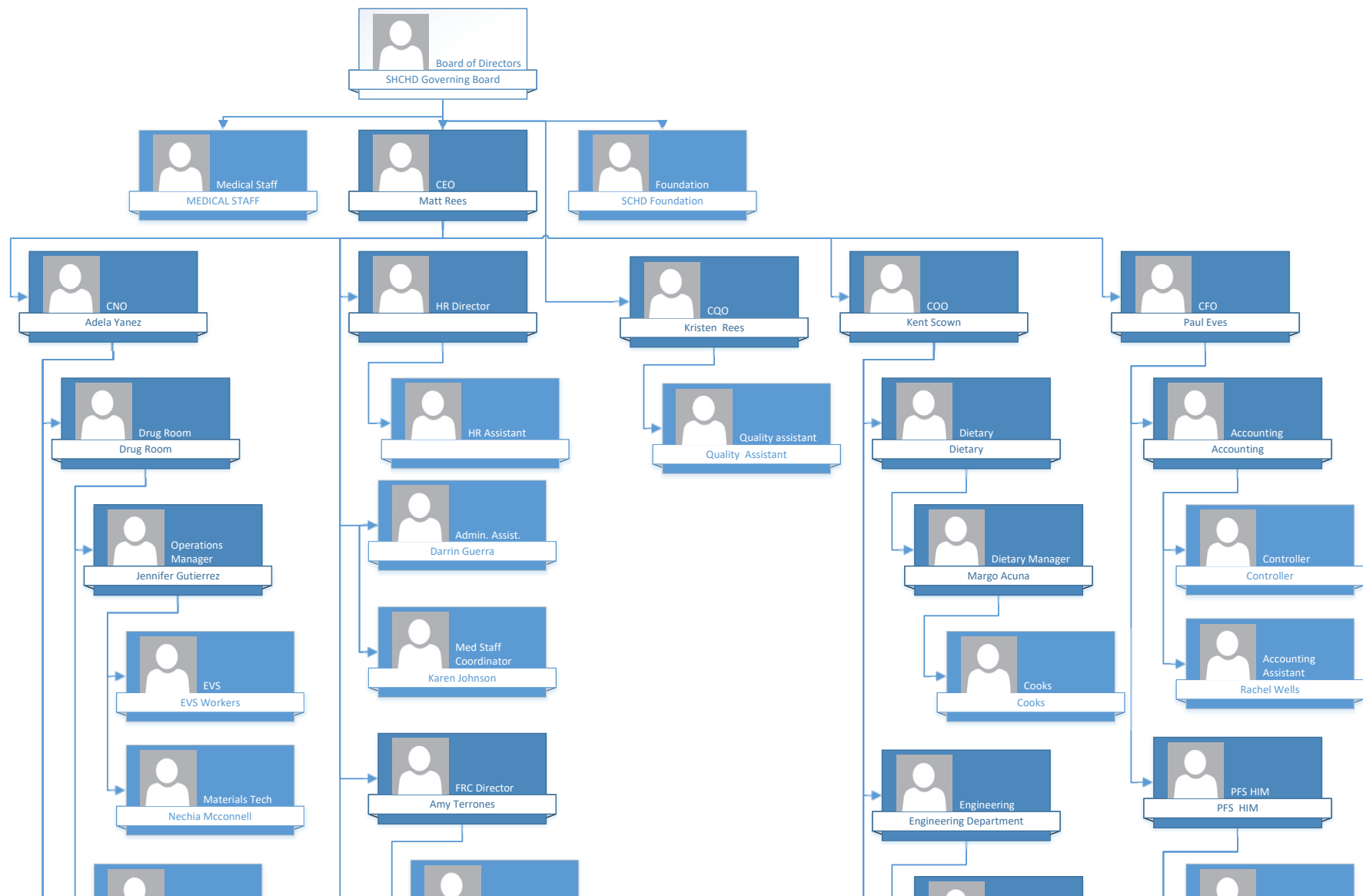
REVIEWED BY:

