Northern Inyo Healthcare District

June 20 2022 Regular Board Meeting

July 20 2022 Regular Board Meeting

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Consent Agenda

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

AGENDA

NORTHERN INYO HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING

July 20, 2022 at 5:30 p.m.

Northern Inyo Healthcare District invites you to join this meeting:

TO CONNECT VIA **ZOOM**: (*A link is also available on the NIHD Website*)
https://zoom.us/j/213497015?pwd=TDlIWXRuWjE4T1Y2YVFWbnF2aGk5UT09
Meeting ID: 213 497 015
Password: 608092

PHONE CONNECTION:
888 475 4499 US Toll-free
877 853 5257 US Toll-free
Meeting ID: 213 497 015

The Board is again meeting in person at 2957 Birch Street Bishop, CA 93514. Members of the public will be allowed to attend in person or via zoom. Public comments can be made in person or via zoom:

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1. Call to Order (at 5:30 pm).
2. ***Public Comment***: The purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered.
3. New Business:
   A. Northern Inyo Healthcare District Board of Directors Orientation Presentation *(Board will receive this presentation)*

B. Approval of Policy and Procedure, Onboarding and Continuing Education of Board Members *(Board will consider the approval of this Policy and Procedure)*

C. Approval of the Board Member Reference Packet (*Board will review and consider the approval of this Board Member Reference Packet)*

D. Discussion of electronic resources and tools for the Board of Directors *(Board will consider this discussion)*

E. Northern Inyo Healthcare District 2022 Community Heath Needs Assessment CHNA Update (*Board will receive an update)*

F. Approval of District Board Resolution 22-12, Appropriation Limits for Fiscal Year 2022-2023 (*Board will consider the adoption of this District Board Resolution)*

G. Bi-Annual review and approval of Northern Inyo Healthcare District Conflict of Interest Code (*Board will review and consider the approval of this Conflict of Interest Code)*

4. Chief of Staff Report, Sierra Bourne MD:

A. Medical Staff Appointments (*Board will consider the approval of these Medical Staff Appointments*)
   1. Andre Burnier, MD (*emergency medicine*) – Courtesy Staff
   2. Nolan Page, DO (*emergency medicine*) – Courtesy Staff
   3. Chelsea Robinson, MD (*emergency medicine*) – Active Staff
   4. Jad Al Danaf, MD (*cardiology, Renown*) – Telemedicine Staff
   5. Alireza Hosseini, MD (*endocrinology, Adventist Health*) – Telemedicine Staff

B. Medical Staff Resignations (*Board will consider the approval of the Medical Staff Resignations*)
   1. James Fair, MD (*emergency medicine*) – effective 7/1/2022.
   2. Anna Rudolphi, MD (*emergency medicine*) – effective 7/1/2022.

C. New Privilege Forms (*Board will consider the approval of the New Privilege Forms)*
   1. Addiction Medicine
   2. Medical Oncology

D. Policies (*Board will consider the approval of these Policies*)
   1. Capacity Management – Patient Surge
   2. Organization-Wide Assessment and Reassessment of Patients
   3. Standardized Procedure - Certified Nurse Midwife
   4. Cardiac Monitoring
   5. Insulin Continuous Subcutaneous Infusion Self-Management of the Patient in the Acute Setting
   6. Medical Clinical Alarm Equipment Safety
   7. Patient Restraints (Behavioral & Non-Behavioral)
   8. Rights of Swing Bed Patients
   9. Scope of Service Swing Bed
   10. Standards of Care for the Swing Bed Resident

E. Medical Executive Committee Meeting Report *(Board will receive this report)*

Consent Agenda

5. Approval of District Board Resolution 22-13, to continue to allow Board meetings to be held virtually *(Board will consider the adoption of this District Board Resolution)*
6. Approval of minutes of the June 15, 2022 Regular Board Meeting *(Board will consider the approval of these minutes)*
7. Chief Executive Officer Report (*Board will consider accepting this report)*
8. Chief Medical Officer Report (*Board will consider accepting this report)*
9. Financial and Statistical reports for April 30, 2022 & May 31, 2022 (*Board will consider accepting this report)*
10. Approval of Policies and Procedures (*Board will consider the approval of these Policies and Procedures)*
    A. Family Member and Relative In The Workplace
    B. Sending Protected Health Information by Fax
    C. Personal Cell Phone/Electronic Communication Device Use By Workforce
    D. Minimum Necessary Access, Use and Disclosure of Protected Health Information (PHI)
    E. Medical Records Requirements of Swing Bed Admission/Discharge

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11. Reports from Board members (*Board will provide this information*).
12. Public comments on closed session items.
13. Adjournment to Closed Session to/for:
    A. Conference with legal counsel. Significant exposure to litigation. Gov. Code 54956.9(d)(2) (One case)
    B. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
    Title: District Legal Counsel, Gov. Code. 54957(b) (1).
14. Return to open session and report on any actions taken in closed session.
15. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board meeting, please contact administration at (760) 873-2838 at least 48 hours prior to the meeting.

Welcome to Northern Inyo Healthcare District

What we will cover

Who We Are
- History - Current
- Mission, Vision, Values
- NIHD Teams and Services
- Partners

When you visit
- Infection Prevention Screening
- Name Badge
- Campus Map
- Computer access

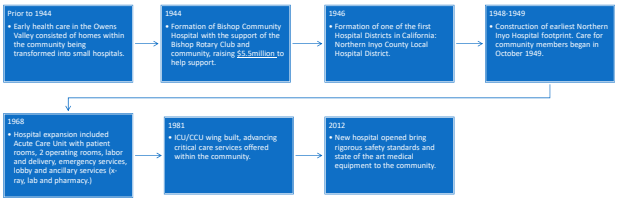
Employee Experience
- Hiring Practices
- Employee Pay and Reviews
- Employee Benefits
- District Holidays and Events
- Employee Systems
- Unionization

Board of Directors
- Mission, Vision, Values
- District Zone Map
- District Relationships
  - Communication
- Getting Involved

Who We Are

A LOOK AT WHERE NIHD HAS BEEN AND WHO WE ARE TODAY

NIHD History



What does it mean to be a district hospital?

Healthcare districts are public entities organized to meet the needs of local communities.

- We are not a not-for-profit entity, we are non-profit local government.

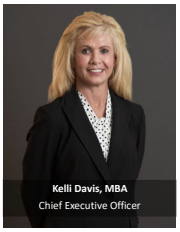
As public entities, healthcare districts are governed by an elected board of directors.

Healthcare Districts offer a variety of services to surrounding communities.

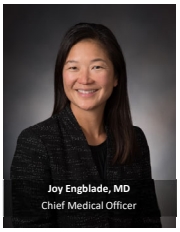
Who We are Today

FULL SERVICE 25 BED CRITICAL ACCESS HOSPITAL WITH PARTNERING ANCILLARY AND CLINIC SERVICES

NIHD's Executive Team


Kelli Davis, MBA
Chief Executive Officer


Allison Partridge, MSN, RN
Chief Nursing Officer


Joy Engblade, MD
Chief Medical Officer

NIHD Mission

Improving our communities,
one life at a time.
One Team. One Goal. Your Health.

NIHD Vision

Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient friendly way, both locally and in coordination with trusted regional partners.

NIHD Values

COMPASSION
- At NIHD we not only care deeply about you but we strive to understand your situation from your point of view. Our compassion is what inspires us to care for you and your loved ones.

INTEGRITY-
- At NIHD we know that you expect your healthcare team to embrace the idea that we always do the right thing and are transparent about what we are doing and what we are working on improving.

QUALITY/EXCELLENCE
- At NIHD we monitor ourselves to ensure that we strive to exceed the accepted standard of care. We believe that you should feel confident that you are receiving the best care possible through your District

INNOVATION
- At NIHD we believe that there will always be new ways to care for you and your loved ones. We embrace this continuous review of our progress as we know in our heart of hearts that it will result in the best quality and the best outcomes.

TEAM-BASED
- At NIHD we believe that every member of our team is partnered with you, with your loved ones, and with each other to ensure you have the best possible outcome. Without this partnership we cannot understand your goals and we cannot help you achieve those goals. We know our role in your care and strive to achieve that role in a way in partnership with the whole team.

SAFETY
- At NIHD we believe that everyone should feel secure enough to achieve their goals be it a patient receiving care or a staff member meeting the needs of the patient in an environment free from risk or distraction.

NIHD Teams and Services

BY EXECUTIVE TEAM MEMBER

Chief Executive Officer: Kelli Davis, MBA

ADMINISTRATION
COMPLIANCE
DIAGNOSTIC SERVICES
FACILITIES
GRANT WRITING
HUMAN RESOURCES AND EDUCATION
INFORMATION TECHNOLOGY
MARKETING/ STRATEGIC COMMUNICATION
PROJECT MANAGEMENT

NIHD's compliance department oversees regulations and regulatory guidance in many areas, and work to ensure we prevent and detect fraud, waste, and abuse, and support patient privacy. The compliance team consists of the Compliance Officer, Compliance Analyst, Contracts Analyst, District Policy Management Administrator and Compliance Clerk. Compliance oversees our unusual occurrence reporting (UOR) system, Policy Tech program and contract manager system. Compliance provides regulatory research and assistance to NIHD leadership and workforce, review all NIHD contracts and agreements, and guidance on policies and reporting.

Compliance Officer: Patty Dickson, CHC, CHPC, BA - HCM, CNMT

Compliance

State of the art technology – NIHD's Administration and board have committed significant dollars to ensure that our District has the most state of the art technology to allow us to efficiently diagnose and treat our patients.

Extensive Staff Training – The best technology is underutilized without staff that maximize the use of the technology. Our Administration and board have been very supportive of dedicating funds to have our staff attend educational opportunities to maximize their skillset. Some examples of this include sending each of our Respiratory Therapists for a week of training to refresh their ability to care for critical babies, Sending Lab Assistants to formal Histology training to become certified Histotechnicians and to work in our Anatomic Pathology Section of the lab, and sending multiple rad techs to school to become registered to operate our MRI equipment and producing exams of the highest quality.

Director: Larry Weber, MSRS

Diagnostic Services

Diagnostic Imaging

64 slice CT scanner – capable of scanning a patient from head to toe in less than 10 seconds in .625 mm slice increments. These thinner slices and shorter scan times increases image quality significantly by giving more information to the Radiologists in thinner increments and decreases the potential of patient motion during the scan which is required to have a diagnostic exam.

Breast Health Program – NIHD has a very mature Breast Health Program for our communities. With 3D technology, our screening mammograms are able to detect suspicious lesions very early on in the growth of abnormal cells. If a screening exam comes back abnormal or inconclusive, a Diagnostic work up is done that includes more specific imaging of the breast and possibly a breast US. This gives the radiologist more information to decide if the lesion needs to be biopsied or followed up in 6-12 month intervals. If Biopsy is needed, we are the only critical access hospital the Eastern Sierras that can perform the biopsies and ultimately perform the surgery locally if needed.

Laboratory Services

Manager: Hannah Pirner, MLS (ASCP)

Assistant Manager: Jessica Hepburn

PCR Microbiology Technology - PCR is a state of the art test method we use in the laboratory that can detect tiny amounts of genetic material from bacteria and viruses. This can help diagnose COVID, Influenza, MRSA, and other pathogens in patient samples in about an hour. Almost every patient that comes through the hospital gets a PCR test to help us control infections and use contact or droplet precautions when necessary.

Duplicative Lab Analyzers – Having lab results available for our providers is mandatory for our ability to diagnose and treat patients. The Administration and the Board understands this absolute need to the point that they have committed significant funding to duplicate key analyzers in chemistry and hematology so that if we have an equipment failure, we have the ability to transition to the duplicate equipment and continue to provide results to our providers and keep our patients' care local.

Anatomic Pathology – Whether it is a breast specimen coming from the breast surgeon, or any other tissue or fluid coming from other sources, NIHD has committed to processing those specimens locally and preparing them for interpretation by an on-site Pathologist. The benefit of this on-site processing and interpretation is that our surgeons and other providers that need to know if there is abnormal tissue (cancer) in the tissue, they will know in 24 hours if the specimen is normal or abnormal and if abnormal, what type of tissue is present. This allows our providers to initiate treatment planning much more quickly that what is typically available in Critical Access Hospitals and Community Hospitals.

Cardiopulmonary : Respiratory, EKG and ECHO

Manager: Amy Stange, RRT

Our Cardiopulmonary Service line includes the Respiratory Department and the Cardiology Department.

Our Respiratory team consists of 11 Registered Respiratory Therapists. A Respiratory Therapist provides respiratory therapy which includes assessment, treatment, management, control, diagnostic evaluation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. The Respiratory department provides Pulmonary Function Testing for outpatients in the community along with taking care of all inpatient services. The department recently was successful in gaining support for the replacement of our respiratory support equipment and we have put into service four new Hamilton Ventilators.

The NIHD Cardio team consists of 2 Certified EKG technicians and 2 Credentialed Echo sonographers The Cardio department provides outpatient and inpatient services for diagnostic tests that include: Echo's EKG's, Stress tests, Cardiac monitoring, Pacemaker interrogation, and ambulatory BP monitoring.

Facilities

The main Northern Inyo Healthcare District campus covers approximately 14 acres and houses 11 buildings with a total square footage of 160,000 square feet. These buildings range from patient care facilities to administrative, maintenance, and laundry structures.

In addition, the District owns the Birch Street Annex facility, comprised of two buildings located in the former Cerro Coso Community College site. The larger annex building, roughly 7,318 square feet, houses the meeting facility for our Board of Directors as well as office space for the NIH Auxiliary, the Eastern Sierra Cancer Alliance, and the Kern Regional Center. It also houses a computer server room, a commercial paper shredding machine, and storage rooms for the District. The smaller building is leased to Kern Regional Center and covers 1,000 square feet.

The District also owns a former bed-and-breakfast in the downtown Bishop area called The Joseph House.

Some of the challenges that NIHD faces with our properties is that they vary drastically in ages and in meeting our growing needs. Some structures are very old and require

upgrades to stay compliant with the many national and state agencies – such as Office of Statewide Health Planning and Development, Centers for Medicare and Medicaid Services,

and the California Department of Public Health, and many more – who provide oversight to the District.

Director: Scott Hooker

Campus Map

Maintenance

Manager: Jason Moxley

The Maintenance Department is a relatively small group providing a broad range of maintenance services on our many buildings and sites. Not only does our team provide maintenance on our healthcare buildings, but they also maintain our Joseph House property and several other rental properties that we use for contract employee housing.

Our Maintenance Department initiated a new work order management system. This new system helps the department promptly manage work orders and prioritize compliant work versus non-compliant work. This will help us during our many surveys with CDPH, CMS, Joint Commission, OSHPD. This system will also help us save on costs.

We ask that all employees put in a maintenance work order when requesting services. You can do this by sending an email to maintenance@nih.org.

Maintenance is required to perform fire drills once per shift per quarter, this works out to about one fire drill per month. All employees are required to participate in fire drills.

Security

Security Officers onsite	Sunday - Thursday 600p – 330a
	Friday & Saturday Noon-400a
Security Officer Cell Number	760-920-9332
Security Officer Radio	Channel #2
Security Officers not onsite	
Law Enforcement	9 911
Scott Hooker	760-937-1013
Robert Ralston	760-920-9624
Danny Webster	760-920-9619

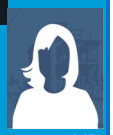
Our Security Department consists of six employees. Our hours of operation are Monday through Thursday, 6 p.m. to 3:30 a.m. and Friday and Saturday, 12 noon to 4 a.m.

NIHD is fortunate that all of our officers are active or retired law enforcement and remain licensed. The skills and knowledge they bring to the District are unmatched and deserve recognition. During the time of COVID-19, our Security Officers found themselves facing additional challenges that went above and beyond their job descriptions. Again, we are fortunate to have such skilled officers to enhance our District's safety and security.

Their desk is located in the Emergency Department Lobby, however they spend much of their time inspecting all of our buildings on campus.

Environmental Services

Manager: Richard Miears



Assist Manager: Annette Saddler

The Environmental Service team operates Monday –Sunday 400am to 1230am. We currently have 23 fulltime employees in ES Department.

Our staff cleans areas from Birch Street, to the Joseph house to our Surgery Suites and Post Acute Care Unit.

Our Goals are to have a clean building that our community can be proud of, and to have the lowest infectious rate for a hospital as possible.

The ES team we have right now does an amazing job, Environmental Service work is a tough job and we always have a tough time keeping a full staff. My Assistant manager and I are always hiring to build a great ES team for NIHD.

The Environmental Services team is always looking for new equipment chemicals and materials to ensure that our hospital stays safe and clean. One example is the Clorox 360 electrostatic sprayer this innovative sprayer delivers Clorox solutions to the front, back and sides of surfaces.

Laundry

The Laundry team operates Monday –Friday from 500am to 1630pm.

We currently have 5 employees that stagger start through the day. We Service All linens in the hospital/Clinics, wash certain areas Scrubs, wash Dietary aprons, wash ES cleaning equipment and wash PPE washable Coats for the Nursing/Physician staff.

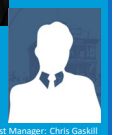
We wash around 13000lbs to 16000lbs of laundry each month.

Our Goals in Laundry are checking the unit/Clinic fully stocked with freshly cleaned/Stained free linens.

It is somewhat unique for a hospital our size to have its own fully functional laundry department but it is necessary due to our remote location.

Dietary

Manager: Thomas Warner



Assist Manager: Chris Gaskill

The Dietary department at NIHD serves 3 meals a day for both patients and staff alike, totaling 300+ meals a day for the district.

We also support NIHD through caterings, theme weeks, and monthly events. From 170+ birthday cupcakes to grab and go's for the board meetings we make sure team members are fed.

Monthly staff menus are posted to the Intranet the last week of the month for the next upcoming month.

Grant Writing/Foundation Executive Director

NIHD Grant Writing:

Grants fall under the supervision of the Foundation Executive Director role.

If you are interested in pursuing grant funding, please review the following policy: Grant Program Activities

Possible grant funded projects should first be discussed appropriate supervisor who will determine if it can be pursued and will help in developing next steps.

Director: Greg Bissonette

Human Resources and Labor Relations

The HR team consists of the Director of Human Resources, Manager of Human Resources, Labor Relations Specialist Analyst, Payroll Specialist, Onboarding Specialist, Leave of Absence/Benefit Specialist, Recruitment Specialist, HR Clerk, and Staff Development Specialist. This team is the heart of the District, we have a passion for service and a teamwork philosophy that is inspired through effective organizational skills, proactive efforts, and a balance between professionalism and the ability to have fun! The HR team supports the District's mission, vision, and values through it most valuable resource – it's PEOPLE.

Director: Alison Murray

Human Resources and Education

Manager: Marjorie Routt, BSAM

HR has a strong focus on improving the digital experience that we offer our employees. Our Human Resources Information System (HRIS) ADP allows us a single location to manage Human Resources activates such as Comprehensive Payroll, Time & Attendance, Recruiting, Performance Management, Leaves of Absence, and Onboarding. We feel strongly that these tools and resources improve the service that we are able to offer our employees.

Maintaining a highly developed workforce has always been a goal of the Human Resources team. We utilize Relias learning management system for our annual regulatory requirements as well as continuing education opportunities for team members. We have had a strong focus on civility in the workplace, launching district-wide training for all employees that reminded us all to be civil and respectful to one another as well as to customers, clients and the public. Respect and civility are based on showing care, esteem, and consideration for others, and acknowledging their dignity. We know that we are aligning our workforce with District values.

We also focus on developing our leaders, looking for opportunities to grow our own from within. We offer leadership training to all leaders, such as, L.E.A.D Academy and F.R.I.S.K. labor relations training.

Information Technology Services

The Information Technology Services department also known as ITS, oversees the technical infrastructure and operations for the district.

Our team encompasses hardware, software installation, and support. We control the technical aspects of information security, data and networking as well as work in collaboration with vendor applications to support the districts operations.

Director: Bryan Harper, HCISPP, CEH

Biomedical Engineering

Manager: Scott Stoner

Biomedical engineering tests, maintains and repairs all therapeutic and diagnostic medical equipment.
We help procure capital equipment for the district and assist in service contract management on equipment purchase.
We work on devices as small as a thermometer all the way up to some of the most expensive radiology equipment, including everything in-between.
We offer training for staff on proper use and maintenance of some devices.
In addition, we are responsible for and manage temperature monitoring through the district.
If you get a chance, please stop by and say "Hi" to the team.

Marketing & Strategic Communication

Manager: Barbara Laughon

Strategic Communications encompasses all forms of internal and external marketing, communications, and working alongside the Executive Team, certain components of market strategy.

The Strategic Communications Team at Northern Inyo Healthcare District coordinates communication to our communities through traditional and digital media, the local and regional news media, and by coordinating special educational events and lectures for the District and with its trusted partners.

The NIHD Strategic Communications team consists of friendly, creative, and well-trained marketing specialists, who design visuals, write content, develop digital campaigns, and capture photography and video projects.

We are also brand builders, storytellers, social marketers, web traffic controllers, and more, because in small healthcare organizations, all staff are front-line marketers who care about the patient experience.

At the end of the day, we are your colleagues and neighbors, constantly inspired by the experts who come to provide quality healthcare to our communities.

CURRENT TEAM MEMBERS:

- Manager, Marketing, Communication & Strategy
- Digital Marketing Specialist

OUR 10-YEAR PLAN STRIVES TO INCLUDE FUTURE TEAM MEMBERS:

- Bilingual Content Development Specialist
- Physician Marketing Specialist
- Community Event Specialist

Project Management

Manager: Lynda Vance, PMP

Project Management Office (PMO) Mission: To ensure successful project implementation to improve Northern Inyo Healthcare District by ensuring the correct projects are performed on time, by the proper resources, and in an agreed-upon and professional manner.

PMO Staff: Currently we have two staff in the PMO. A Project Management Specialist, Brandon Cox, and the Manager of Project Management, Lynda Vance.

PMO Location: The PMO is located in the Administration building next to the provider mailboxes. Office # A128

4Areas Covered by the PMO:

Project Implementations

iNew systems and upgrades

iNew devices and equipment

In-house facility improvements

SmartSheet Administrator

Change Committee

Office and computer moves and updates

NOTE: Discuss all projects, changes, and moves with your leader as NIHD requires Chief approval.

Coming Soon: A department page on the Intranet for the PMO is being created and will have many links and forms to help our teams find what they need.

Chief Financial Officer: Fiscal Services

ACCOUNTING

BUSINESS OFFICE

HEALTH INFORMATION MANAGEMENT

PATIENT ACCESS

PURCHASING

Accounting

Controller In Training: Dolores Perez

Business Office

Manager: Fabiola Esparza

We are the Patient Billing Dept. and have an important role with bringing in money to NIHD.

What we do:

- Help patient with their billing questions such as:
- Their bills (consists of: verifying registration is done correct, running eligibility)
- General insurance information
- Payment arrangements
- Call on past due accounts
- Making sure patients are being heard when presenting to our dept.
- Collect upfront copay, coins &/or deductibles for upcoming surgeries
- Bad Debt/collections
- Talking to inpatient self-pay patient

We offer:

- Payment plans for high balances
- Charity care program
- We care program (breast related services)

We advocate for patients by directing them in the right direction such as social services, VA local office & local Medicare help office.

Health Information Management

Medical records is open Monday-Friday 8:30 a.m. - 4:30 p.m.

Patient Access

Patient access team members are often the first smiling faces our community members encounter at the district. They are trained to register and schedule patients within our many services, including Clinics, Diagnostic Services, and Hospital Admissions. They specialize in customer service and meeting our patient needs to the best of their abilities.

Director: Tanya DeLeo

The Purchasing Department is responsible for the following activities;

- Procurement
- Shipping and Receiving
- Distribution Services
- Warehousing

Director: Neil Lynch

Purchasing

Chief Medical Officer: Joy Engblade

MEDICAL STAFF
MEDICAL STAFF OFFICE
NUTRITION SERVICES
PHARMACY
QUALITY

The Medical Staff at Northern Inyo Hospital is composed of physicians (MDs, DOs, DPMs). They have an elected leadership structure to carry out their governance duties, which includes a Chief of Staff (president of the Medical Staff) and several Department Chiefs (such as Chief of Surgery, Chief of Outpatient Medicine, etc.). Staff should work with the relevant Medical Staff leader for projects, policies, and any behavioral or quality concerns of a Medical Staff member.
The District's Advanced Practice Providers (nurse practitioners, certified nurse midwives, physician assistants) are also credentialed and peer reviewed under the Medical Staff process, although they are not Medical Staff members.
The Chief Medical Officer (CMO) is an administratively-appointed physician leader that oversees recruitment, quality, patient safety, and other medical programs at the District. The CMO is a separate physician leader outside the Medical Staff governance structure. The Medical Staff Office reports to the CMO.

Medical Staff

Medical Staff Office

The Medical Staff Office manages all Medical Staff affairs such as:

- Recruitment
- Credentialing and onboarding
- Provider enrollment
- Peer review
- Call schedule maintenance
- Meeting management
- Medical student rotations
- Medical Staff complaints or concerns
- Medical Staff policies and bylaws

Director: Dianne Picken, MS CPMSM

Nutrition Services

Our Registered Dietitians provide medical nutrition therapy including nutrition assessment, diet modification, nutrition education and intervention for the patient population.

Prioritize patients at high risk using standards of care.

Initiate supplements, snacks and calorie counts as part of the patient's continuity of care.

Acts as a liaison between the Nutritional Services Department and the Medical Staff, Nursing Staff and other Ancillary Departments.

Out-patient nutritional counseling to adolescent, adult and geriatric patients, families and others.

Providing district and community education and outreach as requested or needed.

Lectures and cooking demonstrations for community outreach programs.

Rehabilitation Services

Rehabilitation services include physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP), and includes services for patients of all ages (pediatrics to geriatrics). We provide all three rehab services to patients in the hospital, as well as in our outpatient clinic. We also partner with community organizations, including local schools, Pioneer Home Health, and Bishop Care Center to provide needed therapy services.

Director: Joanne Henze, PT, MPT

Physical Therapy

- Sports injuries
- Orthopedic conditions and/or following surgeries
- Neurologic rehabilitation (e.g., stroke, traumatic brain injury, Parkinson's disease) – focus on motor skills and functional mobility, such as walking
- Female and male pelvic health (e.g., incontinence, pelvic pain)
- Lymphedema management (e.g., arm swelling after breast cancer treatment)
- Vertigo and vestibular rehabilitation
- Balance and fall prevention
- Concussion management
- Wellness and injury prevention
- Pediatric motor development

Occupational Therapy

- Hand therapy
- Orthopedic conditions and/or following surgeries for shoulder, elbow, wrist and hand
- Neurologic rehabilitation (e.g, stroke, traumatic brain injury) – focus on self-care skills and activities of daily living such as bathing and dressing
- Ergonomics assessments
- Driver evaluations
- Mental Health and Cognitive Behavior Therapy
- Pediatric motor development, functional skills, sensory processing, and self-regulation

Speech-Language Pathology

- Swallowing disorders
- Cognitive disorders
- Communication disorders
- Neurologic rehabilitation (e.g.s., stroke, traumatic brain injury, Parkinson's disease) – focus on swallowing, cognition, voice, and/or communication
- Pediatric speech/language delays

Pharmacy

The Pharmacy department provides 24/7 first dose verification. In addition, we provide consultation for drug compatibility, interactions, dose appropriateness, drug indication, Aminoglycoside, and Vancomycin dosing.

The Pharmacy is open and staffed for 10 ½ hours each day. After hours Pharmacist personnel are on call for order verification, drug information, and in critical cases returning to the facility to prepare medications and extemporaneous products

Interim Director:

Quality

The Quality Department works to improve the quality of care across the District. Quality is responsible for tracking, monitoring, and reporting required Quality measures to various regulatory agencies, and also works on Performance Improvement Projects in various clinical areas. Additionally, the Quality department oversees survey readiness and leads the District in activities to be survey ready at all times.

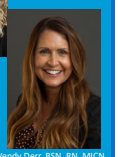
Director:

Chief Nursing Officer: Allison Partridge, MSN, RN

- EMERGENCY CARE
- MEDICAL SURGICAL
- INTENSIVE CARE UNIT
- PERINATAL
- PERIOPERATIVE SERVICES
- LANGUAGE SERVICES
- INFECTION PREVENTION/EMPLOYEE HEALTH/INFORMATICS
- CLINICS

Emergency Care

Manager: Jenny Bates, MSN, RN, CEN



Assist Manager: Wendy Derr, BSN, RN, MICN

We specialize in Emergency Medicine of acute care patients who present with no prior appointment (either by their own means or by ambulance)

We are open 24/7, with a physician on staff and in the ED 24/7

We provide initial treatment for a broad spectrum of illnesses and injuries, some life-threatening, for all age groups.

NIHD is an 8 bed ED

During non-pandemic years, NIHD Emergency Department (ED) treats approximately 13,000-15000 patients per year.

Life threatening emergencies such as major trauma, acute myocardial infarction, and stokes are treated and stabilized at NIHD ED then transferred to a higher level of care.

Inpatient – Medical Surgical

Manager: Justin Nott, BSN, RN

Assist Manager: Brooklyn Burley, RN

16 Bed MS/Telemetry Unit one room is a negative pressure room utilized for patients with airborne precautions and one is a larger room with a large bathroom and a bariatric bed.

We provide inpatient nursing care for patients of all ages meeting the specialized medical care needs of a predominantly elderly patient population, as well as, surgical, telemetry, orthopedic, medical and pediatric patients.

We offer Swing bed for patients that qualify. Swing bed refers to someone who has transitioned from Acute Care to Skilled nursing and primarily focuses on rehabilitation.

Core staffing 3 nurses and 2 CNAs. 4/1 ration for RNs with telemetry or Pediatric Patients otherwise 5/1 ratios for RNs.

Inpatient – Intensive Care Unit

The ICU unit is designed, equipped, and staffed to treat some, but not all, Medical/Surgical emergencies.

The management goals consist of stabilization, diagnosis, and treatment of the Medical/Surgical emergency.

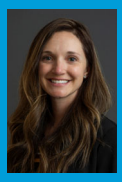
The ICU has limited equipment and facilities for certain acute and long term management of critically ill patients. These limitations include, but are not limited to:

1. Patients requiring hemodialysis
2. Patient requiring heart-lung bypass
3. Cardiac patients requiring extensive testing and treatment
4. Acute management of head trauma or a catastrophic neurologic event
5. Major traumas

The above patients will require transfer to a higher level of care for further management.

Perinatal

Manager: Julie Tillemans, BSN, RN



Our perinatal team assists with the birth of more than 150 babies each year.

Our birthing suites are large, private rooms with several amenities to make the stay more comfortable for mom and baby.

We help moms prepare for the birth of their baby through education and breast-feeding support classes.

Northern Inyo Healthcare District is the World Health Organization and UNICEF only designated Baby-Friendly Hospital in Eastern Sierra.

Preoperative Services- Surgery, PACU, Infusion

Manager: Tammy Anderson, BSN, RN

Department includes surgery, sterile processing, infusion, and wound care.

Surgery- a variety of procedures including laparoscopic and robotic-assisted (the DaVinci robot and the Mako robot (for knee replacements). We have three OR suites. The floors have been recently replaced throughout the department. We have amazingly skilled surgeons who also have clinics nearby the hospital.

No need to go out of town anymore for most procedures-get procedures are done close to home by surgeons you know and trust.

Infusion- a variety of infusions including daily antibiotics, blood products, chemotherapy (chemotherapy nursing staff is certified through ONS), hydration, iron, and many different kinds of monoclonal antibodies (which are used for many disease processes), etc. –Again, no need to go out of town for many infusions now.

Wound care- we offer wound care three days a week with our wound care physician. Our staff is trained to apply many different wound dressings including wound vacs. Once again, no need to go out of town for wound care.

Sterile processing takes care of all instruments for the hospital as well as the clinics.

I feel one of the most important parts of our department is that we help such a wide variety of patients with all of our services which keeps them close to home.

Language Access Services

Manager: Jose Garcia

The Language Access Services Department, through the Language Access Service Program defines the District's language or communication assistance approved resources, services, levels of service, and the assessment and training required for workforce providing language services on behalf of the District.

The program utilizes the services of workforce qualified as approved bilingual, dual-role, and qualified medical interpreters, nationally Certified Healthcare Interpreters, as well as the interpreting services from CyraCom, and the Health Care Interpreter Network (HCIN).

NIHD provides in-person interpreting services in Spanish, over the phone and video remote interpreting services in more than 240 different languages, including American Sign Language (ASL), 24 hours a day, seven days a week.

Over the phone interpreting services are available from any telephone at the District, with video remote interpreting services through any of the 28 video-remote interpreting units distributed throughout the District

Infection Prevention/Informatics/Employee Health

The Infection Preventionist is responsible for the facility infection prevention and control program (IPCP), which is designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections.

Ensures the Infection Prevention and control procedures meet regulatory requirements.

Trains staff on implementation of infection control practices; investigates incidents of infection and reports such incidents

Makes recommendations regarding construction, renovation, and environmental rounds and assures compliance with national and/or professional standards.

Collects infection data and reports to regulatory agencies

Infection Prevention Team: Infection Preventionist Jennifer Yednock RN, Director of Infection Prevention Robin Christensen RN

Director: Robin

Employee Health

Works to ensure the health and wellness of the NIHD workforce. Screens employees on hire for potential infectious disease, reviews vaccine information, provides vaccines or follow-up tests if needed, and completes TB screening.

Provides Immunizations, Tdap, flu, etc.

Ensures employees' annual requirements are met.

Performs bloodborne pathogen exposure assessment, initial exposure, and follow-up workup

The Employee Health team includes Employee Health Specialist Marcia Male RN, Employee Health Clerk:::::, Infection Preventionist Jennifer Yednock RN, and Director Robin Christensen RN.

Clinical Informatics

Clinical Informatics team acts as a liaison between IT and Clinical teams.

Modify and design systems to improve workflow to deliver safe, quality patient care.

Troubleshooting system malfunctions.

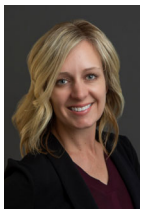
Trains staff on the use of the Electronic Health Record.

Creates educational material for end-users.

Performs workflow analysis and redesign, leads and facilitates multidisciplinary health teams to achieve, maintain and support end-user adoption, standardization, and system optimization.

Clinical Informatics staff: Clinical Informatics Specialist Amanda Santana, Clinical Informatics Nurse Specialist Nicole Eddy RN, Director Robin Christensen RN.

We are a team of skilled, compassionate Medical Assistants, Technicians, Nurses, and Providers seeking to provide exceptional, accessible, and equitable care to our community. Together with our Patient Access partners, we strive to ensure patients receive comprehensive care at each of our outpatient clinics. We care for patients of at all ages and stages of life, from prenatal care to geriatrics. Our providers are experienced in a variety of specialties, including family medicine, urology, orthopedics, and rheumatology.



Director: Jannalyn Lawrence, RN BSN

Outpatient Clinic Services

Primary Care

Manager:

Rural Health Clinic
Rural Health Women's
Virtual Care Clinic
Pediatric Clinic

Primary Care Clinics

RURAL HEALTH CLINIC

We see patients from birth to geriatrics. We have a Behavioral Health, Medical Assistance Program (MAT) along with a Same Day and COVID Car Clinic. The Same Day clinic allows to see acute visit i.e. Urinary tract infections/ sprains/strains/ sore throat etc keeping patients from going to the ED. Simple outpatient procedures are also performed such as shave biopsies, circumcisions, pap smears, and more. We do perform simple point of care lab tests to assist with treatment.

RURAL HEALTH WOMEN'S CLINIC

- Prenatal Care
  - Maternal Fetal Medicine Consultations
  - Genetic Testing
  - Free Walk-in Pregnancy Testing
  - High Risk Pregnancy Evaluation and Management
- Contraceptive Care
  - Birth Control Consultations
  - IUD Insertion & Removal
  - Nexplanon Insertion & Removal
  - Depo-Provera Injections
- Gynecology Consultations
  - Endometrial Biopsies
  - Colposcopies
  - Pessaries & Pelvic Prolapse Management
  - Well Woman Exams
  - Pelvic Floor Physical Therapy
  - Full Range of Gynecological Surgical Services
  - Minimally Invasive Surgery (da Vinci Robotic Surgeries)
  - Vaginal & Pelvic Reconstruction Surgery
  - Urinary Incontinence Surgery
  - Hysteroscopy

Primary Care Clinics

VIRTUAL CARE CLINIC

Partnered with Adventist health, NIHD is finding new and innovative ways to care for our patients through telehealth/virtual visits. Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care. We offer services for psychology, Behavioral Health, Rheumatology, and Endocrinology.

PEDIATRIC CLINIC

- Preventative care from newborn through age 21 years
- Evaluation and treatment of pediatric patients with acute illness
- Management and care coordination for pediatric patients with chronic medical conditions
- Allergy testing for environmental and food allergies.
- Walk-in services for established patients including:
  - Immunizations
  - Blood Pressure Checks
  - Weight Checks
  - Fluoride Varnish Treatments
  - WIC Forms
  - Anemia Testing
  - Hearing Screening for Patients 4+
  - Age Appropriate Vision Testing for Patients 9+ Months

Specialty Care Clinics

Manager:

Assist Manager: Shilo Smith,

Specialty Clinic
Breast Surgery
Plastic Surgery
Urology
Allergy

Surgery Clinic
Orthopedic Clinic
Internal Medicine Clinic

Specialty Clinic Providers

Breast Surgery –
- Doctor Olson Is here on the 4th Monday and Tuesday of the month. Performs surgeries on Mondays and does patient care Tuesdays from 8:20 am-2pm.

Services: Lumpectomy, Excisional Part and total mastectomy, Breast Biopsies, Ductal Cannulations

Plastic Surgery –
- Doctor Plank is here the 4th Friday of the month. He performs surgeries Friday mornings, and has clinic until 5pm Friday afternoon.

Services: Breast reduction, thumb and index repair, eyelid ectropian, breast implant removal, Excisional lipoma

Urology-
- Doctor Chiang and Bridgett Miranda NP, see patients the first Thursday - Saturday of the month.
- Doctor Chiang performs surgeries on Thursday,

Services: Cystoscopies, Ureteroscopy, Lithotripsy, SPT placement, Prostate Biopsies, Pediatric Patients

Allergy-
- Doctor Gasior is here every Wednesday from 8:40-5pm for consultations. Walk in allergy injections.

Specialty Clinic Providers

Surgery Clinic-
- Doctor Cromer-Tyler, holds clinic every other Monday from 1-4pm and every Thursday 8-4.
- Doctor Robinson is here on rotation for 7-10 days per month seeing patients in clinic and performing surgeries.

Services: Colonoscopies, Hernia repair, Cholecystectomy robot-assisted, EGD

Orthopedic Clinic–
- Clinic hours are Monday through Thursday from 8am-5pm and Fridays from 9am- 12 using. Doctor Meredick and Doctor Loy use advanced robotic technology surgeries.

Services: Total shoulder, rotator cuff repair, total hip, total knee,

Internal Medicine -
- Clinic hours Monday through Thursday from 8am-5pm and Fridays from 8am-12pm.

Care Coordination

Manager:

CAREshuttle - transportation services
- Wheelchair accessible Vans for patient transportation
- Transport patients to and from appointments or services at the healthcare district.
- Community volunteers needed for ongoing service

Case Management
- Inpatient/Outpatient Follow up
- Social Worker Support
  - Meet the needs for the patients socially; food, housing, support
- Case Follow up both in our community and out

Medication-assisted treatment (MAT Program)
- Our MAT Program uses a patient centered approach, offering individual and family support. Patients are able to attend weekly support groups that include a warm meal.
- Needle Exchange Services

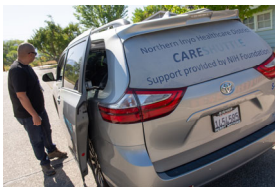
Therapy Services
- Onsite Licensed Clinical Social Worker and Marriage Family Therapist

CAREshuttle

Northern Inyo Healthcare District offers CAREshuttle, a non-emergency medical transportation service for patients. Patients can rely on CAREshuttle when local transportation (Eastern Sierra Transit Authority), family support or a friend is not available to drop off or pick up.

There is no cost to use this service, and CAREshuttle offers door-to-door or curb-to-curb service within a 60-mile radius of the city of Bishop, reaching from Mammoth Lakes to Lone Pine.

Community volunteers help make this service successful.



NIHD Partners:

NIH Auxiliary

The purpose of the NIH Auxiliary is to render service to the hospital and its patients through ways approved or proposed by the Northern Inyo Healthcare District Board of Directors. Founded in the early 1960s, the Auxiliary has raised and donated almost $700,000 toward equipment purchases for the hospital.

The NIH Auxiliary raises funds through its popular Holiday Craft Boutiques, community donations, and the operation of the hospital's Gift Shop. These sales of handmade quilts, baby clothing, flower bouquets and See's Candy often make the difference between a good and great fiscal year for the group.

In recent years, the Auxiliary has helped provide the Automated Breast Ultrasound machine for early breast cancer detection in women with dense breast tissue; a Mini Immunoassay Analyzer for the Laboratory which increased the ability to diagnose and treat bacterial infections; an electrocautery machine for the surgical suites; and five bedside bassinettes which keep newborns within the mother's natural reach after delivery.

As a volunteer-based organization, the greatest gift given by any member is their time, something the Auxiliary makes a point of recognizing each year. Since 1982, Auxiliary members have donated 203,416 hours for the betterment of the NIHD's services.

Membership in the Auxiliary is open to men and women. Community help is welcome and appreciated and that there are no prerequisites for membership. General meetings of the Auxiliary are held the third Wednesday of each month at 10 a.m. at the Birch Street Annex, 2957 Birch St., Bishop.

NIH Foundation

Founded in 1995 to provide another avenue, along with the Auxiliary, to help raise funds for the District.

The Executive Director is Greg Bissonette, an employee of the District. He also serves as the District's grant writer.

It's board of directors is led by a group of community members and District board members, whose goal is to raise awareness and funds to support programs, services, and new technologies. They also serve as vital community advocates and share their insights with District leadership.

One of the main, ongoing projects the Foundation supports is the CAREshuttle service. This is done through the purchasing of equipment, servicing the vehicles, and purchasing new vans as needed.

The Foundation also responds to timely needs that may not be budgeted for, but have a direct impact on the health of the community. It was instrumental in getting NIHD's Breast Health Center up and running, along with other service lines that needed equipment purchases to help launch the practice.

The Foundation holds fundraising events throughout the year and these offer a great way for employees to get involved, either financially or by volunteering at an event.

The Foundation board works directly with District Leadership to determine the best use of its resources towards projects that may be outside the scope of the yearly budget. If you see a need in the District, please bring it to your manager, who will run it by their Executive leader for consideration by the Foundation.

Eastern Sierra Cancer Alliance

The Eastern Sierra Cancer Alliance (ESCA) is a grassroots non-profit 501(c)(3) organization. The Alliance was conceptualized after Patricia Ramirez from Bishop, CA returned from an Avon 3-day event. Inspired and motivated, she came home to help community members with resource information about their disease and to help them with financial aid, if necessary.

Since ESCA's inception, this organization has helped many by providing resources, financial aid, and has given moral support for those fighting cancer including:

- Hosts a monthly support group.
- Provide education, prosthetics and direct to resources in the community and throughout the nation.
- ESCA created a mentor program which connects a cancer survivor with the newly diagnosed patient.
- ESCA is there for the patients, families and their caregivers.

Pioneer Home Health

Established in 1990, Pioneer Home Health Care is a community-based, not for profit 501(c)(3) organization, dedicated to providing professional services in the home. We believe that allowing patients to remain at home speeds recovery time and helps to maintain independence and dignity, as well as improving the overall quality of life.

Pioneer Home Health Care, as an important link in the health care delivery system, is committed to identifying and serving the community's home health care needs through a cost-effective, progressive outreach approach to service. We are dedicated to providing therapeutically necessary care to patients within their own home and family structure for the purpose of minimizing the effects of illness and disability. We believe that ill patients have the responsibility for their own health care and the right to be allowed to participate in decisions regarding their care. The agency also believes that all patients are entitled to the maximum retention of their self-worth and independence as well as comfort and quality of life.

Pioneer Home Health Care offers a wide variety of services designed to provide necessary care in the home environment. Our services are offered from June Lake in Mono County to Lone Pine in Inyo County and are available seven (7) days per week including holidays, in most locations.

Pioneer Home Health Care
Through both hands-on care and education, we empower our patients to be more independent and embrace healthier lifestyles.

Hospice Program
Hospice...adding life to days when days can no longer be added to life.

Senior Care Management
You and your family will have peace of mind knowing that we are there for your loved one.

Personal Care Program
Our personal care attendants assist with basic housekeeping and homemaking services to maintain the independence and lifestyle you want.

Eastern Sierra Emergency Physicians

Professional Medical Services

Responsible for provider services and recruitment.

Areas of coverage include:

- Emergency Medicine
- Hospitalist
- Medication-Assisted Treatment Program (MAT)
- Hospital Medicine Clinic
- Ultrasound Services
- Anesthesia

Robbin Cromer-Tyler, MD Incorporated

Mission:

To provide exemplary healthcare for our communities by staffing Northern Inyo Healthcare District with professional and caring physicians.

Professional Medical Services

- Family Medicine
- General Surgery
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics
- Internal Medicine/Geriatrics

Tahoe Carson Radiology

Northern Inyo Healthcare District contracts with Tahoe Carson Radiology group for the provision of Radiology services.

Tahoe Carson Radiology consists of ten Board Certified Experienced and Expert Radiologists. Several of their Radiologists have fellowship training in the areas of Musculoskeletal, Interventional Radiology, Breast Imaging, and Neuroradiology.

Community Involvement

When you Visit

WHAT TO EXPECT AS BOARD MEMBER

Everyone who enters the hospital must:
- Be health screened (asked if you have COVID symptoms or had a recent exposure to COVID)
- Wear a well-fitting mask (no gaiters or bandanas please)

Screeners are stationed at the Front Main entrance and at the Diagnostic Imaging entrance

Infection Prevention

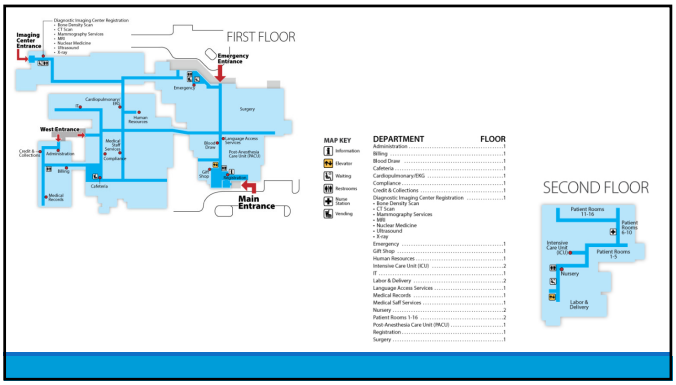
Name Badge

Used For: Identification and Door Access

Make sure you wear your name badge at all times while on campus.

Name badges should be visible and above the waist.

If lost, report to Human Resources immediately



Computer Access & Logging in

Network Access – Policy Manager:

- Username: firstnamelastname (johndoe)
- Password: changed monthly

Employee Experience

AN OVERVIEW

Hiring Practices

NIHD Strives to hire the most qualified applicants. We encourage and support internal applicant growth, as demonstrated throughout the district.

Applicants submit through our ADP and are screened for qualifications, prior to moving into our interview process.

Outside candidates undergo a behavioral interview aligning with district values.

Employee Pay

The Healthcare District completes a bi-annual pay analysis through the Hospital Association of Southern California for all positions.

NIHD pay period is every two weeks Sunday – Saturday

Payday is every other Friday

- Non direct deposit checks may be picked up in HR between 8:00 a.m. and 4:30 p.m. on payday Friday.

Employee Review

All employees undergo a 90 day introductory period.

At 90 day mark, employee will undergo a 90 day review.

- Introductory periods can be extended at the supervisor's discretion

All employees will undergo a annual review on the date of their position anniversary.

Reviews are managed within our ADP Human Resources Information System.

NIHD Benefits

PTO – Combines vacation, holiday and sick leave hours.

- Full PTO hours are earned when an employee is paid at least 80 hours during a pay period.

Paid Sick Leave for non-benefited employees (1hour per 30 hours worked up to 24 hours in a 12 month period)

Confidential Employee Assistance Program

Tuition reimbursement for full-time regular employee.

NIHD Benefits – Medical/Vision/Dental

All full-time and regular part-time employees are considered benefited.

- Full-time and regular part-time employees are eligible to participate in the Districts Health plans on the first of the month following date of hire.
- Enroll in ADP to select health benefits. Enrollment must be complete by the end of month of hire to be eligible.

Medical, Vision, Dental, and Prescription plans are available.

- **Tier I: Services billed for NIHD will be covered 100%**

Long Term Disability and Life Insurance

401a Pension Plan

NIHD Benefits – Supplemental Options

- Long Term Disability
- Supplemental Life Insurance
- 457b Retirement Planning
- LegalShield
- FSA Flexible Spending Accounts (available once a year during open enrollment)

Benefits Value

The Total Annual Cost for Benefits at NIHD is around $22,500 per employee and NIHD pays for 90% of those coverage costs.

- NIHD pays 90% of the total monthly medical & vision premiums
- 100% of dental coverage is paid by NIHD (Estimated average annual cost of $875+/enrolled EE)
- The Basic Life/AD&D, Base LTD and EAP coverages are paid by NIHD

District Holidays

1. New Year's Day (6:00 P.M. on December 31 to 11:00 P.M. on January 1)
2. President's Day (3rd Monday in February) (11:00 P.M. to 11:00 P.M.)
3. Memorial Day (4th or 5th Monday in May) (11:00 P.M. to 11:00 P.M.)
4. Independence Day (July 4) (11:00 P.M. to 11:00 P.M.)
5. Labor Day (1st Monday in September) (11:00 P.M. to 11:00 P.M.)
6. Thanksgiving Day (11:00 P.M. to 11:00 P.M.)
7. Christmas Day (6:00 P.M., December 24 to 11:00 P.M., December 25)
8. Day of choice.

Events

1. Employee Town Halls
2. Retirement Recognition
3. Employee of the Month
4. Birthday Party Celebration
5. Years of Service
6. Hospital Week
7. Nurses Week
8. Doctors Day
9. Awareness Months
10. Halloween Costume Party
11. Valentines Day Exchange
12. Easter Egg Hunt
13. Christmas Drive
14. And more to come…..

Common Employee Systems

Adobe Acrobat
ADP Workforce Manager - Time Keeping System
ADP Workforce Now – Human Resources Information System (HRIS)
Cerner CommunityWorks – Electronic Health Record
Lippincott Procedures
PolicyTech
Relias – Learning Management System
Windows & Microsoft Suit
Zoom

Unionization

Northern Inyo Healthcare District staff is represented by two units of AFSCME Local 315, the Patient Care Technical, Business Office & Clerical and Service Unit, and the Registered Nurse Unit. These units represent over two thirds of NIHD employees. The RN unit was established in 2016, and the Technical unit in 2020.

The current AFSCME Representative for Inyo County is Jane McDonald, our Technical Unit Chief Steward is Kaylyn Rickford, and our RN Unit Chief Steward is Anneke Bishop. Labor Relations works with managers and the union stewards to enforce the terms of the Memorandums of Understanding, resolve conflicts, and provide guidance to, and support our represented staff.

Board of Directors

NIHD Board Of Directors Mission

Strong Stewardship
Ethical Oversight
Eternal Local Access

NIHD Board Of Directors Vision

To be an energized, high performing advocate for the communities we serve, our patients and our staff. The board governs with an eye on the future of health care and its effects on the District and patient care. The Board is committed to continuous evaluation, dedication to our mission, and improvements as a board.

NIHD Board Of Directors Values

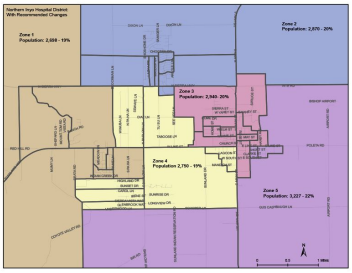
Integrity
- We believe in maintaining the highest standards of behavior encompassing honesty, ethics, loyalty, and doing the right thing for the right reason.

Innovate Vision
- We strive to be capable of extraordinary creativity and willing to explore new approaches to improving quality of life for all persons.

Stewardship
- We are dedicated to be responsible stewards of our team, assets and financial resources, and to community service.

Teamwork
- We have an abiding respect for others, and a sustaining commitment to work together

District Zone Map



District Relationships

Board Clerk

The Board Clerk provides administrative support to the District's Board of Directors.

Duties include:

*Maintaining records of all Board of Directors files and records, agendas, and meeting minutes, resolutions, and police and procedures.

*Coordinating all NIHD Board of Directors meetings

*Regular, Special, Emergency

* Ad Hoc Committees and Standing Committees

*Ensures all required documentation is filed with the Inyo County for the following

*Elections

*Form 700

*Bi-annually conflict of interest

* Association of California Healthcare District (ACHD)

*Annual Conference

*District Certification Application

*AB 1234 Ethics Training Certificate

Chief Executive Officer

The CEO is the Board's only contracted employee. The CEO reports directly to the 5-member Board of Director's. The Board oversees the performance of the CEO. As the Governing Body for Northern Inyo Healthcare District, the relationship between the Board and the CEO is one of balance between the Board setting the strategic plan and goals for the District while the CEO steers the District's strategy and goals forward operationally.

The NIHD CEO directs the operations of the District in alignment with the Board approved strategic plan, mission and vision. He/she performs the executive and administrative functions driven by our mission and vision focus on operations, fiscal viability, accreditation and licensure requirements, and the highest quality delivery of medical services for the community.

Communication:

How to escalate a concern:

Written or verbal concerns addressed to any or all Board members should be forwarded to the CEO. The CEO or his/her designee will initiate the formal review process. Findings will prompt the appropriate action planning for any areas requiring performance improvement.

How to pass on community feedback, concerns, inquiries:

Community feedback, concerns and/or inquiries should be forwarded to the CEO. Feedback and inquiries will be shared with the appropriate District team member with responses, action and or review being taken as determined. Informational responses to inquiries will be provided to the Board member for follow-up with inquirer.

Getting Involved

Board members are encouraged to volunteer when opportunities arise.

Examples include:

- Community and District Events
- Hospital and Nurses Week
- District Celebrations
- Fair Booth
- CAREshuttle
- Community outreach opportunities

Board members may also be asked to support and be involved with committees.

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Onboarding and Continuing Education of Board Members		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 04/15/2022	Last Review Date: No Review Date	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE:
The purpose of the onboarding and orientation process is to provide a new Northern Inyo Healthcare District (NIHD) board member the information necessary to begin the governing work of the Board of Directors. Further development as a board member is through continuing education.

POLICY:
NIHD ~~Northern Inyo Healthcare District~~ will provide essential knowledge of the Districts to all incoming board members within thirty (30) days of election or appointment.

Board members will be provided opportunities for continuing education to expand their knowledge on key healthcare issues and governance.

PROCEDURE:
When onboarding, new board members complete the following steps:

Human Resources

1. Complete and sign necessary paperwork with Human Resources.
2. Introduction to NIHD Workforce Experience: a review of NIHD benefits, special events, community involvement. ~~Reviews benefit package with Benefits Coordinator.~~
~~2.~~3. Arrange District campus tour.

Clerk of the Board

~~3.~~4. Receives tablet, user ID and email
~~4. Reviews board portal~~
5. Completes FPPC Statement of Economic Interest From 700
6. Initiates required regulatory training (i.e. AB1234 Ethics training, Sexual Harassment Prevention training).
7. Provides overview of Board Meeting structure.
~~6.~~8. Arrange District leadership introductions, department tour and services line overview.

~~President &~~ Chief Executive Officer (CEO)

9. Meets with ~~President &~~ CEO to review the Mission, Vision, Values, Organizational Chart, Strategic Plan and Master Plan of the District.
10. Reviews patient grievance process.
11. Review Board policies
~~7.~~12. Facilities meet-and greet with Executive Team.

General Counsel

13. Meets with General Counsel to review Brown Act, public meeting procedures, etc.
~~8.~~

~~Corporate~~ Compliance Officer

14. Reviews District's Corporate Compliance Program and Work Plan.
~~9.~~15. Review Compliance and Ethics Committee structure, role and duties.

NIHD Board Chair and/or Vice Chair ~~Executive Director of Governance~~

~~10.~~16. Reviews Order & Decorum, board policies, etc.

Chief Financial Officer

~~11.~~17. Reviews most recent audited financials, budget and 10 year forecast.
18. Reviews monthly financials report and package.
~~12.~~19. Reviews Finance Committee role and duties.

Director of Quality

~~13.~~20. Reviews Quality Assurance Performance Improvement Plan (QA/PI).
~~14.~~21. Reviews Quality Dashboard.
~~15. Reviews CMS Star Ratings.~~
~~16. Reviews composition, role and duties of Grievance Committee.~~
22. ~~Reviews composition, role and duties of Patient Family Advisory Council.~~Reviews Patient Satisfaction platform.
~~17.~~23. Reviews Quality and Safety Committee role and duties.

Director of Medical Staff Services

~~18.~~24. Reviews structure and duties of Medical Executive Committee.
~~19.~~25. Reviews current process for Medical Staff credentialing.
26. Reviews Medical Staff Peer Review process.
~~20.~~27. Reviews Medical Staff Bylaws.

Manager of Marketing, Communication & Strategy

28. Reviews District's website

Additional materials on governance, quality and finance topics will be distributed electronically.

Appropriate external continuing education and conference will be suggested by Administration. Outside education costs will be paid in accordance with District policy.~~Board Compensation and Reimbursement, ABD-03 policy.~~

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REFERENCES:

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

~~Supersedes: Not Set~~

Board Member Reference Packet

Board Member Reference Packet

Northern Inyo Healthcare District

Ralph M. Brown Act

NIHD Board Policies

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ADOPTED BY THE BOARD OF DIRECTORS

NORTHERN INYO HEALTHCARE DISTRICT

REVISED AND ADOPTED IN CONFORMANCE WITH DIVISION 23, SECTION 32000 ET SEQ. OF THE CALIFORNIA HEALTH AND SAFETY CODE ON NOVEMBER 17, 2021

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

TABLE OF CONTENTS

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE I

NAME, AUTHORITY AND OFFICES

Section 1. NAME

The name of this non-profit health care district organization shall be the Northern Inyo Healthcare District, hereinafter "the District".

Section 2. AUTHORITY

a) This District, having been established January 11, 1946, by vote of the residents of the District under the provisions of Division 23, Section 32000 et seq, of the Health and Safety Code of the State of California, otherwise known and referred to herein as "The Local Health Care District Law," and ever since said time having been operated thereunder, these bylaws are adopted in conformance therewith, and subject to the provisions thereof.

b) In the event of any conflict between these bylaws and "The Local Health Care District Law," the latter shall prevail. To the extent they are not in conflict with these bylaws, the proceedings of the District Board shall be guided by the most recent edition of Robert's Rules of Order.

Section 3. OFFICES

The principal office for the transaction of business of the District is hereby fixed within the boundaries of the District as determined by the Board of Directors.

Section 4. TITLE OF PROPERTY

The title to all property of the District shall be vested in the District, and the signature of the President and/or Secretary, or any officer designated by the Directors, as authorized at any meeting of the Directors, shall constitute the proper authority for the purchase or sale of property, or for the investment or other disposal of funds which are subject to the control of the District.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE II

PURPOSES AND SCOPE

Section 1. PURPOSES

The purposes of the Northern Inyo Healthcare District shall include, but not be limited to the following:

a) Within available resources, to provide facilities and health services for quality acute and continued care of the injured and ill, inducing health maintenance and education, regardless of sex, race, creed, cultural or national origin.

b) To coordinate, wherever possible and feasible, the activities of the District with health agencies and other health facilities providing specialized as well as comprehensive care.

c) To conduct educational and research activities essential to the attainment of its purposes.

d) To do any and all other acts necessary to carry out the provisions of the Health Care District Act.

Section 2. SCOPE OF BYLAWS

a) These bylaws shall govern the Northern Inyo Healthcare District, its Board of Directors and its relationship to affiliated or subordinate organizations. The primary purpose of these bylaws is to provide rules for the self-governance of the District and the Board of Directors, to provide a structure for the Board of Directors to fulfill its functions and responsibilities with respect to an organized self-governing Medical Staff, and to provide a structure for Administration of the licensed healthcare inpatient and outpatient facilities operated by the District (specifically Northern Inyo Hospital, 1206 D and 1206 B clinics).

b) The Board of Directors may delegate certain powers to the Authority of the Board's committees, the Medical Staff, and to other affiliated and subordinate organizations and groups governed by the District, such powers to be exercised in accordance with the respective bylaws or guidelines of such groups. All powers and functions not expressly delegated to such affiliated or subordinate organizations or groups are to be considered residual powers vested in the Board of Directors of this District.

c) The Bylaws, Rules and Regulations of the Medical Staff and other affiliated and subordinate organizations and groups governed by the District, and any amendments to such bylaws, shall not be effective until the same are approved by the Board of Directors of the Northern Inyo Healthcare District. The provisions of these District bylaws shall be construed to be consistent with the Medical Staff's bylaws. Except that these Bylaws shall not conflict with the bylaws of the Medical Staff as approved by the Board of Directors, the Board of Directors may review these Bylaws and revise them as it deems appropriate.

Section 3. NOT FOR PROFIT STATUS

There shall be no contemplation of profit or pecuniary gain, and no distribution of profits to any individual, under any guise whatsoever; nor shall there by any distribution of assets or surpluses to any individual on the dissolution of this District.

Section 4. DISPOSITION OF SURPLUS

Should the operation of the District result in a surplus of revenue over expenses during any particular period, such surplus may be used and dealt with by the Directors for charitable District purposes or for improvements hospital's facilities for the care of the sick, injured, or disabled, or for other purposes not inconsistent with the Local Health Care District Act, or these bylaws. The Board of Directors may authorize the disposition of any surplus property of the District by any method determined appropriate by the Board.

Section 5. INDEMNIFICATION

(a) Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, administrative or investigative, by reason of the fact that he/she, his/her estate, or his/her personal representative is or was a Director, officer or employee of the District, or an individual (including a medical staff appointee) acting as an agent of the District, or serves or served any other corporation or other entity or organization in any capacity at the request of the District while acting as a Director, officer, employee or agent of the District shall be and hereby is indemnified by the District, as provided in Sections 825 *et.seq.* of the California Government Code.

(b) Indemnification shall be against all judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees actually and necessarily incurred, as a result of any such action or proceeding, or any appeal therein, to the fullest extent permitted and in the manner prescribed by the laws of the State of California, as they may be amended from time to time, or such other law or laws as may be applicable to the extent such other law or laws is not inconsistent with

the law of California, including Sections 825 *et.seq.* of the California Government Code.

(c) Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with such person's practice of his or her profession.

Section 6. FISCAL YEAR

The fiscal year of the District shall commence on the first day of July and each year shall end on the last day of June of the each year.

Section 6 Annual Audit removed see section see VI Section, 2, b.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE III

BOARD OF DIRECTORS

Section 1. ELECTION

The Board of Directors shall be elected as provided in "The Local Healthcare District Law," which shall also govern eligibility for election to the Board of Directors.

Section 2. POWERS

The Board of Directors shall have and exercise all the powers of a Healthcare District as set forth in the Healthcare District Act. Specifically, the Board of Directors shall be empowered as follows:

a) To control and be responsible for the overall governance of the District, including the provision of management and planning.

b) To make and enforce all rules and regulations necessary for the administration, government, protection and maintenance of hospitals and other facilities under District jurisdiction and to ensure compliance with all applicable laws.

c) To appoint a Chief Executive Officer and to define the powers and duties of such appointee, and to delegate to such person overall responsibility for operations of the District, the Hospital, and affiliated entities as specified herein and consistent with Board of Directors' Policies. The Board shall also retain legal counsel and independent auditors as needed for District and Hospital operations.

d) To authorize the formation of other affiliated or subordinate organizations which they may deem necessary to carry out the purposes of the District.

e) To periodically review and develop a strategic plan for the District and the Hospital.

f) To determine policies and approve procedures for the overall operation and affairs of this District and its facilities according to the best interests of the public health and to assure the maintenance of quality patient care.

g) To enter into Joint Powers Agreements with other public entities, and to carry out the District's responsibilities in regard to such Joint Powers Authority as prescribed by law.

h) To evaluate the performance of the Hospital in relation to its vision, mission and goals.

i) To provide for coordination and integration among the Hospital's leaders to establish policy, maintain quality care and patient safety, and provide for necessary resources.

j) To be ultimately accountable for the safety and quality of care, treatment and services.

k) All powers of the Board of Directors, which are not restricted by statute, may be delegated by an employment agreement, policies, and by direction of the Board to the Chief Executive Officer or to others employed by or with responsibilities to the District, to be exercised in accordance with that delegation.

l) In the event of a vacancy in any Board office established by Article V of these Bylaws (Chair, Vice Chair, etc.), the Board of Directors shall select someone to fill such vacancy and to serve until the next regular election of officers, unless such person earlier resigns or is removed in accordance with said Article.

m) To do any and all other act and things necessary to carry out the provisions of these bylaws or of the provisions of the Local Healthcare District Law.

Section 3. COMPENSATION

The Board of Directors shall serve without compensation except that the Board of Directors, by a majority vote of the members of the Board, may authorize payment not to exceed one hundred dollars ($100) per meeting, or for each committee meeting or other meeting authorized by Board or Chair of the Board, and not to exceed five (5) meetings a month as compensation to each member of the Board of Directors, in accordance with Section 32103 of the California Health and Safety Code, as amended.

Each member of the Board of Directors shall be allowed his/her necessary traveling and incidental expenses incurred in the performance of official business of the District pursuant to the Board's policy.

A budget for the Board of Directors educational expenses is developed each year. At least annually, the entire Board will review their travel and incidental expenses.

Section 4. VACANCIES

Any vacancy upon the Board of Directors shall be filled by the methods prescribed in Section 1780 of the Government Code.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE IV

MEETINGS OF DIRECTORS

Section 1. REGULAR MEETINGS

The regular meetings of the Board of Directors of the Northern Inyo Healthcare District shall be held monthly, or as periodically determined by the Board, on such day and at such time as the Board of Directors shall from time-to-time establish by resolution and/or motion.

Section 2. SPECIAL MEETINGS

Special meetings of the Board of Directors may be called by the Chair or three (3) Directors, and notice of the holding thereof shall be received by each member of the Board of Directors at least twenty-four hours (24) before said meeting.

Section 3. QUORUM

A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business, and motions and resolutions shall be passed if affirmatively voted upon by a majority of those voting at the time the vote is taken. If a member has a conflict of interest and may not vote they may not be counted towards a quorum.

Section 4. ADJOURNMENT

A quorum of the Board of Directors may adjourn any Directors' meeting to meet again at a stated day and hour; provided, however, that in the absence of a quorum, a majority of the Directors present at any Directors' meeting, either regular or special, may adjourn until the time fixed for the next regular meeting of the Board of Directors. An adjourned meeting can consider only the business of the meeting which was adjourned. An adjourned meeting must be completed prior to the convening of a new meeting.

Section 5. PUBLIC MEETINGS

All meetings of the Board of Directors whether regular, special or adjourned, shall be open to the public in accordance with Government Code Sections 54950 through 54961, commonly known as the Ralph M. Brown Act provided, however, that the foregoing shall not be construed to prevent the Board of Directors from holding executive sessions to consider the appointment,

employment, promotion, demotion or dismissal of an employee or public officer, as the term is defined by law, or to hear complaints or charges brought against such officer or employee, to discuss labor negotiations, or to consult with legal counsel concerning litigation to which the District is a party, and prospective and probably litigation, as provided in Sections 54956.7 through 54957 of the Government Code. In addition, closed sessions may be held to discuss trade secrets as defined in Government Code Section 54956.7, and provided in Section 32106 of the Health and Safety Code. To the extent not in violation with the Ralph M. Brown Act or the California Public Records Act, and California Health and Safety Code Section 32155, any information and reports protected from discovery by California Evidence Code Section 1157 that are provided to the Board of Directors by the Medical Staff shall be presented and discussed in closed sessions, maintained as confidential and not released except as required by applicable laws.

Section 6. MINUTES

A book of minutes of all public meetings of the Board of Directors shall be kept at the principal office of the District and shall be open for public inspection upon request.

Section 7. SCOPE OF MOTIONS AND RESOLUTIONS

The decisions of the Board establishing general rules or procedures of the District and/or procedures affecting the Directors shall be by motion or resolution. All motions or resolutions become effective at the time voted upon affirmatively by a majority of the Directors voting at the time the vote is taken.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE V

OFFICERS AND THEIR DUTIES

Section 1. OFFICERS

The officers of the Board of Directors of the Northern Inyo Healthcare District shall be a President, Vice President and a Secretary, a Treasurer, and "Member at Large".

Section 2. ELECTION OF OFFICERS

a) The officers of the Board of Directors shall be chosen every year by the Board of Directors at the December meeting of every calendar year; and each officer shall hold office for one year, or until a successor shall be elected and qualified, or until the officer is otherwise disqualified to serve.

b) If an officer of the Board, other than the President, is unable to act, the Board may appoint some other member of the Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office.

c) Any officer on the Board of Directors may resign at any time or be removed as a Board officer by the majority vote of the other Directors then in office at any regular or special meeting of the Board of Directors. In the event of a resignation or removal of an officer, the Board of Directors shall elect a successor to serve for the balance of that officer's unexpired term.

Section 3. DUTIES

a) President: The Board of Directors shall elect one of their members to act as President. If at any time the President shall be unable to act, the Vice President shall assume office and perform the duties of the office. If the Vice President shall also be unable to act, then the Secretary/Treasurer shall assume the office and shall immediately conduct a Board election to appoint a President, and such person shall be vested temporarily with all the functions and duties of the President.

The President, or member of the Board of Directors acting as such, as above provided:

(1) Shall preside over all meetings of the Board of Directors, and shall review all requested agenda items submitted to the President and the President & Chief Executive Officer pursuant to the Board's written policies;

(2) Shall sign as President on behalf of the District all instruments in writing that the President has been specifically authorized by the Board to sign;

(3) Shall act as the main liaison between the Board and management for communications and oversight purposes. It is expected that the Chair will discuss District business with the Chief Executive Officer and Vice Chair on a regular basis;

(4) Shall appoint or remove members of committees subject to approval by the Board of Directors.

(5) Shall have, subject to the advice and control of the Board of Directors, general responsibility for the affairs of the District and generally shall discharge all other duties which shall be required of the President by the Bylaws of the District.

b) Vice President: The Vice Chair shall, in the event of death, absence, or other inability of the Chair, exercise all the powers and perform all the duties herein given to the Chair. It is expected that the Vice Chair will participate in regular discussions with the Chair and Chief Executive Officer regarding District business.

c) Secretary:

(1) The member of the Board who is elected to the position of Secretary shall act in this capacity for both the District and the Board of Directors;

(2) Shall be responsible for seeing that records of all actions, proceedings and minutes of meetings of the Board of Directors are properly kept and are maintained at the District offices;

(3) Shall serve, or cause to be served, all notices required either by law or these bylaws, and in the event of absence, inability, refusal or neglect to do so, such notices may be served by any person thereunto directed by the President of the Board of Directors of this District;

(4) Shall be responsible for seeing that the seal of this District is in safekeeping at the District and shall use it under the direction of the Board of Directors;

(5) Shall perform such other duties as pertains to the office and as are prescribed by the Board of Directors. The Secretary may delegate his or her duties to appropriate

management personnel.

d) Member at Large: The Member at Large shall have all the powers and duties of the Secretary in the absence of the Secretary, and shall perform such other duties as may from time to time be prescribed by the Board of Directors.

e) Treasurer:

(1) Shall have the responsibility for the safekeeping and disbursal of funds in the treasury of the District in accordance with the provisions of the "Local Healthcare District Law" and in accordance with resolutions, procedures and directions as the Board of Directors may adopt;

(2) Shall receive monthly reports from management with respect to the financial condition of the District and shall present such reports to the Board of Directors as directed by the Board of Directors;

(3) Shall perform such other duties as they pertain to this office and as prescribed by the Board of Directors. The Treasurer may delegate his or her duties to appropriate management personnel.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE VI

COMMITTEES

Section 1. COMMITTEES

a) The Board of Directors may sit as a Committee of the Whole on any and all matters, or may create such Standing Committees, ad hoc Committees, or task force Committees as are deemed appropriate.

b) The duties of these committees shall be to develop and make policy recommendations to the Board and to perform such other functions as shall be stated in these bylaws or in the resolution or motion creating the committee. Each Standing Committee will include two Board members, one of whom shall act as President of the Standing Committee. The President and Board members of each Committee shall be appointed by the President of the Board and approved by the Board at the second meeting of January of each calendar year and shall serve for one year, or until a successor has been appointed and approved. Other members of each standing committee are automatically members with one year terms, or until a successor has been appointed and approved. The two Board members shall be the only voting members of each Standing Committee, unless otherwise provided for in these Bylaws.

c) Special or ad hoc committees may be appointed by the President with the approval of the Board of Directors for such specific tasks as circumstances warrant. Special committees may consist only of Board members, or they may include individuals not on the Board. Voting rights on special committees shall be specified by the Board of Directors at the time the committee is created. No committee so appointed shall have any power or authority to commit the Board of Directors or the District in any manner; however, the Board may direct the particular committee to act for and on its behalf, by special vote.

d) All committees shall keep minutes of each meeting and shall maintain their minutes at the District offices and shall submit reports to the Board as requested.

e) Aside from committees upon which the President is appointed as a voting member, the President of the Board shall be an ex officio member of each committee, without being a voting member. The President shall be notified of all committee meetings.

f) Standing committees of the Board of Directors as set forth below shall continue in existence until discharged by specific action of the Board of Directors:

1 Quality and Safety
2. Finance Committee
3. Governance Committee
4. Community Benefit Committee

Section 2. STANDING COMMITTEES

a) Quality and Safety Committee: The Board shall sit as a Committee of the Whole on all quality and safety issues, being advised by the President and Chief Executive Officer, the Medical Executive Committee, the Chief of Staff, and Medical Staff members from time to time. The Board shall:

(1) Analyze data regarding safety and quality of care, treatment and services and establish priorities for performance improvement.

(2) Oversee the Medical staff's fulfillment of its responsibilities in accordance with the Medical Staff Bylaws, applicable law and regulation, and accreditation standards.

(3) Ensure that recommendations from the Medical Executive Committee and Medical Staff are made in accordance with the standards and requirements of the Medical Staff Bylaws, Rules and Regulations with regard to:

- completed applications for initial staff appointment, initial staff category assignment, initial department/divisional affiliation, membership prerogatives and initial clinical privileges;
- completed applications for reappointment of medical staff, staff category, clinical privileges;
- establishment of categories of Allied Health Professionals permitted to practice at the hospital, the appointment and reappointment of Allied Health Professionals and privileges granted to Allied Health Professionals.

(4) Provide a system for resolving conflicts that could adversely affect safety or quality of care among individuals working within the hospital environment.

(5) Ensure that adequate resources are allocated for maintaining safety and quality care, treatment and services.

(6) Analyze findings and recommendations from the Hospital's administrative review and evaluation activities, including system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences.

(7) Assess the effectiveness and results of the quality review, utilization review,

performance improvement, and risk management programs.

(8) Perform such other duties concerning safety and quality of care matters as may be necessary.

b) Finance Committee: The Board shall sit as a Committee of the Whole on matters pertaining to the finances of the District and its oversight role pursuant to the JPA Agreement. The Finance Committee in consultation with the Chief Executive Officer and upon the recommendation of the Authority shall be responsible for reviewing, adopting, and monitoring the annual budget and, as appropriate, its long term capital expenditure plan. The Committee shall oversee retention of auditors and approve audits, and business plans pursuant to subsidiary organizations.

c) Governance Committee: Members of this Committee shall include two representatives from the Board of Directors and the Chief Executive Officer. The two members of the Board of Directors shall be the only members of the Committee with voting privileges. The function of this Committee is to recommend amendments or changes to the District bylaws and Board policies. This Committee shall commence an on-going review of the Bylaws to ensure that the Bylaws are maintained current and consistent with the Board's and the District's functions and operations. This Committee shall also review the Board Policy Manual, at least every four years, and make recommendations to the Board on any additions or deletions of policies. The Committee shall also be responsible for development of a format for the evaluation of the Chief Executive Officer, and for the conduct of a periodic evaluation. This Committee shall also be responsible for developing a format and administering the Board of Directors' periodic self-evaluations. Such Board evaluation shall include an annual assessment of resolution of safety and quality issues and initiatives.

d) Community Benefit Committee: The members of this Committee shall be two members of the Board of Directors. The Committee shall be assisted, as needed, by the Chief Executive Officer and the Director of Community and Government Affairs, along with any other staff or representatives designated by the Committee. The two members of the Board of Directors shall be the only members of the Committee with voting privileges. This Committee shall have general responsibility for development and implementation of an achievable Community Benefit Initiative, including identification of a process by which the initiative can be pursued, achieved, and sustained. The Committee will assess and marshal resources available to the District to advance the Initiative in a manner responsive to community health needs, prioritized based on a balance of need and outcome attainability, and, where helpful, in partnership with District and community stakeholders.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE VII

CHIEF EXECUTIVE OFFICER

Section 1 GENERAL PROVISIONS

The Board of Directors shall have the authority to employ and discharge the Chief Executive Officer and shall specify the terms and conditions of the person's employment. The performance of the Chief Executive Officer will be evaluated on an annual basis by the Board of Directors based on performance criteria established from time to time by the Board of Directors.

The Chief Executive Officer shall be responsible for the overall management of the Hospital and District, and has the necessary and full authority to effect this responsibility subject to the Board's oversight, any policies and directives issued by the Board, and as called upon pursuant to the JPA Agreement. Chief Executive Officer is directly responsible to the Board of Directors and the Authority, for the management of the Hospital and all of its departments and activities.

Section 2. QUALIFICATIONS, DUTIES AND RESPONSIBILITIES

Qualifications, specific duties and responsibilities of the Chief Executive Officer shall be set forth in the appropriate section of the Policy Manual and any employment agreement with the Chief Executive Officer.

NORTHERN INYO HEALTHCARE DISTRICT

BYLAWS

ARTICLE VIII

MEDICAL ADMINISTRATION IN THE HOSPITAL

Section 1. ESTABLISHMENT OF A MEDICAL STAFF

There shall be a Medical Staff for the Hospital established in accordance with the requirements of the Local Healthcare District Law (H. & Safety Code 32000, *et.seq.*), whose membership shall be comprised of all physicians, dentists and podiatrists who are duly licensed and privileged to admit and care for patients in the Hospital. The Board of Directors shall appoint the Medical Staff, which shall be an integral part of the Hospital. The Medical Staff derives its authority from the Board of Directors and shall function in accordance with the Medical Staff Bylaws, Rules and Regulations and Policies that have been approved by the Medical Staff and by the Board.

The Medical Staff shall be represented before the Board of Directors by the Chief of Staff or his/her designee and shall be afforded full access to the Board through the Board's regular meetings and committees as described herein. The Medical Staff, through its officers, department chiefs, and committees, shall be responsible and accountable to the Board of Directors for the discharge of those duties and responsibilities set forth in the Medical Staff's Bylaws, Rules and Regulations, and Policies, and as delegated by the Board of Directors from time to time.

Section 2. BYLAWS, RULES AND REGULATIONS

The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Bylaws and Rules and Regulations, consistent with these District Bylaws, applicable laws, government regulation, and accreditation standards. The Medical Staff Bylaws, Rules and Regulations and all amendments thereto, shall become effective upon approval by the Medical Staff and the Board of Directors.

Section 3. BOARD ACTION ON MEMBERSHIP AND CLINICAL PRIVILEGES

(a) Medical Staff Responsibilities: The Medical Staff is responsible to the Board of Directors for the quality of care, treatment and services rendered to patients in the Hospital. The Board of Directors shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges, and corrective action, except as

provided in Section 3(d). The Medical Staff adopt and forward to the Board or committee of the Board specific written recommendations, with appropriate supporting documentation, that will allow the Board of Directors to take informed action. When the Board of Directors does not concur with a Medical Staff recommendation, the matter shall be processed in accordance with the Medical Staff Bylaws and applicable law before the Board renders a final decision. The Board of Directors shall act on recommendations of the Medical Staff within the period of time specified in the Medical Staff Bylaws or Rules and Regulations, or if no time is specified, then within a reasonable period of time. However, at all times the final authority for appointment to membership on the Medical Staff of the Hospital remains the sole responsibility and authority of the Board of Directors.

(b) Criteria for Board Action: The process and criteria for acting on matters affecting Medical Staff membership status and clinical privileges shall be as specified in the Medical Staff Bylaws.

(c) Terms and Conditions of Staff Membership and Clinical Privileges: The terms and conditions of membership status in the Medical Staff, and the scope and exercise of clinical privileges, shall be as specified in the Medical Staff bylaws unless otherwise specified in the notice of individual appointment following a determination in accordance with the Medical Staff Bylaws.

(d) Initiation of Corrective Action and Suspension: Where in the best interests of patient safety, quality of care, or the Hospital staff, and after consultation with the Chief of Staff, the Board of Directors shall have the authority to take any action that it deems appropriate with respect to any individual applying for or appointed to the Medical Staff or who is seeking or exercising clinical privileges or the right to practice in the Hospital. Action taken by the Board of Directors in such matters shall follow the procedures for corrective action outlined in the Medical Staff Bylaws, Rules and Regulations. The Board shall notify the Executive Committee immediately of any such action.

Chief Executive Officer may summarily suspend or restrict clinical privileges of any Medical Staff member where failure to take action may result in imminent danger to the health of any individual and when no person authorized to take such action by the Medical Staff is available, provided that the Chief Executive Officer has made reasonable documented attempts to contact the person or persons so authorized. A suspension by the Chief Executive Officer that has not been ratified by the Medical Executive Committee within two working days, excluding weekends and holidays, shall terminate automatically.

(e) Fair Hearing and Appellate Procedures: The Medical Staff Bylaws shall establish fair hearing and appellate review mechanisms in connection with Staff recommendations for the denial of Staff appointments, as well as denial of reappointments, or the curtailment suspension or revocation of privileges. The

hearing and appellate procedures employed by the Board of Directors upon referral of such matters shall be consistent with the Local Healthcare District Law at Section 32150 *et. seq*. of the Health & Safety Code, and those specified in the Medical Staff Bylaws, Rules and Regulations to the extent not inconsistent therewith. Any doctor or other practitioner who feels aggrieved by any adverse recommendation or deprivation of Medical Staff status or clinical privileges shall be required, as a condition to exercising his or her right of appeal to the Board, to pursue his or her appeal through orderly channels of appeal and at the proper time and in the manner prescribed by the Bylaws and procedures of the Medical Staff of this hospital. When the Medical Staff has made its final ruling and decision concerning the appeal of any aggrieved doctor or practitioner in accordance with the Bylaws of the Medical Staff, and such doctor or practitioner then desires to appeal to the Board, he or she shall give notice in writing to the Hospital Administrator within ten (10) days next following the date of the entry of the final order of the Medical Staff. Said notices must state in substance the grievance made and complained of, and must be given in the time and manner herein specified, or the Board shall not take cognizance thereof except at its discretion. If said notice is so given within said time, then it shall be the duty of the Board to then consider such grievance in its entirety and render the decision of the Board in writing, and deliver a copy of its decision and findings to the aggrieved doctor or practitioner. Such decision shall be final.

The Medical Staff shall have the right to be heard, through its Chief of Staff or designee at meetings of the Board.

Section 4. ACCOUNTABILITY TO THE BOARD

The Medical Staff shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of quality patient care and safety in the Hospital.

Section 5. DOCUMENTATION

The Board shall receive and act upon the findings and recommendations emanating from the activities required by Section 4. All such findings and recommendations shall be in writing and supported and accompanied by appropriate documentation upon which the Board can take appropriate action.

Section 6. COMPENSATED MEDICAL DIRECTOR POSITIONS

Compensated Medical Director positions shall be responsible to the Chief Executive Officer and the Medical Staff for documentation of activities related to their assignment. Compensated Medical Directors shall be approved by the Chief Executive Officer and for fit and compensation amount. Medical Staff may appoint Service Directors, the slate of Service Directors must be approved by the Board of Directors.

NORTHERN INYO HEALTHCARE DISTRICT

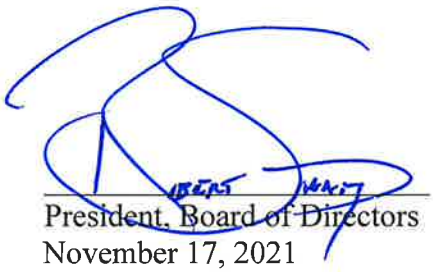
BYLAWS

ARTICLE IX

AMENDMENT

These Bylaws may be amended by affirmative vote of a majority of the total number of members of the Board of Directors at any regular or special meeting of the Board of Directors, provided a full statement of such proposed amendment shall have been sent to each Board member not less than forty-eight (48) hours prior to the meeting.

Affirmative action may be taken to amend these Bylaws by unanimous vote of the entire Board membership at any regular or special meeting of the Board of Directors, in which event the provision for forty-eight (48) hours notice shall not apply.



President, Board of Directors
November 17, 2021

Charter

Governance Committee
Northern Inyo Healthcare District

Purpose:
The purpose of this document is to:

1. Focus intentionally, and in a meaningful manner, on the importance of this Northern Inyo Healthcare District (NIHD) Board holding itself accountable to the public and to the District through informed and thoughtful decision making.
2. And in doing so, will align the charter in the Governance Committee (the "Committee") of the NIHD Board of Directors, and further, to delineate the Committee's duties and responsibilities.

Responsibilities:
The Governance Committee of the Board shall function as a standing committee of the Board responsible for addressing governance-related issues. The Committee shall develop, maintain, and recommend the necessary governance-related policies and procedures to the Board which determines the District's governance practices.

Duties:

1. Conduct an annual review of the Bylaws and Board and submit recommendations to the Board of Directors as necessary.
2. Ensure Board policies are reviewed by their respective committees as required.
3. Submit recommendations to the Board of Directors for changes to Bylaws and Board policies as necessary.
4. Develop new Board policies and procedures as necessary or as directed by the Board of Directors.
5. Advance best practices in Board governance including formal Board election and Board orientation plans
6. Ensure an annual Board self-assessment is conducted.
7. Ensure an annual Board goal-setting, education and retreat discussion and planning process is conducted.
8. Ensure an annual discussion, review and/or evaluation of Board legal services is conducted.

Composition:

The Committee shall be comprised of two (2) Board members. The Board Chair shall serve as Chairperson of the Committee, and the second Committee member shall be appointed by the Board Chair.

Meeting Frequency:

The Committee shall meet as needed.