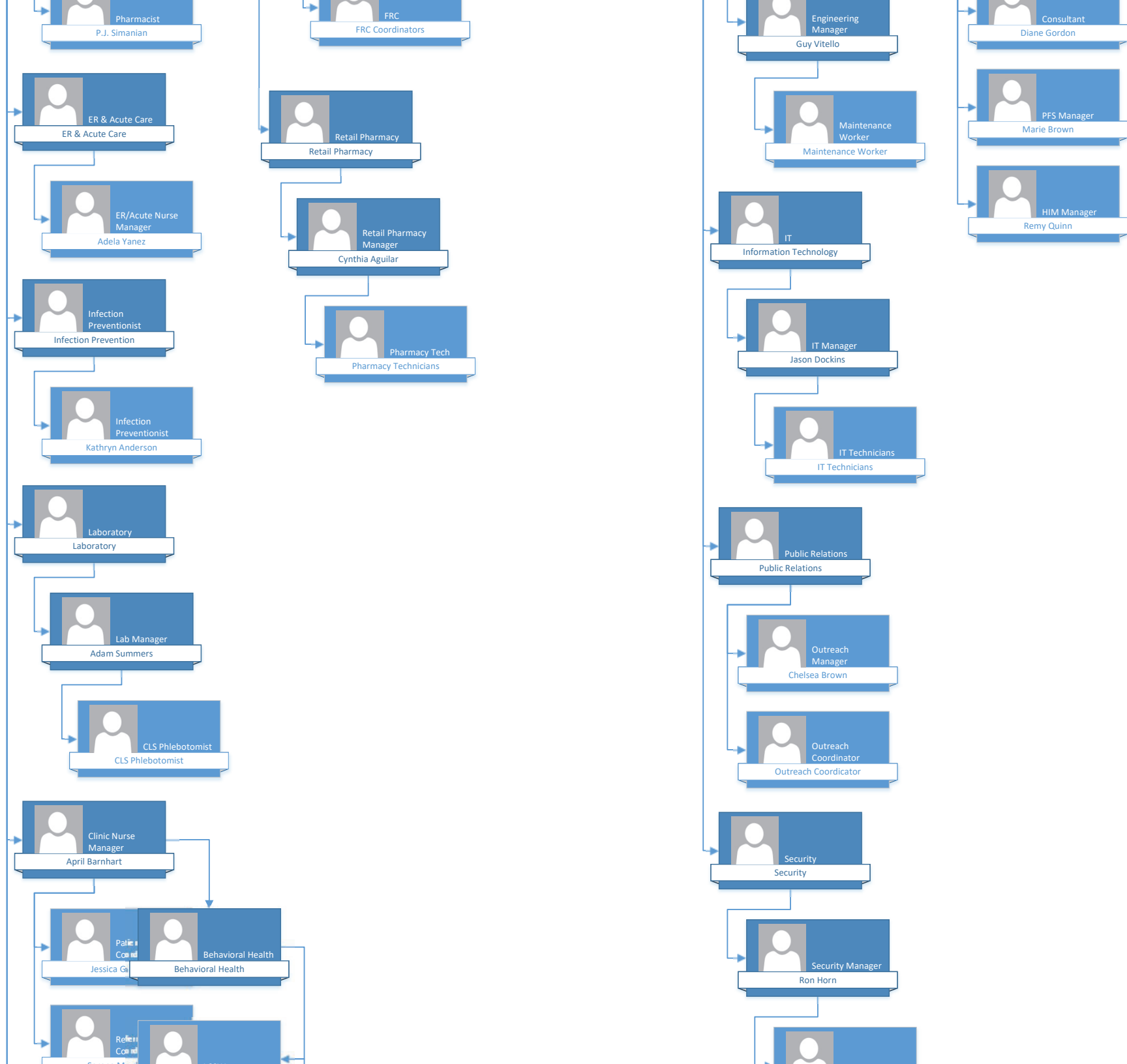
Chief Nursing Officer

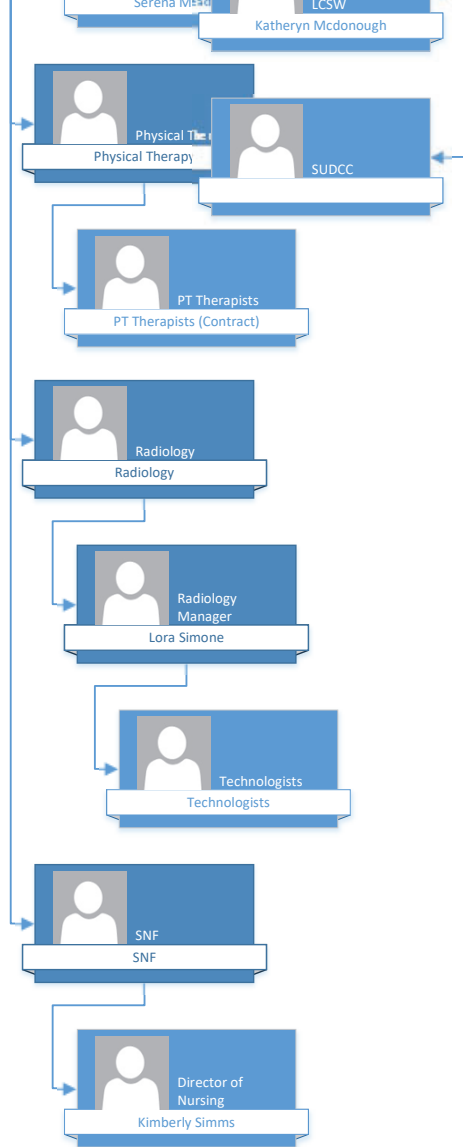
Clinic Manager

Behavioral Health Manager

Medical Director, Emergency Department









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DEPARTMENT: Behavioral Health	APPROVED: TBD	Page 1 of 1
SUBJECT: Patient Discharge from Treatment	EFFECTIVE DATE: TBD	SUPERSEDES: New

POLICY:

This policy of SHCHD is to outline the discharge process for patients of SoHum Behavioral Health.

PROCEDURE:

- A.** Patients have many reasons for exiting treatment, reference below for process of discharge.
 - 1.** If a patient has met all treatment goals, they should have a closing session and any relapse prevention should be completed prior to termination.
 - 2.** If a patient would like to end treatment with this institution, but would like to continue the therapeutic process, recommendations for three alternative treatment providers should be offered.
 - 3.** If a patient has three “No show” appointments, they can be discharged based on the clinical judgement of the provider. All “No show” appointments must be documented, and the patient should be informed following each “No show” appointment that they are at risk of being discharged. If a patient cannot be contacted by any other means, they should be mailed a letter stating they will no longer be seen at this time due to lack of attendance.
- B.** All above needs to be well documented and patient provided with all necessary information.
- C.** Patients who wish to and are eligible shall resume services and will need to follow the standard referral process and obtain a new assessment and treatment plan.

REVIEWED BY:

Chief Nursing Officer

Clinic Manager

Behavioral Health Manager

Medical Director, Emergency Department



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DEPARTMENT: Behavioral Health	APPROVED: TBD	Page 1 of 1
SUBJECT: Peer Review	EFFECTIVE DATE: TBD	SUPERSEDES: New

POLICY:

- A. This policy of SHCHD is to** assess the accessibility, quality, adequacy, and outcomes of clinical service providers at SoHum Behavioral Health.
- B. SoHum Health will maintain a Peer Review process which adheres to regulatory demands, ethical practice, and professional standards of care.**
 1. Peer Review shall be completed quarterly with 10% of each providers charts being reviewed by appropriate clinical providers.
 2. All records, which upon review, indicate suspected abuse and/or death by suicide shall be reviewed by appropriate clinical providers.
 3. Analysis shall be completed quarterly. Issues where standards of care are not met will be documented in RL Solutions and discussed with the provider.
 4. All findings and reviews will be maintained per American Hospital Association retention schedule.

PROCEDURE:

1. Peer Review shall be conducted by appropriate clinical providers and all persons providing direct services will be reviewed.
2. Records shall be selected per provider request or based on risk and problem-prone areas and pulled as randomly as possible for Peer Review purposes. Additionally, records may be reviewed for auditing or teaching purposes. These shall be included in the Peer Review data.
3. Audit results shall be discussed with all providers who have been reviewed. In the event corrective action is needed, the Human Resources' established protocol shall be followed.
4. All records of specific concern shall be reviewed and remaining balance to reach 10% shall be selected at random.

REVIEWED BY:

Chief Nursing Officer

Clinic Manager

Behavioral Health Manager

Medical Director, Emergency Department



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DEPARTMENT: Behavioral Health	APPROVED: TBD	Page 1 of 1
SUBJECT: Internal Referrals	EFFECTIVE DATE: TBD	SUPERSEDES: New

POLICY:

This policy of SHCHD is to outline the referral process within SHCHD.

PROCEDURE:

- A.** A written internal referral shall be made and provided to Lead LCSW who will review and assign appropriate services. Patients who are experiencing mental health concerns, substance use disorders or who need assistance shall be referred to necessary social services, resources, or advocacy.
1. Formal written referral will be completed with concerns stated and any modalities suggested.
 2. Referrals will be provided to Referrals Coordinator located in the Clinic.
 3. Referrals will be reviewed and assigned to the most appropriate services within ten business days of receipt.
 4. The provider receiving the referral shall follow up within ten business days.
 5. Unless unavoidable, all urgent referrals will be seen in five business days.
 6. SoHum Behavioral Health is not a crisis service and does not have capacity to assist patients 24/7. In the event of a crisis providers may wish to inform patients of alternative resources.
 - a. Humboldt County Crisis Line: 707-445-7715
 - b. National Crisis Line: 1-800-273-8255
 - c. Text Crisis Line: Text HOME to 741741
 - d. Humboldt County Sheriff: (707) 445-7251

REVIEWED BY:

Chief Nursing Officer

Clinic Manager

Behavioral Health Manager

Medical Director, Emergency Department



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DEPARTMENT: Behavioral Health	APPROVED: TBD	Page 1 of 2
SUBJECT: Scope of Practice	EFFECTIVE DATE: TBD	SUPERSEDES: New

POLICY:

This policy of SHCHD is to ensure all Behavioral Health employees are within their scope of practice and competence to provide the best care to patients. All licensed professionals are responsible for understanding and staying within the scope and competence of their license and position.

A. Definitions:

1. The term "scope of practice" is used by licensing boards for various healthcare-related fields to define the procedures, actions, and processes that are permitted the licensed individual. Each state has specific regulations based on entry education and additional training and practice."
2. The term "psychotherapy" (for the purpose of this document) is defined as the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.
3. Licensed Marriage and Family Therapist: "4980.02. For the purposes of this chapter, the practice of marriage and family therapy shall mean that service performed with individuals, couples, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The application of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the coursework and training required by Sections 4980.37, 4980.40, and 4980.41."
4. Licensed Clinical Social Worker: "4996.9. The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a non-medical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work."
5. Substance Use Disorder Counselors are able to provide clinical evaluation, treatment planning, referral, service coordination, counseling, client, family and community education, documentation, professional and ethical responsibilities when related to a substance use disorder (CADTP). The certified Substance Use Disorder Counselor continues to enhance their knowledge and keep abreast of changes in the field through the bi-annual certification renewal process which requires 40 hours of continuing education related to the substance use disorder counseling field, i.e. trainings that directly address the counseling and treatment of

substance abuse and related disorders. The Substance Use Disorder Counselor must acknowledge their practice limitations and ensure they do not provide services that exceed their certification and education, experience, and exam competencies.

REFERENCES:

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REVIEWED BY:

Chief Nursing Officer

Clinic Manager

Behavioral Health Manager

Medical Director, Emergency Department



SoHum Health

Southern Humboldt Community Healthcare District

CRITICAL ACCESS HOSPITAL

The Brown Act:

AB 361, AB 2449 and SB 1100

October 27, 2022

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AB 361


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AB-361 Open meetings: state and local agencies: teleconferences. (2021-2022)

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Date Published: 09/17/2021 09:00 PM

Assembly Bill No. 361

CHAPTER 165

An act to add and repeal Section 89305.6 of the Education Code, and to amend, repeal, and add Section 54953 of, and to add and repeal Section 11133 of, the Government Code, relating to open meetings, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor September 16, 2021. Filed with Secretary of State September 16, 2021.]

LEGISLATIVE COUNSEL'S DIGEST

AB 361, Robert Rivas. Open meetings: state and local agencies: teleconferences.

(1) Existing law, the Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to directly address the legislative body on any item of interest to the public. The act generally requires all regular and special meetings of the legislative body be held within the boundaries of the territory over which the local agency exercises jurisdiction, subject to certain exceptions. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. The act authorizes the district attorney or any interested person, subject to certain provisions, to commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that specified actions taken by a legislative body are null and void.

Existing law, the California Emergency Services Act, authorizes the Governor, or the Director of Emergency Services when the governor is inaccessible, to proclaim a state of emergency under specified circumstances.

Executive Order No. N-29-20 suspends the Ralph M. Brown Act's requirements for teleconferencing during the COVID-19 pandemic provided that notice and accessibility requirements are met, the public members are allowed to observe and address the legislative body at the meeting, and that a legislative body of a local agency has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill, until January 1, 2024, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency

holds a meeting during a declared state of emergency, as that term is defined, when state or local health officials have imposed or recommended measures to promote social distancing, during a proclaimed state of emergency held for the purpose of determining, by majority vote, whether meeting in person would present imminent risks to the health or safety of attendees, and during a proclaimed state of emergency when the legislative body has determined that meeting in person would present imminent risks to the health or safety of attendees, as provided.

This bill would require legislative bodies that hold teleconferenced meetings under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option, and to conduct the meeting in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body. The bill would require the legislative body to take no further action on agenda items when there is a disruption which prevents the public agency from broadcasting the meeting, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments, until public access is restored. The bill would specify that actions taken during the disruption are subject to challenge proceedings, as specified.

This bill would prohibit the legislative body from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. The bill would prohibit the legislative body from closing the public comment period and the opportunity to register to provide public comment, until the public comment period has elapsed or until a reasonable amount of time has elapsed, as specified. When there is a continuing state of emergency, or when state or local officials have imposed or recommended measures to promote social distancing, the bill would require a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting pursuant to these provisions, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures.

Existing law prohibits a legislative body from requiring, as a condition to attend a meeting, a person to register the person's name, or to provide other information, or to fulfill any condition precedent to the person's attendance.

This bill would exclude from that prohibition, a registration requirement imposed by a third-party internet website or other online platform not under the control of the legislative body.

(2) Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act requires at least one member of the state body to be physically present at the location specified in the notice of the meeting.

The Governor's Executive Order No. N-29-20 suspends the requirements of the Bagley-Keene Open Meeting Act for teleconferencing during the COVID-19 pandemic, provided that notice and accessibility requirements are met, the public members are allowed to observe and address the state body at the meeting, and that a state body has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified.

This bill, until January 31, 2022, would authorize, subject to specified notice and accessibility requirements, a state body to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body. With respect to a state body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the state body at each teleconference location. Under the bill, a state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically would satisfy any requirement that the state body allow members of the public to attend the meeting and offer public comment. The bill would require that each state body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge state bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law, as provided.

(3) Existing law establishes the various campuses of the California State University under the administration of the Trustees of the California State University, and authorizes the establishment of student body organizations in connection with the operations of California State University campuses.

The Gloria Romero Open Meetings Act of 2000 generally requires a legislative body, as defined, of a student body organization to conduct its business in a meeting that is open and public. The act authorizes the legislative body to use teleconferencing, as defined, for the benefit of the public and the legislative body in connection with any meeting or proceeding authorized by law.