Approved by the Board of Directors on 6/15/2022

2021-2022 Statement of Economic Interests

Form 700

A Public Document

Table of Contents

Helpful Resources

- Video Tutorials
- Reference Pamphlet
- Excel Version
- FAQs
- Gift and Travel Fact Sheet for State and Local Officials

California Fair Political Practices Commission

1102 Q Street, Suite 3000 • Sacramento, CA 95811
Email Advice: advice@fppc.ca.gov
Toll-free advice line: 1 (866) ASK-FPPC • 1 (866) 275-3772
Telephone: (916) 322-5660 • Website: www.fppc.ca.gov

December 2021

Quick Start Guide

Detailed instructions begin on page 3.

WHEN IS THE ANNUAL STATEMENT DUE?

- March 1 – Elected State Officers, Judges and Court Commissioners, State Board and Commission members listed in Government Code Section 87200
- April 1 – Most other filers

WHERE DO I FILE?

Most people file the Form 700 with their agency. If you're not sure where to file your Form 700, contact your filing officer or the person who asked you to complete it.

ITEMS TO NOTE!

- The Form 700 is a public document.
- Only filers serving in active military duty may receive an extension on the filing deadline.
- You must also report interests held by your spouse or registered domestic partner.
- Your agency's conflict of interest code will help you to complete the Form 700. You are encouraged to get your conflict of interest code from the person who asked you to complete the Form 700.

NOTHING TO REPORT?

Mark the "No reportable interests" box on Part 4 of the Cover Page, and submit only the signed Cover Page. Please review each schedule carefully!

Schedule	Common Reportable Interests	Common Non-Reportable Interests
A-1: Investments	Stocks, including those held in an IRA or 401K. Each stock must be listed.	Insurance policies, government bonds, diversified mutual funds, funds similar to diversified mutual funds.
A-2: Business Entitites/Trusts	Business entities, sole proprietorships, partnerships, LLCs, corporations and trusts. (e.g., Form 1099 filers).	Savings and checking accounts, and annuities.
B: Real Property	Rental property in filer's jurisdiction, or within two miles of the boundaries of the jurisdiction.	A residence used exclusively as a personal residence (such as a home or vacation property).
C: Income	Non-governmental salaries. Note that filers are required to report only half of their spouse's or partner's salary.	Governmental salary (from school district, for example).
D: Gifts	Gifts from businesses, vendors, or other contractors (meals, tickets, etc.).	Gifts from family members.
E: Travel Payments	Travel payments from third parties (not your employer).	Travel paid by your government agency.

Note: Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.

QUESTIONS?

- advice@fppc.ca.gov
- (866) 275-3772 Mon-Thurs, 9-11:30 a.m.

E-FILING ISSUES?

- If using your agency's system, please contact technical support at your agency.
- If using FPPC's e-filing system, write to form700@fppc.ca.gov.

What's New

Gift Limit Increase

The gift limit increased to **$520** for calendar years **2021** and **2022**. **The gift limit in 2020 was $500.**

Who must file:

- Elected and appointed officials and candidates listed in Government Code Section 87200
- Employees, appointed officials, and consultants filing pursuant to a conflict of interest code ("code filers"). **Obtain your disclosure categories, which describe the interests you must report, from your agency;** they are not part of the Form 700
- Candidates running for local elective offices that are designated in a conflict of interest code (e.g., county sheriffs, city clerks, school board trustees, and water board members)

Exception:

- Candidates for a county central committee are not required to file the Form 700
- Employees in newly created positions of existing agencies

For more information, see Reference Pamphlet, page 3, at *www.fppc.ca.gov.*

Where to file:

87200 Filers

State offices	➲	Your agency
Judicial offices	➲	The clerk of your court
Retired Judges	➲	Directly with FPPC
County offices	➲	Your county filing official
City offices	➲	Your city clerk
Multi-County offices	➲	Your agency

Code Filers — State and Local Officials, Employees, and Consultants Designated in a Conflict of Interest

Code: File with your agency, board, or commission unless otherwise specified in your agency's code (e.g., Legislative staff files directly with FPPC). In most cases, the agency, board, or commission will retain the statements.

Members of Newly Created Boards and Commissions: File with your agency or with your agency's code reviewing body pursuant to Regulation 18754.

Employees in Newly Created Positions of Existing Agencies: File with your agency or with your agency's code reviewing body. (See Reference Pamphlet, page 3.)

Candidates file as follow:

State offices, Judicial offices and multi-county offices	➲	County elections official with whom you file your declaration of candidacy
County offices	➲	County elections official
City offices	➲	City Clerk
Public Employee's Retirement System (CalPERS)	➲	CalPERS
State Teacher's Retirement Board (CalSTRS)	➲	CalSTRS

How to file:

The Form 700 is available at *www.fppc.ca.gov*. Form 700 schedules are also available in Excel format. Each Statement must have a handwritten "wet" signature or "secure electronic signature," meaning either (1) a signature submitted using an approved electronic filing system or (2) if permitted by the filing officer, a digital signature submitted via the filer's agency email address. (See Regulations 18104 and 18757.) Companies such as Adobe and DocuSign offer digital signature services. All statements are signed under the penalty of perjury and must be verified by the filer. See Regulation 18723.1(c) for filing instructions for copies of expanded statements.

When to file:

Annual Statements

➲ **March 1, 2022**

- Elected State Officers
- Judges and Court Commissioners
- State Board and State Commission Members listed in Government Code Section 87200

➲ **April 1, 2022**

- Most other filers

Individuals filing under conflict of interest codes in city and county jurisdictions should verify the annual filing date with their filing official or filing officer.

Statements postmarked by the filing deadline are considered filed on time.

Statements of 30 pages or less may be emailed or faxed by the deadline as long as the originally signed paper version is sent by first class mail to the filing official within 24 hours.

Assuming Office and Leaving Office Statements

Most filers file within 30 days of assuming or leaving office or within 30 days of the effective date of a newly adopted or amended conflict of interest code.

Exception:

If you assumed office between October 1, 2021, and December 31, 2021, and filed an assuming office statement, you are not required to file an annual statement until March 1, 2023, or April 1, 2023, whichever is applicable. The annual statement will cover the day after you assumed office through December 31, 2022. (See Reference Pamphlet, page 6, for additional exceptions.

Candidate Statements

File no later than the final filing date for the declaration of candidacy or nomination documents. A candidate statement is not required if you filed an assuming office or annual statement for the same jurisdiction within 60 days before filing a declaration of candidacy or other nomination documents.

Late Statements

There is no provision for filing deadline extensions unless the filer is serving in active military duty. (See page 19 for information on penalties and fines.)

Amendments

Statements may be amended at any time. You are only required to amend the schedule that needs to be revised. It is not necessary to amend the entire filed form. Obtain amendment schedules at *www.fppc.ca.gov.*

Types of Statements

Assuming Office Statement:

If you are a newly appointed official or are newly employed in a position designated, or that will be designated, in a state or local agency's conflict of interest code, your assuming office date is the date you were sworn in or otherwise authorized to serve in the position. If you are a newly elected official, your assuming office date is the date you were sworn in.

- Report: Investments, interests in real property, and business positions held on the date you assumed the office or position must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position.

For positions subject to confirmation by the State Senate or the Commission on Judicial Appointments, your assuming office date is the date you were appointed or nominated to the position.

- Example: Maria Lopez was nominated by the Governor to serve on a state agency board that is subject to state Senate confirmation. The assuming office date is the date Maria's nomination is submitted to the Senate. Maria must report investments, interests in real property, and business positions she holds on that date, and income (including loans, gifts, and travel payments) received during the 12 months prior to that date.

If your office or position has been added to a newly adopted or newly amended conflict of interest code, use the effective date of the code or amendment, whichever is applicable.

- Report: Investments, interests in real property, and business positions held on the effective date of the code or amendment must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the effective date of the code or amendment.

Annual Statement:

Generally, the period covered is January 1, 2021, through December 31, 2021. If the period covered by the statement is different than January 1, 2021, through December 31, 2021, (for example, you assumed office between October 1, 2020, and December 31, 2020 or you are combining statements), you must specify the period covered.

- Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement must be reported. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2021.
- If your disclosure category changes during a reporting period, disclose under the old category until the effective date of the conflict of interest code amendment and disclose under the new disclosure category through the end of the reporting period.

Leaving Office Statement:

Generally, the period covered is January 1, 2021, through the date you stopped performing the duties of your position. If the period covered differs from January 1, 2021, through the date you stopped performing the duties of your position (for example, you assumed office between October 1, 2020, and December 31, 2020, or you are combining statements), the period covered must be specified. The reporting period can cover parts of two calendar years.

- Report: Investments, interests in real property, business positions held, and income (including loans, gifts, and travel payments) received during the period covered by the statement. Do not change the preprinted dates on Schedules A-1, A-2, and B unless you are required to report the acquisition or disposition of an interest that did not occur in 2021.

Candidate Statement:

If you are filing a statement in connection with your candidacy for state or local office, investments, interests in real property, and business positions held on the date of filing your declaration of candidacy must be reported. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date of filing your declaration of candidacy is reportable. Do not change the preprinted dates on Schedules A-1, A-2, and B.

Candidates running for local elective offices (e.g., county sheriffs, city clerks, school board trustees, or water district board members) must file candidate statements, as required by the conflict of interest code for the elected position. The code may be obtained from the agency of the elected position.

Amendments:

If you discover errors or omissions on any statement, file an amendment as soon as possible. You are only required to amend the schedule that needs to be revised; it is not necessary to refile the entire form. Obtain amendment schedules from the FPPC website at *www.fppc.ca.gov.*

Note: Once you file your statement, you may not withdraw it. All changes must be noted on amendment schedules.

Expanded Statement:

If you hold multiple positions subject to reporting requirements, you may be able to file an expanded statement for each position, rather than a separate and distinct statement for each position. The expanded statement must cover all reportable interests for all jurisdictions and list all positions for which it is filed. The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) **(FIRST)** **(MIDDLE)**

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, **2021,** through December 31, **2021**.

-or-

The period covered is _____/_____/_____, through December 31, **2021**.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one circle.)

☐ The period covered is January 1, **2021**, through the date of leaving office.

-or-

☐ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

Schedules attached

☐ **Schedule A-1 -** *Investments* – schedule attached
☐ **Schedule A-2 -** *Investments* – schedule attached
☐ **Schedule B -** *Real Property* – schedule attached
☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D -** *Income – Gifts* – schedule attached
☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☐ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
( )

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

Print **Clear**

Instructions
Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. **Because the Form 700 is a public document, you may list your business/office address instead of your home address.**

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hope County Superior Court).
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). **Do not use acronyms.**
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst).
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission) you may be required to file separate and distinct statements with each agency. To simplify your filing obligations, in some cases you may instead complete a single expanded statement and file it with each agency.
    - The rules and processes governing the filing of an expanded statement are set forth in Regulation 18723.1. To file an expanded statement for multiple positions, enter the name of each agency with which you are required to file and your position title with each agency in the space provided. **Do not use acronyms.** Attach an additional sheet if necessary. Complete one statement disclosing all reportable interests for all jurisdictions. Then file the expanded statement with each agency as directed by Regulation 18723.1(c).

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand their annual filing to include both positions.

Example:

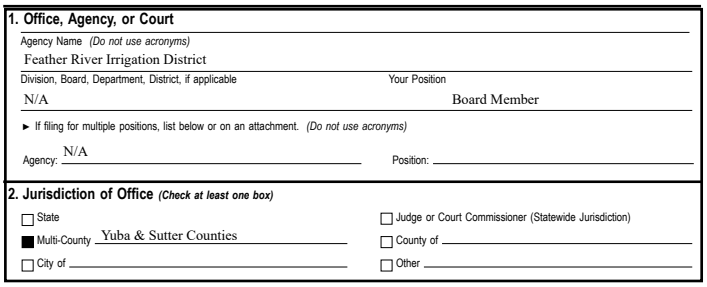
Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers the Counties of Placer and Yuba. The City is located within Placer County. Brian may complete one expanded statement to disclose all reportable interests for both offices and list both positions on the Cover Page. Brian will file the expanded statement with each the City and the District as directed by Regulation 18723.1(c).

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
- If your agency is a multi-county office, list each county in which your agency has jurisdiction.
- If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPAs), check the "other" box and enter the county or city in which the agency has jurisdiction.

Example:

This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.


1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: Feather River Irrigation District

Division, Board, Department, District, if applicable: N/A

Your Position: Board Member

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: N/A Position:

2. Jurisdiction of Office *(Check at least one box)*

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)

■ Multi-County Yuba & Sutter Counties ☐ County of

☐ City of ☐ Other

Part 3. Type of Statement

Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2021 annual statement, **do not** change the pre-printed dates to reflect 2022. Your annual statement is used for reporting the **previous year's** economic interests. Economic interests for your annual filing covering January 1, 2022, through December 31, 2022, will be disclosed on your statement filed in 2023. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements for the same position may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; **or** if you have nothing to disclose on any schedule, check the "No reportable interests" box. Please **do not** attach any blank schedules.

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. Each statement must have an original "wet" signature unless filed with a secure electronic signature. (See page 3 above.) All statements must be signed under penalty of perjury and be verified by the filer pursuant to Government Code Section 81004. See Regulation 18723.1(c) for filing instructions for copies of expanded statements. **When you sign your statement, you are stating, under penalty of perjury, that it is true and correct.** Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
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► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
____/____/21 ACQUIRED ____/____/21 DISPOSED

Comments: _____

Print Clear

Instructions – Schedules A-1 and A-2
Investments

"Investment" means a financial interest in any business entity (including a consulting business or other independent contracting business) that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling $2,000 or more at any time during the reporting period. (See Reference Pamphlet, page 13.)

Reportable investments include:

- Stocks, bonds, warrants, and options, including those held in margin or brokerage accounts and managed investment funds (See Reference Pamphlet, page 13.)
- Sole proprietorships
- Your own business or your spouse's or registered domestic partner's business (See Reference Pamphlet, page 8, for the definition of "business entity.")
- Your spouse's or registered domestic partner's investments even if they are legally separate property
- Partnerships (e.g., a law firm or family farm)
- Investments in reportable business entities held in a retirement account (See Reference Pamphlet, page 15.)
- If you, your spouse or registered domestic partner, and dependent children together had a 10% or greater ownership interest in a business entity or trust (including a living trust), you must disclose investments held by the business entity or trust. (See Reference Pamphlet, page 16, for more information on disclosing trusts.)
- Business trusts

You are not required to disclose:

- Government bonds, diversified mutual funds, certain funds similar to diversified mutual funds (such as exchange traded funds) and investments held in certain retirement accounts. (See Reference Pamphlet, page 13.) (Regulation 18237)
- Bank accounts, savings accounts, money market accounts and certificates of deposits
- Insurance policies
- Annuities
- Commodities
- Shares in a credit union
- Government bonds (including municipal bonds)

Reminders

- Do you know your agency's jurisdiction?
- Did you hold investments at any time during the period covered by this statement?
- Code filers – your disclosure categories may only require disclosure of specific investments.

- Retirement accounts invested in non-reportable interests (e.g., insurance policies, mutual funds, or government bonds) (See Reference Pamphlet, page 15.)
- Government defined-benefit pension plans (such as CalPERS and CalSTRS plans)
- Certain interests held in a blind trust (See Reference Pamphlet, page 16.)

Use Schedule A-1 to report ownership of less than 10% (e.g., stock). Schedule C (Income) may also be required if the investment is not a stock or corporate bond. (See second example below.)

Use Schedule A-2 to report ownership of 10% or greater (e.g., a sole proprietorship).

To Complete Schedule A-1:

Do not attach brokerage or financial statements.

- Disclose the name of the business entity.
- Provide a general description of the business activity of the entity (e.g., pharmaceuticals, computers, automobile manufacturing, or communications).
- Check the box indicating the highest fair market value of your investment during the reporting period. If you are filing a candidate or an assuming office statement, indicate the fair market value on the filing date or the date you took office, respectively. (See page 20 for more information.)
- Identify the nature of your investment (e.g., stocks, warrants, options, or bonds).
- An acquired or disposed of date is only required if you initially acquired or entirely disposed of the investment interest during the reporting period. The date of a stock dividend reinvestment or partial disposal is not required. Generally, these dates will not apply if you are filing a candidate or an assuming office statement.

Examples:

Frank Byrd holds a state agency position. His conflict of interest code requires full disclosure of investments. Frank must disclose his stock holdings of $2,000 or more in any company that is located in or does business in California, as well as those stocks held by his spouse or registered domestic partner and dependent children.

Alice Lance is a city council member. She has a 4% interest, worth $5,000, in a limited partnership located in the city. Alice must disclose the partnership on Schedule A-1 and income of $500 or more received from the partnership on Schedule C.

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one

☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

---

► 1. BUSINESS ENTITY OR TRUST

Name

Address *(Business Address Acceptable)*

Check one

☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
- ☐ $0 - $1,999
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:

___/___/21 ACQUIRED ___/___/21 DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

Print Clear

Instructions – Schedule A-2
Investments, Income, and Assets of Business Entities/Trusts

Use Schedule A-2 to report investments in a business entity (including a consulting business or other independent contracting business) or trust (including a living trust) in which you, your spouse or registered domestic partner, and your dependent children, together or separately, had a 10% or greater interest, totaling $2,000 or more, during the reporting period and which is located in, doing business in, planning to do business in, or which has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) A trust located outside your agency's jurisdiction is reportable if it holds assets that are located in or doing business in the jurisdiction. Do not report a trust that contains non-reportable interests. For example, a trust containing only your personal residence not used in whole or in part as a business, your savings account, and some municipal bonds, is not reportable.

Also report on Schedule A-2 investments and real property held by that entity or trust if your pro rata share of the investment or real property interest was $2,000 or more during the reporting period.

To Complete Schedule A-2:

Part 1. Disclose the name and address of the business entity or trust. If you are reporting an interest in a business entity, check "Business Entity" and complete the box as follows:

- Provide a general description of the business activity of the entity.
- Check the box indicating the highest fair market value of your investment during the reporting period.
- If you initially acquired or entirely disposed of this interest during the reporting period, enter the date acquired or disposed.
- Identify the nature of your investment.
- Disclose the job title or business position you held with the entity, if any (i.e., if you were a director, officer, partner, trustee, employee, or held any position of management). A business position held by your spouse is not reportable.

Part 2. Check the box indicating **your pro rata** share of the **gross** income received **by** the business entity or trust. This amount includes your pro rata share of the **gross** income **from** the business entity or trust, as well as your community property interest in your spouse's or registered domestic partner's share. Gross income is the total amount of income before deducting expenses, losses, or taxes.

Part 3. Disclose the name of each source of income that is located in, doing business in, planning to do business in, or that has done business during the previous two years in your agency's jurisdiction, as follows:

- Disclose each source of income and outstanding loan **to the business entity or trust** identified in Part 1 if your pro rata share of the **gross** income (including your community property interest in your spouse's or registered domestic partner's share) to the business entity or trust from that source was $10,000 or more during the reporting period. (See Reference Pamphlet, page 11, for examples.) Income from governmental sources may be reportable if not considered salary. See Regulation 18232. Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.
- Disclose each individual or entity that was a source of commission income of $10,000 or more during the reporting period through the business entity identified in Part 1. (See Reference Pamphlet, page 8.)

You may be required to disclose sources of income located outside your jurisdiction. For example, you may have a client who resides outside your jurisdiction who does business on a regular basis with you. Such a client, if a reportable source of $10,000 or more, must be disclosed.

Mark "None" if you do not have any reportable $10,000 sources of income to disclose. Phrases such as "various clients" or "not disclosing sources pursuant to attorney-client privilege" are not adequate disclosure. (See Reference Pamphlet, page 14, for information on procedures to request an exemption from disclosing privileged information.)

Part 4. Report any investments or interests in real property held or leased **by the entity or trust** identified in Part 1 if your pro rata share of the interest held was $2,000 or more during the reporting period. Attach additional schedules or use FPPC's Form 700 Excel spreadsheet if needed.

- Check the applicable box identifying the interest held as real property or an investment.
- If investment, provide the name and description of the business entity.
- If real property, report the precise location (e.g., an assessor's parcel number or address).
- Check the box indicating the highest fair market value of your interest in the real property or investment during the reporting period. (Report the fair market value of the portion of your residence claimed as a tax deduction if you are utilizing your residence for business purposes.)
- Identify the nature of your interest.
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property or investment during the reporting period.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/21 ACQUIRED __/__/21 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- ☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: _____

Print **Clear**

Instructions – Schedule B
Interests in Real Property

Report interests in real property located in your agency's jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling $2,000 or more any time during the reporting period. Real property is also considered to be "within the jurisdiction" of a local government agency if the property or any part of it is located within two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the local government agency. (See Reference Pamphlet, page 13.)

Interests in real property include:

- An ownership interest (including a beneficial ownership interest)
- A deed of trust, easement, or option to acquire property
- A leasehold interest (See Reference Pamphlet, page 14.)
- A mining lease
- An interest in real property held in a retirement account (See Reference Pamphlet, page 15.)
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater ownership interest (Report on Schedule A-2.)
- Your spouse's or registered domestic partner's interests in real property that are legally held separately by him or her

You are <u>not</u> required to report:

- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Some interests in real property held through a blind trust (See Reference Pamphlet, page 16.)
    - **Please note:** A non-reportable property can still be grounds for a conflict of interest and may be disqualifying.

To Complete Schedule B:

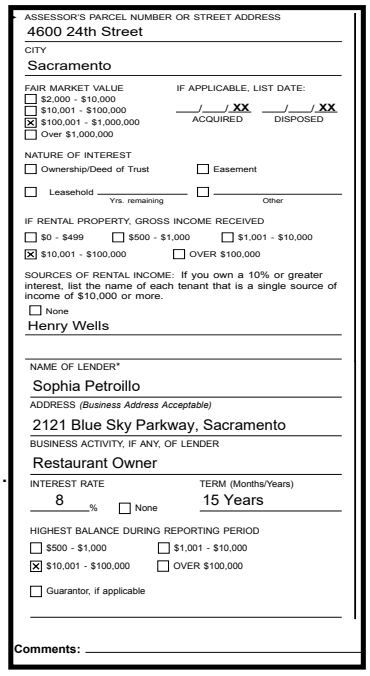
- Report the precise location (e.g., an assessor's parcel number or address) of the real property.
- Check the box indicating the fair market value of your interest in the property (regardless of what you owe on the property).
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property during the reporting period.
- Identify the nature of your interest. If it is a leasehold, disclose the number of years remaining on the lease.
- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your pro rata share of the gross income from any single tenant was $10,000 or more during the reporting period. If you received a total of $10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total $500 or more and are secured by real property may be reportable. **Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.**

  When reporting a loan:
    - Provide the name and address of the lender.
    - Describe the lender's business activity.
    - Disclose the interest rate and term of the loan. For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period. The term of a loan is the total number of months or years given for repayment of the loan at the time the loan was established.
    - Check the box indicating the highest balance of the loan during the reporting period.
    - Identify a guarantor, if applicable.

If you have more than one reportable loan on a single piece of real property, report the additional loan(s) on Schedule C.

Example:

Allison Gande is a city planning commissioner. During the reporting period, she received rental income of $12,000, from a single tenant who rented property she owned in the city's jurisdiction. If Allison received $6,000 each from two tenants, the tenants' names would not be required because no single tenant paid her $10,000 or more. A married couple is considered a single tenant.


ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4600 24th Street
CITY
Sacramento
FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000
IF APPLICABLE, LIST DATE:
___/___/XX ACQUIRED
___/___/XX DISPOSED
NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____ Yrs. remaining ☐ ____ Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
Henry Wells
NAME OF LENDER*
Sophia Petroillo
ADDRESS (Business Address Acceptable)
2121 Blue Sky Parkway, Sacramento
BUSINESS ACTIVITY, IF ANY, OF LENDER
Restaurant Owner
INTEREST RATE
8 %
☐ None
TERM (Months/Years)
15 Years
HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000
☐ Guarantor, if applicable
Comments:

Reminders

- Income and loans already reported on Schedule B are not also required to be reported on Schedule C.
- Real property already reported on Schedule A-2, Part 4 is not also required to be reported on Schedule B.
- Code filers – do your disclosure categories require disclosure of real property?

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____ *(Real property, car, boat, etc.)*

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____ *(Real property, car, boat, etc.)*

☐ Loan repayment

☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*

_____ *(Describe)*

☐ Other _____ *(Describe)*

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

_____

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____ *Street address*

_____ *City*

☐ Guarantor _____

☐ Other _____ *(Describe)*

Comments: _____

Print **Clear**

Instructions – Schedule C
Income, Loans, & Business Positions
(Income Other Than Gifts and Travel Payments)

Reporting Income:
Report the source and amount of gross income of $500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was $500 or more during the reporting period.

The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency's conflict of interest code.

Reporting Business Positions:
You must report your job title with each reportable business entity even if you received no income during the reporting period. Use the comments section to indicate that no income was received.

Commonly reportable income and loans include:
- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse's or registered domestic partner's income - **report the employer's name and all other required information**
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10.)
- Incentive compensation (See Reference Pamphlet, page 12.)

Reminders
- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.

You are <u>not</u> required to report:
- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- Income from a PERS retirement account.

(See Reference Pamphlet, page 12.)

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure
- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of $10,000 or more. (See Reference Pamphlet, page 8.) **Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.**
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

Part 2. Loans Received or Outstanding During the Reporting Period
- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
  - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
  - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$_____	_____
____/____/____	$_____	_____
____/____/____	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$_____	_____
____/____/____	$_____	_____
____/____/____	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$_____	_____
____/____/____	$_____	_____
____/____/____	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$_____	_____
____/____/____	$_____	_____
____/____/____	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$_____	_____
____/____/____	$_____	_____
____/____/____	$_____	_____

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	$_____	_____
____/____/____	$_____	_____
____/____/____	$_____	_____

Comments: _____

Print Clear

Instructions – Schedule D
Income – Gifts

A gift is anything of value for which you have not provided equal or greater consideration to the donor. A gift is reportable if its fair market value is $50 or more. In addition, multiple gifts totaling $50 or more received during the reporting period from a single source must be reported.

It is the acceptance of a gift, not the ultimate use to which it is put, that imposes your reporting obligation. Except as noted below, you must report a gift even if you never used it or if you gave it away to another person.

If the exact amount of a gift is unknown, you must make a good faith estimate of the item's fair market value. Listing the value of a gift as "over $50" or "value unknown" is not adequate disclosure. In addition, if you received a gift through an intermediary, you must disclose the name, address, and business activity of both the donor and the intermediary. You may indicate an intermediary either in the "source" field after the name or in the "comments" section at the bottom of Schedule D.

Commonly reportable gifts include:

- Tickets/passes to sporting or entertainment events
- Tickets/passes to amusement parks
- Parking passes not used for official agency business
- Food, beverages, and accommodations, including those provided in direct connection with your attendance at a convention, conference, meeting, social event, meal, or like gathering
- Rebates/discounts not made in the regular course of business to members of the public without regard to official status
- Wedding gifts (See Reference Pamphlet, page 16)
- An honorarium received prior to assuming office (You may report an honorarium as income on Schedule C, rather than as a gift on Schedule D, if you provided services of equal or greater value than the payment received. See Reference Pamphlet, page 10.)
- Transportation and lodging (See Schedule E.)
- Forgiveness of a loan received by you

Reminders

- Gifts from a single source are subject to a $520 limit in 2021. (See Reference Pamphlet, page 10.)
- Code filers – you only need to report gifts from reportable sources.

Gift Tracking Mobile Application

- FPPC has created a gift tracking app for mobile devices that helps filers track gifts and provides a quick and easy way to upload the information to the Form 700. Visit FPPC's website to download the app.

You are <u>not</u> required to disclose:

- Gifts that were not used and that, within 30 days after receipt, were returned to the donor or delivered to a charitable organization or government agency without being claimed by you as a charitable contribution for tax purposes
- Gifts from your spouse or registered domestic partner, child, parent, grandparent, grandchild, brother, sister, and certain other family members (See Regulation 18942 for a complete list.). The exception does not apply if the donor was acting as an agent or intermediary for a reportable source who was the true donor.
- Gifts of similar value exchanged between you and an individual, other than a lobbyist registered to lobby your state agency, on holidays, birthdays, or similar occasions
- Gifts of informational material provided to assist you in the performance of your official duties (e.g., books, pamphlets, reports, calendars, periodicals, or educational seminars)
- A monetary bequest or inheritance (However, inherited investments or real property may be reportable on other schedules.)
- Personalized plaques or trophies with an individual value of less than $250
- Campaign contributions
- Up to two tickets, for your own use, to attend a fundraiser for a campaign committee or candidate, or to a fundraiser for an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. The ticket must be received from the organization or committee holding the fundraiser.
- Gifts given to members of your immediate family if the source has an established relationship with the family member and there is no evidence to suggest the donor had a purpose to influence you. (See Regulation 18943.)
- Free admission, food, and nominal items (such as a pen, pencil, mouse pad, note pad or similar item) available to all attendees, at the event at which the official makes a speech (as defined in Regulation 18950(b)(2)), so long as the admission is provided by the person who organizes the event.
- Any other payment not identified above, that would otherwise meet the definition of gift, where the payment is made by an individual who is not a lobbyist registered to lobby the official's state agency, where it is clear that the gift was made because of an existing personal or business relationship unrelated to the official's position and there is no evidence whatsoever at the time the gift is made to suggest the donor had a purpose to influence you.

To Complete Schedule D:

- Disclose the full name (not an acronym), address, and, if a business entity, the business activity of the source.
- Provide the date (month, day, and year) of receipt, and disclose the fair market value and description of the gift.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: $ _____
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

Print **Clear**

Instructions – Schedule E
Travel Payments, Advances, and Reimbursements

Travel payments reportable on Schedule E include advances and reimbursements for travel and related expenses, including lodging and meals.

Gifts of travel may be subject to the gift limit. In addition, certain travel payments are reportable gifts, but are not subject to the gift limit. To avoid possible misinterpretation or the perception that you have received a gift in excess of the gift limit, you may wish to provide a specific description of the purpose of your travel. (See the FPPC fact sheet entitled "Limitations and Restrictions on Gifts, Honoraria, Travel, and Loans" to read about travel payments under section 89506(a).)

You are <u>not</u> required to disclose:

- Travel payments received from any state, local, or federal government agency for which you provided services equal or greater in value than the payments received, such as reimbursement for travel on agency business from your government agency employer.
- A payment for travel from another local, state, or federal government agency and related per diem expenses when the travel is for education, training or other inter-agency programs or purposes.
- Travel payments received from your employer in the normal course of your employment that are included in the income reported on Schedule C.
- A travel payment that was received from a nonprofit entity exempt from taxation under Internal Revenue Code Section 501(c)(3) for which you provided equal or greater consideration, such as reimbursement for travel on business for a 501(c)(3) organization for which you are a board member.

  Note: Certain travel payments may not be reportable if reported via email on Form 801 by your agency.

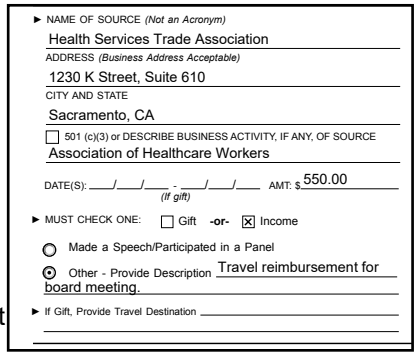
To Complete Schedule E:

- Disclose the full name (not an acronym) and address of the source of the travel payment.
- Identify the business activity if the source is a business entity.
- Check the box to identify the payment as a gift or income, report the amount, and disclose the date(s).
  - **Travel payments are gifts** if you did not provide services that were equal to or greater in value than the payments received. You must disclose gifts totaling $50 or more from a single source during the period covered by the statement.

    When reporting travel payments that are gifts, you must provide a description of the gift, the **date(s)** received, and the **travel destination.**
  - **Travel payments are income** if you provided services that were equal to or greater in value than the payments received. You must disclose income totaling $500 or more from a single source during the period covered by the statement. You have the burden of proving the payments are income rather than gifts. When reporting travel payments as income, you must describe the services you provided in exchange for the payment. You are not required to disclose the date(s) for travel payments that are income.

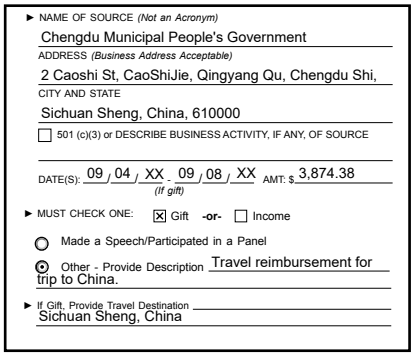
Example:

City council member MaryClaire Chandler is the chair of a 501(c)(6) trade association, and the association pays for her travel to attend its meetings. Because MaryClaire is deemed to be providing equal or greater consideration for the travel payment by virtue of serving on the board, this payment may be reported as income. Payments for MaryClaire to attend other events for which she is not providing services are likely considered gifts. Note that the same payment from a 501(c)(3) would NOT be reportable.


► NAME OF SOURCE *(Not an Acronym)*
Health Services Trade Association
ADDRESS *(Business Address Acceptable)*
1230 K Street, Suite 610
CITY AND STATE
Sacramento, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association of Healthcare Workers
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $ 550.00
► MUST CHECK ONE: ☐ Gift -or- ☒ Income
○ Made a Speech/Participated in a Panel
⊙ Other - Provide Description Travel reimbursement for board meeting.
► If Gift, Provide Travel Destination

Example:

Mayor Kim travels to China on a trip organized by China Silicon Valley Business Development, a California nonprofit, 501(c)(6) organization. The Chengdu Municipal People's Government pays for Mayor Kim's airfare and travel costs, as well as his meals and lodging during the trip. The trip's agenda shows that the trip's purpose is to promote job creation and economic activity in China and in Silicon Valley, so the trip is reasonably related to a governmental purpose. Thus, Mayor Kim must report the gift of travel, but the gift is exempt from the gift limit. In this case, the travel payments are not subject to the gift limit because the source is a foreign government and because the travel is reasonably related to a governmental purpose. (Section 89506(a)(2).) Note that Mayor Kim could be disqualified from participating in or making decisions about The Chengdu Municipal People's Government for 12 months. Also note that if China Silicon Valley Business Development (a 501(c)(6) organization) paid for the travel costs rather than the governmental organization, the payments would be subject to the gift limits. (See the FPPC fact sheet, Limitations and Restrictions on Gifts, Honoraria, Travel and Loans, at www.fppc.ca.gov.)


► NAME OF SOURCE *(Not an Acronym)*
Chengdu Municipal People's Government
ADDRESS *(Business Address Acceptable)*
2 Caoshi St, CaoShiJie, Qingyang Qu, Chengdu Shi,
CITY AND STATE
Sichuan Sheng, China, 610000
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 04 / XX - 09 / 08 / XX *(If gift)* AMT: $ 3,874.38
► MUST CHECK ONE: ☒ Gift -or- ☐ Income
○ Made a Speech/Participated in a Panel
⊙ Other - Provide Description Travel reimbursement for trip to China.
► If Gift, Provide Travel Destination Sichuan Sheng, China

Restrictions and Prohibitions

The Political Reform Act (Gov. Code Sections 81000-91014) requires most state and local government officials and employees to publicly disclose their economic interests including personal assets and income. The Act's conflict of interest provisions also disqualify a public official from taking part in a governmental decision if it is reasonably foreseeable that the decision will have a material financial effect on these economic interests as well as the official's personal finances and those of immediate family. (Gov. Code Sections 87100 and 87103.) The Fair Political Practices Commission (FPPC) is the state agency responsible for issuing the attached Statement of Economic Interests, Form 700, and for interpreting the Act's provisions.

Gift Prohibition

Gifts received by most state and local officials, employees, and candidates are subject to a limit. In 2021-2022, the gift limit increased to $520 from a single source during a calendar year. In 2019 and 2020, the gift limit was $500 from a single source during a calendar year.

Additionally, state officials, state candidates, and certain state employees are subject to a $10 limit per calendar month on gifts from lobbyists and lobbying firms registered with the Secretary of State. See Reference Pamphlet, page 10.

State and local officials and employees should check with their agency to determine if other restrictions apply.

Disqualification

Public officials are, under certain circumstances, required to disqualify themselves from making, participating in, or attempting to influence governmental decisions that will affect their economic interests. This may include interests they are not required to disclose. For example, a personal residence is often not reportable, but may be grounds for disqualification. Specific disqualification requirements apply to 87200 filers (e.g., city councilmembers, members of boards of supervisors, planning commissioners, etc.). These officials must publicly identify the economic interest that creates a conflict of interest and leave the room before a discussion or vote takes place at a public meeting. For more information, consult Government Code Section 87105, Regulation 18707, and the Guide to Recognizing Conflicts of Interest page at *www.fppc.ca.gov.*

Honorarium Ban

Most state and local officials, employees, and candidates are prohibited from accepting an honorarium for any speech given, article published, or attendance at a conference, convention, meeting, or like gathering. (See Reference Pamphlet, page 10.)

Loan Restrictions

Certain state and local officials are subject to restrictions on loans. (See Reference Pamphlet, page 14.)

Post-Governmental Employment

There are restrictions on representing clients or employers before former agencies. The provisions apply to elected state officials, most state employees, local elected officials, county chief administrative officers, city managers, including the chief administrator of a city, and general managers or chief administrators of local special districts and JPAs. The FPPC website has fact sheets explaining the provisions.

Late Filing

The filing officer who retains originally-signed or electronically filed statements of economic interests may impose on an individual a fine for any statement that is filed late. The fine is $10 per day up to a maximum of $100. Late filing penalties may be reduced or waived under certain circumstances.

Persons who fail to timely file their Form 700 may be referred to the FPPC's Enforcement Division (and, in some cases, to the Attorney General or district attorney) for investigation and possible prosecution. In addition to the late filing penalties, a fine of up to $5,000 per violation may be imposed.

For assistance concerning reporting, prohibitions, and restrictions under the Act:

- Email questions to advice@fppc.ca.gov.
- Call the FPPC toll-free at (866) 275-3772.

Form 700 is a Public Document Public Access Must Be Provided

Statements of Economic Interests are public documents. The filing officer must permit any member of the public to inspect and receive a copy of any statement.

- Statements must be available as soon as possible during the agency's regular business hours, but in any event not later than the second business day after the statement is received. Access to the Form 700 is not subject to the Public Records Act procedures.
- No conditions may be placed on persons seeking access to the forms.
- No information or identification may be required from persons seeking access.
- Reproduction fees of no more than 10 cents per page may be charged.

Questions and Answers

General

Q. What is the reporting period for disclosing interests on an assuming office statement or a candidate statement?

A. On an assuming office statement, disclose all reportable investments, interests in real property, and business positions held on the date you assumed office. In addition, you must disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you assumed office.

On a candidate statement, disclose all reportable investments, interests in real property, and business positions held on the date you file your declaration of candidacy. You must also disclose income (including loans, gifts and travel payments) received during the 12 months prior to the date you file your declaration of candidacy.

Q. I hold two other board positions in addition to my position with the county. Must I file three statements of economic interests?

A. Yes, three are required. However, you may instead complete an expanded statement listing the county and the two boards on the Cover Page or an attachment as the agencies for which you will be filing. Disclose all reportable economic interests in all three jurisdictions on the expanded statement. File the expanded statement for your primary position providing an original "wet" signature unless filed with a secure electronic signature. (See page 3 above.) File copies of the expanded statement with the other two agencies as required by Regulation 18723.1(c). Remember to complete separate statements for positions that you leave or assume during the year.

Q. I am a department head who recently began acting as city manager. Should I file as the city manager?

A. Yes. File an assuming office statement as city manager. Persons serving as "acting," "interim," or "alternate" must file as if they hold the position because they are or may be performing the duties of the position.

Q. My spouse and I are currently separated and in the process of obtaining a divorce. Must I still report my spouse's income, investments, and interests in real property?

A. Yes. A public official must continue to report a spouse's economic interests until such time as dissolution of marriage proceedings is final. However, if a separate property agreement has been reached prior to that time, your estranged spouse's income may not have to be reported. Contact the FPPC for more information.

Q. As a designated employee, I left one state agency to work for another state agency. Must I file a leaving office statement?

A. Yes. You may also need to file an assuming office statement for the new agency.

Investment Disclosure

Q. I have an investment interest in shares of stock in a company that does not have an office in my jurisdiction. Must I still disclose my investment interest in this company?

A. Probably. The definition of "doing business in the jurisdiction" is not limited to whether the business has an office or physical location in your jurisdiction. (See Reference Pamphlet, page 13.)

Q. My spouse and I have a living trust. The trust holds rental property in my jurisdiction, our primary residence, and investments in diversified mutual funds. I have full disclosure. How is this trust disclosed?

A. Disclose the name of the trust, the rental property and its income on Schedule A-2. Your primary residence and investments in diversified mutual funds registered with the SEC are not reportable.

Q. I am required to report all investments. I have an IRA that contains stocks through an account managed by a brokerage firm. Must I disclose these stocks even though they are held in an IRA and I did not decide which stocks to purchase?

A. Yes. Disclose on Schedule A-1 or A-2 any stock worth $2,000 or more in a business entity located in or doing business in your jurisdiction.

Q. The value of my stock changed during the reporting period. How do I report the value of the stock?

A. You are required to report the highest value that the stock reached during the reporting period. You may use your monthly statements to determine the highest value. You may also use the entity's website to determine the highest value. You are encouraged to keep a record of where you found the reported value. Note that for an assuming office statement, you must report the value of the stock on the date you assumed office.

Q. I am the sole owner of my business, an S-Corporation. I believe that the nature of the business is such that it cannot be said to have any "fair market value" because it has no assets. I operate the corporation under an agreement with a large insurance company. My contract does not have resale value because of its nature as a personal services contract. Must I report the fair market value for my business on Schedule A-2 of the Form 700?

A. Yes. Even if there are no *tangible* assets, intangible assets, such as relationships with companies and clients are commonly sold to qualified professionals. The "fair market value" is often quantified for other purposes, such as marital dissolutions or estate planning. In addition, the IRS presumes that "personal services corporations" have a fair market value. A professional "book of business" and the associated goodwill that generates income are not without a determinable value. The Form 700 does not require a precise fair market value; it is only necessary to check a box indicating the broad range within which the value falls.

Q. I own stock in IBM and must report this investment on Schedule A-1. I initially purchased this stock in the early 1990s; however, I am constantly buying and selling shares. Must I note these dates in the "Acquired" and "Disposed" fields?

A. No. You must only report dates in the "Acquired" or "Disposed" fields when, during the reporting period, you initially purchase a reportable investment worth $2,000 or more or when you dispose of the entire investment. You are not required to track the partial trading of an investment.

Q. On last year's filing I reported stock in Encoe valued at $2,000 - $10,000. Late last year the value of this stock fell below and remains at less than $2,000. How should this be reported on this year's statement?

A. You are not required to report an investment if the value was less than $2,000 during the **entire** reporting period. However, because a disposed date is not required for stocks that fall below $2,000, you may want to report the stock and note in the "comments" section that the value fell below $2,000. This would be for informational purposes only; it is not a requirement.

Q. We have a Section 529 account set up to save money for our son's college education. Is this reportable?

A. If the Section 529 account contains reportable interests (e.g., common stock valued at $2,000 or more), those interests are reportable (not the actual Section 529 account). If the account contains solely mutual funds, then nothing is reported.

Income Disclosure

Q. I reported a business entity on Schedule A-2. Clients of my business are located in several states. Must I report all clients from whom my pro rata share of income is $10,000 or more on Schedule A-2, Part 3?

A. No, only the clients located in or doing business on a regular basis in your jurisdiction must be disclosed.

Q. I believe I am not required to disclose the names of clients from whom my pro rata share of income is $10,000 or more on Schedule A-2 because of their right to privacy. Is there an exception for reporting clients' names?

A. Regulation 18740 provides a procedure for requesting an exemption to allow a client's name not to be disclosed if disclosure of the name would violate a legally recognized privilege under California or Federal law. This regulation may be obtained from our website at *www.fppc.ca.gov. (*See Reference Pamphlet, page 14.)

Q. I am sole owner of a private law practice that is not reportable based on my limited disclosure category. However, some of the sources of income to my law practice are from reportable sources. Do I have to disclose this income?

A. Yes, even though the law practice is not reportable, reportable sources of income to the law practice of $10,000 or more must be disclosed. This information would be disclosed on Schedule C with a note in the "comments" section indicating that the business entity is not a reportable investment. The note would be for informational purposes only; it is not a requirement.

Q. I am the sole owner of my business. Where do I disclose my income - on Schedule A-2 or Schedule C?

A. Sources of income to a business in which you have an ownership interest of 10% or greater are disclosed on Schedule A-2. (See Reference Pamphlet, page 8.)

Q. My husband is a partner in a four-person firm where all of his business is based on his own billings and collections from various clients. How do I report my community property interest in this business and the income generated in this manner?

A. If your husband's investment in the firm is 10% or greater, disclose 100% of his share of the business on Schedule A-2, Part 1 and 50% of his income on Schedule A-2, Parts 2 and 3. For example, a client of your husband's must be a source of at least $20,000 during the reporting period before the client's name is reported.

Q. How do I disclose my spouse's or registered domestic partner's salary?

A. Report the name of the employer as a source of income on Schedule C.

Q. I am a doctor. For purposes of reporting $10,000 sources of income on Schedule A-2, Part 3, are the patients or their insurance carriers considered sources of income?

A. If your patients exercise sufficient control by selecting you instead of other doctors, then your patients, rather than their insurance carriers, are sources of income to you. (See Reference Pamphlet, page 14.)

Q. I received a loan from my grandfather to purchase my home. Is this loan reportable?

A. No. Loans received from family members are not reportable.

Q. Many years ago, I loaned my parents several thousand dollars, which they paid back this year. Do I need to report this loan repayment on my Form 700?

A. No. Payments received on a loan made to a family member are not reportable.

Real Property Disclosure

Q. During this reporting period we switched our principal place of residence into a rental. I have full disclosure and the property is located in my agency's jurisdiction, so it is now reportable. Because I have not reported this property before, do I need to show an "acquired" date?

A. No, you are not required to show an "acquired" date because you previously owned the property. However, you may want to note in the "comments" section that the property was not previously reported because it was used exclusively as your residence. This would be for informational purposes only; it is not a requirement.

Q. I am a city manager, and I own a rental property located in an adjacent city, but one mile from the city limit. Do I need to report this property interest?

A. Yes. You are required to report this property because it is located within 2 miles of the boundaries of the city you manage.

Q. Must I report a home that I own as a personal residence for my daughter?

A. You are not required to disclose a home used as a personal residence for a family member unless you receive income from it, such as rental income.

Q. I am a co-signer on a loan for a rental property owned by a friend. Since I am listed on the deed of trust, do I need to report my friend's property as an interest in real property on my Form 700?

A. No. Simply being a co-signer on a loan for property does not create a reportable interest in that real property.

Gift Disclosure

Q. If I received a reportable gift of two tickets to a concert valued at $100 each, but gave the tickets to a friend because I could not attend the concert, do I have any reporting obligations?

A. Yes. Since you accepted the gift and exercised discretion and control of the use of the tickets, you must disclose the gift on Schedule D.

Q. Julia and Jared Benson, a married couple, want to give a piece of artwork to a county supervisor. Is each spouse considered a separate source for purposes of the gift limit and disclosure?

A. Yes, each spouse may make a gift valued at the gift limit during a calendar year. For example, during 2021 the gift limit was $520, so the Bensons may have given the supervisor artwork valued at no more than $1,040. The supervisor must identify Jared and Julia Benson as the sources of the gift.

Q. I am a Form 700 filer with full disclosure. Our agency holds a holiday raffle to raise funds for a local charity. I bought $10 worth of raffle tickets and won a gift basket valued at $120. The gift basket was donated by Doug Brewer, a citizen in our city. At the same event, I bought raffle tickets for, and won a quilt valued at $70. The quilt was donated by a coworker. Are these reportable gifts?

A. Because the gift basket was donated by an outside source (not an agency employee), you have received a reportable gift valued at $110 (the value of the basket less the consideration paid). The source of the gift is Doug Brewer and the agency is disclosed as the intermediary. Because the quilt was donated by an employee of your agency, it is not a reportable gift.

Q. My agency is responsible for disbursing grants. An applicant (501(c)(3) organization) met with agency employees to present its application. At this meeting, the applicant provided food and beverages. Would the food and beverages be considered gifts to the employees? These employees are designated in our agency's conflict of interest code and the applicant is a reportable source of income under the code.

A. Yes. If the value of the food and beverages consumed by any one filer, plus any other gifts received from the same source during the reporting period total $50 or more, the food and beverages would be reported using the fair market value and would be subject to the gift limit.

Q. I received free admission to an educational conference related to my official duties. Part of the conference fees included a round of golf. Is the value of the golf considered informational material?

A. No. The value of personal benefits, such as golf, attendance at a concert, or sporting event, are gifts subject to reporting and limits.

RALPH M. BROWN ACT (as of January 1, 2016)

GOVERNMENT CODE – SECTIONS 54950-54963

INTENT

54950. In enacting this chapter, the Legislature finds and declares that the public commissions, boards and councils and the other public agencies in this State exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly.

The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

(Added by Stats. 1953, Ch. 1588.)

TITLE

54950.5. This chapter shall be known as the Ralph M. Brown Act.

(Added by Stats. 1961, Ch.115.)

LOCAL AGENCY DEFINITION

54951. As used in this chapter, "local agency" means a county, city, whether general law or chartered, city and county, town, school district, municipal corporation, district, political subdivision, or any board, commission or agency thereof, or other local public agency.

(Amended by Stats. 1959, Ch.1417.)

LEGISLATIVE BODY DEFINITION

54952. As used in this chapter, "legislative body" means:

(a)The governing body of a local agency or any other local body created by state or federal statute.

(b) A commission, committee, board, or other body of a local agency, whether permanent or temporary, decisionmaking or advisory, created by charter, ordinance, resolution, or formal action of a legislative body. However, advisory committees, composed solely of the members of the legislative body that are less than a quorum of the legislative body are not legislative bodies, except that standing committees of a legislative body, irrespective of their composition, which have a continuing subject matter jurisdiction, or a meeting schedule fixed by charter, ordinance, resolution, or formal action of a legislative body are legislative bodies for purposes of this chapter.

(c)(1) A board, commission, committee, or other multimember body that governs a private corporation, limited liability company, or other entity that either:

INCLUDES BOARDS OF CERTAIN PRIVATE CORPORATIONS

(A) Is created by the elected legislative body in order to exercise authority that may lawfully be delegated by the elected governing body to a private corporation, limited liability company, or other entity.

(B) Receives funds from a local agency and the membership of whose governing body includes a member of the legislative body of the local agency appointed to that governing body as a full voting member by the legislative body of the local agency.

(2) Notwithstanding subparagraph (B) of paragraph (1), no board, commission, committee, or other multimember body that governs a private corporation, limited liability company, or other entity that receives funds from a local agency and, as of February 9, 1996, has a member of the legislative body of the local agency as a full voting member of the governing body of that private corporation, limited liability company, or other entity shall be relieved from the public meeting requirements of this chapter by virtue of a change in status of the full voting member to a nonvoting member.

INCLUDES HOSPITAL LESSEES

(d) The lessee of any hospital the whole or part of which is first leased pursuant to subdivision (p) of Section 32121 of the Health and Safety Code after January 1, 1994, where the lessee exercises any material authority of a legislative body of a local agency delegated to it by that legislative body whether the lessee is organized and operated by the local agency or by a delegated authority.

(Amended by Stats. 2002, Ch. 1073, Sec. 2. Effective January 1, 2003.)

NEWLY ELECTED MEMBERS COVERED

54952.1 Any person elected to serve as a member of a legislative body who has not yet assumed the duties of office shall conform his or her conduct to the requirement of this chapter and shall be treated for purpose of enforcement of this chapter as if he or she has already assumed office.

(Amended by Stats. 1994, Ch 32, Sec. 2. Effective March 30, 1994. Operative April 1, 1994, by Sec. 23 of Ch.32.)

"MEETINGS" DEFINED

54952.2. (a) As used in this chapter, "meeting" means any congregation of a majority of the members of a legislative body at the same time and location, including teleconference location as permitted by Section 54953, to hear, discuss, deliberate, or take action on any item that is within the subject matter jurisdiction of the legislative body.

SERIAL MEETINGS PROHIBITED

(b) (1) A majority of the members of a legislative body shall not, outside a meeting authorized by this chapter, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.

INDIVIDUAL BRIEFINGS PERMITTED

(2) Paragraph (1) shall not be construed as preventing an employee or official of a local agency, from engaging in separate conversations or communications outside of a meeting authorized by this chapter with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency, if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body.

(c) Nothing in this section shall impose the requirements of this chapter upon any of the following:

ACT INAPPLICABLE TO:
(1) INDIVIDUAL CONTACTS

(1)Individual contacts or conversations between a member of a legislative body and any other person that do not violate subdivision (b).

(2) CONFERENCES

(2)The attendance of a majority of the members of a legislative body at a conference or similar gathering open to the public that involves a discussion of issues of general interest to the public or to public agencies of the type represented by the legislative body, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specified nature that is within the subject matter jurisdiction of the local agency. Nothing in this paragraph is intended to allow members of the public free admission to a conference or similar gathering at which the organizers have required other participants or registrants to pay fees or charges as a condition of attendance

(3) COMMUINITY MEETINGS

(3)The attendance of a majority of the members of a legislative body at an open and publicized meeting organized to address a topic of local community concern by a person or organization other than the local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(4) ATTENDANCE AT MEETINGS OF ANOTHER BODY OF AGENCY

(4)The attendance of a majority of the members of a legislative body at an open and noticed meeting of another body of the local agency, or at an open and noticed meeting of a legislative body of another local agency, provided that a majority of the members do not discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within the subject matter jurisdiction of the legislative

body of the local agency.

(5) SOCIAL OR CEREMONIAL EVENTS

(5)The attendance of a majority of the members of a legislative body at purely social or ceremonial occasion, provided that a majority of the members do not discuss among themselves business of a specific nature that is within the subject matter jurisdiction of the legislative body of the local agency.

(6) MEETINGS OF "STANDING" COMMITTEES

(6) The attendance of a majority of the members of a legislative body at an open and noticed meeting of a standing committee of that body, provided that the members of the legislative body who are not members of the standing committee attend only as observers.

(Amended by Stats. 2008, Ch. 63, Sec. 3 Effective January 1, 2009.)

ANNOUNCEMENT OF OTHER MEETING COMPENSATION

54952.3. (a) A legislative body that has convened a meeting and whose membership constitutes a quorum of any other legislative body may convene a meeting of that other legislative body, simultaneously or in serial order, only if a clerk or a member of the convened legislative body verbally announces, prior to convening any simultaneous or serial order meeting of that subsequent legislative body, the amount of compensation or stipend, if any, that each member will be entitled to receive as a result of convening the simultaneous or serial meeting of the subsequent legislative body and identifies that the compensation or stipend shall be provided as a result of convening a meeting for which each member is entitled to collect compensation or a stipend. However, the clerk or member of the legislative body shall not be required to announce the amount of compensation if the amount of compensation is prescribed in statute and no additional compensation has been authorized by a local agency.

(b) For purposes of this section, compensation and stipend shall not include amounts reimbursed for actual and necessary expenses incurred by a member in the performance of the member's official duties, including, but not limited to, reimbursement of expenses relating to travel, meals, and lodging.

(Added by Stats. 2011, Ch. 91, Sec. 1. Effective January 1, 2012.)

DEFINITION OF "ACTION TAKEN"

54952.6. As used in this chapter, "action taken" means a collective decision made by a majority of the members of a legislative body, a collective commitment or promise by a majority of the members of a legislative body to make a positive or a negative decision, or an actual vote by a majority of the members of a legislative body when sitting as a body or entity, upon a motion, proposal, resolution, order or ordinance.

(Added by Stats. 1961, Ch. 1671.)

COPIES OF THE ACT TO OFFICIALS

54952.7. A legislative body of a local agency may require that a copy of this chapter be given to each member of the legislative body and any person elected to serve as a member of the legislative body who has not assumed the duties of office. An elected legislative body of a local agency may require that a copy of this chapter be given to each member of each legislative body all or a majority of whose members are appointed by or under the authority of the elected legislative body.

(Amended by Stats. 1993, Ch. 1138, Sec. 7. Effective January 1, 1994. Operative April 1, 1994, by Sec. 12 of Ch. 1138.)

ALL MEETINGS MUST BE OPEN AND PUBLIC

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.

TELECONFERENCING

(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.

NO SECRET BALLOTS

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

ALL VOTES SHALL BE PUBLICLY REPORTED

(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.

HEALTH AUTHORITIES

(d)(1) Notwithstanding the provisions relating to a quorum in paragraph (3) of subdivision (b), when 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 that 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.

(4) This subdivision shall remain in effect only until January 1, 2018.

(Amended by Stats. 2013, Ch. 257, Sec. 1. Effective January 1, 2014)

EXCEPTION FOR GRAND JURY

54953.1. The provisions of this chapter shall not be construed to prohibit the members of the legislative body of a local agency from giving testimony

TESTIMONY

in private before a grand jury, either as individuals or as a body.

(Added by Stats.1979, Ch. 950.)

ADA COMPLIANCE REQUIRED

54953.2. All meetings of a legislative body of a local agency that are open and public shall meet the protections and prohibitions contained in 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.

(Added by Stats. 2002, Ch. 300, Sec. 5. Effective January 1, 2003.)

PUBLIC CANNOT BE REQUIRED TO REGISTER TO ATTEND MEETING

54953.3. A member of the public shall not be required, as a condition to attendance at a meeting of a legislative body of a local agency, to register his or her name, to provide other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.

If an attendance list, register, questionnaire, or other similar document is posted at or near the entrance to the room where the meeting is to be held, or is circulated to the persons present during the meeting, it shall state clearly that the signing, registering, or completion of the document is voluntary, and that all persons may attend the meeting regardless of whether a person signs, registers, or completes the document.

(Amended by Stats. 1981, Ch. 968, Sec. 28.)

PUBLIC MAY TAPE MEETINGS

54953.5. (a) Any person attending an open and public meeting of a legislative body of a local agency shall have the right to record the proceedings with an audio or video recorder or a still or motion picture camera in the absence of a reasonable finding by the legislative body of the local agency that the recording cannot continue without noise, illumination, or obstruction of view that constitutes, or would constitute, a persistent disruption of the proceedings.

AGENCY RECORDINGS OF MEETINGS ARE PUBLIC RECORDS

(b) Any audio or video recording of an open and public meeting made for whatever purpose by or at the direction of the local agency shall be subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), but, notwithstanding Section 34090, may be erased or destroyed 30 days after the recording. Any inspection of an audio or video recording shall be provided without charge on equipment made available by the local agency.

(Amended by Stats. 2009, Ch. 88, Sec. 57. Effective January 1, 2010.)

BROADCAST OF PUBLIC MEETINGS

54953.6. No legislative body of a local agency shall prohibit or otherwise restrict the broadcast of its open and public meetings in the absence of a reasonable finding that the broadcast cannot be accomplished without noise, illumination, or obstruction of view that would constitute a persistent disruption of the proceedings.

(Amended by Stats. 1994, Ch. 32, Sec. 6. Effective March 30,1994. Operative April 1, 1994, by Sec23 of Ch. 32.)

AGENCIES MAY ALLOW GREATER ACCESS

54953.7. Notwithstanding any other provision of law, legislative bodies of local agencies may impose requirements upon themselves which allow greater access to their meetings than prescribed by the minimal standards set forth in this chapter. In addition thereto, an elected legislative body of a local agency may impose such requirements on those appointed legislative bodies of the local agency of which all or a majority of the members are appointed by or under the authority of the elected legislative body.

(Added by Stats. 1981, Ch. 968, Sec. 29.)

REGLUAR MEETINGS SET BY ORDINANCE OR RESOLUTION

54954. (a) Each legislative body of a local agency, except for advisory committees or standing committees, shall provide, by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body, the time and place for holding regular meetings. Meetings of advisory committees or standing committees, for which an agenda is posted at least 72 hours in advance of the meeting pursuant to subdivision (a) of Section 54954.2 shall be considered for purposes of this chapter a regular meetings of the legislative body.

MEETINGS MUST BE WITHIN AGENCY'S TERRITORY

(b) Regular and special meetings of the legislative body shall be held within the boundaries of the territory over which the local agency exercises jurisdiction, except to do any of the following:

WHEN EXTRA TERRITORIAL MEETINGS ALLOWED

(1)Comply with state or federal law or court order, or attend a judicial or administrative proceeding to which the local agency is a party.

(2)Inspect real or personal property which cannot be conveniently brought within the boundaries of the territory over which the local agency exercises jurisdiction provided that the topic of the meeting is limited to items directly related to the real or personal property.

(3)Participate in meetings or discussions of multiagency significance that are outside the boundaries of a local agency's jurisdiction. However, any meeting or discussion held pursuant to this subdivision shall take place within the jurisdiction of one of the participating local agencies and

be noticed by all participating agencies as provided for in this chapter.

(4)Meet in the closest meeting facility if the local agency has no meeting facility within the boundaries of the territory over which the local agency exercises jurisdiction, or at the principal office of the local agency if that office is located outside the territory over which the agency exercises jurisdiction.

(5)Meet outside their immediate jurisdiction with elected or appointed officials of the United States or the State of California when a local meeting would be impractical, solely to discuss a legislative or regulatory issue affecting the local agency and over which the federal or state officials have jurisdiction.

(6)Meet outside their immediate jurisdiction if the meeting takes place in or nearby a facility owned by the agency, provided that the topic of the meeting is limited to items directly related to the facility.

(7)Visit the office of the local agency's legal counsel for a closed session on pending litigation held pursuant to Section 54956.9, when to do so would reduce legal fees or costs.

LOCATION OF SCHOOL DISTRICT BOARD MEETINGS

(c) Meetings of the governing board of a school district shall be held within the district, except under the circumstances enumerated in subdivision (b), or to do any of the following:
(1) Attend a conference on nonadversarial collective bargaining techniques.

(2) Interview members of the public residing in another district with reference to the trustees' potential employment of an applicant for the position of the superintendent of the district.

(3) Interview a potential employee from another district.

(d) Meetings of a joint powers authority shall occur within the territory of at least one of its member agencies, or as provided in subdivision (b). However, a joint powers authority which has members throughout the state may meet at any facility in the state which complies with the requirements of Section 54961.

(e) If, by reason of fire, flood, earthquake, or other emergency, it shall be unsafe to meet in the place designated, the meetings shall be held for the duration of the emergency at the place designated by the presiding officer of the legislative body or his or her designee in a notice to the local media that have requested notice pursuant to Section 54956, by the most rapid means of communication available at the time.

(Amended by Stats. 2004, Ch. 257, Sec. 1. Effective January 1, 2005.)

REQUEST FOR MAILED COPIES OF AGENDA

54954.1. Any person may request that a copy of the agenda, or a copy of all the documents constituting the agenda packet, of any meeting of a legislative body be mailed to that person. If requested, the agenda and documents in the agenda packet 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. Upon receipt of the written request, the legislative body or its designee shall cause the requested materials to be mailed at the time the agenda is posted pursuant to Section 54954.2 and 54956 or upon distribution to all, or a majority of all, of the members of a legislative body, whichever occurs first. Any request for mailed copies of agendas or agenda packets shall be valid for the calendar year in which it is filed, and must be renewed following January 1 of each year. The legislative body may establish a fee for mailing the agenda or agenda packet, which fee shall not exceed the cost of providing the service. Failure of the requesting person to receive the agenda or agenda packet pursuant to this section shall not constitute grounds for invalidation of the actions of the legislative body taken at the meeting for which the agenda or agenda packet was not received.

(Amended by Stats. 2002, Ch. 300, Sec. 6. Effective January 1, 2003.)

72 HOUR POSTING OF REGULAR MEETING AGENDAS

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.

NO ACTION ON NON-AGENDA ITEMS;

(2) 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

EXCEPTION FOR BRIEF COMMENTS

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.

EXCEPTION FOR EMERGENCIES

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

EXCEPTION FOR URGENT MATTERS

(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).

EXCEPTION FOR CONTINUED MATTERS

(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.

(Amended by Stats. 2011, Ch. 692, Sec. 8. Effective January 1, 2012.)

PUBLIC PARTICIPATION

54954.3. (a) Every agenda for regular meetings shall 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, provided that no action shall be taken on any item not appearing on the agenda unless the action is otherwise authorized by subdivision (b) of Section 54954.2. However, the agenda need not provide an opportunity for members of the public to address the legislative body on any item that has already been considered by a committee, composed exclusively of members of the legislative body, at a public meeting wherein all interested members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item, unless the item has been substantially changed since the committee heard the item, as determined by the legislative body. Every notice for a special meeting shall provide an opportunity for members of the public to directly address the legislative body concerning any item that has been described in the notice for the meeting before or during consideration of that item.

REASONABLE RULES GOVERNING PUBLIC TESTIMONY

(b) The legislative body of a local agency may adopt reasonable regulations to ensure that the intent of subdivision (a) 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.

PUBLIC CRITICISM ALLOWED

(c) The 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. Nothing in this subdivision shall

confer any privilege or protection for expression beyond that otherwise provided by law.

(Amended by Stats. 1994, Ch. 32, Sec. 9. Effective March 30, 1994. Operative April 1, 1994, by Sec. 23 of Ch. 32.)

BROWN ACT COMPLIANCE NOT A REIMBURSABLE MANDATE

54954.4. (a) The Legislature hereby finds and declares that Section 12 of Chapter 641 of the Statutes of 1986, authorizing reimbursement to local agencies and school districts for costs mandated by the state pursuant to that act, shall be interpreted strictly. The intent of the Legislature is to provide reimbursement for only those costs which are clearly and unequivocally incurred as the direct and necessary result of compliance with Chapter 641 of the Statutes of 1986.

(b) In this regard, the Legislature directs all state employees and officials involved in reviewing or authorizing claims for reimbursement, or otherwise participating in the reimbursement process, to rigorously review each claim and authorize only those claims, or parts thereof, which represent costs which are clearly and unequivocally incurred as the direct and necessary result of compliance with Chapter 641 of the Statutes of 1986 and for which complete documentation exists. For purposes of Section 54954.2, costs eligible for reimbursement shall only include the actual cost to post a single agenda for any one meeting.

FUTURE BUDGET ACTS SHALL NOT SUSPEND BROWN ACT

(c) The Legislature hereby finds and declares that complete, faithful, and uninterrupted compliance with the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code) is a matter of overriding public importance. Unless specifically stated, no future Budget Act, or related budget enactments, shall, in any manner, be interpreted to suspend, eliminate, or otherwise modify the legal obligation and duty of local agencies to fully comply with Chapter 641 of the Statutes of 1986 in a complete, faithful, and uninterrupted manner.

(Added by Stats. 1991. Ch. 238, Sec.1.)

SAFE HARBOR CLOSED SESSION AGENDA DESCRIPTIONS

54954.5. For purposes of describing closed session items pursuant to Section 54954.2, the agenda may describe closed sessions as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items were described in substantial compliance with this section. Substantial compliance is satisfied by including the information provided below, irrespective of its format.

(a)With respect to a closed session held pursuant to Section 54956.7:

LICENSE AND PERMIT DETERMINATIONS

LICENSE/PERMIT DETERMINATION

Applicant(s): (Specify number applicants)

(b) With respect to every item of business to be discussed in closed session pursuant to Section 54956.8

CONFERENCE WITH REAL PROPERTY NEGOTIATORS

REAL PROPERTY NEGOTIATIONS

Property: (Specify street address, or if no street address, the parcel number or other unique reference, of the real property under negotiation)

Agency negotiator: (Specify names of negotiators attending the closed session) (If circumstances necessitate the absence of a specified negotiator, an agent or designee may participate in place of the absent negotiator so long as the name the agent or designee is announced at an open session held prior to the closed session.)

Negotiating parties: (Specify name of party (not agent))

Under negotiation: (Specify whether instruction to negotiator will concern price terms of payment, or both)

(c) With respect to every item of business to be discussed in closed session pursuant to Section 54956.9:

EXISTING LITIGATION

CONFERENCE WITH LEGAL COUNSEL— EXISTING LITIGATION

(Paragraph (1) of subdivision (d) of Section 54956.9)

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers) (Paragraph (1) of subdivision (d) of Section 54956.9)

or

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations)

ANTICIPATED LITIGATION

CONFERENCE WITH LEGAL COUNSEL— ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: (Specify number of potential cases)

(In addition to the information noticed above, the agency may be required to provide additional information on the agenda or in an oral statement prior to the closed session pursuant to paragraphs (2) to (5), inclusive, of subdivision (e) of Section 54956.9.)

INITIATION OF LITIGATION

Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9: (Specify number of potential cases)

(d) With respect to every item of business to be discussed in closed session pursuant to Section 54956.95:

LIABILITY CLAIMS

LIABILITY CLAIMS

Claimant: (Specify name unless unspecified pursuant to Section 54961)

Agency claimed against: (Specify name)

(e)With respect to every item of business to be discussed in closed session pursuant to Section 54957:

THREAT TO PUBLIC SERVICES

THREAT TO PUBLIC SERVICES OR FACILITIES

Consultation with: (Specify name of law enforcement agency and title of officer, or name of applicable agency representative and title)

PUBLIC EMPLOYEES

PUBLIC EMPLOYEE APPOINTMENT

Title: (Specify description of position to be filled)

PUBLIC EMPLOYMENT

Title: (Specify description of position to be filled) PUBLIC

EMPLOYEE PERFORMANCE EVALUATION

Title: (Specify position title of employee being reviewed)

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

(f)With respect to every item of business to be discussed in closed session pursuant to Section 54957.6:

LABOR NEGOTIATIONS

CONFERENCE WITH LABOR NEGOTIATORS

Agency designated representatives: (Specify names of designated representatives attending the closed session) (If circumstances necessitate the absence of a specified designated representative, an agent or designee may participate in place of the absent representative so long as the name of the agent or designee is announced at an open

session held prior to the closed session.)

Employee organization: (Specify name of organization representing employee or employees in question)

Or

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the negotiations)

(g) With respect to closed sessions called pursuant to Section 54957.8:

CASE REVIEW/PLANNING

MULTI-JURISDICTIONAL LAW ENFORCEMENT

(No additional information is required in connection with a closed session to consider case review or planning.)

(h) With respect to every item of business to be discussed in closed session pursuant to Sections1461, 32106, and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code:

TRADE SECRETS

REPORT INVOLVING TRADE SECRET

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility)

Estimated date of public disclosure: (Specify month and year)

HOSPITAL HEARINGS

HEARINGS

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee)

(i)With respect to every item of business to be discussed in closed session pursuant to Section 54956.86:

FEDERAL LAW

CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW

(No additional information is required in connection with a closed session to discuss a charge or complaint pursuant to Section 54956.86.)

(j) With respect to every item of business to be discussed in closed session pursuant to Section 54956.96:

JOINT POWERS AUTHORITIES

CONFERENCE INVOLVING A JOINT POWERS AGENCY (Specify by name)

Discussion will concern: (Specify closed session description used by the joint powers agency)

Name of local agency representative on joint powers agency board: (Specify name)

(Additional information listing the names of agencies or titles of representatives attending the closes session as consultants or other representatives.)

(k) With respect to every item of business to be discussed in closed session pursuant to Section 54956.75:

AUDIT BY CALIFORNIA STATE AUDITOR'S OFFICE

(Amended by Stats. 2012 Ch. 759. Sec. 6.1 Effective January 1, 2013.)

TAX OR ASSESSMENT HEARINGS

54954.6. (a) (1) Before adopting any new or increased general tax or any new or increased assessment, the legislative body of a local agency shall conduct at least one public meeting at which local officials shall allow public testimony regarding the proposed new or increased general tax or new or increased assessment in addition to the noticed public hearing at which the legislative body proposes to enact or increase the general tax or assessment.

For purposes of this section, the term "new or increased assessment" does not include any of the following:

(A) A fee that does not exceed the reasonable cost of providing the services, facilities, or regulatory activity for which the fee is charged.

(B) A service charge, rate, or charge, unless a special district's principal act requires the service charge, rate, or charge to conform to the requirements of this section.

(C) An ongoing annual assessment if it is imposed at the same or lower amount as any previous year.

(D) An assessment that does not exceed an assessment formula or range of assessments previously specified in the notice given to the public pursuant to subparagraph (G) of paragraph (2) of subdivision (c) and that

was previously adopted by the agency or approved by the voters in the area where the assessment is imposed.

(E) Standby or immediate availability charges.

(2) The legislative body shall provide at least 45 days' public notice of the public hearing at which the legislative body proposes to enact or increase the general tax or assessment. The legislative body shall provide notice for the public meeting at the same time and in the same document as the notice for the public hearing, but the meeting shall occur prior to the hearing.

NEW OR INCREASED TAXES

(b) (1) The joint notice of both the public meeting and the public hearing required by subdivision (a) with respect to a proposal for a new or increased general tax shall be accomplished by placing a display advertisement of at least one-eighth page in a newspaper of general circulation for three weeks pursuant to Section 6063 and by a first-class mailing to those interested parties who have filed a written request with the local agency for mailed notice of public meetings or hearings on new or increased general taxes. The public meeting pursuant to subdivision (a) shall take place no earlier than 10 days after the first publication of the joint notice pursuant to this subdivision. The public hearing shall take place no earlier than seven days after the public meeting pursuant to this subdivision. Notwithstanding paragraph (2) of subdivision (a), the joint notice need not include notice of the public meeting after the meeting has taken place. The public hearing pursuant to subdivision (a) shall take place no earlier than 45 days after the first publication of the joint notice pursuant to this subdivision. Any written request for mailed notices shall be effective for one year from the date on which it is filed unless a renewal request is filed. Renewal requests for mailed notices shall be filed on or before April 1 of each year. The legislative body may establish a reasonable annual charge for sending notices based on the estimated cost of providing the service.

(2) The notice required by paragraph (1) of this subdivision shall include, but not be limited to, the following:

(A) The amount or rate of the tax. If the tax is proposed to be increased from any previous year, the joint notice shall separately state both the existing tax rate and the proposed tax rate increase.

(B) The activity to be taxed.

(C) The estimated amount of revenue to be raised by the tax annually.

(D) The method and frequency for collecting the tax.

(E) The dates, times, and locations of the public meeting and hearing described in subdivision (a).

(F) The telephone number and address of an individual, office, or organization that interested persons may contact to receive additional information about the tax.

NEW OR INCREASED ASSESSMENTS

(c) (1) The joint notice of both the public meeting and the public hearing required by subdivision (a) with respect to a proposal for a new or increased assessment on real property or businesses shall be accomplished through a mailing, postage prepaid, in the United States mail and shall be deemed given when so deposited. The public meeting pursuant to subdivision (a) shall take place no earlier than 10 days after the joint mailing pursuant to this subdivision. The public hearing shall take place no earlier than seven days after the public meeting pursuant to this subdivision. The envelope or the cover of the mailing shall include the name of the local agency and the return address of the sender. This mailed notice shall be in at least 10-point type and shall be given to all property owners or business owners proposed to be subject to the new or increased assessment by a mailing by name to those persons whose names and addresses appear on the last equalized county assessment roll, the State Board of Equalization assessment roll, or the local agency's records pertaining to business ownership, as the case may be.

(2) The joint notice required by paragraph (1) of this subdivision shall include, but not be limited to, the following:

(A) In the case of an assessment proposed to be levied on property, the estimated amount of the assessment per parcel. In the case of an assessment proposed to be levied on businesses, the proposed method and basis of levying the assessment in sufficient detail to allow each business owner to calculate the amount of assessment to be levied against each business. If the assessment is proposed to be increased from any previous year, the joint notice shall separately state both the amount of the existing assessment and the proposed assessment increase.

(B) A general description of the purpose or improvements that the assessment will fund.

(C) The address to which property owners may mail a protest against the assessment.

(D) The telephone number and address of an individual, office, or organization that interested persons may contact to receive additional

information about the assessment.

(E) A statement that a majority protest will cause the assessment to be abandoned if the assessment act used to levy the assessment so provides. Notice shall also state the percentage of protests required to trigger an election, if applicable.

(F) The dates, times, and locations of the public meeting and hearing described in subdivision (a).

(G) A proposed assessment formula or range as described in subparagraph (D) of paragraph (1) of subdivision (a) if applicable and that is noticed pursuant to this section.

(3) Notwithstanding paragraph (1), in the case of an assessment that is proposed exclusively for operation and maintenance expenses imposed throughout the entire local agency, or exclusively for operation and maintenance assessments proposed to be levied on 50,000 parcels or more, notice may be provided pursuant to this subdivision or pursuant to paragraph (1) of subdivision (b) and shall include the estimated amount of the assessment of various types, amounts, or uses of property and the information required by subparagraphs (B) to (G), inclusive, of paragraph (2) of subdivision (c).

(4) Notwithstanding paragraph (1), in the case of an assessment proposed to be levied pursuant to Part 2 (commencing with Section 22500) of Division 2 of the Streets and Highways Code by a regional park district, regional park and open-space district, or regional open-space district formed pursuant to Article 3 (commencing with Section 5500) of Chapter 3 of Division 5 of, or pursuant to Division 26 (commencing with Section 35100) of, the Public Resources Code, notice may be provided pursuant to paragraph (1) of subdivision (b).

(d) The notice requirements imposed by this section shall be construed as additional to, and not to supersede, existing provisions of law, and shall be applied concurrently with the existing provisions so as to not delay or prolong the governmental decisionmaking process.

(e) This section shall not apply to any new or increased general tax or any new or increased assessment that requires an election of either of the following:

(1) The property owners subject to the assessment.

(2) The voters within the local agency imposing the tax or assessment.

(f) Nothing in this section shall prohibit a local agency from holding a consolidated meeting or hearing at which the legislative body discusses multiple tax or assessment proposals.

(g) The local agency may recover the reasonable costs of public meetings, public hearings, and notice required by this section from the proceeds of the tax or assessment. The costs recovered for these purposes, whether recovered pursuant to this subdivision or any other provision of law, shall not exceed the reasonable costs of the public meetings, public hearings, and notice.

(h)Any new or increased assessment that is subject to the notice and hearing provisions of Article XIII C or XIII D of the California Constitution is not subject to the notice and hearing requirements of this section.
(Amended by Stats. 2011, Ch. 382, Sec. 3.5. Effective January 1, 2012.)

ADJOURNMENT OF MEETINGS

54955. The legislative body of a local agency may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting the clerk or secretary of the legislative body may declare the meeting adjourned to a stated time and place and he shall cause a written notice of the adjournment to be given in the same manner as provided in Section 54956 for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance, resolution, bylaw, or other rule.

(Amended by Stats. 1959, Ch. 647.)

CONTINUING HEARINGS

54955.1. Any hearing being held, or noticed or ordered to be held, by a legislative body of a local agency at any meeting may by order or notice of continuance be continued or recontinued to any subsequent meeting of the legislative body in the same manner and to the same extent set forth in Section 54955 for the adjournment of meetings; provided, that if the hearing is continued to a time less than 24 hours after the time specified in the order or notice of hearing, a copy of the order or notice of continuance of hearing shall be posted immediately following the meeting at which the order or declaration of continuance was adopted or made.

(Added by Stats. 1965, Ch. 469.)

CALLING SPECIAL MEETINGS

54956. (a) A special meeting may be called at any time by the presiding officer of the legislative body of a local agency, or by a majority of the members of the legislative body, by delivering written notice to each member of the legislative body and to each local newspaper of general circulation and radio or television station requesting notice in writing and posting a notice on the local agency's Internet Web site, if the local agency has one. The notice shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the legislative body. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the legislative body a written waiver of notice. The waiver may be given by telegram. The written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.
The call and notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

NO EXECUTIVE SALARY DECISIONS IN SPECIAL MEETINGS

(b) Notwithstanding any other law, a legislative body shall not call a special meeting regarding 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. However, this subdivision does not apply to a local agency calling a special meeting to discuss the local agency's budget.

(c) 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.

(Amended by Stats. 2011, Ch. 692, Sec. 9. Effective January 1, 2012.)

CALLING EMERGENCY MEETINGS

54956.5. (a) For purposes of this section, "emergency situation" means both of the following:

(1) An emergency, which shall be defined as a work stoppage, crippling activity, or other activity that severely impairs public health, safety, or both, as determined by a majority of the members of the legislative body.

(2) A dire emergency, which shall be defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity that poses peril so immediate and significant that requiring a legislative body to provide one- hour notice before holding an emergency meeting under this

section may endanger the public health, safety, or both, as determined by a majority of the members of the legislative body.

(b) (1) Subject to paragraph (2), in the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, a legislative body may hold an emergency meeting without complying with either the 24-hour notice requirement or the 24-hour posting requirement of Section 54956 or both of the notice and posting requirements.

(2) Each local newspaper of general circulation and radio or television station that has requested notice of special meetings pursuant to Section 54956 shall be notified by the presiding officer of the legislative body, or designee thereof, one hour prior to the emergency meeting, or, in the case of a dire emergency, at or near the time that the presiding officer or designee notifies the members of the legislative body of the emergency meeting. This notice shall be given by telephone and all telephone numbers provided in the most recent request of a newspaper or station for notification of special meetings shall be exhausted. In the event that telephone services are not functioning, the notice requirements of this section shall be deemed waived, and the legislative body, or designee of the legislative body, shall notify those newspapers, radio stations, or television stations of the fact of the holding of the emergency meeting, the purpose of the meeting, and any action taken at the meeting as soon after the meeting as possible.

CLOSED SESSIONS DURING EMERGENCY MEEINGS

(c) During a meeting held pursuant to this section, the legislative body may meet in closed session pursuant to Section 54957 if agreed to by a two-thirds vote of the members of the legislative body present, or, if less than two-thirds of the members are present, by a unanimous vote of the members present.

(d) All special meeting requirements, as prescribed in Section 54956 shall be applicable to a meeting called pursuant to this section, with the exception of the 24-hour notice requirement.

(e) The minutes of a meeting called pursuant to this section, a list of persons who the presiding officer of the legislative body, or designee of the legislative body, notified or attempted to notify, a copy of the rollcall vote, and any actions taken at the meeting shall be posted for a minimum of 10 days in a public place as soon after the meeting as possible.

(Amended by Stats. 2002, Ch. 175, Sec. 2. Effective January 1, 2003.)

NO FEES MAY BE CHARGED EXCEPT AS AUTHORIZED

54956.6. No fees may be charged by the legislative body of a local agency for carrying out any provision of this chapter, except as specifically authorized by this chapter.

(Added by Stats. 1980, Ch. 1284.)

CLOSED SESSION: LICENSE APPLICANT WITH CRIMINAL RECORD

54956.7. Whenever a legislative body of a local agency determines that it is necessary to discuss and determine whether an applicant for a license or license renewal, who has a criminal record, is sufficiently rehabilitated to obtain the license, the legislative body may hold a closed session with the applicant and the applicant's attorney, if any, for the purpose of holding the discussion and making the determination. If the legislative body determines, as a result of the closed session, that the issuance or renewal of the license should be denied, the applicant shall be offered the opportunity to withdraw the application. If the applicant withdraws the application, no record shall be kept of the discussions or decisions made at the closed session and all matters relating to the closed session shall be confidential. If the applicant does not withdraw the application, the legislative body shall take action at the public meeting during which the closed session is held or at its next public meeting denying the application for the license but all matters relating to the closed session are confidential and shall not be disclosed without the consent of the applicant, except in an action by an applicant who has been denied a license challenging the denial of the license.

(Added by Stats. 1982, Ch. 298, Sec. 1.)

CLOSED SESSION: DRAFT AUDIT REPORT

54956.75. (a) Nothing contained in this chapter shall be construed to prevent the legislative body of a local agency that has received a confidential final draft audit report from the Bureau of State Audits from holding closed sessions to discuss its response to that report.

(b) After the public release of an audit report by the Bureau of State Audits, if a legislative body of a local agency meets to discuss the audit report, it shall do so in an open session unless exempted from that requirement by some other provision of law.

(Added by Stats. 2004, Ch. 576, Sec. 4. Effective January 1, 2005.)

CLOSED SESSION: REAL PROPERTY NEGOTIATION

54956.8. Notwithstanding any other provision of this chapter, a legislative body of a local agency may hold a closed session with its negotiator prior to the purchase, sale, exchange, or lease of real property by or for the local agency to grant authority to its negotiator regarding the price and terms of payment for the purchase, sale, exchange, or lease.

However, prior to the closed session, the legislative body of the local agency shall hold an open and public session in which it identifies its negotiators, the real property or real properties which the negotiations may concern, and the person or persons with whom its negotiators may negotiate.

For purposes of this section, negotiators may be members of the legislative body of the local agency.

For purposes of this section, "lease" includes renewal or renegotiation of a lease.

Nothing in this section shall preclude a local agency from holding a closed session for discussions regarding eminent domain proceedings pursuant to Section 54956.9.

(Amended by Stats. 1998, Ch. 260, Sec. 3. Effective January 1, 1999.)

CLOSED SESSION: PENSION FUND INVESTMENTS

54956.81. Notwithstanding any other provision of this chapter, a legislative body of a local agency that invests pension funds may hold a closed session to consider the purchase or sale of particular, specific pension fund investments. All investment transaction decisions made during the closed session shall be made by rollcall vote entered into the minutes of the closed session as provided in subdivision (a) of Section 54957.2.

(Added by Stats. 2004, Ch. 533, Sec. 20. Effective January 1, 2005.)

CLOSED SESSION: HEALTH PLAN CHARGE OR COMPLAINT

54956.86. Notwithstanding any other provision of this chapter, a legislative body of a local agency which provides services pursuant to Section 14087.3 of the Welfare and Institutions Code may hold a closed session to hear a charge or complaint from a member enrolled in its health plan

if the member does not wish to have his or her name, medical status, or other information that is protected by federal law publicly disclosed. Prior to holding a closed session pursuant to this section, the legislative body shall inform the member, in writing, of his or her right to have the charge or complaint heard in an open session rather than a closed session.

(Added by Stats. 1996, Ch. 182, Sec. 2. Effective January 1, 1997.)

HEALTH PLAN RECORDS

54956.87. (a) Notwithstanding any other provision of this chapter, the records of a health plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and that is governed by a county board of supervisors, whether paper records, records maintained in the management information system, or records in any other form, that relate to provider rate or payment determinations, allocation or distribution methodologies for provider payments, formulas or calculations for these payments, and contract negotiations with providers of health care for alternative rates are exempt from disclosure for a period of three years after the contract is fully executed. The transmission of the records, or the information contained therein in an alternative form, to the board of supervisors shall not constitute a waiver of exemption from disclosure, and the records and information once transmitted to the board of supervisors shall be subject to this same exemption.

(b) Notwithstanding any other provision of law, the governing board of a health plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and that is governed by a county board of supervisors may order that a meeting held solely for the purpose of discussion or taking action on health plan trade secrets, as defined in subdivision (f), shall be held in closed session. The requirements of making a public report of action taken in closed session, and the vote or abstention of every member present, may be limited to a brief general description without the information constituting the trade secret.

(c) Notwithstanding any other provision of law, the governing board of a health plan may meet in closed session to consider and take action on matters pertaining to contracts and contract negotiations by the health plan with providers of health care services concerning all matters related to rates of payment. The governing board may delete the portion or portions containing trade secrets from any documents that were finally approved in the closed session held pursuant to subdivision (b) that are provided to persons who have made the timely or standing request.