This bill, until January 31, 2022, would authorize, subject to specified notice and accessibility requirements, a legislative body, as defined for purposes of the act, to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the legislative body. With respect to a legislative body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the legislative body at each teleconference location. Under the bill, a legislative body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically would satisfy any requirement that the legislative body allow members of the public to attend the meeting and offer public comment. The bill would require that each legislative body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge legislative bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law, as provided.

(4) This bill would declare the Legislature's intent, consistent with the Governor's Executive Order No. N-29-20, to improve and enhance public access to state and local agency meetings during the COVID-19 pandemic and future emergencies by allowing broader access through teleconferencing options.

(5) This bill would incorporate additional changes to Section 54953 of the Government Code proposed by AB 339 to be operative only if this bill and AB 339 are enacted and this bill is enacted last.

(6) The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

(7) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(8) This bill would declare that it is to take effect immediately as an urgency statute.

Vote: 2/3 Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 89305.6 is added to the Education Code, to read:

89305.6. (a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a legislative body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the legislative body.

(b) (1) For a legislative body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the legislative body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a legislative body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the legislative body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the legislative body be physically present at the location specified in the notice of the meeting.

(c) A legislative body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the legislative body allow members of the public to attend the meeting and offer public comment. A legislative body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a legislative body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the legislative body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each legislative body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a legislative body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the legislative body's internet website.

(f) All legislative bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to legislative body meetings.

(g) This section shall remain in effect only until January 31, 2022, and as of that date is repealed.

SEC. 2. Section 11133 is added to the Government Code, to read:

11133. (a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a state body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body.

(b) (1) For a state body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the state body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a state body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the state body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the state body be physically present at the location specified in the notice of the meeting.

(c) A state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the state body allow members of the public to attend the meeting and offer public comment. A state body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a state body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each state body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a state body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the state body's internet website.

(f) All state bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to state body meetings.

(g) This section shall remain in effect only until January 31, 2022, and as of that date is repealed.

SEC. 3. Section 54953 of the Government Code is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this

chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) A local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(B) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3. In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(C) The legislative body shall conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body of a local agency.

(D) In the event of a disruption which prevents the public agency from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments using the call-in option or internet-based service option, the body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption which prevents the public agency from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(G) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time

pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) For the purposes of this subdivision, "state of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(f) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 3.1. Section 54953 of the Government Code is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency in person, except as otherwise provided in this chapter. Local agencies shall conduct meetings subject to this chapter consistent with applicable state and federal civil rights laws, including, but not limited to, any applicable language access and other nondiscrimination obligations.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be

counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) A local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(B) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3. In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(C) The legislative body shall conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties and the public appearing before the legislative body of a local agency.

(D) In the event of a disruption which prevents the public agency from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control which prevents members of the public from offering public comments using the call-in option or internet-based service option, the body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption which prevents the public agency from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time. This subparagraph shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(G) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) For the purposes of this subdivision, "state of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(f) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 4. Section 54953 is added to the Government Code, to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide

an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2024.

SEC. 4.1. Section 54953 is added to the Government Code, to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, in person except as otherwise provided in this chapter. Local agencies shall conduct meetings subject to this chapter consistent with applicable state and federal civil rights laws, including, but not limited to, any applicable language access and other nondiscrimination obligations.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each

teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2024.

SEC. 5. Sections 3.1 and 4.1 of this bill incorporate amendments to Section 54953 of the Government Code proposed by both this bill and Assembly Bill 339. Those sections of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2022, but this bill becomes operative first, (2) each bill amends Section 54953 of the Government Code, and (3) this bill is enacted after Assembly Bill 339, in which case Section 54953 of the Government Code, as amended by Sections 3 and 4 of this bill, shall remain operative only until the operative date of Assembly Bill 339, at which time Sections 3.1 and 4.1 of this bill shall become operative.

SEC. 6. It is the intent of the Legislature in enacting this act to improve and enhance public access to state and local agency meetings during the COVID-19 pandemic and future applicable emergencies, by allowing broader access through teleconferencing options consistent with the Governor's Executive Order No. N-29-20 dated March 17, 2020, permitting expanded use of teleconferencing during the COVID-19 pandemic.

SEC. 7. The Legislature finds and declares that Sections 3 and 4 of this act, which amend, repeal, and add Section 54953 of the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

This act is necessary to ensure minimum standards for public participation and notice requirements allowing for greater public participation in teleconference meetings during applicable emergencies.

SEC. 8. (a) The Legislature finds and declares that during the COVID-19 public health emergency, certain requirements of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) were suspended by Executive Order N-29-20. Audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and public meetings conducted by teleconference during the COVID-19 public health emergency have been productive, have increased public participation by all members of the public regardless of their location in the state and ability to travel to physical meeting locations, have protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.

(b) The Legislature finds and declares that Section 1 of this act, which adds and repeals Section 89305.6 of the Education Code, Section 2 of this act, which adds and repeals Section 11133 of the Government Code, and Sections 3 and 4 of this act, which amend, repeal, and add Section 54953 of the Government Code, all increase and potentially limit the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

(1) By removing the requirement that public meetings be conducted at a primary physical location with a quorum of members present, this act protects the health and safety of civil servants and the public and does not preference the experience of members of the public who might be able to attend a meeting in a physical location over members of the public who cannot travel or attend that meeting in a physical location.

(2) By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

SEC. 9. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to ensure that state and local agencies can continue holding public meetings while providing essential services like water, power, and fire protection to their constituents during public health, wildfire, or other states of emergencies, it is necessary that this act take effect immediately.

AB 2449

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Assembly Bill No. 2449

CHAPTER 285

An act to amend, repeal, and add Sections 54953 and 54954.2 of the Government Code, relating to local government.

[Approved by Governor September 13, 2022. Filed with Secretary of State September 13, 2022.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2449, Blanca Rubio. Open meetings: local agencies: teleconferences.

Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act generally requires posting an agenda at least 72 hours before a regular meeting that contains a brief general description of each item of business to be transacted or discussed at the meeting, and prohibits any action or discussion from being undertaken on any item not appearing on the posted agenda. The act authorizes a legislative body to take action on items of business not appearing on the posted agenda under specified conditions. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.

Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health.

This bill would revise and recast those teleconferencing provisions and, until January 1, 2026, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements that each teleconference location be identified in the notice and agenda and that each teleconference location be accessible to the public if at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. Under this exception, the bill would authorize a member to participate remotely under specified circumstances, including participating remotely for just cause or due to emergency circumstances. The emergency circumstances basis for remote participation would be contingent on a request to, and action by, the legislative body, as prescribed. The bill, until January 1, 2026, would authorize a legislative body to consider and

take action on a request from a member to participate in a meeting remotely due to emergency circumstances if the request does not allow sufficient time to place the proposed action on the posted agenda for the meeting for which the request is made. The bill would define terms for purposes of these teleconferencing provisions.

This bill would impose prescribed requirements for this exception relating to notice, agendas, the means and manner of access, and procedures for disruptions. The bill would require the legislative body to implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with federal law.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 54953 of the Government Code, as amended by Section 3 of Chapter 165 of the Statutes of 2021, is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If the legislative body of a local agency elects to use teleconferencing, the legislative body of a local agency shall comply with all of the following:

(A) All votes taken during a teleconferenced meeting shall be by rollcall.

(B) The teleconferenced meetings shall be conducted in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency.

(C) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(D) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivisions (d) and (e).

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) The legislative body of a local agency may use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) if the legislative body complies with the requirements of paragraph (2) of this subdivision in any of the following circumstances:

(A) The legislative body holds a meeting during a proclaimed state of emergency, and state or local officials have imposed or recommended measures to promote social distancing.

(B) The legislative body holds a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(C) The legislative body holds a meeting during a proclaimed state of emergency and has determined, by majority vote, pursuant to subparagraph (B), that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

(2) A legislative body that holds a meeting pursuant to this subdivision shall do all of the following:

(A) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment. The agenda shall identify and include an opportunity for all persons to attend via a call-in option or an internet-based service option.

(B) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(C) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(D) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(E) (i) A legislative body that provides a timed public comment period for each agenda item shall not close the public comment period for the agenda item, or the opportunity to register, pursuant to subparagraph (F), to provide public comment until that timed public comment period has elapsed.

(ii) A legislative body that does not provide a timed public comment period, but takes public comment separately on each agenda item, shall allow a reasonable amount of time per agenda item to allow public members the opportunity to provide public comment, including time for members of the public to register pursuant to subparagraph (F), or otherwise be recognized for the purpose of providing public comment.

(iii) A legislative body that provides a timed general public comment period that does not correspond to a specific agenda item shall not close the public comment period or the opportunity to register, pursuant to subparagraph (F), until the timed general public comment period has elapsed.

(3) If a state of emergency remains active, or state or local officials have imposed or recommended measures to promote social distancing, in order to continue to teleconference without compliance with paragraph (3) of subdivision (b), the legislative body shall, not later than 30 days after teleconferencing for the first time pursuant to subparagraph (A), (B), or (C) of paragraph (1), and every 30 days thereafter, make the following findings by majority vote:

(A) The legislative body has reconsidered the circumstances of the state of emergency.

(B) Any of the following circumstances exist:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.

(ii) State or local officials continue to impose or recommend measures to promote social distancing.

(4) This subdivision shall not be construed to require the legislative body to provide a physical location from which the public may attend or comment.

(f) (1) The legislative body of a local agency may use teleconferencing without complying with paragraph (3) of subdivision (b) if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction and the legislative body complies with all of the following:

(A) The legislative body shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

(i) A two-way audiovisual platform.

(ii) A two-way telephonic service and a live webcasting of the meeting.

(B) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by which members of the public may access the meeting and offer public comment.

(C) The agenda shall identify and include an opportunity for all persons to attend and address the legislative body directly pursuant to Section 54954.3 via a call-in option, via an internet-based service option, and at the in-person location of the meeting.

(D) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(2) A member of the legislative body shall only participate in the meeting remotely pursuant to this subdivision, if all of the following requirements are met:

(A) One of the following circumstances applies:

(i) 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. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year.

(ii) The member 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. The legislative body shall request a general description of the circumstances relating to their need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code). For the purposes of this clause, the following requirements apply:

(I) A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.

(II) The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting in accordance with paragraph (4) of subdivision (b) of Section 54954.2.

(B) 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.

(C) The member shall participate through both audio and visual technology.

(3) The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

(g) The legislative body shall have and implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and resolving any doubt in favor of accessibility. In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the procedure for receiving and resolving requests for accommodation.

(h) The legislative body shall conduct meetings subject to this chapter consistent with applicable civil rights and nondiscrimination laws.

(i) (1) Nothing in this section shall prohibit a legislative body from providing the public with additional teleconference locations.

(2) Nothing in this section shall prohibit a legislative body from providing members of the public with additional physical locations in which the public may observe and address the legislative body by electronic means.

(j) For the purposes of this section, the following definitions shall apply:

(1) "Emergency circumstances" means a physical or family medical emergency that prevents a member from attending in person.

(2) "Just cause" means any of the following:

(A) A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. "Child," "parent," "grandparent," "grandchild," and "sibling" have the same meaning as those terms do in Section 12945.2.

(B) A contagious illness that prevents a member from attending in person.

(C) A need related to a physical or mental disability as defined in Sections 12926 and 12926.1 not otherwise accommodated by subdivision (g).

(D) Travel while on official business of the legislative body or another state or local agency.

(3) "Remote location" means a location from which a member of a legislative body participates in a meeting pursuant to subdivision (f), other than any physical meeting location designated in the notice of the meeting. Remote locations need not be accessible to the public.

(4) "Remote participation" means participation in a meeting by teleconference at a location other than any physical meeting location designated in the notice of the meeting. Watching or listening to a meeting via webcasting or another similar electronic medium that does not permit members to interactively hear, discuss, or deliberate on matters, does not constitute remote participation.

(5) "State of emergency" means a state of emergency proclaimed pursuant to Section 8625 of the California Emergency Services Act (Article 1 (commencing with Section 8550) of Chapter 7 of Division 1 of Title 2).

(6) "Teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

(7) "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic function.

(8) "Two-way telephonic service" means a telephone service that does not require internet access, is not provided as part of a two-way audiovisual platform, and allows participants to dial a telephone number to listen and verbally participate.

(9) "Webcasting" means a streaming video broadcast online or on television, using streaming media technology to distribute a single content source to many simultaneous listeners and viewers.

(k) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 2. Section 54953 of the Government Code, as added by Section 4 of Chapter 165 of the Statutes of 2021, is amended to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all otherwise applicable requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. If the legislative body of a local agency elects to use teleconferencing, the legislative body of a local agency shall comply with all of the following:

(A) All votes taken during a teleconferenced meeting shall be by rollcall.

(B) The teleconferenced meetings shall be conducted in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency.

(C) The legislative body shall give notice of the meeting and post agendas as otherwise required by this chapter.

(D) The legislative body shall allow members of the public to access the meeting and the agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d).

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) (1) The legislative body of a local agency may use teleconferencing without complying with paragraph (3) of subdivision (b) if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda, which location shall be open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction and the legislative body complies with all of the following:

(A) The legislative body shall provide at least one of the following as a means by which the public may remotely hear and visually observe the meeting, and remotely address the legislative body:

(i) A two-way audiovisual platform.