(d) Nothing in this section shall be construed as preventing the governing board from meeting in closed session as otherwise provided by law.

(e) The provisions of this section shall not prevent access to any records by the Joint Legislative Audit Committee in the exercise of its powers pursuant to Article 1 (commencing with Section 10500) of Chapter 4 of Part 2 of Division 2 of Title 2. The provisions of this section also shall not prevent access to any records by the Department of Corporations in the exercise of its powers pursuant to Article 1 (commencing with Section 1340) of Chapter 2.2 of Division 2 of the Health and Safety Code.

(f) For purposes of this section, "health plan trade secret" means a trade secret, as defined in subdivision (d) of Section 3426.1 of the Civil Code, that also meets both of the following criteria:

(1) The secrecy of the information is necessary for the health plan to initiate a new service, program, marketing strategy, business plan, or technology, or to add a benefit or product.

(2) Premature disclosure of the trade secret would create a substantial probability of depriving the health plan of a substantial economic benefit or opportunity.

(Amended by Stats. 2003, Ch. 424, Sec. 2. Effective January 1, 2004.)

CLOSED SESSION: LITIGATION

54956.9. (a) Nothing in this chapter shall be construed to prevent a legislative body of a local agency, based on advice of its legal counsel, from holding a closed session to confer with, or receive advice from, its legal counsel regarding pending litigation when discussion in open session concerning those matters would prejudice the position of the local agency in the litigation.

(b) For purposes of this chapter, all expressions of the lawyer-client privilege other than those provided in this section are hereby abrogated. This section is the exclusive expression of the lawyer- client privilege for purposes of conducting closed-session meetings pursuant to this chapter.

DEFINITION OF LITIGATION

(c) For purposes of this section, "litigation" includes any adjudicatory proceeding, including eminent domain, before a court, administrative body exercising its adjudicatory authority, hearing officer, or arbitrator.

PENDING LITIGATION INCLUDES:

(d) For purposes of this section, litigation shall be considered pending when any of the following circumstances exist:

FILED LITIGATION

(1)Litigation, to which the local agency is a party, has been initiated formally.

EXPOSURE TO LITIGATION

(2) A point has been reached where, in the opinion of the legislative body of the local agency on the advice of its legal counsel, based on existing facts and circumstances, there is a significant exposure to litigation against the local agency.

(3) Based on existing facts and circumstances, the legislative body of the local agency is meeting only to decide whether a closed session is authorized pursuant to paragraph (2).

INITIATION OF LITIGATION

(4) Based on existing facts and circumstances, the legislative body of the local agency has decided to initiate or is deciding whether to initiate litigation.

(e) For purposes of paragraphs (2) and (3) of subdivision (d), "existing facts and circumstances" shall consist only of one of the following:

FACTS AND CIRCUMSTANCES DEFINED

(1) Facts and circumstances that might result in litigation against the local agency but which the local agency believes are not yet known to a potential plaintiff or plaintiffs, which facts and circumstances need not be disclosed.

(2) Facts and circumstances, including, but not limited to, an accident, disaster, incident, or transactional occurrence that might result in litigation against the agency and that are known to a potential plaintiff or plaintiffs, which facts or circumstances shall be publicly stated on the agenda or announced.

(3) The receipt of a claim pursuant to the Government Claims Act (Division 3.6 (commencing with Section 810) of Title 1 of the Government Code) or some other written communication from a potential plaintiff threatening litigation, which claim or communication shall be available for public inspection pursuant to Section 54957.5.

(4) A statement made by a person in an open and public meeting threatening litigation on a specific matter within the responsibility of the legislative body.

(5) A statement threatening litigation made by a person outside an open and public meeting on a specific matter within the responsibility of the legislative body so long as the official or employee of the local agency receiving knowledge of the threat makes a contemporaneous or other record of the statement prior to the meeting, which record shall be available for public inspection pursuant to Section 54957.5. The records so created need not identify the alleged victim of unlawful or tortious

sexual conduct or anyone making the threat on their behalf, or identify a public employee who is the alleged perpetrator of any unlawful or tortious conduct upon which a threat of litigation is based, unless the identity of the person has been publicly disclosed.

(f) Nothing in this section shall require disclosure of written communications that are privileged and not subject to disclosure pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1).

DISCLOSURE REQUIREMENT

(g) Prior to holding a closed session pursuant to this section, the legislative body of the local agency shall state on the agenda or publicly announce the paragraph of subdivision (d) that authorizes the closed session. If the session is closed pursuant to paragraph (1) of subdivision (d), the body shall state the title of or otherwise specifically identify the litigation to be discussed, unless the body states that to do so would jeopardize the agency's ability to effectuate service of process upon one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

EXPOSURE OF OFFICER OR EMPLOYEE QUALIFIES

(h) A local agency shall be considered to be a "party" or to have a "significant exposure to litigation" if an officer or employee of the local agency is a party or has significant exposure to litigation concerning prior or prospective activities or alleged activities during the course and scope of that office or employment, including litigation in which it is an issue whether an activity is outside the course and scope of the office or employment.

(Amended by Stats. 2012, Ch. 759, Sec. 7. Effective January 1, 2013.)

CLOSED SESSION: CLAIMS AGAINST JOINT POWERS AGENCIES

54956.95. (a) Nothing in this chapter shall be construed to prevent a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1, for purposes of insurance pooling, or a local agency member of the joint powers agency, from holding a closed session to discuss a claim for the payment of tort liability losses, public liability losses, or workers' compensation liability incurred by the joint powers agency or a local agency member of the joint powers agency.

(b) Nothing in this chapter shall be construed to prevent the Local Agency Self-Insurance Authority formed pursuant to Chapter 5.5 (commencing with Section 6599.01) of Division 7 of Title 1, or a local agency member of the authority, from holding a closed session to discuss a claim for the payment of tort liability losses, public liability losses, or workers' compensation liability incurred by the authority or a local agency member of the authority.

(c) Nothing in this section shall be construed to affect Section 54956.9 with respect to any other local agency.

(Added by Stats. 1989, Ch. 882, Sec. 3.)

STATUS OF JOINT POWERS AGENCY

54956.96. (a) Nothing in this chapter shall be construed to prevent the legislative body of a joint powers agency formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1, from adopting a policy or a bylaw or including in its joint powers agreement provisions that authorize either or both of the following:

CLOSED SESSION CONFIDENTIALITY

(1) All information received by the legislative body of the local agency member in a closed session related to the information presented to the joint powers agency in closed session shall be confidential. However, a member of the legislative body of a member local agency may disclose information obtained in a closed session that has direct financial or liability implications for that local agency to the following individuals:

(A) Legal counsel of that member local agency for purposes of obtaining advice on whether the matter has direct financial or liability implications for that member local agency.

(B) Other members of the legislative body of the local agency present in a closed session of that member local agency.

(2) Any designated alternate member of the legislative body of the joint powers agency who is also a member of the legislative body of a local agency member and who is attending a properly noticed meeting of the joint powers agency in lieu of a local agency member's regularly appointed member to attend closed sessions of the joint powers agency.

(b) If the legislative body of a joint powers agency adopts a policy or a bylaw or includes provisions in its joint powers agreement pursuant to subdivision (a), then the legislative body of the local agency member, upon the advice of its legal counsel, may conduct a closed session in order to receive, discuss, and take action concerning information obtained in a closed session of the joint powers agency pursuant to paragraph (1) of subdivision (a).

(Added by Stats. 2004, Ch. 784, Sec. 2. Effective January 1, 2005.)

CLOSED SESSION: THREATS TO PUBLIC BUILDINGS AND SERVICES

54957. (a) This chapter shall not be construed to prevent the legislative body of a local agency from holding closed sessions with the Governor, Attorney General, district attorney, agency counsel, sheriff, or chief of police, or their respective deputies, or a security consultant or a security operations manager, on matters posing a threat to the security of public

buildings, a threat to the security of essential public services, including water, drinking water, wastewater treatment, natural gas service, and electric service, or a threat to the public's right of access to public services or public facilities.

EMPLOYEE APPOINTMENT, DISCIPLINE, DISMISSAL, COMPLAINTS & CHARGES

(b) (1) Subject to paragraph (2), this chapter shall not be construed to prevent the legislative body of a local agency from holding closed sessions during a regular or special meeting to consider the appointment, employment, evaluation of performance, discipline, or dismissal of a public employee or to hear complaints or charges brought against the employee by another person or employee unless the employee requests a public session.

(2) As a condition to holding a closed session on specific complaints or charges brought against an employee by another person or employee, the employee shall be given written notice of his or her right to have the complaints or charges heard in an open session rather than a closed session, which notice shall be delivered to the employee personally or by mail at least 24 hours before the time for holding the session. If notice is not given, any disciplinary or other action taken by the legislative body against the employee based on the specific complaints or charges in the closed session shall be null and void.

(3) The legislative body also may exclude from the public or closed meeting, during the examination of a witness, any or all other witnesses in the matter being investigated by the legislative body.

DEFINITION OF EMPLOYEE

(4) For the purposes of this subdivision, the term "employee" shall include an officer or an independent contractor who functions as an officer or an employee but shall not include any elected official, member of a legislative body or other independent contractors. This subdivision shall not limit local officials' ability to hold closed session meetings pursuant to Sections 1461, 32106, and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code. Closed sessions held pursuant to this subdivision shall not include discussion or action on proposed compensation except for a reduction of compensation that results from the imposition of discipline.

(Amended by Stats. 2013, Ch. 11, Sec. 1. Effective January 1, 2014.)

PUBLIC REPORT OF CLOSED SESSION ACTIONS

54957.1. (a) The legislative body of any local agency shall publicly report any action taken in closed session and the vote or abstention on that action of every member present, as follows:

REAL PROPERTY

(1) Approval of an agreement concluding real estate negotiations pursuant to Section 54956.8 shall be reported after the agreement is final, as follows:

(A) If its own approval renders the agreement final, the body shall report that approval and the substance of the agreement in open session at the public meeting during which the closed session is held.

(B) If final approval rests with the other party to the negotiations, the local agency shall disclose the fact of that approval and the substance of the agreement upon inquiry by any person, as soon as the other party or its agent has informed the local agency of its approval.

LITIGATION

(2) Approval given to its legal counsel to defend, or seek or refrain from seeking appellate review or relief, or to enter as an amicus curiae in any form of litigation as the result of a consultation under Section 54956.9 shall be reported in open session at the public meeting during which the closed session is held. The report shall identify, if known, the adverse party or parties and the substance of the litigation. In the case of approval given to initiate or intervene in an action, the announcement need not identify the action, the defendants, or other particulars, but shall specify that the direction to initiate or intervene in an action has been given and that the action, the defendants, and the other particulars shall, once formally commenced, be disclosed to any person upon inquiry, unless to do so would jeopardize the agency's ability to effectuate service of process on one or more unserved parties, or that to do so would jeopardize its ability to conclude existing settlement negotiations to its advantage.

(3) Approval given to its legal counsel of a settlement of pending litigation, as defined in Section 54956.9, at any stage prior to or during a judicial or quasi-judicial proceeding shall be reported after the settlement is final, as follows:

(A) If the legislative body accepts a settlement offer signed by the opposing party, the body shall report its acceptance and identify the substance of the agreement in open session at the public meeting during which the closed session is held.

(B) If final approval rests with some other party to the litigation or with the court, then as soon as the settlement becomes final, and upon inquiry by any person, the local agency shall disclose the fact of that approval, and identify the substance of the agreement.

DISPOSITION OF CLAIMS

(4) Disposition reached as to claims discussed in closed session pursuant to Section 54956.95 shall be reported as soon as reached in a manner that identifies the name of the claimant, the name of the local agency claimed against, the substance of the claim, and any

monetary amount approved for payment and agreed upon by the claimant.

PERSONNEL ACTION

(5) Action taken to appoint, employ, dismiss, accept the resignation of, or otherwise affect the employment status of a public employee in closed session pursuant to Section 54957 shall be reported at the public meeting during which the closed session is held. Any report required by this paragraph shall identify the title of the position. The general requirement of this paragraph notwithstanding, the report of a dismissal or of the nonrenewal of an employment contract shall be deferred until the first public meeting following the exhaustion of administrative remedies, if any.

LABOR AGREEMENTS

(6) Approval of an agreement concluding labor negotiations with represented employees pursuant to Section 54957.6 shall be reported after the agreement is final and has been accepted or ratified by the other party. The report shall identify the item approved and the other party or parties to the negotiation.

PENSION FUND DECISIONS

(7) Pension fund investment transaction decisions made pursuant to Section 54956.81 shall be disclosed at the first open meeting of the legislative body held after the earlier of the close of the investment transaction or the transfer of pension fund assets for the investment transaction.

ACCESS TO CLOSED SESSION REPORTS

(b) Reports that are required to be made pursuant to this section may be made orally or in writing. The legislative body shall provide to any person who has submitted a written request to the legislative body within 24 hours of the posting of the agenda, or to any person who has made a standing request for all documentation as part of a request for notice of meetings pursuant to Section 54954.1 or 54956, if the requester is present at the time the closed session ends, copies of any contracts, settlement agreements, or other documents that were finally approved or adopted in the closed session. If the action taken results in one or more substantive amendments to the related documents requiring retyping, the documents need not be released until the retyping is completed during normal business hours, provided that the presiding officer of the legislative body or his or her designee orally summarizes the substance of the amendments for the benefit of the document requester or any other person present and requesting the information.

(c) The documentation referred to in subdivision (b) shall be available to any person on the next business day following the meeting in which the action referred to is taken or, in the case of substantial amendments, when any necessary retyping is complete.

(d) Nothing in this section shall be construed to require that the legislative body approve actions not otherwise subject to legislative body approval.

(e) No action for injury to a reputational, liberty, or other personal interest may be commenced by or on behalf of any employee or former employee with respect to whom a disclosure is made by a legislative body in an effort to comply with this section.

(f) 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.

(Amended by Stats. 2006, Ch. 538, Sec. 311. Effective January 1, 2007.)

CLOSED SESSION MINUTES

54957.2. (a) The legislative body of a local agency may, by ordinance or resolution, designate a clerk or other officer or employee of the local agency who shall then attend each closed session of the legislative body and keep and enter in a minute book a record of topics discussed and decisions made at the meeting. The minute book made pursuant to this section is not a public record subject to inspection pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), and shall be kept confidential. The minute book shall be available only to members of the legislative body or, if a violation of this chapter is alleged to have occurred at a closed session, to a court of general jurisdiction wherein the local agency lies. Such minute book may, but need not, consist of a recording of the closed session.

(b) An elected legislative body of a local agency may require that each legislative body all or a majority of whose members are appointed by or under the authority of the elected legislative body keep a minute book as prescribed under subdivision (a).

(Amended by Stats. 1981, Ch. 968, Sec. 31.)

WRITINGS DISTRIBUTED TO A MAJORITY OF THE BODY

54957.5. (a) Notwithstanding Section 6255 or any other law, agendas of public meetings and any other writings, when distributed to all, or a majority of all, of the members of a legislative body of a local agency by any person in connection with a matter subject to discussion or consideration at an open meeting of the body, are disclosable public records under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1), and shall be made available upon request without delay. However, this section shall not include any writing exempt from public disclosure under Section 6253.5, 6254, 6254.3, 6254.7, 6254.15, 6254.16, 6254.22, or 6254.26.

(b) (1) If a writing that is a public record under subdivision (a), and that relates to an agenda item for an open session of a regular meeting of the legislative body of a local agency, is distributed less than72 hours prior to that meeting, the writing shall be made available for public inspection pursuant to paragraph (2) at the time the writing is distributed to all, or a majority of all, of the members of the body.
(2) A local agency shall make any writing described in paragraph (1) available for public inspection at a public office or location that the agency shall designate for this purpose. Each local agency shall list the address of this office or location on the agendas for all meetings of the legislative body of that agency. The local agency also may post the writing on the local agency's Internet Web site in a position and manner that makes it clear that the writing relates to an agenda item for an upcoming meeting.

(3) This subdivision shall become operative on July 1, 2008.

(c) Writings that are public records under subdivision (a) and that are distributed during a public meeting shall be made available for public inspection at the meeting if prepared by the local agency or a member of its legislative body, or after the meeting if prepared by some other person. These writings shall be made available in appropriate alternative formats upon request by a person 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.

(d) This chapter shall not be construed to prevent the legislative body of a local agency from charging a fee or deposit for a copy of a public record pursuant to Section 6253, except that a surcharge shall not be imposed on persons with disabilities in violation of 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.

(e) This section shall not be construed to limit or delay the public's right to inspect or obtain a copy of any record required to be disclosed under the requirements of the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1).This chapter shall

not be construed to require a legislative body of a local agency to place any paid advertisement or any other Paid notice in any publication.

(Amended by Stats. 2013, Ch. 326, Sec. 1. Effective January 1, 2014.)

CLOSED SESSION: LABOR NEGOTIATIONS

54957.6. (a) Notwithstanding any other provision of law, a legislative body of a local agency may hold closed sessions with the local agency's designated representatives regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits of its represented and

unrepresented employees, and, for represented employees, any other matter within the statutorily provided scope of representation.

However, prior to the closed session, the legislative body of the local agency shall hold an open and public session in which it identifies its designated representatives.

Closed sessions of a legislative body of a local agency, as permitted in this section, shall be for the purpose of reviewing its position and instructing the local agency's designated representatives.

NO FINAL ACTION ALLOWED FOR UNREPRESENTED EMPLOYEES

Closed sessions, as permitted in this section, may take place prior to and during consultations and discussions with representatives of employee organizations and unrepresented employees.

Closed sessions with the local agency's designated representative regarding the salaries, salary schedules, or compensation paid in the form of fringe benefits may include discussion of an agency's available funds and funding priorities, but only insofar as these discussions relate to providing instructions to the local agency's designated representative.

Closed sessions held pursuant to this section shall not include final action on the proposed compensation of one or more unrepresented employees.

For the purposes enumerated in this section, a legislative body of a local agency may also meet with a state conciliator who has intervened in the proceedings.

(b) For the purposes of this section, the term "employee" shall include an officer or an independent contractor who functions as an officer or an employee, but shall not include any elected official, member of a legislative body, or other independent contractors.

(Amended by Stats. 1998, Ch. 260, Sec. 5. Effective January 1, 1999.)

PUBLIC ANNOUNCEMENT OF CLOSED SESSION AGENDA ITEMS

54957.7. (a) Prior to holding any closed session, the legislative body of the local agency shall disclose, in an open meeting, the item or items to be discussed in the closed session. The disclosure may take the form of a reference to the item or items as they are listed by number or letter on the agenda. In the closed session, the legislative body may consider only those matters covered in its statement. Nothing in this section shall require or authorize a disclosure of information prohibited by state or federal law.

(b) After any closed session, the legislative body shall reconvene into open session prior to adjournment and shall make any disclosures

required by Section 54957.1 of action taken in the closed session.

(c) The announcements required to be made in open session pursuant to this section may be made at the location announced in the agenda for the closed session, as long as the public is allowed to be present at that location for the purpose of hearing the announcements.

(Amended by Stats. 1993, Ch. 1137, Sec. 15. Effective January 1, 1994. Operative April 1,1994, by Sec. 23 of Ch. 1137.)

CLOSESD SESSION: MULTI-JURISDICTIONAL LAW ENFORCEMENT AGENCIES

54957.8. (a) For purposes of this section,"multijurisdictional law enforcement agency" means a joint powers entity formed pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 that provides law enforcement services for the parties to the joint powers agreement for the purpose of investigating criminal activity involving drugs; gangs; sex crimes; firearms trafficking or felony possession of a firearm; high technology, computer, or identity theft; human trafficking; or vehicle theft.

(b) Nothing contained in this chapter shall be construed to prevent the legislative body of a multijurisdictional law enforcement agency, or an advisory body of a multijurisdictional law enforcement agency, from holding closed sessions to discuss the case records of any ongoing criminal investigation of the multijurisdictional law enforcement agency or of any party to the joint powers agreement, to hear testimony from persons involved in the investigation, and to discuss courses of action in particular cases.

(Amended by Stats. 2006, Ch. 427, Sec. 1. Effective September 22, 2006.)

DISRUPTION OF PUBLIC MEETINGS; EJECTION

54957.9. In the event that any meeting is willfully interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are willfully interrupting the meeting, members of the legislative body conducting the meeting may order the meeting room cleared and continue in session. Only matters appearing on the agenda may be considered in such a session. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the legislative body from establishing a procedure for readmitting an individual or individuals not responsible for willfully disturbing the orderly conduct of the meeting.

(Amended by Stats. 1981, Ch. 968, Sec. 34.)

CLOSED SESSION: EARLY WITHDRAWL OF FUNDS FOR DEFERRED COMPENSATION PLAN

54957.10. Notwithstanding any other provision of law, a legislative body of a local agency may hold closed sessions to discuss a local agency employee's application for early withdrawal of funds in a deferred compensation plan when the application is based on financial hardship arising from an unforeseeable emergency due to illness, accident, casualty, or other extraordinary event, as specified in the deferred compensation plan.

(Added by Stats. 2001, Ch. 45, Sec. 1. Effective January 1, 2002.)

BROWN ACT PREVAILS

54958. The provisions of this chapter shall apply to the legislative body of every local agency notwithstanding the conflicting provisions of any other state law.

(Added by Stats.1953, Ch. 1588)

MISDEMEANOR VIOLATIONS

54959. Each member of a legislative body who attends a meeting of that legislative body where action is taken in violation of any provision of this chapter, and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled under this chapter, is guilty of a misdemeanor.

(Amended by Stats. 1994, Ch. 32, Sec. 18. Effective March 30,1994. Operative April 1, 1994, by Sec. 23 of Ch. 32.)

CIVIL ACTION TO PREVENT FUTURE VIOLATIONS

54960. (a) The district attorney or any interested person may commence an action by mandamus, injunction, or declaratory relief for the purpose of stopping or preventing violations or threatened violations of this chapter by members of the legislative body of a local agency or to determine the applicability of this chapter to ongoing actions or threatened future actions of the legislative body, or to determine the applicability of this chapter to past actions of the legislative body, subject to Section 54960.2, or to determine whether any rule or action by the legislative body to penalize or otherwise discourage the expression of one or more of its members is valid or invalid under the laws of this state or of the United States, or to compel the legislative body to audio record its closed sessions as hereinafter provided.

COURT ORDERED AUDIO RECORDING OF CLOSED SESSIONS

(b) The court in its discretion may, upon a judgment of a violation of Section 54956.7, 54956.8, 54956.9, 54956.95, 54957, or 54957.6, order the legislative body to audio record its closed sessions and preserve the audio recordings for the period and under the terms of security and confidentiality the court deems appropriate.

(c) (1) Each recording so kept shall be immediately labeled with the date of the closed session recorded and the title of the clerk or other

officer who shall be custodian of the recording.

(2) The audio recordings shall be subject to the following discovery procedures:

(A) In any case in which discovery or disclosure of the audio recording is sought by either the district attorney or the plaintiff in a civil action pursuant to Section 54959, 54960, or 54960.1 alleging that a violation of this chapter has occurred in a closed session that has been recorded pursuant to this section, the party seeking discovery or disclosure shall file a written notice of motion with the appropriate court with notice to the governmental agency that has custody and control of the audio recording. The notice shall be given pursuant to subdivision (b) of Section1005 of the Code of Civil Procedure.

(B) The notice shall include, in addition to the items required by Section 1010 of the Code of Civil Procedure, all of the following:

(i) Identification of the proceeding in which discovery or disclosure is sought, the party seeking discovery or disclosure, the date and time of the meeting recorded, and the governmental agency that has custody and control of the recording.

(ii) An affidavit that contains specific facts indicating that a violation of the act occurred in the closed session.

(3) If the court, following a review of the motion, finds that there is good cause to believe that a violation has occurred, the court may review, in camera, the recording of that portion of the closed session alleged to have violated the act.

(4) If, following the in camera review, the court concludes that disclosure of a portion of the recording would be likely to materially assist in the resolution of the litigation alleging violation of this chapter, the court shall, in its discretion, make a certified transcript of the portion of the recording a public exhibit in the proceeding.

(5) This section shall not permit discovery of communications that are protected by the attorney- client privilege.

(Amended by Stats. 2012, Ch. 732, Sec. 1. Effective January 1, 2013.)

CIVIL ACTION TO INVALIDATE A DECSION

54960.1. (a) The district attorney or any interested person may commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that an action taken by a legislative body of a local agency in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5 is null and void under this section. Nothing in this chapter shall be

construed to prevent a legislative body from curing or correcting an action challenged pursuant to this section.

(b) Prior to any action being commenced pursuant to subdivision (a), the district attorney or interested person shall make a demand of the legislative body to cure or correct the action alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5. The demand shall be in writing and clearly describe the challenged action of the legislative body and nature of the alleged violation.

(c) (1) The written demand shall be made within 90 days from the date the action was taken unless the action was taken in an open session but in violation of Section 54954.2, in which case the written demand shall be made within 30 days from the date the action was taken.

(2) Within 30 days of receipt of the demand, the legislative body shall cure or correct the challenged action and inform the demanding party in writing of its actions to cure or correct or inform the demanding party in writing of its decision not to cure or correct the challenged action.

(3) If the legislative body takes no action within the 30- day period, the inaction shall be deemed a decision not to cure or correct the challenged action, and the 15-day period to commence the action described in subdivision (a) shall commence to run the day after the 30-day period to cure or correct expires.

(4) Within 15 days of receipt of the written notice of the legislative body's decision to cure or correct, or not to cure or correct, or within 15 days of the expiration of the 30- day period to cure or correct, whichever is earlier, the demanding party shall be required to commence the action pursuant to subdivision (a) or thereafter be barred from commencing the action.

DECISIONS THAT CANNOT BE VOIDED

(d) An action taken that is alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5 shall not be determined to be null and void if any of the following conditions exist:

(1) The action taken was in substantial compliance with Sections 54953, 54954.2, 54954.5, 54954.6, 54956, and 54956.5.

(2) The action taken was in connection with the sale or issuance of notes, bonds, or other evidences of indebtedness or any contract, instrument, or agreement thereto.

(3) The action taken gave rise to a contractual obligation, including a contract let by competitive bid other than compensation for services in the form of salary or fees for professional services, upon which a party has, in good faith and without notice of a challenge to the validity of the

action, detrimentally relied.

(4) The action taken was in connection with the collection of any tax.

(5) Any person, city, city and county, county, district, or any agency or subdivision of the state alleging noncompliance with subdivision (a) of Section 54954.2, Section 54956, or Section 54956.5, because of any defect, error, irregularity, or omission in the notice given pursuant to those provisions, had actual notice of the item of business at least 72 hours prior to the meeting at which the action was taken, if the meeting was noticed pursuant to Section 54954.2, or 24 hours prior to the meeting at which the action was taken if the meeting was noticed pursuant to Section 54956,or prior to the meeting at which the action was taken if the meeting is held pursuant to Section 54956.5.

DISMISSAL REQUIRED IF ACTION CURED OR CORRECTED

(e) During any action seeking a judicial determination pursuant to subdivision (a) if the court determines, pursuant to a showing by the legislative body that an action alleged to have been taken in violation of Section 54953, 54954.2, 54954.5, 54954.6, 54956, or 54956.5 has been cured or corrected by a subsequent action of the legislative body, the action filed pursuant to subdivision (a) shall be dismissed with prejudice.

CURE OR CORRECT NOT AN ADMISSION

(f) The fact that a legislative body takes a subsequent action to cure or correct an action taken pursuant to this section shall not be construed or admissible as evidence of a violation of this chapter.

(Amended by Stats. 2002, Ch. 454, Sec. 23. Effective January 1, 2003.)

CIVIL ACTION TO REVIEW PAST ACTIONS

54960.2. (a) The district attorney or any interested person may file an action to determine the applicability of this chapter to past actions of the legislative body pursuant to subdivision (a) of Section 54960 only if all of the following conditions are met:

(1) The district attorney or interested person alleging a violation of this chapter first submits a cease and desist letter by postal mail or facsimile transmission to the clerk or secretary of the legislative body being accused of the violation, as designated in the statement pertaining to that public agency on file pursuant to Section 53051, or if the agency does not have a statement on file designating a clerk or a secretary, to the chief executive officer of that agency, clearly describing the past action of the legislative body and nature of the alleged violation.

(2) The cease and desist letter required under paragraph (1) is submitted to the legislative body within nine months of the alleged violation.

(3) The time during which the legislative body may respond to the cease and desist letter pursuant to subdivision

(b) has expired and the legislative body has not provided an unconditional commitment pursuant to subdivision

(c).

(4) Within 60 days of receipt of the legislative body's response to the cease and desist letter, other than an unconditional commitment pursuant to subdivision (c), or within 60 days of the expiration of the time during which the legislative body may respond to the cease and desist letter pursuant to subdivision (b), whichever is earlier, the party submitting the cease and desist letter shall commence the action pursuant to subdivision (a) of Section 54960 or thereafter be barred from commencing the action.

(b) The legislative body may respond to a cease and desist letter submitted pursuant to subdivision (a) within 30 days of receiving the letter. This subdivision shall not be construed to prevent the legislative body from providing an unconditional commitment pursuant to subdivision (c) at any time after the 30-day period has expired, except that in that event the court shall award court costs and reasonable attorney fees to the plaintiff in an action brought pursuant to this section, in accordance with Section 54960.5.

(c) (1) If the legislative body elects to respond to the cease and desist letter with an unconditional commitment to cease, desist from, and not repeat the past action that is alleged to violate this chapter, that response shall be in substantially the following form:

To _____:

The [name of legislative body] has received your cease and desist letter dated [date] alleging that the following described past action of the legislative body violates the Ralph M. Brown Act:

[Describe alleged past action, as set forth in the cease and desist letter submitted pursuant to subdivision (a)]

In order to avoid unnecessary litigation and without admitting any violation of the Ralph M. Brown Act, the [name of legislative body] hereby unconditionally commits that it will cease, desist from, and not repeat the challenged past action as described above.

The [name of legislative body] may rescind this commitment only by a majority vote of its membership taken in open session at a regular meeting and noticed on its posted agenda as "Rescission of Brown Act Commitment." You will be provided with written notice, sent by any means or media you provide in response to this message, to whatever address or addresses you specify, of any intention to consider rescinding this commitment at least 30 days before any such regular meeting. In the event that this commitment is rescinded, you will have the right to commence legal action pursuant to subdivision (a) of Section 54960 pf the Government Code. That notice will be delivered to you by the same means as this commitment, or may be mailed to an address that you have designated in writing.

Very truly yours,

_____

[Chairperson or acting chairperson of the legislative body]

(2) An unconditional commitment pursuant to this subdivision shall be approved by the legislative body in open session at a regular or special meeting as a separate item of business, and not on its consent agenda.

(3) An action shall not be commenced to determine the applicability of this chapter to any past action of the legislative body for which the legislative body has provided an unconditional commitment pursuant to this subdivision. During any action seeking a judicial determination regarding the applicability of this chapter to any past action of the legislative body pursuant to subdivision (a), if the court determines that the legislative body has provided an unconditional commitment pursuant to this subdivision, the action shall be dismissed with prejudice. Nothing in this subdivision shall be construed to modify or limit the existing ability of the district attorney or any interested person to commence an action to determine the applicability of this chapter to ongoing actions or threatened future actions of the legislative body.

(4) Except as provided in subdivision (d), the fact that a legislative body provides an unconditional commitment shall not be construed or admissible as evidence of a violation of this chapter.

(d) If the legislative body provides an unconditional commitment as set forth in subdivision (c), the legislative body shall not thereafter take or engage in the challenged action described in the cease and desist letter, except as provided in subdivision (e). Violation of this subdivision shall constitute an independent violation of this chapter, without regard to whether the challenged action would otherwise violate this chapter. An action alleging past violation or threatened future

violation of this subdivision may be brought pursuant to subdivision (a) of Section 54960, without regard to the procedural requirements of this section.

(e) The legislative body may resolve to rescind an unconditional commitment made pursuant to subdivision (c) by a majority vote of its membership taken in open session at a regular meeting as a separate item of business not on its consent agenda, and noticed on its posted agenda as "Rescission of Brown Act Commitment," provided that not less than 30 days prior to such regular meeting, the legislative body provides written notice of its intent to consider the rescission to each person to whom the unconditional commitment was made, and to the district attorney. Upon rescission, the district attorney or any interested person may commence an action pursuant to subdivision (a) of Section 54960. An action under this subdivision may be brought pursuant to subdivision (a) of Section 54960, without regard to the procedural requirements of this section.

(Added by Stats. 2012, Ch. 732, Sec. 2. Effective January 1, 2013.)

COURT MAY AWARD ATTORNEY'S FEES TO PLAINTIFF

54960.5. A court may award court costs and reasonable attorney fees to the plaintiff in an action brought pursuant to Section 54960, 54960.1, or 54960.2 where it is found that a legislative body of the local agency has violated this chapter. Additionally, when an action brought pursuant to Section 54960.2 is dismissed with prejudice because a legislative body has provided an unconditional commitment pursuant to paragraph (1) of subdivision (c) of that section at any time after the 30-day period for making such a commitment has expired, the court shall award court costs and reasonable attorney fees to the plaintiff if the filing of that action caused the legislative body to issue the unconditional commitment. The costs and fees shall be paid by the local agency and shall not become a personal liability of any public officer or employee of the local agency.

COURT MAY AWARD ATTORNEY'S FEES TO PREVAILING PUBLIC AGENCY WHERE ACTION IS FRIVOLOUS

A court may award court costs and reasonable attorney fees to a defendant in any action brought pursuant to Section 54960 or 54960.1 where the defendant has prevailed in a final determination of such action and the court finds that the action was clearly frivolous and totally lacking in merit.

(Amended by Stats. 2012, Ch. 732, Sec. 3. Effective January 1, 2013.)

MEETING FACILITES: NON-DISCRIMINATORY

54961. (a) No legislative body of a local agency shall conduct any meeting in any facility that prohibits the admittance of any person, or persons, on the basis of ancestry or any characteristic listed or defined in Section 11135, or which is inaccessible to disabled persons, or where members of the public may not be present without making a payment or purchase. This section shall apply to every local agency as

defined in Section 54951.

ACCESSABLE TO DISABLED

(b) No notice, agenda, announcement, or report required under this chapter need identify any victim or alleged victim of tortious sexual conduct or child abuse unless the identity of the person has been publicly disclosed.

(Amended by Stats. 2007, Ch. 568, Sec. 35. Effective January 1, 2008.)

EXCLUSIVE BASES FOR CLOSED SESSIONS

54962. Except as expressly authorized by this chapter, or by Sections 1461, 1462, 32106, and 32155 of the Health and Safety Code, or by Sections 37606, 37606.1, and 37624.3 of the Government Code as they apply to hospitals, or by any provision of the Education Code pertaining to school districts and community college districts, no closed session may be held by any legislative body of any local agency.

(Amended by Stats. 2006, Ch. 157, Sec. 2. Effective January 1, 2007.)

DISCLOSURE OF CONFIDENTIAL INFORMATION

54963. (a) A person may not disclose confidential information that has been acquired by being present in a closed session authorized by Section 54956.7, 54956.8, 54956.86, 54956.87, 54956.9, 54957, 54957.6, 54957.8, or 54957.10 to a person not entitled to receive it, unless the legislative body authorizes disclosure of that confidential information.

(b) For purposes of this section, “confidential information” means a communication made in a closed session that is specifically related to the basis for the legislative body of a local agency to meet lawfully in closed session under this chapter.

REMEDIES

(c) Violation of this section may be addressed by the use of such remedies as are currently available by law, including, but not limited to:

(1) Injunctive relief to prevent the disclosure of confidential information prohibited by this section.

(2) Disciplinary action against an employee who has willfully disclosed confidential information in violation of this section.

(3) Referral of a member of a legislative body who has willfully disclosed confidential information in violation of this section to the grandjury.

(d) Disciplinary action pursuant to paragraph (2) of subdivision (c) shall require that the employee in question has either received training as to the requirements of this section or otherwise has been given notice of the requirements of this section.

EXCEPTIONS: WHEN DISCLOSURE ALLOWED

(e) A local agency may not take any action authorized by subdivision (c) against a person, nor shall it be deemed a violation of this section, for doing any of the following:

(1) Making a confidential inquiry or complaint to a district attorney or grand jury concerning a perceived violation of law, including disclosing facts to a district attorney or grand jury that are necessary to establish the illegality of an action taken by a legislative body of a local agency or the potential illegality of an action that has been the subject of deliberation at a closed session if that action were to be taken by a legislative body of a local agency.

(2) Expressing an opinion concerning the propriety or legality of actions taken by a legislative body of a local agency in closed session, including disclosure of the nature and extent of the illegal or potentially illegal action.

(3) Disclosing information acquired by being present in a closed session under this chapter that is not confidential information.

(f) Nothing in this section shall be construed to prohibit disclosures under the whistleblower statutes contained in Section 1102.5 of the Labor Code or Article 4.5 (commencing with Section 53296) of Chapter 2 of this code.

(Added by Stats. 2002, Ch. 1119, Sec. 1. Effective January 1, 2003.)

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A GUIDE TO THE RALPH M. BROWN ACT

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LEAGUE® OF CALIFORNIA CITIES

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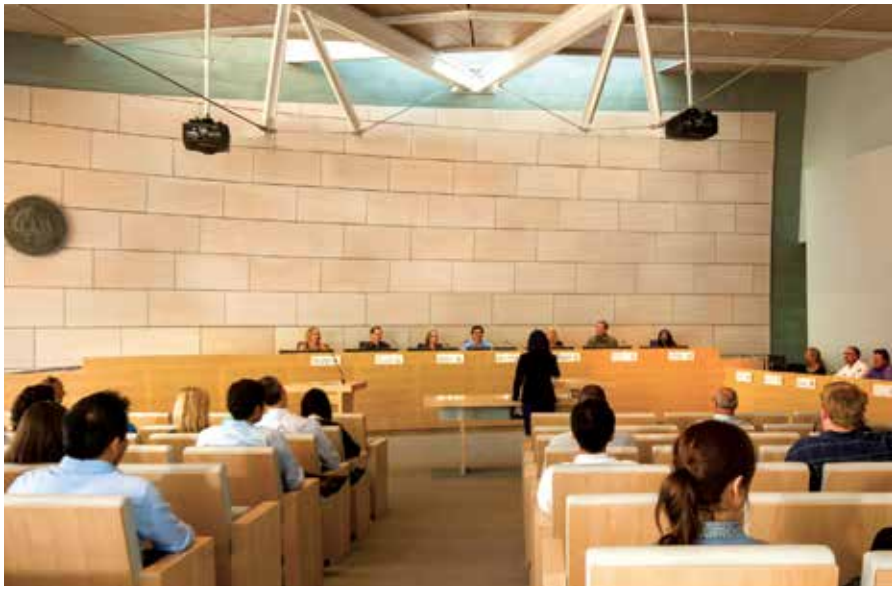

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IT IS THE PEOPLE'S BUSINESS

The right of access

Two key parts of the Brown Act have not changed since its adoption in 1953. One is the Brown Act's initial section, declaring the Legislature's intent:

"In enacting this chapter, the Legislature finds and declares that the public commissions, boards and councils and the other public agencies in this State exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly."

"The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created."[1]

The people reconfirmed that intent 50 years later in the November 2004 election by adopting Proposition 59, amending the California Constitution to include a public right of access to government information:

> *"The people have the right of access to information concerning the conduct of the people's business, and, therefore, the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny."*[2]

PRACTICE TIP: The key to the Brown Act is a single sentence. In summary, all meetings shall be **open and public** except when the Brown Act authorizes otherwise.

The Brown Act's other unchanged provision is a single sentence:

> *"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."*[3]

That one sentence is by far the most important of the entire Brown Act. If the opening is the soul, that sentence is the heart of the Brown Act.

Broad coverage

The Brown Act covers members of virtually every type of local government body, elected or appointed, decision-making or advisory. Some types of private organizations are covered, as are newly-elected members of a legislative body, even before they take office.

Similarly, meetings subject to the Brown Act are not limited to face-to-face gatherings. They also include any communication medium or device through which a majority of a legislative body

discusses, deliberates or takes action on an item of business outside of a noticed meeting. They include meetings held from remote locations by teleconference.

New communication technologies present new Brown Act challenges. For example, common email practices of forwarding or replying to messages can easily lead to a serial meeting prohibited by the Brown Act, as can participation by members of a legislative body in an internet chatroom or blog dialogue. Communicating during meetings using electronic technology (such as laptop computers, tablets, or smart phones) may create the perception that private communications are influencing the outcome of decisions; some state legislatures have banned the practice. On the other hand, widespread cablecasting and web streaming of meetings has greatly expanded public access to the decision-making process.

Narrow exemptions

The express purpose of the Brown Act is to assure that local government agencies conduct the public's business openly and publicly. Courts and the California Attorney General usually broadly construe the Brown Act in favor of greater public access and narrowly construe exemptions to its general rules.[4]

Generally, public officials should think of themselves as living in glass houses, and that they may only draw the curtains when it is in the public interest to preserve confidentiality. Closed sessions may be held only as specifically authorized by the provisions of the Brown Act itself.

The Brown Act, however, is limited to meetings among a majority of the members of multi-member government bodies when the subject relates to local agency business. It does not apply to independent conduct of individual decision-makers. It does not apply to social, ceremonial, educational, and other gatherings as long as a majority of the members of a body do not discuss issues related to their local agency's business. Meetings of temporary advisory committees — as distinguished from standing committees — made up solely of less than a quorum of a legislative body are not subject to the Brown Act.

The law does not apply to local agency staff or employees, but they may facilitate a violation by acting as a conduit for discussion, deliberation, or action by the legislative body.[5]

The law, on the one hand, recognizes the need of individual local officials to meet and discuss matters with their constituents. On the other hand, it requires — with certain specific exceptions to protect the community and preserve individual rights — that the decision-making process be public. Sometimes the boundary between the two is not easy to draw.

PRACTICE TIP: Think of the government's house as being made of glass. The curtains may be drawn only to further the public's interest. A local policy on the use of laptop computers, tablets, and smart phones during Brown Act meetings may help avoid problems.

Public participation in meetings

In addition to requiring the public's business to be conducted in open, noticed meetings, the Brown Act also extends to the public the right to participate in meetings. Individuals, lobbyists, and members of the news media possess the right to attend, record, broadcast, and participate in public meetings. The public's participation is further enhanced by the Brown Act's requirement that a meaningful agenda be posted in advance of meetings, by limiting discussion and action to matters listed on the agenda, and by requiring that meeting materials be made available.

Legislative bodies may, however, adopt reasonable regulations on public testimony and the conduct of public meetings, including measures to address disruptive conduct and irrelevant speech.

Controversy

Not surprisingly, the Brown Act has been a source of confusion and controversy since its inception. News media and government watchdogs often argue the law is toothless, pointing out that there has never been a single criminal conviction for a violation. They often suspect that closed sessions are being misused.

Public officials complain that the Brown Act makes it difficult to respond to constituents and requires public discussions of items better discussed privately — such as why a particular person should not be appointed to a board or commission. Many elected officials find the Brown Act inconsistent with their private business experiences. Closed meetings can be more efficient; they eliminate grandstanding and promote candor. The techniques that serve well in business — the working lunch, the sharing of information through a series of phone calls or emails, the backroom conversations and compromises — are often not possible under the Brown Act.

As a matter of public policy, California (along with many other states) has concluded that there is more to be gained than lost by conducting public business in the open. Government behind closed doors may well be efficient and business-like, but it may be perceived as unresponsive and untrustworthy.

PRACTICE TIP: Transparency is a foundational value for ethical government practices. The Brown Act is a floor, not a ceiling, for conduct.

Beyond the law — good business practices

Violations of the Brown Act can lead to invalidation of an agency's action, payment of a challenger's attorney fees, public embarrassment, even criminal prosecution. But the Brown Act is a floor, not a ceiling for conduct of public officials. This guide is focused not only on the Brown Act as a minimum standard, but also on meeting practices or activities that, legal or not, are likely to create controversy. Problems may crop up, for example, when agenda descriptions are too brief or vague, when an informal get-together takes on the appearance of a meeting, when an agency conducts too much of its business in closed session or discusses matters in closed session that are beyond the authorized scope, or when controversial issues arise that are not on the agenda.

The Brown Act allows a legislative body to adopt practices and requirements for greater access to meetings for itself and its subordinate committees and bodies that are more stringent than the law itself requires.[6] Rather than simply restate the basic requirements of the Brown Act, local open meeting policies should strive to anticipate and prevent problems in areas where the Brown Act does not provide full guidance. As with the adoption of any other significant policy, public comment should be solicited.

A local policy could build on these basic Brown Act goals:

- A legislative body's need to get its business done smoothly;
- The public's right to participate meaningfully in meetings, and to review documents used in decision-making at a relevant point in time;
- A local agency's right to confidentially address certain negotiations, personnel matters, claims and litigation; and
- The right of the press to fully understand and communicate public agency decision-making.

An explicit and comprehensive public meeting and information policy, especially if reviewed periodically, can be an important element in maintaining or improving public relations. Such a policy exceeds the absolute requirements of the law — but if the law were enough, this guide would be unnecessary. A narrow legalistic approach will not avoid or resolve potential controversies. An agency should consider going beyond the law, and look at its unique circumstances and determine if there is a better way to prevent potential problems and promote public trust. At the very least, local agencies need to think about how their agendas are structured in order to make Brown Act compliance easier. They need to plan carefully to make sure public participation fits smoothly into the process.

Achieving balance

The Brown Act should be neither an excuse for hiding the ball nor a mechanism for hindering efficient and orderly meetings. The Brown Act represents a balance among the interests of constituencies whose interests do not always coincide. It calls for openness in local government, yet should allow government to function responsively and productively.

There must be both adequate notice of what discussion and action is to occur during a meeting as well as a normal degree of spontaneity in the dialogue between elected officials and their constituents.

The ability of an elected official to confer with constituents or colleagues must be balanced against the important public policy prohibiting decision-making outside of public meetings.

In the end, implementation of the Brown Act must ensure full participation of the public and preserve the integrity of the decision-making process, yet not stifle government officials and impede the effective and natural operation of government.

PRACTICE TIP: The Brown Act should be viewed as a tool to facilitate the business of local government agencies. Local policies that go beyond the minimum requirements of law may help instill public confidence and avoid problems.

Historical note

In late 1951, *San Francisco Chronicle* reporter Mike Harris spent six weeks looking into the way local agencies conducted meetings. State law had long required that business be done in public, but Harris discovered secret meetings or caucuses were common. He wrote a 10-part series on "Your Secret Government" that ran in May and June 1952.

Out of the series came a decision to push for a new state open meeting law. Harris and Richard (Bud) Carpenter, legal counsel for the League of California Cities, drafted such a bill and Assembly Member Ralph M. Brown agreed to carry it. The Legislature passed the bill and Governor Earl Warren signed it into law in 1953.

The Ralph M. Brown Act, known as the Brown Act, has evolved under a series of amendments and court decisions, and has been the model for other open meeting laws — such as the Bagley-Keene Act, enacted in 1967 to cover state agencies.

Assembly Member Brown is best known for the open meeting law that carries his name. He was elected to the Assembly in 1942 and served 19 years, including the last three years as Speaker. He then became an appellate court justice.

ENDNOTES:

1 California Government Code section 54950

2 California Constitution, Art. 1, section 3(b)(1)

3 California Government Code section 54953(a)

4 This principle of broad construction when it furthers public access and narrow construction if a provision limits public access is also stated in the amendment to the State's Constitution adopted by Proposition 59 in 2004. California Constitution, Art. 1, section 3(b)(2).

5 California Government Code section 54952.2(b)(2) and (c)(1); *Wolfe v. City of Fremont* (2006) 144 Cal.App.4th 533

6 California Government Code section 54953.7

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Chapter 2

LEGISLATIVE BODIES

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LEGISLATIVE BODIES

The Brown Act applies to the legislative bodies of local agencies. It defines "legislative body" broadly to include just about every type of decision-making body of a local agency.[1]

What is a "legislative body" of a local agency?

A "legislative body" includes:

- **The "governing body** of a local agency" and certain of its subsidiary bodies; "or any other local body created by state or federal statute."[2] This includes city councils, boards of supervisors, school boards and boards of trustees of special districts. A "local agency" is any city, county, city and county, school district, municipal corporation, successor agency to a redevelopment agency, district, political subdivision or other local public agency.[3] A housing authority is a local agency under the Brown Act even though it is created by and is an agent of the state.[4] The California Attorney General has opined that air pollution control districts and regional open space districts are also covered.[5] Entities created pursuant to joint powers agreements are also local agencies within the meaning of the Brown Act.[6]

PRACTICE TIP: The prudent presumption is that an advisory committee or task force is subject to the Brown Act. Even if one clearly is not, it may want to comply with the Brown Act. Public meetings may reduce the possibility of misunderstandings and controversy.

- **Newly-elected members** of a legislative body who have not yet assumed office must conform to the requirements of the Brown Act as if already in office.[7] Thus, meetings between incumbents and newly-elected members of a legislative body, such as a meeting between two outgoing members and a member-elect of a five-member body, could violate the Brown Act.

Q. On the morning following the election to a five-member legislative body of a local agency, two successful candidates, neither an incumbent, meet with an incumbent member of the legislative body for a celebratory breakfast. Does this violate the Brown Act?

A. *It might, and absolutely would if the conversation turns to agency business. Even though the candidates-elect have not officially been sworn in, the Brown Act applies. If purely a social event, there is no violation but it would be preferable if others were invited to attend to avoid the appearance of impropriety.*

- **Appointed bodies** — whether permanent or temporary, decision-making or advisory — including planning commissions, civil service commissions and other subsidiary committees, boards, and bodies. Volunteer groups, executive search committees, task forces, and blue ribbon committees created by formal action of the governing body are legislative bodies. When the members of two or more legislative bodies are appointed to serve on an entirely separate advisory group, the resulting body may be subject to the

Brown Act. In one reported case, a city council created a committee of two members of the city council and two members of the city planning commission to review qualifications of prospective planning commissioners and make recommendations to the council. The court held that their joint mission made them a legislative body subject to the Brown Act. Had the two committees remained separate; and met only to exchange information and report back to their respective boards, they would have been exempt from the Brown Act.[8]

- **Standing committees** of a legislative body, irrespective of their composition, which have either: (1) a continuing subject matter jurisdiction; or (2) a meeting schedule fixed by charter, ordinance, resolution, or formal action of a legislative body.[9] Even if it comprises less than a quorum of the governing body, a standing committee is subject to the Brown Act. For example, if a governing body creates long-term committees on budget and finance or on public safety, those are standing committees subject to the Brown Act. Further, according to the California Attorney General, function over form controls. For example, a statement by the legislative body that the advisory committee "shall not exercise continuing subject matter jurisdiction" or the fact that the committee does not have a fixed meeting schedule is not determinative.[10] "Formal action" by a legislative body includes authorization given to the agency's executive officer to appoint an advisory committee pursuant to agency-adopted policy.[11]
- The governing body of any **private organization** either: (1) created by the legislative body in order to exercise authority that may lawfully be delegated by such body to a private corporation, limited liability company or other entity; or (2) that receives agency funding and whose governing board includes a member of the legislative body of the local agency appointed by the legislative body as a full voting member of the private entity's governing board.[12] These include some nonprofit corporations created by local agencies.[13] If a local agency contracts with a private firm for a service (for example, payroll, janitorial, or food services), the private firm is not covered by the Brown Act.[14] When a member of a legislative body sits on a board of a private organization as a private person and is not appointed by the legislative body, the board will not be subject to the Brown Act. Similarly, when the legislative body appoints someone other than one of its own members to such boards, the Brown Act does not apply. Nor does it apply when a private organization merely receives agency funding.[15]

Q: The local chamber of commerce is funded in part by the city. The mayor sits on the chamber's board of directors. Is the chamber board a legislative body subject to the Brown Act?

A: *Maybe. If the chamber's governing documents require the mayor to be on the board and the city council appoints the mayor to that position, the board is a legislative body. If, however, the chamber board independently appoints the mayor to its board, or the mayor attends chamber board meetings in a purely advisory capacity, it is not.*

Q: If a community college district board creates an auxiliary organization to operate a campus bookstore or cafeteria, is the board of the organization a legislative body?

A: *Yes. But, if the district instead contracts with a private firm to operate the bookstore or cafeteria, the Brown Act would not apply to the private firm.*

- **Certain types of hospital operators.** A lessee of a hospital (or portion of a hospital)

PRACTICE TIP: It can be difficult to determine whether a subcommittee of a body falls into the category of a standing committee or an exempt temporary committee. Suppose a committee is created to explore the renewal of a franchise or a topic of similarly limited scope and duration. Is it an exempt temporary committee or a non-exempt standing committee? The answer may depend on factors such as how meeting schedules are determined, the scope of the committee's charge, or whether the committee exists long enough to have "continuing jurisdiction."

first leased under Health and Safety Code subsection 32121(p) after January 1, 1994, which exercises "material authority" delegated to it by a local agency, whether or not such lessee is organized and operated by the agency or by a delegated authority.[16]

What is not a "legislative body" for purposes of the Brown Act?

- A temporary advisory committee composed **solely of less than a quorum** of the legislative body that serves a limited or single purpose, that is not perpetual, and that will be dissolved once its specific task is completed is not subject to the Brown Act.[17] Temporary committees are sometimes called *ad hoc* committees, a term not used in the Brown Act. Examples include an advisory committee composed of less than a quorum created to interview candidates for a vacant position or to meet with representatives of other entities to exchange information on a matter of concern to the agency, such as traffic congestion.[18]
- Groups advisory to a single decision-maker or appointed by staff are not covered. The Brown Act applies only to committees created by formal action of the legislative body and not to committees created by others. A committee advising a superintendent of schools would not be covered by the Brown Act. However, the same committee, if created by formal action of the school board, would be covered.[19]

  Q. A member of the legislative body of a local agency informally establishes an advisory committee of five residents to advise her on issues as they arise. Does the Brown Act apply to this committee?

  A. *No, because the committee has not been established by formal action of the legislative body.*

  Q. During a meeting of the city council, the council directs the city manager to form an advisory committee of residents to develop recommendations for a new ordinance. The city manager forms the committee and appoints its members; the committee is instructed to direct its recommendations to the city manager. Does the Brown Act apply to this committee?

  A. *Possibly, because the direction from the city council might be regarded as a formal action of the body notwithstanding that the city manager controls the committee.*

- Individual decision makers who are not elected or appointed members of a legislative body are not covered by the Brown Act. For example, a disciplinary hearing presided over by a department head or a meeting of agency department heads are not subject to the Brown Act since such assemblies are not those of a legislative body.[20]
- Public employees, each acting individually and not engaging in collective deliberation on a specific issue, such as the drafting and review of an agreement, do not constitute a legislative body under the Brown Act, even if the drafting and review process was established by a legislative body.[21]
- County central committees of political parties are also not Brown Act bodies.[22]

ENDNOTES:

1 *Taxpayers for Livable Communities v. City of Malibu* (2005) 126 Cal.App.4th 1123, 1127

2 California Government Code section 54952(a) and (b)

3 California Government Code section 54951; Health and Safety Code section 34173(g) (successor agencies to former redevelopment agencies subject to the Brown Act). But see Education Code section 35147, which exempts certain school councils and school site advisory committees from the Brown Act and imposes upon them a separate set of rules.

4 *Torres v. Board of Commissioners of Housing Authority of Tulare County* (1979) 89 Cal.App.3d 545, 549-550

5 71 Ops.Cal.Atty.Gen. 96 (1988); 73 Ops.Cal.Atty.Gen. 1 (1990)

6 *McKee v. Los Angeles Interagency Metropolitan Police Apprehension Crime Task Force* (2005) 134 Cal. App.4th 354, 362

7 California Government Code section 54952.1

8 *Joiner v. City of Sebastopol* (1981) 125 Cal.App.3d 799, 804-805

9 California Government Code section 54952(b)

10 79 Ops.Cal.Atty.Gen. 69 (1996)

11 *Frazer v. Dixon Unified School District* (1993) 18 Cal.App.4th 781, 793

12 California Government Code section 54952(c)(1). Regarding private organizations that receive local agency funding, the same rule applies to a full voting member appointed prior to February 9, 1996 who, after that date, is made a non-voting board member by the legislative body. California Government Code section 54952(c)(2)

13 California Government Code section 54952(c)(1)(A); International Longshoremen's and Warehousemen's Union v. Los Angeles Export Terminal, Inc. (1999) 69 Cal.App.4th 287, 300; Epstein v. Hollywood Entertainment Dist. II Business Improvement District (2001) 87 Cal.App.4th 862, 876; see also 85 Ops.Cal.Atty.Gen. 55 (2002)

14 *International Longshoremen's and Warehousemen's Union v. Los Angeles Export Terminal* (1999) 69 Cal. App.4th 287, 300 fn. 5

15 "*The Brown Act, Open Meetings for Local Legislative Bodies,*" California Attorney General's Office (2003), p. 7

16 California Government Code section 54952(d)

17 California Government Code section 54952(b); see also *Freedom Newspapers, Inc. v. Orange County Employees Retirement System Board of Directors* (1993) 6 Cal.4th 821, 832.

18 *Taxpayers for Livable Communities v. City of Malibu* (2005) 126 Cal.App.4th 1123, 1129

19 56 Ops.Cal.Atty.Gen. 14, 16-17 (1973)

20 *Wilson v. San Francisco Municipal Railway* (1973) 29 Cal.App.3d 870, 878-879

21 *Golightly v. Molina* (2014) 229 Cal.App.4th 1501, 1513

22 59 Ops.Cal.Atty.Gen. 162, 164 (1976)

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Chapter 3

MEETINGS

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MEETINGS

The Brown Act only applies to meetings of local legislative bodies. The Brown Act defines a meeting as: "… and any congregation of a majority of the members of a legislative body at the same time and location, including teleconference location as permitted by Section 54953, to hear, discuss, deliberate, or take any action on any item that is within the subject matter jurisdiction of the legislative body."[1] The term "meeting" is not limited to gatherings at which action is taken but includes deliberative gatherings as well. A hearing before an individual hearing officer is not a meeting under the Brown Act because it is not a hearing before a legislative body.[2]

Brown Act meetings

Brown Act meetings include a legislative body's regular meetings, special meetings, emergency meetings, and adjourned meetings.

- **"Regular meetings"** are meetings occurring at the dates, times, and location set by resolution, ordinance, or other formal action by the legislative body and are subject to 72-hour posting requirements.[3]
- **"Special meetings"** are meetings called by the presiding officer or majority of the legislative body to discuss only discrete items on the agenda under the Brown Act's notice requirements for special meetings and are subject to 24-hour posting requirements.[4]
- **"Emergency meetings"** are a limited class of meetings held when prompt action is needed due to actual or threatened disruption of public facilities and are held on little notice.[5]
- **"Adjourned meetings"** are regular or special meetings that have been adjourned or re-adjourned to a time and place specified in the order of adjournment, with no agenda required for regular meetings adjourned for less than five calendar days as long as no additional business is transacted.[6]

Six exceptions to the meeting definition

The Brown Act creates six exceptions to the meeting definition:[7]

Individual Contacts

The first exception involves individual contacts between a member of the legislative body and any other person. The Brown Act does not limit a legislative body member acting on his or her own. This exception recognizes the right to confer with constituents, advocates, consultants, news reporters, local agency staff, or a colleague.

Individual contacts, however, cannot be used to do in stages what would be prohibited in one step. For example, a series of individual contacts that leads to discussion, deliberation, or action among a majority of the members of a legislative body is prohibited. Such serial meetings are discussed below.

Conferences

The second exception allows a legislative body majority to attend a conference or similar gathering open to the public that addresses issues of general interest to the public or to public agencies of the type represented by the legislative body.

Among other things, this exception permits legislative body members to attend annual association conferences of city, county, school, community college, and other local agency officials, so long as those meetings are open to the public. However, a majority of members cannot discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within their local agency's subject matter jurisdiction.

Community Meetings

The third exception allows a legislative body majority to attend an open and publicized meeting held by another organization to address a topic of local community concern. A majority cannot discuss among themselves, other than as part of the scheduled program, business of a specific nature that is within the legislative body's subject matter jurisdiction. Under this exception, a legislative body majority may attend a local service club meeting or a local candidates' night if the meetings are open to the public.

> **"I see we have four distinguished members of the city council at our meeting tonight," said the chair of the Environmental Action Coalition. "I wonder if they have anything to say about the controversy over enacting a slow growth ordinance?"**
>
> *The Brown Act permits a majority of a legislative body to attend and speak at an open and publicized meeting conducted by another organization. The Brown Act may nevertheless be violated if a majority discusses, deliberates, or takes action on an item during the meeting of the other organization. There is a fine line between what is permitted and what is not; hence, members should exercise caution when participating in these types of events.*

Q. The local chamber of commerce sponsors an open and public candidate debate during an election campaign. Three of the five agency members are up for re-election and all three participate. All of the candidates are asked their views of a controversial project scheduled for a meeting to occur just after the election. May the three incumbents answer the question?

A. *Yes, because the Brown Act does not constrain the incumbents from expressing their views regarding important matters facing the local agency as part of the political process the same as any other candidates.*

Other Legislative Bodies

The fourth exception allows a majority of a legislative body to attend an open and publicized meeting of: (1) another body of the local agency; and (2) a legislative body of another local agency.[8] Again, the majority cannot discuss among themselves, other than as part of the scheduled meeting, business of a specific nature that is within their subject matter jurisdiction. This exception allows, for example, a city council or a majority of a board of supervisors to attend a controversial meeting of the planning commission.

Nothing in the Brown Act prevents the majority of a legislative body from sitting together at such a meeting. They may choose not to, however, to preclude any possibility of improperly discussing local agency business and to avoid the appearance of a Brown Act violation. Further, aside from the Brown Act, there may be other reasons, such as due process considerations, why the members should avoid giving public testimony or trying to influence the outcome of proceedings before a subordinate body.

Q. The entire legislative body intends to testify against a bill before the Senate Local Government Committee in Sacramento. Must this activity be noticed as a meeting of the body?

A. *No, because the members are attending and participating in an open meeting of another governmental body which the public may attend.*

Q. The members then proceed upstairs to the office of their local Assembly member to discuss issues of local interest. Must this session be noticed as a meeting and be open to the public?

A. *Yes, because the entire body may not meet behind closed doors except for proper closed sessions. The same answer applies to a private lunch or dinner with the Assembly member.*

Standing Committees

The fifth exception authorizes the attendance of a majority at an open and noticed meeting of a standing committee of the legislative body, provided that the legislative body members who are not members of the standing committee attend only as observers (meaning that they cannot speak or otherwise participate in the meeting).[9]

Q. The legislative body establishes a standing committee of two of its five members, which meets monthly. A third member of the legislative body wants to attend these meetings and participate. May she?

A. *She may attend, but only as an observer; she may not participate.*

Social or Ceremonial Events

The final exception permits a majority of a legislative body to attend a purely social or ceremonial occasion. Once again, a majority cannot discuss business among themselves of a specific nature that is within the subject matter jurisdiction of the legislative body.

Nothing in the Brown Act prevents a majority of members from attending the same football game, party, wedding, funeral, reception, or farewell. The test is not whether a majority of a legislative body attends the function, but whether business of a specific nature within the subject matter jurisdiction of the body is discussed. So long as no such business is discussed, there is no violation of the Brown Act.

Grand Jury Testimony

In addition, members of a legislative body, either individually or collectively, may give testimony in private before a grand jury.[10] This is the equivalent of a seventh exception to the Brown Act's definition of a "meeting."

Collective briefings

None of these exceptions permits a majority of a legislative body to meet together with staff in advance of a meeting for a collective briefing. Any such briefings that involve a majority of the body in the same place and time must be open to the public and satisfy Brown Act meeting notice and agenda requirements.

Retreats or workshops of legislative bodies

Gatherings by a majority of legislative body members at the legislative body's retreats, study sessions, or workshops are covered under the Brown Act. This is the case whether the retreat, study session, or workshop focuses on long-range agency planning, discussion of critical local issues, or team building and group dynamics.[11]

Q. The legislative body wants to hold a team-building session to improve relations among its members. May such a session be conducted behind closed doors?

A. *No, this is not a proper subject for a closed session, and there is no other basis to exclude the public. Council relations are a matter of public business.*

Serial meetings

One of the most frequently asked questions about the Brown Act involves serial meetings. At any one time, such meetings involve only a portion of a legislative body, but eventually involve a majority. The Brown Act provides that "[a] majority of the members of a legislative body shall not, outside a meeting … use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body."[12] The problem with serial meetings is the process, which deprives the public of an opportunity for meaningful observation of and participation in legislative body decision-making.

The serial meeting may occur by either a "daisy chain" or a "hub and spoke" sequence. In the daisy chain scenario, Member A contacts Member B, Member B contacts Member C, Member C contacts Member D and so on, until a quorum has discussed, deliberated, or taken action on an item within the legislative body's subject matter jurisdiction. The hub and spoke process involves at least two scenarios. In the first scenario, Member A (the hub) sequentially contacts Members B, C, and D and so on (the spokes), until a quorum has been contacted. In the second scenario, a staff member (the hub), functioning as an intermediary for the legislative body or one of its members, communicates with a majority of members (the spokes) one-by-one for for discussion, deliberation, or a decision on a proposed action.[13] Another example of a serial meeting is when a chief executive officer (the hub) briefs a majority of members (the spokes) prior to a formal meeting and, in the process, information about the members' respective views is revealed. Each of these scenarios violates the Brown Act.

A legislative body member has the right, if not the duty, to meet with constituents to address their concerns. That member also has the right to confer with a colleague (but not with a majority of the body, counting the member) or appropriate staff about local agency business. An employee or official of a local agency may engage in separate conversations or communications outside of an open and noticed meeting "with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body."[14]

The Brown Act has been violated, however, if several one-on-one meetings or conferences leads to a discussion, deliberation, or action by a majority. In one case, a violation occurred when a quorum of a city council, by a letter that had been circulated among members outside of a formal meeting, directed staff to take action in an eminent domain proceeding.[15]

A unilateral written communication to the legislative body, such as an informational or advisory memorandum, does not violate the Brown Act.[16] Such a memo, however, may be a public record.[17]

> **The phone call was from a lobbyist. "Say, I need your vote for that project in the south area. How about it?"**
>
> **"Well, I don't know," replied Board Member Aletto. "That's kind of a sticky proposition. You sure you need my vote?"**
>
> **"Well, I've got Bradley and Cohen lined up and another vote leaning. With you I'd be over the top."**
>
> **Moments later, the phone rings again. "Hey, I've been hearing some rumbles on that south area project," said the newspaper reporter. "I'm counting noses. How are you voting on it?"**

Neither the lobbyist nor the reporter has violated the Brown Act, but they are facilitating

a violation. The board member may have violated the Brown Act by hearing about the positions of other board members and indeed coaxing the lobbyist to reveal the other board members' positions by asking "You sure you need my vote?" The prudent course is to avoid such leading conversations and to caution lobbyists, staff, and news media against revealing such positions of others.

> **The mayor sat down across from the city manager. "From now on," he declared, "I want you to provide individual briefings on upcoming agenda items. Some of this material is very technical, and the council members don't want to sound like idiots asking about it in public. Besides that, briefings will speed up the meeting."**

Agency employees or officials may have separate conversations or communications outside of an open and noticed meeting "with members of a legislative body in order to answer questions or provide information regarding a matter that is within the subject matter jurisdiction of the local agency if that person does not communicate to members of the legislative body the comments or position of any other member or members of the legislative body."[18] Members should always be vigilant when discussing local agency business with anyone to avoid conversations that could lead to a discussion, deliberation or action taken among the majority of the legislative body.

> **"Thanks for the information," said Council Member Kim. "These zoning changes can be tricky, and now I think I'm better equipped to make the right decision."**
>
> **"Glad to be of assistance," replied the planning director. "I'm sure Council Member Jones is OK with these changes. How are you leaning?"**
>
> **"Well," said Council Member Kim, "I'm leaning toward approval. I know that two of my colleagues definitely favor approval."**

The planning director should not disclose Jones' prospective vote, and Kim should not disclose the prospective votes of two of her colleagues. Under these facts, there likely has been a serial meeting in violation of the Brown Act.

PRACTICE TIP: When briefing legislative body members, staff must exercise care not to disclose other members' views and positions.

Q. The agency's website includes a chat room where agency employees and officials participate anonymously and often discuss issues of local agency business. Members of the legislative body participate regularly. Does this scenario present a potential for violation of the Brown Act?

A. *Yes, because it is a technological device that may serve to allow for a majority of members to discuss, deliberate, or take action on matters of agency business.*

Q. A member of a legislative body contacts two other members on a five-member body relative to scheduling a special meeting. Is this an illegal serial meeting?

A. *No, the Brown Act expressly allows a majority of a body to call a special meeting, though the members should avoid discussing the merits of what is to be taken up at the meeting.*

Particular care should be exercised when staff briefings of legislative body members occur by email because of the ease of using the "reply to all" button that may inadvertently result in a Brown Act violation.

Informal gatherings

Often members are tempted to mix business with pleasure — for example, by holding a post-meeting gathering. Informal gatherings at which local agency business is discussed or transacted violate the law if they are not conducted in conformance with the Brown Act.[19] A luncheon gathering in a crowded dining room violates the Brown Act if the public does not have an opportunity to attend, hear, or participate in the deliberations of members.

> **Thursday at 11:30 a.m., as they did every week, the board of directors of the Dry Gulch Irrigation District trooped into Pop's Donut Shoppe for an hour of talk and fellowship. They sat at the corner window, fronting on Main and Broadway, to show they had nothing to hide. Whenever he could, the managing editor of the weekly newspaper down the street hurried over to join the board.**

A gathering like this would not violate the Brown Act if board members scrupulously avoided talking about irrigation district issues — which might be difficult. This kind of situation should be avoided. The public is unlikely to believe the board members could meet regularly without discussing public business. A newspaper executive's presence in no way lessens the potential for a violation of the Brown Act.

Q. The agency has won a major victory in the Supreme Court on an issue of importance. The presiding officer decides to hold an impromptu press conference in order to make a statement to the print and broadcast media. All the other members show up in order to make statements of their own and be seen by the media. Is this gathering illegal?

A. *Technically there is no exception for this sort of gathering, but as long as members do not state their intentions as to future action to be taken and the press conference is open to the public, it seems harmless.*

Technological conferencing

Except for certain nonsubstantive purposes, such as scheduling a special meeting, a conference call including a majority of the members of a legislative body is an unlawful meeting. But, in an effort to keep up with information age technologies, the Brown Act specifically allows a legislative body to use any type of teleconferencing to meet, receive public comment and testimony, deliberate, or conduct a closed session.[20] While the Brown Act contains specific requirements for conducting a teleconference, the decision to use teleconferencing is entirely discretionary with the body. No person has a right under the Brown Act to have a meeting by teleconference.

"Teleconference" is defined as "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."[21] In addition to the specific requirements relating to teleconferencing, the meeting must comply with all provisions of the Brown Act otherwise applicable. The Brown Act contains the following teleconferencing requirements:[22]

- Teleconferencing may be used for all purposes during any meeting;
- At least a quorum of the legislative body must participate from locations within the local agency's jurisdiction;
- Additional teleconference locations may be made available for the public;
- Each teleconference location must be specifically identified in the notice and agenda of the meeting, including a full address and room number, as may be applicable;
- Agendas must be posted at each teleconference location, even if a hotel room or a residence;
- Each teleconference location, including a hotel room or residence, must be accessible to the public and have technology, such as a speakerphone, to enable the public to participate;
- The agenda must provide the opportunity for the public to address the legislative body directly at each teleconference location; and
- All votes must be by roll call.

Q. A member on vacation wants to participate in a meeting of the legislative body and vote by cellular phone from her car while driving from Washington, D.C. to New York. May she?

A. *She may not participate or vote because she is not in a noticed and posted teleconference location.*

The use of teleconferencing to conduct a legislative body meeting presents a variety of issues beyond the scope of this guide to discuss in detail. Therefore, before teleconferencing a meeting, legal counsel for the local agency should be consulted.

Location of meetings

The Brown Act generally requires all regular and special meetings of a legislative body, including retreats and workshops, to be held within the boundaries of the territory over which the local agency exercises jurisdiction.[23]

An open and publicized meeting of a legislative body may be held outside of agency boundaries if the purpose of the meeting is one of the following:[24]

- Comply with state or federal law or a court order, or attend a judicial conference or administrative proceeding in which the local agency is a party;
- Inspect real or personal property that cannot be conveniently brought into the local agency's territory, provided the meeting is limited to items relating to that real or personal property;

Q. The agency is considering approving a major retail mall. The developer has built other similar malls, and invites the entire legislative body to visit a mall outside the jurisdiction. May the entire body go?

A. *Yes, the Brown Act permits meetings outside the boundaries of the agency for specified reasons and inspection of property is one such reason. The field trip must be treated as a meeting and the public must be allowed to attend.*

- Participate in multiagency meetings or discussions; however, such meetings must be held within the boundaries of one of the participating agencies, and all of those agencies must give proper notice;
- Meet in the closest meeting facility if the local agency has no meeting facility within its boundaries, or meet at its principal office if that office is located outside the territory over which the agency has jurisdiction;
- Meet with elected or appointed federal or California officials when a local meeting would be impractical, solely to discuss a legislative or regulatory issue affecting the local agency and over which the federal or state officials have jurisdiction;
- Meet in or nearby a facility owned by the agency, provided that the topic of the meeting is limited to items directly related to the facility; or
- Visit the office of its legal counsel for a closed session on pending litigation, when to do so would reduce legal fees or costs.[25]

In addition, the governing board of a school or community college district may hold meetings outside of its boundaries to attend a conference on nonadversarial collective bargaining techniques, interview candidates for school district superintendent, or interview a potential employee from another district.[26] A school board may also interview members of the public residing in another district if the board is considering employing that district's superintendent.

Similarly, meetings of a joint powers authority can occur within the territory of at least one of its member agencies, and a joint powers authority with members throughout the state may meet anywhere in the state.[27]

Finally, if a fire, flood, earthquake, or other emergency makes the usual meeting place unsafe, the presiding officer can designate another meeting place for the duration of the emergency. News media that have requested notice of meetings must be notified of the designation by the most rapid means of communication available.[28]

Endnotes:

1 California Government Code section 54952.2(a)

2 *Wilson v. San Francisco Municipal Railway* (1973) 29 Cal.App.3d 870

3 California Government Code section 54954(a)

4 California Government Code section 54956

5 California Government Code section 54956.5

6 California Government Code section 54955

7 California Government Code section 54952.2(c)

8 California Government Code section 54952.2(c)(4)

9 California Government Code section 54952.2(c)(6)

10 California Government Code section 54953.1

11 "*The Brown Act,*" California Attorney General (2003), p. 10

12 California Government Code section 54952.2(b)(1)

13 *Stockton Newspaper Inc. v. Redevelopment Agency* (1985) 171 Cal.App.3d 95

14 California Government Code section 54952.2(b)(2)

15 *Common Cause v. Stirling* (1983) 147 Cal.App.3d 518

16 *Roberts v. City of Palmdale* (1993) 5 Cal.4th 363

17 California Government Code section 54957.5(a)

18 California Government Code section 54952.2(b)(2)

19 California Government Code section 54952.2; 43 Ops.Cal.Atty.Gen. 36 (1964)

20 California Government Code section 54953(b)(1)

21 California Government Code section 54953(b)(4)

22 California Government Code section 54953

23 California Government Code section 54954(b)

24 California Government Code section 54954(b)(1)-(7)

25 94 Ops.Cal.Atty.Gen. 15 (2011)

26 California Government Code section 54954(c)

27 California Government Code section 54954(d)

28 California Government Code section 54954(e)

Updates to this publication responding to changes in the Brown Act or new court interpretations are available at **www.cacities.org/opengovernment**. A current version of the Brown Act may be found at **www.leginfo.ca.gov**.

Chapter 4

AGENDAS, NOTICES, AND PUBLIC PARTICIPATION

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Effective notice is essential for an open and public meeting. Whether a meeting is open or how the public may participate in that meeting is academic if nobody knows about the meeting.

Agendas for regular meetings

Every regular meeting of a legislative body of a local agency — including advisory committees, commissions, or boards, as well as standing committees of legislative bodies — must be preceded by a posted agenda that advises the public of the meeting and the matters to be transacted or discussed.

The agenda must be posted at least 72 hours before the regular meeting in a location "freely accessible to members of the public."[1] The courts have not definitively interpreted the "freely accessible" requirement. The California Attorney General has interpreted this provision to require posting in a location accessible to the public 24 hours a day during the 72-hour period, but any of the 72 hours may fall on a weekend.[2] This provision may be satisfied by posting on a touch screen electronic kiosk accessible without charge to the public 24 hours a day during the 72-hour period.[3] While posting an agenda on an agency's Internet website will not, by itself, satisfy the "freely accessible" requirement since there is no universal access to the internet, an agency has a supplemental obligation to post the agenda on its website if: (1) the local agency has a website; and (2) the legislative body whose meeting is the subject of the agenda is either (a) a governing body, or (b) has members that are compensated, with one or more members that are also members of a governing body.[4]

Q. May the meeting of a governing body go forward if its agenda was either inadvertently not posted on the city's website or if the website was not operational during part or all of the 72-hour period preceding the meeting?

A. *At a minimum, the Brown Act calls for "substantial compliance" with all agenda posting requirements, including posting to the agency website.[5] Should website technical difficulties arise, seek a legal opinion from your agency attorney. The California Attorney General has opined that technical difficulties which cause the website agenda to become inaccessible for a portion of the 72 hours preceding a meeting do not automatically or inevitably lead to a Brown Act violation, provided the agency can demonstrate substantial compliance.[6] This inquiry requires a fact-specific examination of whether the agency or its legislative body made "reasonably effective efforts to notify interested persons of a public meeting" through online posting and other available means.[7] The Attorney General's opinion suggests that this examination would include an evaluation of how long a technical problem persisted, the efforts made to correct the problem or otherwise ensure that the public was informed, and the actual effect the problem had on public*

awareness, among other factors.[8] The City Attorneys' Department has taken the position that obvious website technical difficulties do not require cancellation of a meeting, provided that the agency meets all other Brown Act posting requirements and the agenda is available on the website once the technical difficulties are resolved.

The agenda must state the meeting time and place and must contain "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."[9] Special care should be taken to describe on the agenda each distinct action to be taken by the legislative body, and avoid overbroad descriptions of a "project" if the "project" is actually a set of distinct actions that must each be separately listed on the agenda.[10]

PRACTICE TIP: Putting together a meeting agenda requires careful thought.

Q. The agenda for a regular meeting contains the following items of business:

- Consideration of a report regarding traffic on Eighth Street; and
- Consideration of contract with ABC Consulting.

Are these descriptions adequate?

A. *If the first is, it is barely adequate. A better description would provide the reader with some idea of what the report is about and what is being recommended. The second is not adequate. A better description might read "consideration of a contract with ABC Consulting in the amount of $50,000 for traffic engineering services regarding traffic on Eighth Street."*

Q. The agenda includes an item entitled City Manager's Report, during which time the city manager provides a brief report on notable topics of interest, none of which are listed on the agenda.

Is this permissible?

A. *Yes, so long as it does not result in extended discussion or action by the body.*

A brief general description may not be sufficient for closed session agenda items. The Brown Act provides safe harbor language for the various types of permissible closed sessions. Substantial compliance with the safe harbor language is recommended to protect legislative bodies and elected officials from legal challenges.

Mailed agenda upon written request

The legislative body, or its designee, must mail a copy of the agenda or, if requested, the entire agenda packet, to any person who has filed a written request for such materials. These copies shall be mailed at the time the agenda is posted. If requested, these materials must be made available in appropriate alternative formats to persons with disabilities.

A request for notice is valid for one calendar year and renewal requests must be filed following January 1 of each year. The legislative body may establish a fee to recover the cost of providing the service. Failure of the requesting person to receive the agenda does not constitute grounds for invalidation of actions taken at the meeting.[11]

Notice requirements for special meetings

There is no express agenda requirement for special meetings, but the notice of the special meeting effectively serves as the agenda and limits the business that may be transacted or discussed. Written notice must be sent to each member of the legislative body (unless waived in writing by that member) and to each local newspaper of general circulation, and radio or television station that has requested such notice in writing. This notice must be delivered by personal delivery or any other means that ensures receipt, at least 24 hours before the time of the meeting.

The notice must state the time and place of the meeting, as well as all business to be transacted or discussed. It is recommended that the business to be transacted or discussed be described in the same manner that an item for a regular meeting would be described on the agenda — with a brief general description. As noted above, closed session items should be described in accordance with the Brown Act's safe harbor provisions to protect legislative bodies and elected officials from challenges of noncompliance with notice requirements.

The special meeting notice must also be posted at least 24 hours prior to the special meeting using the same methods as posting an agenda for a regular meeting: (1) at a site that is freely accessible to the public, and (2) on the agency's website if: (1) the local agency has a website; and (2) the legislative body whose meeting is the subject of the agenda is either (a) a governing body, or (b) has members that are compensated, with one or more members that are also members of a governing body.[12]

Notices and agendas for adjourned and continued meetings and hearings

A regular or special meeting can be adjourned and re-adjourned to a time and place specified in the order of adjournment.[13] If no time is stated, the meeting is continued to the hour for regular meetings. Whoever is present (even if they are less than a quorum) may so adjourn a meeting; if no member of the legislative body is present, the clerk or secretary may adjourn the meeting. If a meeting is adjourned for less than five calendar days, no new agenda need be posted so long as a new item of business is not introduced.[14] A copy of the order of adjournment must be posted within 24 hours after the adjournment, at or near the door of the place where the meeting was held.

A hearing can be continued to a subsequent meeting. The process is the same as for continuing adjourned meetings, except that if the hearing is continued to a time less than 24 hours away, a copy of the order or notice of continuance must be posted immediately following the meeting.[15]

Notice requirements for emergency meetings

The special meeting notice provisions apply to emergency meetings, except for the 24-hour notice.[16] News media that have requested written notice of special meetings must be notified by telephone at least one hour in advance of an emergency meeting, and all telephone numbers provided in that written request must be tried. If telephones are not working, the notice requirements are deemed waived. However, the news media must be notified as soon as possible of the meeting and any action taken.

News media may make a practice of having written requests on file for notification of special or emergency meetings. Absent such a request, a local agency has no legal obligation to notify news media of special or emergency meetings — although notification may be advisable in any event to avoid controversy.

Notice of compensation for simultaneous or serial meetings

A legislative body that has convened a meeting and whose membership constitutes a quorum of another legislative body, may convene a simultaneous or serial meeting of the other legislative body only after a clerk or member of the convened legislative body orally announces: (1) the amount of compensation or stipend, if any, that each member will be entitled to receive as a result of convening the meeting of the other legislative body; and (2) that the compensation or stipend is provided as a result of convening the meeting of that body.[17]

No oral disclosure of the amount of the compensation is required if the entire amount of such compensation is prescribed by statute and no additional compensation has been authorized by the local agency. Further, no disclosure is required with respect to reimbursements for actual and necessary expenses incurred in the performance of the member's official duties, such as for travel, meals, and lodging.

Educational agency meetings

The Education Code contains some special agenda and special meeting provisions.[18] However, they are generally consistent with the Brown Act. An item is probably void if not posted.[19] A school district board must also adopt regulations to make sure the public can place matters affecting the district's business on meeting agendas and to address the board on those items.[20]

Notice requirements for tax or assessment meetings and hearings

The Brown Act prescribes specific procedures for adoption by a city, county, special district, or joint powers authority of any new or increased tax or assessment imposed on businesses.[21] Though written broadly, these Brown Act provisions do not apply to new or increased real property taxes or assessments as those are governed by the California Constitution, Article XIIIC or XIIID, enacted by Proposition 218. At least one public meeting must be held to allow public testimony on the tax or assessment. In addition, there must also be at least 45 days notice of a public hearing at which the legislative body proposes to enact or increase the tax or assessment. Notice of the public meeting and public hearing must be provided at the same time and in the same document. The public notice relating to general taxes must be provided by newspaper publication. The public notice relating to new or increased business assessments must be provided through a mailing to all business owners proposed to be subject to the new or increased assessment. The agency may recover the reasonable costs of the public meetings, hearings, and notice.

The Brown Act exempts certain fees, standby or availability charges, recurring assessments, and new or increased assessments that are subject to the notice and hearing requirements of the Constitution.[22] As a practical matter, the Constitution's notice requirements have preempted this section of the Brown Act.

Non-agenda items

The Brown Act generally prohibits any action or discussion of items not on the posted agenda. However, there are three specific situations in which a legislative body can act on an item not on the agenda:[23]

- When a majority decides there is an "emergency situation" (as defined for emergency meetings);
- When two-thirds of the members present (or all members if less than two-thirds are present) determine there is a need for immediate action and the need to take action "came to the attention of the local agency subsequent to the agenda being posted." This exception requires a degree of urgency. Further, an item cannot be considered under this provision if the legislative body or the staff knew about the need to take immediate action before the agenda was posted. A new need does not arise because staff forgot to put an item on the agenda or because an applicant missed a deadline; or
- When an item appeared on the agenda of, and was continued from, a meeting held not more than five days earlier.

PRACTICE TIP: Subject to very limited exceptions, the Brown Act prohibits any action or discussion of an item not on the posted agenda.

The exceptions are narrow, as indicated by this list. The first two require a specific determination by the legislative body. That determination can be challenged in court and, if unsubstantiated, can lead to invalidation of an action.

> **"I'd like a two-thirds vote of the board, so we can go ahead and authorize commencement of phase two of the East Area Project," said Chair Lopez.**
>
> **"It's not on the agenda. But we learned two days ago that we finished phase one ahead of schedule — believe it or not — and I'd like to keep it that way. Do I hear a motion?"**

The desire to stay ahead of schedule generally would not satisfy "a need for immediate action." Too casual an action could invite a court challenge by a disgruntled resident. The prudent course is to place an item on the agenda for the next meeting and not risk invalidation.

> **"We learned this morning of an opportunity for a state grant," said the chief engineer at the regular board meeting, "but our application has to be submitted in two days. We'd like the board to give us the go ahead tonight, even though it's not on the agenda."**

A legitimate immediate need can be acted upon even though not on the posted agenda by following a two-step process:

- First, make two determinations: 1) that there is an immediate need to take action, and 2) that the need arose after the posting of the agenda. The matter is then placed on the agenda.
- Second, discuss and act on the added agenda item.

Responding to the public

The public can talk about anything within the jurisdiction of the legislative body, but the legislative body generally cannot act on or discuss an item not on the agenda. What happens when a member of the public raises a subject not on the agenda?

While the Brown Act does not allow discussion or action on items not on the agenda, it does allow members of the legislative body, or its staff, to "briefly respond" to comments or questions from members of the public, provide a reference to staff or other resources for factual information, or direct staff to place the issue on a future agenda. In addition, even without a comment from the public, a legislative body member or a staff member may ask for information, request a report back, request to place a matter on the agenda for a subsequent meeting (subject to the body's rules or procedures), ask a question for clarification, make a brief announcement, or briefly report on his or her own activities.[24] However, caution should be used to avoid any discussion or action on such items.