(ii) A two-way telephonic service and a live webcasting of the meeting.

(B) In each instance in which notice of the time of the teleconferenced meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the means by

which members of the public may access the meeting and offer public comment.

(C) The agenda shall identify and include an opportunity for all persons to attend and address the legislative body directly pursuant to Section 54954.3 via a call-in option, via an internet-based service option, and at the in-person location of the meeting.

(D) In the event of a disruption that prevents the legislative body from broadcasting the meeting to members of the public using the call-in option or internet-based service option, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, the legislative body shall take no further action on items appearing on the meeting agenda until public access to the meeting via the call-in option or internet-based service option is restored. Actions taken on agenda items during a disruption that prevents the legislative body from broadcasting the meeting may be challenged pursuant to Section 54960.1.

(E) The legislative body shall not require public comments to be submitted in advance of the meeting and must provide an opportunity for the public to address the legislative body and offer comment in real time.

(F) Notwithstanding Section 54953.3, an individual desiring to provide public comment through the use of an internet website, or other online platform, not under the control of the local legislative body, that requires registration to log in to a teleconference may be required to register as required by the third-party internet website or online platform to participate.

(2) A member of the legislative body shall only participate in the meeting remotely pursuant to this subdivision, if all of the following requirements are met:

(A) One of the following circumstances applies:

(i) 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. The provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year.

(ii) The member 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. The legislative body shall request a general description of the circumstances relating to their need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Chapter 1 (commencing with Section 56) of Part 2.6 of Division 1 of the Civil Code). For the purposes of this clause, the following requirements apply:

(I) A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.

(II) The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting in accordance with paragraph (4) of subdivision (b) of Section 54954.2.

(B) 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.

(C) The member shall participate through both audio and visual technology.

(3) The provisions of this subdivision shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

(f) The legislative body shall have and implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and resolving any doubt in favor of accessibility. In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, the legislative body shall also give notice of the procedure for receiving and resolving requests for accommodation.

(g) The legislative body shall conduct meetings subject to this chapter consistent with applicable civil rights and nondiscrimination laws.

(h) (1) Nothing in this section shall prohibit a legislative body from providing the public with additional teleconference locations.

(2) Nothing in this section shall prohibit a legislative body from providing members of the public with additional physical locations in which the public may observe and address the legislative body by electronic means.

(i) For the purposes of this section, the following definitions shall apply:

(1) "Emergency circumstances" means a physical or family medical emergency that prevents a member from attending in person.

(2) "Just cause" means any of the following:

(A) A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely. "Child," "parent," "grandparent," "grandchild," and "sibling" have the same meaning as those terms do in Section 12945.2.

(B) A contagious illness that prevents a member from attending in person.

(C) A need related to a physical or mental disability as defined in Sections 12926 and 12926.1 not otherwise accommodated by subdivision (f).

(D) Travel while on official business of the legislative body or another state or local agency.

(3) "Remote location" means a location from which a member of a legislative body participates in a meeting pursuant to subdivision (e), other than any physical meeting location designated in the notice of the meeting. Remote locations need not be accessible to the public.

(4) "Remote participation" means participation in a meeting by teleconference at a location other than any physical meeting location designated in the notice of the meeting. Watching or listening to a meeting via webcasting or another similar electronic medium that does not permit members to interactively hear, discuss, or deliberate on matters, does not constitute remote participation.

(5) "Teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both.

(6) "Two-way audiovisual platform" means an online platform that provides participants with the ability to participate in a meeting via both an interactive video conference and a two-way telephonic function.

(7) "Two-way telephonic service" means a telephone service that does not require internet access, is not provided as part of a two-way audiovisual platform, and allows participants to dial a telephone number to listen and verbally participate.

(8) "Webcasting" means a streaming video broadcast online or on television, using streaming media technology to distribute a single content source to many simultaneous listeners and viewers.

(j) This section shall become operative January 1, 2024, shall remain in effect only until January 1, 2026, and as of that date is repealed.

SEC. 3. Section 54953 is added to the Government Code, to read:

54953. (a) All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter.

(b) (1) Notwithstanding any other provision of law, the legislative body of a local agency may use teleconferencing for the benefit of the public and the legislative body of a local agency in connection with any meeting or proceeding authorized by law. The teleconferenced meeting or proceeding shall comply with all requirements of this chapter and all otherwise applicable provisions of law relating to a specific type of meeting or proceeding.

(2) Teleconferencing, as authorized by this section, may be used for all purposes in connection with any meeting within the subject matter jurisdiction of the legislative body. All votes taken during a teleconferenced meeting shall be by rollcall.

(3) If the legislative body of a local agency elects to use teleconferencing, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body of a local agency. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. During the teleconference, at least a quorum of the members of the legislative body shall participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction, except as provided in subdivision (d). The agenda shall provide an opportunity for members of the public to address the legislative body directly pursuant to Section 54954.3 at each teleconference location.

(4) For the purposes of this section, "teleconference" means a meeting of a legislative body, the members of which are in different locations, connected by electronic means, through either audio or video, or both. Nothing in this section shall prohibit a local agency from providing the public with additional teleconference locations.

(c) (1) No legislative body shall take action by secret ballot, whether preliminary or final.

(2) The legislative body of a local agency shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(3) Prior to taking final action, the legislative body shall orally report a summary of a recommendation for a final action on the salaries, salary schedules, or compensation paid in the form of fringe benefits of a local agency executive, as defined in subdivision (d) of Section 3511.1, during the open meeting in which the final action is to be taken. This paragraph shall not affect the public's right under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1) to inspect or copy records created or received in the process of developing the recommendation.

(d) (1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), if a health authority conducts a teleconference meeting, members who are outside the jurisdiction of the authority may be counted toward the establishment of a quorum when participating in the teleconference if at least 50 percent of the number of members that would establish a quorum are present within the boundaries of the territory over which the authority exercises jurisdiction, and the health authority provides a teleconference number, and associated access codes, if any, that allows any person to call in to participate in the meeting and the number and access codes are identified in the notice and agenda of the meeting.

(2) Nothing in this subdivision shall be construed as discouraging health authority members from regularly meeting at a common physical site within the jurisdiction of the authority or from using teleconference locations within or near the jurisdiction of the authority. A teleconference meeting for which a quorum is established pursuant to this subdivision shall be subject to all other requirements of this section.

(3) For purposes of this subdivision, a health authority means any entity created pursuant to Sections 14018.7, 14087.31, 14087.35, 14087.36, 14087.38, and 14087.9605 of the Welfare and Institutions Code, any joint powers authority created pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 for the purpose of contracting pursuant to Section 14087.3 of the Welfare and Institutions Code, and any advisory committee to a county-sponsored health plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the advisory committee has 12 or more members.