Council Member Jefferson: I would like staff to respond to Resident Joe's complaints during public comment about the repaving project on Elm Street — are there problems with this project?

City Manager Frank: The public works director has prepared a 45-minute power point presentation for you on the status of this project and will give it right now.

Council Member Brown: Take all the time you need; we need to get to the bottom of this. Our residents are unhappy.

It is clear from this dialogue that the Elm Street project was not on the council's agenda, but was raised during the public comment period for items not on the agenda. Council Member A properly asked staff to respond; the city manager should have given at most a brief response. If a lengthy report from the public works director was warranted, the city manager should have stated that it would be placed on the agenda for the next meeting. Otherwise, both the long report and the likely discussion afterward will improperly embroil the council in a matter that is not listed on the agenda.

The right to attend and observe meetings

A number of Brown Act provisions protect the public's right to attend, observe, and participate in meetings.

Members of the public cannot be required to register their names, provide other information, complete a questionnaire, or otherwise "fulfill any condition precedent" to attending a meeting. Any attendance list, questionnaire, or similar document posted at or near the entrance to the meeting room or circulated at a meeting must clearly state that its completion is voluntary and that all persons may attend whether or not they fill it out.[25]

No meeting can be held in a facility that prohibits attendance based on race, religion, color, national origin, ethnic group identification, age, sex, sexual orientation, or disability, or that is inaccessible to the disabled. Nor can a meeting be held where the public must make a payment or purchase in order to be present.[26] This does not mean, however, that the public is entitled to free entry to a conference attended by a majority of the legislative body.[27]

While a legislative body may use teleconferencing in connection with a meeting, the public must be given notice of and access to the teleconference location. Members of the public must be able to address the legislative body from the teleconference location.[28]

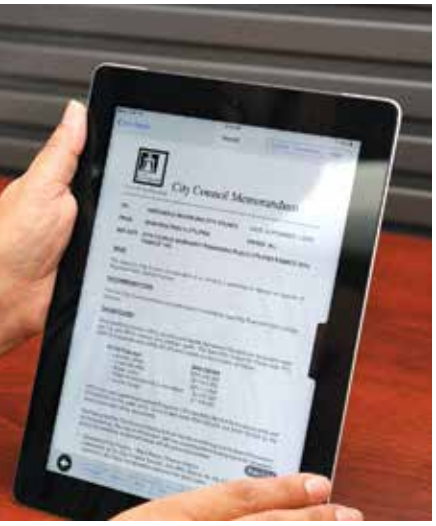
Action by secret ballot, whether preliminary or final, is flatly prohibited.[29]

All actions taken by the legislative body in open session, and the vote of each member thereon, must be disclosed to the public at the time the action is taken.[30]

Q: The agenda calls for election of the legislative body's officers. Members of the legislative body want to cast unsigned written ballots that would be tallied by the clerk, who would announce the results. Is this voting process permissible?

A: *No. The possibility that a public vote might cause hurt feelings among members of the legislative body or might be awkward — or even counterproductive — does not justify a secret ballot.*

The legislative body may remove persons from a meeting who willfully interrupt proceedings.[31] Ejection is justified only when audience members actually disrupt the proceedings.[32] If order cannot be restored after ejecting disruptive persons, the meeting room may be cleared. Members of the news media who have not participated in the disturbance must be allowed to continue to attend the meeting. The legislative body may establish a procedure to re-admit an individual or individuals not responsible for the disturbance.[33]



Records and recordings

The public has the right to review agendas and other writings distributed by any person to a majority of the legislative body in connection with a matter subject to discussion or consideration at a meeting. Except for privileged documents, those materials are public records and must be made available upon request without delay.[34] A fee or deposit as permitted by the California Public Records Act may be charged for a copy of a public record.[35]

Q: In connection with an upcoming hearing on a discretionary use permit, counsel for the legislative body transmits a memorandum to all members of the body outlining the litigation risks in granting or denying the permit. Must this memorandum be included in the packet of agenda materials available to the public?

A: *No. The memorandum is a privileged attorney-client communication.*

Q: In connection with an agenda item calling for the legislative body to approve a contract, staff submits to all members of the body a financial analysis explaining why the terms of the contract favor the local agency. Must this memorandum be included in the packet of agenda materials available to the public?

A. *Yes. The memorandum has been distributed to the majority of the legislative body, relates to the subject matter of a meeting, and is not a privileged communication.*

A legislative body may discuss or act on some matters without considering written materials. But if writings are distributed to a majority of a legislative body in connection with an agenda item, they must also be available to the public. A non-exempt or otherwise privileged writing distributed to a majority of the legislative body less than 72 hours before the meeting must be made available for inspection at the time of distribution at a public office or location designated for that purpose; and the agendas for all meetings of the legislative body must include the address of this office or location.[36] A writing distributed during a meeting must be made public:

- At the meeting if prepared by the local agency or a member of its legislative body; or
- After the meeting if prepared by some other person.[37]

Any tape or film record of an open and public meeting made for whatever purpose by or at the direction of the local agency is subject to the California Public Records Act; however, it may be erased or destroyed 30 days after the taping or recording. Any inspection of a video or tape recording is to be provided without charge on a video or tape player made available by the local agency.[38] The agency may impose its ordinary charge for copies that is consistent with the California Public Records Act.[39]

In addition, the public is specifically allowed to use audio or video tape recorders or still or motion picture cameras at a meeting to record the proceedings, absent a reasonable finding by the legislative body that noise, illumination, or obstruction of view caused by recorders or cameras would persistently disrupt the proceedings.[40]

Similarly, a legislative body cannot prohibit or restrict the public broadcast of its open and public meetings without making a reasonable finding that the noise, illumination, or obstruction of view would persistently disrupt the proceedings.[41]

The public's place on the agenda

Every agenda for a regular meeting must allow members of the public to speak on any item of interest, so long as the item is within the subject matter jurisdiction of the legislative body. Further, the public must be allowed to speak on a specific item of business before or during the legislative body's consideration of it.[42]

Q. Must the legislative body allow members of the public to show videos or make a power point presentation during the public comment part of the agenda, as long as the subject matter is relevant to the agency and is within the established time limit?

A. *Probably, although the agency is under no obligation to provide equipment.*

Moreover, the legislative body cannot prohibit public criticism of policies, procedures, programs, or services of the agency or the acts or omissions of the legislative body itself. But the Brown Act provides no immunity for defamatory statements.[43]

PRACTICE TIP: Public speakers cannot be compelled to give their name or address as a condition of speaking. The clerk or presiding officer may request speakers to complete a speaker card or identify themselves for the record, but must respect a speaker's desire for anonymity.

Q. May the presiding officer prohibit a member of the audience from publicly criticizing an agency employee by name during public comments?

A. *No, as long as the criticism pertains to job performance.*

Q. During the public comment period of a regular meeting of the legislative body, a resident urges the public to support and vote for a candidate vying for election to the body. May the presiding officer gavel the speaker out of order for engaging in political campaign speech?

A. *There is no case law on this subject. Some would argue that campaign issues are outside the subject matter jurisdiction of the body within the meaning of Section 54954.3(a). Others take the view that the speech must be allowed under paragraph (c) of that section because it is relevant to the governing of the agency and an implicit criticism of the incumbents.*

The legislative body may adopt reasonable regulations, including time limits, on public comments. Such regulations should be enforced fairly and without regard to speakers' viewpoints. The legislative body has discretion to modify its regulations regarding time limits on public comment if necessary. For example, the time limit could be shortened to accommodate a lengthy agenda or lengthened to allow additional time for discussion on a complicated matter.[44]

The public does not need to be given an opportunity to speak on an item that has already been considered by a committee made up exclusively of members of the legislative body at a public meeting, if all interested members of the public had the opportunity to speak on the item before or during its consideration, and if the item has not been substantially changed.[45]

Notices and agendas for special meetings must also give members of the public the opportunity to speak before or during consideration of an item on the agenda but need not allow members of the public an opportunity to speak on other matters within the jurisdiction of the legislative body.[46]

Endnotes:

1 California Government Code section 54954.2(a)(1)

2 78 Ops.Cal.Atty.Gen. 327 (1995)

3 88 Ops.Cal.Atty.Gen. 218 (2005)

4 California Government Code sections 54954.2(a)(1) and 54954.2(d)

5 California Government Code section 54960.1(d)(1)

6 ___ Ops.Cal.Atty.Gen.___, No. 14-1204 (January 19, 2016) 16 Cal. Daily Op. Serv. 937 (Cal.A.G.), 2016 WL 375262

7 *North Pacifica LLC v. California Coastal Commission* (2008) 166 Cal.App.4th 1416, 1432

8 ___ Ops.Cal.Atty.Gen.___, No. 14-1204 (January 19, 2016) 16 Cal. Daily Op. Serv. 937 (Cal.A.G.), 2016 WL 375262, Slip Op. at p. 8

9 California Government Code section 54954.2(a)(1)

10 *San Joaquin Raptor Rescue v. County of Merced* (2013) 216 Cal.App.4th 1167 (legislative body's approval of CEQA action (mitigated negative declaration) without specifically listing it on the agenda violates Brown Act, even if the agenda generally describes the development project that is the subject of the CEQA analysis.)

11 California Government Code section 54954.1

12 California Government Code sections 54956(a) and (c)

13 California Government Code section 54955

14 California Government Code section 54954.2(b)(3)

15 California Government Code section 54955.1

16 California Government Code section 54956.5

17 California Government Code section 54952.3

18 Education Code sections 35144, 35145 and 72129

19 *Carlson v. Paradise Unified School District* (1971) 18 Cal.App.3d 196

20 California Education Code section 35145.5

21 California Government Code section 54954.6

22 See Cal.Const.Art.XIIIC, XIIID and California Government Code section 54954.6(h)

23 California Government Code section 54954.2(b)

24 California Government Code section 54954.2(a)(2)

25 California Government Code section 54953.3

26 California Government Code section 54961(a); California Government Code section 11135(a)

27 California Government Code section 54952.2(c)(2)

28 California Government Code section 54953(b)

29 California Government Code section 54953(c)

30 California Government Code section 54953(c)(2)

31 California Government Code section 54957.9.

32 *Norse v. City of Santa Cruz* (9th Cir. 2010) 629 F.3d 966 (silent and momentary Nazi salute directed towards mayor is not a disruption); *Acosta v. City of Costa Mesa* (9th Cir. 2013) 718 F.3d 800 (city council may not prohibit "insolent" remarks by members of the public absent actual disruption).

33 California Government Code section 54957.9

34 California Government Code section 54957.5

35 California Government Code section 54957.5(d)

36 California Government Code section 54957.5(b)

37 California Government Code section 54957.5(c)

38 California Government Code section 54953.5(b)

39 California Government Code section 54957.5(d)

40 California Government Code section 54953.5(a)

41 California Government Code section 54953.6

42 California Government Code section 54954.3(a)

43 California Government Code section 54954.3(c)

44 California Government Code section 54954.3(b); Chaffee v. San Francisco Public Library Com. (2005) 134 Cal.App.4th 109; 75 Ops.Cal.Atty.Gen. 89 (1992)

45 California Government Code section 54954.3(a)

46 California Government Code section 54954.3(a)

Updates to this publication responding to changes in the Brown Act or new court interpretations are available at **www.cacities.org/opengovernment**. A current version of the Brown Act may be found at **www.leginfo.ca.gov**.

Chapter 5

CLOSED SESSIONS

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CLOSED SESSIONS

A closed session is a meeting of a legislative body conducted in private without the attendance of the public or press. A legislative body is authorized to meet in closed session only to the extent expressly authorized by the Brown Act.[1]

As summarized in Chapter 1 of this Guide, it is clear that the Brown Act must be interpreted liberally in favor of open meetings, and exceptions that limit public access (including the exceptions for closed session meetings) must be narrowly construed.[2] The most common purposes of the closed session provisions in the Brown Act are to avoid revealing confidential information (e.g., prejudicing the city's position in litigation or compromising the privacy interests of employees). Closed sessions should be conducted keeping those narrow purposes in mind. It is not enough that a subject is sensitive, embarrassing, or controversial. Without specific authority in the Brown Act for a closed session, a matter to be considered by a legislative body must be discussed in public. As an example, a board of police commissioners cannot meet in closed session to provide general policy guidance to a police chief, even though some matters are sensitive and the commission considers their disclosure contrary to the public interest.[3]

In this chapter, the grounds for convening a closed session are called "exceptions" because they are exceptions to the general rule that meetings must be conducted openly. In some circumstances, none of the closed session exceptions apply to an issue or information the legislative body wishes to discuss privately. In these cases, it is not proper to convene a closed session, even to protect confidential information. For example, although the Brown Act does authorize closed sessions related to specified types of contracts (e.g., specified provisions of real property agreements, employee labor agreements, and litigation settlement agreements),[4] the Brown Act does not authorize closed sessions for other contract negotiations.

PRACTICE TIP: Some problems over closed sessions arise because secrecy itself breeds distrust. The Brown Act does not require closed sessions and legislative bodies may do well to resist the tendency to call a closed session simply because it may be permitted. A better practice is to go into closed session only when necessary.

Agendas and reports

Closed session items must be briefly described on the posted agenda and the description must state the specific statutory exemption.[5] An item that appears on the open meeting portion of the agenda may not be taken into closed session until it has been properly agendized as a closed session item or unless it is properly added as a closed session item by a two-thirds vote of the body after making the appropriate urgency findings.[6]

The Brown Act supplies a series of fill in the blank sample agenda descriptions for various types of authorized closed sessions, which provide a "safe harbor" from legal attacks. These sample

agenda descriptions cover license and permit determinations, real property negotiations, existing or anticipated litigation, liability claims, threats to security, public employee appointments, evaluations and discipline, labor negotiations, multi-jurisdictional law enforcement cases, hospital boards of directors, medical quality assurance committees, joint powers agencies, and audits by the California State Auditor's Office.[7]

If the legislative body intends to convene in closed session, it must include the section of the Brown Act authorizing the closed session in advance on the agenda and it must make a public announcement prior to the closed session discussion. In most cases, the announcement may simply be a reference to the agenda item.[8]

Following a closed session, the legislative body must provide an oral or written report on certain actions taken and the vote of every elected member present. The timing and content of the report varies according to the reason for the closed session and the action taken.[9] The announcements may be made at the site of the closed session, so long as the public is allowed to be present to hear them.

If there is a standing or written request for documentation, any copies of contracts, settlement agreements, or other documents finally approved or adopted in closed session must be provided to the requestor(s) after the closed session, if final approval of such documents does not rest with any other party to the contract or settlement. If substantive amendments to a contract or settlement agreement approved by all parties requires retyping, such documents may be held until retyping is completed during normal business hours, but the substance of the changes must be summarized for any person inquiring about them.[10]

The Brown Act does not require minutes, including minutes of closed sessions. However, a legislative body may adopt an ordinance or resolution to authorize a confidential "minute book" be kept to record actions taken at closed sessions.[11] If one is kept, it must be made available to members of the legislative body, provided that the member asking to review minutes of a particular meeting was not disqualified from attending the meeting due to a conflict of interest.[12] A court may order the disclosure of minute books for the court's review if a lawsuit makes sufficient claims of an open meeting violation.

PRACTICE TIP: Pay close attention to closed session agenda descriptions. Using the wrong label can lead to invalidation of an action taken in closed session if not substantially compliant.

Litigation

There is an attorney/client relationship, and legal counsel may use it to protect the confidentiality of privileged written and oral communications to members of the legislative body — outside of meetings. But protection of the attorney/client privilege cannot by itself be the reason for a closed session.[13]

The Brown Act expressly authorizes closed sessions to discuss what is considered pending litigation. The rules that apply to holding a litigation closed session involve complex, technical definitions and procedures. The essential thing to know is that a closed session can be held by the body to confer with, or receive advice from, its legal counsel when open discussion would prejudice the position of the local agency in litigation in which the agency is, or could become, a party.[14] The litigation exception under the Brown Act is narrowly construed and does not permit activities beyond a legislative body's conferring with its own legal counsel and required support staff.[15] For example, it is not permissible to hold a closed session in which settlement negotiations take place between a legislative body, a representative of an adverse party, and a mediator.[16]

The California Attorney General has opined that if the agency's attorney is not a participant, a litigation closed session cannot be held.[17] In any event, local agency officials should always consult the agency's attorney before placing this type of closed session on the agenda in order to be certain that it is being done properly.

Before holding a closed session under the pending litigation exception, the legislative body must publicly state the basis for the closed session by identifying one of the following three types of matters: existing litigation, anticipated exposure to litigation, or anticipated initiation of litigation.[18]

Existing litigation

Q. May the legislative body agree to settle a lawsuit in a properly-noticed closed session, without placing the settlement agreement on an open session agenda for public approval?

A. *Yes, but the settlement agreement is a public document and must be disclosed on request. Furthermore, a settlement agreement cannot commit the agency to matters that are required to have public hearings.*

Existing litigation includes any adjudicatory proceedings before a court, administrative body exercising its adjudicatory authority, hearing officer, or arbitrator. The clearest situation in which a closed session is authorized is when the local agency meets with its legal counsel to discuss a pending matter that has been filed in a court or with an administrative agency and names the local agency as a party. The legislative body may meet under these circumstances to receive updates on the case from attorneys, participate in developing strategy as the case develops, or consider alternatives for resolution of the case. Generally, an agreement to settle litigation may be approved in closed session. However, an agreement to settle litigation cannot be approved in closed session if it commits the city to take an action that is required to have a public hearing.[19]

Anticipated exposure to litigation against the local agency

Closed sessions are authorized for legal counsel to inform the legislative body of a significant exposure to litigation against the local agency, but only if based on "existing facts and circumstances" as defined by the Brown Act.[20] The legislative body may also meet under this exception to determine whether a closed session is authorized based on information provided by legal counsel or staff. In general, the "existing facts and circumstances" must be publicly disclosed unless they are privileged written communications or not yet known to a potential plaintiff.

Anticipated initiation of litigation by the local agency

A closed session may be held under the exception for the anticipated initiation of litigation when the legislative body seeks legal advice on whether to protect the agency's rights and interests by initiating litigation.

Certain actions must be reported in open session at the same meeting following the closed

session. Other actions, as where final approval rests with another party or the court, may be announced when they become final and upon inquiry of any person.[21] Each agency attorney should be aware of and make the disclosures that are required by the particular circumstances.

Real estate negotiations

A legislative body may meet in closed session with its negotiator to discuss the purchase, sale, exchange, or lease of real property by or for the local agency. A "lease" includes a lease renewal or renegotiation. The purpose is to grant authority to the legislative body's negotiator on price and terms of payment.[22] Caution should be exercised to limit discussion to price and terms of payment without straying to other related issues such as site design, architecture, or other aspects of the project for which the transaction is contemplated.[23]

Q. May other terms of a real estate transaction, aside from price and terms of payment, be addressed in closed session?

A. *No. However, there are differing opinions over the scope of the phrase "price and terms of payment" in connection with real estate closed sessions. Many agency attorneys argue that any term that directly affects the economic value of the transaction falls within the ambit of "price and terms of payment." Others take a narrower, more literal view of the phrase.*

The agency's negotiator may be a member of the legislative body itself. Prior to the closed session, or on the agenda, the legislative body must identify its negotiators, the real property that the negotiations may concern[24] and the names of the parties with whom its negotiator may negotiate.[25]

After real estate negotiations are concluded, the approval and substance of the agreement must be publicly reported. If its own approval makes the agreement final, the body must report in open session at the public meeting during which the closed session is held. If final approval rests with another party, the local agency must report the approval and the substance of the agreement upon inquiry by any person, as soon as the agency is informed of it.[26]

"Our population is exploding, and we have to think about new school sites," said Board Member Jefferson.

"Not only that," interjected Board Member Tanaka, "we need to get rid of a couple of our older facilities."

"Well, obviously the place to do that is in a closed session," said Board Member O'Reilly. "Otherwise we're going to set off land speculation. And if we even mention closing a school, parents are going to be in an uproar."

A closed session to discuss potential sites is not authorized by the Brown Act. The exception is limited to meeting with its negotiator over specific sites — which must be identified at an open and public meeting.

Public employment

The Brown Act authorizes a closed session "to consider the appointment, employment, evaluation of performance, discipline, or dismissal of a public employee or to hear complaints or charges brought against the employee."[27] The purpose of this exception — commonly referred to as the "personnel exception" — is to avoid undue publicity or embarrassment for an employee or applicant for employment and to allow full and candid discussion by the legislative body; thus, it is restricted to discussing individuals, not general personnel policies.[28] The body must possess the power to appoint, evaluate, or dismiss the employee to hold a closed session under this exception.[29] That authority may be delegated to a subsidiary appointed body.[30]

PRACTICE TIP: Discussions of who to appoint to an advisory body and whether or not to censure a fellow member of the legislative body must be held in the open.

An employee must be given at least 24 hours notice of any closed session convened to hear specific complaints or charges against him or her. This occurs when the legislative body is reviewing evidence, which could include live testimony, and adjudicating conflicting testimony offered as evidence. A legislative body may examine (or exclude) witnesses,[31] and the California Attorney General has opined that, when an affected employee and advocate have an official or essential role to play, they may be permitted to participate in the closed session.[32] The employee has the right to have the specific complaints and charges discussed in a public session rather than closed session.[33] If the employee is not given the 24-hour prior notice, any disciplinary action is null and void.[34]

However, an employee is not entitled to notice and a hearing where the purpose of the closed session is to consider a performance evaluation. The Attorney General and the courts have determined that personnel performance evaluations do not constitute complaints and charges, which are more akin to accusations made against a person.[35]

Q. Must 24 hours notice be given to an employee whose negative performance evaluation is to be considered by the legislative body in closed session?

A. *No, the notice is reserved for situations where the body is to hear complaints and charges from witnesses.*

Correct labeling of the closed session on the agenda is critical. A closed session agenda that identified discussion of an employment contract was not sufficient to allow dismissal of an employee.[36] An incorrect agenda description can result in invalidation of an action and much embarrassment.

For purposes of the personnel exception, "employee" specifically includes an officer or an independent contractor who functions as an officer or an employee. Examples of the former include a city manager, district general manager or superintendent. Examples of the latter Include a legal counsel or engineer hired on contract to act as local agency attorney or chief engineer.

Elected officials, appointees to the governing body or subsidiary bodies, and independent contractors other than those discussed above are not employees for purposes of the personnel exception.[37] Action on individuals who are not "employees" must also be public — including discussing and voting on appointees to committees, or debating the merits of independent contractors, or considering a complaint against a member of the legislative body itself.

The personnel exception specifically prohibits discussion or action on proposed compensation in closed session, except for a disciplinary reduction in pay. Among other things, that means there can be no personnel closed sessions on a salary change (other than a disciplinary reduction) between any unrepresented individual and the legislative body. However, a legislative body may address the compensation of an unrepresented individual, such as a city manager, in a closed session as part of a labor negotiation (discussed later in this chapter), yet another example of the importance of using correct agenda descriptions.

PRACTICE TIP: The personnel exception specifically prohibits discussion or action on proposed compensation in closed session except for a disciplinary reduction in pay.

Reclassification of a job must be public, but an employee's ability to fill that job may be considered in closed session.

Any closed session action to appoint, employ, dismiss, accept the resignation of, or otherwise affect the employment status of a public employee must be reported at the public meeting during which the closed session is held. That report must identify the title of the position, but not the names of all persons considered for an employment position.[38] However, a report on a dismissal or non-renewal of an employment contract must be deferred until administrative remedies, if any, are exhausted.[39]

> **"I have some important news to announce," said Mayor Garcia. "We've decided to terminate the contract of the city manager, effective immediately. The council has met in closed session and we've negotiated six months severance pay."**
>
> **"Unfortunately, that has some serious budget consequences, so we've had to delay phase two of the East Area Project."**
>
> *This may be an improper use of the personnel closed session if the council agenda described the item as the city manager's evaluation. In addition, other than labor negotiations, any action on individual compensation must be taken in open session. Caution should be exercised to not discuss in closed session issues, such as budget impacts in this hypothetical, beyond the scope of the posted closed session notice.*

Labor negotiations

The Brown Act allows closed sessions for some aspects of labor negotiations. Different provisions (discussed below) apply to school and community college districts.

A legislative body may meet in closed session to instruct its bargaining representatives, which may be one or more of its members,[40] on employee salaries and fringe benefits for both represented ("union") and non-represented employees. For represented employees, it may also consider working conditions that by law require negotiation. For the purpose of labor negotiation closed sessions, an "employee" includes an officer or an independent contractor who functions as an officer or an employee, but independent contractors who do not serve in the capacity of an officer or employee are not covered by this closed session exception.[41]

These closed sessions may take place before or during negotiations with employee representatives. Prior to the closed session, the legislative body must hold an open and public session in which it identifies its designated representatives.

PRACTICE TIP: Prior to the closed session, the legislative body must hold an open and public session in which it identifies its designated representatives.

During its discussions with representatives on salaries and fringe benefits, the legislative body may also discuss available funds and funding priorities, but only to instruct its representative. The body may also meet in closed session with a conciliator who has intervened in negotiations.[42]

The approval of an agreement concluding labor negotiations with represented employees must be reported after the agreement is final and has been accepted or ratified by the other party. The report must identify the item approved and the other party or parties to the negotiation.[43] The labor closed sessions specifically cannot include final action on proposed compensation of one or more unrepresented employees.

Labor negotiations — school and community college districts

Employee relations for school districts and community college districts are governed by the Rodda Act, where different meeting and special notice provisions apply. The entire board, for example, may negotiate in closed sessions.

Four types of meetings are exempted from compliance with the Rodda Act:

1. A negotiating session with a recognized or certified employee organization;
2. A meeting of a mediator with either side;
3. A hearing or meeting held by a fact finder or arbitrator; and
4. A session between the board and its bargaining agent, or the board alone, to discuss its position regarding employee working conditions and instruct its agent.[44]

Public participation under the Rodda Act also takes another form.[45] All initial proposals of both sides must be presented at public meetings and are public records. The public must be given reasonable time to inform itself and to express its views before the district may adopt its initial proposal. In addition, new topics of negotiations must be made public within 24 hours. Any votes on such a topic must be followed within 24 hours by public disclosure of the vote of each member.[46] The final vote must be in public.

Other Education Code exceptions

The Education Code governs student disciplinary meetings by boards of school districts and community college districts. District boards may hold a closed session to consider the suspension or discipline of a student, if a public hearing would reveal personal, disciplinary, or academic information about the student contrary to state and federal pupil privacy law. The student's parent or guardian may request an open meeting.[47]

Community college districts may also hold closed sessions to discuss some student disciplinary matters, awarding of honorary degrees, or gifts from donors who prefer to remain anonymous.[48] Kindergarten through 12th grade districts may also meet in closed session to review the contents of the statewide assessment instrument.[49]

PRACTICE TIP: Attendance by the entire legislative body before a grand jury would not constitute a closed session meeting under the Brown Act.

Joint Powers Authorities

The legislative body of a joint powers authority may adopt a policy regarding limitations on disclosure of confidential information obtained in closed session, and may meet in closed session to discuss information that is subject to the policy.[50]

License applicants with criminal records

A closed session is permitted when an applicant, who has a criminal record, applies for a license or license renewal and the legislative body wishes to discuss whether the applicant is sufficiently rehabilitated to receive the license. The applicant and the applicant's attorney are authorized to attend the closed session meeting. If the body decides to deny the license, the applicant may withdraw the application. If the applicant does not withdraw, the body must deny the license in public, immediately or at its next meeting. No information from the closed session can be revealed without consent of the applicant, unless the applicant takes action to challenge the denial.[51]

Public security

Legislative bodies may meet in closed session to discuss matters posing a threat to the security of public buildings, essential public services, including water, sewer, gas, or electric service, or to the public's right of access to public services or facilities over which the legislative body has jurisdiction. Closed session meetings for these purposes must be held with designated security or law enforcement officials including the Governor, Attorney General, district attorney, agency attorney, sheriff or chief of police, or their deputies or agency security consultant or security operations manager.[52] Action taken in closed session with respect to such public security issues is not reportable action.

Multijurisdictional law enforcement agency

A joint powers agency formed to provide law enforcement services (involving drugs; gangs; sex crimes; firearms trafficking; felony possession of a firearm; high technology, computer, or identity theft; human trafficking; or vehicle theft) to multiple jurisdictions may hold closed sessions to discuss case records of an on-going criminal investigation, to hear testimony from persons involved in the investigation, and to discuss courses of action in particular cases.[53]

The exception applies to the legislative body of the joint powers agency and to any body advisory to it. The purpose is to prevent impairment of investigations, to protect witnesses and informants, and to permit discussion of effective courses of action.[54]

Hospital peer review and trade secrets

Two specific kinds of closed sessions are allowed for district hospitals and municipal hospitals, under other provisions of law.[55]

1. A meeting to hear reports of hospital medical audit or quality assurance committees, or for related deliberations. However, an applicant or medical staff member whose staff privileges are the direct subject of a hearing may request a public hearing.
2. A meeting to discuss "reports involving trade secrets" — provided no action is taken.

A "trade secret" is defined as information which is not generally known to the public or competitors and which: 1) "derives independent economic value, actual or potential" by virtue of its restricted knowledge; 2) is necessary to initiate a new hospital service or program or facility; and 3) would, if prematurely disclosed, create a substantial probability of depriving the hospital of a substantial economic benefit.

The provision prohibits use of closed sessions to discuss transitions in ownership or management, or the district's dissolution.[56]

Other legislative bases for closed session

Since any closed session meeting of a legislative body must be authorized by the Legislature, it is important to carefully review the Brown Act to determine if there is a provision that authorizes a closed session for a particular subject matter. There are some less frequently encountered topics that are authorized to be discussed by a legislative body in closed session under the Brown Act, including: a response to a confidential final draft audit report from the Bureau of State Audits,[57] consideration of the purchase or sale of particular pension fund investments by a legislative body of a local agency that invests pension funds,[58] hearing a charge or complaint from a member enrolled in a health plan by a legislative body of a local agency that provides Medi-Cal services,[59] discussions by a county board of supervisors that governs a health plan licensed pursuant to the Knox-Keene Health Care Services Plan Act related to trade secrets or contract negotiations concerning rates of payment,[60] and discussions by an insurance pooling joint powers agency related to a claim filed against, or liability of, the agency or a member of the agency.[61]

PRACTICE TIP: Meetings are either open or closed. There is nothing "in between."[62]

Who may attend closed sessions

Meetings of a legislative body are either fully open or fully closed; there is nothing in between. Therefore, local agency officials and employees must pay particular attention to the authorized attendees for the particular type of closed session. As summarized above, the authorized attendees may differ based on the topic of the closed session. Closed sessions may involve only the members of the legislative body and only agency counsel, management and support staff, and consultants necessary for consideration of the matter that is the subject of closed session, with very limited exceptions for adversaries or witnesses with official roles in particular types of hearings (e.g., personnel disciplinary hearings and license hearings). In any case, individuals who do not have an official role in the closed session subject matters must be excluded from closed sessions.[63]

Q. May the lawyer for someone suing the agency attend a closed session in order to explain to the legislative body why it should accept a settlement offer?

A. *No, attendance in closed sessions is reserved exclusively for the agency's advisors.*

The confidentiality of closed session discussions

The Brown Act explicitly prohibits the unauthorized disclosure of confidential information acquired in a closed session by any person present, and offers various remedies to address breaches of confidentiality.[64] It is incumbent upon all those attending lawful closed sessions to protect the confidentiality of those discussions. One court has held that members of a legislative body cannot be compelled to divulge the content of closed session discussions through the discovery process.[65] Only the legislative body acting as a body may agree to divulge confidential closed session information; regarding attorney/client privileged communications, the entire body is the holder of the privilege and only the entire body can decide to waive the privilege.[66]

Before adoption of the Brown Act provision specifically prohibiting disclosure of closed session communications, agency attorneys and the Attorney General long opined that officials have a fiduciary duty to protect the confidentiality of closed session discussions. The Attorney General issued an opinion that it is "improper" for officials to disclose information received during a closed session regarding pending litigation,[67] though the Attorney General has also concluded that a local agency is preempted from adopting an ordinance criminalizing public disclosure of closed session discussions.[68] In any event, in 2002, the Brown Act was amended to prescribe particular remedies for breaches of confidentiality. These remedies include injunctive relief; and, if the breach is a willful disclosure of confidential information, the remedies include disciplinary action against an employee, and referral of a member of the legislative body to the grand jury.[69]

PRACTICE TIP: There is a strong interest in protecting the confidentiality of proper and lawful closed sessions.

The duty of maintaining confidentiality, of course, must give way to the responsibility to disclose improper matters or discussions that may come up in closed sessions. In recognition of this public policy, under the Brown Act, a local agency may not penalize a disclosure of information learned during a closed session if the disclosure: 1) is made in confidence to the district attorney or the grand jury due to a perceived violation of law; 2) is an expression of opinion concerning the propriety or legality of actions taken in closed session, including disclosure of the nature and extent of the illegal action; or 3) is information that is not confidential.[70]

The interplay between these possible sanctions and an official's first amendment rights is complex and beyond the scope of this guide. Suffice it to say that this is a matter of great sensitivity and controversy.

> **"I want the press to know that I voted in closed session against filing the eminent domain action," said Council Member Chang.**
>
> **"Don't settle too soon," reveals Council Member Watson to the property owner, over coffee. "The city's offer coming your way is not our bottom line."**
>
> *The first comment to the press may be appropriate if it is a part of an action taken by the City Council in closed session that must be reported publicly.[71] The second comment to the property owner is not — disclosure of confidential information acquired in closed session is expressly prohibited and harmful to the agency.*

ENDNOTES:

1 California Government Code section 54962

2 California Constitution, Art. 1, section 3

3 61 Ops.Cal.Atty.Gen. 220 (1978); but see California Government Code section 54957.8 (multijurisdictional law enforcement agencies are authorized to meet in closed session to discuss the case records of ongoing criminal investigations, and other related matters).

4 California Government Code section 54957.1

5 California Government Code section 54954.5

6 California Government Code section 54954.2

7 California Government Code section 54954.5

8 California Government Code sections 54956.9 and 54957.7

9 California Government Code section 54957.1(a)

10 California Government Code section 54957.1(b)

11 California Government Code section 54957.2

12 *Hamilton v. Town of Los Gatos* (1989) 213 Cal.App.3d 1050; 2 Cal.Code Regs. section 18707

13 *Roberts v. City of Palmdale* (1993) 5 Cal.4th 363

14 California Government Code section 54956.9; *Shapiro v. Board of Directors of Center City Development Corp.* (2005) 134 Cal.App.4th 170 (agency must be a party to the litigation).

15 82 Ops.Cal.Atty.Gen. 29 (1999)

16 *Page v. Miracosta Community College District* (2009) 180 Cal.App.4th 471

17 "*The Brown Act,*" California Attorney General (2003), p. 40

18 California Government Code section 54956.9(g)

19 *Trancas Property Owners Association v. City of Malibu* (2006) 138 Cal.App.4th 172

20 Government Code section 54956.9(e)

21 California Government Code section 54957.1

22 California Government Code section 54956.8

23 *Shapiro v. San Diego City Council* (2002) 96 Cal.App.4th 904; see also 93 Ops.Cal.Atty.Gen. 51 (2010) (redevelopment agency may not convene a closed session to discuss rehabilitation loan for a property already subleased to a loan recipient, even if the loan Incorporates some of the sublease terms and includes an operating covenant governing the property); 94 Ops.Cal.Atty.Gen. 82 (2011) (real estate closed session may address form, manner and timing of consideration and other items that cannot be disclosed without revealing price and terms).

24 73 Ops.Cal.Atty.Gen. 1 (1990)

25 California Government Code sections 54956.8 and 54954.5(b)

26 California Government Code section 54957.1(a)(1)

27 California Government Code section 54957(b)

28 63 Ops.Cal.Atty.Gen. 153 (1980); but see *Duvall v. Board of Trustees* (2000) 93 Cal.App.4th 902 (board may discuss personnel evaluation criteria, process and other preliminary matters in closed session but only if related to the evaluation of a particular employee).

29 *Gillespie v. San Francisco Public Library Commission* (1998) 67 Cal.App.4th 1165; 85 Ops.Cal.Atty.Gen. 77 (2002)

30 *Gillespie v. San Francisco Public Library Commission* (1998) 67 Cal.App.4th 1165; 80 Ops.Cal.Atty. Gen. 308 (1997). Interviews of candidates to fill a vacant staff position conducted by a temporary committee appointed by the governing body may be done in closed session.

31 California Government Code section 54957(b)(3)

32 88 Ops.Cal.Atty.Gen. 16 (2005)

33 *Morrison v. Housing Authority of the City of Los Angeles* (2003) 107 Cal.App.4th 860

34 California Government Code section 54957(b); but see *Bollinger v. San Diego Civil Service Commission* (1999) 71 Cal.App.4th 568 (notice not required for closed session deliberations regarding complaints or charges, when there was a public evidentiary hearing prior to closed session).

35 78 Ops.Cal.Atty.Gen. 218 (1995); *Bell v. Vista Unified School District* (2000) 82 Cal.App.4th 672; *Furtado v. Sierra Community College* (1998) 68 Cal.App.4th 876; *Fischer v. Los Angeles Unified School District* (1999) 70 Cal.App.4th 87

36 *Moreno v. City of King* (2005) 127 Cal.App.4th 17

37 California Government Code section 54957

38 *Gillespie v. San Francisco Public Library Commission* (1998) 67 Cal.App.4th 1165

39 California Government Code section 54957.1(a)(5)

40 California Government Code section 54957.6

41 California Government Code section 54957.6(b); see also 98 Ops.Cal.Atty.Gen. 41 (2015) (a project labor agreement between a community college district and workers hired by contractors or subcontractors is not a proper subject of closed session for labor negotiations because the workers are not "employees" of the district).

42 California Government Code section 54957.6; and 51 Ops.Cal.Atty.Gen. 201 (1968)

43 California Government Code section 54957.1(a)(6)

44 California Government Code section 3549.1

45 California Government Code section 3540

46 California Government Code section 3547

47 California Education Code section 48918; but see *Rim of the World Unified School District v. Superior Court* (2003) 104 Cal.App.4th 1393 (Section 48918 preempted by the Federal Family Educational Right and Privacy Act in regard to expulsion proceedings).

48 California Education Code section 72122

49 California Education Code section 60617

50 California Government Code section 54956.96

51 California Government Code section 54956.7

52 California Government Code section 54957

53 *McKee v. Los Angeles Interagency Metropolitan Police Apprehension Crime Task Force* (2005) 134 Cal. App.4th 354

54 California Government Code section 54957.8

55 California Government Code section 54962

56 California Health and Safety Code section 32106

57 California Government Code section 54956.75

58 California Government Code section 54956.81

59 California Government Code section 54956.86

60 California Government Code section 54956.87

61 California Government Code section 54956.95

62 46 Ops.Cal.Atty.Gen. 34 (1965)

63 82 Ops.Cal.Atty.Gen. 29 (1999)

64 Government Code section 54963

65 *Kleitman v. Superior Court* (1999) 74 Cal.App.4th 324, 327; see also California Government Code section 54963.

66 *Roberts v. City of Palmdale* (1993) 5 Cal.4th 363

67 80 Ops.Cal.Atty.Gen. 231 (1997)

68 76 Ops.Cal.Atty.Gen. 289 (1993)

69 California Government Code section 54963

70 California Government Code section 54963

71 California Government Code section 54957.1

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Chapter 6

REMEDIES

Chapter 6

REMEDIES

Certain violations of the Brown Act are designated as misdemeanors, although by far the most commonly used enforcement provisions are those that authorize civil actions to invalidate specified actions taken in violation of the Brown Act and to stop or prevent future violations. Still, despite all the safeguards and remedies to enforce them, it is ultimately impossible for the public to monitor every aspect of public officials' interactions. Compliance ultimately results from regular training and a good measure of self-regulation on the part of public officials. This chapter discusses the remedies available to the public when that self-regulation is ineffective.

Invalidation

Any interested person, including the district attorney, may seek to invalidate certain actions of a legislative body on the ground that they violate the Brown Act.[1] Violations of the Brown Act, however, cannot be invalidated if they involve the following types of actions:

- Those taken in substantial compliance with the law. No Brown Act violation is found when the given notice substantially complies with the Brown Act, even when the notice erroneously cites to the wrong Brown Act section, but adequately advises the public that the Board will meet with legal counsel to discuss potential litigation in closed session;[2]
- Those involving the sale or issuance of notes, bonds or other indebtedness, or any related contracts or agreements;
- Those creating a contractual obligation, including a contract awarded by competitive bid for other than compensation for professional services, upon which a party has in good faith relied to its detriment;
- Those connected with the collection of any tax; or
- Those in which the complaining party had actual notice at least 72 hours prior to the regular meeting or 24 hours prior to the special meeting, as the case may be, at which the action is taken.

Before filing a court action seeking invalidation, a person who believes that a violation has occurred must send a written "cure or correct" demand to the legislative body. This demand must clearly describe the challenged action and the nature of the claimed violation. This demand must be sent within 90 days of the alleged violation or 30 days if the action was taken in open session but in violation of Section 54954.2, which requires (subject to specific exceptions) that only properly agendized items are acted on by the governing body during a meeting.[3] The legislative body then has up to 30 days to cure and correct its action. If it does not act, any lawsuit must be filed within the next 15 days. The purpose of this requirement is to offer the body an opportunity to consider whether a violation has occurred and to weigh its options before litigation is filed.

Although just about anyone has standing to bring an action for invalidation,[4] the challenger must show prejudice as a result of the alleged violation.[5] An action to invalidate fails to state a cause of action against the agency if the body deliberated but did not take an action.[6]

Applicability to Past Actions

Any interested person, including the district attorney, may file a civil action to determine whether past actions of a legislative body occurring on or after January 1, 2013 constitute violations of the Brown Act and are subject to a mandamus, injunction, or declaratory relief action.[7] Before filing an action, the interested person must, within nine months of the alleged violation of the Brown Act, submit a "cease and desist" letter to the legislative body, clearly describing the past action and the nature of the alleged violation.[8] The legislative body has 30 days after receipt of the letter to provide an unconditional commitment to cease and desist from the past action.[9] If the body fails to take any action within the 30-day period or takes an action other than an unconditional commitment, a lawsuit may be filed within 60 days.[10]

The legislative body's unconditional commitment must be approved at a regular or special meeting as a separate item of business and not on the consent calendar.[11] The unconditional commitment must be substantially in the form set forth in the Brown Act.[12] No legal action may thereafter be commenced regarding the past action.[13] However, an action of the legislative body in violation of its unconditional commitment constitutes an independent violation of the Brown Act and a legal action consequently may be commenced without following the procedural requirements for challenging past actions.[14]

The legislative body may rescind its prior unconditional commitment by a majority vote of its membership at a regular meeting as a separate item of business not on the consent calendar. At least 30 days written notice of the intended rescission must be given to each person to whom the unconditional commitment was made and to the district attorney. Upon rescission, any interested person may commence a legal action regarding the past actions without following the procedural requirements for challenging past actions.[15]

PRACTICE TIP: A lawsuit to invalidate must be preceded by a demand to cure and correct the challenged action in order to give the legislative body an opportunity to consider its options. The Brown Act does not specify how to cure or correct a violation; the best method is to rescind the action being complained of and start over, or reaffirm the action if the local agency relied on the action and rescinding the action would prejudice the local agency.

Civil action to prevent future violations

The district attorney or any interested person can file a civil action asking the court to:

- Stop or prevent violations or threatened violations of the Brown Act by members of the legislative body of a local agency;
- Determine the applicability of the Brown Act to actions or threatened future action of the legislative body;
- Determine whether any rule or action by the legislative body to penalize or otherwise discourage the expression of one or more of its members is valid under state or federal law; or
- Compel the legislative body to tape record its closed sessions.

It is not necessary for a challenger to prove a past pattern or practice of violations by the local agency in order to obtain injunctive relief. A court may presume when issuing an injunction that a single violation will continue in the future where the public agency refuses to admit to the alleged violation or to renounce or curtail the practice.[16] Note, however, that a court may not compel elected officials to disclose their recollections of what transpired in a closed session.[17]

Upon finding a violation of the Brown Act pertaining to closed sessions, a court may compel the legislative body to tape record its future closed sessions. In a subsequent lawsuit to enforce the Brown Act alleging a violation occurring in closed session, a court may upon motion of the plaintiff review the tapes if there is good cause to think the Brown Act has been violated, and make public the relevant portion of the closed session recording.

Costs and attorney's fees

Someone who successfully invalidates an action taken in violation of the Brown Act or who successfully enforces one of the Brown Act's civil remedies may seek court costs and reasonable attorney's fees. Courts have held that attorney's fees must be awarded to a successful plaintiff unless special circumstances exist that would make a fee award against the public agency unjust.[18] When evaluating how to respond to assertions that the Brown Act has been violated, elected officials and their lawyers should assume that attorney's fees will be awarded against the agency if a violation of the Act is proven.

An attorney's fee award may only be directed against the local agency and not the individual members of the legislative body. If the local agency prevails, it may be awarded court costs and attorney's fees if the court finds the lawsuit was clearly frivolous and lacking in merit.[19]

PRACTICE TIP: Attorney's fees will likely be awarded if a violation of the Brown Act is proven.

Criminal complaints

A violation of the Brown Act by a member of the legislative body who acts with the improper intent described below is punishable as a misdemeanor.[20]

A criminal violation has two components. The first is that there must be an overt act — a member of a legislative body must attend a meeting at which action is taken in violation of the Brown Act.[21]

"Action taken" is not only an actual vote, but also a collective decision, commitment or promise by a majority of the legislative body to make a positive or negative decision.[22] If the meeting involves mere deliberation without the taking of action, there can be no misdemeanor penalty.

A violation occurs for a tentative as well as final decision.[23] In fact, criminal liability is triggered by a member's participation in a meeting in violation of the Brown Act — not whether that member has voted with the majority or minority, or has voted at all.

The second component of a criminal violation is that action is taken with the intent of a member "to deprive the public of information to which the member knows or has reason to know the public is entitled" by the Brown Act.[24]

As with other misdemeanors, the filing of a complaint is up to the district attorney. Although criminal prosecutions of the Brown Act are uncommon, district attorneys in some counties aggressively monitor public agencies' adherence to the requirements of the law.

Some attorneys and district attorneys take the position that a Brown Act violation may be pursued criminally under Government Code section 1222.[25] There is no case law to support this view; if anything, the existence of an express criminal remedy within the Brown Act would suggest otherwise.[26]

Voluntary resolution

Arguments over Brown Act issues often become emotional on all sides. Newspapers trumpet relatively minor violations, unhappy residents fume over an action, and legislative bodies clam up about information better discussed in public. Hard lines are drawn and rational discussion breaks down. The district attorney or even the grand jury occasionally becomes involved. Publicity surrounding alleged violations of the Brown Act can result in a loss of confidence by constituents in the legislative body. There are times when it may be preferable to consider re-noticing and rehearing, rather than litigating, an item of significant public interest, particularly when there is any doubt about whether the open meeting requirements were satisfied.

At bottom, agencies that regularly train their officials and pay close attention to the requirements of the Brown Act will have little reason to worry about enforcement.

ENDNOTES:

1 California Government Code section 54960.1. Invalidation is limited to actions that violate the following sections of the Brown Act: section 54953 (the basic open meeting provision); sections 54954.2 and 54954.5 (notice and agenda requirements for regular meetings and closed sessions); 54954.6 (tax hearings); 54956 (special meetings); and 54596.5 (emergency situations). Violations of sections not listed above cannot give rise to invalidation actions, but are subject to the other remedies listed in section 54960.1.

2 *Castaic Lake Water Agency v. Newhall County Water District* (2015) 238 Cal.App.4th 1196, 1198

3 California Government Code section 54960.1 (b) and (c)(1)

4 *McKee v. Orange Unified School District* (2003) 110 Cal. App.4th 1310, 1318-1319

5 *Cohan v. City of Thousand Oaks* (1994) 30 Cal.App.4th 547, 556, 561

6 *Boyle v. City of Redondo Beach* (1999) 70 Cal.App.4th 1109, 1116-17, 1118

7 Government Code Section 54960.2(a); Senate Bill No. 1003, Section 4 (2011-2012 Session)

8 Government Code Sections 54960.2(a)(1), (2)

9 Government Code Section 54960.2(b)

10 Government Code Section 54960.2(a)(4)

11 Government Code Section 54960.2(c)(2)

12 Government Code Section 54960.2(c)(1)

13 Government Code Section 54960.2(c)(3)

14 Government Code Section 54960.2(d)

15 Government Code Section 54960.2(e)

16 *California Alliance for Utility Safety and Education (CAUSE) v. City of San Diego* (1997) 56 Cal.App.4th 1024; *Common Cause v. Stirling* (1983) 147 Cal.App.3d 518, 524; *Accord Shapiro v. San Diego City Council* (2002) 96 Cal. App. 4th 904, 916 & fn.6

17 *Kleitman v. Superior Court* (1999) 74 Cal.App.4th 324, 334-36

18 *Los Angeles Times Communications, LLC v. Los Angeles County Board of Supervisors* (2003) 112 Cal. App.4th 1313, 1327-29 and cases cited therein

19 California Government Code section 54960.5

20 California Government Code section 54959. A misdemeanor is punishable by a fine of up to $1,000 or up to six months in county jail, or both. California Penal Code section 19. Employees of the agency who participate in violations of the Brown Act cannot be punished criminally under section 54959. However, at least one district attorney instituted criminal action against employees based on the theory that they criminally conspired with the members of the legislative body to commit a crime under section 54949.

21 California Government Code section 54959

22 California Government Code section 54952.6

23 61 Ops.Cal.Atty.Gen.283 (1978)

24 California Government Code section 54959

25 California Government Code section 1222 provides that "[e]very wilful omission to perform any duty enjoined by law upon any public officer, or person holding any public trust or employment, where no special provision is made for the punishment of such delinquency, is punishable as a misdemeanor."

26 The principle of statutory construction known as *expressio unius est exclusio alterius* supports the view that section 54959 is the exclusive basis for criminal liability under the Brown Act.

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Ethics and Public Service

Laws and Principles

Presented by:
Keith F. Collins, Jones & Mayer
(714) 446-1400

Ethics Laws

- Law = Minimum standards
- What we *must* do
- Ethics is what we *ought* to do
  - Above and beyond law's minimum requirements

Thinking Beyond Ethics Laws

- Law tends to be starting point for most ethical analyses in public service
- *Floor* for ethical conduct—not the ceiling
  - Where do you want to set your sights as a public servant?
- Just because it's legal, doesn't mean it is ethical (or public will perceive it to be so)

Four Groups of Ethics Laws

1. Personal financial gain
2. Personal advantages and perks of office
3. Governmental transparency laws
4. Fair processes

Key Ethics Law Principles For Public Servants

Note that the following are not statements of law, but rather principles the law is designed to achieve.

The goal in providing this list is to identify the kinds of issues addressed by public service ethics laws.

If an issue arises for you under these principles, consult your agency counsel.

PERSONAL FINANCIAL GAIN

Public officials:

- Must disqualify themselves from participating in decisions that may affect (positively or negatively) their financial interests (see reverse for list of types of financial interests).
- Cannot have an interest in a contract made by their agency.
- Cannot request, receive or agree to receive anything of value or other advantages in exchange for a decision.
- Cannot influence agency decisions relating to potential prospective employers.
- May not acquire interests in property within redevelopment areas over which they have decision-making influence.

PERSONAL ADVANTAGES & PERKS

Public officials:

- Must disclose all gifts received of $50 or more and may not receive gifts aggregating to over $360 (2006) from a single source in a given year.
- Cannot receive compensation from third parties for speaking, writing an article or attending a conference.
- Cannot use public agency resources (money, travel expenses, staff time and agency equipment) for personal or political purposes.
- May only be reimbursed for actual and necessary expenses consistent with their agency's reimbursement policy.
- Cannot participate in decisions that may affect (positively or negatively) their personal interests.
- Cannot accept free transportation from transportation companies.
- Cannot send mass mailings at public expense.
- Cannot make gifts of public resources or funds.
- Cannot receive loans over $250 from those within the agency or those who do business with the agency.

GOVERNMENT TRANSPARENCY

Public officials:

- Must disclose their financial interests.
- Must conduct the public's business in open and publicized meetings, except for the limited circumstances when the law allows closed sessions.
- Must allow public inspection of documents and records generated by public agencies, except when non-disclosure is specifically authorized by law.
- Must disclose information about significant ($5000 or more) fundraising activities for legislative, governmental or charitable purposes.

FAIR PROCESSES

Public officials:

- Have a responsibility to assure fair and competitive agency contracting processes.
- Cannot participate in decisions that will benefit their immediate family (spouse/domestic partner or dependent children).
- Cannot participate in quasi-judicial proceedings in which they have a strong bias with respect to the parties or facts.
- Cannot simultaneously hold certain public offices or engage in other outside activities that would subject them to conflicting loyalties.
- Cannot participate in entitlement proceedings – such as land use permits – involving campaign contributors (does not apply to elected bodies).
- Cannot solicit campaign contributions of more than $250 from permit applicants while application is pending and for three months after a decision (does not apply to elected bodies).
- Cannot represent individuals before their agency for one year after leaving agency service.
- Must conduct public hearings in accordance with due process principles.

INSTITUTE FOR LOCAL GOVERNMENT

Group 1:
Laws Relating to Personal Financial Gain

- **Principle:** Public servants should not benefit financially from their positions

B. Political Reform Act Conflicts

- General Rule

  No public official may make, participate in making, or attempt to use her official position to influence a governmental decision when she knows or has reason to know she has a disqualifying financial interest.

- includes financial interests of spouses and dependents

- impact can be either positive or negative

Conflict Analysis

New Four Step Analysis – Replaces Old Eight Step Analysis

Step 1:

Is it reasonably foreseeable that the governmental decision will have a financial effect on any of the public official's financial interests? To determine if the financial effect is reasonably foreseeable, apply 2 CCR 18701.

If the answer is "no," then there is no conflict of interest.

Step 2:

Will the reasonably foreseeable financial effect be material? To determine if the reasonably foreseeable financial effect is material, apply 2 CCR 18702.

If the answer is "no," then there is no conflict of interest.

Conflict Analysis

Step 3:

Can the public official demonstrate that the material financial effect on the public official's financial interest is indistinguishable from its effect on the public generally? To determine if the material financial effect on any of the public official's financial interest is indistinguishable from its effect on the public generally, apply 2 CCR 18703.

If the answer is yes, then there is no conflict of interest.

Step 4:

After applying Steps 1-3, a public official may not make, participate in making, or in any way attempt to use his or her position to influence the governmental decision. To make this determination, apply 2 CCR 18704.

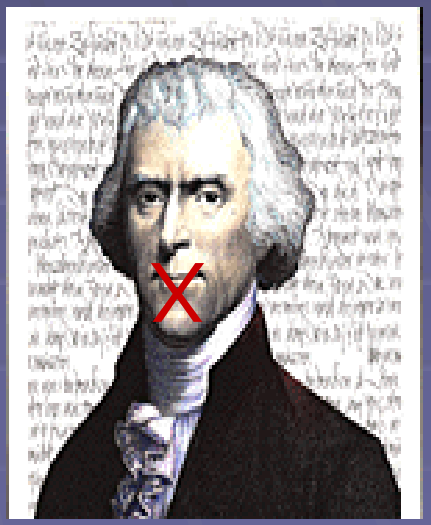
If a public official satisfies these requirements, then he or she has a conflict of interest and is prohibited from acting.

Kinds of Financial Interests

- NEW RULE: A financial effect upon an official's, or their immediate family's, **Personal Finances** is material when the official, or their immediate family member, will receive a measureable financial benefit or loss from the decision. [Immediate Family Member is still defined as spouse and dependent children.]

If You Are Disqualified

- Don’t discuss or influence
- Identify nature of conflict in writing to Agency Administration
- Leave room if issue arises at meeting
  - Exception: matter on consent calendar and no one requests removal
- Limited exception for personal financial interests



Penalties

- Invalidate decision
- Misdemeanor (could result in loss of office)
- Fines ($5,000 to $10,000 per violation)
- Possible benefit forfeiture
- Attorneys fees
- Embarrassment (personal/political)

Best Practices

- Avoid temptation to look at public service as an opportunity for financial gain

- Look at every decision and ask yourself whether it involves some kind of financial interest for you

Transparency Laws

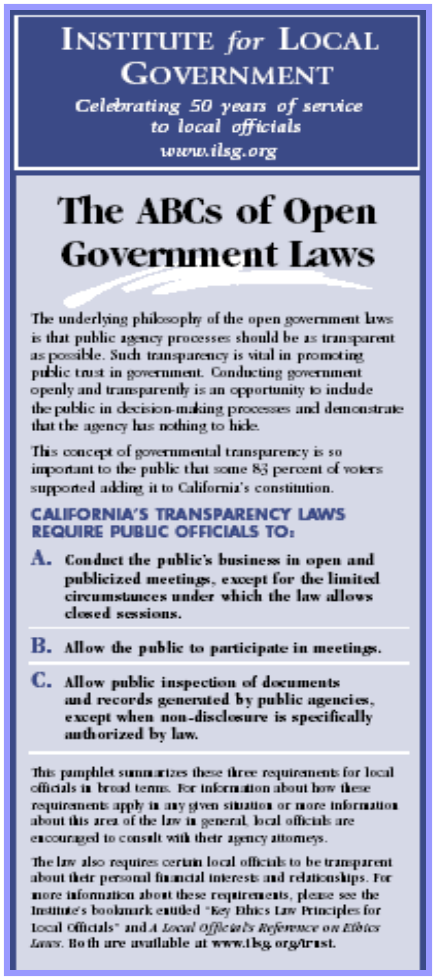
Principles:

- It’s the public’s business
- Public trusts a process it can see

Three Areas of Discussion

A. Brown Act - open and public meetings

B. Public Records Act



INSTITUTE *for* LOCAL GOVERNMENT

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The ABCs of Open Government Laws

The underlying philosophy of the open government laws is that public agency processes should be as transparent as possible. Such transparency is vital in promoting public trust in government. Conducting government openly and transparently is an opportunity to include the public in decision-making processes and demonstrate that the agency has nothing to hide.

This concept of governmental transparency is so important to the public that some 83 percent of voters supported adding it to California's constitution.

CALIFORNIA'S TRANSPARENCY LAWS REQUIRE PUBLIC OFFICIALS TO:

A. **Conduct the public's business in open and publicized meetings, except for the limited circumstances under which the law allows closed sessions.**

B. **Allow the public to participate in meetings.**

C. **Allow public inspection of documents and records generated by public agencies, except when non-disclosure is specifically authorized by law.**

This pamphlet summarizes these three requirements for local officials in broad terms. For information about how these requirements apply in any given situation or more information about this area of the law in general, local officials are encouraged to consult with their agency attorneys.

The law also requires certain local officials to be transparent about their personal financial interests and relationships. For more information about these requirements, please see the Institute's bookmark entitled "Key Ethics Law Principles for Local Officials" and *A Local Official's Reference on Ethics Laws*. Both are available at www.ilsg.org/trust.

A. Brown Act

(Gov't Code § 54950)

- Requires that public agency actions "be taken openly and that their deliberations be conducted openly."

- all "meetings" of a "legislative body" must be open and public.

Who is Subject to the Brown Act?

"Legislative Body" includes:

- Governing body of a local agency – Agency Board
- Governing bodies of other entities created by state or federal statute - MSRC
- Any Commissions, Committee or Boards Created by formal action of the Governing Body
  - Planning Commission, Community Services Commission, etc.
- A private corporation if either:
  - Created by local agency to exercise authority of local agency; or
  - Receives funds from Agency and has Agency member on board

What constitutes a “Meeting?”

- A Meeting Is: Any congregation of a majority of the members of the legislative body in the same time and place to hear, discuss or deliberate upon any item within their jurisdiction.
- Watch out for:
  - Informal discussions *including those at the dias during meetings*
  - Telephone conversations for purpose of discussing decisions in advance
  - Serial Meetings
  - E-mails, texts, blogs, *social networking sites*

A Meeting is NOT:

- Individual contacts or conversations
- Attendance by majority at certain conferences or social events, so long as majority does not discuss issues within their jurisdiction
- Attendance at meeting of other legislative bodies, so long as majority does not discuss issues within their jurisdiction

E-mails

- It is easy to violate the Brown Act by simply hitting the “Reply All” button.
- Caution is needed.
- Public Records Act Problems:
  - Using your own email/device to discuss Agency business will subject personal emails/texts to disclosure. *City of San Jose v. Superior Court* – new ruling
  - Recommend use of Agency email address.

Texting

- Similar problems as with e-mail.
- Can be easily used to hold a serial meeting before or during a meeting (cell phones).
- Avoid Sending or Receiving Texts/Emails:
  1. To/From the public during a meeting
  2. To/From members of the body during a meeting.
  3. If you have declared conflict.

E-MAILS ARE FOREVER

Dance like no one is watching; email (and text) like it may one day be read aloud in a deposition.

Blogging

- Short for “Web-Log”. A “frequently updated website, normally with dated entries, commonly used to post opinions.”
  - Very popular with public officials.
  - Includes sites such as Facebook and Twitter.
  - Has not yet been formally addressed by FPPC.
  - Potential serial meeting if a majority gets involved

Posting Requirements

- Post agenda at least 72 hours before a “regular” meeting
  - 24 hours for “special meetings.”
- Specify time/location
- Include brief general description of each item
  - Includes closed session items

Posting Requirements (cont'd)

- No action on any item not appearing on the posted agenda
- Limited Exceptions:
  - Statutorily defined "Emergency"
  - Need for Immediate Action – requires a 2/3 vote that there is an immediate need, and need arose after the agenda was posted
  - Brief responses to questions comments from public
  - Brief reports by board members and staff
  - Request to agendize an item for a future meeting

Consequences of Brown Act Violations

- Nullification of decision
- Criminal sanctions for intentional violations (up to 6 months in jail/$1000 fine)
- Intense adverse media attention

B. Public Records Act (Gov't Code §6250)

- Act applies to any writing containing information relating to the conduct of business, prepared, owned, used, or retained by any state/local agency regardless of physical form or characteristics.
- Agendas, other documents from public meetings
- Agency correspondence and contracts
- Photographs, video, tape recordings
- Electronic data (emails, business license info)

Public Records Act (Cont'd)

- Records must be available for inspection/copying at all times during regular business hours
- Records must be made available upon:
  - Receipt of a request which reasonably describes an identifiable record; and
  - payment of direct costs of duplication fee
- Request must be focused and specific

Public Records Act (Cont'd)

- Agency has 10 days to notify person whether it will comply with a request (possible 14 day extension.)
- Notice of denial must state the names and titles or positions of each person responsible for denial.
- Public has right to reasonable assistance from agency:
  - In identifying records
  - In overcoming basis for a denial
  - In identifying information technology involved

Examples of Exempted Records

- Preliminary drafts, notes, memoranda
- Pending litigation records
- Communications from legal counsel (not absolute for bills)
- Complaints and Investigations
- Personnel records – if unwarranted invasion of privacy
  - salary ranges and employment contracts not protected
- Financial Data
- Trade Secrets
- Security Information
- Architectural Drawings - copyright and public safety concerns
- Catch all (Gov't Code § 6255); public interest in disclosure is clearly outweighed by need to keep record private

Public Disclosure Act & E-mail Communications

- Required to Disclose:
  1. E-mails that contain information re. public business; and
  2. If they are prepared, owned, used or retained by the Agency. (But see San Jose …)
- Exemptions from Disclosure are Strictly Construed
- Balancing the Interest of Right to Privacy & Prevention of Secrecy in the Government

  E-mails, texts or other documents that appear purely on home computers or personal devices of public employees and officials are *required to be disclosed*, subject to certain privileges.

  City of San Jose v. Superior Court

Enforcement

- A court may order production of records improperly withheld
- The court shall award costs and reasonable attorney's fees to prevailing plaintiff
- Adverse media attention

Best Practices

- Assume all information is public or will become public

- Don’t discuss agency business with fellow decision-makers outside public meetings

Fair Process Laws

- **Principle:** As a decision-maker, the public expects you to be impartial and avoid favoritism

Five Areas of Discussion

A. Common Law Bias

B. Due Process Requirements

C. Competitive Bidding on Public Contracts

D. Anti-Nepotism Laws

A. Common Law Bias

- Due process in administrative hearing demands decision maker be fair and impartial
- Personal interest in outcome requires disqualification
- Strong opinions are OK, but cannot have completely closed mind as evidenced by public statements

B. Due Process Requirements

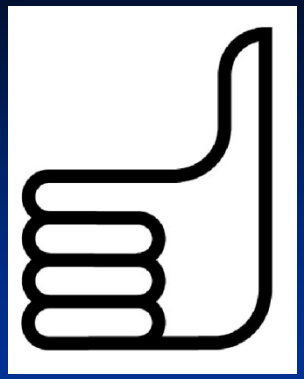
- Due process requires:
  - Notice of the intended action
  - An opportunity to prepare
  - An opportunity to be heard
  - A fair and impartial hearing

- Requirements of due process are flexible depending upon the interest at stake

Anti-Nepotism

- The Fair Employment and Housing Act prohibits discrimination based on marital status, but allows employers to reasonably regulate, for reasons of "supervision, safety, security, or morale" spouses working in same department, division or facility.

- Public official should not participate in decisions directly affecting family members.
  - Section 1090 & Bias



Best Practices

- Think fairness and merit-based decision-making in your decisions
- Keep politics separate from work

Key Lessons

- The law sets minimum standards for ethical behavior
  - Violations of ethics laws carry stiff penalties
  - When in doubt, ask and ask early
- It's your choice how high you want to set your sights above the minimum requirements of the law

Resources

- The Fair Political Practices Commission

  www.fppc.ca.gov

  1-866-ASK-FPPC (1-866-275-3772)
- The Attorney General

  www.ag.ca.gov
- The League of CA Cities/Institute for Local Government websites
- Your Agency Attorney, Municipal Code

Questions?

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Appointments to the NIHD Board of Directors		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 03/22/2022	Last Review Date: 03/22/2022	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/16/2018	

PURPOSE: Procedures to fill a vacancy on the NIHD Board of Directors by appointment.

POLICY: When the Board of Directors (BOD) is notified of a vacancy or upcoming vacancy the BOD shall determine at a regular or special meeting whether to fill a vacancy by election or appointment. The following procedures shall apply if the BOD decides to fill the vacancy by appointment. Gov. Code 1780(a)

PROCEDURE:

1. The district shall notify the county elections official of the vacancy no later than 15 days following either the date on which the BOD is notified of the vacancy or the effective date of the vacancy, whichever is later.
2. The BOD must first post a notice of the vacancy in three or more conspicuous places in the district at least 15 days before the appointment is made.
3. Persons interested in the position shall submit an "Application for Appointment to a Special District Vacancy" and will be required to complete Form 700, "Statement of Economic Interests" form. Applications shall be available at the District Administration Office.
4. Interested persons shall acknowledge they will be subject to the District's Conflict of Interest Policy.
5. The BOD shall appoint an Ad Hoc committee of two board members to interview all applicants and bring a recommendation to the full BOD for consideration.
6. The district has 60 days from the date the BOD is notified of the vacancy or the effective date of the vacancy, whichever is later to fill the vacancy by appointment or call a special election. Gov. Code 1780. If necessary the BOD shall call a special meeting to make the appointment within the 60-day deadline.
7. The BOD must notify the county elections official of the appointment no later than 15 days after the appointment is made.
8. The appointed person shall hold office until the next November general election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall fill the balance of the unexpired term. Gov. Code 1780(a)
9. If the term of office left vacant is due to expire following the next November general election and that election if scheduled 130 or more days after the date the county election official is notified of the vacancy, the person appointed to the vacancy shall fill the balance of the unexpired term of their predecessor.

REFERENCES:

1. Government Code 1780
2. County of Inyo Clerk/Recorder Office

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Appointments to the NIHD Board of Directors
2. Appointments to the NIHD Board of Directors

Supersedes: v.3 Appointments to the NIHD Board of Directors

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Attendance At Meetings	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 04/18/2018

PURPOSE: Establish policy for Board of Directors (BOD) meeting attendance.

POLICY:

1. Directors are expected to the extent reasonable, to make good faith efforts to schedule vacation, business and personal commitments at time that with not conflict with the schedule of regular Board meetings.
2. It is recognized the timing of business and family commitments, since they involve addition people and outside factors, cannot always be controlled.

PROCEDURE:

1. Notwithstanding any other provision of law the term of any member of the BOD shall expire if they are absent from three consecutive regular Board meetings, or from three of any five consecutive meetings of the Board and the Board by resolution declares a vacancy exists.
2. As set forth in the Ralph M. Brown Act in CA Government Code Section 54953, a Director may attend a meeting by teleconference.

REFERENCES:

1. CA Health and Safety Code Section 32100.2
2. Ralph M. Brown Act in CA Government Code Section 54953

CROSS REFERENCE P&P:

1.

Approval	**Date**
Board of Directors	4/18/18
Last Board of Directors Review	8/19/20

Developed: March 31, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Authority of the Chief Executive Officer for Contracts and Bidding	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

PURPOSE: Establish policy and procedure process for Authority for Contracts and Bidding.

POLICY:

Northern Inyo Healthcare District (NIHD) shall comply with the requirements of California Health and Safety Code Section 32132, which set forth competitive means bidding requirements. "Competitive means" includes any appropriate means specified by the Board of Directors (BOD), including, but not limited to, the preparation and circulation of a request for a proposal to an adequate number of qualified sources, as determined by the BOD in its discretion, to permit reasonable competition consistent with the nature and requirements of the proposed acquisition.

When the BOD awards a contract through competitive means, the district's requirements, as determined by the evaluation criteria specified by the board. The evaluation criteria may provide for the selection of a vendor on an objective basis other than cost alone.

PROCEDURE:

1. NIHD "shall acquire materials and supplies that cost more than twenty-five thousand dollars ($25,000) through competitive means, except when the board determines either that (1) the materials and supplies proposed for acquisition are the only materials and supplies that can meet the district's need, or (2) the materials and supplies are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety." (Ca. H&S Code Section 32132)
2. This bidding process "Shall not apply to medical or surgical equipment or supplies, to professional services, or to electronic data processing and telecommunications goods and services. Medical or surgical equipment or supplies includes only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital." (Ca. H&S Code Section 32132)
3. "Bids need not be secured for change orders that do not materially change the scope of the work as set forth in a contract previously made if the contract was made after compliance with bidding requirements, and if each individual change order does not total more than 5% (five percent) of the contract." (Ca. H&S Code Section 32132)
4. The professional services to which the bidding rules do not apply include those of persons who are highly skilled in their science or profession; persons such as Attorney At Law, architect, engineer or artist; and persons whose work requires skill and technical learning and ability of a rare kind.
5. The hospital administrator or designated staff shall mail notice of the action or decision to the affected applicant or medical staff member within the time specified in the applicable bylaw or rule.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Authority of the Chief Executive Officer for Contracts and Bidding	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

REFERENCES:

1. California Health and Safety Code Section 32132

Approval	**Date**
Board of Directors	05/16/2018
Last Board of Directors Review	08/19/2020

Developed: March 26, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Basis of Authority: Role of Directors	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 04/18/18

PURPOSE: Establish governing Board of Directors (BOD) best practices and Director's roles.

POLICY:

1. A Director of Northern Inyo Healthcare District (NIHD) is to be conscientious and concerned with all aspects of the district including its financial health, community needs, quality of care, employee relations, and compliance with the law.
2. A Director must act in good faith, with the highest ethical standards, in the best interest of the organization.
3. A Director must act in a manner consistent with the Board's stated mission and bylaws and conduct their activities within the powers conferred upon them by federal, state, and local regulations.
4. A Director must work to ensure the District Missions, Vision, and Values are the center of decision-making.

PROCEDURE:

1. Apart from their normal function as part of the NIHD BOD a Director has no individual authority to commit the District to any policy, act, or expenditure, unless the BOD takes specific action to grant such authority as to a given matter.
2. The NIHD BOD primary responsibility is the formulation and evaluation of policy. Directors are responsible for monitoring the District's progress in attaining goals and objectives, while pursuing its mission.
3. Routine matters concerning the operations aspects of the District are to be delegated to the Chief Executive Officer of NIHD.
4. While the BOD is responsible for monitoring hospital management activities, a Board member shall not use inappropriate involvement in day-to-day management or interfere with senior management duties.
5. A Director shall not compete with the district or act on behalf of its competitors; not derive profits from inside information; not disclose confidential information; not accept improper payments or gratuities, and beware of potential conflicts of interest.
6. A Director has protection from organization and personal liability when their duties are exercised in good faith and legally using sound and informed judgment. Having all the information available to make a decision will not only increase the likelihood of making the right decision, but will go a long way to legally protect the BOD if they make a wrong one.
7. A Director is expected to become and stay current on District affairs and projects and become familiar with District financial reports and carefully review all materials in advance of Board Meetings.
8. A Director is expected to become familiar with the Ralph M. Brown Act and at all times conform to its policies and regulations.

REFERENCES:

1.

CROSS REFERENCE P&P:

1.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Basis of Authority: Role of Directors	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 04/18/18

Approval	**Date**
Board of Directors	4/18/18
Last Board of Directors Review	8/19/20

Developed: March 31, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL PROCEDURE

Title: Board Member Resignation and Filling of Vacancies		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 11/19/2021	Last Review Date: 11/16/2021	Version: 1
Final Approval by: Executive Committee	Original Approval Date:	

PURPOSE:

1. The purpose of this procedure is to set forth the procedure by which a member of the Board of Directors may resign and the procedure by which vacancies may be filled**.**

PLAN TO FILL A BOARD VACANCY BY APPOINTMENT:

1. On a semi-annual basis, District staff will secure from the County of Inyo/Recorder's Office a list of registered voters in each of the Zones within the jurisdiction of the Northern Inyo Healthcare District.

2. On an ongoing and continuous basis, Board members will encourage interested registered voters to serve the Northern Inyo Healthcare District through service on the Board of Directors.

CIRCUMSTANCES CAUSING A VACANCY:

1. A vacancy on the Board of Directors may occur upon the occurrence of any of the events described in Government Code section 1770, including but not limited to, written resignation and the failure to discharge the duties of a Board member for a period of 3 consecutive months.

2. Board members wishing to resign must deliver written resignation to the Chief Executive Officer.

PROCEDURE FOR FILLING A VACANCY:

Pursuant to Article III, Section 4 of the Northern Inyo Healthcare District Bylaws, all vacancies on the Board of Directors shall be filled in compliance with the procedures outlined in Government Code section 1780 and this procedure. Vacancies may be filled by either appointment or election. Upon the occurrence of any vacancy on the Board of Directors, the District shall notify the Inyo County elections official within 15 days.

PROCEDURE FOR FILLING A VACANCY BY APPOINTMENT:

1. Upon the occurrence of a vacancy, or the District being notified of a Board vacancy, District staff shall immediately determine the date by which the vacancy must be filled.

2. If the Board decides to fill the vacancy by appointment, the Board shall appoint an ad hoc committee to make a recommendation regarding filling the vacancy. District staff will, in collaboration with the ad hoc committee members, establish target dates by which various parts of this process shall be completed so as to afford the ad hoc committee members and any potential applicant the fullest of opportunities to fill the vacant position with a qualified candidate.

3. After the Board has appointed an ad hoc committee, District staff shall coordinate availability of schedules between all appointed ad hoc committee members so that there is sufficient time to complete the interviews, make a recommendation to the full Board and to make the appointment, all of which must occur within 60 days.

4. District staff shall post the notice of the Board vacancy in at least 3 conspicuous places.

5. District staff shall receive applications from each candidate and will immediately review the application for completeness.

6. Upon receipt of a completed application, District staff shall determine if the candidate meets the required qualifications for the Board vacancy as follows:

    a. Applicant must be a resident of the Zone of the Healthcare District in which the vacancy occurs;

    b. Applicant must be a registered voter of the Zone of the Healthcare District in which the vacancy occurs;

    c. Applicant must acknowledge that applicant will be subject to the Healthcare District's Conflict of Interest policy;

    d. Applicant must acknowledge that applicant will be required to complete Form 700 "Statement of Economic Interests."

7. If the applicant meets the required qualifications for the Board vacancy as set forth above, District staff shall transmit an informational booklet to the applicant and shall transmit the application to each ad hoc committee Member for a determination on whether to interview the candidate.

8. Upon receipt of a notification from the ad hoc committee that a candidate is to be scheduled for the interview, District staff shall consult the schedules of the ad hoc committee members and the candidates to set a mutually convenient time for the interview. Notification of the dates set for the interviews shall be transmitted to both the ad hoc committee and the candidate.

9. At the option of the ad hoc committee, the attached guidelines for interviewing candidates and sample interview questions may be used. The ad hoc committee may also opt to set scoring criteria for the interviews.

10. Upon completion of all interviews, the ad hoc committee will bring a recommendation for the appointment to the full Board for consideration.

11. The Board shall make the appointment within 60 days of the vacancy or receipt of the notice of vacancy, whichever occurs later. Upon receipt of the Board's decision on the ad hoc committee's recommendation, District staff will be instructed to notify the unsuccessful candidate(s), if any, and the successful candidate of the Board's appointment.

12. At the Board's direction, District staff shall transmit the Board's appointment to the county elections official as per the Board's policy.

13. The length of the appointee's term shall be determined pursuant to Government Code section 1780(d)(1)-(2).

PROCEDURE FOR FILLING A VACANCY BY ELECTION:

1. Upon the occurrence of a vacancy, or the District being notified of a Board vacancy, District staff shall immediately determine the date by which the vacancy must be filled.

2. If the Board decides to fill the vacancy by election, the Board shall call an election to fill the vacancy within 60 days, to be held on the next established election day [Elec. Code § 1000 et seq.] that is at least 130 days from the date the Board calls the election.

3. The person elected to fill the vacancy shall hold office for the balance of the unexpired term.

REFERENCES:

1. Appointments to the NIHD Board of Directors Policy.

2. Gov. Code § 1780.

3. County of Inyo/Recorder Office.

4. Work Flow for Appointments to Fill Board Vacancy (With Approximate Time Frames).

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCES POLICIES AND PROCEDURES:

Supersedes: N/A

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Compensation of the Chief Executive Officer	
Scope: Board of Directors	Manual: Board of DirectorsAdministration
Source: Board of Directors	Effective Date: May 16, 2018

PURPOSE: The Chief Executive Officer (CEO) of Northern Inyo Healthcare District (NIHD) is the person responsible for the efficient operation of NIHD. Therefore, it is the desire of the NIHD Board of Directors to provide a fair compensation (salary and benefits) to the CEO.

POLICY:

1. Annually (as of hire date) the NIHD Board of Directors shall evaluate the performance and review the compensation of the Chief Executive Officer to determine if an adjustment to compensation is appropriate.

PROCEDURE:

1. The BOD President shall appoint two members of the BOD as an Ad Hoc committee to research comparability data of similar organizations and similar qualified individuals.
2. At a BOD meeting (may be during closed session), the Ad Hoc committee will make a recommendation to the full BOD for any compensation (salary and/or benefits) adjustments based on a review of the data and CEO Performance Review.
3. During the Open Session of the Meeting Agenda, the BOD President will report any action taken on the recommendation. The meeting at which the compensation adjustment is approved the minutes are to include the documentation of how the BOD reached its decisions and the effective date.

REFERENCES:

1.

CROSS REFERENCE P&P:

1.

Approval	**Date**
Board of Directors	5/16/18
Last Board of Directors Review	8/19/20

Developed: March 21, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Election Procedures and Related Conduct		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope:		
Date Last Modified: 03/22/2022	Last Review Date: 03/22/2022	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE: Establish procedures for adherence to election process and conduct relating to elections as defined by state and county law for the five elected members of the Board of Directors.

POLICY:

1. Northern Inyo Healthcare District (NIHD) Board of Directors (BOD) shall consist of five elected members.
2. The District is divided into five (5) separate zones with each member living in and representing one of the zones.
3. An elected term shall be of four years duration.
4. There is no limit to the number of terms a member may serve.

PROCEDURE:

1. The District shall hold its general election consolidated with the statewide general election held on the first Tuesday after the first Monday in November in even numbered years.
2. The candidate receiving the most votes in each zone, even if not a majority shall be elected.
3. Unless as a result of a vacancy, all BOD terms shall be four (4) years.
4. Those Board members whose term in office has concluded shall continue on the board until the successor has qualified or the first Thursday in December following the election which ever is later.
5. All registered voters within each zone are qualified to run for office in their zone of residence.
6. Prospective Board members must be at least eighteen (18) years of age and District residents.
7. Interested candidates for the BOD are directed to the Inyo County Clerk/Recorder's office for information regarding the rules and regulations related to candidacy for a Board seat.
8. Law sets the candidate filing period for Statewide General Elections.
9. All candidates must file a Form 700 Statement of Economic Interest.
10. The candidate pays for the cost of the candidate's policy statement.
11. Directors shall not use any District resources, for example, photocopiers or paper supplies, or make requests of staff to produce or disseminate any partisan campaign material to be used in support of or in opposition to any candidate for public office or any ballot measure.
12. By law, NIHD may not use public funds or resources to advocate for or against any ballot measure or candidate.
13. It is permissible to use public funds for the dissemination of impartial educational information, to make a fair presentation of the facts to aid voters in making an informed decision.
14. It is permissible for the BOD to go on record at a public meeting in favor of or opposed to a particular ballot measure.

15. Directors shall not hand out any partisan campaign material supporting or opposing any candidate for public office or any ballot measure while the public Board meeting is in progress.

REFERENCES:

1. Inyo County Clerk/Recorder

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Election Procedures and Related Conduct

Supersedes: v.1 Election Procedures and Related Conduct

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: NIHD Board Meeting Minutes	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 6/20/2018

PURPOSE: Establish documentation policy for Northern Inyo Healthcare District (NIHD) Board of Directors (BOD) meeting minutes.

POLICY: Northern Inyo Healthcare District Board of Directors meeting minutes shall be kept in action format. The following information shall be included in each meeting's minutes:

- Date, place and type (regular or special) of meeting
- Directors and Chief Executive team members present and absent by name.
- Call to Order (including time)
- Names (if given) of public commentators, and topic commented on.
- If a Director arrives late or leaves early, the time and name shall be recorded.
- Names of Directors absent during any agenda item on which action was taken.
- BOD directives to staff.
- Motions or resolutions on which action was taken.
- Names of Directors making and seconding motions.
- Public comments made by BOD members.
- Topics included in closed session.
- Announcement by BOD President stating what action, if any, was taken during closed session.
- Time of adjournment.

PROCEDURE:

1. The clerk of the BOD shall prepare and keep minutes of all regular and special BOD meetings.
2. The draft minutes of the previous regular BOD meeting and any special meeting(s) of the BOD held since the previous regular meeting shall be distributed to Directors as part of the information packet for the next regular BOD meeting at which time the BOD shall consider approving the minutes as presented or with corrections.
3. Unapproved minutes are "preliminary drafts that are not retained by the public agency in the ordinary course of business." (CA Government Code Section 6254). Therefore, draft minutes shall not be released until the BOD has approved them.
4. Once approved by the BOD the minutes shall be posted on the District website and maintained in the District's official files.
5. After approval, the Secretary of the BOD shall sign the minutes.
6. Motions and resolutions of regular and special BOD meetings shall be recorded as having passed or failed. Individual votes for and against and abstentions shall be recorded unless the action was unanimous.
7. All resolutions adopted by the BOD shall be numbered consecutively, starting new numbering at the beginning of each calendar year.

REFERENCES:

1. (CA Government Code Section 6254) Public Records Act

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: NIHD Board Meeting Minutes	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 6/20/2018

Approval	**Date**
Board of Directors	06/20/2018
Last Board of Directors Review	08/19/2020

Developed: April 2, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Northern Inyo Healthcare District Board of Directors Conflicts of Interest		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope:		
Date Last Modified: 03/22/2022	Last Review Date: 03/22/2022	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE: Establish ethical standards for governing conflicts of interest for Northern Inyo Healthcare District (NIHD) Board of Directors (BOD). This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to this organization.

POLICY:

1. All Directors shall be held to the highest ethical standard and shall not have conflicts of interest when making decisions, except when permitted by law.
2. Sources of rule that address financial conflicts of interest are The Political Reform Act (CA Government Code Section 87110 et seq.), CA Government Code Section 1090 and the common law prohibition against conflicts of interest.
3. A Director is bound to exercise the powers conferred on them with disinterest and diligence and primarily for the benefit of the public.

PROCEDURE:

1. The Political Reform Act requires each Director to file a Form 700 Statement of Economic Interests upon assuming office, annually while in office, and upon leaving office.
2. The Form 700 shall be completed and filed in compliance with the District Board's Conflict of Interest Policy and applicable state law.
3. In signing the Form 700 a Director is certifying under penalty of perjury the information is true and correct.
4. It is the responsibility of each Director to review each schedule and its instructions carefully and to complete the form accurately and comprehensively.
5. During a meeting, a Director with a conflict (or who think he/she may have a conflict) with a proposed matter on the agenda is required to disclose the conflict or potential conflict.
6. After disclosure of the financial interest and all material facts, and after any discussion with the Director, the Director will leave the meeting while the determination of a conflict of interest is discussed and voted on by the remaining BOD members.
7. If necessary, the President shall appoint a disinterested person or committee to investigate alternatives to the proposed matter.
8. A Director with a conflict is prohibited from making or in any way attempting to use his/her official position to influence a decision in which they know or would have reason to know he/she may have a financial interest.
9. A Director is prohibited from voting on any matter in which there is a conflict of interest.

10. Minutes of board meetings shall reflect when a Director discloses he/she has a conflict of interest and how the conflict was managed. Such as there was a discussion on the matter without the Director present in the room, and a vote was taken and the Director abstained.
11. Each Director is required to annually complete the District's Conflict of Interest Statement as well.
12. Decisions of the BOD shall be consistent with the Mission and Vision Statements and the Strategic Plan adopted by the NIHD BOD.

REFERENCES:

1. CA Government Code Section 87110 et seq
2. CA Government Code Section 1090

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Northern Inyo Healthcare District Board of Directors Conflicts of Interest

Supersedes: v.1 Northern Inyo Healthcare District Board of Directors Conflicts of Interest

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Northern Inyo Healthcare District Board of Directors Meeting Public Comment Policy	
Scope: Board of Directors	Manual: Board of Directors
Source: Compliance Officer	Effective Date: 11/18/2020

PURPOSE: To ensure the orderly conduct of District business and to protect the ability of the public to participate meaningfully in such business.