(e) This section shall become operative January 1, 2026.

SEC. 4. Section 54954.2 of the Government Code is amended to read:

54954.2. (a) (1) At least 72 hours before a regular meeting, the legislative body of the local agency, or its designee, shall post an agenda containing a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item

generally need not exceed 20 words. The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public and on the local agency's Internet Web site, if the local agency has one. If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.

(2) For a meeting occurring on and after January 1, 2019, of a legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state that has an Internet Web site, the following provisions shall apply:

(A) An online posting of an agenda shall be posted on the primary Internet Web site homepage of a city, county, city and county, special district, school district, or political subdivision established by the state that is accessible through a prominent, direct link to the current agenda. The direct link to the agenda shall not be in a contextual menu; however, a link in addition to the direct link to the agenda may be accessible through a contextual menu.

(B) An online posting of an agenda including, but not limited to, an agenda posted in an integrated agenda management platform, shall be posted in an open format that meets all of the following requirements:

(i) Retrievable, downloadable, indexable, and electronically searchable by commonly used Internet search applications.

(ii) Platform independent and machine readable.

(iii) Available to the public free of charge and without any restriction that would impede the reuse or redistribution of the agenda.

(C) A legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state that has an Internet Web site and an integrated agenda management platform shall not be required to comply with subparagraph (A) if all of the following are met:

(i) A direct link to the integrated agenda management platform shall be posted on the primary Internet Web site homepage of a city, county, city and county, special district, school district, or political subdivision established by the state. The direct link to the integrated agenda management platform shall not be in a contextual menu. When a person clicks on the direct link to the integrated agenda management platform, the direct link shall take the person directly to an Internet Web site with the agendas of the legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state.

(ii) The integrated agenda management platform may contain the prior agendas of a legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state for all meetings occurring on or after January 1, 2019.

(iii) The current agenda of the legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state shall be the first agenda available at the top of the integrated agenda management platform.

(iv) All agendas posted in the integrated agenda management platform shall comply with the requirements in clauses (i), (ii), and (iii) of subparagraph (B).

(D) For the purposes of this paragraph, both of the following definitions shall apply:

(i) "Integrated agenda management platform" means an Internet Web site of a city, county, city and county, special district, school district, or political subdivision established by the state dedicated to providing the entirety of the agenda information for the legislative body of the city, county, city and county, special district, school district, or political subdivision established by the state to the public.

(ii) "Legislative body" has the same meaning as that term is used in subdivision (a) of Section 54952.

(E) The provisions of this paragraph shall not apply to a political subdivision of a local agency that was established by the legislative body of the city, county, city and county, special district, school district, or

political subdivision established by the state.

(3) No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of a legislative body or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Section 54954.3. In addition, on their own initiative or in response to questions posed by the public, a member of a legislative body or its staff may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. Furthermore, a member of a legislative body, or the body itself, subject to rules or procedures of the legislative body, may provide a reference to staff or other resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or take action to direct staff to place a matter of business on a future agenda.

(b) Notwithstanding subdivision (a), the legislative body may take action on items of business not appearing on the posted agenda under any of the conditions stated below. Prior to discussing any item pursuant to this subdivision, the legislative body shall publicly identify the item.

(1) Upon a determination by a majority vote of the legislative body that an emergency situation exists, as defined in Section 54956.5.

(2) Upon a determination by a two-thirds vote of the members of the legislative body present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).

(3) The item was posted pursuant to subdivision (a) for a prior meeting of the legislative body occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which action is being taken.

(4) To consider action on a request from a member to participate in a meeting remotely due to emergency circumstances, pursuant to Section 54953, if the request does not allow sufficient time to place the proposed action on the posted agenda for the meeting for which the request is made. The legislative body may approve such a request by a majority vote of the legislative body.

(c) This section is necessary to implement and reasonably within the scope of paragraph (1) of subdivision (b) of Section 3 of Article I of the California Constitution.

(d) For purposes of subdivision (a), the requirement that the agenda be posted on the local agency's Internet Web site, if the local agency has one, shall only apply to a legislative body that meets either of the following standards:

(1) A legislative body as that term is defined by subdivision (a) of Section 54952.

(2) A legislative body as that term is defined by subdivision (b) of Section 54952, if the members of the legislative body are compensated for their appearance, and if one or more of the members of the legislative body are also members of a legislative body as that term is defined by subdivision (a) of Section 54952.

(e) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.

SEC. 5. Section 54954.2 is added to the Government Code, to read:

54954.2. (a) (1) At least 72 hours before a regular meeting, the legislative body of the local agency, or its designee, shall post an agenda containing a brief general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words. The agenda shall specify the time and location of the regular meeting and shall be posted in a location that is freely accessible to members of the public and on the local agency's Internet Web site, if the local agency has one. If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.

(2) For a meeting occurring on and after January 1, 2019, of a legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state that has an Internet Web site, the following provisions shall apply:

(A) An online posting of an agenda shall be posted on the primary Internet Web site homepage of a city, county, city and county, special district, school district, or political subdivision established by the state that is accessible through a prominent, direct link to the current agenda. The direct link to the agenda shall not be in a contextual menu; however, a link in addition to the direct link to the agenda may be accessible through a contextual menu.

(B) An online posting of an agenda including, but not limited to, an agenda posted in an integrated agenda management platform, shall be posted in an open format that meets all of the following requirements:

(i) Retrievable, downloadable, indexable, and electronically searchable by commonly used Internet search applications.

(ii) Platform independent and machine readable.

(iii) Available to the public free of charge and without any restriction that would impede the reuse or redistribution of the agenda.

(C) A legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state that has an Internet Web site and an integrated agenda management platform shall not be required to comply with subparagraph (A) if all of the following are met:

(i) A direct link to the integrated agenda management platform shall be posted on the primary Internet Web site homepage of a city, county, city and county, special district, school district, or political subdivision established by the state. The direct link to the integrated agenda management platform shall not be in a contextual menu. When a person clicks on the direct link to the integrated agenda management platform, the direct link shall take the person directly to an Internet Web site with the agendas of the legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state.

(ii) The integrated agenda management platform may contain the prior agendas of a legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state for all meetings occurring on or after January 1, 2019.

(iii) The current agenda of the legislative body of a city, county, city and county, special district, school district, or political subdivision established by the state shall be the first agenda available at the top of the integrated agenda management platform.

(iv) All agendas posted in the integrated agenda management platform shall comply with the requirements in clauses (i), (ii), and (iii) of subparagraph (B).