POLICY:

1. Public comment on matters not on the agenda.
    a) Speakers shall be limited to comments on matters within the subject matter jurisdiction of the Board of Directors.
    b) Public comment on matters not on the agenda will be limited to a total of 30 minutes at the beginning of the meeting, unless otherwise modified by the Chair.
2. Public comment on matters on the agenda.
    a) Speakers shall be limited to comments on the agenda item being considered by the Board of Directors.
    2. Public comment on matters on the agenda will be limited to a total of 30 minutes per agenda item.
3. Public Comments generally.
    a) Each speaker shall have three minutes each.
    b) Public comment speakers shall limit comments to no more than 3 minutes each.
    c) Each speaker shall have one opportunity to address the Board on matters not on the agenda, and once per agenda item.
    d) The Chair, in his/her discretion, and/or in consultation with the Board, may limit or extend time for public comment as he/she may find reasonable under the circumstances.
    e) Speakers may not cede their time to other speakers. However, to allow for the more efficiency and use of meeting time, the Chair may, in his/her reasonable discretion and after advance request, allow multiple speakers at the meeting to designate one person to speak on their behalf at a greatly reduced amount of time than the speakers would have otherwise taken individually.
    f) Use of technology in the meeting room (such as Power Points and overhead displays) is restricted to staff, City consultants, applicants for a quasi-judicial approval, and appellants of a quasi-judicial approval. Members of the public may use such technology only upon the approval of the body when necessary for clarification of the speaker's public comment.
    g) No person shall be permitted to speak or present evidence that is (a) not directly relevant to the matter which is the subject of the item, or (b) unduly repetitious. The Chair may admonish a speaker to address the item of business, and thereafter terminate a speaker's time for failure to remain on topic.
    h) Members of the public shall direct comments to the Board of Directors as a whole, and not to staff, individual members of the body, or the public. However, the Board may direct staff to follow-up with a member of the public who requests specific information. While the Board may respond briefly to public comments, it can take no action on items not appearing on the agenda and need not respond to public comments.
    i) No person shall be permitted to interrupt members of the body, staff presentations; or members of the public who are giving public comment during a meeting.
    j) Any person disrupting meeting may be asked by the Chair to cease and desist such activity and may be requested or required to leave the meeting in the event the disruptive behavior continues.

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Northern Inyo Healthcare District Board of Directors Meeting Public Comment Policy	
Scope: Board of Directors	Manual: Board of Directors
Source: Compliance Officer	Effective Date: 11/18/2020

4. The Chair retains discretion to reasonably modify these rules to promote the efficient conduct of District business and/or to protect the ability of the public to meaningfully participate in District business.

Commented [KC(1]: This provision is legal and is common in most public comment policies. The chair can always deviate from a black and white approach to enforcement of this policy. The District will only get into trouble if the Chair deviates for an impermissible purpose, i.e. to stifle critical comments. If the Board develops a practice of selectively enforcing these rules such that certain speakers are never afforded additional time, or speakers on certain topics are never afforded additional time while leeway is habitually given for other topics, the District could get into trouble.

REFERENCES:

1. CA Government Code Section 54954.3

Approval	**Date**
Board of Directors	11/18/2020
Last Board of Directors Review	11/18/2020

Developed: October 29, 2020
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Northern Inyo Healthcare District Board of Directors Meetings	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 06/20/2018

PURPOSE: Establish procedures for Northern Inyo Healthcare District (NIHD) Board of Directors' (BOD) meetings.

POLICY:

1. All meetings of the NIHD BOD shall be conducted in accordance with the Ralph Brown Act, Government Code 54950 et seq. and such additional requirements as set forth in any other BOD Policy and Procedures.

PROCEDURE:

1. Meetings of the BOD shall be held at the NIHD Board Room located at 2957 Birch St. Bishop CA 93514 except as otherwise set forth in agenda notices.
2. Regular meetings shall be held the third Wednesday of each calendar month unless it is deemed necessary to cancel or hold the regular monthly meeting on a different date.
3. As the BOD encourages public participation at its meetings (whether regular, special, study sessions, or emergency) and to facilitate communications, the BOD will ensure agendas are posted in the required timeframe on the NIHD website in addition to other legal requirements. The place, date and time of the meeting shall be indicated on the agenda.
4. Each agenda shall include a time for public comment on non-agenda items as well as comment opportunity on each action agenda item when called.
5. If any Director is attending the meeting by teleconference, the location shall be posted and accessible to the public.
6. The President of the NIHD BOD shall preside at all board meetings at which they are present. In absence of the President, the Vice President shall perform the President's duties and have the President's rights. If both the President and Vice President are absent then the Secretary shall perform the President's duties and have the President's rights.
7. The President shall call the meeting to order at the time set on the agenda or as soon as a quorum is present.
8. A majority (3 of 5 members) shall constitute a quorum for transaction of business. An abstention does not count as a vote for or against.
9. If no directors are present the clerk of the board shall adjourn the meeting to a future date and time. A notice of the adjournment including the future date and time of the adjourned meeting shall be conspicuously posted on or near the door of the place where the meeting was held.
10. If the date of the adjourned meeting is within five (5) days of the original meeting, no new agenda need be posted if no additional agenda items are added. If the date of the adjourned meeting is more than five (5) days a new agenda must be posted.
11. The President of the BOD, as necessary to conduct business of the District, can call special meetings or study sessions.
12. Ordinarily, items on the agenda will be considered in the order set forth in the agenda. However, the President may alter the order of items on the agenda, as the President deems necessary for the good of the meeting.
13. The President may declare a short recess during any meeting.
14. The President shall have the same rights as the other Board members in voting, introducing or seconding motions and resolutions as well as participating in discussions.
15. No action may be taken by secret ballot. (Government Code Section 54953(c).)

Title: Northern Inyo Healthcare District Board of Directors Meetings	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 06/20/2018

16. All votes taken during a teleconferenced meeting shall be by roll call. (Government Code Section 54953(b)(2).)
17. Directors shall observe all applicable conflict of interest rules. If a financial interest is determined by any board member they must abstain from any vote that may be in violation of Government Code 1090. The director shall leave the meeting room during any discussion and the vote and shall state the reason for abstention.
18. The annual organizational meeting shall be the regular BOD meeting held in December or at an earlier meeting if called. At that meeting officers shall be elected.5

REFERENCES:

1. Ralph Brown Act, Government Code 54950 et seq.
2. Government Code Section 54953(c)
3. Government Code Section 54953(b)(2)
4. Government Code 1090

CROSS REFERENCE P&P:

1.

Approval	**Date**
Board of Directors	6/20/18
Last Board of Directors Review	8/19/20

Developed: March 31, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Officers and Committees of the Board of Directors	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

PURPOSE: Describe the District officers and Board Committees and their duties.

POLICY:

1. The officers of the Northern Inyo Healthcare District (NIHD) Board of Directors (BOD shall be a President, Vice President, Secretary, Treasurer, and Member at Large.
2. The Board of Directors may sit as a Committee of the Whole or as Task Force Committees as deemed appropriate.
3. The President of the Board shall appoint such Ad Hoc committees as may be deemed necessary or advisable by the President or by the BOD. The duties of an Ad Hoc committee shall be outlined at the time of appointment, and the committee shall be deemed dissolved when its final report has been made.
4. As provided in the BOD By-Laws, no committee so appointed shall have any power or authority to commit the BOD or the District in any manner unless the BOD directs the committee to act for and on its behalf by special vote.

PROCEDURE:

1. The Board of Directors at the December meeting of every calendar year shall choose the officers of the Board every year. Each officer shall hold office for one year or until a successor shall be elected and qualified or until the officer is otherwise disqualified to serve.
2. Any officer of the BOD may resign or be removed as a Board officer by the majority vote of the other Directors then in office at any regular or special meeting of the BOD. In the event of resignation or removal of an officer the BOD shall elect a successor to serve for the balance of that officer's unexpired term.
3. The **President** shall conduct the meetings of the BOD and shall act as the lead liaison between the BOD and District Management for communications and oversight in fulfilling the District's Mission, Vision and Values. The President shall have, subject to the advice and control of the BOD, general responsibility of the affairs of the District and shall discharge all other duties that shall be required of the President by the By-Laws of the BOD.
4. The **Vice President** shall in the event of absence or inability of the President, exercise all the powers and perform all the duties given to the President by the By-Laws of the District.
5. The **Secretary** shall act in this capacity for both the District and the BOD. In the absence or inability of the President and Vice President shall exercise all powers and perform all duties given to the President. Shall be responsible for seeing that all actions, proceedings and minutes of the meetings of the BOD are properly kept and are maintained at District Administrative offices. Shall perform such other duties as pertains to the office and as prescribed by the BOD and By-Laws of the BOD. The Secretary may delegate his/her duties to appropriate management personnel.
6. The **Treasurer** shall be responsible for the safekeeping and disbursal of the funds of the District in accordance with the provisions of the "Local Healthcare District Law: and in accordance with resolutions, procedures and directions as the BOD may adopt. Shall perform such other duties as pertains to the office and as prescribed by the BOD and By-Laws of the BOD. The Treasurer may delegate his/her duties to appropriate management personnel.
7. The **Member at Large** shall have all the powers and duties of the Secretary in the absence of the Secretary, and shall perform such other duties as may from time to time be prescribed by the BOD and By-Laws of the BOD.

Title: Officers and Committees of the Board of Directors	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

8. The duties of the **committees** shall be to develop and make policy recommendations to the BOD and to perform such other functions as shall be stated in the BOD By-Laws or in the resolution or motion creating the committee. The President with the approval of the BOD may appoint special or Ad Hoc committees as special circumstances warrant. Composition of the committee may consist of only Board members or they may include individuals not on the Board.

REFERENCES:

1. Northern Inyo Healthcare District Board of Directors By-Laws

CROSS REFERENCE P&P:

1.

Approval	**Date**
Board of Directors	5/16/18
Last Board of Directors Review	8/19/20

Developed:
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Public Records Requests	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: ADMIN EXECUTIVE ASSISTANT	Effective Date: May 16, 2018

PURPOSE: Establish guidelines for the Northern Inyo Healthcare District (NIHD) Board of Directors (BOD) to follow when there is a request for information under the California Public Records Act.

POLICY:

1. All California Public Records Act requests made to a BOD member for NIHD related information are to be referred to the Compliance Officer.

DEFINITIONS:

California Public Records Act – The fundamental precept of the California Records Act is that governmental records shall be disclosed to the public, upon request, unless there is a specific reason not to do so.

Public Records – Any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by the entity regardless of physical form or characteristics.

PROCEDURE:

1. Requests made to a Director to inspect and copy public records shall be referred directly to the Compliance Office.
2. As NIHD is required to "assist the member of the public in making a focused and effective request that reasonably describes an identifiable record" or "on the facts of the particular case the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record", no opinion of what may or may not be exempt from disclosure is to be inferred by a Director.

REFERENCES:

1. California Government Code (6250), 6252(e), 6253.1(a), 6255(a)

CROSS REFERENCE P&P:

1. NIHD California Public Records Act – Information Requests Policy

Approval	**Date**
Board of Directors	5/16/18
Last Board of Directors Review	8/19/20

Developed: April 18, 2018
Reviewed:
Revised:
Supersedes:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Public Records Requests	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: ADMIN EXECUTIVE ASSISTANT	Effective Date: May 16, 2018

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Reimbursement of Expenses	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date:

PURPOSE: Procedure for reimbursement of qualified expenses to NIHD Board of Directors.

POLICY:

1. If requested, the District shall reimburse NIHD Directors for necessary travel and incidental expenses incurred in the performance of official duties as Directors, subject to requirements of the NIHD Policy and Procedures and the law.

PROCEDURE:

1. The following types of occurrences qualify for reimbursement if attended in the performance of official duties as NIHD Director.
    a. Training, workshops, seminars and conferences.
    b. Educational workshops, seminars, and conference.
    c. Meetings of local governmental entities and bodies.
    d. Meetings of community or civic groups or other state or national organizations.
    e. Any other activity approved by the BOD in advance of attendance.
2. Reimbursement for travel, meals, lodging, and other expenses shall be in accordance with the NIHD Travel and Reimbursement Policy.
3. Request for reimbursement shall include receipts for all expenses for which reimbursement is requested.

REFERENCES:

1.

CROSS REFERENCE P&P:

1. NIHD Travel and Reimbursement Policy and Procedure

Approval	**Date**
Board of Directors	4/18/18
Last Board of Directors Review	8/19/20

Developed: March 26, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Requests for Public Funds, Community Grants, Sponsorships	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

PURPOSE: Establish criteria for granting requests for Public Funds, Community Grants, and Sponsorships. A community's health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community based clinics, health provider educational programs, and other programs and organizations that promote physical health, emotional health, and behavioral health well-being.

POLICY:

As allowed by Northern Inyo Health Care District's (NIHD) financial condition and the law, the District may provide assistance to Healthcare programs, services, facilities and activities at any location within or without the NIHD for benefit of the District and the people served by the District.

PROCEDURE:

1. When considering funding a request, NIHD shall address identified community healthcare needs as envisioned by the Mission and Vision Statements and the strategic plan.
2. Within the limits of the budget and the law, sponsorship of events of qualified programs is allowed. NIHD staff will administer sponsorship requests.
3. In conjunction with setting the annual budget each year, the District shall determine whether to fund any requests for Community Grants and if so, what amount. NIHD staff shall administer the Community Grants program with the Directors making the final decision regarding grant recipients.
4. Information regarding the availability of the Community Grants and the application process shall be posted on the NIHD website and publicized appropriately so eligible programs may make timely applications.

REFERENCES:

1. California Health and Safety Code Sections 32121(j) and 32126.5.

Approval	**Date**
Board of Directors	05/16/2018
Last Board of Directors Review	08/19/2020

Developed: March 26, 2018
Reviewed:
Revised:
Supersedes:
Index Listings

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL PROCEDURE

Title: Suggested Guidance to Fill a Board Vacancy by Appointment		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 03/22/2022	Last Review Date: 03/22/2022	Version: 3
Final Approval by: Executive Committee	Original Approval Date:08/15/2018	

PURPOSE:

1. The purpose of this suggested guidance is to set forth a flexible procedure to fill a vacancy on the Board of Directors by appointment.

2. This suggested guidance does not apply to any Board vacancy that is to be filled by election.

PROCEDURE:

PLAN TO FILL A BOARD VACANCY BY APPOINTMENT

1. On a semi-annual basis, District staff will secure from the County of Inyo/Recorder's Office a list of registered voters in each of the Zones within the jurisdiction of the Northern Inyo Healthcare District.

2. On an ongoing and continuous basis, Board members will encourage interested registered voters to serve the Northern Inyo Healthcare District through service on the Board of Directors.

SUGGESTED GUIDANCE:

1. Upon receipt of a notification of a board vacancy, and after the Board has determined to fill the vacancy by appointment versus by election, the notification will be examined by District staff to determine the date by which the vacancy must be filled.

2. After the Board has appointed an ad hoc committee to fill the vacancy, District staff shall immediately commence to fill the vacancy. District staff will, in collaboration with the ad hoc committee members, establish target dates by which various parts of this process shall be completed so as to afford the ad hoc committee members and any potential applicant the fullest of opportunities to fill the vacant position with a qualified candidate.

3. Upon receipt of a notification of a board vacancy, District staff shall notify the county elections official of the vacancy within the proper time frame as per the Board's policy.

4. After the Board has appointed an ad hoc committee, District staff shall coordinate availability of schedules between all appointed ad hoc committee members so that there is sufficient time to complete the interviews and make a recommendation to the full Board of an appointee to fill the vacancy, all of which must occur within the proper time frame as per the Board's policy.

5. District staff shall post the notice of the Board vacancy in locations and within the time frames per the Board's policy on Appointments to the NIHD Board of Directors.

6. District staff shall receive applications (see attached application form) from each candidate and will immediately review the application for completeness.

7. Upon receipt of a completed application, District staff shall determine if the candidate meets the required qualifications for the Board vacancy, as follows:

   a. Applicant must be a resident of the Zone of the Healthcare District in which the vacancy occurs;

   b. Applicant must be a registered voter of the Zone of the Healthcare District in which the vacancy occurs;

   c. Applicant must acknowledge that applicant will be subject to the Healthcare District's Conflict of Interest policy;

   d. Applicant must acknowledge that applicant will be required to completed Form 700 "Statement of Economic Interests" form.

8. If the applicant meets the required qualifications for the Board vacancy as set forth above, District staff shall transmit an informational booklet to the applicant and shall transmit the application to each ad hoc committee member for a determination to interview the candidate.

9. Upon receipt of a notification from the ad hoc committee that a candidate is to be scheduled for the interview, District staff shall consult the schedules of the ad hoc committee members and the candidates to set a mutually convenient time for the interview. Notification of the dates set for the interviews shall be transmitted to both the ad hoc committee and the candidate.

10. At the option of the ad hoc committee, guidelines for interviewing candidates

and sample interview questions are on file and available upon request from the Administrative Assistant – Board Clerk. The ad hoc committee may also opt to set scoring criteria for the interviews.

11. Per the Board policy, the ad hoc committee will bring a recommendation for the appointment to the full Board for consideration.

12. Upon receipt of the Board's decision on the ad hoc committee's recommendation, District staff will be instructed to notify the unsuccessful candidate(s), if any, and the successful candidate of the Board's appointment.

13. At the Board's direction, District staff shall transmit the Board's appointment to the county elections official as per the Board's policy.

REFERENCES:

1. Appointments to the NIHD Board of Directors Policy
2. Gov. Code 1780 (a)
3. County of Inyo/Recorder Office
4. Work Flow for Appointments to Fill Board Vacancy (With Approximate Time Frames)

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCES POLICIES AND PROCEDURES:

1. Suggested Guidance to Fill a Board Vacancy by Appointment
2. Suggested Guidance to Fill a Board Vacancy by Appointment

Supersedes: v.2 Suggested Guidance to Fill a Board Vacancy by Appointment

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Use by NIHD Directors of District Email Accounts	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

PURPOSE: Establish policy and procedure for appropriate use of the District's official email accounts by Northern Inyo Healthcare District (NIHD) Board of Directors (BOD)

POLICY:

1. The District shall issue an official email address, using the District's domain name for all Directors.
2. The District shall provide technical support to enable Directors to access their official email accounts from mobile devices and home computers.
3. No Director shall conduct District business on any email account other than the official District email account.
4. Director's emails pertaining to District business shall not be deleted during the Director's term of office.
5. Non-District related emails may be deleted at the Directors discretion.
6. All emails related to District business are understood to be a part of the public record.

PROCEDURE:

1. Communications from District staff to Directors regarding District business shall utilize the Directors official email accounts. A Director may not request, such communications be sent to a different email account.
2. Directors are required to use their official email for District-related communications. Email communications on a Director's personal or business account that relate to District business are subject to disclosure under the Public Records Act. Directors who knowingly or inadvertently use a personal or other business account shall make their personal and/or business email account available for review by the District's legal counsel when necessary to comply with a request under the Public Records Act.
3. The Director shall not delete any District Board related emails until such time as approved copies have been saved and stored in the District IT system.
4. In order to avoid inadvertent violations of the Brown Act, Directors and staff shall exercise caution when using the "reply all" email function. Directors may not communicate with more than one other Director including via email, except for trivial or scheduling matters. It is to be understood that comments or questions in a "reply all" response may constitute a serial meeting under the Brown Act.

REFERENCES:

1. Public Records Act
2. Ralph M. Brown Act

Approval	**Date**

NORTHERN INYO HEALTHCARE DISTRICT
POLICY AND PROCEDURE

Title: Use by NIHD Directors of District Email Accounts	
Scope: Board of Directors	Manual: BOD Policy Manual - Administration
Source: Board of Directors	Effective Date: 05/16/2018

Board of Directors	05/16/2018
Last Board of Directors Review	08/19/2020

Developed: April 2, 2018
Reviewed:
Revised:
Supersedes:
Index Listings:

Work Flow for Appointments to Fill Board Vacancy

(With Approximate Time Frames)

District Staff Work Flow		Board of Director Work Flow	
Day 0	Receive Notice of Board Vacancy	Notice of Board Vacancy received and transmitted to District Staff	Day 0
Day 1	Notify County Elections Official of vacancy (w/in 15 days of notice or effective date of the notice, whichever is later)	Board appoints Ad Hoc Committee	Days 1-35
Days 2-21	Notice of Vacancy posted in 3 or more conspicuous places in the District at least 15 days prior to the appointment date	Ad Hoc Committee Meets to: Set Interview Dates; Reaffirm Qualities of Board Member; Confer on interview questions; Confer on scoring rating criteria (optional).	Days 2-35
Days 2-35	Receive Applications for eligibility and schedule interviews		
Days 35-42	Send Eligible Applications to Ad Hoc Committee (continuously as received)	Receive Applications from District Staff and conduct interviews	Days 36-49
		Make recommendation to Board of Director for appointment.	Days 49-54
Days 42-54	Receive Board of Directors decision and notifies applicants of appointment or not selected for appointment	Board of Directors acts on Ad Hoc Committee recommendation, appoints Board Member, notifies District staff.	
Days 54-60	Selected appointee included in Board packet distribution	Board Member sworn in and seated, and instructs District Staff to notify County Elections Official of appointment	Days 54-60
Day 60	Notify County Elections of Appointment		
	END	END	

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Guidelines for Business by the Northern Inyo Healthcare District Board of Directors		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope: Board of Directors		
Date Last Modified: 05/26/2022	Last Review Date: 05/26/2022	Version: 1
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/25/2022	

PURPOSE: To explain the guidelines for the Northern Inyo Healthcare District (NIHD) Board of Directors in conducting business for the District.

To clarify the requirements of state law for public meetings while conducting business and meetings on behalf of the District.

POLICY: To make known to any interested party the general guidelines for the conduct of business by the Board of Directors of the Northern Inyo Healthcare District, the following compendium of provisions from the NIHD bylaws and the Ralph M. Brown Act, hereinafter referred to as the Brown Act, is hereby established.

PROCEDURE:

A. Officer of the Board of Directors

1. The officers of the Board of Directors are: Chair, Vice Chair, Secretary, Treasurer and Member at Large.
2. The officers shall be chosen every year by the Board of Directors in December and each officer shall hold office for one-year or until such officer's successor shall be elected and qualified or until such officer is otherwise disqualified to serve. The person holding the office of Chair of the Board of Directors may serve successive terms by unanimous vote taken at a regularly scheduled meeting. The office of Chair, Vice Chair, Secretary, Treasurer and Member-at-Large shall be filled by members of the Board of Directors.

B. Meetings of the Board of Directors

1. Regular Meetings: Regular Meetings of the Board of Directors shall be held the third Wednesday of each month at 5:30PM at 2957 Birch Street, Bishop, California, Board Room, unless specified in advance to another location within the Healthcare District boundaries. The regular meeting shall begin in Open Session in accordance with the Brown Act and may adjourn to Closed Session in compliance with law. The notice for meetings of the NIHD Board of Directors shall be posted per the requirements of the Brown Act.
2. It is the duty, obligation, and responsibility of the Board Chair to call for Board of Directors meetings and meeting locations. This authority is vested within the office of the Chief Executive Officer or Administrative Assistant – Board Clerk "Board Clerk" and is expected to be used with the best interests of the District, Directors, staff, and communities we serve.
3. Special Meetings: Special Meetings of the Board of Directors may be held from time to time as specified in the District Bylaws and with the required 24-hours' notice as stated in the Brown Act.

a. The Chair of the Board, or three Directors, may call a special meeting in accordance with the notice and posting provisions of the Brown Act.
b. Special meetings shall be called by delivering written notice to each Board member and to the public in compliance with the Brown Act (to the local newspaper(s) of general circulation and radio or television station requesting notice in writing), including providing a description of the business to be transacted. Board members may dispense with the written notice provision if a written waiver of notice has been filed with the Board Clerk before a meeting convenes.
c. No business other than the purpose for which the special meeting was called shall be considered, discussed, or transacted at the meeting.

4. Emergency Meetings: Emergency meetings may be called in the event of an emergency situation, defined as a crippling disaster, work stoppage or other activity which severely impairs public health, safety or both, as determined by a majority of the Board, or in the event of a dire emergency, defined as a crippling disaster, mass destruction, terrorist act, or threatened terrorist activity so immediate and significant that requiring one hour notice before holding an emergency meeting may endanger the public health, safety, or both as determined by a majority of the Board.
   a. In the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, then a one (1) hour notice provision as prescribed by the Brown Act is required. In the event telephone services are not working, notice must be given as soon as possible after the meeting.
   b. No business other than the purpose for which the emergency meeting was called shall be considered, discussed, or transacted at the meeting.
5. Closed Session Meetings: Closed Session meetings of the Board of Directors may be held as deemed necessary by members of the Board of Directors or the Chief Executive Officer pursuant to the required notice and the restriction of subject matter as defined in the Brown Act and the Local Healthcare District Law. Closed session items must be briefly described on the posted agenda and the description must state the specific statutory exemption (grounds for convening a closed session). Agenda descriptions can cover: license and permit determinations, real property negotiations, existing or anticipated litigation, liability claims, threats to security, hospital peer review and trade secrets, public employment appointments, evaluations and discipline, labor negotiations, hospital board of directors, and medical quality assurance committees.
   a. Hard copy documentation of closed session materials will be available to Board Members during the actual closed session but will be returned by all Board members at the completion of the closed session.
   b. As a best practice, closed session will be attended by General Counsel.
   c. Prior to entering into closed session, the Board will read aloud the agenda item to the public.
   d. Following closed session, the Board will provide an oral or written report on certain actions taken and the vote of every elected member present.
6. Teleconferencing: Any regular, special, or emergency meeting at which teleconferencing is utilized shall be conducted in compliance with the provisions of the Brown Act.
7. All meetings of the Board of Directors shall be chaired by members of the Board of Directors in the following order: Chair, Vice Chair, and Secretary, or in the absence of all officers, another Director selected by the Board to do so at the meeting in question.

C. Activities/Meeting of Board Committees

1. Board committees will undertake the activities of the committee as outlined in the Northern Inyo Healthcare District Board Bylaws. In addition, each Committee will annually establish Committee goals, and such goals will be presented to the Board of Directors for approval.

D. Meetings Open to the Public

All meetings of the Board of Directors are open to the public except for the Closed Session portion of such meetings.

E. Notices of Meetings of the Board of Directors and Board Committees Supplied to the Public

Notices of any Regular or Special meeting of the Board of Directors and, where applicable Board Committees, shall be mailed to any interested party who has filed a written request for such notice. The request must be renewed annually in writing.

F. Board and Board Committee Agenda Packets for Members of the Public

1. Board, and where required by the Brown Act, Board Committee, agendas and agenda materials are available for review by any interested party at the Administrative Office or at the Board or Board Committee meeting itself.
2. Any requests from the public for Board and Board Committee agenda packets shall be filled within a reasonable amount of time. Any member of the public requesting a Board or Board Committee agenda packet with all attachments shall be charged $.10 per page for such material. The charge is only intended to capture direct costs associated with complying with public requests for documents provided by the California Public Records Act. In no way, does the District profit from this activity; but only seeks to remain fiscally prudent and provide equity of service while maintaining easy access. Additionally, any members of the public being able to demonstrate true indigence shall be exempted from the fee per page charges. An agenda packet with all attachments shall be made available for use by any interested party at all Regular and Special meetings of the Board of Directors and where applicable, Board Committee meetings. Agenda packets in whole or in part may also be posted to the District's website.

G. Public Input at Meetings of the Board of Directors and Board Committee Meetings

On each agenda of Regular and Special Meetings of the Board of Directors and Board Committee meetings that are subject to the Brown Act, there shall be a provision made for input from the audience. The Board of Directors or Board Committee may impose a time limit for such public input. Pursuant to the Brown Act, items which have not previously been posted on the meeting agenda may not be discussed or acted upon at that meeting by the Board of Directors with the following exceptions:

1. If a majority of the Board of Directors determine that an emergency exists as defined under the "Emergency Meetings" section of this policy, or
2. If two-thirds of the members of the Board of Directors or Board Committee present at the meeting, or, if less than two-thirds of the members are present, a unanimous vote of those members present, agree an item requires immediate action and the need for action came to the District's attention after the agenda was posted, or
3. If the item was previously posted and continued from a meeting which occurred no more than 5-days prior to the date on which the proposed action will be taken.

H. Preparation of the Agenda for Board or Board Committee Meetings

1. Placing of Items on the Agenda:

a. As provided for in the Brown Act pertaining to public input, the District will provide an opportunity for members of the public to address the Board on any matter within their subject matter jurisdiction at monthly, regularly scheduled meetings. It is the desire of the Board of Directors to adhere to legislative requirements and conduct the business of the District in a manner to address the needs and concerns of members of the public.
b. Members of the public are directed to contact the Chair of the Board of Directors, a Director of the Board, the Chief Executive Officer or Board Clerk, at least two weeks prior to the meeting of the Board of Directors at which they wish to have an item placed on the agenda for discussion/action. Requests to Directors of the Board will be referred to the Chief Executive Officer for follow-up. While the District values public input, the Board and District staff control meeting agendas and the District has no obligation to agendize a matter requested by a member of the public. If a matter is not agendized, the person seeking to discuss it may raise it in the public comment portion of a meeting.
c. No matters shall be placed on the agenda that are beyond the jurisdiction and authority of a Local Healthcare District or that are not relevant to hospital district governance.
d. Last minute supporting documents by staff put Board members at a disadvantage by diluting the opportunity to study the documents. All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Board Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.

2. The Chief Executive Officer and Board Chair, with input from members of the Board, shall prepare the agendas for the meetings of the Board of Directors. The Chief Executive Officer or his/her designee, and where applicable the Board Committee chairperson, shall prepare the agendas for the meetings of the Board or the Board Committee. Items to be placed on an agenda should be submitted to the Chief Executive Officer or the Board Clerk, no later than 10 days prior to the Board meeting.
3. In addition to discussing with the Board Chair or Chief Executive Officer, a Board member can ask that a topic be placed on next month's agenda for discussion during the appropriate time at a Board meeting. An item will be placed on next month's agenda if a majority of the Board occurs. No more than two items per Board member will be considered at a Board meeting.
4. The format for agendas of meetings of the Board of Directors will be as follows unless the Board or Chief Executive Officer otherwise directs:
    a. Call to Order
    b. Roll Call
    c. Deletions/Corrections to the Posted Agenda, if necessary
    d. Public Comment
    e. Acknowledgements
    f. Open Session – Items for Board Action/Board Discussion/Information Only
    g. Medical Staff Executive Committee
    h. Consent Agenda – Approval of All Consent Agenda Items
    i. Consent Agenda – Discussion of Consent Agenda Items Pulled
    j. Board Members Reports/Closing Remarks
    k. Closed Session
    l. Open Session – Report Out on Any Action Taken During Closed Session, if necessary
5. The Board of Directors wishes to facilitate input from members of the Medical Staff, consultants, vendors and others. When possible, reports and presentations from such parties will be placed as

a timed item in the agenda and/or early in the agenda to minimize the demands on the time of the presenter.

6. The Board Chair and the Chief Executive Officer will create a "Consent Agenda" for those items on the agenda which are reasonably expected to be routine and non-controversial. The Board of Directors shall consider all the items on the agenda marked "Consent Agenda" at one time by vote, after a motion has been duly made and seconded. Board Chair will ask if any Board member wishes to have an item pulled from the Consent Agenda for further discussion. If any member of the Board of Directors or District staff requests that a consent item be pulled from the list of consent items prior to the vote on the Consent Agenda, such item(s) shall be taken up for separate consideration and disposition. Members of the public may request a Board member do so on their behalf or may provide public comment on a particular item before the Board votes on the Consent Agenda.
    a. Board members are encouraged to notify the Board Chair and Chief Executive Officer prior to a meeting if there is intent to pull an item and/or provide questions and concerns. This will enable proper preparation to address questions and concerns.
    b. Department Heads, or their designated representative, will be present during the Consent Agenda to answer any questions. If the Department Head is unable to attend, the Chief Executive Officer or other Chief Officer will respond to questions and/or the item may be postponed until later in the meeting or a following meeting, if necessary.
7. Minutes of Board Committee meetings will be included in the Board agenda packet. If not available, the agenda for the Committee meeting will be included. Recommendations from a Board Committee to the Board of Directors will be highlighted at the beginning of the minutes for ease of presentation.

I. Notification by Board Member of Anticipated Absences

In the event a Board Member will be out of the area or unable to participate in a meeting, the Board Member is requested to provide notification to the Board Clerk, with information including the dates of absence, best method of contact, applicable telephone, fax number and email address, and, if possible, a mailing address. If you do not wish to be contacted in the event of an emergency, you must acknowledge this preference, and written notices will be provided to your permanent address.

J. Minutes of Meetings of the Board of Directors and Board Committees

Minutes of meetings of the Board of Directors and Board Committees shall be taken by the Board Clerk. The minutes shall be transcribed and reviewed by the Chief Executive Officer prior to submittal to the Board of Directors or Board Committees for review and approval at their next regularly scheduled meeting.

K. Special Rules/Robert's Rules of Order

The Board of Directors has adopted Robert's Rules of Order, Revised, as the framework to guide discussion and actions within the Board of Directors' meetings and its subsidiary committee structure. With acknowledgement that the Northern Inyo Healthcare District Board of Directors is somewhat different in form, membership and objective than is captured in Robert's Rules, the placement of "Special Rules" is appropriate to facilitate superior deliberation and decision-making. With Robert's Rules providing the basis for debate and action, the following procedures and/or expectations shall take precedence over Robert's Rules of Order, Revised and may be further amended at the discretion of the Chair.

1. **Discussion/Debate**

a) As is practical, oral staff summaries shall precede motions and public comment on an agendized item.
b) Invited outside presenters, such as our auditors, accountants, and legal counsel shall offer their comments and documentation prior to a motion being introduced by one of the Board Members and public comment on an agendized item.
c) *Brief* questions to fill in knowledge gaps or to provide clarification should be posed prior to motion language being introduced and public input/comments on an agendized item. This is not an opportunity for Board Members to state their views on the substance of a matter.
d) Any Board Committee input or recommendations should be presented prior to a motion. Again, *brief* questioning for clarification may be engaged in prior to motions; this is not an opportunity for Board Members to state their views on the substance of a matter.
e) Public input/comments regarding items not on an agenda will be sought at the beginning of Board/Board Committee meetings. It is noted that presentations from outside organizations may be referred to a Board Committee by the Board Chair for the formulation of a recommendation to the Board of Directors.
f) Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, should be made through the Board Chair.

2. **Voting/Motions**

a) Any member of the Board of Directors may introduce or second a motion, including the Board Chair or other currently presiding officer. All members, including the Board Chair, are encouraged to vote on all motions presented while in attendance unless required to abstain by a conflict of interest or other law. If a Director's vote is not discernible, the vote shall be recorded as in favor of the motion.
b) Amendment of a motion may only be amended by the motion maker with the concurrence of the second.
c) No more than one motion may be considered at a time.
d) Recording of the vote shall be first done by voice vote, with exception going to resolutions that require a roll call vote as a matter of law. Any member may request a roll call vote as a matter of law. Any member may request a roll call vote on any motion; such requests will not require a second and shall be performed at once.
e) Three votes of the Board, unless a greater number is required by law, are required to constitute a Board action. A tie vote on a motion affecting the merits of any matter shall be deemed to be a denial of the matter.
f) Motion of Reconsideration: When additional information has surfaced at a meeting after a motion has duly passed or failed, a motion for reconsideration may be accepted only if advanced by a Board Member who voted on the prevailing side of the original motion. The Board Chair may reschedule an item if the participating public was present when originally considered and departed before reconsideration. Questions from the Board will occur prior to public comment. Items will not be debated by the Board until after public comment has been closed.
g) "Secret ballots" or any other means of casting anonymous or confidential votes are strictly prohibited per law. All votes shall be recorded and be available for public view.
h) Unless otherwise noted, all Board related business, whether in committee or Board session (open or closed) shall be conducted in a fashion compliant with Robert's Rules of

Order, Revised, as modified by this policy. The Board formally adopts this method of conducting business to ensure that all Board affairs are conducted in an equitable, orderly, and timely fashion. Parliamentary procedures are seen as a valuable tool for proper conduct in meetings, and should provide a degree of standardization in regards to other governmental interests, facilitating the public's understanding (and other governmental bodies' understanding) of our actions.

L. Urgent Decisions

In the event that an urgent or emergent decision or action is required by the Board prior to a regularly scheduled meeting, the Board Chair, or a majority of the Board Members, may call a special board meeting or an emergency meeting to take action.

M. Contingent Approval

a) In the event the Board approves an item at a Board meeting, in which all of the terms, conditions, restrictions, commitments, etc. are clearly defined, but which such provisions have not been formalized in contracts or other appropriate documentation, the Board may give preliminary approval to the Chief Executive Officer to execute the contract or other appropriate documentation, contingent upon the following:
   i. The terms are not substantively altered from those previously approved;
   ii. All involved parties to the transaction or agreement are notified in writing of the contingent approval of the terms pending ratification by the Board; and,
   iii. The final terms and documentation are approved or rejected by the Board at a subsequent Board meeting.

b) If the terms of the supporting documentation are substantively different than those previously approved at the public meeting, then approval must be obtained at a subsequent Board meeting.

N. Complaints Addressed to the Board

Written or verbal comments, concerns or complaints addressed to any or all members of the Board that are received by Board members, or any District staff member, or provider, must be forwarded immediately to the Chief Executive Officer. The Chief Executive Officer or designee, will initiate the formal review process. Findings will prompt the appropriate action planning for any areas requiring performance improvement. Annual reporting of findings/action to resolution, will be provided through compliant processes to the Board of Directors.

O. Board Member Requests for Information

Individual Board Members may request data from the District by contacting the Chief Executive Officer. Board Member requests must indicate the specific information being requested and will be responded to as follows:

1. The Chief Executive Officer will review the request to determine material availability, sensitivity, necessary resources and anticipated costs (if any) of production.
2. Should the Chief Executive Officer determine that materials are not readily available, sensitive in nature or costly to produce, the Chief Executive Officer may defer to a decision of the Board of Directors, to fulfill the request.
3. All approved requests by the Chief Executive Officer and/or the Board of Directors will be produced and distributed to each member of the Board of Directors.

REFERENCES:
Ralph M. Brown Act (CA Govt Code §54950)

RECORD RETENTION AND DESTRUCTION: N/A

CROSS REFERENCED POLICIES AND PROCEDURES:

Supersedes: Not Set

NORTHERN INYO HEALTHCARE DISTRICT
REPORT TO THE BOARD OF DIRECTORS
FOR INFORMATION

Date: July 8, 2022

Title: **2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) UPDATE**

Synopsis: Attached please find a copies of the information share at the CHNA committee meeting on June 23, 2022 and July 5, 2022.

- NIHD CHNA Survey Overview
- NIHD CHNA Implementation Session 1

Upcoming CHNA Committee Meetings:

- July 15, 2022 (Phase Meeting #2 Behavioral Health)
- July 19, 2022 (Phase Meeting #3 Access/Chronic Disease)
- July 25, 2022 (CHNA Community Stakeholder Action Plan)

The Board will continue to receive updates on the number of completed surveys and next steps in the CHNA project.

Prepared by: Erika Hernandez
Board Clerk/ Administrative Assistant

Northern Inyo Healthcare District
CHNA Survey Overview

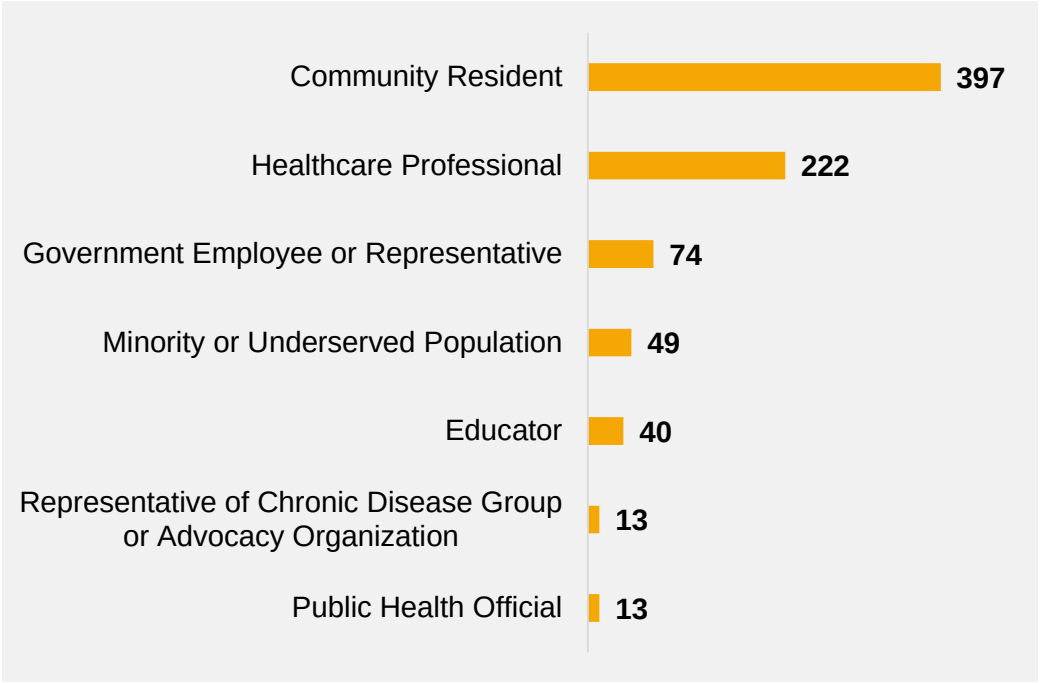
QHR Health

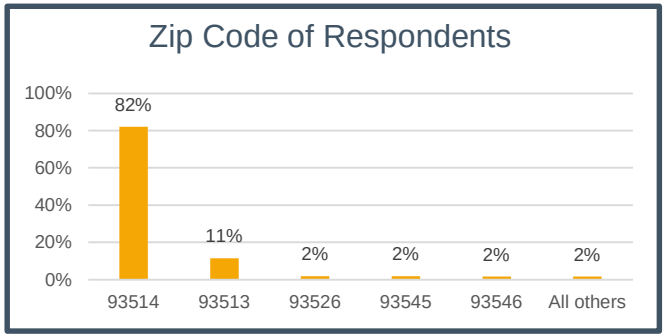
Strengthening Independent Community Healthcare

June 2022

Roles of Respondents

647 survey responses were gathered from the following groups:



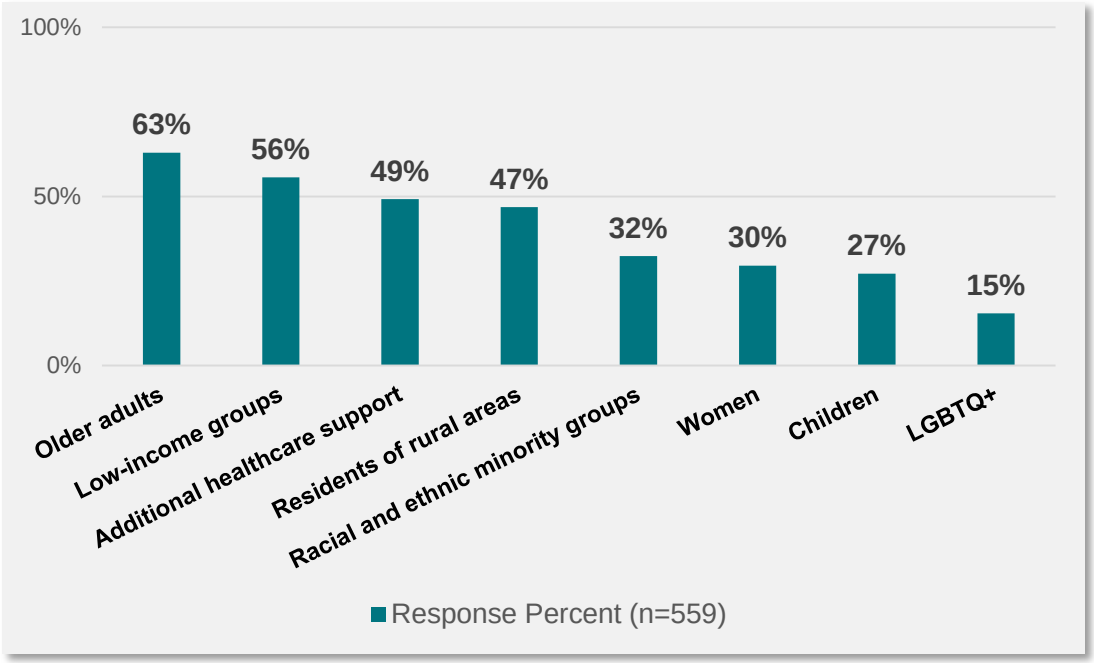


Where do you receive your healthcare?

1. Northern Inyo Healthcare District (78.9%)
2. Somewhere Else (21.1%)
    1. Toiyabe Indian Health Project (8%)
    2. Mammoth Hospital (4%)
    3. Both NIHD and somewhere else (1%)

Priority Populations

Identification of Priority Populations and Their Specific Needs



"**Many patients require specialty care that is not available in Bishop**. It is hard to find, schedule, get transportation to, pay for, and follow up with out of area specialty care, **especially for low income, elderly, and minority patients.**"

"**Older adults** are a high portion of our population, but many of **the specialists we need to serve them are not always available**."

"Access to mental health in this community. We have **very little mental health resources in Bishop."**

Health Priority Ranking: Health Factors

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.53**
Cancer	**4.37**
Drug/Substance Abuse	**4.30**
Diabetes	**4.24**
Heart Disease	**4.20**
Women's Health	**4.17**
Obesity	**4.08**
Stroke	**4.05**
Alzheimer's and Dementia	**4.02**
Dental	**4.00**
Kidney Disease	**3.95**
Lung Disease	**3.90**
Liver Disease	**3.89**

Health Priority Ranking: Community Factors

Answer Choices	Weighted Average of Votes (out of 5)
Affordable Housing	**4.46**
Healthcare Services: Affordability	**4.41**
Healthcare Services: Physical Presence (location, services, physicians)	**4.38**
Access to Childcare	**4.27**
Access to Senior Services	**4.21**
Education System	**4.15**
Healthcare Services: Prevention	**4.15**
Employment and Income	**4.10**
Access to Healthy Food	**4.04**
Community Safety	**3.93**
Transportation	**3.84**
Social Support	**3.78**
Social Connections	**3.65**
Access to Exercise/Recreation	**3.62**

Health Priority Ranking: Individual Factors

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	**4.21**
Diet	**4.00**
Employment	**3.96**
Excess Drinking	**3.93**
Smoking/Vaping/Tobacco Use	**3.84**
Physical Inactivity	**3.83**
Risky Sexual Behavior	**3.60**

Health Priority Ranking: Overall Top 10

When the previous 3 questions were combined, behavioral health, chronic diseases, and affordability/ accessibility rose to the top. Other top priorities can be grouped into social determinants of health.

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.53**
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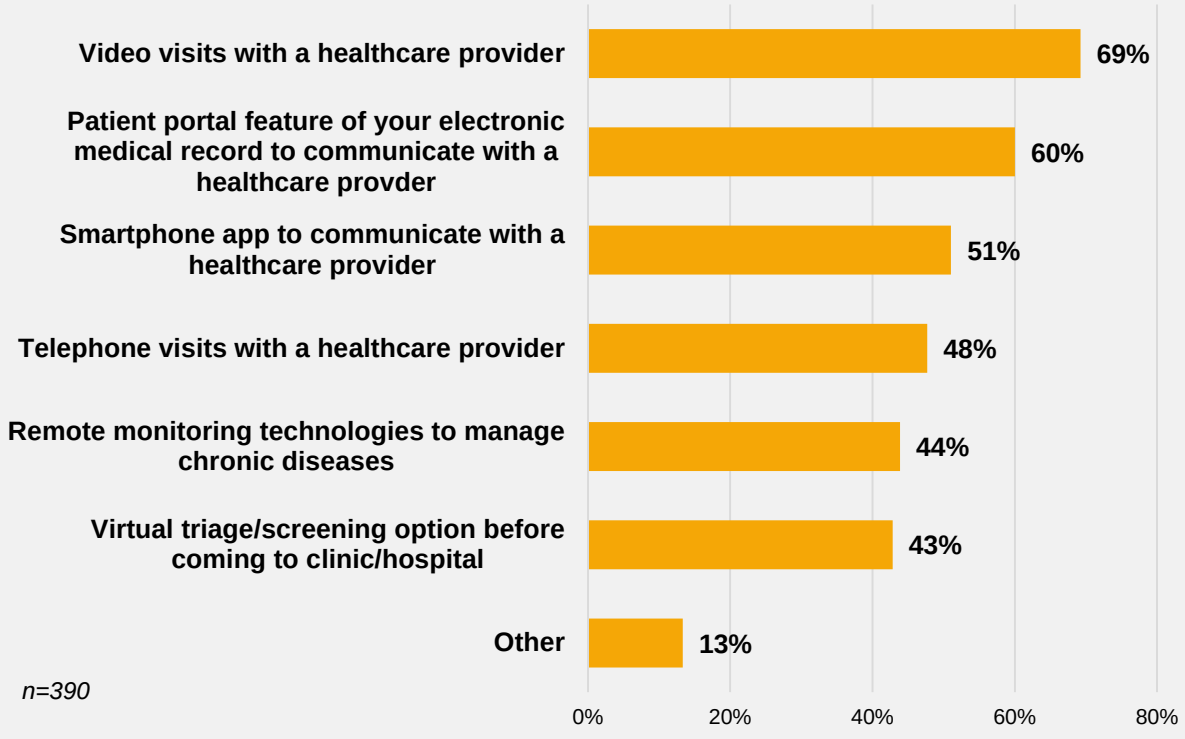
Livable Wage	**4.21**

Hospital Feedback

COVID-19 has led to an increase in virtual and at-home healthcare options, including teleHealth, telephone visits, remote monitoring, etc. What options do you believe would benefit the community most?



n=390

Q: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic?

1. Yes, Primary Care (40%)
2. No (33%)
3. Yes, Specialty Care (26%)
4. Yes, All Types (21%)

n=399

Q: What healthcare services/programs will be most important to supporting community health as we move into the future?

1. Mental Health (71%)
2. Convenient and affordable healthcare access points (62%)
3. Primary Care (60%)
4. Specialty Care (59%)

n=394

Next Steps

- Follow up on any feedback from today's session
- Conduct implementation planning session with NIHD team and other key community stakeholders
- Finalize CHNA report for NIHD Board Approval
- Share report broadly with the community

Thank You

QHR™ Health

Strengthening Independent Community Healthcare

Northern Inyo Healthcare District
CHNA Implementation Session 1

QHR Health
Strengthening Independent Community Healthcare

July 5th, 2022

Objectives

What are we hoping to accomplish through our time together?

- Review 2022 significant health needs, proposed framework, and determine path forward
- Discuss future goals and resources needed for each significant health need
- Discuss next steps in process

CHNA Purpose and Process

CHNA Purpose and Process:

A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Process Steps:

1. Identification of local experts
2. Online Community Survey
3. Data Analysis
4. Implementation Planning

Key Inputs from CHNA:

- Identifies health disparities and social determinants to inform future outreach strategies
- Identifies key service delivery gaps
- Grows understanding of community member perceptions of healthcare in the region
- Targets community organizations for collaborations

The CHNA Standard Process

Health Needs Prioritization Results

Survey Results

Local experts and community members were asked to:

1. Review data, such as demographic, health factors, and socioeconomic factors, to assist in health need identification
2. Provide feedback on 2019 health priorities
3. Rank the importance of top health needs on a scale of 1 (not at all) to 5 (extremely)

2019

Health Needs:

1. Access to Healthcare
2. Mental Health (Depression & Anxiety)
3. Substance Use/Alcohol Use Disorder and Driving Under the Influence

Community Input

2022 Health Needs	Weighted Average (out of 5)
Mental Health*	*4.53*
Affordable Housing	*4.46*
Healthcare Services: Affordability	*4.41*
Healthcare Services: Physical Presence (location, services, physicians)*	*4.38*
Cancer	*4.37*
Drug/Substance Abuse*	*4.30*
Access to Childcare	*4.27*
Diabetes	*4.24*
Access to Senior Services	*4.21*
Livable Wage	*4.21*

*2019 health priorities

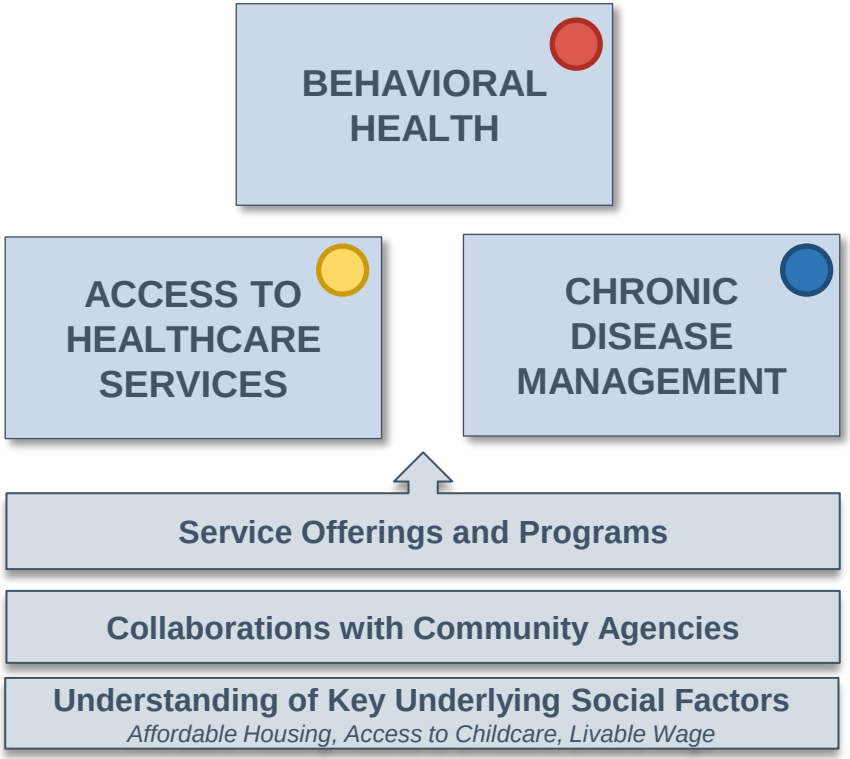
QHR Health

***Note**: Full list*

Sample Implementation Plan Framework

- Mental Health
- Healthcare Services: Affordability
- Healthcare Services: Physical Presence
- Cancer
- Drug/Substance Abuse
- Diabetes
- Access to Senior Services

SAMPLE Implementation Plan Framework



Community Feedback on 2019 CHNA Actions

Access to Healthcare

Takeaway: Respondents have taken notice of resources to increase access like a transportation shuttle and same-day appointments but note that access is still an issue for priority populations.

Key Quotes:

- “I have access to healthcare because I have a car. Many people do not have that same access.”
- "The Care Shuttle is an excellent step in addressing access issues. The RHC needs expansion to provide care to those in need of it. We need more mental health professionals, including licensed therapists, to provide enough services needed.”
- I think the access to healthcare is great and everyone is trying their best but I do feel like there is a lack of help when it comes to establishing care.”
- “Same-day provider at RHC is a great success. Covid restrictions have made access difficult for families.”

Mental Health (Depression & Anxiety)

Takeaway: Respondents note that there is still a large need for mental healthcare in the community through resources like Telehealth have helped address the need.

Key Quotes:

- “Telehealth services for mental health, so amazing!! Now, I feel this needs to shift into caring for hospital employees’ mental health given the climate of hospitals and the stress employees are feeling.”
- “While I understand NIH offers MH services, services are not reaching our vulnerable population that lacks health insurance.”
- “Improved presence/more providers available through RHC Behavioral Health department.”
- “Trying to get an appointment with a mental health provider is often a long time away.”
- “Mental health has been a struggle in Inyo county, NIHD has worked hard to deliver mental health services through telehealth but there have been significant gaps still.”

Substance Use/Alcohol Use Disorder and Driving Under the Influence

Takeaway: Most respondents think the addition of the MAT program has been an asset to the community, but some believe more prevention efforts are needed.

Key Quotes:

- “NIHD has implemented a great program for substance use called MAT and it has helped the community tremendously.”
- “I appreciate the expanded services to help our community without the stigma that can come with traditional services.”
- “NIHD has streamlined the process for drawing the blood of DUI suspects and moved the process to the ER.”
- “It's nice that we have a MAT clinic, but we must focus more on prevention.”
- “Offering Narcan, support groups, and needle exchange.”
- “I did notice the advertising for one recent seminar from a doctor discussing abuse issues.”

***Note**: Listed in order of priority on 2019 CHNA*

Behavioral Health

County Statistics

- Mental health provider ratio: **201:1** (*CA: 244:1*)
- Suicide death rate (*per 100,000*): **17.6** (*CA: 10.1*)
- Medicare patients with depression: **13%** (*CA: 15%*)

Potential Community Partners

Examples

- Local school districts
- Local community organizations
- Local faith-based organizations & churches
- Local industries & workplaces
- California Department of Public Health

Measures to Track Goals

- Output
- Outcome
- Health Equity

Current Initiatives

- Behavioral Health Department at the Rural Health Center
- Telehealth services
- MAT program

What are our goals to accomplish in the next 3 years to address this need?

Access to Health Care

County Statistics

- Median household income: **$59,990** (*CA: $88,930*)
- Primary care physician ratio: **1,061:1** (*CA: 1,240:1*)
- Dentist ratio: **1,504:1** (*CA: 1,132:1*)
- Uninsured: **7%** (*CA: 7%*)
- Population 65+: **24.1%** (*CA: 15.5%*)

Potential Community Partners

Examples

- Local school districts
- Local community organizations
- Local faith-based organizations & churches
- Local industries & workplaces
- California Department of Public Health

Measures to Track Goals

- Output
- Outcome
- Health Equity

Current Initiatives

- 24-hour emergency care
- Swing bed care
- Telehealth services
- Rural Health Clinic provides a range of services
    - Same-day appointments

What are our goals to accomplish in the next 3 years to address this need?

Chronic Diseases

County Statistics

- Cancer mortality rate (*per 100,000*): **159.3** (*CA: 130.3*)
- Diabetes mortality rate (*per 100,000*): **16.4** (*CA: 25.4*)

Potential Community Partners

Examples

- Local school districts
- Local community organizations
- Local faith-based organizations & churches
- Local industries & workplaces
- California Department of Public Health

Measures to Track Goals

- Output
- Outcome
- Health Equity

Current Initiatives

- Chronic disease management through the Rural Health Clinic
- Screening services
- 3D mammography

What are our goals to accomplish in the next 3 years to address this need?

Social Determinants of Health

Affordable Housing

- Average home cost in Inyo County: **$472,686**
- Average home cost in California: **$800,172**
- Median household income in Inyo County: **$59,990**
- Median household income in California: **$88,930**

(Zillow)

Access to Childcare

- Annual childcare cost in California: **$16,945**
- Infant care for one child would take up **24.9%** of a median family's income in California
    - Affordable childcare costs no more than **7%** of a household income

(Economic Policy Institute)

Livable Wage

- Median household income in Inyo County: **$59,990**
- Median household income in California: **$88,930**
- High school diploma or less in Inyo County: **38.5%**
- High school diploma or less in California: **35.8%**

Thank You

QHR™ Health

Strengthening Independent Community Healthcare

Local Expert Survey Results

Health Need	Weighted Average *out of 5*
Mental Health	*4.53*
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Survey results based on 647 community responses

Note: *Priority List*

Roles of Respondents

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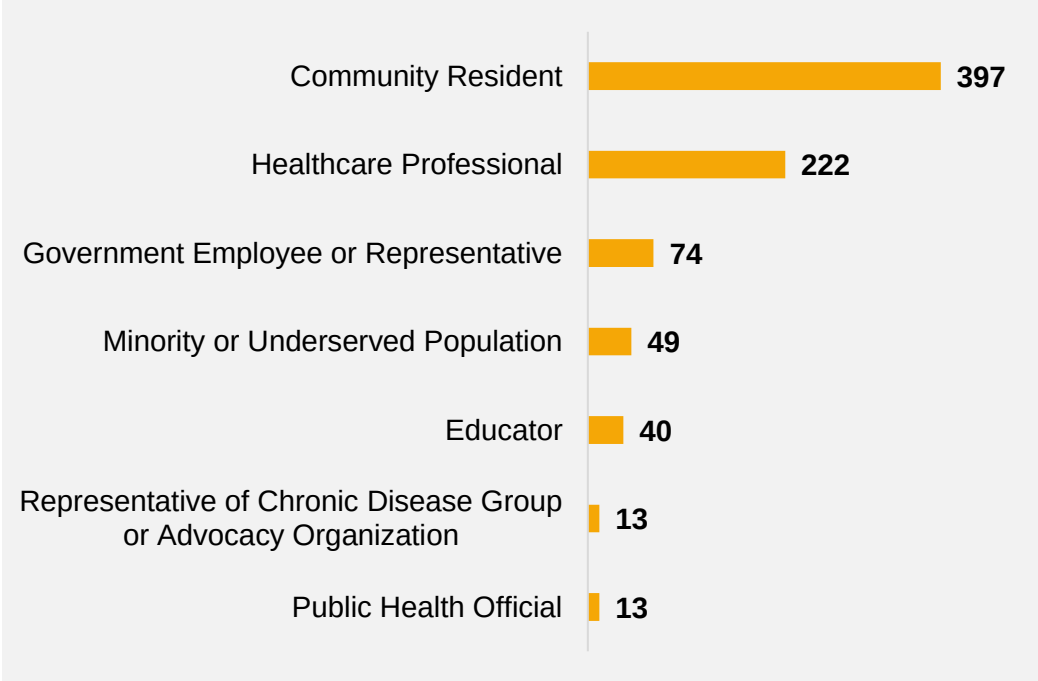

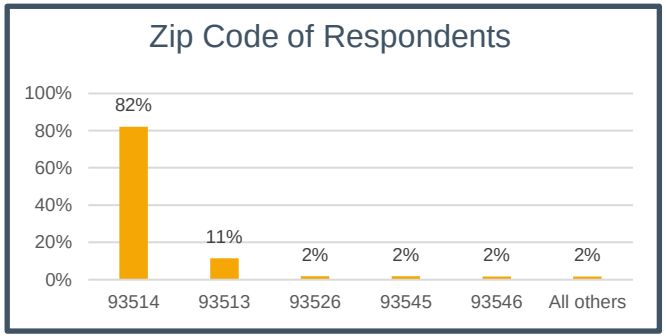

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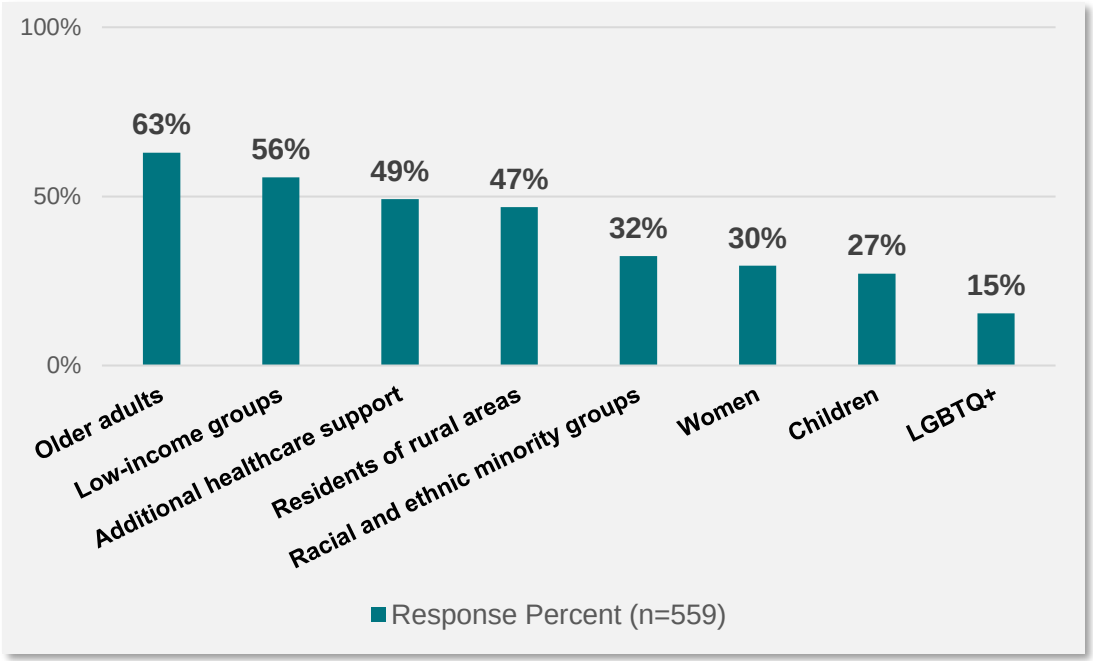

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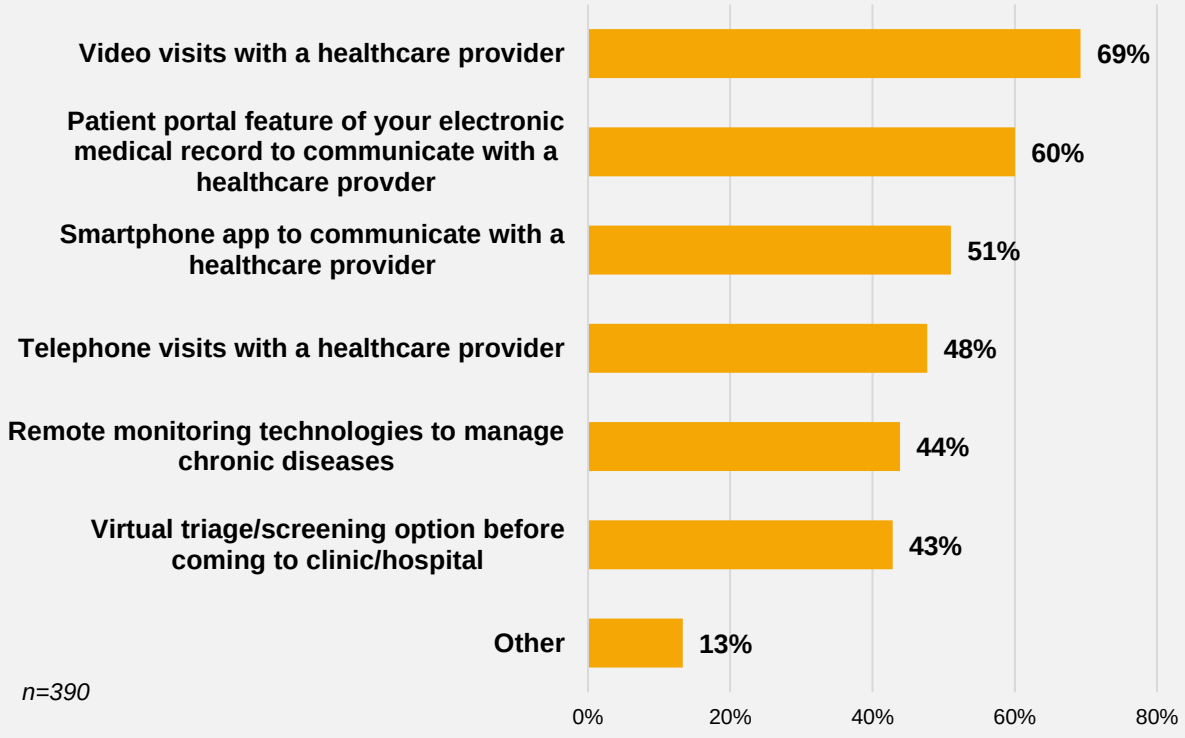

n=390

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2. No (33%)
3. Yes, Specialty Care (26%)
4. Yes, All Types (21%)

n=399

Q: What healthcare services/programs will be most important to supporting community health as we move into the future?

1. Mental Health (71%)
2. Convenient and affordable healthcare access points (62%)
3. Primary Care (60%)
4. Specialty Care (59%)

n=394

NORTHERN INYO HEALTHCARE DISTRICT
RECOMMENDATION TO THE BOARD OF DIRECTORS
FOR ACTION

Date: 07/01/2022

Title: **BOARD RESOLUTION 22-12 APPROVAL OF APPROPRIATION LIMIT**

Synopsis: It is recommended that the Board of Directors approve and adopt the Resolution to establish an annual appropriation limit in accordance with Article XIIIB of the California Constitution. As a government agency entity, NIHD is to receive funds from property taxes in the form of State Appropriations. These funds are for operating expenses and are not restricted as to use.

Prepared by: Dolores Perez, Controller in Training

Approved by: Vinay Behl, Interim Chief Financial Officer

NORTHERN INYO HEALTHCARE DISTRICT
DISTRICT BOARD RESOLUTION 22-12

WHEREAS, the Northern Inyo Healthcare District is required to establish an annual appropriations limit in accordance with Article XIIIB of the California Constitution; and

WHEREAS, using data provided by the State of California Department of Finance, letter dated May 2021, the Board of Directors of Northern Inyo Healthcare District established an appropriations limit of $716,632.91 for the July l, 2021 to June 30, 2022 fiscal year; and

WHEREAS, using the attached data provided by the State of California Department of Finance and the County of Inyo, an appropriations limit of $770,430.40 has been calculated for the July 1, 2022 to June 30, 2023 fiscal year.

NOW, THEREFORE, BE IT RESOLVED by this Board of Directors of Northern Inyo Healthcare District, meeting in regular session this 20th day of July, 2022 that an appropriations limit of $770,430.40 be established for the Northern Inyo Healthcare District for the 2022-2023 fiscal year; and

BE IT FURTHER RESOLVED that this Resolution be made a part of the minutes of this meeting.

Adopted, signed and approved this 20th day of July, 2022.

_____
District Board, Chair

_____
District Board, Secretary

Appropriation calculation:

Per capita personal income 7.55

Per capital cost of living converted to a ratio:	$\frac{7.55+100}{100} = 1.0755$
Population minus exclusion:	-0.04
Population converted to ratio:	$\frac{-0.04+100}{100} = 0.9996$
Calculation of factor for FY 2022-23:	1.0755x0.9996 = 1.0751

Prior year appropriation limit: $716,632.91

Calculation of appropriation limit for FY 2022-23:	$716,632.91x1.0751 = $770,430.40

ATTACHMENT A
MENT OF INYO COUNTY GANN LIMIT CALCUL/
FOR THE TAX YEAR 2018-2019
dated to Include Northern Inyo Healthcare Distr

	2018-2019 Limit	Population Change	Per Capita Change	2019-2020 Limit	Population Change	Per Capita Change	2020-2021 Limit	Population Change	Per Capita Change	2021-2022 Limit	Population Change	Per Capita Change	2022-2023 Limit
Big Pine Lighting	55,413.35												
Independence Lighting	55,243.18												
Lone Pine Lighting	79,462.32												
Big Pine Fire	358,393.38												
Bishop Fire	563,021.68												
Independence Fire	246,022.39												
Lone Pine Fire	306,592.25												
Big Pine Cemetery	76,032.60												
Independence Cemetery	175,816.27												
Mt. Whitney Cemetery	122,274.75												
Pioneer Cemetery	455,171.43												
Tecopa Cemetery	12,761.56												
Darwin CSD	18,723.51												
Olancha CSD	151,899.79												
Westridge CSD	95,396.67												
Southern Inyo Emergency	127,336.44												
INYO COUNTY	44,066,899.88												
Northern Inyo Healthcare	626,906.99	1.0001	1.0385	651,078.09	1.0010	1.0373	677,524.23	1.0004	1.0573	716,632.91	0.9996	1.0755	770,430.40

NORTHERN INYO HEALTHCARE DISTRICT
RECOMMENDATION TO THE BOARD OF DIRECTORS
FOR ACTION

Date: 07/08/2022

Title: **Bi-Annual review and approval of Northern Inyo Healthcare District Conflict of Interest Code**

Synopsis: It is recommended that the Board of Directors consider the approval of the NIHD Conflict of Interest Code with no changes made since last approved May 2020. NIHD is required to report to the Office of County Counsel no later than October 1, 2022 that no changes were made. *(Government Code Section 87306.5)*

Attached please find a copy of the following:

1. NIHD Board Policy and Procedure:
   Northern Inyo Healthcare District Board of Directors Conflict of Interest Code (last approved by the Board 03/16/2022)

2. NIHD Conflict of Interest Code (last approved 05/2020)

Prepared by: Erika Hernandez
Board Clerk/Administrative Assistant

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Northern Inyo Healthcare District Board of Directors Conflicts of Interest		
Owner: ADMIN EXECUTIVE ASSISTANT	Department: Administration	
Scope:		
Date Last Modified: 03/22/2022	Last Review Date: 03/22/2022	Version: 2
Final Approval by: NIHD Board of Directors	Original Approval Date:	

PURPOSE: Establish ethical standards for governing conflicts of interest for Northern Inyo Healthcare District (NIHD) Board of Directors (BOD). This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to this organization.

POLICY:

1. All Directors shall be held to the highest ethical standard and shall not have conflicts of interest when making decisions, except when permitted by law.
2. Sources of rule that address financial conflicts of interest are The Political Reform Act (CA Government Code Section 87110 et seq.), CA Government Code Section 1090 and the common law prohibition against conflicts of interest.
3. A Director is bound to exercise the powers conferred on them with disinterest and diligence and primarily for the benefit of the public.

PROCEDURE:

1. The Political Reform Act requires each Director to file a Form 700 Statement of Economic Interests upon assuming office, annually while in office, and upon leaving office.
2. The Form 700 shall be completed and filed in compliance with the District Board's Conflict of Interest Policy and applicable state law.
3. In signing the Form 700 a Director is certifying under penalty of perjury the information is true and correct.
4. It is the responsibility of each Director to review each schedule and its instructions carefully and to complete the form accurately and comprehensively.
5. During a meeting, a Director with a conflict (or who think he/she may have a conflict) with a proposed matter on the agenda is required to disclose the conflict or potential conflict.
6. After disclosure of the financial interest and all material facts, and after any discussion with the Director, the Director will leave the meeting while the determination of a conflict of interest is discussed and voted on by the remaining BOD members.
7. If necessary, the President shall appoint a disinterested person or committee to investigate alternatives to the proposed matter.
8. A Director with a conflict is prohibited from making or in any way attempting to use his/her official position to influence a decision in which they know or would have reason to know he/she may have a financial interest.
9. A Director is prohibited from voting on any matter in which there is a conflict of interest.

10. Minutes of board meetings shall reflect when a Director discloses he/she has a conflict of interest and how the conflict was managed. Such as there was a discussion on the matter without the Director present in the room, and a vote was taken and the Director abstained.
11. Each Director is required to annually complete the District's Conflict of Interest Statement as well.
12. Decisions of the BOD shall be consistent with the Mission and Vision Statements and the Strategic Plan adopted by the NIHD BOD.

REFERENCES:

1. CA Government Code Section 87110 et seq
2. CA Government Code Section 1090

RECORD RETENTION AND DESTRUCTION:

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Northern Inyo Healthcare District Board of Directors Conflicts of Interest

Supersedes: v.1 Northern Inyo Healthcare District Board of Directors Conflicts of Interest

CONFLICT OF INTEREST CODE OF THE NORTHERN INYO HEALTHCARE DISTRICT COUNTY OF INYO, STATE OF CALIFORNIA

SECTION 1: Purpose

Pursuant to California Government Code section 87300, *et seq.*, the Northern Inyo Healthcare District hereby adopts the following Conflict of Interest Code. Nothing contained herein is intended to modify or abridge the provisions of the *Political Reform Act of 1974* (California Government Code section 81000). The provisions of this Conflict of Interest Code are additional to California Government Code section 81700 and other laws pertaining to conflicts of interest. Except as otherwise indicated, the definitions of said Act and regulations adopted pursuant thereto are incorporated herein and this Conflict of Interest Code shall be interpreted in a manner consistent therewith.

SECTION 2: Designated Positions

The positions listed on Appendix "A" are designated positions. Persons holding these designated positions are designated positions and are deemed to make, or participate in the making of, decisions which may have a material effect on a financial interest.

SECTION 3: Disclosure Statements

Each designated position is assigned to one or more of the disclosure categories as set forth in Appendix "B". Each person in a designated position shall file a statement of financial interest disclosing that person's interest in investments, business positions, real property, and income, designated as reportable under the disclosure category to which the person's position is assigned on Appendix "A".

Notwithstanding the disclosure category to which a consultant position is assigned by Appendix "A", the Presiding Officer of the Northern Inyo Healthcare District's Governing Board may determine in writing that a particular consultant, although a "designated" position is hired to perform a range of duties that are limited in scope and, thus, is not required to fully comply with the disclosure requirements of the category designated for consultants on Appendix "A". Such written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent, if any, of the disclosure requirements for such consultant. Such written determination is a public record and shall be filed and retained for public inspection in the same manner and locations as is required for statements of financial interest.

SECTION 4: Place, Time, and Requirements of Filing

(A) Place of Filing.

All persons required to file a statement of financial interests shall file the original with the Inyo County Clerk, and a copy with the Presiding Officer of the Northern Inyo Healthcare District Governing Board.

(B) Time and Content of Filing.

The first statement by a person in a designated position upon the effective date of this Conflict of Interest Code shall be filed within thirty (30) days after the effective date of this Conflict of Interest Code, and shall disclose investments, business positions, and interest in real property held on the effective date of this Conflict of Interest Code and income received twelve (12) months before the effective date of this Conflict of Interest Code. The first statement by a person who assumes a designated position after the effective date of this Conflict of Interest Code shall be filed within thirty (30) days after assuming such position with the District and shall disclose investments, business positions, and interests in real property held, and income received, during the twelve (12) months before the date of assuming such position. After filing the first statement, each person in a designated position shall file an annual statement on or before April 1, disclosing reportable investments, business positions, interests in real property held, and income received, any time during the previous calendar year or since the date the person assumed the designated position during the calendar year. Every person in a designated position who leaves a designated position shall file, within thirty (30) days of leaving the position, a statement disclosing reportable investments, business positions, interests in real property held, and income received, at any time during the previous calendar year or since the date the person assumed the designated position during the calendar year. Every person in a designated position who leaves a designated position shall file, within thirty (30) days of leaving the position, a statement disclosing reportable investments, business positions, interests in real property held and income received, at any time during the period between the closing date of the last statement required to be filed, and the date of leaving the position.

SECTION 5: Contents of Disclosure Statement

Statements of financial interest shall be made on forms supplied by the Inyo County Clerk and shall contain all of the information as required by the current provisions of Government Code sections 87206 and 87207 for interest in investments, business positions, real property, and sources of income designated as reportable under the disclosure category to which the person's position is assigned on Appendix "A".

SECTION 6: Disqualification

A person in a designated position must disqualify himself or herself from making, or participating in the making, or using their official position to influence the making of any decision which will have a material financial effect, as distinguishable from its effect on the public generally, on any financial interest as defined in Section 87103 of the Government Code. No person in a designated position shall be required to disqualify himself or herself with respect to any matter which could not be legally acted upon or decided without his or her participation.

APPENDIX "A"
DESIGNATED POSITIONS

OF THE NORTHERN INYO HEALTHCARE DISTRICT
COUNTY OF INYO, STATE OF CALIFORNIA

DESIGNATED POSITIONS	DISCLOSURE CATEGORY
Members of the Board of Directors; Hospital Administrator/CEO; Chief Financial Officer; Chief Operating Officer	1
Chief Information Officer	2
Chief Human Resources Officer	2
Chief Nursing Officer	2
Chief Medical Officer	2
Director of Pharmacy	3
Director of Purchasing	3
Director of Laboratory	3
Director of Diagnostic Imaging	3
Dietary Director	3
Consultants, and Hospital District Legal Counsel	4

APPENDIX "B"
OF THE NORTHERN INYO HEALTHCARE DISTRICT

DISCLOSURE CATEGORIES

An investment, business position, interest in real property, or income is reportable if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by a person in a designated position.

Designated persons in Disclosure Category "1" must report:

All investments, interests in real property and income, any business entity in which the person is a director, officer, partner, trustee, employee, or holds any position of management, and any such business position. Financial interests are reportable only if located within or subject to the jurisdiction of the Northern Inyo Healthcare District or if the business entity is doing business or planning to do business in the jurisdiction or has done business within the jurisdiction at any time during the two years prior to the filing of the statement.

Designated persons in Disclosure Category "2" must report:

A. Investments in any business entity defined to be an "employer" or an "employment agency" within the meaning of the State Labor Statute.
B. Each source of income, provided that the income was furnished by or on behalf of any person defined to be an "employer, "labor organization", "employment agency, or "joint apprenticeship council" within the meaning of the California Labor Code.
C. His or her status as a director, officer, partner, trustee, employee, or any position of management in any business entity defined to be an "employer", "employment agency", labor organization", or "joint apprenticeship council", within the meaning of the State Labor Statute.

Designated persons in Disclosure Category "3" must report:

A. Investments in any business entity which, within the last two years, has contracted, or in the future foreseeably may contract with the Northern Inyo Healthcare District or with the State of California to provide services, supplies,

materials, machinery or equipment to the department or division of the Healthcare District in which the persons serve as designated persons.

B. Income from any source which, within the last two years, has contracted, or in the future foreseeably may contract with the Healthcare District or with the State of California to provide services, supplies, materials, machinery or equipment to the department or division of the Healthcare District in which the persons serve as designated persons.

C. His or her status as director, officer, partner, trustee, employee, or holder of a position of management in any business entity, which, within the last two years, has contracted, or in the future foreseeably may contract with the Healthcare District or with the State of California to provide services, supplies, materials, machinery or equipment to the department or division of the Healthcare District in which the persons serve as designated persons.

Designated persons in Disclosure Category "4":

Are consultants. A consultant is any natural person who provides under contract information, advice, or recommendation of counsel to the Northern Inyo Healthcare District. The disclosure required of each consultant shall be determined on a case by case basis by the Hospital Administrator/CEO, based on whether the consultant participates in the making of decisions on behalf of the Northern Inyo Healthcare District which may foreseeably and materially affect any investments, interests in real property, or sources of income conceivably held by the consultant, or any business entity in which the consultant may conceivably hold a business position. The scope of disclosure required of each consultant, if any, shall be determined by the Hospital Administrator/CEO in writing in each case, and may include, but is not limited to, any source listed in Disclosure Categories 1, 2, or 3 or this Appendix.

This acknowledges that the Northern Inyo Healthcare District adopted this Conflict of Interest Code on Wednesday, May 20, 2020.

Jean Turner

Signature of Authorized Officer
Jean Turner, Governing Board Chair
Northern Inyo Healthcare District

NORTHERN INYO HOSPITAL
Northern Inyo Healthcare District
150 Pioneer Lane, Bishop, California 93514

Medical Staff Office
(760) 873-2174 voice
(760) 873-2130 fax

TO: NIHD Board of Directors
FROM: Sierra Bourne, MD, Chief of Medical Staff
DATE: July 5, 2022
RE: Medical Executive Committee Report

The Medical Executive Committee met on this date. Following careful review and consideration, the Committee agreed to recommend the following to the NIHD Board of Directors:

A. Medical Staff Appointments (*action item*)
    1. Andre Burnier, MD (*emergency medicine*) – Courtesy Staff
    2. Nolan Page, DO (*emergency medicine*) – Courtesy Staff
    3. Chelsea Robinson, MD (*emergency medicine*) – Active Staff
    4. Jad Al Danaf, MD (*cardiology, Renown*) – Telemedicine Staff
    5. Alireza Hosseini, MD (*endocrinology, Adventist Health*) – Telemedicine Staff

B. Medical Staff Resignations (*action item*)
    1. James Fair, MD (*emergency medicine*) – effective 7/1/2022.
    2. Anna Rudolphi, MD (*emergency medicine*) – effective 7/1/2022.

C. New Privilege Forms (*action item*)
    1. Addiction Medicine
    2. Medical Oncology

D. Policies (*action item*)
    1. *Capacity Management – Patient Surge*
    2. *Organization-Wide Assessment and Reassessment of Patients*
    3. *Standardized Procedure - Certified Nurse Midwife*
    4. *Cardiac Monitoring*
    5. *Insulin Continuous Subcutaneous Infusion Self-Management of the Patient in the Acute setting*
    6. *Medical Clinical Alarm Equipment Safety*
    7. *Patient Restraints (Behavioral & Non-Behavioral)*
    8. *Rights of Swing Bed Patients*
    9. *Scope of Service Swing Bed*
    10. *Standards of Care for the Swing Bed Resident*

E. Medical Executive Committee Meeting Report (*information item*)

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Addiction Medicine

Delineation of Privileges

Applicant's Name: ,

Instructions:

1. Click the Request checkbox at the top of a group to request all privileges in that group.
2. Uncheck any privileges you do not want to request in that group.
3. Sign form electronically and submit with any required documentation.

Facilities
☑ **NIHD**

Required Qualifications	
Education/Training	Completion of an ACGME or AOA accredited Residency training program in an eligible core specialty (Family Medicine, Internal Medicine, Emergency Medicine, Anesthesiology).
Certification	Current certification in core specialty by an American Board of Medical Specialties or American Osteopathic Association board. **AND** Current certification in Addiction Medicine from the American Board of Addiction Medicine or the American Board of Preventive Medicine.
Clinical Experience (Initial)	Applicant must provide documentation of provision of addiction medicine services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Clinical Experience (Reappointment)	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the past 24 months.
Additional Qualifications	Applicants must have current X-waiver **AND** Applicants requesting privileges for subdermal implants are required to submit documentation of prior training or ongoing clinical practice.

Core Privileges in Addiction Medicine	
Description: Prevention, clinical evaluation, treatment, and long-term monitoring of substance abuse disorders.	
Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group. ☐ - Currently Granted privileges
☐	Perform history and physical examination

☐	Evaluate, diagnose, provide treatment, consultation and medically manage patients with substance abuse disorders. Privileges include specialized pharmacotherapy.
	Procedures
☐	Management of the patient undergoing detoxification and substance withdrawal including management of related physical stress or instability
☐	Biofeedback techniques
☐	Behavior modification techniques
☐	Management of simple abscesses and wound care
☐	Subdermal implant to treat opioid addiction

FPPE (Department Chief to select)	
☐	Retrospective evaluation of the evaluation and medical management of 5 addiction medicine patients

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, health status, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Northern Inyo Healthcare District and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

_____

Practitioner's Signature NIHD

Department Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Medical Oncology

Delineation of Privileges

Applicant's Name: ,

Instructions:

1. Click the Request checkbox at the top of a group to request all privileges in that group.
2. Uncheck any privileges you do not want to request in that group.
3. Sign form electronically and submit with any required documentation.

Facilities
☑ **NIHD**

Required Qualifications	
Education/Training	Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. **AND** Completion of an ACGME or AOA accredited Fellowship training program in Medical Oncology.
Certification	Current certification or active participation in the examination process leading to certification in Internal Medicine by the American Board of Internal Medicine or AOA equivalent. **AND** Current certification or active participation in the examination process leading to certification in Medical Oncology by the American Board of Internal Medicine or AOA equivalent.
Clinical Experience (Initial)	Applicant must provide documentation of provision of medical oncology services representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Clinical Experience (Reappointment)	Applicant must have provided clinical services representative of the scope and complexity of privileges requested during the past 24 months.

Core Privileges in Medical Oncology	
Description: Evaluation, diagnosis, consultation and treatment of all types of cancer and other benign and malignant tumors. Management and administration of therapy for these malignancies as well as consultation with surgeons and radiotherapists regarding other treatment options for cancer.	
Request	Check the Request checkbox to select all privileges listed below. Uncheck any privileges you do not wish to request in the group. ☐ - Currently Granted privileges
☐	Perform history and physical examination

☐	Evaluate, diagnose, provide consultation and medically manage and treat oncology patients. Privileges include medical management of general medical conditions which are encountered in the course of caring for the oncology patient.
☐	Select and initiate chemotherapeutic agents and biological response modifiers via all therapeutic routes

FPPE (Department Chief to select)	
☐	Two retrospective chart reviews chosen to represent a diversity of medical conditions and management challenges.
☐	Reference from a referring physician (related to whether consultation was timely, appropriate and complete).
☐	Feedback from clinical staff or nursing staff

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, health status, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Northern Inyo Healthcare District and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

_____

Practitioner's Signature NIHD

Department Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Capacity Management - Patient Surge		
Owner: Chief Nursing Officer	Department: Nursing Administration	
Scope: Hospital Wide		
Date Last Modified: 03/31/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 03/16/2016	

PURPOSE:

1. To coordinate patient placement from external, inter facility transfers, direct admission, Emergency Department Admissions, department internal transfers, discharge and admission to Northern Inyo Healthcare District (NIHD).
2. To ensure all patient care departments and relevant departments are informed about capacity issues.
3. To support the efficient flow of patients throughout NIHD.
4. To apply for California Department of Public Health (CDPH) Temporary Increased Patient Accommodation exceptions when necessary.

POLICY:

1. Daily capacity forecast is completed by the House Supervisor (HS) to accommodate the day's expected admissions, transfers, and discharges. Interventions required are established and communicated.
2. A daily staffing huddle will be held at 0745 Monday thru Friday. Additional staffing huddles may be scheduled at high capacity or inadequate staffing.
3. Overflow and/or transport will be enacted when designated care beds are full for the following:
    a. ICU
    b. Perinatal beds
    c. Acute/Subacute beds
    d. Pediatric beds
    e. Pediatric-Neonate
4. Admitted patients in the Emergency Department and/or PACU who have waited 2 hours for placement will be categorized as inpatients and the ED/PACU staffing will be adjusted as appropriate.
5. During capacity crisis (census high or low) under the direction of the Chief Nursing Officer (CNO) or Administrator on Call (AOC), the HS will develop an action plan for the census period. The HS will adjust the plan during the 24-hour period to meet the identified variation.
6. If the overflow situation to another department exceeds 5% of the volume, the CNO and/or AOC will request from CDPH a temporary increase in patient accommodations.
7. During high census period, the CNO or AOC will send out communication to the NIHD workforce regarding the action plan.

PROCEDURE:

1. The HS receives all incoming calls for patient placement and assignment (including admission, discharge, and transfer).

2. Daily capacity forecasting is conducted every morning to project hospital occupancy throughout the day. A forecast determines if NIHD is able to accommodate expected admissions (ED, Surgery, and scheduled direct admissions given the number of discharges scheduled over the course of the day).
3. Capacity interventions (actions required to accommodate the days expected admissions) are triggered by the morning forecast. A capacity crisis (defined by established high and low bed volumes or staffing levels) triggers development of an action plan for the identified departments: ICU, L&D, Med/Surg, Pediatric, ED, Respiratory Therapy, Environmental Services, Nutritional Services, Pharmacy, and Materials Management.
4. Personnel to be contacted for high census implementation are as follows:
    a. CNO or AOC
    b. Nursing Manager responsible for department with high census or low staffing
    c. Emergency Department Physician on Duty
    d. Hospitalist Physician on duty
    e. Environmental Services Manager (High Census)
    f. Purchasing Director (High Census)
    g. Pharmacy Director (High Census)
    h. Cardiopulmonary Manager (High Census)
    i. General Surgeon on call
5. When designated care level beds are not available for patients requiring admission, patients may be placed in the designated overflow location (see attached) and/or stabilized and transferred if capacity has been reached.
    a. Staffing will be accommodated to meet patient care levels.
    b. Clinical management will also provide care during high volume periods.
    c. Up to five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. If patient overflow is placed into an alternate department exceeding the 5%, the CNO and/or AOC will submit a request for temporary increase in patient accommodations to the CDPH.
        i. This request can be made for census fluctuations due to seasonal variations or unusual situations impacting NIHD Admissions.
6. During High volume capacity crisis, direct admits meeting elective admission criteria may be given an arrival time (based on patient discharges) or rescheduled. This decision will be made based in conjunction with the CNO, and/or AOC and Admitting Physician. Non-elective direct admits will be placed in an overflow area specific to the patient's required care level (see designated overflow locations).
7. Patients who are medically stable and scheduled for direct admission will be notified by the HS of arrival time for admission (to correlate with bed turnover).
    a. If a patient arrives prior to bed availability (overflow or floor), the patient will be informed of the wait and approximate time period of the wait.
    b. The patient's Admitting Physician will be notified of the situation and orders may be obtained and initiated prior to bed availability.
        i. Orders that may be initiated include blood work, diagnostic imaging, EKG.
8. Labor and Delivery patients are generally pre-registered and are instructed to arrive at the ED registration entrance from 1800 to 0600 and via Central Registration between 0600 to 1800.
    a. The pregnant patient who meets admission criteria will go directly to Perinatal Department.
    b. All other patients, usually less than 20 weeks, will be treated in the Emergency Department.
    c. In the event that all LDRP's, Post-Partum, and Ante-Partum beds are occupied with laboring patients, the main OR and /or ED may be used as an alternate triage/labor room.
        i. A staffing huddle will be called by the HS and/or Perinatal Manager.

1. All elective procedures (C-Section, inductions) will be screened for possible rescheduling to correlate with discharges. Consultation with the Obstetrical Provider will occur.

d. IF PP/LDRP's, Ante-Partum Rooms are full, two designated Post-Partum rooms or Medical-Surgical will be used for PP overflow/Ante Partum – triage.
e. In the event that the medical L&D patient cannot be rescheduled, the patient will be delivered in an alternate location and/or stabilized and transferred.
    i. Staff from Perinatal or cross trained Medical-Surgical staff will provide care to the perinatal overflow patients.

9. The House Supervisor and Case Manager will monitor situations requiring transfer to other facilities when NIHD is not capable of providing care.
    a. If transfer is the result of bed availability, the House Supervisor and Case Manager in conjunction with the CNO and/or AOC will work with other acute care facilities for possible transfers.
10. The House Supervisor and Case Manager monitor daily patients for discharge readiness.
    a. Discharge times may be planned by Case Management with the patient/family/significant other.
11. Case Management
    a. Case Manager and/or House Supervisor will assess each patient in the impacted department for readiness to move to a lower level of care and/or discharge.
    b. Those patients no longer meeting the requirements for that level of care will be prioritized for immediate transfer/discharge.
        i. The Hospitalist or Attending Provider will be contacted by the Case Manager or House Supervisor to begin discharge/transfer process.
        ii. The high census status and rational for patient consideration for transfer/discharge to include but not limited to: clinical assessment, completion of discharge arrangements etc.
        iii. The ED Physician on duty will be notified of the bed situation and work with the Hospitalist for appropriate patient location including ED patient boarding and/or transfer
        iv. The general surgeon on call will be notified of unit closures.
    c. High Capacity Overflow will be tracked by Case Management and reported at the UR Committee including patients boarded in the Emergency Department and/or PACU related to high capacity, (an Unusual Occurrence Report will be generated for each event).
12. The HS will notify Pharmacy of patients placed in alternate locations and level of care.
13. The HS will notify Environmental Services of patients placed in alternate locations. Environmental Services may:
    a. Reassign personnel to departments needing rapid bed turn around.
    b. Determine plan to assure beds are available for waiting patients.
    c. House Supervisor or Case Management will work with environmental services to prioritize cleaning of beds.
14. Emergency Department (ED) High Capacity
    a. House Supervisor, ED Manager, ED and/or Assistant Manager will notify the ED Physician on duty that ED is at capacity and needs to admit/discharge/transfer patients and/or bring in additional physicians.
    b. Alert CNO and/or AOC that ED has reached capacity and patient flow is negatively impacted.
    c. House Supervisor or designee will assist in pulling or calling in additional staff to support the ED staff.
    d. The PACU or Infusion Center, pending staffing may be opened or utilized for ED patient care.
        i. Patient pending transport
        ii. Patient pending admission
    e. The second ED waiting room may be used for Minor Care patients waiting labs etc.

i. Must be staffed with RN

f. House Supervisor and/or Emergency Physician will alert Hospitalist of ED capacity and patients that need admission.

16. House Supervisor will alert Hospitalist of ED capacity and patients that need admission.
17. Hospital Bed Capacity
    a. During high volume period, if the overflow to the alternate department exceeds one patient, the CNO or AOC will submit a request for temporary permission for increased patient accommodation.
    b. The CNO or AOC will contact Department Health Services Licensing and Certification District Office at (916) 845-8911.
    c. The #AFL-18-09, Increased Patient Accommodations Including Medical Surge Tent Use, from the Department of Health Services Licensing and Certification, (CDHS L&C) is to be completed and faxed to DHS L&C for signature.

REFERENCES:

1. Barclays Official California Code of Regulations (2010). California Code of Regulations Title 22, 70809 a-b-c, Division 5. Licensing and Certification of Health Care Facilities and Referral Agencies.
2. California Department of Public Health, *All Facilities Letter 18-09* (Jan 12, 2018).

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Admission/Discharge/Transfer of Patients: Continuum of Care
2. Admission, Care, Discharge and Transfer of the Newborn
3. Admission, Transfer, and Discharge care of the Obstetrical Patient
4. EMTALA Policy

RECORD RETENTION AND DESTRUCTION:

Census record logs must be maintained for six (6) years. Staffing assignment records must be maintained for fifteen (15) years.

Supersedes: v.2 Capacity Management Plan*

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Organization-Wide Assessment and Reassessment of Patients		
Owner: Chief Nursing Officer	Department: Nursing Administration	
Scope: Hospital Wide		
Date Last Modified: 03/24/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 03/08/2014	

PURPOSE:

To provide the framework for the initial patient assessment upon admission and the ongoing reassessment of patients during the course of care

POLICY:

1. Patients admitted to NIHD will receive an assessment by qualified caregivers to allow development and implementation of a plan of care that will best meet the individualized health care needs of the patient.
2. The assessment of the care and/or treatment needs of the patient will be continuous throughout the patient's hospitalization.
3. All disciplines, as directed by the Medical Staff Provider order and/or deemed upon initial or ongoing assessment by Nursing Services, will participate in the assessment process in an effort to provide a comprehensive, collaborative approach to care.
4. Timeframes are defined and performed within which each clinical discipline conducts the patient's initial assessment in accordance to professional standards, hospital policy and procedure, law, and regulation.
5. All disciplines will incorporate age and population assessment parameters upon initial assessment and reassessment.
6. All disciplines will prioritize care so that the most immediate problems related to the patient's health and safety is addressed first. Less acute problems may be referred to appropriate outpatient or community resources.

PROCEDURE:

1. Each discipline, at the time of admission, will outline specific timeframes for completion of the initial assessment. Refer to department specific Assessment & Reassessment policy and procedure:

    - Medical Staff Providers
    - Nursing Services
    - Diagnostic Imaging
    - Nutritional Services
    - Case Management
    - Rehabilitation Services
    - Respiratory Services
    - Pharmacy Services

2. As appropriately determined by the RN performing the initial assessment and/or as indicated by the initial Medical Staff Provider order, other disciplines may be contacted to assess the patient.
3. Upon completion of the collaborative discipline-specific assessments and interdisciplinary plan of care will be developed with patient/family consultation as appropriate and possible.
4. The scope and intensity of any further assessments are determined by the patient's diagnosis, level of care (location), complexity of care, duration of care, and response to care rendered.
5. Any significant change in the patient's diagnosis and/or condition necessitates an immediate reassessment with changes in the plan of care reflecting the change in diagnosis or condition.
6. Patients are reassessed after treatment and therapy to determine the effectiveness (extent of improvement) of the intervention undertaken by the health care team.
    a. Timeframes for reassessment are dependent upon the type of treatment of therapy provided specified in policy and procedure.
7. Reassessment may also occur if members of the health care team become aware of issues in the patient's social or home environment which may impact his or her condition/treatment/care. Example: after admission, the patient's daughter arrives and informs the nurse that the patient drinks a fifth of whiskey daily, an issue previously undetected by staff and unmentioned by the patient during the initial assessment. Further assessment and referral would occur.
8. The plan of care will be reviewed regularly in consultation with appropriate members of the health care team and the patient/family. The plan of care will be reviewed as appropriate to the patient's condition and the ongoing assessment process.
9. Discharge planning will be included in the initial assessment and reassessment process and throughout the patient's hospitalization. The patient/family will be involved in the discharge planning process as appropriate.

REFERENCES:

1. The Joint Commission (January 2022) Comprehensive Accreditation Manual for Critical Access Hospitals. Functional Chapter Provision of Care, Treatment and Services. PC 01.02.01, PC 01.02.03, PC 01.02.05.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. NIHD Medical Staff Rules & Regulations
2. Nursing Care Plan
3. Interdisciplinary team – Clinical screens built into the Initial Nursing Assessment
4. Plan for the provision of nursing care
5. Nursing Assessment and Reassessment
6. Pediatric Standards of Care and Routines
7. Admission, Transfer, and Discharge Care of the Obstetrical Patient
8. Admission, Documentation, Assessment, Discharge and Transfer of Swing-Bed
9. Quick Check
10. Interdisciplinary Plan of Care
11. Evaluation and Assessment of Patients' Nutritional Needs
12. Documentation of Case Management Services
13. Nursing Care of Outpatient Interventional Radiology Patient
14. Respiratory Therapist Assessment and Reassessment

RECORD RETENTION AND DESTRUCTION:
Documentation of assessment and reassessment is included in the patient medical record, which is managed by the NIHD Medical Records Department.

Supersedes: v.2 Organization-Wide Assessment and Reassessment of Patients*

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL STANDARDIZED PROCEDURE

Title: Standardized Procedure - Certified Nurse Midwife		
Owner: MEDICAL STAFF DIRECTOR	Department: Medical Staff	
Scope: Certified Nurse Midwife		
Date Last Modified: 05/27/2022	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 07/15/2020	

PURPOSE:
The nurse midwife, by virtue of added knowledge and skill gained through an organized program of study and clinical experience recognized by the American College of Nurse-Midwives, practices in the area of management of care of pregnant women, so long as progress meets the criteria accepted as normal. Nurse-Midwives are educationally prepared to recognize the deviations from normal at a time when medical care can be instituted to safeguard the well-being of the patient and baby. The practice of nurse-midwifery is recognized as an extended role for specially trained nurses under the Nursing Practice Act, as used in the following policies and protocols.

DEFINITIONS:
1. Nurse-midwife, means a registered nurse certified to practice nurse-midwifery pursuant to the Nursing Practice Act (Art. 2.5, Ch 6, Div. 2 Secs 2746-2746.51, business and professional Code and related to regulations (Sections 1460-1466 Title 16 California Adm. Code)).
2. Supervising Physician, means a physician who is an active member of the medical staff at Northern Inyo Hospital and who has current obstetrical privileges. This individual must contract with the practicing nurse-midwife to supervise normal obstetrical patient care.
3. "Normal delivery" means vertex presentation, vaginal birth of a child, completed by the natural efforts of the mother. Criteria and Exclusions: refer to addendum A attached.

POLICY:
1. Experience, training and/or education criteria for Nurse Midwives
   Applicants for membership and privileges as a nurse-midwife shall meet the following criteria:
   a. Licenses: Possession of a valid California license as a registered nurse. Possession of a valid California license as a certified nurse midwife.
   b. Board Certification: Board certified as a Certified Nurse Midwife (CNM) by the American Midwifery Certification Board (AMCB) within one year of graduation from an accredited school of nurse-midwifery.
   c. Education: Graduation from an accredited certified nurse midwife program.
   d. Experience:
      i. New Graduates: Completion of a post graduate internship in a university affiliated setting or in a setting approved by the Chief of Obstetric services.

ii. Experienced CNM: In lieu of the required internship, an experienced CNM may furnish documentation of 1-2 years of recent hospital based intrapartum management experience in either a university setting or in affiliation with a board certified obstetrician/gynecologist or family practice physician.
iii. For CNM that cannot demonstrate current competence (experience in last 24 months) refer to applicable practitioner re-entry policy.

e. Maintain American Midwifery Certification Board Continuing Competency and Assessment (CCA). Verification in the Certified Nurse Midwife credential file.
f. Departmental and/or perinatal meeting attendance as determined by the Chief of Obstetric Services.
g. CNM's who request privileges to assist at Cesarean Section deliveries must meet the following educational and performance criteria:
    i. Successful completion of a course in CNM First Assisting for Cesarean Sections through an accredited college, or a program approved by the ACNM or Chief of Obstetrical Services, that incorporates didactic and clinical performance sections.
    ii. The CNM will be proctored for minimum of 2 second assists and 3 first assists at Cesarean Sections and/or for a minimum of 3 months, at which time the Chief of Obstetric Services will recommend either an extension of the proctoring period or approval for Cesarean Section First Assistant privileges to the Interdisciplinary Practice Committee.
    iii. Continued competency will be reviewed by the Chief of Obstetrical Services on an annual basis by direct observation of performance and he/she will then make a recommendation for approval or denial of continued privileges through the credentialing process to the Interdisciplinary Practice Committee.
    iv. Refer to Appendix B for complete description of CNMFA scope and qualifications.
h. Application requirements for staff privileges, in addition to the above will include
    i. The certified nurse-midwife will be required to carry liability insurance
    ii. The certified nurse-midwife will agree not to participate in out of hospital births
i. Successful completion of BLS and NRP are required; successful completion of ACLS is preferred.

2. Probationary/Proctoring period
    a. The period of observation will be no less than 3 months and will be used for evaluation of midwifery skills. A new graduate will be required to have a total of 10 supervised deliveries by a designated proctor to receive hospital privileges. A midwife with greater than 2 years of documented experience will be required to have 5 supervised deliveries.
    b. Observation will be performed by: supervising physician, other CNMs with current staff privileges, chart review, as well as assessment of obstetrician/gynecologists.
    c. CNM Cesarean Section First Assistant: proctoring period as described under Section 1 above
3. Nurse midwife functions:
    a. Function as member of the obstetrical team under supervision and guidance of a supervising physician. Arrange for alternate consultation if supervising physician not available
    b. Manage labor, delivery and postpartum course of normal obstetrical patients and/or deliver care to normal newborn under the auspices of supervising physician and may co-manage exclusions with physician present

c. Function in the role as First Assistant for Cesarean Sections when requested by an obstetrician. See complete description under Appendix B.

PROCEDURE:

1. Intrapartum care by nurse midwife:
    a. A Certified Nurse Midwife may function under the confines of their own "Scope of Practice" as defined by the American Midwifery Certification Board. All of the above functions are to be performed within the parameters of normal criteria. If problems arise, the supervising physician is to be notified immediately, as well as the pediatrician, if indicated.
    b. Medication orders are to be signed by the supervising physician unless prescribed under the approved medication listed (see formulary list).
2. Resuscitation of newborn:
    a. Routine stabilization/care of the newborn at delivery following the guidelines of the American Heart Association/Academy of Pediatrics Neonatal Resuscitation Program.
    b. The CNM will communicate with the on-call pediatrician about any newborn needing additional assistance after delivery and as needed.
    c. Newborn Care: The nurse-midwife may perform and enter the initial physical examination and discharge exam on the newborn record and write admission orders. Complications or abnormalities will be promptly reported to the supervising physician. The supervising physician must countersign medications orders (unless prescribed under the approved medications listed) and will examine infant(s) when requested to do so by CNM or at the physician's discretion.
3. Records:
    a. Documentation shall be sufficiently complete to include: an appropriate database, differential diagnosis, management plans and final disposition of the patient. Information shall be recorded on the patient record, which is centrally filed and available to all care providers.
4. Formulary of approved medications:
    a. The following medications may be prescribed by the CNM without the need for physician co-signing; the CNM may prescribe other medications with the appropriate consultation and according to state licensure guidelines but these medications must be countersigned by the physician.
        i. Ordering medications for use in the antepartum, intrapartum and postpartum periods:
            1. Any medication the patient is on before admission to the hospital
            2. Acetaminophen 650mg-1000mg q 6 hours' prn headache, fever, pain
            3. Ambien 5-10 mg PO q hs for sleep
            ~~3.~~4. Ancef 2 grams IV piggyback q 8 hrs
            ~~4.~~5. Aspirin 81mg q day for preeclampsia prevention.
            ~~5.~~6. Benadryl 25-50mg PO/IV prn sleep, allergic reaction
            ~~6.~~7. Benzocaine-menthol anesthetic spray
            8. Caboprost Tromethamine, (Hemabate) 250 mcg. IM or IU to uterine atony/bleeding after delivery
            ~~7.~~9. Cefoxitin 2 grams IV piggyback q 8 hrs
            10. Celexa (citalopram) 10-40mg q day for depression/anxiety
            ~~8.~~11. Clindamycin 900 mg IV piggyback q 8 hr
            ~~9.~~12. Docusate Sodium 250 mg at HS for use as stool softener after delivery
            ~~10.~~13. Fentanyl 50-100mcg IVP as needed for pain analgesia

~~11.~~14. Ferrous Sulfate 325mg PO Q day or twice daily
15. Flu vaccine
16. Gentamicin 1.5 mg/kg IV piggyback q 8 hr
~~12.~~17. Gentamicin 5mg/kg IV piggyback q 2hr
~~13.~~18. Hydralazine- 5mg IV. May repeat 5-10mg in 20 minutes to max of 20-30mg in 24 hours. Use for immediate treatment of hypertension until consultation obtained
~~14.~~19. Hydrocodone/acetaminophen (Norco) 5/325mg tabs, 10/325mg tabs- 1 tab q 4-6 hours prn pain
~~15.~~20. Ibuprofen 600mg q 6 hours prn
~~16.~~21. Indomethacin- for women 24-32 weeks pregnant- 50-100mg loading dose then 25mg q 4-6 hours prn contractions/management preterm labor
~~17.~~22. Initiate Magnesium protocol for emergency situations
23. IV fluids: LR, D5LR, NS, D5W, D5 ½ NS for hydration and for administration of medications
24. Ketorolac 15mg IV push q 6hrs for 5 days
~~18.~~25. Ketorolac 30 mg IV push q 5hrs for 5 days
~~19.~~26. Labetalol IV- 20-80mg q 10minutes prn. Hypertensive crisis dosing: 20mg=>40mg=>80mg=>80mg=>80mg for immediate management of hypertension until consultation obtained
~~20.~~27. Labetalol PO- 100-400mg BID-TID
~~21.~~28. Lanolin breast ointment
~~22.~~29. Lexapro (escitalopram) 10-20mg q day for depression/anxiety
~~23.~~30. Lidocaine 1% for local anesthesia
~~24.~~31. Medroxyprogesterone acetate 150 mg IM postpartum method of birth control
~~25.~~32. Metformin 500-1000 mg extended release or immediate release PO
~~26.~~33. Methergine 0.2 mg IM or IV for treatment of uterine atony after delivery
~~27.~~34. Methergine 0.2 mg IM post-delivery for treatment of uterine atony after delivery
~~28.~~35. Methergine 0.2 mg PO q 8 hours for treatment/prevention of uterine atony after delivery
~~29.~~36. Misoprostol- 600mcg sublingual or 800-1000mcg per rectum for postpartum hemorrhage.
~~30.~~37. Misoprostol- 25mcg per vagina q 3-4 hours prn for labor induction
~~31.~~38. MMR vaccine- 0.5mL subcutaneous
~~32.~~39. Morphine Sulfate 2 mg IV every 15 minutes PRN
~~33.~~40. Motrin 600 mg. PO Q 6 hours
~~34.~~41. Naloxone 0.4 mg for reversal of respiratory depression
~~35.~~42. Nexplanon 68mg subdermal implant- placed on L&D for postpartum contraception
~~36.~~43. Nifedipine immediate release or extended release- 20-30mg loading dose then 20-30mg q 3-8 hours' prn max 180mg/day. Extended release 30mg three times daily prn, max 90mg/day.
~~37.~~44. Nitrous Oxide per protocol as needed for pain analgesia

~~38.~~45. Nubain ≤ 20 mg sub-q or ≤ 10 mg IV or IM, may repeat X 1
~~39.~~46. Ofirmev (acetaminophen) 1-gram IV q 6 hours prn pain
~~40.~~47. Oxycodone- 5-10mg q 6 hours' prn pain
~~41.~~48. Oxytocin 30 units/500mL NS intrapartum for labor induction/augmentation, max 32 milliunits/minute
~~42.~~49. Oxytocin 30 units/500ml NS fluid post-delivery for the treatment/prevention of uterine atony.
~~43.~~50. Pen G IVPB 5 million units followed by 2.5 million units q 4 hr. for positive b-strep until delivery. (May use Ampicillin If Pen G not available)
~~44.~~51. Phenergan ≤50 mg IM ONLY, may repeat X 1
~~45.~~52. Pitocin (during co-management with supervising attending) 2mU/min IV, may increase by 2mU/min every 15 min to max of 32 mU
~~46.~~53. Pitocin 10-20 mU IM as needed post placenta delivery if needed
~~47.~~54. Prilosec (omeprazole) 20-40 mg q day
~~48.~~55. Prozac (fluoxetine) 10-80mg q am for depression/anxiety
~~49.~~56. Rh immune globulin 300 mcg IM for Rh-negative mothers to prevent sensitization
~~50.~~57. Rubella Vaccine: 0.5cc sq for non-immune mothers after delivery
58. Saline or Heparin locks to maintain IV access as precaution or for the administration of meds
~~51.~~59. Sertraline 25 mg PO qd
~~52.~~60. Tdap vaccine 0.5mL
~~53.~~61. Terbutaline 0.25 mg sub-q for the immediate management of preterm labor until consultation obtained
~~54.~~62. Tranexamic Acid- 1000mg IV x1 for postpartum hemorrhage.
63. Tums 2 tabs PO prn
64. Unasyn 3 grams IV piggyback once
65. Unasyn 3 grams IV piggyback q 6 hr
~~55.~~66. Vancomycin 1 gram IV piggyback q 8 hr
~~56.~~67. Vistaril ≤ 100 mg IM, may repeat X 1
68. Witch Hazel pads
~~57.~~69. Xanax (alprazolam) 0.25-1mg q 8 hours' prn anxiety
~~58.~~
~~59.~~70. Zofran 4-8 mg IV/PO q 6 hours prn nausea
~~60.~~71. Zoloft (sertraline) 50-200mg PO daily for depression/anxiety

ii. Ordering neonatal medications
1. Erythromycin ophthalmic ointment for prophylactic eye treatment
2. Hepatitis B vaccine – pediatric dose- for infants born of HbsAG negative mothers
3. Hepatitis B vaccine –pediatric dose- IM for infants born of HbsAG positive mothers to the guidelines in the AHA/AAP neonatal resuscitation program
4. Volume expanders (Whole blood, 5% albumin, Normal saline, LR) 10ml/kg IV for use in resuscitation according to the guidelines in the AHA/AAP neonatal resuscitation program
5. Epinephrine 1:10,000 0.1-0.3 ml/kg IV or ET for use in resuscitation, according
6. HBIG 0.5cc IM for treatment/prevention of Hepatitis B in newborn

7. Phytonadione 1.0 mg IM for prevention of neonatal bleeding disorders

REFERENCES:

1. California Code of Regulations. Title 16, Sections 1460-1466.

RECORD RETENTION AND DESTRUCTION:

1. Life of policy, plus 6 years

Supersedes: v.3 Standardized Procedure - Certified Nurse Midwife

APPENDIX A

CRITERIA FOR CO-MANAGEMENT, COLLABORATION, EXCLUSIONS AND MEDICAL MANAGEMENT.

1. Criteria for Certified Nurse Midwife delivery will include:
    a. Gestational age > 36 to < 42 weeks
    b. EFW > 2500 - <4000 grams
    c. Normal prenatal care and low risk factors, gestational diabetes diet-controlled
2. Exclusions
    a. Any patient that does not meet the criteria above will be co-managed with the Attending Physician.
3. Medical management of the patient may be transferred to the Physician during the course of the hospitalization by agreement between the CNM and physician.

APPENDIX B

CERTIFIED NURSE MIDWIFE FIRST ASSISTANT (CNMFA)

POLICY:

1. The Certified Nurse Midwife First Assistant (CNMFA) assists the attending obstetrician during a Cesarean Section by providing aid in exposure and other technical functions, which will help the surgeon, carry out a safe operation with optimal results for the patient.
2. Only a CNM currently licensed in California, who meets all the criteria specified within this procedure may perform as a CNMFA.
3. The CNMFA may function under this standardized procedure when the attending obstetrician has determined that the CNMFA can provide the type of assistance needed during the specific surgery.

PROTOCOL:

1. The CNMFA may assist with the positioning and draping of the patient, or perform these actions independently, if so directed by the physician.
2. The CNMFA will provide retraction by:
    a. closely observing the operative field at all times
    b. managing all instruments in the operative field to prevent obstruction of the surgeon's view
    c. anticipating retraction needs with knowledge of the surgeon's preferences and anatomical structures
3. The CNMFA may provide hemostasis by:
    a. sponging and utilizing pressure as necessary
    b. utilizing suctioning techniques
    c. applying clamps on superficial vessels and tying or electro-coagulation of them as directed by the physician
4. The CNMFA may perform knot tying by using basic techniques of knot tying to include two-handed tie, one-handed tie and instrument tie.
5. The CNMFA may provide closure of layers by approximating tissue layers under the direct supervision of the physician.
6. The CNMFA will assist the physician at the completion of the surgical procedure by:
    a. affixing and stabilizing all drains
    b. cleaning the wound and applying the dressing

QUALIFICATIONS:

1. A CNM who is approved as a CNMFA at NIHD may function as first assistant if all the following conditions exist:
    a. currently licensed as a CNM in California
    b. successful completion of a course in CNM First Assisting as noted in the above procedure- refer to section B-5 (a copy of the certificate of completion will be placed in the CNMFA's credentialing file)
    c. demonstrated knowledge and skill in applying principles of asepsis and infection control and demonstrated skill in behaviors that are unique to functioning as a CNMFA
    d. demonstrated knowledge of surgical anatomy, physiology and operative procedures encountered in a Cesarean delivery
    e. demonstrated ability to function effectively and harmoniously as a team member
    f. able to perform BLS, completion of ACLS preferred
    g. able to perform effectively in stressful and emergency situations

APPENDIX C

APPROVALS

The following CNM's who have been approved to function as Certified Nurse Midwives under this standardized procedure are:

Name:	Approval Date:
_____	_____
_____	_____

The following CNM's who have been approved to function as a CNMFA under this standardized procedure are:

Name:	Approval Date:
_____	_____
_____	_____

This standardized procedure has been approved for use at Northern Inyo Healthcare District by:

_____ _____

Chair, Interdisciplinary Practice Committee Date

_____ _____

Administrator Date

_____ _____

Chief of Staff Date

_____ _____

President, Board of Directors Date

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Cardiac Monitoring		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: Acute/Subacute, ICU, Perinatal		
Date Last Modified: 06/01/2022	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/1998	

PURPOSE:

1. To ensure all patients who have orders for telemetry receive cardiac monitoring by trained staff within the constraints of the physician orders
2. To standardize process for nursing management of the patient on the Acute Sub Acute unit caring for the telemetry patients, and for the nurse monitoring the patient in the Intensive Care Unit (ICU)
3. To guide appropriate placement of patients requiring cardiac monitoring in the Acute Sub Acute Services Department
4. To define required competency for registered nurses (RN) caring for patients on a cardiac monitor in the Acute Sub Acute Services Department and for the nurse monitoring the patient in the ICU
5. To define parameters for and delineate response to clinical alarms related to cardiac monitoring in the Acute Sub Acute Services Department
6. To ensure that accommodation and billing codes are accurate

POLICY:

1. A physician's order is required to place a patient on a cardiac monitor
    a. Patients who present with or develop the following conditions while being admitted to the Acute Sub Acute department may be monitored on telemetry without being transferred to ICU:
        i. Syncope of unknown origin
        ii. Uncomplicated congestive heart failure (CHF)
        iii. Chest pain without diagnostic ECG findings or elevated biomarkers
        iv. Hemodynamically stable post-acute myocardial infarction (MI)
        v. Non-life threatening arrhythmias
        vi. Chronic, rate-controlled atrial fibrillation
        vii. Postoperative/post-procedure monitoring for patients at low risk for cardiac arrhythmias
        viii. Newly placed permanent pacemakers
        ix. Renal insufficiency

    b. Patients who present with or develop the following conditions require cardiac monitoring in the ICU:
        i. Hemodynamic compromise requiring vasoactive or antiarrhythmic medications
        ii. Unstable angina
        iii. ECG changes or life-threatening arrhythmias
        iv. Acute MI

v. Atrial fibrillation requiring intravenous medications or procedures not approved for Acute Sub Acute Services
vi. Unstable postoperative course
vii. If it has been determined that the above patient no longer needs ICU interventions, they may be transferred to lower level of care with a physician's order

2. RNs caring for patients on a cardiac monitor will successfully pass a cardiac dysrhythmia test and demonstrate accurate dysrhythmia interpretation skills within 6 months of hire and every 2 years
3. Nurses monitoring the patient in the ICU will successfully pass a cardiac dysrhythmia test and demonstrate accurate dysrhythmia interpretation skills within 1 months of hire and every 2 years
4. Any patient on telemetry monitoring will be assigned to a registered nurse (RN) with a patient ratio of 1:4 or fewer
5. The Acute Sub Acute RN will ensure that Standards of Care for the Telemetry patient are met:
    a. The Acute Sub Acute RN will assess the patient a minimum of once every shift and more frequently as ordered by the physician and if the patient's condition changes
    b. Vital signs will be measured and documented every 4 hours or as ordered by the physician
    c. Patient weight will be measured and documented daily
    d. Patent IV access will be maintained
    e. Telemetry will be continuously monitored (except as ordered by physician) with 24-hour staffing of the central monitor by the central monitoring technician
    f. The Acute Sub Acute RN will review rhythm strip, verifying interpretation, a minimum of once per shift, and as needed
    g. The Acute Sub Acute RN will notify the physician for any acute changes in rate or rhythm
6. Cardiac monitor alarms will be on at all times, audible to and visible to the central monitoring technician.
7. The central monitoring technician will immediately notify the Acute Sub Acute RN of any new alarms, rate changes, or rhythm changes via telephone

EQUIPMENT:

1. See Lippincott procedure "Cardiac monitoring"

PROCEDURE:

A. Initial Setup

1. Verify the physician's order for telemetry monitoring
2. Obtain equipment from ICU
3. Follow procedure in Lippincott "Cardiac Monitoring" for Five-lead placement
4. Electrodes must be changed at least every 48 hours
5. Electrodes and lead-wires may be placed by CNA with verification by the Acute Sub Acute RN

B. Monitoring:

1. On admission or start of cardiac monitoring:
    a. When all the electrodes are in place, attach the lead-wires and check for a tracing on the telemetry monitor at the nurses' station on the Acute Sub Acute department
    b. The RN will check with the central monitoring technician to ensure quality ECG tracing is being monitored

c. The central monitoring technician will coordinate changing the patient to the appropriate accommodation status
d. Central monitoring technician will acquire pertinent patient information from RN and/or Patient Chart including:
    i. Name
    ii. Room number
    iii. Diagnosis
    iv. Pertinent medications
    v. Pertinent labs
    vi. Pacemaker status
e. The Acute Sub Acute RN will perform an initial head to toe admission assessment and additional assessments each shift, as stated in the standards of care
f. The central monitoring technician will select one of the available telemetry windows
    i. In the patient window, select "Manage Patient"
    ii. Select the patient's room number
    iii. Assign patients equipment
    iv. Input the FIN number into the "Visit Number"
    v. Ensure that all the information is correct

2. Throughout monitoring:
    a. The Acute Sub Acute RN will analyze, review, and sign the rhythm strip in the EHR.
    b. The central monitoring technician will analyze and review the rhythm strip every 4 hours and will review the patient's rhythm every 2 hours
    c. Temporary discontinuation of telemetry monitoring requires:
        i. Physician order stating patient may shower or bathe off telemetry
        ii. Physician order stating patient may be off telemetry for ordered tests and procedures
        iii. Notification to the central monitoring technician when the patient is being taken off telemetry
        iv. Notification to the central monitoring technician when the patient is being returned to telemetry
    d. If the patient needs to go to a test on telemetry, an RN or cardiac arrhythmia qualified personnel will accompany the patient using the portable telemetry monitor
    e. The Acute Sub Acute RN will notify the central monitoring technician when the patient is being given medications that may affect the cardiac rate and rhythm
    f. Default alarm parameters will include:
        i. Heart rate lower than 50
        ii. Heart rate higher than 120
        iii. SVT defined as greater than 180 beats per minute for greater than 5 beats
        iv. Run of PVCs defined as greater than 2 PVCs in a row
        v. Ventricular rhythm defined as greater than 14 PVCs in a run
        vi. Ventricular tachycardia defined as greater than 100 bpm with greater than 5 PVCs in a run
        vii. Greater than 10 PVCs in one minute
        viii. Atrial fibrillation
        ix. Pause defined as 2 seconds without electrical activity

x. Asystole defined as greater than 4 seconds without electrical activity

g. Alarm parameters may be modified at the ICU central monitor as ordered by the physician, depending on baseline rate and rhythm in order to avoid alarm fatigue
   i. An example would be a patient with a heart rate greater than 120 that the physician allows the alarm limits to be set higher than 120

h. The Acute Sub Acute RN will notify the physician of any acute changes in rate or rhythm

3. On discharge or upon discontinuation of cardiac monitoring:
   a. An Acute Sub Acute RN, CNA, or department clerk will notify the central monitoring technician of discontinuation
   b. An Acute Sub Acute RN, CNA, or department clerk will return telemetry unit to ICU for cleaning and storage
   c. Upon discontinuation of cardiac monitoring, the central monitoring technician will coordinate changing the accommodation status of the patient

C. Documentation

1. On admission or start of telemetry monitoring:
   a. If telemetry is started after the patient is already admitted, the central monitoring technician will assure that there is a physician's order and that the accommodation status of the patient is accurate
   b. Central Monitoring Technician will enter time of "Telemetry Start" in the EHR
   c. Acute Sub Acute RN will enter "Unit Telemetry Initiated" in the EHR
   d. Acute Sub Acute RN will document rate, rhythm, lead used with verification by the central monitoring technician, in the EHR
   e. Nursing staff will document initial placement of electrodes in the EHR
   f. Acute Sub Acute RN will open care plan "Decreased Cardia Output IPOC"

2. Throughout monitoring:
   a. Acute Sub Acute RN will document above assessment in EHR every shift.
   b. Rhythm strips will be directly sent to patient's EHR
   c. Acute Sub Acute RN will document any acute changes, including time notified by the central monitoring technician, and time of notification of physician in EHR
   d. Acute Sub Acute RN will document any response to PRN medications in the EHR
   e. Acute Sub Acute RN will ensure electrodes are changed at least every 48 hours and documented in EHR
      i. Electrode changes may be delegated to CNA, with confirmation of placement by RN
   d. Acute Sub Acute RN will review care plan each shift and document progress towards goals

~~4.~~3. On discharge or at the end of telemetry monitoring:
   a. The central monitoring technician will ensure that the change in service will be processed with the time of the physicians written order
   b. Central Monitoring Technician will enter time of "Telemetry Stop" in EHR
   c. Acute Sub Acute RN will complete "Decreased Cardia Output IPOC" care plan

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REFERENCES: California Department of Public Health. (2007). *Changes to the minimum licensed nurse-to-patient ratios effective January 1, 2008*. Retrieved from http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-07-26.pdf

CROSS REFERENCED POLICIES AND PROCEDURES: Cardiac monitoring. (July 10, 2015). *Lippincott Procedures*. Retrieved on April 14, 2016 from http://procedures.lww.com/lnp/view.do?pId=3260727

Supersedes: v.3 Cardiac Monitoring

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL POLICY AND PROCEDURE

Title: Insulin Continuous Subcutaneous Infusion Self-Management Of The Patient In The Acute Setting		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: Acute/Subacute, ICU, Perinatal Department		
Date Last Modified: 03/31/2022	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 10/2003	

PURPOSE:

1. Guidelines to meet the needs of patients with diabetes who are administering Insulin through their own insulin pump while in the hospital.
2. For the Patient to be able to continue self-management of their diabetes while in the hospital in collaboration with the health team.

POLICY:

An order by a physician must be obtained for the diabetic patient, parent or caregiver to manage insulin requirements via the patient's insulin pump.

1. Pursuant to this policy, the patient will use her/his own insulin pump, tubing, skin preparation items and Insulin. Blood glucose will be checked regularly per physician order using hospital monitoring items (glucometer, strips and lancets) while in the Hospital.
2. Nursing should assess the patient's (parent or caregiver's) ability to use the equipment effectively. The patient must be alert/oriented and knowledgeable in insulin pump therapy to make changes and maintain control of glucose levels.
3. If the insulin pump is not to be used for a specific time, the pump should be locked up in a secure place and a notation made in the EHR.
4. If the patient becomes NPO, specific insulin orders should be obtained from the patient's physician.
5. In the event that the patient is unable to continue to manage their own insulin pump, the pump will be turned off and insulin will be managed per physician order.
6. Contraindications include but are not limited to:
   a. Altered level of consciousness.
   b. Critically ill.
   c. Suicide risk.
   d. Patient refuses or is unable to provide self-care/pump management.
   e. Patient's family member is unwilling or unable to manage the pump.

EQUIPMENT:

1. Patient's own insulin pump with batteries.
   a. Medtronic Mini Med
   b. Animas
   c. Others
2. Patient's own insulin pump tubing

3. Patient's own insulin pump syringe and catheters (needles).
4. Patient's own Insulin:
    a. Lispro (Humalog)
    b. Aspart (Novolog)
    c. Regular (R)
    d. Regular Buffered (Velosulin BR)
5. Skin preps
6. Dressings
7. Insulin set insertion device (self-starter or quick starter) optional
8. Glucose tabs or gel
9. Glucagon

PROCEDURE:

I. Suspension of Insulin pump use, including disconnection during the following procedures:
    a. MRI tests
    b. CT scans
    c. Radiology procedures

II. If the insulin pump is not to be used for a specific time, the pump should be locked up in a secure place and a notation made in the EHR.

III. If the patient becomes NPO, specific insulin orders should be obtained from the patient's physician. Nursing should assess the patient's (parent or caregiver's) ability to use the equipment effectively. The patient must be alert/oriented and knowledgeable in insulin pump therapy to make changes and maintain control of glucose levels.

IV. In the event that the nurse takes over the management of the pump and requires assistance with the pump settings or operation, the 800 number on the back of the patient's pump is to be called.

Documentation:

Every shift

- The patient is using his or her own glucose monitor, supplies and insulin pump.
- The patient is **mentally** and **physically** able to monitor his or her own insulin pump and glucose monitoring system.
- Any signs or symptoms of Hyper or Hypoglycemia are documented and the physician notified.
- The pumps basal rate if any.
- Bolus doses including correctional doses.
- Frequency of infusion set change and date.
- Date of site change.
- Assess condition and location of site.

REFERENCES:

1. The Joint Commission (CAMCAH Manual) (Jan 2022) Standard MM.01.01.01 EP 14.
2. The Joint Commission (CAMCAH Manual) (Jan 2022) Standard MM.03.01.05 EP 1 & 2.

RECORD RETENTION AND DESTRUCTION:

Documentation of provider orders and nursing notes related to medication administration and patient assessment are contained within the patient medical record, which is managed by the NIHD Medical Records Department.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. High alert medications, preparation, dispensing, storage
2. Drug Orders
3. Administration of drugs and biologicals
4. Insulin Continuous Subcutaneous Infusion Self-Management Of The Patient In The Acute Setting

Supersedes: v.3 Insulin Continuous Subcutaneous Infusion Self Management Of The Patient In The Acute Setting

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Medical Clinical Alarm Equipment Safety		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: District Wide		
Date Last Modified: 04/28/2022	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 01/02/2015	

PURPOSE:

To establish guidelines for monitoring clinical alarm systems in order to promote patient safety and minimize the risk of errors due to ineffective alarms and alarm fatigue

1. Clinical staff will be provided training on alarm fatigue and alarm management practices upon hire, implementation of any new equipment and periodically.
2. It is the policy to provide for the safety of the patient by assuring alarms are activated with appropriate settings, unnecessary alarms are minimized and alarms sufficiently audible to clinical staff.
3. Any alarm fatigue incident will be evaluated for system improvement.

POLICY:

1. Clinical alarms and medical equipment alarm systems utilized for patient care are fully operational and alarms are activated when appropriate settings are in use.
2. Clinical alarms are set according to manufacturer's recommendations and adjusted according to patient needs.
3. Clinical alarms will not be deactivated or inappropriately silenced. It is the responsibility of the shift RN or RT to assess and address clinical alarms for his/her patient needs.
4. Hearing impaired staff will be responsible to designate a fellow employee working in the same area to listen for their clinical alarms and notify the employee of the alarm or respond to the alarm.
5. The complexity of medical equipment /devices utilized for patient care will be factored in when determining appropriate staffing levels needed.
6. Every attempt will be made to assure that alarms are audible from all locations in the clinical area; however, it is acknowledged that some alarms may not be audible from certain locations. In the event that a critical alarm is determined to be inaudible from a particular geographic location, nursing personnel will assess potential solutions to resolve the situation, including but not limited to the following options:
   a. equipment alarm connection to call light
   b. patient relocation closer to the nursing station
   c. Use of safety attendant
   d. 1:1 staffing
   e. repositioning of patient equipment in room and/or room door will remain open
7. Staff that utilize medical equipment/services with clinical alarm systems will be properly oriented to the equipment/devices, the alarm, and trained on its use.
8. Ongoing monitoring on patient care departments is done to validate staff's response to alarms and verify audibility of alarms. In the event of failure, corrective action as listed in #6 will be taken; a UOR will be completed choosing "Alarms" as the incident type to assure tracking of alarm related issues.

9. For alarms on commonly used devices see attached Clinical Alarm Management Chart. This chart will explain if an alarm requires immediate response, ASAP response or timely response. Who can change default settings on alarms, alarm notifications, secondary alarm notifications, and clinical response.
10. Critical Alarms – A critical alarm is an alarm that is patient specific and alerts staff to a possible emergency.

REFERENCES

1. Critical Access Hospital National Patent Safety Goals – NPSG.06.01.01 Use Alarms Safely
2. TJC (2016) CAMCH NPSG.06.01.01 – EP 1, 2, 3 & 4
3. TJC (March 2014) Inside The Joint Commission. NPSG Turn Down the Noise: Hospital improves care, reducing alarm fatigue.
4. Funk, Clark and et al (2014). Attitudes and Practices Related to Clinical Alarms. p. 9-18 American Journal of Critical Care.
5. Cvach, Currie et al (Nov. 2013) Managing Clinical Alarms: Using data to drive change Safety Solutions. p. 8-12.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Responding to Ventilator, BiPAP, $ETCO_2$ and SpO_2 Alarms located in RT Manual
2. Patient Safety Attendant or 1:1 Staffing Guidelines
3. Medical Clinical Alarm Equipment Safety

Supersedes: v.4 Medical Clinical Alarm Equipment Safety*

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Patient Restraints (Behavioral & Non-Behavioral)		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: NIHD		
Date Last Modified: 03/30/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHDD Board of Directors	Original Approval Date: 2/18/16	

PURPOSE:

To delineate standards of care for the patient who is restrained which promotes an environment conducive to maintaining patient dignity, while protecting patient safety.

POLICY:

A. It is the policy of Northern Inyo Hospital (NIHD) to create a physical, social and cultural environment that limits the use of restraint to appropriate and justified situations, and, to reduce restraint use through preventive or alternative methods which focus on the patient's rights, dignity and well-being. Patients have the right to be free from restraints of any form that are not medically necessary. Restraint may only be imposed to ensure the immediate physical safety of the patient, staff, or others and must be discontinued at the earliest possible time.

B. The decision to use a restraint is not driven by diagnosis. Comprehensive assessment of the patient and environment, in conjunction with individualized patient care planning, should be used to determine those interventions that will best ensure the patient's safety and well-being with the least risk. The comprehensive assessment should include a physical assessment to identify medical problems that may be causing behavior changes in the patient. Restraint may only be used if needed to improve the patient's well-being when less restrictive interventions have been determined to be ineffective in protecting the patient and others from harm. Restraints, if deemed appropriate, are implemented using safe techniques identified in this policy and reinforced during annual staff education. The restraint shall be discontinued at the earliest possible time, regardless of the scheduled expiration of the order.

C. Patient's rights, dignity and well-being are protected during restraint use to assure the following:
   1. Respect for the patient as an individual
   2. Safe and clean environment
   3. Protection of the patient's modesty, visibility and body temperature

D. The hospital does not permit restraint for management of violent or self-destructive behavior to be used for the purpose of coercion, discipline, convenience, or staff retaliation. Restraints are never a substitute for adequate staffing.

E. The patient and family will be informed of the organization's policy/procedure on the use of restraints.

1. Staff will explain the need for the use of restraint to the patient/family/ significant other to increase their understanding and decrease their fears about the use of restraint.
2. Patient and/or family will be encouraged to be involved in decision-making. Incorporating patient/family preferences in the care process may help minimize restraint use.
3. The patient/family/significant other are assured that the least restrictive device will be utilized, that restraints are discontinued as soon as possible, and that the patient's basic needs for nutrition, personal care, and exercise are met during the use of the restraint.
4. In the event that the patient chooses not to include the family/significant other, or that participation would have a detrimental effect on the patient, family/significant other involvement would not be applicable.
5. Staff will attempt to promptly contact the family to notify them when restraints are used as appropriate.

F. The use of restraints must be in accordance with the telephone order or written order of a physician.

G. A Registered Nurse (RN) may make the decision to initiate a restraint in an emergent situation when the risk to the patient is such that an order from a physician cannot be obtained before restraining the patient.

H. Per the restraint orders, the RN may discontinue restraints prior to the expiration of the order when the action/behavior leading to the need for restraints is no longer evident. If the restraints must be re-initiated, another order must be obtained.

DEFINITIONS:

A. Physical Restraints: Physical restraint is any manual or physical method or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, or head freely.

1. Bed side rails: Side rails present an inherent safety risk, particularly when the patient is elderly or disoriented. Even when they are not used intentionally as a restraint, patients may become trapped between the mattress or bed frame and the side rail.

    a. Side rails used to physically restrict a person's freedom of movement or physical activity in order to protect the patient or others from injury is considered restraint. Therefore, when all four side rails of a four rail system are raised, it is considered a restraint.
    b. Individual patient needs are assessed for the use of side rails.
    c. Infants and children will have crib rails and side rails up at all times which are not considered restraint.
    d. The upper two side rails of a four rail system may be placed in the up position to provide patient access to bed control, the nurse call system, or to assist the patient in turning in bed and are not considered restraint.
    e. The upper two side rails and one lower side rail of a four-rail system or one side of a two-rail system may be up for patient protection and comfort as long as the patient's ability to get out of bed is not restricted and are not considered restraint.

f. The upper and lower two side rails of a four rail system on specialty beds (i.e. lateral rotation beds) may be up for patient protection and in order for the bed to properly operate and are not considered restraint.

2. Devices and Immobilization

a. Devices, which serve multiple purposes when they have the effect of restricting a patient's movement and cannot be easily removed by the patient, constitute a restraint. (e.g. Geri chair, elbow immobilizers to prevent the patient from reaching tubes, etc.)
b. Patient assessment for the use of the device should be based on the least risk for the patient and the risk of what might happen if the device is not used versus the risk it poses as a restraint.

B. Drugs used as a restraint: Chemical restraint is defined as medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not standard treatment for the patient's medical or psychological condition. These are medications used in addition to or in replacement of the patient's regular drug regimen to control aggressive and/or violent behavior during an emergency.

1. A standard treatment for a medication used to address a patient's condition would include all of the following:
   a. The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization.
   b. The use of the medication to treat a specific patient's clinical condition is based on that patient's symptoms, overall clinical situation, and on the physician's knowledge of that patient's expected and actual response to the medication.
   c. If the overall effect of a medication is to reduce the patient's ability to effectively or appropriately interact with others, then the medication is not being used as a standard treatment for the patient's condition.
   d. Whether or not the use of a medication is voluntary, or even whether the drug is administered as a one-time dose or PRN are not factors in determining if a drug is being used as a standard treatment. The use of PRN medications is only prohibited if the drug is being used as restraint.

2. NIHD does not use chemical restraints as a means of coercion, discipline, convenience or retaliation by staff. Medications that comprise the patient's regular medical regimen (including PRN medications) are not considered drug restraints, even if their purpose is to control ongoing behavior.

C. Seclusion: Seclusion of an individual is involuntarily confining an individual alone in a room or area where he/she is physically prevented from leaving. NIHD's policy and practice prohibits the use of seclusion.

D. NIHD prohibits the use of restraints when the patient is in a prone position.

E. Exceptions: Therapeutic or protective interventions that, although they may restrict activity, are ***not*** considered restraint interventions include:

1. A restraint does not include devices, such as prescribed orthopedic devices, surgical dressings or bandages, protective helmets, or methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests.

2. A restraint does not include methods that protect the patient from falling out of bed.
    a. Examples include raising the side rails when a patient is on a stretcher; recovering from anesthesia; sedated; on seizure precautions, experiencing involuntary movement; or on certain types of therapeutic beds to prevent the patient from falling out of the bed.
3. Age or developmentally appropriate protective safety interventions (such as stroller safety belts, swing safety belts, highchair lap belts, raised crib rails and crib covers) that a safety-conscious child care provider outside a healthcare setting would utilize to protect an infant, toddler or preschool-aged child would not be considered restraint or seclusion for the purposes of this regulation.
4. A physical escort would include a "light" grasp to escort the patient to a desired location
    a. If the patient can easily remove or escape the grasp, this would not be considered physical restraint. However, if the patient cannot easily remove or escape the grasp, this would be considered physical restraint and all the requirements would apply.
5. A voluntary mechanical support used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility than would be possible without the use of such a mechanical support is not considered a restraint (e.g. knee immobilizers for medical clinical purposes, abductor pillow, postural support, or orthopedic devices).
6. A position or securing device used to maintain the position, limit mobility or temporarily immobilize the patient during medical, dental, diagnostic or surgical procedures.
7. The use of handcuffs or other restrictive devices applied by law enforcement officials for custody, detention, and public safety reasons is not considered restraint.
8. Placing hand mitts on a patient to prevent the patient from pulling on tubes or scratching him or herself would not be considered a restraint. Mitts shall never be secured in any way that prevents free movement of the arms. Mitts shall be applied loosely enough to ensure circulation, sensation and movement. If soft limb (wrist) restraints are used in conjunction with mitts, this would be considered a restraint because of the use of the soft limb (Wrist) restraint.
9. A medication used to control a patient's behavior that is standard treatment for the patient's medical or psychiatric conditions (i.e. drug or alcohol withdrawal, psychiatric diagnosis) is not considered chemical restraint.
10. If the patient is on a stretcher, there is an increased risk of falling from a stretcher without raised side rails due to its narrow width and high center of gravity. Additionally, since stretchers are elevated platforms, the risk of patient injury due to a fall is significant. Therefore, the use of raised side rail is not considered restraint but a prudent safety intervention.

F. The following functional guidelines should be considered when defining an intervention as a physical restraint:

1. Does the patient have the ability and skill to easily remove the intervention? (If the answer is no, then intervention is a restraint).
2. Is the patient's freedom to move when the intervention is in place less than their freedom to move without the intervention, or is the patient's access to their body when the intervention is in place less than their access to their body without the interventions? (If the answer is yes, then intervention is a restraint).
3. Utilization of a functional assessment allows for individual assessment of each device and situation that could potentially be used to inhibit an individual's movement. Therefore, if the effect of using an object fits the definition of restraint for a patient at a specific point in time, then for that patient, the device is a restraint.

APPROVED TYPES OF RESTRAINTS

A. **Soft limb restraints**
B. **Four (4) side rails up (See definitions)**
C. **Safety vest**

ALTERNATIVES TO RESTRAINTS/LEAST RESTRICTIVE DEVICE

A. Alternatives to restraints do not always need to be tried, but prior to the use of restraints; alternative interventions must be determined to be ineffective to protect the patient or others from harm.

B. Alternatives attempted or rationale for not attempting alternatives must be documented.

C. Efforts are taken to develop and promote preventive strategies and use safe and effective alternatives when appropriate as follows:
   1. Identify and treat the cause of the behavior (e.g. medical re-evaluation, reposition, put to bed if fatigued, change environmental noise level, lighting, furnishings, or equipment, or if possible, change or eliminate bothersome treatments).
   2. Increase observation/supervision.
   3. Involve the family and significant others.
   4. Provide diversionary measures (e.g. formal activities, visitors, exercise, reorganize the ADLs).
   5. Consider and eliminate barriers; manipulate the environment (e.g. increase the lighting, leave side rails down, decrease noise, call bell accessible).
   6. Re-orient patients/provide reality orientation.
   7. Evaluate medication regimen (e.g. pain, agitation, and initiation).

D. The use of restraints may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm.

Examples of Alternatives to Physical Restraints

All behaviors can be viewed as a symptom and each may arise from a variety of causes or be indicative of an array of unmet needs. Medical re-evaluation is always appropriate. Involvement of the interdisciplinary team (i.e. OT/PT assessment) may identify additional alternatives.

Observe the patient's behavior, investigate its meaning, and develop creative and individualized alternatives. Educate the patient and family to reduce the use of physical restraints.

Behavior Exhibited	Suggested Options, if available
Falls	Bathroom rounds Grab rails and raised toilet seats Side rails kept down Bed in low position

Behavior Exhibited	Suggested Options, if available
	Increase the light in the room Eliminate hazards, clear a path Ambulate frequently / supervised ambulation Bed Alarm / Chair Alarm Family supervision Call bell within reach Wear supportive shoes Gripping rubber mats / nonslip surface in chairs Keep patient in view of staff Wedge cushions Adequate pain medication Place commode at bedside Provide glasses, hearing aid, dentures, purse, etc. If fatigued and in the chair, transfer to the bed Place pillow or rolled blanket under mattress to create lip at edge Evaluate meds to decrease the possibility of side effects Make sure clothing, tubing, etc. not interfering with walking Consult with PT for alternatives
Scratching	Eliminate itch and treat the cause Diversional activities
Pulling at Tubes	Wear Briefs over Foley catheter Hide or camouflage IV tubing Get tubes out as soon as possible Provide patient something else to "fiddle" with Consider alternatives for NG tubes

Behavior Exhibited	Suggested Options, if available
Pulling at wounds or dressings	Overdress wounds Hide or camouflage dressings Medicate for pain Supervise confused patients carefully Use abdominal binders when possible Evaluate to see if tape or dressing is itching Try calming music / distract the patient with TV, activities, etc. Consult with school program for learning activities If active play activities are not available, provide stimulation with music, audio books, and mobiles. colorful surroundings, etc.
Wandering	Determine where the patient is going and why Anticipate needs; learn past patterns and coping styles Have hearing aid and glasses available Use STOP signs Decrease stimuli (ex. light, noise, interruptions) Exercise patient or walk them frequently Reminisce and validation Use alarms Family / friend / volunteer supervision Test for urinary tract infections (UTI) and treat as indicated and ordered Assess pain level. Treat as indicated and ordered Place bed in lowest position Reality orientation / psychosocial intervention Offer interesting TV program, game or activity

Behavior Exhibited	Suggested Options, if available
	Consult with OT / PT for alternatives
Rummaging and Scavenging	Busy boxes Reorientation Family / friend / volunteer supervision
Combative	Control for visual and auditory stimuli Music therapy and relaxation tapes Assess pain level or medication side effects Explain slowly what you are trying to do and move slowly Rest periods Contracting, when appropriate Consistent personnel Family / friend / volunteer involvement Provide reality links: TV, radio, calendar, clock Explain procedures to reduce fear and convey a sense of calm Involve the patient in conversation, don't talk over them Use active listening to elicit the patient's perspective Allow patient I family as much control over daily routine as possible

E. When an individual patient's assessed needs indicate the use of restraint, the least restrictive means should be chosen. For example, hand mittens for a patient who is scratching an irritated skin rash may be effective instead of the more restrictive soft wrist restraints.

F. Less restrictive measures may still constitute a restraint for which an order must be obtained if the patient cannot readily remove the device.

RESTRAINTS TO PREVENT INTERFERENCE WITH MEDICAL AND SURGICAL CARE

A. Definition of Restraints used for non-behavioral health patients (Non-violent and non-self destructive behavior) purposes

1. The patient is performing some action that interferes or has the potential to interfere with medical and /or surgical healing.

   a. The patient pulls at, attempts to remove, actually removes, or dislodges IVs, drains, tubes, surgical dressings or other therapies or treatments.

   b. The patient gets out of bed unassisted when assessed as unstable or when activity may be detrimental to the patient.

B. Clinical Justification

1. After assessing/evaluating a patient's physical or emotional condition, and despite attempts at alternative solutions, the documented continuance of a patient activity that will interfere with medical therapy justifies initiation or continued use of restraints.

2. If, based on a complete nursing assessment/evaluation, an RN assesses a patient to need a restraint to prevent interference with medical and surgical care, then that RN shall notify the patient's treating physician who may give an order for restraints.

C. Initiation of Restraints

1. If the patient is not in immediate danger, the RN may obtain an order for the restraint prior to applying restraints.

2. The RN may only apply restraints to prevent interference with medical and surgical care without receiving a physician's order if the patient's safety will be jeopardized without immediate use. The RN, after appropriate assessment, may make the decision to initiate and apply a restraint if the physician is not immediately available.

   a. The RN who determines that the patient requires restraints will notify the physician and obtain a telephone order or written order. The order must be obtained immediately (within 1 hour) after the initiation of restraints. If the episode that led to restraints is a significant change for the patient, the physician will be notified immediately.

   b. A physician will examine the patient within 24 hours of initiation of restraint used to prevent interference with medical or surgical care, and will enter a written order into the patient's medical record.

D. Physician's Order

1. A physician's order for the management of non-behavioral health patients (Non-violent and non-self-destructive behavior) must be obtained for each restraint episode.
2. Restraint orders must include:
   a. Date and time order was written
   b. Restraint category: Non-behavioral health patients (Non-violent and non-self destructive behavior)
   c. The type of restraint to be used
   d. Time specific
   e. The reason for restraint (i.e. patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint).
   f. Signature of a physician in the appropriate time frame.
   g. Cannot be written as "PRN."
3. Each written order for a physical restraint to prevent interference with medical and surgical care is to be renewed no less often than every twenty-four (24) hours.
4. Example of Physician order
   a. Restrain wrists for up to twenty-four hours using soft wrist restraints to prevent dislodging IV tubes.

E. Physician Assessment and Continuation of Restraint orders

Continued use of restraints beyond the first 24 hours is authorized by a physician renewing the original order or issuing a new order if restraint continues to be clinically justified.

1. Such renewal or new order is issued no less often than every 24 hours and is based on a documented face-to-face examination of the patient by the physician. The physician reevaluates the efficacy of the patient's treatment plan and works with the patient to identify ways to help him or her regain control.
2. If the patient's attending physician is not the physician who has ordered the restraint, then the patient's attending physician should be notified of the initiation of the restraint order as soon as possible.

F. Early Termination
1. The restraint will be terminated as soon as possible when the initial action is no longer evident or alternatives are effective.
2. The physician may make the decision to discontinue the restraint based on current assessment and evaluation of the patient's condition. CMS 482.13(e)

G. Re-application

1. If a patient was recently released from interference with medical and surgical care restraint due to non-behavioral health (Non-violent and non-self-destructive behavior) and exhibits behavior that can only be handled by the reapplication of restraint, a new order is required.
2. Staff cannot discontinue an order and re-start it under the same order because that would constitute a PRN order. Each episode of restraint use must be initiated in accordance with the order of a physician.

3. A temporary release that occurs for the purpose of caring for a patient's needs-for example toileting, feeding, and range of motion or assessing whether restraints can be discontinued is not considered a discontinuation of restraint.

H. Observation/ Ongoing Assessment of the Patient

1. An RN/LVN/CNA who has demonstrated competency in the application and monitoring of restraints may apply and monitor the restraints.
2. The RN is responsible to assess the patient on an ongoing basis and determine whether restraints should be continued or terminated.
3. After applying restraints, immediately perform an initial assessment to ensure the well-being of the patient, safe and proper application, , and that there is no evidence of injury. If the patient's response is negative, make immediate changes.
4. During the period of restraint, the patient must be monitored and assessed at a frequency that is determined by the needs of the patient, his/her condition, and the type of restraint used. This can be accomplished by observation, interaction with the patient, or direct assessment and will be done at a minimum of every 2 hours. Documentation of assessment will include relevant orders for use, results of patient monitoring, reassessment, and significant changes in patient's condition.
    a. Assessment for patients who are restrained with soft limb restraints, mitts, or side rails, will be documented at least every 2 hours.
5. The RN assessment includes the following:
    a. Skin Integrity (e.g. dry & intact, redness or swelling, abrasions)
    b. Circulation/sensation/movement (CSM) of affected extremities
    c. Well-being - the patient's physical and emotional well-being is addressed
    d. Application: the restraint is safely and properly applied
    e. Signs of injury associated with applying restraint
    f. Vital Signs: Done if per patient physical/emotional status the RN assesses the need for vital signs
    g. Release and ROM to restrained extremity every 2 hours
    h. Whether less restrictive methods are possible
    i. If the patient's behavior or clinical condition is appropriate to need continuation of restraints or if termination is possible.
    j. Dignity and rights are maintained. Attention is given and interventions are provided to meet the patient's physical needs including but not limited to:
        1) Hydration
        2) Nutrition
        3) Elimination
        4) Hygiene

RESTRAINTS FOR MANAGEMENT OF VIOLENT AND/OR SELF-DESTRUCTIVE BEHAVIOR

A. Definition: Behavioral health (Violent and/or self destructive behavior) Restraint
    1. The patient is displaying assaultive/ aggressive behavior that poses imminent risk of physical harm to him/her, the staff and/or others.
    2. Restraints for management of violent or self-destructive behavior is an emergency measure that should be reserved for those occasions when unanticipated aggressive or destructive behavior places the patient or others in imminent danger and nonphysical intervention would not be effective.

3. The use of restraints for the management of violent or self-destructive behavior is not based on a patient's restraint history or solely on a history of dangerous behavior.
4. Whenever possible, non-physical interventions are used to avoid the use of restraints for the management of violent or self-destructive behavior through de-escalation techniques. when there is an imminent risk of physical harm, physical interventions will need to be applied.

B. Clinical Justification

1. After assessing/evaluating a patient's emotional condition, and after consideration or trial of alternative solutions, the documented continuance of a patient behavior that gives reasonable probability of harm to self or others justifies the initiation or continued use of restraints.
2. The RN must justify the use of the restraint in the patient's medical record. This includes the specific behavior that placed the patient or others at risk and the alternatives attempted.

C. Initiation of Restraints

1. In an emergent condition when the RN has assessed the patient and evaluates that the behavior is aggressive/assaultive then the RN may make the decision to restrain the patient.
2. The RN must inform the physician for the need for restraints for the management of violent or self-destructive behavior, obtain a telephone order or written order, and consult with the physician about the patient's physical and psychological condition immediately (within 1 hour) after initiation of the restraint.
3. The in-person evaluation and documentation by the physician, conducted within 1 hour of the initiation of restraint for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff or others, includes the following:
   a. An evaluation of the patient's immediate situation.
   b. The patient's condition or symptom(s) that warranted the use of the restraint.
   c. Alternatives or less restrictive interventions attempted (as applicable).
   d. The patient’s medical and behavioral condition.
   e. A description of the intervention used.
   f. The patient’s response to the intervention used, including the need to continue or terminate use of restraint.

D. Physician Order

1. A physician's order for a restraint for management of behavioral health restraints (violent and/or self-destructive behavior) must be obtained for each restraint episode.
2. Restraint orders must include:
   a. Date and time order was written.
   b. Restraint category: Behavioral Health (Management of Violent and/or Self-Destructive Behavior).
   c. Type of restraint to be used.
   d. Time specific.
   e. Reason for restraint; description of the patient's behavior'
   f. Signature of a physician within the appropriate period of time.
   g. Cannot be written as "PRN."

3. Verbal and written orders for restraints used for the management of behavioral health (violent and/or self-destructive behavior) are time-limited as indicated below. Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.
    a. 4 hours for adults ages 18 and older
    b. 2 hours for children and adolescents ages 9-17
    c. 1 hour for children under 9 years of age.

E. Physician Assessment and Continuation of Restraints

1. The physician must complete a face-to-face evaluation of the patient and evaluate the need for restraint within one hour after the initiation of the restraint. A telephone call is not adequate.
2. Upon initiation of restraints for management of violent or self-destructive behavior and on an ongoing basis, the physician will provide the following:
    a. Reviews with staff the physical and psychological status of the patient and supplies staff with guidance in identifying ways to help the patient regain control so that restraints can be discontinued.
    b. Reevaluates the efficacy of the patient's plan of care, treatment, and services and determines whether restraints should be continued.
    c. Works with the patient to identify ways to help regain control.
    d. Supplies the order.
3. When restraint is continued for management of violent or self-destructive behavior and the individual providing the order is someone other than the patient's physician, the patient's responsible physician is notified of the patient's status.
4. The physician reevaluates the efficacy of the patient's treatment plan and works with the patient to identify ways to help him or her regain control.
5. Every 24 hours, the physician primarily responsible for the patient's ongoing care evaluates the patient in person before writing a new restraint order for management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others.
6. If the patient is released from restraint used for management of violent or self-destructive behavior prior to the expiration of the original order, the physician still has to conduct an in-person evaluation of the patient within 24 hours of the initiation of restraint and original order.

F. Early Termination
1. The use of physical restraint must be limited to the duration of the emergency safety situation regardless of the length of the order. The physician has the discretion to decide that the order should be written for a shorter period of time. Staff should assess, monitor, and assist the patient to regain control, and re-evaluate the patient so that he or she is released from the restraints at the earliest possible time.
2. The physician may make the decision to discontinue the restraint based on current assessment and evaluation of the patient's condition. CMS 482.13(F)

G. Reapplication of Restraints
1. If the patient was recently released from restraints for the management of violent or self-destructive behavior and exhibits behavior that can only be handled by the reapplication of restraint, a new order is required.
2. Staff cannot discontinue an order and re-start it under the same order if the patient's behavior escalates again after he or she has been released. Each episode of restraint use must be initiated in accordance with the order of a physician; PRN orders are prohibited

3. A temporary release that occurs for the purpose of caring for a patient's needs - for example toileting, feeding, and range of motion - or assessing whether restraints can be discontinued is not considered a discontinuation of restraint.

H. Observation/Ongoing Assessment of Patients
   1. During the time of restraint use for the management of violent or self-destructive behavior, there will be continuous in-person observation by an assigned staff member who is competent in the use of restraints.
   2. During the period of restraint use for management of violent and/or self-destructive behavior, all patients must be monitored and assessed at a frequency that is determined by the needs of the patient, his/her condition, and the type of restraint used. This can be accomplished by observation, interaction, or direct assessment.
   3. After applying restraints, the RN will immediately perform an initial assessment to ensure the well-being of the patient, safe and proper application, and that there is no evidence of injury. If the patient's response is negative, make immediate changes.
      a. Assessment of the patient in restraints for management of violent or self-destructive behavior is performed at the initiation of restraints and minimally every 15 minutes thereafter. This assessment includes the following:
      b. Skin Integrity (e.g. dry & intact, redness or swelling, abrasions)
      c. Circulation/sensation/movement (CSM) of affected extremities
      d. Well-being. The patient's physical and emotional well-being is addressed
      e. Application: the restraint is safely and properly applied
      f. Signs of injury associated with applying restraint
      g. Vital Signs: Completed if the RN’s assessment warrants the need for vital signs
      h. Release and range of motion (ROM) to restrained extremity every 15 minutes
      i. Whether less restrictive methods are possible
      j. If the patient's behavior or clinical condition is appropriate to need continuation of restraints or if termination is possible
      k. Dignity and rights are maintained. Attention is given to the patient's needs including but not limited to:
         1) Hydration
         2) Nutrition
         3) Elimination
         4) Hygiene
         5) Physical or psychological status and comfort.

   4. If the patient is in a physical hold for management of violent or self-destructive behavior, another staff person who is competent in the use of restraint and who is not involved in the physical hold is assigned to observe the patient.
   5. Staff members help patients meet behavior criteria for discontinuing restraints for management of violent or self-destructive behavior by attempting alternatives and providing for less restrictive measures whenever possible.
      a. Assisting to meet behavior criteria for discontinuing restraints for management of violent or self-destructive behavior can include the following interventions:

1) Appropriate implementation of medical plan of care to stabilize the disease process causing the aggressive/assaultive behavior
2) Decrease environmental stimuli to a minimum
3) Set clear, consistent, and enforceable limits on behavior
4) Attend and respond positively to patient anxiety or anger with active listening and validation of patient distress
5) Work with patient to identify the internal and interpersonal factors that provoke violence/aggression
6) Work with patient to identify what supports are lacking and problem-solve ways to achieve needed support
7) Role-play alternative behaviors with patient that they can use in stressful and overwhelming situations
8) Work with patient to set goals for their behavior
9) Provide patient with other outlets for stress and anxiety
10) Provide patient and family/significant other with community resources that teach anger management and stress reduction techniques
11) Utilize de-escalation techniques for staff who are trained in this

RESTRAINT APPLICATION

A. Competent staff applies restraint correctly and appropriately to protect patient safety.

B. Please reference Lippincott for limb and vest restraint application.

C. If a patient must be restrained in the supine position, ensure that the head is free to rotate to the side and, when possible, the head of the bed is elevated to minimize the risk of aspiration.

D. Secure Restraint so that it may be released immediately in emergency situations.

E. Verify that the order for restraint includes rationale for restraint, length of time and type of restraints to be used, and extremity or body part(s) to be restrained

F. All limb restraints are to be kept in full view and not covered with sheet or bedspread.

DOCUMENTATION

A. Documentation of restraint application for non-behavioral health (non-violent, non-self-destructive behavior), or for behavioral health (violent and/or self-destructive behavior) includes the following:
   1. In the Electronic Health Record (EHR)
      a. Initial assessment/clinical justification that includes the patient's behavior or actions that led to the use of the restraint.
      b. Alternatives/Interventions attempted before use of restraint or rationale on why these were not appropriate with this patient.
      c. Choice of less restrictive means as applicable.
      d. Time of application and termination.
      e. Family notification of restraint application, if appropriate
      f. When the patient no longer needs to be restrained, documentation must include the time and rationale for removal from restraints

g. Physician's order, which includes type of restraint, time limit and reason for restraint.
2. Patient family teaching is documented on the Restraint Education section.

CARE PLANNING

A. A modification to the patient's plan of care must accompany the use of restraints for either Non-behavioral health (Non-violent, non-self destructive behavior) or management of behavioral health (violent and/or self-destructive behavior)

B. Nursing documentation will reflect assessment intervention, evaluation, and re-intervention process with a focus on utilizing the restraint for the shortest period of time and the least restrictive measures

C. Care plan modifications may include but are not limited to the following:
1. Patient care problem
2. Outcome-oriented goal
3. Restraint intervention used
4. The Nursing documentation will reflect the date the restraint was initiated and discontinued and appropriate interventions taken to ensure patient safety

EDUCATION

A. Physicians and other licensed independent practitioners authorized to order restraints are educated on the policy during their orientation. Education on policy changes occurs during policy review and approval at medical department meetings

B. Education and training in the proper and safe use of restraints shall be provided as part of the employee's initial orientation and before participating in the use of restraints. Competency will be evaluated during orientation and annually. The nursing department education plan will include annual restraint education.

C. Education and training of staff with direct patient contact shall include but not be limited to:
1. Hospital policy on restraints
2. Understanding that behaviors are sometimes related to the patient's medical condition
3. The use of alternative interventions and least restrictive measures
4. The initiation, safe application, and removal of all types of restraints used including monitoring and reassessment criteria. Training includes how to recognize and respond to signs of physical and psychological distress, and patient monitoring/observation/assessment and reassessment parameters.
5. Monitoring the physical and psychological well-being of the patient who is restrained, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person physician evaluation conducted within one hour of initiation of behavioral health (Violent and/or self-destructive behavior) restraints.
6. Patient comfort, modesty, wellbeing, dignity, rights and respect, hygiene, psychological status, elimination, nutrition, hydration needs and to recognize signs of physical distress in restrained patients.
7. Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of behavioral restraints.

8. Determination of underlying causes of behavior that may be related to a medical condition. (i.e. hypoglycemia, DTs, delirium and how that may be related to the patient's emotional condition).
9. Recognition of how age, developmental considerations, gender issues, ethnicity, and history of sexual or physical abuse may affect the way an individual reacts to physical contact and restraints.
10. Use of nonphysical intervention skills
11. Methods for choosing the least restrictive interventions based on an assessment of the patient's medical or behavioral status or condition
12. Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
13. Clinical justification of specific behavioral changes that indicate that restraints are no longer necessary

PERFORMANCE IMPROVEMENT

REPORTING OF PATIENT DEATHS ASSOCIATED WITH RESTRAINT

NIHD must report deaths associated with restraint to its CMS regional office no later than the close of business the next business day following knowledge of the patient's death. [CMS 482.13(f)(7)]

NIHD must report to its CMS Regional Office each death that occurs:

1. While a patient is in restraint, except when no seclusion has been used and the only restraint used was a soft, cloth-like 2-point wrist restraint.
   a. Deaths occurring during or within 24 hours of discontinuation of 2-point soft, cloth-like non-rigid wrist restraints used in combination with any other restraint device must be reported to CMS.
   b. Death associated with the use of other types of wrist restraints, such as 2-point rigid or leather wrist restraints must be reported to CMS.
2. Within 24 hours after the patient has been removed from restraint or seclusion, except when no seclusion has been used and the only restraint used was a soft, 2-point wrist restraint
3. Within one (1) week after use of restraint or seclusion where the death is known to the hospital and it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to the patient's death, regardless of the type(s) of restraint used on the patient during this time

Patient Death Reporting- Only in 2-Point Soft Wrist Restraints and no seclusion:

NIHD must maintain an internal log or other type of tracking system for recording information within seven (7) days of a patient's death that occurs.

1. While a patient is only in 2-point soft, cloth-like non-rigid wrist restraints and there is no use of seclusion; and
2. Within 24 hours of the patient being removed from 2-point soft, cloth-like non-rigid wrist restraints where there was no use of any other type of restraint or seclusion

This log must be made readily available to CMS immediately upon request.

It is the responsibility of the Chief Executive Officer, or his/her designee, to report the incident to CMS after notification of hospital group administration and document in the patient's medical record the date and time the death was reported to CMS.

REFERENCES:

1. Centers for Medicare and Medicaid Services (CMS). Federal Register Part IV: Department of Health and Human Services. Medicare and Medicaid Programs; Hospital Conditions of Participation: Patient's Rights; Final Rule. December 8, 2006. 42 CFR Part 482: (pp.71378-
    a. 71428).
2. Centers for Medicare and Medicaid Services (CMS). Restraint Rate per 1000 LTCH Days Measure Specifications*. June 11, 2012. https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/ltch-quality-reporting/downloads/restraintrateper1000-ltchdaysmeasurespecifications.pdf
3. Centers for Medicare and Medicaid Services (CMS), State Operations Manual, Appendix A-Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, 04-01-2015
4. California Department of Public Health, Licensing and Certification Program, General Acute
    a. Care Hospital Memorandum, Subject: Centers for Medicare and Medicaid (CMS) Death
    b. Reporting Requirements, August 3, 2009.
5. Joint Commission on Accreditation of Healthcare Organizations. Comprehensive
    a. Accreditation Manual for Hospitals Update 1, June 2010(pp. PC.03.02.01-PC.03.02.11)
    b. Oakbrook Terrace, IL: Joint Commission Resources, Inc.
6. Management of Aggressive Behavior. MOAB Training International, Inc. 2007. Kulpsville,
    a. PA: Cricket Press, Inc.
7. Title 22, California Code of Regulations, Division 5. Licensing and Certification of Health
    a. Facilities, Home Health Agencies, Clinics, and Referral Agencies, section 73095, 73403-
    b. 73409.2005. State of California, Office of Administrative Law.
8. Varcarolis, EM. Manual of Psychiatric Nursing Care Plans: Diagnoses, Clinical Tools, and
9. Psychopharmacology, 3rd edition. 2006. (pp. 497-517). St Louis, MO: Saunder Elsevier.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Forensics
2. Lippincott limb restraint application
3. Lippincott vest restraint application

Supersedes: v.2 Patient Restraints (Behavioral & Non-Behavioral)*

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Rights of Swing Bed Patients		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: Acute/Subacute Services		
Date Last Modified: 06/01/2022	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 02/21/2007	

PURPOSE: To ensure all NIHD staff and contract staff observe these residents' rights.

POLICY:

1. The resident has a right to a dignified existence, self-determination, and communication with, and access to persons and services inside and outside the facility.
2. Northern Inyo Hospital District (NIHD) will protect and promote the rights of each patient.
3. NIHD will inform the patient, both verbally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Receipt of such information and any amendments to it must be acknowledged in writing.
4. The Notice of Swing Bed Patient Rights will be signed by patient/family.
5. Admitting will provide Medicare patients, at the time of admission, a list of items that are not covered by Medicare reimbursement.
6. The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:
    a. the transfer or discharge is necessary for the patient's welfare and the needs cannot be met in the facility;
    b. the transfer or discharge is appropriate because the patient's health has improved sufficiently so the patient no longer needs the services provided by the facility;
    c. the safety and/or health of individuals in the facility would otherwise be endangered;
    d. the patient has failed, after reasonable and appropriate notice, to pay for a stay at the facility;
    e. the facility ceases to operate.
7. Before transfers or discharge of a patient, NIHD will:
    f. Notify the patient (in writing and in a language and manner they understand) and, if known, a family member of legal representative of the patient, of the reasons for the move.
    g. Record the reasons for the transfer for discharge in the patient's clinical record.
    h. Notification of transfer or discharge will be made as soon as practicable.
    i. NIHD will provide sufficient preparation and orientation to patients to ensure safe and orderly transfer or discharge from the facility.
8. The Statement of Resident Rights shall include but not be limited to the resident's right to:
    j. Be informed of their rights and responsibilities
    k. Choose a physician
    l. Refuse treatment
    m. Be fully informed, in a language that he or she can understand, of his or her total health status, including, but not limited, to his or her medical condition

n. Participate in decisions about treatment and care planning
o. Have privacy and confidentiality
p. Freedom from verbal, sexual, physical, and mental abuse; corporal punishment, involuntary seclusion, and misappropriation of their property
q. Have privacy in sending and receiving mail
r. Visit and be visited by others from outside the facility, according to NIHD visiting hours
s. Retain and use personal possessions as space permits
t. Formulate an Advance Directive
u. Upon an oral or written request, to access their medical record within 24 hours (excluding weekends and holidays)
v. Refuse to perform services for the facility. All resident work whether of a voluntary or paid nature, must be part of the plan of care.
w. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States
x. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights
y. In the case of the resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.

In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law

REFERENCES:

1. State Operations Manual: Appendix W – Special Requirements for CAH Providers of Long–Term Care Services.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Standards of Care for the Swing Bed Resident
2. Scope of Service Swing Bed

Supersedes: v.4 Rights of Swing Bed Patients*

NORTHERN INYO HEALTHCARE DISTRICT
CLINICAL SCOPE OF SERVICE

Title: Scope of Service Swing Bed		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: Acute/Subacute Services		
Date Last Modified: 03/30/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: Medical Executive Committee	Original Approval Date: 01/01/2015	

DEPARTMENT DESCRIPTION:

The Swing bed department is part of the Medical Surgical Department that is a 16-bed department on the second floor of the hospital. Access is open to the department from the primary entrance. The back entrance stairwell is badge access only. There are 2 sets of elevators one for visitors and one for employees and patients accompanied by employees.

The department has 16 patient rooms, one of which is a negative pressure room utilized for patients with airborne precautions; one is a larger room with a large bathroom and a bariatric bed. We currently have 15 licensed swing beds that can be unutilized anywhere on the Medical Surgical Department.

SCOPE:

The Swing bed department is integrated into the Medical /Surgical Department. It provides inpatient rehabilitation, speech therapy, occupational therapy and nursing care for patients meeting specialized criteria. Care includes rehabilitation and transitional care in order to return home or increase their physical functions and ability to better care for themselves or to support end of life and complex wound care needs.

STAFFING (METHOD OF PRACTICE):

The Swing Bed patient is under the care of the Hospitalist who has 24/7 responsibility. Private Providers may choose to care for their own patients if properly credentialed. Specialty Providers such as surgeons can choose to consult with the hospitalist for coordinated care.

Nursing staff includes:
Department Manager and Assistant Manager
RN
CNA
Department Clerk
LVN's are not part of core staffing but are occasionally floated to the department to provide care.

CUSTOMERS (TYPES OF PATIENTS):

Swing bed care management is a joint function of the Medical Staff and Nursing Department working in close cooperation with: PT, OT, Speech therapy, RT, Lab, Pharmacy, EKG, Dietary, and Diagnostic Imaging and Case Management.

AGES SERVICES:

Adult: 13 to 65 years
Geriatric: > 65 years

QA/PI:

Acute/Subacute Services QA/PI is tracked through Pillars of Excellence and is reported to the Nurse Executive Committee and Inpatient Medicine Committee quarterly.