(D) For the purposes of this paragraph, both of the following definitions shall apply:

(i) "Integrated agenda management platform" means an Internet Web site of a city, county, city and county, special district, school district, or political subdivision established by the state dedicated to providing the entirety of the agenda information for the legislative body of the city, county, city and county, special district, school district, or political subdivision established by the state to the public.

(ii) "Legislative body" has the same meaning as that term is used in subdivision (a) of Section 54952.

(E) The provisions of this paragraph shall not apply to a political subdivision of a local agency that was established by the legislative body of the city, county, city and county, special district, school district, or political subdivision established by the state.

(3) No action or discussion shall be undertaken on any item not appearing on the posted agenda, except that members of a legislative body or its staff may briefly respond to statements made or questions posed by persons exercising their public testimony rights under Section 54954.3. In addition, on their own initiative or in response to questions posed by the public, a member of a legislative body or its staff may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. Furthermore, a member of a legislative body, or the body itself, subject to rules or procedures of the legislative body, may provide a reference to staff or other resources for factual information, request staff to report back to the body

at a subsequent meeting concerning any matter, or take action to direct staff to place a matter of business on a future agenda.

(b) Notwithstanding subdivision (a), the legislative body may take action on items of business not appearing on the posted agenda under any of the conditions stated below. Prior to discussing any item pursuant to this subdivision, the legislative body shall publicly identify the item.

(1) Upon a determination by a majority vote of the legislative body that an emergency situation exists, as defined in Section 54956.5.

(2) Upon a determination by a two-thirds vote of the members of the legislative body present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there is a need to take immediate action and that the need for action came to the attention of the local agency subsequent to the agenda being posted as specified in subdivision (a).

(3) The item was posted pursuant to subdivision (a) for a prior meeting of the legislative body occurring not more than five calendar days prior to the date action is taken on the item, and at the prior meeting the item was continued to the meeting at which action is being taken.

(c) This section is necessary to implement and reasonably within the scope of paragraph (1) of subdivision (b) of Section 3 of Article I of the California Constitution.

(d) For purposes of subdivision (a), the requirement that the agenda be posted on the local agency's Internet Web site, if the local agency has one, shall only apply to a legislative body that meets either of the following standards:

(1) A legislative body as that term is defined by subdivision (a) of Section 54952.

(2) A legislative body as that term is defined by subdivision (b) of Section 54952, if the members of the legislative body are compensated for their appearance, and if one or more of the members of the legislative body are also members of a legislative body as that term is defined by subdivision (a) of Section 54952.

(e) This section shall become operative January 1, 2026.

SEC. 6. The Legislature finds and declares that Sections 1 and 2 of this act, which amend Section 54953 of the Government Code, impose a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hospital room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

SEC. 7. The Legislature finds and declares that Sections 1 and 2 of this act, which amend Section 54953 of the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

This act is necessary to ensure minimum standards for public participation and notice requirements allowing for greater public participation in teleconference meetings.

SB 1100


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SB-1100 Open meetings: orderly conduct. (2021-2022)

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Senate Bill No. 1100

CHAPTER 171

An act to add Section 54957.95 to the Government Code, relating to local government.

[Approved by Governor August 22, 2022. Filed with Secretary of State August 22, 2022.
]

LEGISLATIVE COUNSEL'S DIGEST

SB 1100, Cortese. Open meetings: orderly conduct.

(1) Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. Existing law requires every agenda for regular meetings of a local agency to provide an opportunity for members of the public to directly address the legislative body on any item of interest to the public, before or during the legislative body's consideration of the item, that is within the subject matter jurisdiction of the legislative body. Existing law authorizes the legislative body to adopt reasonable regulations to ensure that the intent of the provisions relating to this public comment requirement is carried out, including, but not limited to, regulations limiting the total amount of time allocated for public testimony on particular issues and for each individual speaker. Existing law authorizes the members of the legislative body conducting the meeting to order the meeting room cleared and continue in session, as prescribed, if a group or groups have willfully interrupted the orderly conduct of a meeting and order cannot be restored by the removal of individuals who are willfully interrupting the meeting.

This bill would authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting. The bill, except as provided, would require removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal. The bill would authorize the presiding member or their designee to then remove the individual if the individual does not promptly cease their disruptive behavior. The bill would define "disrupting" for this purpose.

(2) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(3) The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that

amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares as follows:

(a) It is the intent of the Legislature to prescribe requirements for governing public meetings that are consistent with subdivision (c) of Section 54954.3 of the Government Code, which provides that a legislative body of a local agency shall not prohibit public criticism of the policies, procedures, programs, or services of the agency, or of the acts or omissions of the legislative body.

(b) It is further the intent of the Legislature to prescribe requirements for governing public meetings to protect civil liberties in accordance with the United States Constitution, the California Constitution, and relevant law.

(c) It is further the intent of the Legislature to codify the authority and standards for governing public meetings in accordance with *Acosta v. City of Costa Mesa*, 718 F.3d 800, 811 (9th Cir. 2013), in which the court explained that an ordinance governing the decorum of a city council meeting is not facially overbroad if it only permits a presiding officer to eject an attendee for actually disturbing or impeding a meeting.

SEC. 2. Section 54957.95 is added to the Government Code, to read:

54957.95. (a) (1) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting or their designee may remove, or cause the removal of, an individual for disrupting the meeting.

(2) Prior to removing an individual, the presiding member or their designee shall warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The presiding member or their designee may then remove the individual if they do not promptly cease their disruptive behavior. This paragraph does not apply to any behavior described in subparagraph (B) of paragraph (1) of subdivision (b).

(b) As used in this section:

(1) "Disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, one of the following:

(A) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or any other law.

(B) Engaging in behavior that constitutes use of force or a true threat of force.

(2) "True threat of force" means a threat that has sufficient indicia of intent and seriousness, that a reasonable observer would perceive it to be an actual threat to use force by the person making the threat.

SEC. 3. The Legislature finds and declares that Section 2 of this act, which adds Section 54957.95 to the Government Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

This act is necessary to give legislative bodies clear authorization to restore order to meetings in the event of actual disruptions that are disturbing, disrupting, impeding, or rendering infeasible the orderly conduct of the meeting and, thereby, preserve the rights of other members of the public at the meeting and allow the legislative body to continue its work on behalf of the public.

SEC. 4. The Legislature finds and declares that Section 2 of this act, which adds Section 54957.95 to the Government Code, furthers, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the

meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

This act is necessary to give legislative bodies clear authorization to restore order to meetings in the event of actual disruptions that are disturbing, disrupting, impeding, or rendering infeasible the orderly conduct of the meeting and, thereby, preserve the rights of other members of the public at the meeting and allow the legislative body to continue its work on behalf of the public.