Supersedes: v.2 Scope of Service Swing Bed*

NORTHERN INYO HEALTHCARE DISTRICT
STANDARDS OF CARE

Title: Standards of Care for the Swing Bed Resident		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: Acute/Subacute Unit		
Date Last Modified: 03/31/2022	Last Review Date: No Review Date	Version: 4
Final Approval by: Medical Executive Committee	Original Approval Date: 07/01/2014	

DEPARTMENT STATEMENT:

1. Subacute nursing is provided using an interdisciplinary team approach based on a holistic assessment of patient needs, problems, capabilities, limitations, interventions, and patient response.
2. Patient expectations as defined will be met for each patient.
3. The patient age specific population served is:
   a. Adult 13 years old to 65
   b. Older adult 65+

PROCEDURE:

The Subacute Swing patient can expect:

1. ON ADMISSION/TRANSFER INTO DEPARTMENT:

a. To be greeted immediately upon arrival to the unit including:
   1) Clean resident room with appropriate supplies and equipment.
   2) Introduction of team members
   3) Explanation of what to expect within the next hour.
   4) Assessing level of assistance required in transferring from cart or wheelchair to the bed, ambulating, feeding self, changing into a gown, and supporting patient level of assistance identified.
   5) Oriented to room including call light use, phone and bed operation, bathroom location, TV, and unit routine.
   6) Pain, potty, position addressed.
   7) Addressing additional comfort needs such as fluids, blankets, IV site, traction, safety devices, and communication devices.
   8) Conducting an environmental assessment (trash can, Kleenex, etc.) within reach and patient personal equipment checked prior to usage.

b. To have his/her admitting or transfer condition assessed (quick check) within 30 minutes of arrival.

c. To receive information about Swing Patient Rights and an invitation to daily interdisciplinary rounds.

d. To have initial nursing assessment initiated within 4 hours of admission (completed within 12 hours of admission) to the unit including:
   1) Review of Medical Staff orders
   2) Interdisciplinary referral based on functional screens within the nursing assessment
   3) Medication history (list of current medications and purpose).

e. To have Provider admitting orders to Subacute received and reviewed with the resident and initiated within 4 hours of admission:
   1) To review medical staff, plan of care as written

f. In addition to the initial nursing assessment and the patient profile, the RN will conduct an initial and periodic comprehensive, accurate assessment of each resident's functional capacity. The periodic assessment will be

repeated within 14 days after a significant change in the resident's physical or mental condition and not less often than once every 12 months.

g. To have resident discharge needs initiated at time of admission and throughout the stay including:
   1) Patient goals for hospitalization (what can we help you with while you are here?)
   2) Referral to the interdisciplinary team based on clinical screens for dietary, social work, rehabilitation services, and pharmacy.

h. To have the nursing assessment including plan of care reviewed/updated within 12 hours of admission/transfer to the unit including:
   1) Physician orders obtained for transfer
   2) Medication reconciliation

i. To have pharmacy review the medication list for appropriateness including medication reason specified within 24 hours of admission/transfer

2. THROUGHOUT STAY:

a. To be treated in accordance to resident rights.

b. To be kept informed of and encouraged to take part in development of the plan of care including discharge needs, medications and procedures.

c. To have his/her health status monitored and reassessed by an RN a minimum of every shift and as the patient's condition warrants.

d. To keep the Physician(s) updated and informed of response to care and/or significant changes as demonstrated by:
   1) Abnormal or worsening critical signs specific to patient baseline.
   2) Abnormal or critical lab values.
   3) Significant or worsening change in physical assessment.
   4) Significant change in level of mental status.
   5) Significant change or imbalance in I & O.
   6) Any adverse drug and/or blood reaction.
   7) Inability to control or obtain pain relief or untoward change as a response of treatment.
   8) Any untoward occurrence/event occurring in the hospital.

e. To receive prompt identification and intervention for potential and/or actual complications/side effects, including rapid response team initiation.

f. To have pain reassessed and managed in a systematic way to achieve optimal pain relief.

g. To have care delivered based on standards of practice for the diagnosis identified.

h. To have hourly rounding 0800 to 2400 and every 2 hour rounding 2400 to 0800 for:
   1) Pain, potty, position
   2) Comfort needs addressed
   3) Environment assessment

i. Safety measures to be identified specific to each patient including:
   1) A fall risk assessment every 24 hours and with change of condition.
      a) Interventions in place specific to the patient
      b) High risk patient to be awoken at agreed upon time for toileting
   2) Skin assessment every 24 hours
      a) Interventions to be in place specific to patient
   3) Identification bracelet in place in addition to usage of two methods of patient identification.
   4) Time out as appropriate for identified invasive procedures.
   5) 5 rights of medication administration practiced.
   6) Smoke free environment.
   7) To achieve a restraint free environment emphasizing alternatives to restraint such as use of restorative programs, resident orientation techniques etc. Restraints only used if less restrictive measures have not succeeded or are clearly not likely to succeed in preventing injury to the patient (see P&P)
   8) To be assessed for suicidal risk.

j. To be supported throughout the admission with information and education including:
   1) Understanding of health status.
   2) Self care in relation to health status – an explanation of the plan for care treatment services.

3) Medications being administered and purpose.
4) Usage of any equipment during stay and equipment usage after discharge.
5) Basic health practices and safety including hour to communicate concerns about safety issues before, during and after care is received.
6) Nutrition interventions.
7) Discussion of pain, the risk for pain, and methods for pain management
8) Information on oral health.
9) Habitation or rehabilitation techniques to help patient reach maximum independence.
10) Fall reduction strategies.

k. To have continuity of care maintained between caregivers and departments through appropriate sharing of information (SBAR-QC).
l. To have preventative measures followed for resident infections, pneumonia, clots.
m. To have an Attending Physician oversee care with site visit every 24 hours.
n. To have Medical Staff consultations completed within 48 hours of referral.
o. To have social and recreational activities provided according to resident abilities and interest.
p. To have services that support family time, social work, nursing care, dental care, rehabilitation and discharge needs.
q. To have good and nutrition products that meet the resident's special diet, cultural, religious or ethnic preferences.
r. If a patient has dentures that are lost or damaged by staff, the hospital will consume the responsibility for the cost of replacement. The case manager or house supervisor will facilitate referral to dental services within three days from the incident. If the referral is unable to be completed, it will be documented as to what interventions were offered to ensure the resident is able to eat and drink adequately.

3. ON TRANSFER WITHIN NIH:

a. Transfer tab completed by transferring RN.
b. Assessment completed by receiving RN.
c. Transferring RN provides report of patient condition (SBAR-QC P&P) to receiving RN.
d. Patient/family kept updated on reason for transfer, location moved, and change in plan of care.
e. To be transferred with all belongings.
f. Medications/orders to be reconciled upon transfer by receiving RN/ Pharmacy.

4. ON DISCHARGE/TRANSFER TO ANOTHER FACILITY:

a. Discharge transfer orders to be reviewed with patient/family member.
b. Discharge Transfer assessment to be completed by RN and report called to receiving facility RN.
c. Transportation to be arranged including:
   1) Care level during transport (orders)
   2) IV/Medication maintenance as appropriate.
   3) Medical condition
   4) Record of care (chart copy per policy)
d. Discharging Transfer RN to give report to transport team RN/MD/Paramedic/EMT as appropriate.
e. Patient to be transferred with all personal belongings and medications.
f. Patient will be notified in writing and verbally of their discharge/transfer. A copy of the written discharge/transfer notice will then be faxed to the state's long-term care ombudsman.

5. ON DISCHARGE:

a. Discharge assessment completed by RN.
b. Discharging RN to provide written discharge instructions to patient/family member/significant other as per policy.
c. Discharging RN to clarify discharge instruction with patient/family member/significant other on discharge instructions including:
   1) Who to call for questions

2) Nature of medical condition and what symptoms to report to MD.
3) Medications to take.
4) Follow up appointment or when to make it; including outpatient diagnostic test and lab work completion instruction.
5) At home equipment, usage and vendor to call for assistance.
6) Home Health/Hospice/Meals on Wheels contact information as ordered.
7) Activity level and return to work.

d. To be discharged with all belongings and medications.
e. Hospital follow-up call.

6. ON EXPIRATION:

a. Family member/significant other/Power of Attorney/health care surrogate, nursing home, and Organ Procurement agency to be notified of impending death.
b. All Medical Staff assigned to the case, nursing home, family member/significant other/Power of Attorney/Health Care Surrogate, and organ procurement agency to be notified of death (see Organ/Tissue/Eye Donation*).
c. All belongings to be returned to family or sent with body to funeral home.
d. Post mortem care to be completed and body released to funeral home, medical examiner, or donation university.

REFERENCES:

1. ANA (2004) Nursing Scope and Standards of Practice. Silver Spring: Nurses Books
2. Smith, Duell, & Martin (2008) Clinical Nursing Skills. New Jersey; Prentice Hall.
3. Definition of Nursing Practice
4. The Joint Commission CAMCAH, PC.02.02.01 & RI01.06.03

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Rights of Swing Bed Patients*
2. Organ/Tissue/Eye Donation

Supersedes: v.3 Standards of Care for the Swing Bed Resident

RESOLUTION NO. 22-13

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE NORTHERN INYO HEALTHCARE DISTRICT MAKING THE LEGALLY REQUIRED FINDINGS TO CONTINUE TO AUTHORIZE THE CONDUCT OF REMOTE "TELEPHONIC" MEETINGS DURING THE STATE OF EMERGENCY

WHEREAS, on March 4, 2020, pursuant to California Gov. Code Section 8625, the Governor declared a state of emergency stemming from the COVID-19 pandemic ("Emergency"); and

WHEREAS, on September 17, 2021, Governor Newsom signed AB 361, which bill went into immediate effect as urgency legislation; and

WHEREAS, AB 361 added subsection (e) to Government Code Section 54953 to authorize legislative bodies to conduct remote meetings provided the legislative body makes specified findings; and

WHEREAS, as of September 19, 2021, the COVID-19 pandemic has killed more than 67,612 Californians; and

WHEREAS, social distancing measures decrease the chance of spread of COVID-19; and

WHEREAS, this legislative body previously adopted a resolution to authorize this legislative body to conduct remote "telephonic" meetings; and

WHEREAS, Government Code 54953(e)(3) authorizes this legislative body to continue to conduct remote "telephonic" meetings provided that it has timely made the findings specified therein.

NOW, THEREFORE, IT IS RESOLVED by the Board of Directors of Northern Inyo Healthcare District as follows:

1. This legislative body declares that it has reconsidered the circumstances of the state of emergency declared by the Governor and at least one of the following is true: (a) the state of emergency, continues to directly impact the ability of the members of this legislative body to meet safely in person; and/or (2) state or local officials continue to impose or recommend measures to promote social distancing.

PASSED, APPROVED AND ADOPTED this 20th day of July, 2022 by the following roll call vote:

AYES:
NOES:
ABSENT:

_____
Jody Veenker, Chair
Board of Directors

ATTEST:

_____
Name: Erika Hernandez
Title: Administrative Assistant/ Board Clerk

CALL TO ORDER	The meeting was called to order at 5:30 pm by Mary Mae Kilpatrick, District Board Vice Chair.
PRESENT	Jody Veenker, Chair (via zoom) Mary Mae Kilpatrick, Vice Chair Topah Spoonhunter, Secretary Jean Turner, Treasurer Robert Sharp, Member-at-Large (via zoom) Kelli Davis MBA, Chief Executive Officer and Chief Operating Officer Allison Partridge RN, MSN, Chief Nursing Officer (via zoom) Joy Engblade, MD, Chief Medical Officer Keith Collins, General Legal Counsel (Jones & Mayer) Vinay Behl, Interim Chief Financial Officer (via zoom)
OPPORTUNITY FOR PUBLIC COMMENT	Ms. Kilpatrick announced that the purpose of public comment is to allow members of the public to address the Board of Directors. Public comments shall be received at the beginning of the meeting and are limited to three (3) minutes per speaker, with a total time limit of thirty (30) minutes being allowed for all public comment unless otherwise modified by the Chair. Speaking time may not be granted and/or loaned to another individual for purposes of extending available speaking time unless arrangements have been made in advance for a large group of speakers to have a spokesperson speak on their behalf. Comments must be kept brief and non-repetitive. The general Public Comment portion of the meeting allows the public to address any item within the jurisdiction of the Board of Directors on matters not appearing on the agenda. Public comments on agenda items should be made at the time each item is considered. No public comments were heard.
NEW BUSINESS	
NORTHERN INYO HEALTHCARE DISTRICT 2022 COMMUNITY HEALTHCARE NEEDS ASSESSMENT CHNA UPDATE	Chief Executive Officer, Kelli Davis, provided an update and explained that the Community Health Needs Assessment (CHNA)) survey closed June 3, 2022. The CHNA committee will be meeting with QHR to discuss the results of the survey. The Board will continue to receive updates.
NORTHERN INYO HEALTHCARE DISTRICT EMERGENCY DEPARTMENT SEXUAL ASSUALT RESPONSE UPDATE	Ms. Davis introduced Allison Partridge, Chief Nursing Officer. Ms. Partridge provided an update regarding the current NIHD Sexual Assault response workflow and explained that while NIHD does not currently perform sexual assault exams the district is committed to maximizing effectiveness in responding to sexual violence encounters. She also reported that NIHD works closely with law enforcement, surrounding hospitals and local agencies to ensure the victims of domestic violence are aware of the resources available in the community.
APPROVAL OF OPERATING AND	Interim Chief Financial Officer, Vinay Behl and Financial Budget

CAPITAL BUDGET FOR FISCAL YEAR 2022-2023

Analyst, Jennifer Colbert provided a presentation of the proposed NIHD Operating and Capital Budget for Fiscal Year 2022-2023. Public comments and questions were heard from Marcia Male and Kyle Wakamiya in regards to the presentation. Mr. Behl clarified questions.

It was moved by Jean Turner, seconded by Topah Spoonhunter, and unanimously passed to approve the NIHD Operating and Capital Budget for Fiscal Year 2022-2023.

CHIEF OF STAFF REPORT

Chief of Staff, Sierra Bourne, MD reported, following review and consideration, the Medical Executive Committee recommends approval of the following Medical Staff Appointments:

MEDICAL STAFF APPOINTMENTS

1. *Matt Irons, PA-C (family practice) – Advance Practice Provider* Staff
2. *Grant Meeker, MD (anesthesiology) – Active Staff*
3. *Jennifer Meeker, MD (anesthesiology) – Active Staff*

It was moved by Mr. Spoonhunter, seconded by Ms. Turner, and unanimously passed to approve all three (3) Medical Staff Appointments as requested.

CHANGES IN MEDICAL STAFF CATEGORY

Doctor Bourne reported, following review, consideration and approval by the appropriate Committees, the Medical Executive Committee recommends approval of the following Changes in Medical Staff Category:

1. *J. Daniel Cowan, MD – anesthesiology*
2. *Michael Dillon, MD – emergency medicine*
3. *Daniel Firer, MD – emergency medicine*
4. *Casey Graves, MD – emergency medicine*
5. *Curtis Schweizer, MD – anesthesiology*
6. *Carolyn Tiernan, MD – emergency medicine*

It was moved by Mr. Spoonhunter, seconded by Ms. Turner, and passed with a 4 in favor 1 abstention vote to approve the six (6) Changes in Medical Staff Category as requested.

ABSTENTIONS: Jody Veenker

MEDICAL STAFF RESIGNATIONS

Doctor Bourne additionally reported the Medical Executive Committee recommends approval of the following Medical Staff Resignations:

1. *Kinsey Pillsbury, MD (radiology) – effective 05/18/22*
2. *Milan Shah, MD (urology) – effective 05/19/22*

It was moved by Ms. Turner, seconded by Mr. Spoonhunter, and passed with a 4 in favor 1 abstention vote to approve the two (2) Medical Staff

Resignations as requested.

ABSTENTIONS: Jody Veenker

POLICIES

Doctor Bourne reported the Medical Executive Committee recommends approval of the following District-Wide Policies:

1. *COVID-19 Vaccination for NIHD Workforce*
2. *DI - Communication of Mammography Results to the Patient*
3. *DI - MRI Safety Plan*
4. *DI - NM P&P - Area Surveys and Wipe Tests*
5. *DI - NM P&P - Daily Area Surveys*
6. *DI - Reportable/Recordable Events in CT, Fluoroscopy, & Nuclear Medicine*
7. *Diagnostic Imaging - Lead Interpreting Mammographer Responsibilities*
8. *Diagnostic Imaging - Mammography Compliance Requirements*
9. *Diagnostic Imaging - Self-Referral for Breast Screening Exams*
10. *Gait Belt Policy*
11. *Infection Prevention Recommendations for Avian Influenza, Novel Influenza, and Seasonal Flu*
12. *Medical Staff Department Policy – Emergency Medicine*
13. *Mobile Intensive Care Nurse (MICN)*
14. *Nursing Chain of Command in Resolving Patient Care Issues*
15. *Pre- and Post-Operative Anesthesia Visits*
16. *Scope of Anesthesia Practice*
17. *Services for Swing Bed Patients*
18. *Standardized Procedure - Emergency Care for the Nurse Practitioner or Certified Nurse Midwife*
19. *Standardized Protocol - Emergency Care for the Physician Assistant*
20. *Standardized Procedure - Well Child Care Policy for the Nurse Practitioner*
21. *Standardized Protocol - Well Child Care Policy for the Physician Assistant*
22. *Swing Bed Patients Inter-Disciplinary Care Conference*

It was moved by Ms. Turner, seconded by Mr. Spoonhunter, and passed with a 4 in favor 1 abstention vote to approve all twenty-two (22) Policies as presented.

ABSTENTIONS: Jody Veenker

MEDICAL EXECUTIVE COMMITTEE REPORT

Doctor Bourne provided a report on the Medical Executive Committee meeting and clarified questions. She also reported that doctor William Timbers and his family would be leaving the area; the Board expressed their appreciation for all of the hard work and dedication that he has provided to the District.

_____.

CONSENT AGENDA

Ms. Kilpatrick called attention to the Consent Agenda for this meeting which contained the following items:

1. *Approval of District Board Resolution 22-11, to continue to allow Board meetings to be held virtually.*
2. *Approval of minutes of the April 26, 2022 Special Board Meeting*
3. *Approval of minutes of the May 18, 2022 Regular Board Meeting*
4. *Approval of minutes of the May 25, 2022 Special Board Meeting*
5. *Approval of recently revised Northern Inyo Healthcare District Bylaws*
6. *Approval of the Northern Inyo Healthcare District Governance Committee Charter*

It was moved by Mr. Spoonhunter, seconded by Robert Sharp, and passed with a 4 in favor and 1 abstention vote six (6) Consent Agenda items as presented. Mr. Sharp abstained from the May 25, 2022, Special Board Meeting Minutes due to the fact that he was absent from that meeting.

ABSTENTIONS: Jody Veenker

BOARD MEMBER REPORTS ON ITEMS OF INTEREST

Ms. Kilpatrick additionally asked if any members of the Board of Directors wished to report on any items of interest. No reports were provided.

PUBLIC COMMENTS ON CLOSED SESSION ITEMS

Ms. Kilpatrick announced that at this time, persons in the audience may speak only on items listed on the Closed Session portion of this meeting. No public comments were heard.

ADJOURNMENT TO CLOSED SESSION

At 7:18 pm Ms. Kilpatrick announced the meeting would adjourn to Closed Session to allow the District Board of Directors to:

A. *Conference with legal counsel, anticipated litigation. Significant exposure to litigation (pursuant to paragraph (2) of subdivision (d) of Government Code Section 54956.9) (thirteen cases)*

B. *Public Employee Performance Evaluation (pursuant to Government Code Section 54957 (b)) Title: Chief Executive Officer*

RETURN TO OPEN SESSION AND REPORT OF ANY ACTION TAKEN

At 9:10 pm, the meeting returned to Open Session. Ms. Kilpatrick reported that the Board took no reportable action.

ADJOURNMENT

The meeting adjourned at 9:11 pm.

_____
Jody Veenker, Chair

Attest: _____
Topah Spoonhunter, Secretary

Northern Inyo Healthcare District

Improving our communities, one life at a time.
One Team, One Goal, Your Health!

150 Pioneer Lane
Bishop, California 93514

(760) 873-5811

DATE: July 2022

TO: NIHD Board of Directors

FROM: Kelli Davis, Chief Executive Officer (CEO)

RE: Monthly CEO Report– Northern Inyo Healthcare District

REPORT DETAIL

2022 NIHD Community Health Needs Assessment

A Community health needs assessments (CHNAs) is an assessments of the wellness needs within a community. As part of the Accountable Care Act (ACA), the federal government began mandating CHNAs to ensure non-profit hospitals were producing community benefits with the costs saved from certain IRS tax exemptions.

Non-profit hospitals must conduct a CHNA every three years and use that assessment to devise an action/intervention plan. Hospitals must also make those documents publicly available, usually on the hospital website.

The window for receiving surveys was May 5 – June 3. NIHD has received the preliminary survey data from QHR. 647 surveys were completed by our community members. This is more than double the submissions in comparison to previous years! The next steps in the CHNA process include:

- NIHD Leadership team (Executive, Directors, Managers and Assistant Managers) received a preliminary overview of the CHNA survey results/data on 6/23/2022;
- Late June/early July, key stakeholder meetings begin for action plan development;
- NIHD Board of Directors presentation in August;
- Roll-out of approved CHNA action plan for NIHD;
- Website and formal distribution of the NIHD 2022 CHNA for our community and online.

Radiology Services Request for Proposals (RFP)

- The current contract for Radiology Professional Services (Radiologist Group) expires in April 2023. As per best practices, NIHD will solicit bids/proposals for a new 3-year contract.
- On April 15, 2022, the RFP announcement, including instructions, was posted in prime resources to ensure expanded outreach to interested radiology groups.
- The RFP proposal submission window closed on June 30, 2022, at 5:00p.m. The formal RFP review and selection process for awarding the new contract has begun; a final selection is anticipated in August/September.
- Tahoe Carson Radiology (TCR) Group currently holds the multi-year contract. Much appreciation is extended to TCR for their partnership with NIHD and our community over the years.

"Burnout and Healing in the Face of a Global Pandemic"

Recently, I had an opportunity to participate in a lecture on Burnout. The speaker, Benjamin Anderson, was insightful, relatable and remarkable in the information he shared and in the efforts his organization took in addressing burnout and recruitment.
I've attached the slides from his presentation for your review. I hope you find them informative.

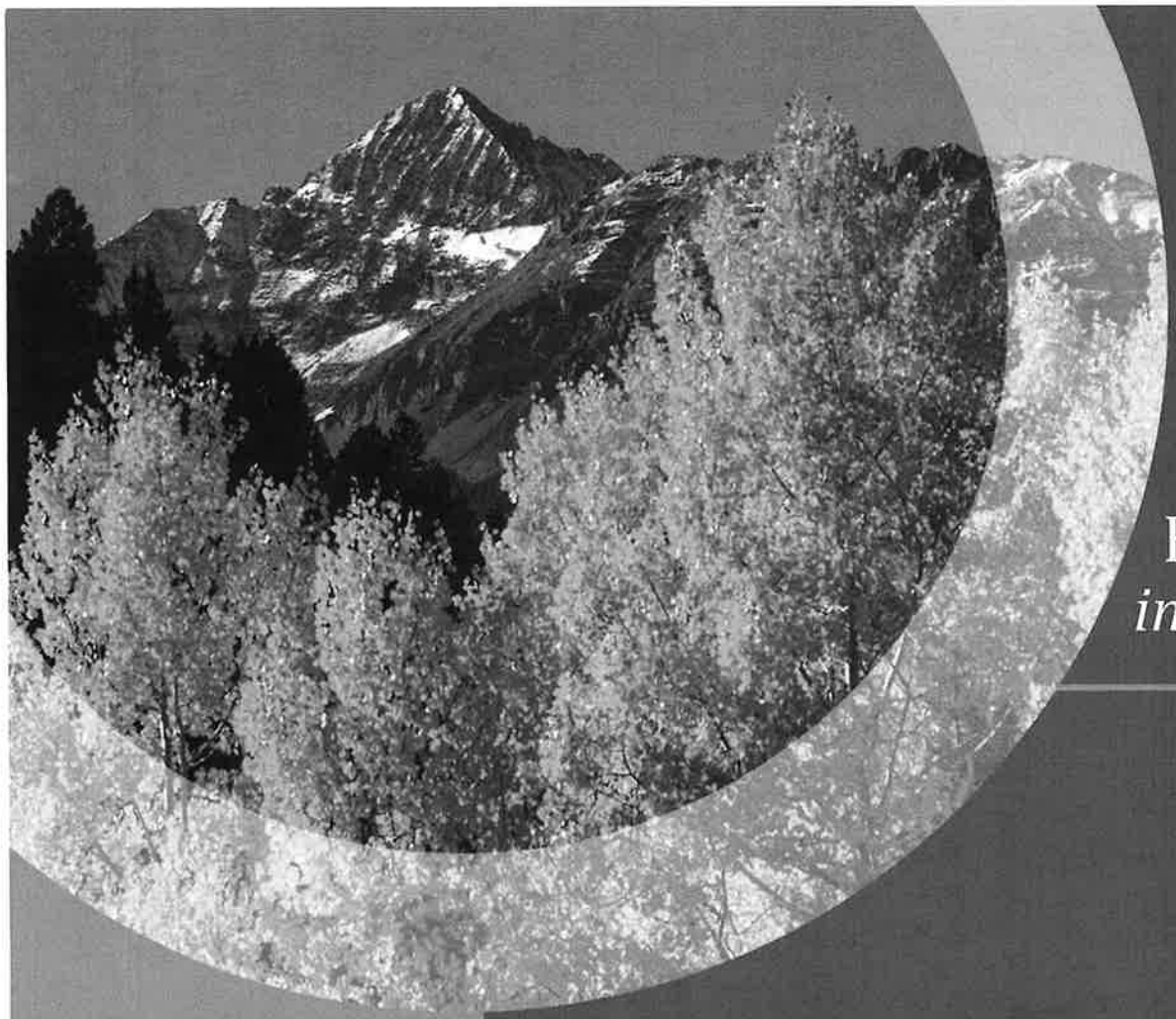
Healthcare Staffing Shortages
NIHD, similar to health care organizations across the nation, continues to see recruitment challenges for key roles. The staffing crisis has garnered the attention and advocacy of the American Hospital Association (AHA). Attached is a brief from the AHA for your review.

Noteworthy Data and Legislative Highlights
Information and insights on legislative components in Sacramento for the last several weeks are attached to this report.

Department Reports
Please find the reports from the department leaders I support in the next pages. You are sure to see much work underway, some challenges and of course, some celebration of the amazing work and service provision taking place at NIHD!

Closing
The support and partnership with the NIHD Board of Directors is greatly appreciated. As always, please do not hesitate to contact me with any questions or to share any concerns you may have.

Respectfully submitted,
Kelli Davis - CEO



Burnout and Healing
in the Face of a Global Pandemic

c|h|a
Colorado Hospital Association

True Story

cha
Colorado Hospital Association

The Burnout of a Good Doctor

Artist Credit: Andrea Rochat

The Reality for this Doctor

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Colorado Hospital Association

On call every third weeknight and weekend

Charting often until midnight
30-35 clinic patients per day

Turning away 50 patients per week in clinic

Wife and four children under six years old at home

Artist Credit: Andrea Rochat

An Outside View

He seemed self-protective.

He limited professional access to himself, leaving his partners carrying an even greater share of the load.

He became less vigilant about timely documentation.

He seemed at times, abrasive with nurses or other team members.

He became less engaged in the community.

He abruptly left the community.

An Inside View

He felt unseen by the hospital board, CEO and his clinical partners.

He felt like this employer left him vulnerable and unprotected.

He felt overworked and unable to provide optimal care for patients.

He felt frustrated with unfair treatment and impossible systems.

He felt used, like a revenue-generating workhorse.

He felt isolated in the community and in the absence of regular contact with extended family (with no substitutes).

He felt like his marriage was suffering and his kids were growing up without adequate engagement from their dad.

The Clinical Definition of Burnout

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A syndrome of emotional exhaustion, depersonalization, & reduced personal accomplishment that can occur among individuals who do people work of some kind

A response to the chronic emotional strain of dealing extensively with human beings, particularly when they are troubled or having problems

A pattern of emotional overload & subsequent emotional exhaustion is at the heart of burnout syndrome. A person gets overly involved emotionally, overextends him/herself, and feels overwhelmed by the emotional demands imposed by other people

Emotional Exhaustion, Depersonalization, and Feelings of Decreased Personal Accomplishment Oh My: What Message Are We Sending To Our Students? (unmc.edu)

A Hard Lesson (and simple truth)

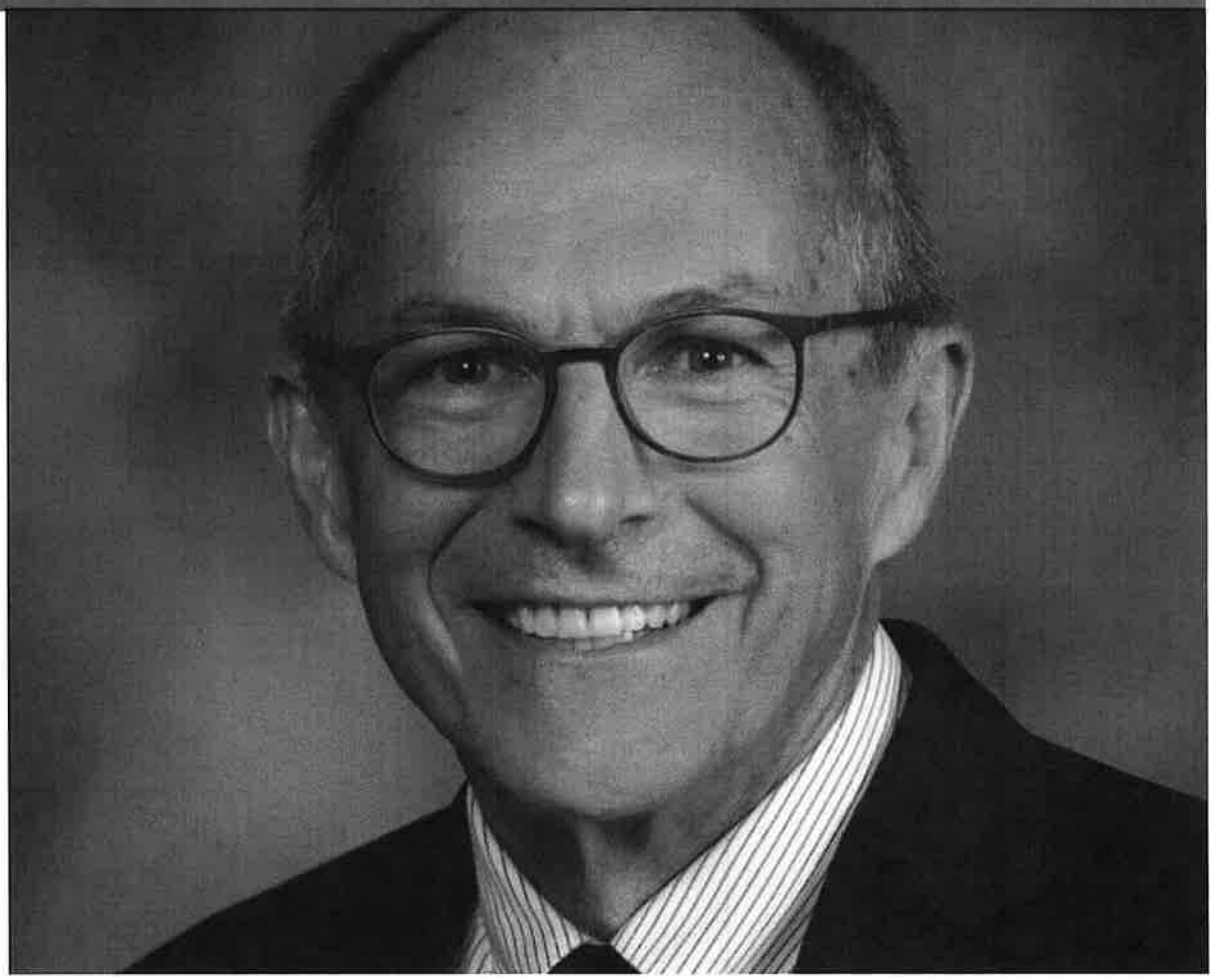
"Exhaustion is a silent thief of empathy."
– CEO who wasn't listening

Benjamin Anderson, MBA, MHCDS
Former Chief Executive Officer
Kearny County Hospital

A Hard Lesson (and simple truth)

cha
Colorado Hospital Association

Clinicians often receive admiration, not empathy. The two are not the same."



David Hofmeister, Ed.D, MA
Chief Executive Officer
Kearny County Hospital

Non-compliant, or Emotionally Injured?

What is underneath the surface?

Artist Credit: Andrea Rochat

The American Health Care Worker

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Colorado Hospital Association

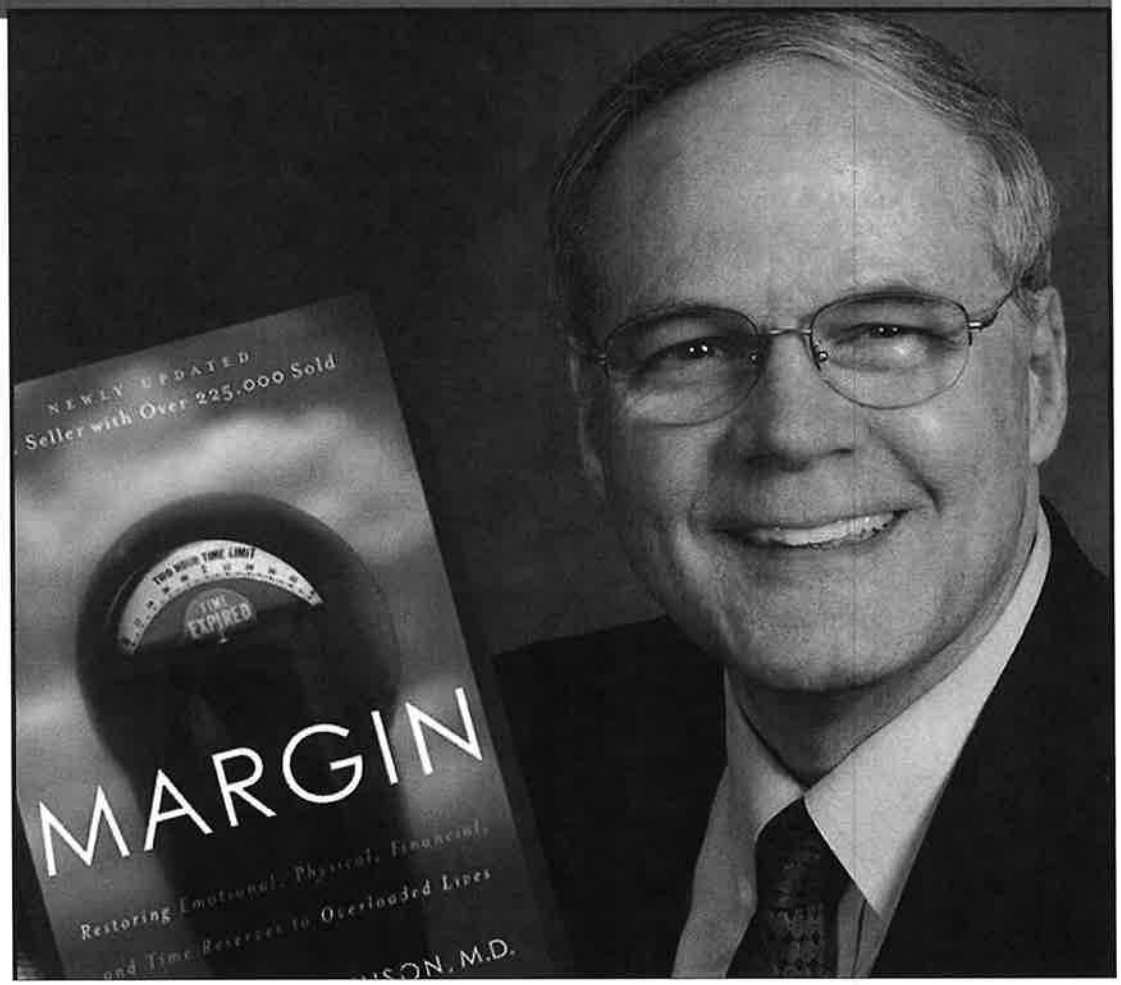
From hero to villain
(from celebrated to scorned)
in six months.

Artist Credit: Andrea Rochat

A Mission of Margin

"Almost everything in the universe functions as a system – the human liver, the Mayo Clinic, or the United Nations. Each system has limits. When those limits are exceeded, things start breaking down. We can't deny the limits of those systems without harm to the systems or to ourselves. In western culture, we are constantly pressured to do more with less."

Richard Swenson, MD, PhD
Author
Kearny County Hospital



A Mission of Margin

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What are some consequences of trying to solve systemic or structural problems with individual solutions?

Realities in Health Care

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Breathing exercises don't fix call schedules.

Mindfulness classes don't correct an unjust work environment.

A "good night's rest" doesn't cure professional isolation.

A vacation doesn't address and/or reform an absent, misguided, outdated, or even perverse reward system.

A Lesson from a Health Care Hero

cha
Colorado Hospital Association

"Systems heal people and systems harm or kill people."

(Clinicians are people too).

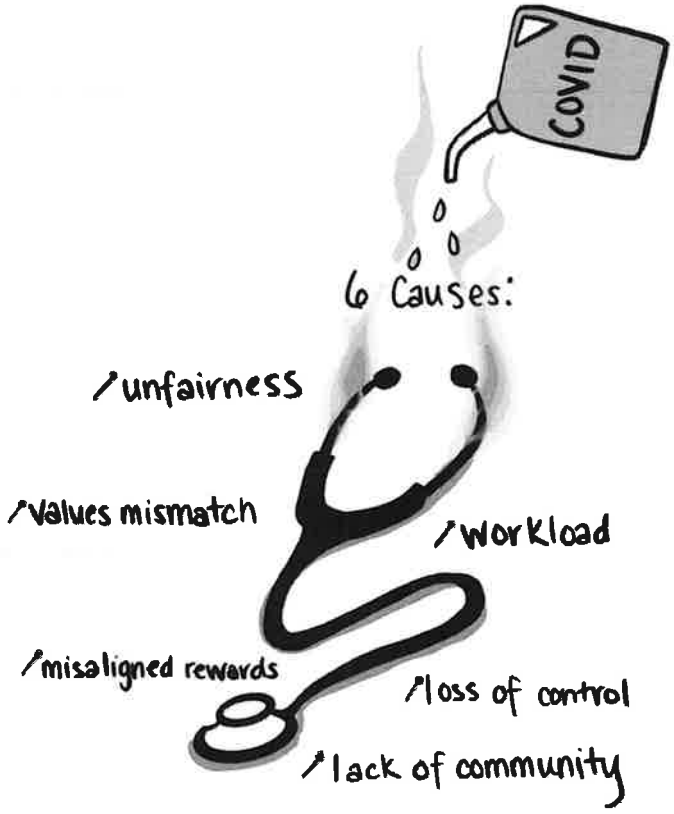
Sr. Mary Jean Ryan, FSM
CEO Emeritus, Board Chair, SSM Health System
1st Healthcare Recipient
National Malcom Baldrige Award

The Importance of Leadership

The qualities every leader **must** possess are empathy, self-awareness, trust, good judgment and the capacity for critical thinking and discipline.

Moral Injury—The Devastating Consequences Of Leader Malpractice (forbes.com)

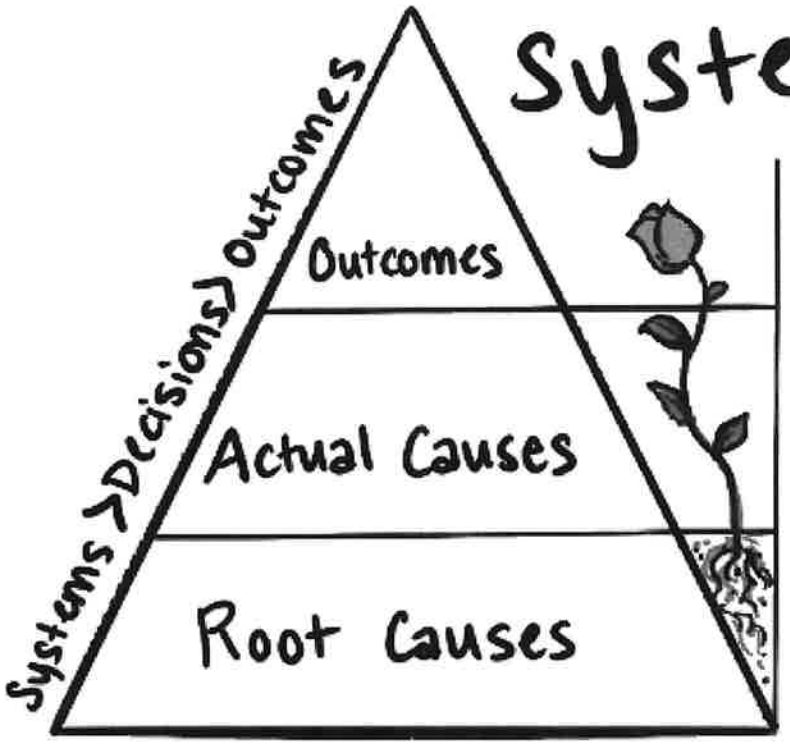
The COVID-19 Effect on Workforce



Artist Credit: Andrea Rochat

6 Causes of Burnout, and How to Avoid Them (hbr.org)

The Impact Pyramid



Systems heal people &
Systems kill people.

Artist Credit: Andrea Rochat

The Impact of Isolation

We are not "wired" to live in isolation. We need love, empathy and support from others.

Solving Systemic Problems

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What was our approach to addressing the structural drivers of burnout?

Solving Systemic Problems

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WHAT **OUTCOME NEEDS IMPROVEMENT?**

A work schedule that would ensure the ongoing vitality of the medical staff.

Solving Systemic Problems

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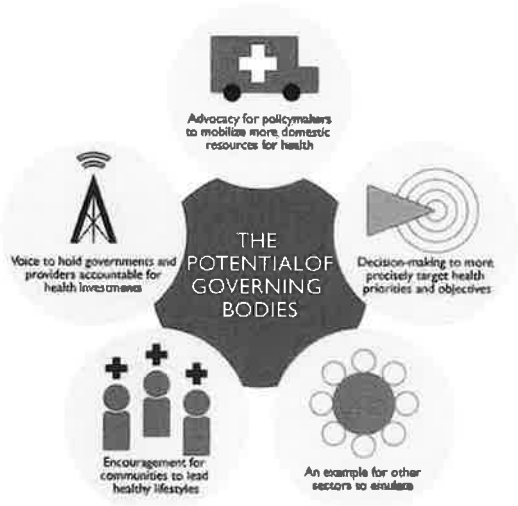
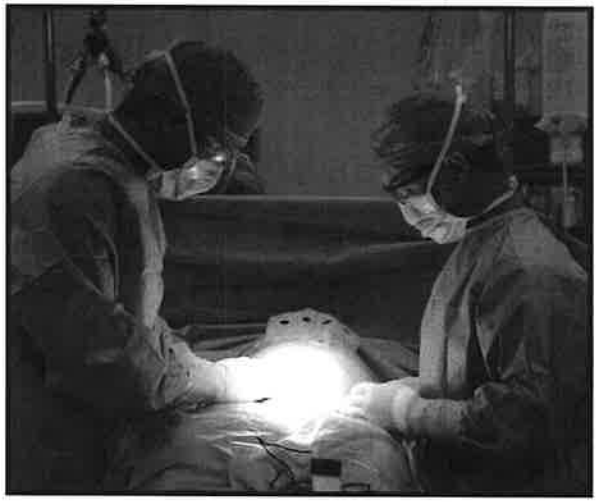
WHO ARE THE KEY STAKEHOLDERS?

Governance



Administrative Leadership

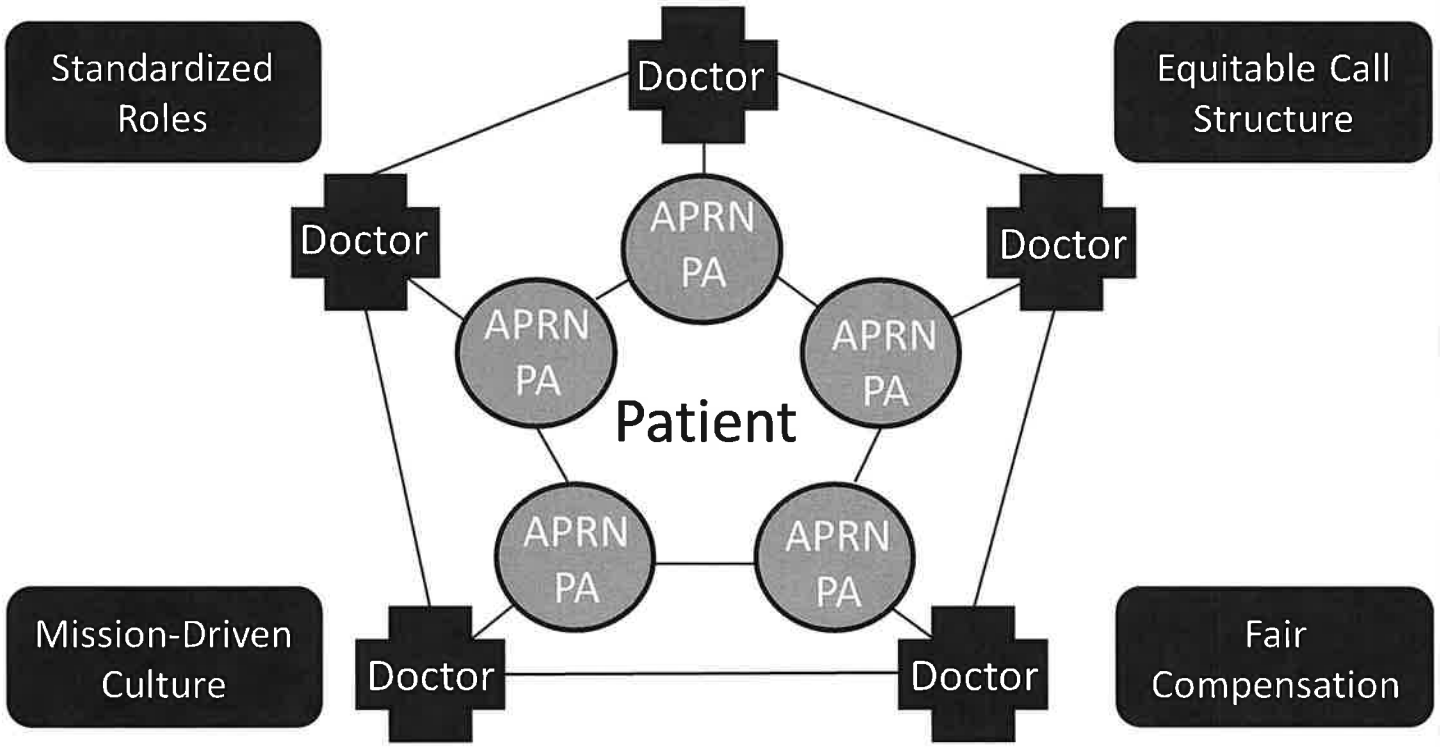
Clinicians



How Does Governance Support Health Workers, Systems, and Outcomes? | Management Sciences for Health (msh.org)

Solving Systemic Problems

WHERE **ARE OPPORTUNITIES TO SHARE?**



Solving Systemic Problems

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WHY ISN'T IT ALREADY HAPPENING?

We hadn't made it a priority.

Solving Systemic Problems

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HOW **DO WE MEASURE SUCCESS?**

Number of hours worked
(specifically related to the call schedule).

Solving Systemic Problems

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Colorado Hospital Association

WHEN DO WE EXPECT TO SEE PROGRESS?

A sustainable medical staff model in 2 years

Experiencing the Seasons

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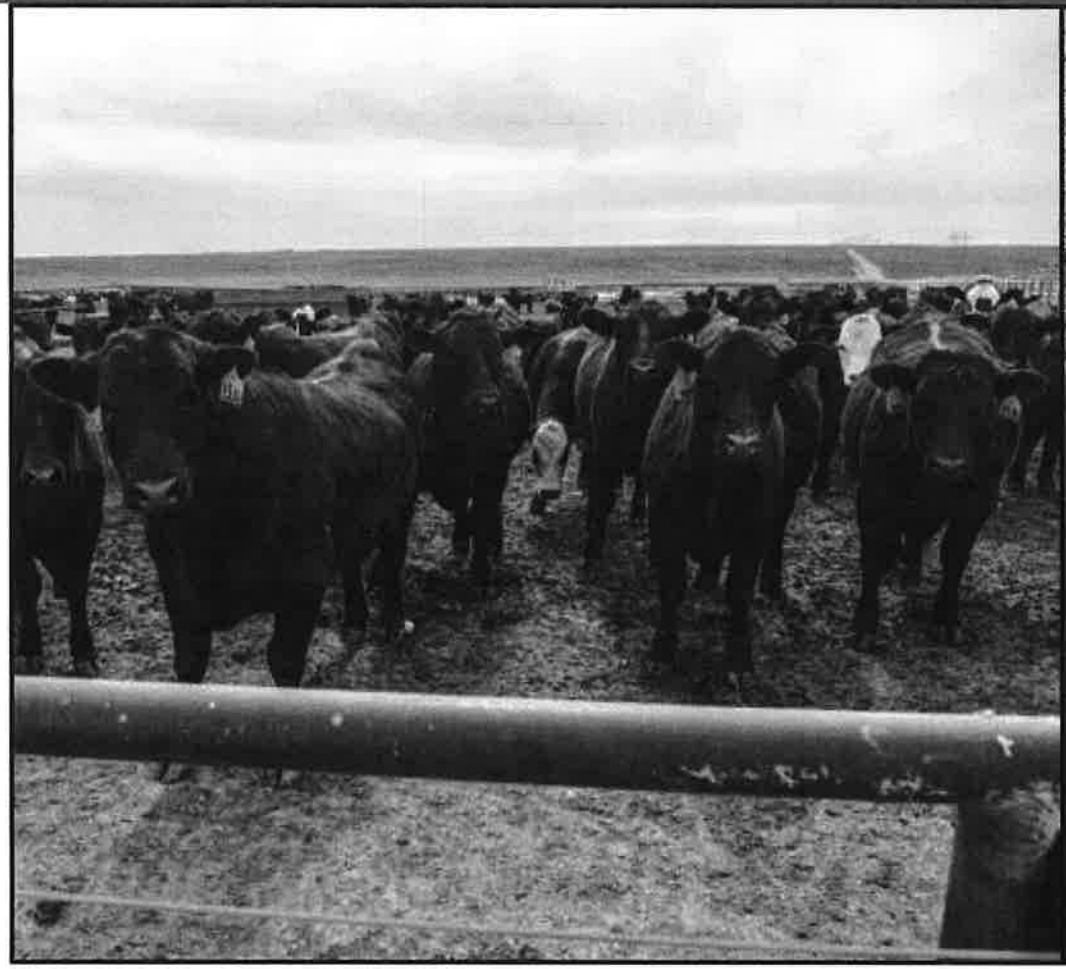

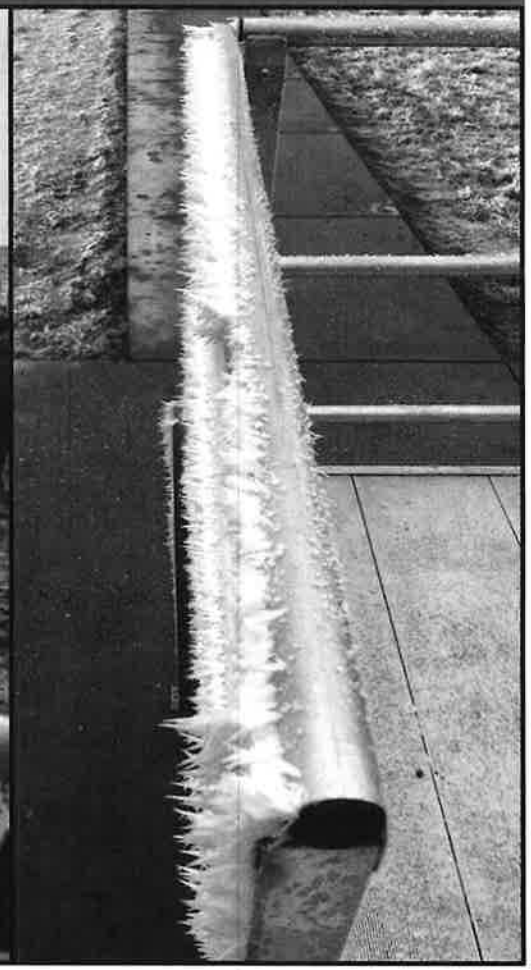

Redesigning Systems

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Analyzing Motivations

The Local Kid

The "Foreigner"

The Troublemaker

The Money Doctor

The Missionary

Redesigning Systems

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Analyzing Motivations

The Local Kid

The "Foreigner"

The Troublemaker

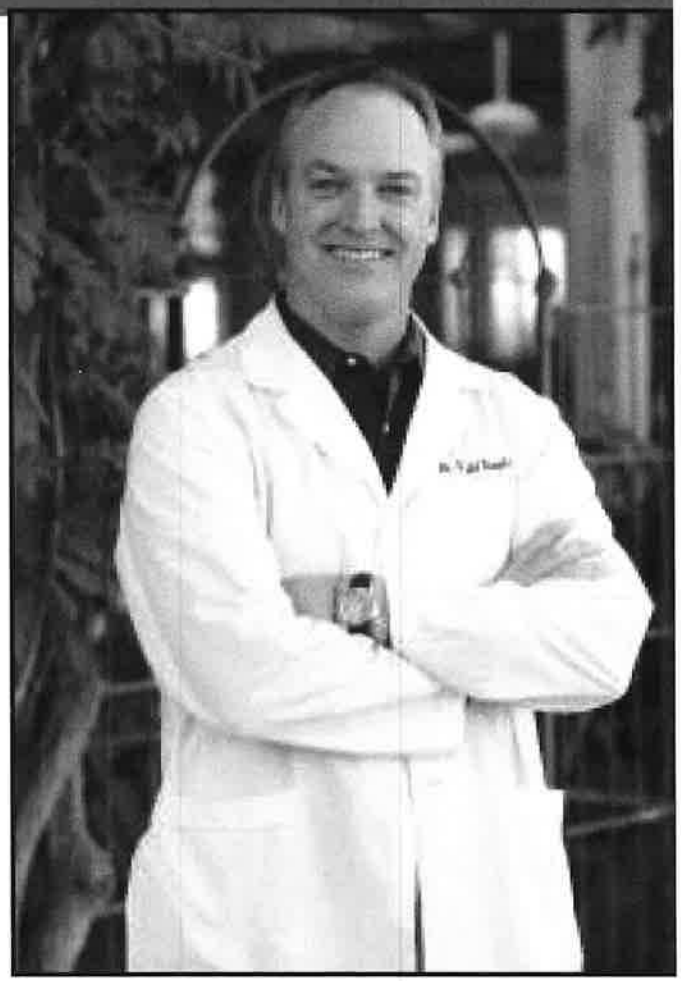
The Money Doctor

The Missionary

Redesigning Systems

Define each candidate based on mission, considering:

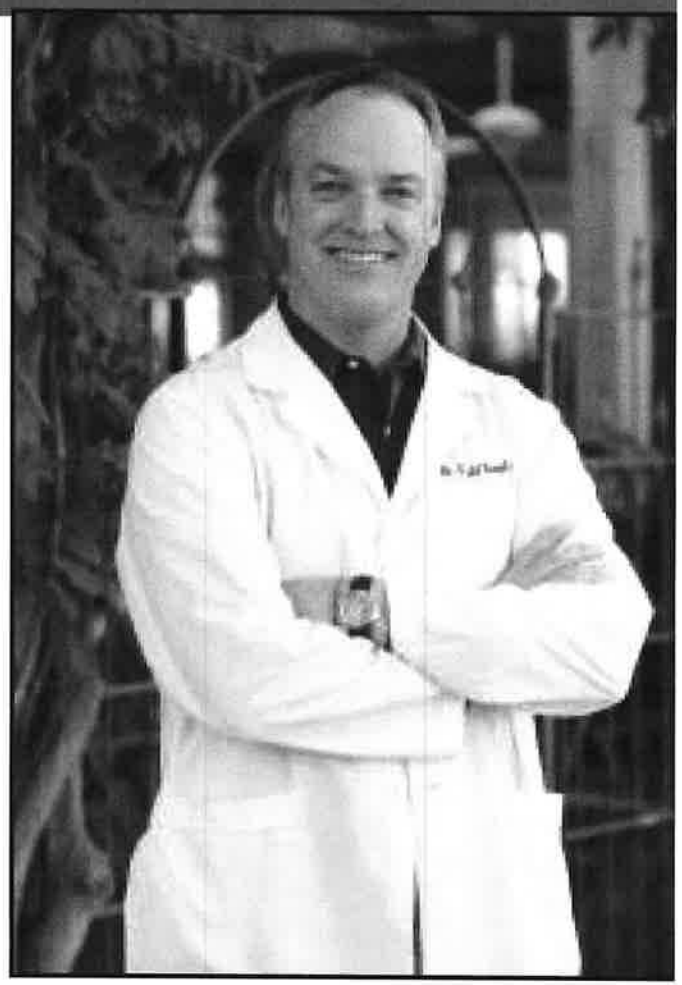
- Motivation - in line with organizational mission
- Training - type and volume
- Experience - not just years of, but service
- Character - compassion, teachability, work ethic



Todd Stephens, MD
Associate Program Director
Via Christi Family Medicine Residency

Redesigning Systems

Ask when interviewing, "Would I want my loved one to be alone in a room with this person?"



Todd Stephens, MD
Associate Program Director
Via Christi Family Medicine Residency

Redesigning Systems

cha
Colorado Hospital Association

Instead of trying to compete with affluent areas using money, country clubs, shopping, prestige, etc., we focused on the opportunities to eradicate the suffering of vulnerable people.

Opportunities to pursue justice and meet needs were among our greatest recruitment assets.

Redesigning Systems

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Colorado Hospital Association

Our Message to Candidates

"If your desires are to develop meaningful human relationships, relieve human suffering and pursue justice, we're as competitive a location as anywhere in the U.S."

Redesigning Systems

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Colorado Hospital Association

Recruiting

Redesigning Systems

Once we established organizational readiness,
we analyzed community readiness.

"Support systems in a rural community can take years to cultivate. The scrutiny begins immediately."
– One Weary Rural Clinician

Redesigning Systems

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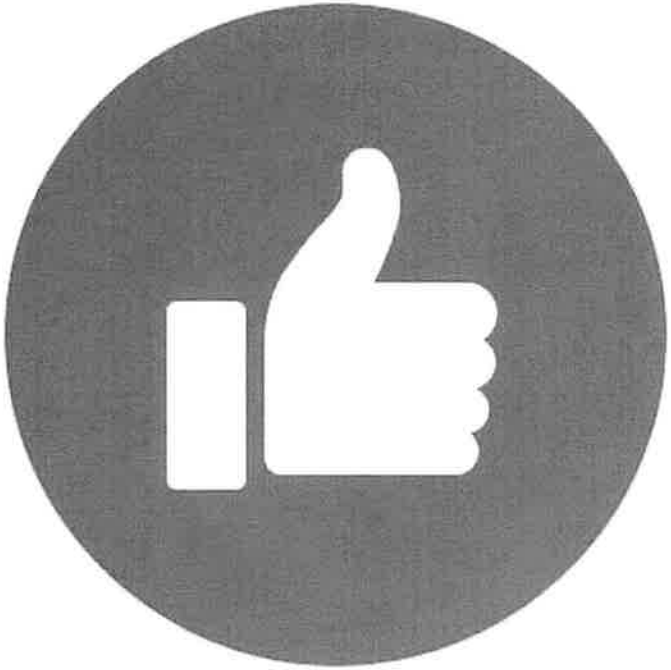
Colorado Hospital Association

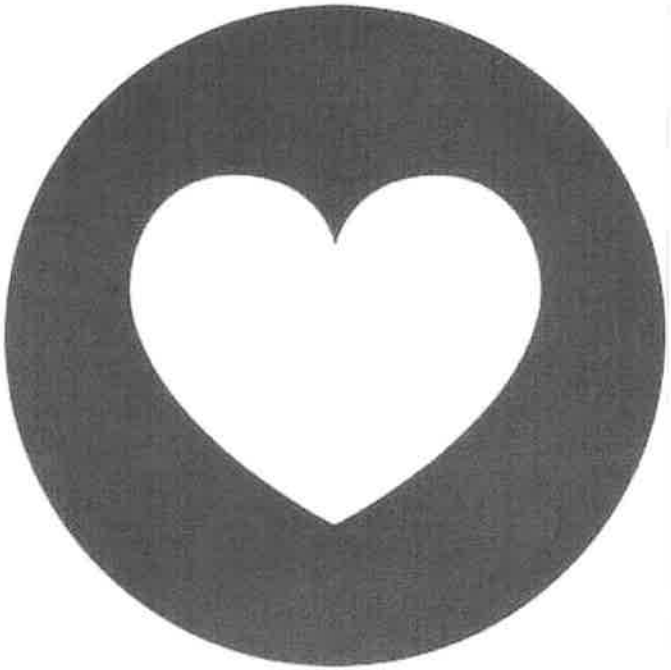
What these clinicians and their families desired most was community developed through hospitality.

(deep, meaningful, authentic, family-like relationships with other people)

Redesigning Systems



Friendship?



Love?

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How we viewed our hospitality toward newcomers.

Redesigning Systems

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How newcomers viewed our hospitality toward newcomers.

Redesigning Systems

Lifting two fingers from the top of your steering wheel is not hospitality.

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We began answering their primary question…

"Who will be my family here?"

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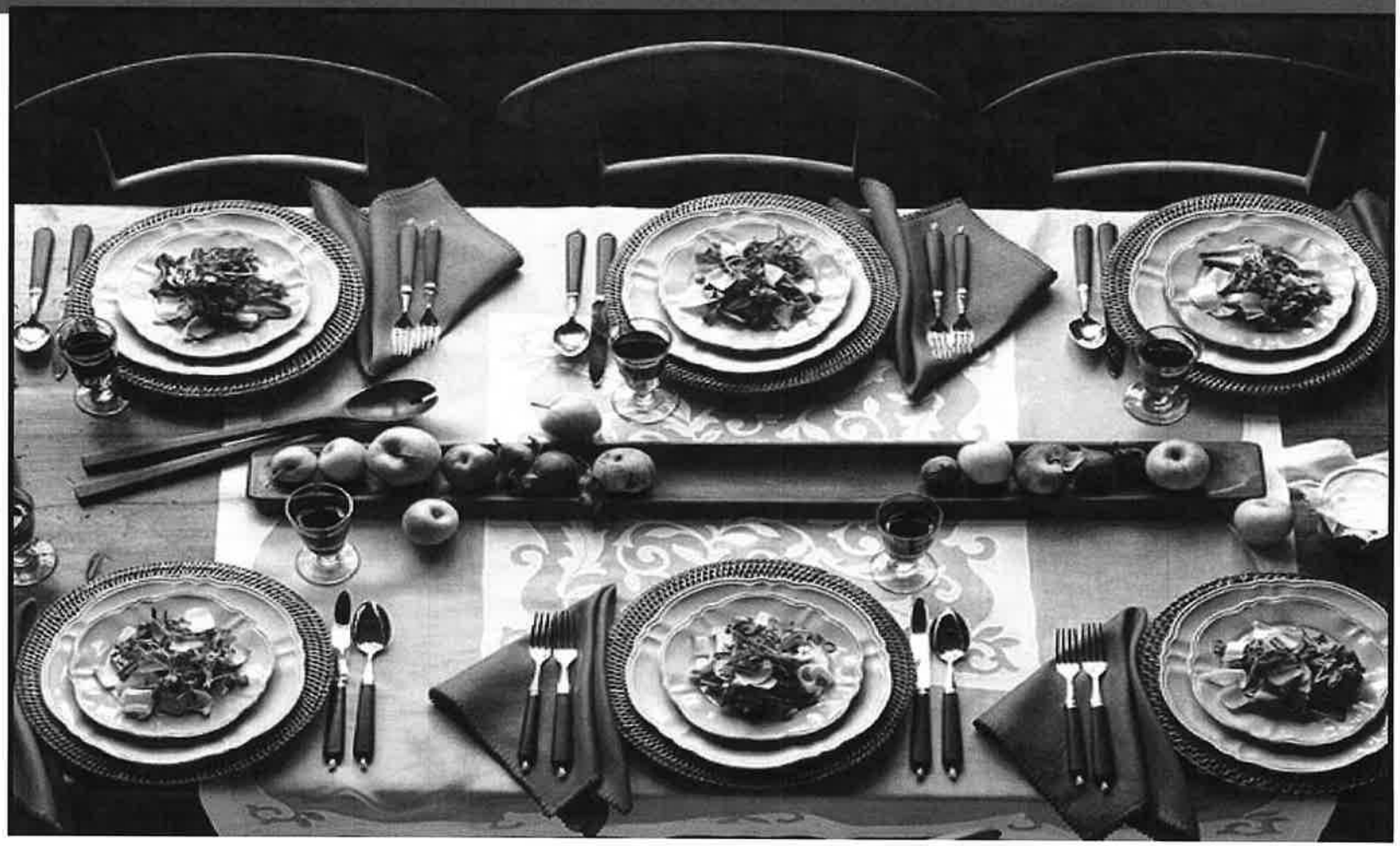


Redesigning Systems

We redefined family among our team.

Redesigning Systems

"We're having folks over. What can you bring?"

A New Team and Culture


T. Bishop, PA-C


T. Meisel, APRN

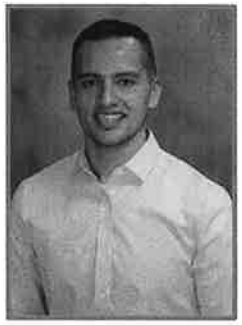

Drew Miller, MD


Erin Keeley, PA-C


Arlo Reimer, MD


Julie Munson, DO


Jill Linville, MD


D. Saavedra, PA-C


D. Shearmire, PA-C


Ellen Abell, MD


G. Rincones, APRN


Kurt Davis, MD


Lane Olson, MD

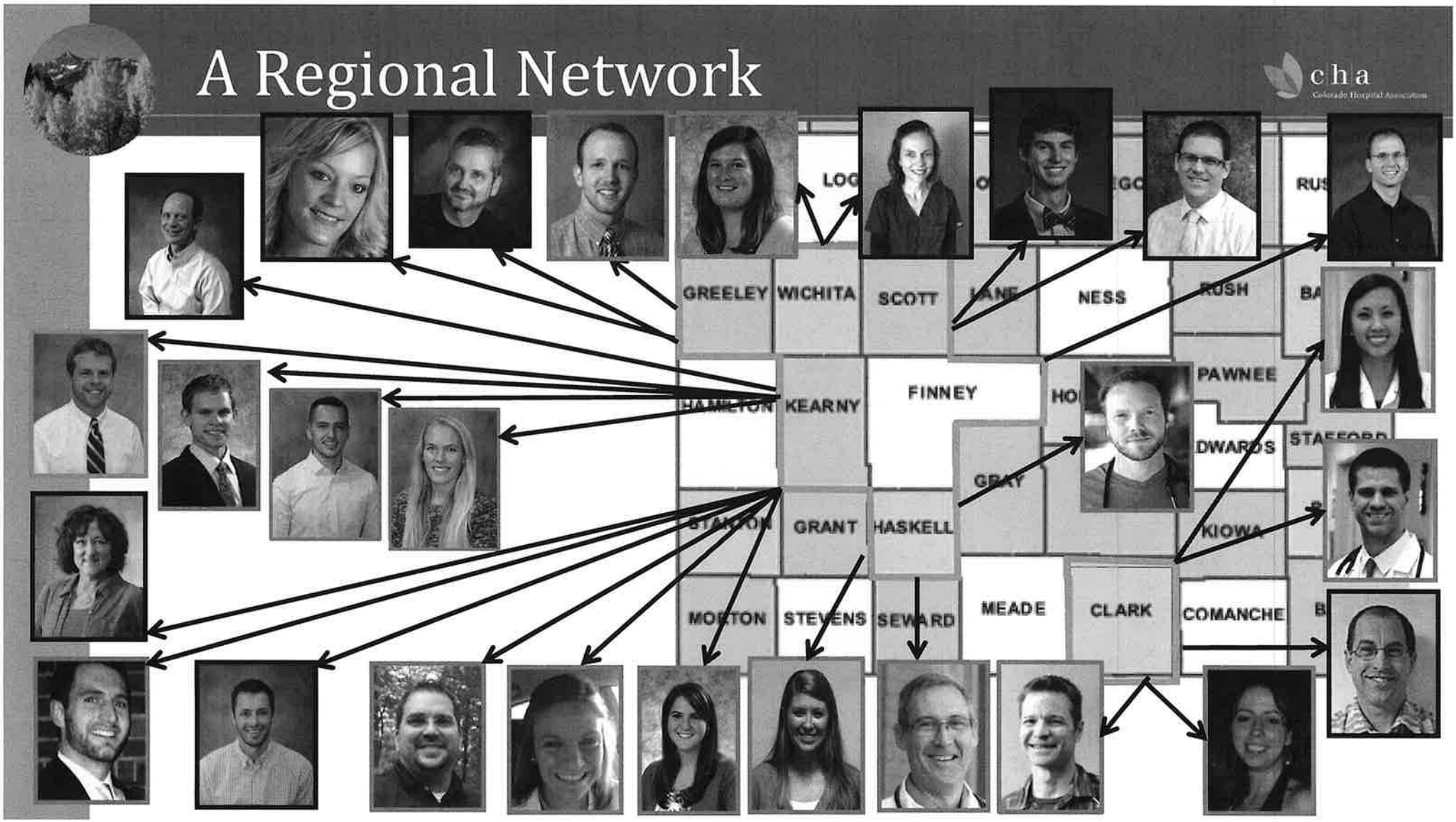

Daniel Linville, MD

Pictures with **blue** borders represent medical providers who were subsequently recruited to KCH through this transformative effort.

A New Team and Culture







A Regional Network
cha
Colorado Hospital Association
GREELEY
WICHITA
SCOTT
NESS
RUSH
PAWNEE
KEARNY
FINNEY
GRAY
GRANT
HASKELL
KIOWA
MORTON
STEVENS
SEWARD
MEADE
CLARK
COMANCHE

A Tool for Redesigning Systems

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WHAT	OUTCOME NEEDS IMPROVEMENT?
WHO	ARE THE STAKEHOLDERS?
WHERE	ARE OPPORTUNITIES TO SHARE?
WHY	ISN'T IT ALREADY HAPPENING?
HOW	DO WE MEASURE ITS SUCCESS?
WHEN	DO WE EXPECT TO SEE PROGRESS?

Building Joy in the Workplace

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4. Use improvement science to test approaches to improving joy in your work and in your organization.

3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization.

2. Identify unique impediments to joy in work in the local context.

1. Ask staff, "What matters to you?"

Harvard Medical School Center for Primary Care, 2018

Building Joy in the Workplace

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3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization.

Harvard Medical School Center for Primary Care, 2018

Rewiring the Individual

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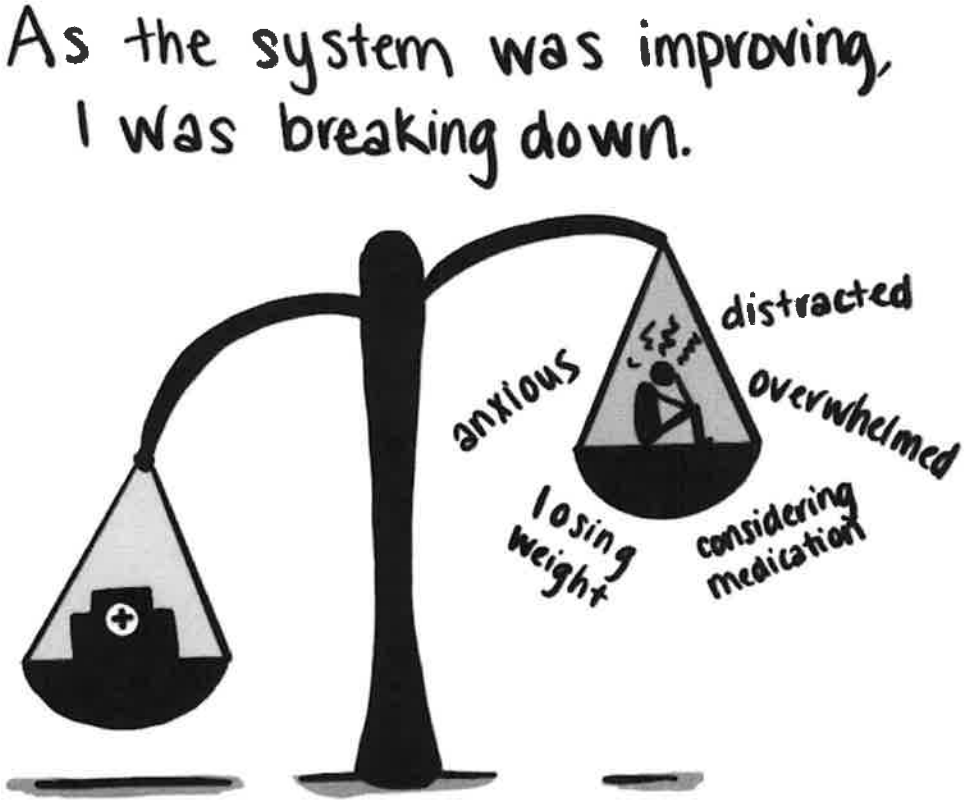
Wisdom from a
wise woman.

Kaila Anderson, LMSW
Rural Behavioral Health Consultant
The Just Village Partners
KAndersonLMSW@gmail.com

Rewiring the Individual



Artist Credit: Andrea Rochat

Rewiring the Individual

Dissonance between work and home

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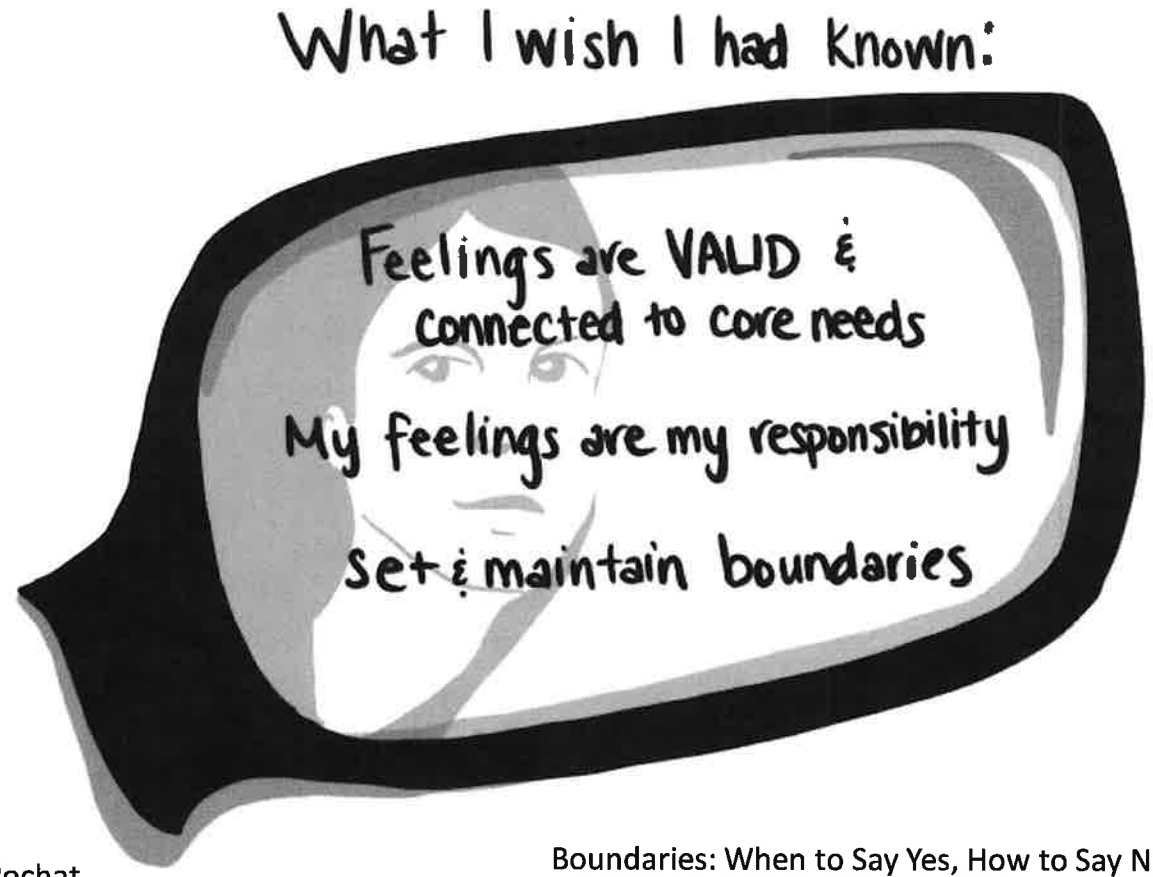

Artist Credit: Andrea Rochat

Boundaries: When to Say Yes, How to Say No To Take Control of Your Life
by Dr. Henry Cloud and Dr. John Townsend

Rewiring the Individual

Every human being has dignity, worth and value. This includes you.

Rewiring the Individual

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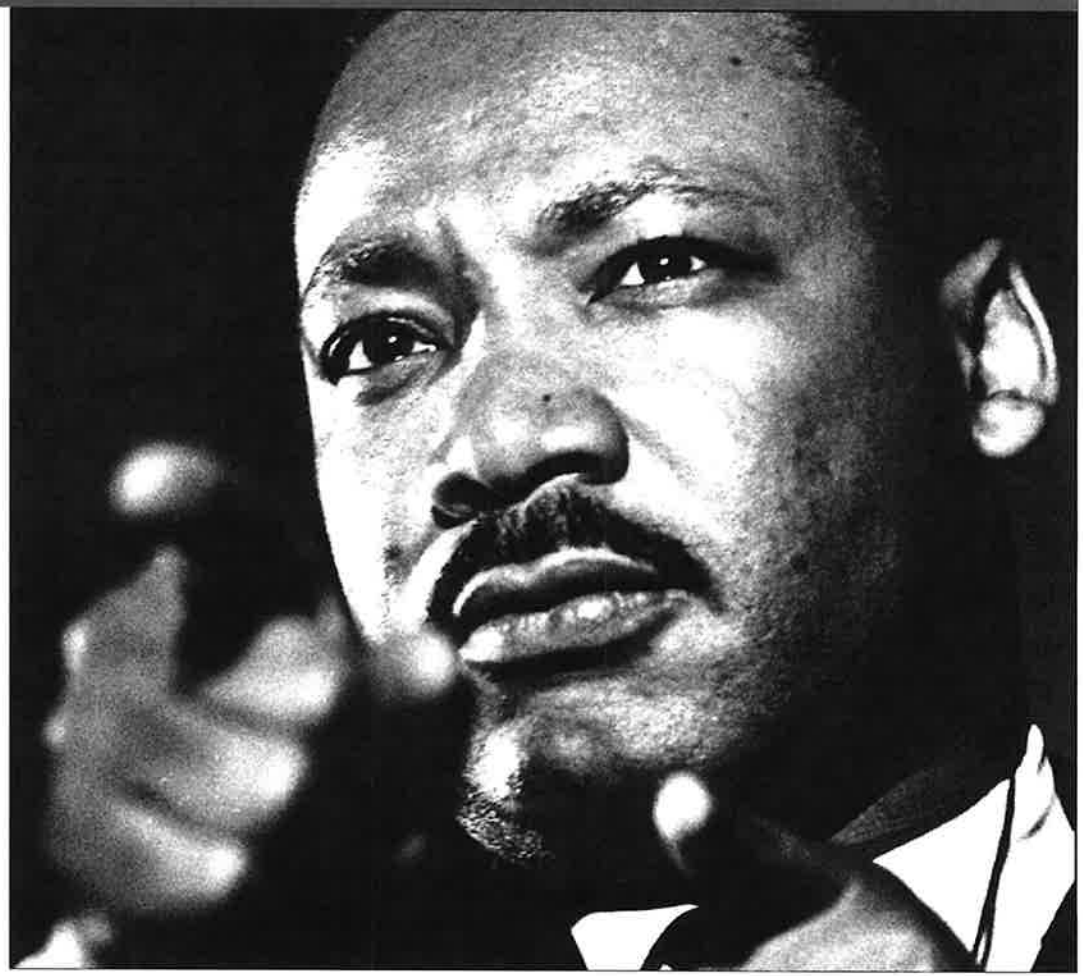
"Number one in your life's blueprint should be a deep belief in your own dignity, your own worth, and your own 'somebodiness.' Don't allow anyone to make you feel that you are nobody. Always feel that you count. Always feel that you have worth. And always feel that your life has ultimate significance."

- Martin Luther King, Jr.



Rewiring the Individual

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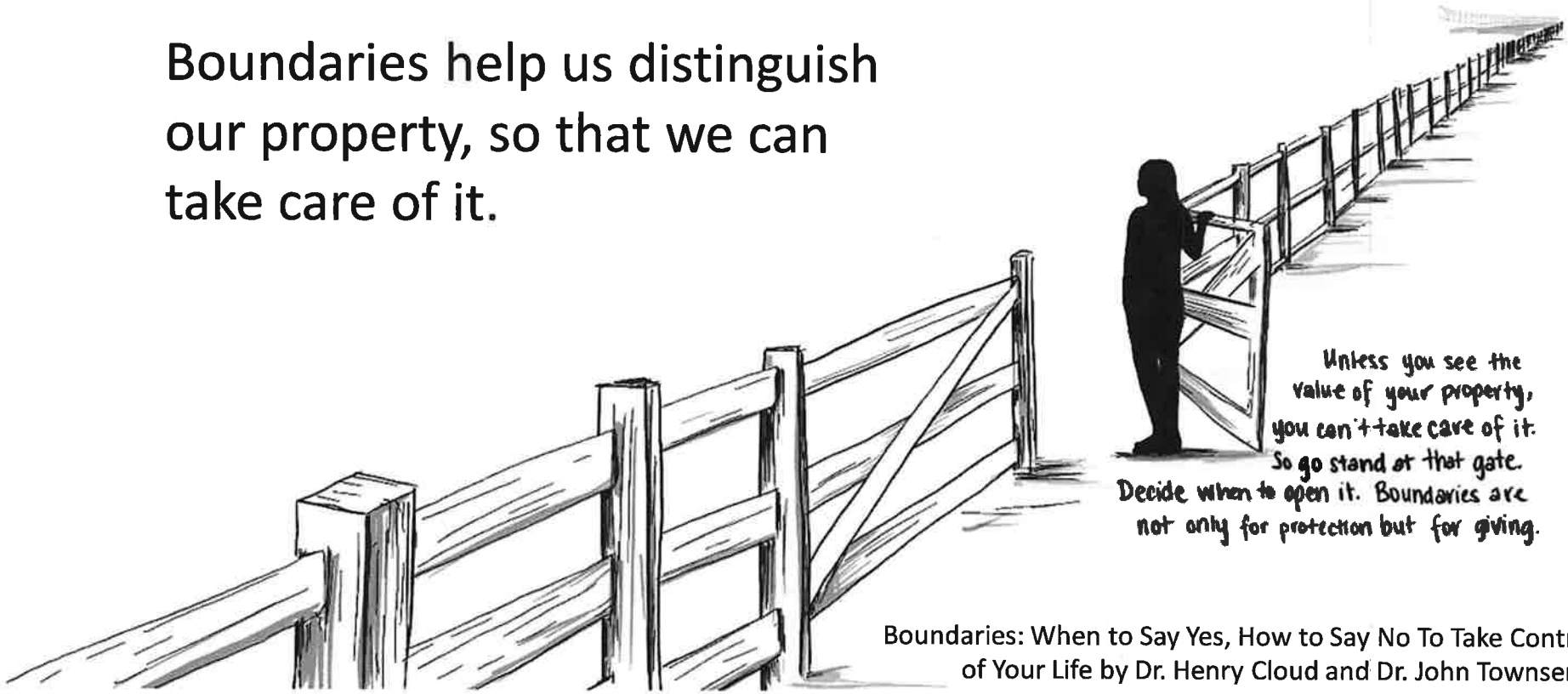
Colorado Hospital Association

Artist Credit: Andrea Rochat

Boundaries help us distinguish our property, so that we can take care of it.



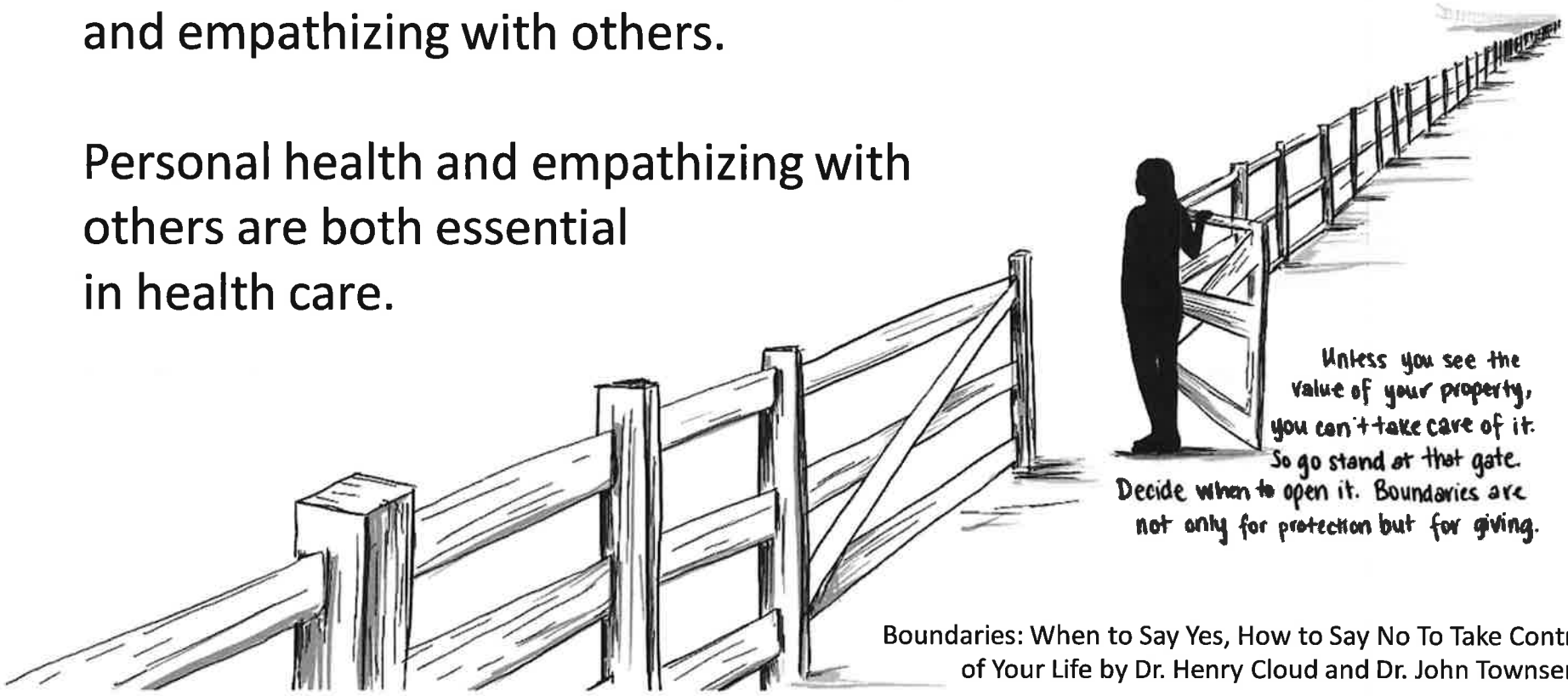
Boundaries: When to Say Yes, How to Say No To Take Control of Your Life by Dr. Henry Cloud and Dr. John Townsend

Rewiring the Individual

Artist Credit: Andrea Rochat

Healthy boundaries are essential for personal health and empathizing with others.

Personal health and empathizing with others are both essential in health care.



Boundaries: When to Say Yes, How to Say No To Take Control of Your Life by Dr. Henry Cloud and Dr. John Townsend

Rewiring the Individual

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Much of human behavior is driven by the need to belong and the desire to connect with others.

Feeling understood by others may be a critical component of social connection, enhancing both personal and social well-being.

Rewiring the Individual

Maintaining
our equipment

Rewiring the Individual

Artist Credit: Andrea Rochat

Rewiring the Individual

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A little outside help that made a big difference.

Priti Lakhani, MD, MPH
ED of Patient Safety, Quality and Value
U.S. Department of Veterans Affairs

Rewiring the Individual

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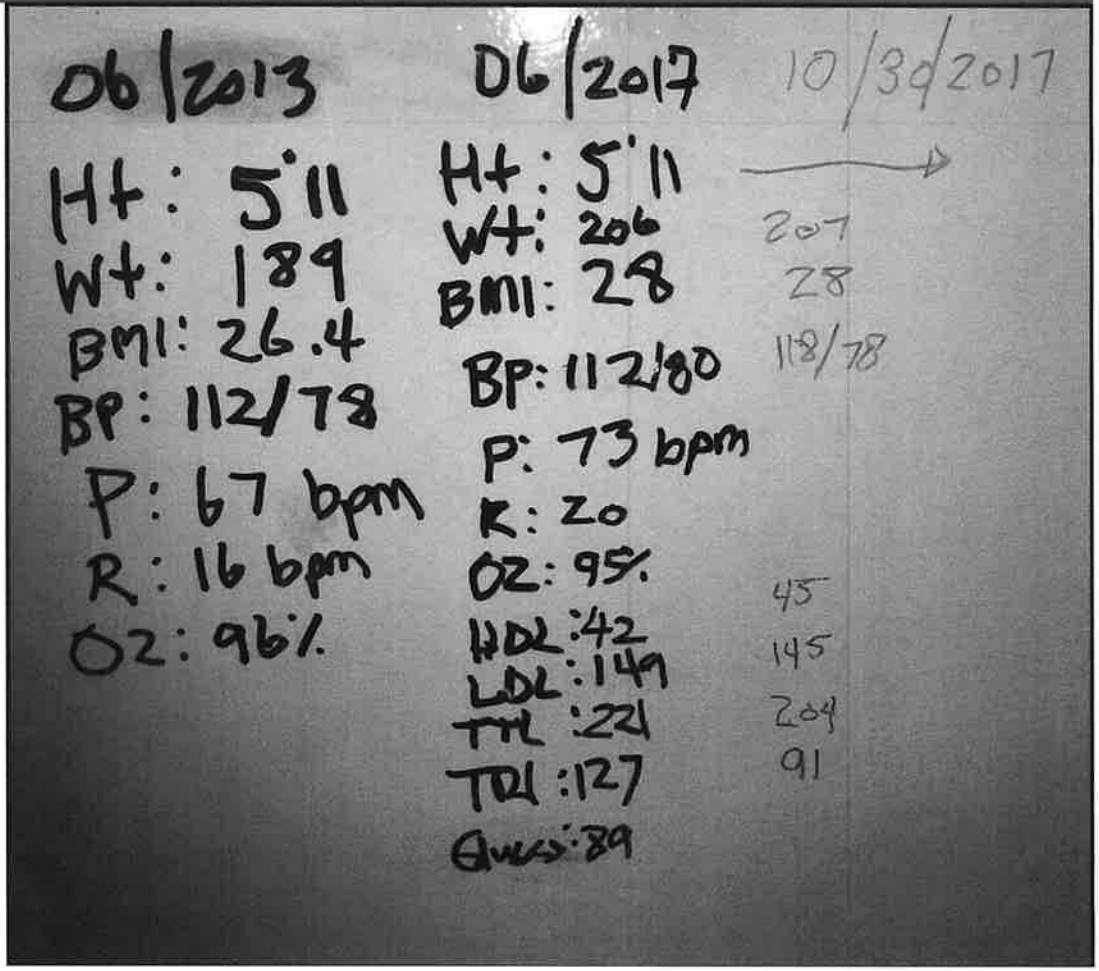
Colorado Hospital Association



Rewiring the Individual

"Whoever belongs to those stats is going to be dead from a heart attack dead by 50."

Priti Lakhani, MD, MPH
ED of Patient Safety, Quality and Value
U.S. Department of Veterans Affairs

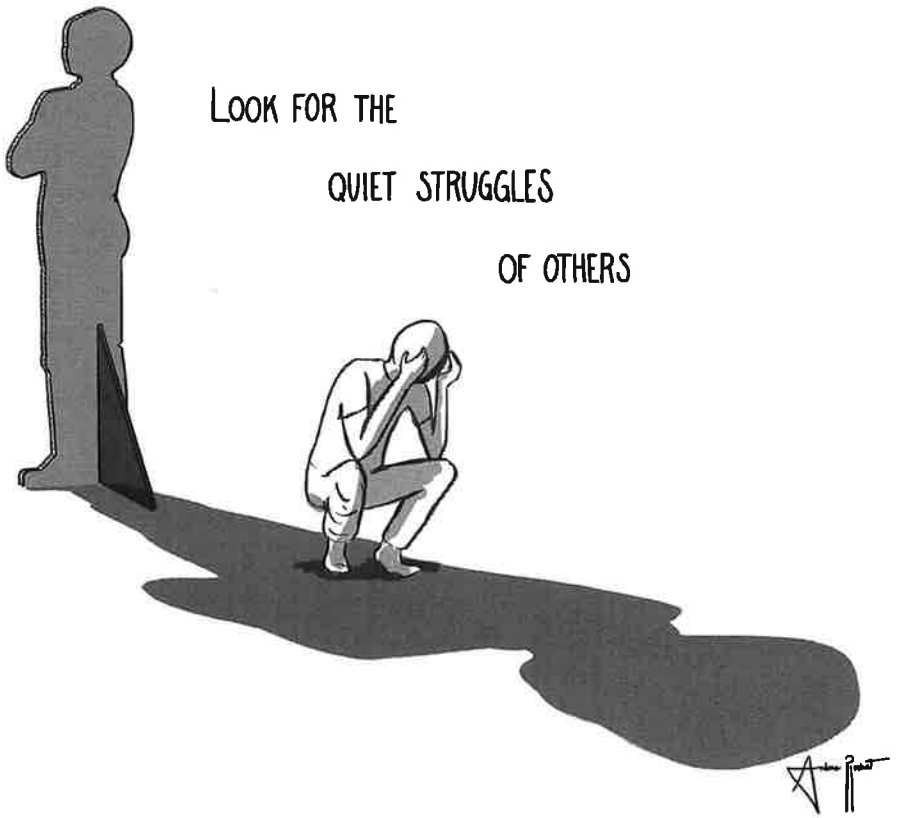
Rewiring the Individual

"Taking responsibility for my life opens up many different options. Boundaries help us keep the good in and the bad out. Setting boundaries inevitably involves taking responsibility for your choices. You are the one who makes them. You are the one who must live with their consequences. And you are the one who may be keeping yourself from making the choices you could be happy with. We must own our own thoughts and clarify distorted thinking."

— Dr. Henry Cloud

Boundaries: When to Say Yes, How to Say No, to Take Control of Your Life

Empathy and Community



Artist Credit: Andrea Rochat

Empathy and Community

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Colorado Hospital Association

"More and more, the desire grows in me simply to walk around, greet people, enter their homes, sit on their doorsteps, play ball, throw water, and be known as someone who wants to live with them. It is a privilege to have the time to practice this simple ministry of presence. Still, it is not as simple as it seems. My own desire to be useful, to do something significant, or to be part of some impressive project is so strong that soon my time is taken up by meetings, conferences, study groups, and workshops that prevent me from walking the streets."

Empathy and Community

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Colorado Hospital Association

"It is difficult not to have plans, not to organize people around an urgent cause, and not to feel that you are working directly for social progress. But I wonder more and more if the first thing shouldn't be to know people by name, to eat and drink with them, to listen to their stories and tell your own, and to let them know with words, handshakes, and hugs that you do not simply like them, but truly love them." - Henri Nouwen

Empathy and Community

"Ask your patients, your staff, your families and yourself what brings you joy and what matters most to you?"

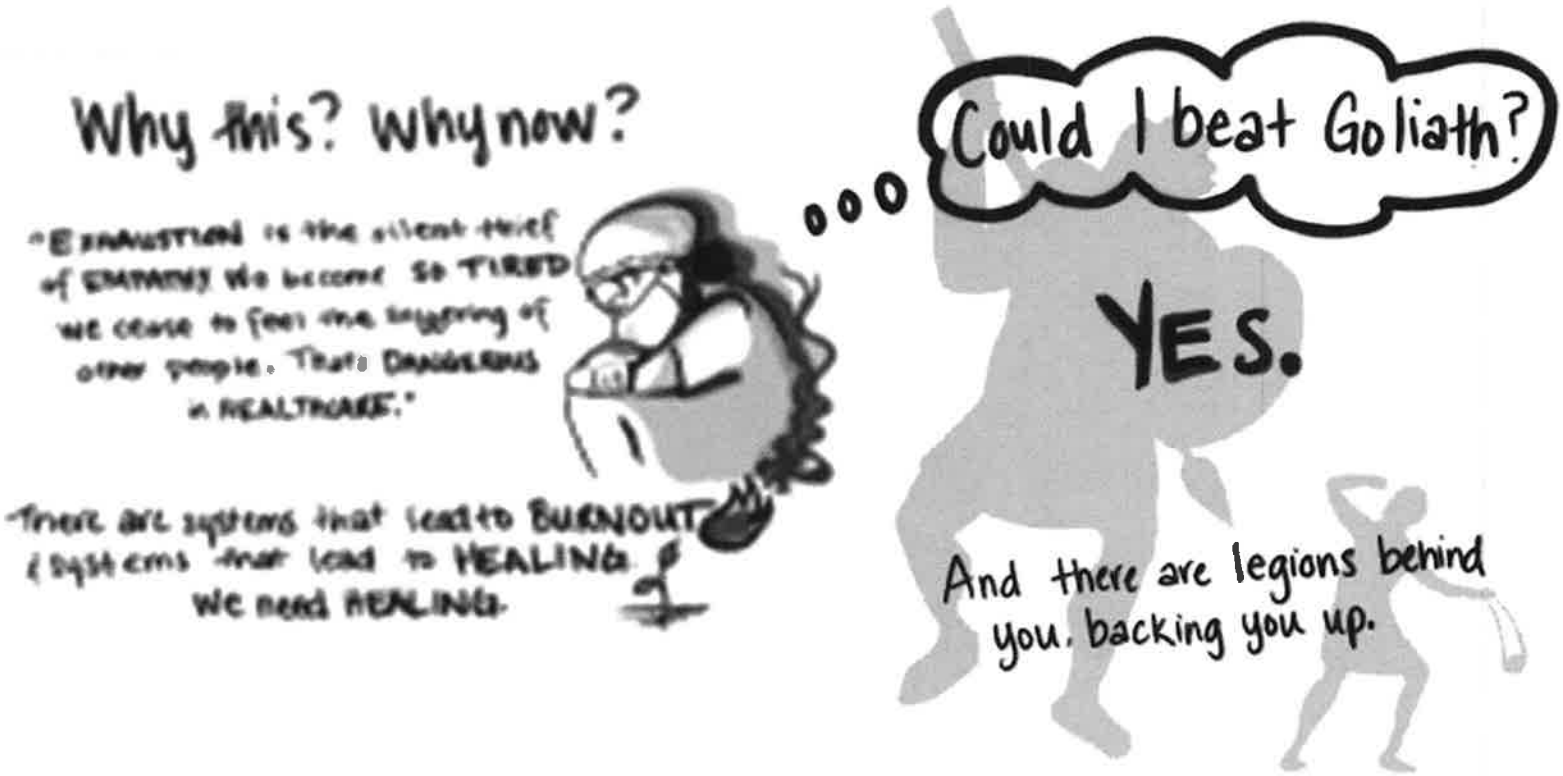
Maureen Bisognano
President Emerita and Senior Fellow
Institute for Health Improvement (IHI)

Empathy and Community

"Start by asking yourself. You can't give what you don't have."

Maureen Bisognano
President Emerita and Senior Fellow
Institute for Health Improvement (IHI)

A Call to Action



Artist Credit: Andrea Rochat

Questions/Discussion

Benjamin Anderson, MBA, MHCDS
VP, Rural Health and Hospitals
Colorado Hospital Association
Benjamin.Anderson@cha.com
(620) 635-0288

American Hospital Association™
Advancing Health in America

Strengthening the Health Care Workforce

The Issue

A talented, qualified, engaged and diverse workforce is at the heart of America's health care system. However, hospitals and health systems now face mounting and critical staffing shortages that could jeopardize access to care in the communities they serve. For example, AHA survey data show that between 2019 and 2020, job vacancies for various types of nursing personnel increased by up to 30%, and for respiratory therapists by 31%. These shortages are expected to persist, with an **analysis** of EMSI data showing there will be a shortage of up to 3.2 million health care workers by 2026.

The COVID-19 pandemic has taken a heavy toll on health care teams who have been on the front lines of the pandemic with many suffering from stress, trauma, burnout and increased behavioral health challenges. A 2021 Washington Post-Kaiser Family Foundation survey found that nearly 30% of health care workers are considering leaving their profession altogether, and nearly 60% reported impacts to their mental health stemming from their work during the COVID-19 pandemic.

However, the daunting challenge of sustaining the health care workforce predates the COVID-19 pandemic. America will face a shortage of up to 124,000 physicians by 2033, and will need to hire at least 200,000 nurses per year to meet increased demand and to replace retiring nurses. There also are critical shortages of allied health and behavioral health professionals, especially in historically marginalized rural and urban communities. These workforce shortages — combined with an aging population, a rise in chronic diseases and behavioral health conditions, and advancements in the "state-of-the-art" of care delivery — all contribute to the need for supportive policies so that America's health care workforce can ensure access to care and be adequately prepared for the delivery system of the future.

AHA Take

The AHA urges Congress and the Biden Administration to prioritize funding that supports the health care workforce needs of the country in the wake of the COVID-19 pandemic and into the future. AHA urges Congress to pass the legislative priorities referenced below in any legislation enacted this year.

Why?

- **The health care workforce supports American jobs, serves American communities and spurs American economic activity.** Indeed, hospitals and health systems alone employed more than 6 million individuals in full- or part-time positions in 2019; purchased more than $1 trillion in goods and services from other businesses; supported almost 18 million, or one out of nine, jobs; and supported roughly $2.30 of additional business activity in the economy for every dollar they spent. Yet the pandemic is taking its toll on health care jobs. According to the U.S. Bureau of Labor Statistics, employment in the field is still down by over 80,000 jobs since February 2020.
- **Physician shortages are growing, exacerbated by caps on the number of Medicare-funded residency slots.** The Association of American Medical Colleges projects a national shortage of up to 124,000 physicians by 2033, including shortages of primary care physicians and specialists, such as pathologists, neurologists, radiologists and psychiatrists. While the aging of the U.S. population and the physician workforce drives some of the projected shortage, much of it stems from the caps on Medicare-funded residency slots imposed by Congress nearly 25 years ago as a cost-saving measure. While the number of medical school graduates has increased significantly over the past two decades, Medicare-funded training opportunities for these graduates has remained frozen at 1996 levels. As a result, over 3,100 applicants lacked residency slots in 2019. Furthermore, the caps have created imbalances that favor allocation of slots toward lower-cost and higher-reimbursement specialties, rather than more urgently needed primary care and behavioral health. While some hospitals are filling in gaps by self- funding a portion of their

American Hospital Association™
Advancing Health in America

residency slots, this model is not sustainable over the long haul, as evidenced by the -8.7% Medicare margins for teaching hospitals in 2019.

- **Lifting the cap on Medicare residency positions would enhance access to care and help America's hospitals better meet the needs of the communities they serve.** Increasing Medicare-funded residency slots would provide hospitals more flexibility to diversify and maintain more training programs, including both primary care and specialty programs. In addition, an increase in slots would allow health systems to train residents in more diverse types of facilities, such as smaller rural hospitals, which may not be able to operate their own training programs. This would benefit both the quality of physician education and the patients they would serve. **The AHA supports the Resident Physician Shortage Reduction Act of 2021**, which would add 14,000 Medicare-funded residency slots over the next seven years. Additionally, the AHA supports the **Pathway to Practice Training Programs**, which would fund 1,000 post-baccalaureate and medical school scholarships annually, increase physician diversity, promote cultural and structural competency training, improve access to physicians in communities dealing with sustained hardship, and lift the caps on Medicare-funded residency slots by 4,000 over the next two years, dedicating 25% of those slots to primary care and ob/gyn and 15% to psychiatry.
- **The nursing and allied professional workforce also faces critical shortages.** The U.S. needs more than 200,000 new registered nurses (RNs) each year to meet increasing health care needs and to replace nurses entering retirement. In 2017, more than half of all nurses were age 50 or older, and almost 30% were age 60 or older. Workforce pressures also exist across a variety of allied health professions. According to one recent survey, the annual turnover rate of hospital certified nursing assistants (CNAs) was 27.7% (nearly double the turnover rate of nurses and physician assistants). Meanwhile, the Bureau of Labor Statistics projects a need for 11% more CNAs by 2025. The lack of laboratory technicians may be particularly acute — a 2017 survey conducted by the American Society for Clinical Laboratory Science concluded that there were, nationally, 7.2% lab technician positions unfilled.
- **Faculty shortages severely constrain ability to meet future nursing needs.** According to the American Association of Colleges of Nursing, American nursing schools turned away over 80,000 qualified applicants from baccalaureate and graduate programs in nursing in 2019 alone due to an insufficient number of qualified faculty, clinical sites, classroom space, clinical preceptors and budget constraints. The low salaries for nursing faculty also are not commensurate with their level of educational preparation (i.e., master's degree level, or above), making recruitment a dire challenge. That is why the **AHA supports the Future Advancement of Academic Nursing (FAAN) Act**, which would provide resources to boost student and faculty populations, as well as support educational programming as well as partnerships and research at schools of nursing.
- **Extreme nurse staffing agency prices during the pandemic are unsustainable and deserve heightened regulatory scrutiny.** Hospitals have shared that nurse staffing agencies are often charging up to three times their pre-pandemic rates. Unfortunately, many hospitals have dire needs for nursing staff to care for their patients and have had little choice but to pay these exorbitant rates. The AHA urges the Administration to use its authority to investigate anti-competitive pricing by nurse staffing agencies and to take appropriate action to protect hospitals and the patients whom they treat.
- **America's behavioral health needs are reaching a crisis point rising amid gaps in the behavioral health workforce.** One in five American adults has a behavioral health condition; before the pandemic, nearly 60% of adults with behavioral health disorders reported not receiving services for their conditions. The stresses of the COVID-19 pandemic have compounded these concerns: one in three adults reported symptoms of an anxiety disorder in 2020, compared with one in 12 in 2019. Yet, over 100 million Americans live in areas that have a shortage of psychiatrists, as designated by the Health Resources and Services Administration (HRSA). HRSA also projects shortages of psychiatrists and addiction counselors to persist through 2030. AHA supports the **Opioid Workforce Act of 2021/Substance Use Disorder Workforce Act of 2021**, which would address shortages of substance use disorder treatment providers by adding 1,000 Medicare-funded training positions in approved residency programs in addiction medicine, addiction psychiatry or pain medicine.
- **Several mechanisms provide good starting points for addressing workforce and faculty shortages.** For example, the AHA supports Congress funding HRSA's title VII and VIII programs, including, $517 million for the

health professions program, continued funding for the National Health Service Corps, and $530 million for the nursing workforce development program, which includes loan programs for nursing faculty. Congress also should consider expanding the loan program to allied professionals and targeting any support for community college education to high priority shortage areas in the health care workforce.

- **Rising clinician burnout — accelerated by the pandemic — calls for national support.** A recent National Academy of Medicine report suggests that between 35% and 54% of U.S. nurses and physicians have symptoms of burnout, which it characterizes as high emotional exhaustion, high depersonalization (i.e. cynicism), and a low sense of personal accomplishment from work. Hospitals and health systems are deploying a range of programs and interventions to assist their workforce, but given the financial pressures posed by the pandemic, Congress should provide additional funding to support national research and demonstration programs related to clinician well-being. **The AHA supported the passage of the Dr. Lorna Breen Health Care Provider Protection Act**, which aims to prevent suicide, burnout and behavioral health disorders among health care professionals.
- **Visa relief — especially during the pandemic — is critical given that many hospitals rely on foreign-born employees to serve their communities.** Recent studies show that 18.2% of U.S. health care workers were born outside of the U.S. For example, 29% of U.S. physicians are born in other countries, and almost 7% are not U.S. citizens. Similarly, foreign-born nurses account for 15% of RNs in the U.S., according to a report by the Institute for Immigration Research at George Mason University. **That is why the AHA supports the bipartisan Healthcare Workforce Resilience Act**, which would expedite the visa authorization process for highly-trained nurses who could support hospitals facing staffing shortages, and provide protections to U.S.-trained, international physicians who are vitally important to patient care in their communities.

HURST+BROOKS+ESPINOSA

This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ MAY 20, 2022

Fiscal Committees Announce Suspense File Decisions; Houses Hold Only Floor Sessions Next Week

Yesterday, the Senate and Assembly Appropriations Committees held contemporaneous suspense file hearings to determine which bills with fiscal impacts would live to see another day. Typically, this all-important, vote-only hearing features an efficient (if frequently frustrating, particularly if the disposition of a bill doesn't go your way) recitation of the outcome on hundreds of measures. As a reminder, the suspense file hearing features no presentation by authors, no testimony or public input, and no description of the rationale behind the decisions. Instead, the committee chair reads through bill numbers and announces one of two potential fates for each measure: (1) passed either as is or with amendments to reduce cost implications or (2) held in committee, meaning the bill will not move forward to the floor for further consideration (i.e., dead). Yesterday's events were somewhat complicated by a power outage in downtown Sacramento that affected the Capitol, but the houses managed to pull off one of the most important hearings of the year despite the logistical challenges. (It's always something!)

Below, we offer a non-exhaustive list of outcomes on bills of interest. Should you wish to check the status of any measure not mentioned below that was taken up yesterday, each fiscal committee has posted unofficial results (Assembly | Senate). This whole process will take place again in August when the Appropriations Committees will take up "second house" bills (i.e., bills that have made it from the Assembly to the Senate and vice versa). Finally, we will be keeping an eye out in the days ahead for amendments on bills that were modified

Worth Noting: CARE Court Bill Moves to Next Step in Legislative Process

As we note in our report-out on Suspense File outcomes, SB 1338 (Umberg and Eggman) – the vehicle to implement the Governor's CARE Court proposal – moved out of the Senate Appropriations Committee suspense file yesterday. The committee announced that the bill will be amended, but modifications are not in print at the time of this writing.

As we understand it, the amendments will not address resources, fiscal protections, sanctions, or phased-in implementation. It is expected that amendments to SB 1338 in print later today will be followed by at least one if not two additional rounds of substantive changes.

SB 1338 will be heard on the Senate Floor next week, so the county strategy in the immediate term is to ensure that key members of the Senate understand the two most consequential points of concern:

- Ongoing, sufficient resources must be provided to ensure the success of CARE Court for those who could benefit from the new model;
- One of the best ways to achieve success is through a thoughtful, transparent phase-in whereby counties learn from and refine the model based on implementation experiences of an initial round of volunteer implementers.

We will continue to keep you apprised on developments. An Assembly advocacy strategy is in development, as the bill is expected to move to the next house in short order.

coming out of the suspense file; those amendments could appear in print as early as tomorrow but also could trail into next week. Recall, of course, that the houses cannot take floor action on a bill until amendments have been made publicly available (AKA "in print") for 72 hours. Next week, the Legislature will hold only floor sessions (i.e., no policy or fiscal committees), as next Friday, May 27 is the last day to pass bills introduced in 2022 out of the house of origin.

Passed (As is or with amendments; now moves on to a floor vote)

- AB 1663 **(Maienschein)** – Would revise various procedures in the probate conservatorship process and require the Judicial Council of California to establish a conservatorship diversion program and a statewide supported decision-making program to seek less restrictive alternatives for individuals in conservatorship.
- **AB 1737 (Holden)** – Would establish regulation of children's camps, primarily by local health departments. The measure was amended coming out of Appropriations Committee to remove required inspections, among other things.
- AB 1778 **(C. Garcia)** – Would prohibit the Department of Transportation from using state resources on any project, or from permitting any project, that does not meet certain criteria on the California Healthy Places Index.
- AB 1900 **(Arambula)** – Would increase the income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level.
- AB 1947 **(Ting)** – Would require every local and state law enforcement agency to adopt a hate crimes policy with specific parameters and require the Commission on Peace Officers Standards and Training to develop a model hate crimes policy; amendments will offer local law enforcement agencies additional time to comply.
- AB 1972 **(Ward) –** Would increase grand juror pay from $15 per day to eight hours times the prevailing wage for each day worked; proposed amendments will instead set compensation at 70% of median county daily income.
- AB 1995 **(Arambula)** – Would eliminate Medi-Cal premiums and subscriber contributions for certain pregnant and post-partum women, children under the age of two, and employed persons with disabilities based on income and other criteria.
- AB 2023 **(Bennett) –** Would require a county sheriff's department to give a person incarcerated in, or recently released from, a county jail access to up to three free telephone calls to plan for a safe and successful release; would also require the sheriff to make the county jail's release standards, processes and schedules available to an incarcerated person following the determination to release that person.
- AB 2080 **(Wood)** – Would implement the Health Care Consolidation and Contracting Fairness Act of 2022; amendments will increase the transaction threshold, among other provisions to narrow the scope of the bill.
- AB 2186 **(Grayson) –** Would establish the Housing Cost Reduction Incentive Program to reimburse cities and counties for up to 50% of the development impact fees they reduce or defer for affordable housing developments.
- AB 2237 **(Friedman)** – Would require alignment between regional transportation planning, regional transportation funding and the state's climate goals.
- AB 2259 **(Berman)** – Would require the State Department of Social Services, in collaboration with the State Department of Health Care Services (DHCS), to establish a grant program to fund the development and implementation of evidence-based models and promising practices to serve foster youth with substance use disorders who are residing in family-based settings
- AB 2294 **(Jones-Sawyer)** – Would renew local authority to create a diversion or deferred entry of judgment program for persons who commit repeat theft offenses, and direct funding to courts or

probation departments to create demonstration projects to reduce the recidivism of high-risk misdemeanor probationers, if an appropriation for this purpose is contained the state budget.

- AB 2306 **(Cooley)** – Would create Specialized Foster Homes for Transition Aged Youth, expand the Foster Family Home and Small Family Insurance Fund (Insurance Fund) to include short-term residential therapeutic programs (STRTPs), and expand eligibility for the Independent Living Program (ILP).
- AB 2331 **(Calderon)** – Would create the Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation to improve the health, safety, and well-being of vulnerable at-risk seniors through safe access to vital services in adult day health care and adult day program settings.
- AB 2357 **(Ting)** – Would make changes to provisions of the Surplus Lands Act regarding public noticing and penalties, and would require the Department of Housing and Community Development (HCD) to post on its website a list of all entities, including housing sponsors, that have notified HCD of their interest in acquiring surplus land for affordable housing.
- AB 2402 **(B. Rubio)** – Would implement continuous Medi-Cal eligibility for children ages 0-5.
- AB 2419 **(Bryan)** – Would require a state agency administering federal funds under the federal Infrastructure Investment and Jobs Act to allocate a minimum of 40% of those funds to projects that provide a direct benefit to disadvantaged communities and an additional 10% to projects that provide direct benefits to low-income households.
- AB 2421 **(B. Rubio)** – Would enhance local prosecutors' ability to civilly enforce restrictions against unlawful diversions of water and water pollution stemming from unlicensed cannabis growing operations.
- AB 2438 **(Friedman)** – Would require state and local transportation funding to align with state climate plans and greenhouse gas emissions reduction standards.
- AB 2547 **(Nazarian)** – Would require the California Department of Aging to create the Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Program.
- AB 2579 **(Bennett)** – Would, to the extent funding is provided, require a county placing agency to implement model practices for intensive family finding for foster children.
- AB 2630 **(O'Donnell)** – Would require a city or county that has used a state funding source to address homelessness to provide a public report on its internet website on the use of those funds.
- AB 2677 **(Gabriel)** – Would have modernized the Information Practices Act of 1977 and applied the entirety of its provisions to local agencies; amendments will remove local agencies from the bill and incorporate intent language regarding privacy.
- AB 2680 **(Arambula)** – Would create the Community Health Navigator Program to make direct grants to qualified community-based organizations to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families.
- AB 2697 **(Aguiar-Curry)** – Would require the department to implement a community health workers and promotores benefit under the Medi-Cal program.
- AB 2724 **(Arambula)** – Would implement the single Medi-Cal contract with Kaiser Permanente.
- AB 2748 **(Holden)** – Would make comprehensive changes to existing state law enacted by the Digital Infrastructure and Video Competition Act of 2006 (DIVCA), including establishing the policy of the state that subscribers and potential subscribers of a state video franchise holder should benefit from equal access to service within the service area, and authorizing the California Public Utilities Commission to exercise all authority, jurisdiction, and powers.
- SB 872 **(Dodd)** – Would authorize a county or a city and county to operate a licensed mobile unit to provide prescription medication within its jurisdiction to specified individuals, including homeless individuals.

- SB 897 **(Wieckowski)** – Would make numerous changes to the laws governing accessory dwelling units and junior accessory dwelling units and would also require the Department of Housing and Community Development to establish and administer a grant program, upon appropriation of funds by the Legislature, to fund the construction and maintenance of ADUs and JADUs.
- SB 929 **(Eggman)** – Would require DHCS to collect and publish data relating to, among other things, the number of persons detained for 72-hour evaluation and treatment, clinical outcomes for individuals placed in each type of hold, services provided in each category, waiting periods, and needs for treatment beds, as specified.
- SB 931 **(Leyva)** – Would require the Public Employment Relations Board (PERB) to impose civil penalties on public sector employers if it finds they deterred or discouraged workers from exercising collective bargaining rights and would require public sector employers to pay the union's attorney's fees and costs if the union prevails in a legal action to enforce those rights.
- SB 932 **(Portantino)** – Would require cities and counties, upon the next substantive revision of the general plan's circulation element on or after June 30, 2024, to develop and implement bicycle plans, pedestrian plans, and traffic calming plans for any urbanized areas and Would also create a cause of action, from January 1, 2024 until January 1, 2028, against a city or county that fails to implement those plans for certain persons injured in a collision with a motor vehicle in high injury areas in 10 counties.
- SB 964 **(Wiener)** – Would make a number of changes to existing law to expand the behavioral health workforce.
- SB 966 **(Limón)** – Would make changes related to a federally qualified health center (FQHC) and rural health clinic's (RHC) use of an associate clinical social worker or associate marriage and family therapist during a visit, as defined.
- SB 970 **(Eggman)** – Would require the California Health and Human Services Agency, by July 1, 2025, to establish the California MHSA Outcomes and Accountability Review.
- SB 1014 **(Hertzberg)** – Would require DHCS to authorize a new supplemental payment program for FQHCs to be named the Enhanced Clinically Integrated Program.
- SB 1044 **(Durazo)** – Would prohibit an employer from taking or threatening any adverse action against any employee for refusing to report to, or leaving, a workplace because the employee feels unsafe due to a state of emergency or an emergency condition and would permit employees to access their mobile device or other communications device to use in emergencies to assess the situation, seek assistance or communicate with a person to verify their safety.
- SB 1065 **(Eggman)** – Would establish the California Abandoned and Derelict Commercial Vessel Program to identify, prioritize, and fund, as specified, the removal of abandoned and derelict commercial vessels from waterways.
- SB 1090 **(Hurtado)** – Would expand the definition of "current or former foster child or youth" in the Family Urgent Response System to include children or youth who are subject to a petition declaring them a dependent child of the juvenile court, under a voluntary program of supervision or voluntary placement agreement, and who have exited foster care for any reason.
- SB 1121 **(Gonzalez)** – Would require the California Transportation Commission to prepare a needs assessment of the costs to operate, maintain, and provide for the future growth of the state and local transportation system for the next 10 years.
- SB 1131 **(Newman)** – Would, among other things, establish an address confidentiality program for election workers, prohibit the names of precinct board members from being listed when posting election information, and require county elections officials to make certain information appearing on the affidavit of registration confidential upon request of an election worker.
- SB 1143 **(Roth)** – Would require the California Health Facilities Financing Authority (CHFFA) develop, and make available by January 1, 2024, an application for local governments to qualify

for zero-interest loans for the purpose of building or renovating acute care psychiatric hospitals or psychiatric units in general acute care hospitals.

- SB 1154 **(Eggman)** – Would require the state to develop a real-time, internet based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder crisis.
- SB 1178 **(Bradford)** – Would eliminate the sunset date associated with the authority under Proposition 47 (2014) that permits eligible individuals to petition the court for associated record changes to reflect a reduction of a prior felony conviction to a misdemeanor.
- SB 1180 **(Pan)** – Would extend the operation of the Medi-Cal time and distance standards to January 1, 2026 and would require the department to seek input from stakeholders, as specified, prior to January 1, 2025, to determine what changes are needed to these provisions.
- SB 1215 **(Newman)** – Would enact the Responsible Battery Recycling Act of 2022, which would require producers of covered batteries and covered battery-embedded products to establish a stewardship program for the collection and recycling of covered products.
- SB 1217 **(Allen) –** Would establish the State-Regional Collaborative for Climate, Equity, and Resilience to provide guidance to the California Air Resources Board for approving new guidelines for preparing a Sustainable Communities Strategy.
- SB 1238 **(Eggman)** – Would require DHCS, commencing January 1, 2024, and at least every 5 years thereafter, to conduct a review of, and produce a report regarding, the current and projected behavioral health care infrastructure and service needs in each region of the state.
- SB 1338 **(Umberg and Eggman)** – Would create the Community Assistance, Recovery, and Empowerment (CARE) Court Program ***with amendments that are not yet in print.***
- SB 1340 **(Hertzberg)** – Would make changes to the new construction exclusion for reassessment for active solar energy systems.
- SB 1342 **(Bates)** – Would authorize an area agency on aging or a county, or both, to establish an aging multidisciplinary personnel team, and to allow provider agencies and members of the team to share confidential information.
- SB 1410 **(Caballero) –** Would require the Office of Planning and Research to establish a grant program for local jurisdictions to implement guidelines related to the criteria and alternative metrics used for analyzing transportation impacts as well as require OPR to conduct and submit a study on those guidelines to the Legislature.
- SB 1427 **(Ochoa Bogh)** – Would establish two new grant programs administered by the Board of State and Community Corrections: the Homeless and Mental Health Court Grant Program and the Transitioning Home Grant Program.
- SB 1449 **(Caballero)** – Would establish a grant program to assist in funding annexation of unincorporated areas.

Held in Committee (Dead)

- AB 1698 **(Maienschein) –**Would have, until January 1, 2026, created a new crime of package theft, as defined.
- AB 1945 **(Aguiar-Curry)** – Would have, upon appropriation by the Legislature, established the Affordable Disaster Housing Revolving Development and Acquisition Program to expedite relief funding for the development or preservation of affordable housing in the state's declared disaster areas that have experienced damage or loss of homes that were occupied by lower-income households.

- AB 2120 **(Ward)** – Would have applied California's historic formula from the former federal Highway Bridge Replacement and Rehabilitation Program to the distribution of new bridge formula funding from the Infrastructure Investment and Jobs Act, allocating 55% to local projects.
- AB 2211 **(Ting)** – Would have extended the Shelter Crisis Act to every city and county with an unsheltered homeless population greater than the national average and expanded the definition of homeless shelter to include low-barrier private shelters.
- AB 2262 **(Calderon)** – Would have required the California Department of Social Services to establish an alternative annual reassessment process for a recipient of the In-Home Supportive Services (IHSS) program who meets specific criteria.
- AB 2378 **(Irwin)** – Would have allowed a tax credit under the Personal Income Tax Law and Corporation Tax Law for a qualified taxpayer that employs an employee with a disability.
- AB 2381 **(Daly)** – Would have allowed an individual who faces threats of violence because of their work, employment, or volunteer service to participate in the Secretary of State's Safe at Home address confidentiality program.
- AB 2538 **(R. Rivas)** – Would have required the Office of Emergency Services (OES) to ensure the California State Warning Center integrate, upon the next update to OES's emergency plan, a plan to provide targeted alerts for public health dangers, including smoke from wildfires.
- AB 2755 **(Muratsuchi)** – Would have required a city, county or city, and county to post a hyperlink on its internet website to each of the United States Department of Housing and Urban Development's Annual Homelessness Assessment Reports.
- AB 2818 **(Waldron)** – Would have created one-year and five-year plans to expand the substance use disorder treatment workforce in California to aid in the treatment of alcohol and drug abuse.
- SB 1298 **(Ochoa Bogh)** – Would have continuously appropriated $1 billion annually for the Department of Health Care Services for purposes to implement the existing Behavioral Health Continuum Infrastructure Program.
- SB 1353 **(Wilk)** – Would have required cities and counties to provide specified homelessness information to the California Interagency Council on Homelessness Council.

Kaiser Single Medi-Cal Contract Update

The Department of Health Care Services released updated trailer bill language this week to implement the single Medi-Cal contract for Kaiser this week. As previously outlined, the language includes the following changes:

- Clarify that former foster youth are included in the enrollment provisions related to foster youth.
- Add that default enrollment is part of the growth in Medi-Cal enrollment.
- Specify that Kaiser cannot deny or disenroll any individual that meets the specified enrollment or default criteria.
- Specify that Kaiser is subject to all the same standards and requirements, except those related to beneficiary enrollment, as required for other Medi-Cal managed care plans, including the requirements pursuant to CalAIM.
- Require that DHCS and Kaiser enter into a Memorandum of Understanding (MOU) describing the requirements that are different than those imposed on other Medi-Cal managed care plans. The MOU shall include, but not be limited to, the commitment of Kaiser to increase its enrollment of new Medi-Cal members over the course of the contract term and requirements related to Kaiser's collaboration with safety net providers, including Federally Qualified Health Centers.
- Require that DHCS post this MOU and publish a report describing the implementation of the requirements imposed by the MOU.
- Provide that Kaiser shall implement the California Children Services Whole Child Model in counties where the Whole Child Model currently exists.

- Ensure Kaiser maintain Knox-Keene licensure from the DMHC.

In related news, the Department of Managed Health Care (DMHC) announced this week that it is conducting a "non-routine" audit of Kaiser's mental health services based on complaints from members and providers about the health system's behavioral health operations.

DMHC's help center saw a 20 percent increase in behavioral health complaints received for Kaiser in 2021 as compared to 2020. DMHC launches non-routine surveys when it has "good cause to believe a health plan or plans have or are violating the law," according to DMHC officials. Only four such investigations were conducted from 2019 to 2021.

DMHC will examine Kaiser's external and internal provider network as well as such issues as whether patients received timely access to care, the processes for making initial and follow-up appointments, record documentation and the monitoring of urgent appointments.

Public Health Emergency Unwinding

On May 17, 2022, the Department of Health Care Services (DHCS) released the Medi-Cal COVID-19 Public Health Emergency (PHE) Operational Unwinding Plan. The two primary purposes of this document are to: 1) describe DHCS' approach to unwinding or making permanent temporarily flexibilities implemented across the Medi-Cal program during the PHE; and 2) describe DHCS' approach to resuming normal Medi-Cal eligibility operations following the end of the PHE.

The PHE is currently set to expire on July 15, 2022, and the U.S. Department of Health and Human Services (HHS) has committed to providing at least a 60-day notice prior to the official end date. As HHS has not yet provided such notice, DHCS expects the PHE to be extended for at least one additional period.

The 44-page DHCS Unwinding Plan walks through many of the PHE flexibilities – which ones will remain and which will end. The document makes clear that the Administration will be continuing many of the telehealth flexibilities provided for during the PHE and points to the budget proposal released earlier this year.

Strategic Growth Council Announces Regional Climate Collaboratives (RCC) NOFA

The California Strategic Growth Council (SGC) released the Notice of Funding Availability (NOFA) for Round 1 of the Regional Climate Collaboratives Program (RCC). This new capacity-building grant program funds community-rooted and cross-sectoral partners to develop the processes, plans, and projects that will drive and sustain climate action in their communities. In this first round, SGC has $8.35 million available for grant awards, and applicants have flexibility in requesting their funding amount within the range of $500,000-$1750,000.

The RCC Program has a two-phase application process.

- **Pre-Proposal Phase:** First, applicants will submit a pre-proposal that describes their initial idea for their project. The pre-proposals are not required, but they are strongly encouraged. The goal of the Pre-Proposal Phase is to help Applicants, technical assistance providers, and SGC assess whether Applicants are on track to submit a complete, competitive application that meets all threshold requirements and to identify sections of the application that will need increased support. **Pre-proposals are due Friday, July 15, 2022.**

- **Full Application Phase:** Following the pre-proposals, applicants will complete a full application. Applicants must submit application materials to SGC via a file-sharing platform **on Friday, October 7, 2022**. Full application materials, including application instructions and templates for the work plan and budget, will be posted on or before the Pre-Proposal submission deadline on July 15.

All applicants who submit a pre-proposal will be eligible to receive no-cost technical assistance (TA), provided by a team of SGC-funded third-party TA providers. TA providers will be available to respond to questions and provide light support to applicants on an as-needed basis during the Pre-Proposal phase. After Pre-Proposals are submitted and reviewed, SGC staff will assign applicants to a TA provider to work with them on integrating feedback and developing a full RCC application.

For more information, visit the RCC website here.

Data Exchange Advisory Group Releases Data Sharing Agreement

The Data Exchange Framework Stakeholder Advisory Group of the California Health and Human Services Agency met this week to discuss a draft Data Sharing Agreement (DSA) and Policy and Procedures (agenda and presentation). Drafts of the DSA and Policy and Procedures are now available on the CalHHS DxF website. Additionally, public comments will be received through Wednesday, June 1, 2022.

After fairly technical walkthroughs of drafts of the DSA and Policy and Procedures, members of the advisory committee spoke to concerns and/or the need for clarity. Some of those comments included:

- Relative to process and timing, when the DSA is published in July, is that the "final" version that must be executed by January 2023?
- What will be the process for developing the second round of Policy and Procedures?
- There is concern that California's data exchange framework will conflict with federal data exchange policies applicable to the same entities.
- Given the potential overlap, conflict, or coordination with the Trusted Exchange Framework and Common Agreement (TEFCA), should TEFCA be made mandatory in California?
- Some of the language is too vague and must be clearer to drive consistent compliance ("reasonable efforts and accommodations" as an example).
- It would be helpful for the state to provide additional guidance around allowable statewide data sharing.

Through further conversation, it was clear that the July 1 DSA is the version expected to be implemented in January 2023 and there will be an attempt to develop further Policies and Procedures through a similar process to this advisory workgroup, but those details are still being discussed. Additionally, it was suggested that members think about all areas where the Policies and Procedures may be inconsistent with TEFCA and look for solutions.

One of the last discussion items was a walkthrough of the May Revision budget and impacts on the Data Exchange Framework. Of particular interest, the May Revision includes a $50 million grant program to provide technical assistance to small or under-resourced providers and a $200 million practice transformation grant program for small physician practices to upgrade their clinical infrastructure.

The Center for Data Insights and Innovation will begin developing the required infrastructure to support and oversee compliance on July 1st and continue to work with stakeholders in the summer and fall around the formation of a policy board, which is planned to be established in January 2023 with the Governor's Budget.

Please feel free to contact any one of us at Hurst Brooks Espinosa with questions …

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This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ MAY 27, 2022

Assembly Member Robert Rivas Asserts That He Will Ascend to Assembly Speaker

After months of rumors suggesting that this very change was in the offing, Assembly Member Robert Rivas (D-Hollister) announced in a statement today that he had secured sufficient votes to take over as Assembly Speaker. Sitting Speaker Anthony Rendon from Los Angeles, who is termed out in 2024, and Assembly Member Rivas reportedly met today to discuss a possible transition plan. A timeframe for a vote for the Assembly to consider change in leadership has not been announced as of this writing.

A former San Benito County Supervisor and the first member in the modern era to be selected as Speaker from a rural district, Assembly Member Rivas was first elected to the Assembly in 2018; his term ends in 2030. (Read his biography here.) Rivas' district encompasses all of San Benito County as well as portions of the Counties of Santa Cruz, Santa Clara, and Monterey. During his first two terms in office, he has focused primarily on agricultural, environmental, and educational issues. He currently serves as Chair of the Assembly Agriculture Committee and Vice-Chair of the Latino Caucus. Typically, a change in Speakership yields considerable cascading changes in other leadership and committee chair positions. So, there is definitely more to come.

Worth Noting: Governor Signs MICRA Compromise, Averting November Ballot Box Battle

Earlier this week, the Governor signed AB 35 by Assembly Member Eloise Reyes, which updates California's Medical Injury Compensation Reform Act (MICRA) pain-and-suffering cap for medical malpractice cases. The measure was a compromise struck between legislators, the California Medical Association, the California Hospital Association, insurance carriers, and trial attorneys to avert a November ballot measure. Initiative proponents announced Monday that they had pulled it from the November ballot.

AB 35 moved quickly through the legislative process after the compromise was announced in late April. Under the measure, the pain-and-suffering cap for cases not involving a death will be raised to $350,000, beginning January 2023, and gradually increased to $750,000 over 10 years. The limit for cases involving a patient's death will increase to $500,0000 beginning in January — and to $1 million over the decade. The maximum awards will continue to increase by 2 percent each year starting in 2034. The existing MICRA cap has been set at $250,000 since 1975.

CARE Court Measure Moves to Assembly

As was expected, SB 1338 (Umberg and Eggman), which contains provisions to enact the Governor's CARE Court proposal, passed off the Senate Floor yesterday. While the unanimous vote is significant (38-0), more enlightening were the various commentaries that members offered during the floor debate. No one said that the proposal was perfect, fully formed, and ready for prime time. What nearly every member said – many of whom spoke from very personal and painful experiences with

friends or loved ones – is that our state needs to act swiftly to intervene and address the often complex needs of those who are suffering from untreated mental health issues.

Nearly every Senator who spoke on the bill also touched on the key points that counties have been articulating: in order for the CARE Court initiative to be successful, it must be (1) accompanied by stable and sufficient resources and (2) implemented on a phased-in basis beginning with a first round of implementers that demonstrate readiness.

The bill is now in the Assembly where it awaits referral to policy committee(s). We do anticipate that – like its path through the Senate – SB 1338 will make stops in the Assembly Health Committee and the Assembly Judiciary Committee. Although we expect one if not two additional set of substantive amendments, work remains to ensure that the Assembly embraces the substance of changed being advanced by the broad county coalition. Our collective objective remains focused on designing a plan and identifying long-term resources that will best prepare implementers to successfully intervene in the lives of individuals in need of mental health and substance use disorder treatment who can be successfully stabilized and supported in the community.

Kaiser Contract Bill Moves to Senate

AB 2724, Assembly Member Arambula's measure to implement the Newsom Administration's proposal for a single statewide Medi-Cal contract for Kaiser Permanente, passed off the Assembly floor Thursday 41-17. While the bill initially remained on call for a time, eventually the author was able to secure the necessary votes for passage to the Senate.

Assembly Member Marie Waldron (R-Escondido) said the arrangement contained in the bill lacked accountability and questioned how giving Kaiser the ability to accept or reject members would help improve access to care. A number of counties, plans represented by the Local Health Plans of California, and the National Union of Healthcare Workers are opposing the bill.

AB 2724 was amended on May 23 to reflect the Administration's trailer bill language released last week. The measure heads to the Senate where it will likely be referred to Senate Health Committee for hearing.

Bill Alert: SB 12 (McGuire) Amendments Add Water Infrastructure

SB 12, by Senator Mike McGuire, which makes a number of changes to local emergency planning and infrastructure related to disasters, particularly wildfire-related, was amended this week to require a water district, city, county, city and county, or water corporation that provides drinking water, wastewater, or recycled water, for water infrastructure projects to use only heat-resilient water conveyance infrastructure components in very high fire hazard severity zones.

SB 12 remains in the Assembly Housing and Community Development Committee, where it awaits a hearing.

LAO Releases Cautionary Multi-Year Budget Outlook

This week, the Legislative Analyst's Office (LAO) released its Multi-Year Budget Outlook Report, its annual multiyear assessment that incorporates the Governor's May Revision proposals. Three key takeaways from the report:

May Revision Barely Balanced Before Accounting for State Appropriations Limit (SAL) Requirements. The LAO concludes that the state would have narrow operating surpluses and deficits, but a positive ending fund balance through 2025-26. However, during that period, SAL requirements would reach $10 billion to $20 billion per year over the multiyear period. Because the Administration does not have a plan to address those requirements, the state would likely have significant budget shortfalls in the out-years.

Adopting LAO Revenues Mitigates Budget Impacts of a Recession. The LAO notes that economic indicators currently suggest a heightened risk of economic recession within two years and, as such, recommends adopting LAO revenue estimates, which explicitly incorporate the current heightened risk of a recession. Doing so would reduce the chances that state revenues fail to meet expectations and would prevent the state from expanding programs to unsustainable levels.

Plan for SAL Requirements Now. Acknowledging that legislative leaders and the Governor have indicated an interest in pursuing changes to the SAL with voters by 2024, the LAO "strongly" cautions the Legislature against passing a budget with a structural deficit that fails to address the future risk of SAL obligations. The LAO instead suggests that the Legislature include changes to the SAL in its budget architecture now; specifically, by increasing reserves this year.

While the Senate and Assembly budget leaders have already determined that a budget conference committee will not occur this year, we anticipate significant behind-the-scenes negotiations on budget items in the upcoming weeks, with addressing the state's SAL issues near the top of the list. Of course, we will continue to keep you apprised of the latest budget news.

Newsom Administration Releases Trailer Bill Language on Hospital Worker Retention Payments

Earlier this week, the Department of Finance posted the "hospital and nursing facility worker retention payments" trailer bill language. Please note the following:

- "Qualifying Facility" is defined as a health facility that is not a state facility and is licensed as one of the following: (1) a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code; (2) an acute psychiatric hospital as defined in subdivision (b) of Section 1250 of the Health and Safety Code; (3) a skilled nursing facility as defined in subdivision (c) of Section 1250 of the Health and Safety Code. The University of California hospitals are not considered state facilities for the purpose of these retention payments.
- "Worker" is defined as a person employed indirectly or directly by a covered employer or members of Qualifying Facilities' medical staff. There is conversation about whether worker is meant to include physicians; the worker definition is intended to apply to contract staff (such as janitorial or food staff workers).
- "Eligible Worker" means a full-time or part-time worker of a covered employer. This does not include those workers who are working primarily on a remote basis, as to be defined by the department.
- "Full-time" employment means to be compensated for an average of 32 or more hours per week. A worker is also considered to be employed full-time if the covered employer considers the worker to work full time. For a full-time eligible worker, the state payment amount shall be

$1,000 plus the amount of matching retention payment paid to the eligible worker by the covered employer, up to a total maximum state payment of $1,500.

- "Part-time" employment means to be compensated for an average of fewer than 32 hours per week, so long as the covered employer does not consider the worker to work full time. For a part-time eligible worker, the state payment amount shall be $750 plus the amount of matching retention payment paid to the eligible worker by the covered employer, up to a total maximum state payment of $1,500.
- Upon appropriation by the Legislature, the Department of Health Care Services (DHCS) shall provide funding to participant Qualifying Facilities to make retention payments to their eligible workers.
- DHCS may **reduce the payment amounts on a pro-rata basis** subject to the total amount of funding appropriated to the department. Please note that it is unclear whether the amount included in the May Revision is sufficient to cover all staff, including contracted staff, at hospitals and skilled nursing facilities. The inclusion of this language gives the department discretion to reduce the payments if funding is insufficient.
- As a condition of receipt of funding, a covered employer will be required submit to the DHCS the following information for each eligible worker by a date specified by the department: (1) name of the eligible worker, (2) mailing address of the eligible worker, (3) the total amount of matching retention payments that the covered employer paid or will pay to the eligible worker, (4) average number of hours for which the covered employer compensated the eligible worker from January 1, 2022 through the end of the Qualifying Work Period, (5) other information as required by the department for purposes of implementing this section.
- The covered employer shall provide funding to their eligible workers within 30 days of receipt from the department and report to DHCS within 90 days of receipt of funds on the number of eligible workers paid by profession type, the total amount of payments made including covered employer matching funds, and information on the timing of payments.
- The language defines "matching retention payments" to include monetary compensation other than salaries, wages, and overtime paid to an eligible worker that was paid to the eligible worker on or after January 1, 2022, and prior to the date of record, and meets any of the following criteria: (1) the compensation was or is paid as hazard or bonus pay as a result of the COVID-19 pandemic; (2) the compensation was or is paid as a bonus based on performance or financial targets or a payout resulting from performance sharing programs designed to provide employees with a share in performance gains; or (3) the compensation was or is paid in response to operational needs of the covered employer, including, but not limited to, staffing shortages or recruitment needs.

Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...

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This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ JUNE 3, 2022

No Change to Assembly Leadership ... for Now

As we reported last week, Assembly Speaker Anthony Rendon faced a leadership challenge by Assembly Member Robert Rivas one week ago today. After Mr. Rivas' Friday afternoon statement announcing he had secured sufficient votes to take over as leader of the lower house's Democratic super-majority, members returned to their districts for the three-day weekend. On Tuesday, intrigue ensued with a series of parliamentary motions that resulted in a nearly seven-hour Democratic caucus. Once members emerged that evening, Assembly Speaker Rendon and Assembly Member Rivas each issued carefully worded statements confirming that (1) Mr. Rendon would remain in his leadership spot at least through the end of the 2022 legislative year and (2) Assembly Member Rivas had secured support of a majority of the "current" caucus, which is notably different from a majority of the Assembly – a threshold required to make a change in the speakership.

What is the practical upshot of these events? First, it is clear that while the caucus appears divided, Assembly Member Rivas ultimately did not have sufficient support to take over as leader immediately. Whether he is able to ascend to Speaker at some point in the future – recognizing that the make-up of the Assembly will be considerably different post-November election – is unclear. For now, Assembly Member Rendon remains in charge at an exceptionally critical time in the policy and – perhaps more importantly – budget development process. We are keeping an eye out for any specific fallout or targeted punishments for members who aligned themselves with Team Rivas over the last week. When Assembly Member Evan Low attempted a leadership coup last year, Speaker Rendon stripped him of his role as chair of a coveted committee.

Worth Noting: CARE Court Measure to Be Heard in Two Assembly Committees Before Month's End

The Senate vehicle (SB 1338, Umberg and Eggman) that contains provisions to carry out the Governor's Community Assistance, Recovery, and Empowerment (CARE) Act has been referred for hearing before the Assembly Health Committee and the Assembly Judiciary Committee. (The bill, of course, will also be subject to a fiscal assessment in the Assembly Appropriations Committee.)

The county coalition continues its joint efforts to refine the measure to increase workability and address county concerns. Additionally, the coalition has begun outreach to key Assembly policymakers – primarily members of the two policy committees to which the bill has been referred and to former county supervisors, among others – for further discussion on the sufficiency of resources, a phased-in implementation timeline, fiscal protections, sanctions, housing-related matters, and a variety of technical suggestions.

Per legislative deadlines, the bill must be approved by both policy committees before the Legislature adjourns for its four-week summer recess on July 1.

Legislative Budget Agreement Reached

This week, legislative leaders announced that the Senate and Assembly had reached agreement on a 2022-23 state budget package, which will be amended into AB 154 and SB 154 in time for the Legislature to meet its constitutional June 15 deadline to send a budget bill to the Governor. While the agreement reflects a broad budget framework, details are scarce as of this writing, and a number of items remain unresolved, including big-ticket items like K-12 school funding and an inflation relief/tax rebate plan. Further, while the legislative agreement largely reflects the Administration's budget proposals, the package clearly does not reflect negotiations or agreement with the Administration, meaning that anything could change in the coming weeks and months. We anticipate any number of so-called Budget Bill, Jr. bills that amend the original budget bill to come all the way until the end of the legislative session on August 31.

Of note, the 2022-23 spending plan agreed to by the two houses includes significant ($20 billion!) capacity under the State Appropriation or Gann Limit. The plan incorporates infrastructure and COVID emergency-related spending, direct payments to families and businesses, and options suggested by the Legislative Analyst's Office in an effort to keep the state budget under this constitutional limit for at least two more years and avoid a 2023 "fiscal cliff" recently identified by the LAO. However, the agreement acknowledges that voters will need to consider changes to the Gann Limit, likely in 2024. The LAO recommended changes for modifying the Gann calculation include:

- Adopt LAO suggestion to change statutory definition of "local subventions," thereby counting more subventions under local Gann Limits.
- Classify more Proposition 98 funding as excluded spending, including more qualified capital outlay spending and emergency spending.
- Approve more qualified capital outlay spending elsewhere in the budget.
- Adopt LAO suggestion to swap certain qualified capital outlay spending in nontax accounts with General Fund or other tax proceeds.
- Various other net changes to the May Revision.

The budget proposed by the Senate and Assembly also incorporates a placeholder of $3 billion for one-time expenditures reflecting legislative priorities; no details are available yet on the approved list of items.

A chart of the line item actions included in the legislative agreement is available online.

The Senate Budget and Fiscal Review Committee will convene to consider the budget on June 9, while the Assembly Budget Committee is slated to meet on June 13. Trailer bills will likely trickle out over the next few weeks as negotiations with the Administration continue.

Below we highlight details on note on various expenditure proposal contained in the Legislature's plan, organized by major policy area.

Health and Human Services

CARE Court
The budget package sets aside an unspecified amount of funds across several functions (judicial branch, Department of Aging (supporter role) and Department of Health Care Services) for future budget appropriations for CARE Court, pending agreement on statutory changes regarding this proposal.

Department of Health Care Access and Information

Office of Health Care Affordability – Approve as budgeted and adopt modified placeholder trailer bill language pending legislative negotiations.

Hospital Community Benefit Program – Legislative budget rejects the proposal to direct community benefit program funds to community-based organizations for public health purposes.

Workforce – The Legislature's budget invests $532.5 million over five years at the Department of Health Care Access and Information (HCAI) for workforce development programs to support providers of public health, behavioral health, primary care, and reproductive health services. The package invests $200 million in behavioral health programs, $195.5 million in public health programs, $116 million in primary care programs, and $21 million on reproductive health programs. These investments are in addition to the Governor's Care Economy Workforce Package ($1.7 billion over three years). Specific allocations in the Legislature's workforce development package are as follows:

Legislative Workforce Investments – General Fund (millions)

Proposal	22-23	23-24	24-25	25-26
Addiction Psych and Addiction Med Fellowships	$25.0	$25.0	$0.0	$0.0
Univ/College Training Grants for Behavioral Health	$26.0	$26.0	$0.0	$0.0
Expand MSW Slots at Public Schools of Social Work	$30.0	$30.0	$0.0	$0.0
GME and Loan Repayment for Psychiatrists	$19.0	$19.0	$0.0	$0.0
Public Health Recruitment/Retention Stipends	$40.0	$40.0	$40.0	$0.0
Waive Public Health Nurse Certification Fees	$3.3	$3.3	$3.3	$0.0
Public Health Incumbent Upskilling	$3.2	$3.2	$3.2	$3.2
CA Public Health Pathways Training Corps	$8.0	$8.0	$8.0	$0.0
CA Microbiologist Training	$3.2	$3.2	$3.2	$0.0
Public Health Lab Aspire	$3.2	$3.2	$3.2	$0.0
CA Epidemiologic Investigation Service Training	$3.2	$3.2	$3.2	$0.0
Clinics: CA State Loan Repayment	$10.6	$0.0	$0.0	$0.0
Clinics: Allied Healthcare Loan Repayment	$17.0	$0.0	$0.0	$0.0
Clinics: Allied Healthcare Scholarship Program	$1.7	$0.0	$0.0	$0.0
Clinics: NP Postgraduate Training in Song-Brown	$15.0	$0.0	$0.0	$0.0
Clinics: PA Postgraduate Training in Song-Brown	$1.0	$0.0	$0.0	$0.0
Clinics: Teaching Health Centers slots in Song-Brown	$5.7	$0.0	$0.0	$0.0
Additional Primary Care Slots in Song-Brown	$10	$10.0	$10.0	$0.0
Clinical Dental Rotations	$10	$0.0	$0.0	$0.0
Health IT Workforce	$15	$0.0	$0.0	$0.0
Promotoras de Salud	$10	$0.0	$0.0	$0.0
California Reproductive Health Service Corps	$20	$0.0	$0.0	$0.0
Certified Nurse Midwives in Song-Brown	$1	$0.0	$0.0	$0.0
TOTALS	**$281.1**	**$174.1**	**$74.1**	**$3.2**

Behavioral Health Workforce Investments - $200 million over three years

- Addiction Psychiatry and Addiction Medicine Fellowship Programs - $25 million annually for two years to support additional slots for Addiction Psychiatry and Addiction Medicine Fellowship programs.
- University and College Training Grants for Behavioral Health Professionals - $26 million annually for two years to support 4,350 licensed behavioral health professionals through grants to existing university and college training programs, including partnerships with the public sector.
- Expand Masters in Social Work (MSW) Slots at Public Schools of Social Work - $30 million annually for two years to support grants to public schools of social work to immediately expand

the number of MSW students. $27 million would support the 18 California State University programs and $3 million would support the two University of California programs.

- Graduate Medical Education and Loan Repayment for Psychiatrists - $19 million annually for two years to support two training programs for psychiatrists: 1) $7.5 million annually for two years for graduate medical education slots for psychiatrists, and 2) $11.5 million annually for two years to support loan repayment for psychiatrists that agree to a five year service commitment at a State Hospital, with a weekly rotation to provide behavioral health interventions in local public behavioral health systems.

Public Health Workforce Investments - $195.5 million over four years

- Public Health Recruitment and Retention Stipends - $40 million annually for three years to support stipends for positions in local public health departments that are difficult to recruit and retain, including, but not limited to epidemiologists, laboratory directors, health officers, public health nurses, infectious disease specialists, food and disease surveillance, and information systems/data analysts.
- Waive Public Health Nurse Certification Fees - $3.3 million annually for three years to waive public health nurse certification fees for three years to reduce barriers to registered nurses entering the field of public health.
- Public Health Incumbent Upskilling - $3.2 million annually for four years to establish the Public Health Workforce Career Ladder Education and Development Program to provide education and training for existing employees within the public health workforce, including stipends to offset up to 12 hours per week to complete educational requirements and grants for local health departments for additional hiring.
- California Public Health Pathways Training Corps - $8 million annually for three years to expand the California Public Health Pathways Training Corps, which provides a workforce pathway for early-career public health professionals from diverse backgrounds and disproportionately impacted communities.
- California Microbiologist Training - $3.2 million annually for three years to increase the number of Public Health Microbiologist Trainee spots, which is a requirement to become certified in California as a public health microbiologist.
- Public Health Lab Aspire - $3.2 million annually for three years to restore funding for the Lab Aspire Program, to address the severe shortage of trained and qualified public health laboratory directors.
- California Epidemiologic Investigation Service (Cal-EIS) Training - $3.2 million annually for three years to increase the number of Cal-EIS fellows, which trains epidemiologists for public health leadership positions.

Clinic Workforce Investments - $51 million one-time

- California State Loan Repayment - $10.6 million one-time to increase the number of awards granted to primary care and behavioral health providers in the California State Loan Repayment Program.
- Allied Healthcare Loan Repayment - $17 million one-time to enhance private investment and provide 1,060 new loan repayment awards in the Allied Healthcare Loan Repayment Program.
- Allied Healthcare Scholarship Program - $1.7 million one-time to build on private investment and increase program awards by 125 scholarships in the Allied Healthcare Scholarship Program.
- Nurse Practitioner Postgraduate Training - $15 million one-time to support 150 Nurse Practitioner postgraduate training slots in primary care within underserved communities through the Song-Brown Healthcare Workforce Training Program.
- Physician Assistant Postgraduate Training - $1 million one-time to support 10 or more Physician Assistant postgraduate training slots in primary care within underserved communities through the Song-Brown Healthcare Workforce Training Program.

- Teaching Health Centers - $5.7 million one-time to support an additional 33 program awards for graduate medical education at teaching health centers through the Song-Brown Primary Care Residency Program.

Primary Care Workforce Investments - $65 million over three years

- Additional Primary Care Residency Slots in Song-Brown - $10 million annually for three years to support additional primary care residency slots in the Song-Brown Primary Care Residency Program.
- Clinical Dental Rotations - $10 million one-time to support new and enhanced community based clinical education rotations for dental students to improve the oral health of underserved populations.
- Health Information Technology (IT) Workforce - $15 million one-time to support health IT workforce recruitment and training for health clinics and other providers in underserved communities.
- Promotoras de Salud - $10 million one-time to support the Latino Coalition for a Healthy California Health Ambassadors (Promotoras de Salus) Leadership Institute, Health Justice Youth Initiative, and Community Listening Tour, which will educate, train, and activate at least 213 promotores and 120 youth across the state.

Reproductive Health Care Workforce Investments - $21 million one-time

- California Reproductive Health Service Corps - $20 million one-time to support targeted recruitment and retention resources, and training programs to ensure a range of clinicians and other health workers can receive abortion training.
- Certified Nurse Midwives Training - $1 million one-time to allow certified nurse-midwives to participate in the Song-Brown program, consistent with the Midwifery Workforce Training Act authorized by SB 65 (Skinner), Chapter 449, Statutes of 2021.

Department of Aging

- COVID-19 Mitigation and Resilience Grants to Combat Senior Isolation – Provides $61.4 million one-time in 2022-23 with placeholder trailer bill language. This is linked to AB 2331 (Calderon).
- Modernizing the Older Californians Act – Includes $118.6 million in 2022-23, $143.8 million in 2023-24, $79.6 million in 2024-25 and $35 million in 2025-26 and ongoing with placeholder budget bill language.

Department of Health Care Services

- Expansion of Full Scope Medi-Cal Coverage to Individuals 26-49 Regardless of Immigration Status – approve and adopt modified trailer bill language to implement no later than January 1, 2024.
- Hospital Worker Retention Payments – Approve and adopt modified placeholder trailer bill language. The Legislature's document notes that funding is being set aside while details are worked out on trailer bill language.
- CalAIM – Approve as budgeted and adopt modified placeholders trailer bill language.
- Discontinue Child Health and Disability Program and Expand Children's Presumptive Eligibility – Reject.
- Medi-Cal Telehealth Proposal – Adopt modified placeholder trailer bill language.
- Federally Qualified Health Center Alternative Payment Methodology Project – Adopt placeholder trailer bill language.
- Clinic Rate Increase – Approve $50 million ongoing to increase wages in Federally Qualified Health Centers. This is related to SB 1014 (Hertzberg).
- Copayments in the Medi-Cal Program – Adopt modified placeholder trailer bill language.
- Medication Assistance Treatment Expansion Project – Adopt modified placeholder trailer bill language.
- Reducing Premiums for the Optional Targeted Low-Income Children's Program, 250 Percent Working Disabled Program, and Children's Health Insurance Program – Adopt placeholder trailer bill language.

- Continuous Medi-Cal Coverage for Children 0-5 – Approve $10 million in 2022-23 and $20 million ongoing to support continuous Medi-Cal coverage for children ages zero to five.
- Restoration of Remaining AB 97 Rate Cuts – Approve $191 million ongoing to restore all remaining Medi-Cal provider rate cuts made in 2011.
- Reduce Share of Cost for Seniors on Medi-Cal – Approve $31 million in 2022-23 and $18.9 million ongoing to reduce cost-sharing in Medi-Cal for seniors and persons with disabilities.
- Behavioral Health Bridge Housing – Approve as budgeted. Modify state operations to keep funding under 5 percent of program funding.
- Equity and Practice Transformation Provider Payments – Reject.
- Youth Suicide and Prevention – Approves and modifies the Governor's $290 million investment in youth suicide prevention and behavioral health to ensure rapid and timely investment in resources to support youth behavioral health needs.
- Substance Use Disorder Facility – Reject the 63% increase on residential and outpatient substance use disorder treatment facilities and backfills program costs with Opioid Settlement Funds.
- PACE Infrastructure Adjustment – Approve $10 million one-time to support infrastructure for Programs for All-Inclusive Care for the Elderly.

Department of Public Health

- Health Equity and Racial Justice Fund – Approve $75 million ongoing for the Health Equity and Racial Justice Fund, which will support community-based organizations to reduce health disparities and address the public health impacts of systemic racism.
- Syphilis and Congenital Syphilis Outreach Strategy – Approve $49 million over three years to support innovative and impactful syphilis and congenital syphilis prevention and control activities.
- Hepatitis B Outreach, Screening, and Linkage to Care – Approve $8 million over three years to support hepatitis B outreach, screening, linkage to, and retention in care demonstration projects.
- Black Infant Health Program Adjustment – approve as proposed
- Opioid Public Awareness Campaign – Approve as proposed.

Mental Health Oversight and Accountability Commission

Unspent Mental Health Services Act Funds (MHSA) – Adopt placeholder trailer bill language to provide counties with flexibility needed to spend unspent MHSA funds.

California Health Benefit Exchange

California Premium Subsidy Program – Approve as budgeted. Adopt modified placeholder trailer bill language.

Department of Social Services

- CalFresh Administrative Base Funding Restoration – Approve $60 million one-time in 2022-23 and placeholder trailer bill language requiring DSS to work with the County Welfare Directors Association and counties to determine the costs of providing inflationary cost adjustments to county administrative funding and to come up with a plan to ensure that funding keeps up with the inflationary cost increases over time.
- CalWORKs Single Allocation – approve $55 million in 2022-23 and ongoing, with placeholder trailer bill language requiring DSS to work with the County Welfare Directors Association and counties to determine the costs of providing inflationary cost adjustments to county administrative funding and to come up with a plan to ensure that funding keeps up with the inflationary cost increases over time.
- Resource Family Approval Remaining Need – Approve $50 million in 2022-23 and ongoing.
- Contract to Support County Family Finding and Engagement Activities – Approve as budgeted with possible changes in terms and uses of funding to be outlined in trailer bill language.
- Targeted Family Finding and Engagement for Older Foster Youth and Foster Youth in Long-Term Care – Approve $66.75 million one time in 2022-23, with placeholder trailer bill language.

- Foster Youth with Substance Use Disorders Grant Program – Approve $5 million one-time in 2022-23, with placeholder trailer bill language.
- California Food Assistance Program (CFAP) program – Provides $35.2 million, increasing to $113.4 million annually in 2025-26, to expand the California Food Assistance Program (CFAP) program to Californians age 55 and older regardless of immigration status.
- Continuation of APS Training – Approve $4.6 million in 2022-23 and ongoing, with placeholder trailer bill language.
- CalWORKs Grants – Makes historic investments to lift all CalWORKs families out of deep poverty by providing $789 million to increase CalWORKs grants.
- CalWORKs Outcomes and Accountability Review 2.0 – Adopt trailer bill language to remove county share of work participation rate penalty (repeal Welfare and Institutions Code Section 10544).
- Food Banks – Provides funding of $62 million in 20222-23 and ongoing funding of $52 million for California food banks to continue to address the ongoing need caused by record levels of hunger, rising inflation, and a decline in federal support. Also provides $50 million one-time to support food bank infrastructure and climate resilience.
- Operating Subsidies for Board and Care Facilities – Approve $150 million one-time in 2022-23, with placeholder trailer bill language.

Developmental Services

The Legislature's preliminary budget agreement approves both the Governor's $185 million Workforce Stability Package from the May Revision ***AND*** the stakeholder request for rate acceleration and rate reform previously considered by the Legislature.

Child Support Services

The Legislature's preliminary budget agreement adopts the Governor's spending plan for Local Child Support Agencies and the Governor's proposal for full-passthrough of child support collections for previous CalWORKs recipients. It also includes an augmentation to provide full-passthrough for current CalWORKs recipients. It is our understanding that both components of full-passthrough include backfilling counties for the resulting lost revenue.

Incompetent to Stand Trial

The Legislature's preliminary budget agreement approves the Governor's proposals relative to Incompetent to Stand Trial solutions and adopts modified placeholder trailer bill language to implement the solutions. The components of the trailer bill are unclear at this time.

Transportation

Overall investments

- $10.9 billion investment over four years, $5.5 billion of which is proposed in 2022-23. No details as to how funding would be prioritized, although transit, freight, active transportation, and climate adaptation are referenced.
- Proposed placeholder trailer bill language for High Speed Rail

Homelessness

Investments in Homelessness

The Legislature's preliminary budget agreement makes a few significant changes to the Governor's proposed homelessness investments:

- Increases the Homeless Housing, Assistance and Prevention program by $500 million in 2022-23 ($1.5 billion total) and budgets a total of $500 million for 2023-24 (funds would have expired in 2023-24 under the Governor's plan).
- Reduces the Encampment Resolution Grant program proposal from $500 million to $300 million in 2022-23.

▪ Approves the $1.5 billion Behavioral Health Bridge Housing proposal for 2022-23. ▪ Rejects the $500 million proposal for interim housing on state-owned land. ▪ Approves the current year Project Homekey augmentation of $150 million and continues the $1.3 billion investment for 2022-23.

Judiciary, Public Safety and Local Corrections

Dependency Counsel
▪ $30 million ongoing to correct calculation for statewide dependency counsel funding, accompanied by provisional budget bill language
Juvenile Facility Grants
▪ Approves $100 million in resources to renovate, repair, and improve county juvenile facilities. But adopts provisional budget bill language, presumably with changes as yet unknown.
Mobile Probation Service Centers
▪ Repurpose $20 million proposed in the May Revision for mobile probation service centers to fund a Medication Assisted Treatment Grant Program pursuant to Penal Code 6047.1-6047.4
Pretrial Diversion
▪ Proposes provisional budget bill language for pretrial diversion; specific changes as yet unknown.
Office of Youth and Community Restoration
▪ Approves $10 million in 2022-23 and annually thereafter in additional support for OYCR program and adopts trailer bill language detailing the duties and responsibilities of the ombudsman in greater detail.
New Judgeships and Associated Facilities
▪ Approves funding for 23 authorized but not-yet-funded superior court judgeships as well as resources to modify existing facilities and construct new facilities to accommodate new judicial officers.
Civil Assessment Backfill
▪ Approves increased level of resources to provide courts with ongoing resources to backfill civil assessment revenue losses and adopts budget bill and trailer bill language to fully repeal the civil assessment and retroactively eliminate existing debt.
SB 678 Funding
▪ Approves one-year extension to grant formula.
Officer Wellness Grants
▪ Approves $40 million for Officer Wellness Grants intended for local law enforcement officers and $10 million for de-escalation and use of force training.
Division of Juvenile Justice Realignment
▪ Adopts as-yet-unknown placeholder trailer bill language to make "technical clarifying amendments."
CDCR Community Reentry Program
▪ Approves $75 million annually for three years to expand community reentry programs.

Natural Resources

Climate-Energy Plan
▪ Appropriates $21 billion General Fund (in addition to associated federal funding and special funds), with details to be worked out. The Plan is expected to include items related to the following issues: Water-Drought Resilience, Wildfire Resilience, firefighter staffing levels, Sea Level Rise, Extreme Heat, Biodiversity and Outdoor Access, Energy, Zero-Emission Vehicles,

and other climate-related actions. This package is in lieu of the Governor's various Resources- and Energy-related packages.
▪ Provides $100 million for dam safety projects.

General Government

Taxpayer Rebates to Provide Inflation Relief
▪ Includes $8 billion for the Better For Families (BFF) Rebates plan to provide relief to Californians from the impacts of high gas prices and other growing costs due to inflation. The BFF rebates provide $200 per taxpayer and dependents for taxpayers with up to $250,000 income for joint filers and $125,000 for single filers. In addition, grants will be provided for CalWORKs and SSI/SSP recipients as well as other low-income Californians who do not file taxes.
Cannabis Reform
▪ Includes cannabis tax reform that: (1) sets cannabis cultivation tax rate to zero; (2) keeps the cannabis excise rate at 15 percent for three years; (3) allows the California Department of Tax and Fee Administration, in consultation with the Department of Finance and the Department of Cannabis Control, to adjust the cannabis excise tax rate that takes into consideration additional revenues received by December 31, 2025; (4) require an economic study that measures the impacts of tax reform on revenues; (5) sets the minimum baseline for Allocation 3 at $670 million; (6) additional relief for equity operators; (7) adds additional enforcement tools against the illicit cannabis market and worker protections, including enforcement of labor peace agreements; (8) sets aside $150 million General Fund to backfill any revenue loss and counts existing balances that departments are carrying to meet the minimum $670 million baseline, and (9) adds reporting requirements for the Cannabis Tax Fund.

Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...

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This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ JUNE 10, 2022

Two-Party State Budget Agreement Details Now in Print as June 15 Deadline Looms Large

As we reported last Friday, the Legislature announced a long week ago that the two houses had landed an agreement on the state budget. This week, the provisions to carry out the houses' spending plan appeared in identical vehicles: AB 154 and SB 154. These bills (only one will move forward) will enact the main budget architecture for 2022-23 and essentially set a foundation for subsequent negotiations between the Legislature and Administration. In very broad terms, the identical bills (1) authorize $300 billion in spending, including $235.9 billion in General Fund expenditures and (2) set aside $37.8 billion of combined total reserves in the Budget Stabilization Account (BSA), the Special Fund for Economic Uncertainties (SFEU), the Public School System Stabilization Account (PSSSA) and the Safety Net Reserve.

The full Senate budget committee met Thursday (agenda | summary | LAO overview | line item details) to present the Legislature's plan; the most notable takeaway from that conversation was the extent to which the Department of Finance pushed back on the Legislature's proposed ongoing spending. The full Assembly budget committee meets Monday, and it is expected that the houses will take up (and pass!) the budget bills on Monday. The Legislature's budget plan will presumably arrive on the Governor's desk no later than Wednesday, June 15 to meet the constitutional deadline for passage of a balanced budget. From there, the Governor has 12 days to sign the bill ... and during those 12 days, the three parties – the Administration, the Senate, and the Assembly – will have a considerable set of issues to negotiate. The parties reportedly are far apart on any number of big-ticket (both in the sense of high dollar amounts and policy significance) items, including tax relief/cash assistance, school funding, housing and homelessness, climate change investments, and health and developmental services.

One of the well-known Sacramento budget watchers tweeted today some interesting observations about the state budget timeline:

123	The number of days from January 10 (release of Governor's proposal) to the May Revision.
19	The number of days from the May Revision to the release of the Legislature's two-party agreement.

Worth Noting: Governor's CARE Court Proposal Now Set for Hearing

SB 1338 (Umberg and Eggman) has been referred to the Assembly Judiciary Committee and the Assembly Health Committee with hearing dates now set for June 21 and June 28, respectively. Remember, of course, the deadline for bills to get out of the second house policy committees is July 1 ... although we expect that substantive conversations about CARE Court language will continue all the way through the end of session. And, contemporaneously, continued conversations on the fiscal package to accompany the new responsibilities continue.

7	The number of days from the announced two-party agreement to the release of the budget bills.
7	The number of days between the houses' budget agreement coming into print and the June 15 legislative deadline
12	The number of days the Governor has to act on the budget bill once its presented to him (no later than June 15).

In other words, a LOT happens in a rather contracted period of time toward the end of the budget negotiations. We will continue to keep you apprised on developments. Oh, and it's important to note that while the Legislature's budget plan identifies a $3 billion pot for legislative spending (i.e., specific member requests), no details have been announced on what precisely will be funded from that set-aside.

Finally, it bears repeating that – like we have seen the last several years – there will be budget conversations, additional budget and trailer bills written and enacted, and plenty of other related activities through the end of session on August 31. Stay tuned, friends!

Tuesday's Primary Election: Few Surprises, Low Voter Enthusiasm

While ballots are still being counted, this week's statewide primary election was a bit of a yawn. After last fall's gubernatorial recall election blowout, no one should be surprised that Governor Gavin Newsom will move to the November ballot. With 56 percent of the vote as of this writing, Newsom will face State Senator and former Lassen County Supervisor Brian Dahle, who garnered about 17 percent of the vote statewide. In the open race for State Controller, Republican Lanhee Chen is likely to face Board of Equalization Member Malia Cohen. Chen is widely viewed as the Republican most likely to win a statewide office. (Republicans have been shut out of California statewide offices since 2006.) In the race for Attorney General, Sacramento District Attorney and No Party Preference candidate Anne Marie Schubert failed to move on to November; instead, Attorney General Rob Bonta, a Democrat, will likely face Republican Nathan Hochman.

The biggest story coming out of legislative primary races is the outcome in Senate District 4, which encompasses a number of counties in and around the Sierras. Senate District 4 was largely viewed as a safe Republican seat with a Republican voter registration advantage of three percent. However, with six Republican candidates vying for the Senate seat, including former Congressman George Radonovich, voters split amongst the Republican candidates and in all likelihood will instead send two Democrats to the November general election.

A quick note on turnout: it's not unusual for a June primary to have lower turnout than a November general, but voter turnout appears to be on pace for a record low. Or does it?

As of this writing, we're only at E+3 and ballots are counted through E+7 (with proper postmark, of course), but it appears that this election is on track to have a turnout of just under 30 percent of registered voters. However, some experts argue that perhaps using eligible voters is a more appropriate denominator. Now that we have automatic voter registration in California, the number of registered voters has skyrocketed, and more total voters participated in this election than in the 2014 and 2010 gubernatorial primaries as well as the 2020 presidential primary. So, while on a percentage basis, we may have experienced a low turnout election, we may also have experienced the second highest total voters in gubernatorial history! (For those interested in geeking out on election turnout, check out this Twitter thread.)

Finally, anticipate increased voter interest and enthusiasm come November. California voters could be asked to weigh in on up to a dozen ballot measures, in addition to races for statewide elective offices. New this week, legislative leaders announced a planned constitutional amendment to explicitly enshrine abortion rights in the California Constitution. Senate Constitutional Amendment 10 would ask voters to protect the right to abortion and contraceptives in light of an anticipated ruling from the United States Supreme Court that would overturn *Roe vs. Wade* and allow states to make their own decisions on abortion rights. While the timelines are short for approving SCA 10 through the legislative process, we expect that this issue will be a priority for legislative Democrats and the Newsom Administration.

Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...

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This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ JUNE 17, 2022

Legislature Passes Budget Bill, Presents to Governor – Negotiations Now Underway

As was anticipated, the Senate and Assembly passed SB 154, the Legislature's two-house 2022-23 spending plan on Monday of this week. The bill was subsequently presented to the Governor mid-afternoon on Wednesday, well within the midnight June 15 constitutional deadline to present a balanced budget to the Governor. So, while the passage of SB 154 is an important and substantive ***first step*** in the budget negotiations, the bill represents an agreement between the majority parties in the Senate and Assembly – but does not yet have the blessing of the Governor. Indeed, as we outlined last week, areas of disagreement exist between the Administration's spending plan and the Legislature's version of the budget.

Worth Noting: Organics Waste (SB 1383) Public Meeting Announced

CalRecycle will hold its monthly Public Meeting on Tuesday, June 21 at 10:00 am. The proposed Eligibility Criteria, Scoring Criteria, and Evaluation Process for the Community Compost for Green Spaces Grant Program will be presented. This competitive grant program will provide funding for community composting to create, improve, or expand community composting sites for organic waste.

The Request for Approval and Scoring Criteria documents are now available online. CalRecycle will accept comments regarding the proposed eligibility, scoring criteria, and evaluation process via email until **Friday, July 1**.

Since Monday's legislative action, conversations among legislative leadership and the Newsom Administration have been decidedly private. There has been very little public commentary – beyond the obvious acknowledgement that the parties are in conversations to settle on a final, three-way agreement – about the substance, fruitfulness, speed, or direction of the negotiations. We will continue to keep you apprised on developments as they emerge.

CARE Court Measure Amended Ahead of Assembly Judiciary Committee Hearing

Yesterday, a new set of substantive amendments was dropped into SB 1338 (Umberg and Eggman), the vehicle to carry out the Governor's Community Assistance, Recovery, and Empowerment (CARE) Court Program – although now dubbed the "CARE Act." The measure will be heard in the Assembly Judiciary Committee on June 21 and the Assembly Health Committee on June 28.

The following briefly summarizes the June 16 changes to the CARE Act:

Program designation	The amendments change all references to CARE Court to the "CARE Act."
Phased-in implementation	It is our understanding that the following language is an indication of a willingness on the part of the Administration to adopt a phased-in

	implementation: *"Section 5970.5. It is the intent of the Legislature that this part be implemented in a manner that ensures it is effective."*
Sanctions	The amendments add language that allows the court to consider mitigating circumstances in imposing penalties. Additionally, the language directs the revenue from the penalties into a fund used to support county activities serving individuals with serious mental illness. The Administration anticipates additional work on this sanction language.
Presumption	The amendments change the presumption about an individual who is not adhering to the CARE plan. Under the prior version, the language created a presumption that no suitable community placement exists under facts considered for a conservatorship hearing. Under the new amendments, the language creates a presumption at a conservatorship hearing occuring within six months of termination of the CARE plan that the respondent needs additional intervention beyond the supports and services provided by the CARE plan.
Prescription medicines	The amendments add prescription medications to the sections of the bill requiring health plans to cover CARE Act services.
Additional process changes	The amendments also provide for the following changes to various CARE Act processes: ▪ Revises the hearing process to include an initial investigation prior to the first court appearance to determine whether the individual meets CARE criteria. ▪ Revises the CARE criteria to: 1) clarify a person with a substance use disorder that does not meet the required criteria does not qualify, 2) the person is not clinically stabilized in on-going voluntary treatment, 3) deletes "the person's impaired insight or judgment presents a risk to their health and safety", 4) adds "the person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating." ▪ Revises the menu of housing and other services that a person with a CARE Plan may receive, including adding statutory citations for programs; adds the In-Home Supportive Services program.

It is likely that SB 1338 will be substantively amended several more times before the end of session.

Updates on Other Bills of Consequence

▶ SB 443 (Hertzberg) – Emergency Medical Services

SB 443 (Hertzberg) was gutted and amended on June 16 and now applies to Emergency Medical Services; it is expected to be heard in Assembly Health Committee on June 28.

The author and sponsors assert this measure is intended to clarify the intent of SB 438 (Hertzberg, Chapter 389, Statutes of 2019), which clarified the operation of public safety answering points (PSAPs), including 9-1-1 Emergency Medical Services (EMS) dispatch centers. During negotiations on SB 438, county organizations were assured that the measure was not intended to undermine local emergency medical service agency (LEMSA) medical control.

SB 443 seeks to undermine litigation that has affirmed county control over their local emergency medical services systems. SB 443 proposes to abrogate, the California Supreme Court, in the case of *County of San Bernardino v. City of San Bernardino* (1997 15.Cal. 4th 909). SB 443 also seeks to

abrogate other court cases filed on the basis of medical control and .201 rights including cases between the *City of Oxnard v. County of Ventura* and *S. San Joaquin County Fire Authority, et.al, v. San Joaquin EMS Agency, et.al*. Again, neither case seeks to clarify the intent of SB 438, which was about the dispatch of EMS services. Rather, both court cases ruled against cities and fire districts attempting to undermine county medical control through their ".201 rights."

Should SB 443 become law, local municipal agencies would be permitted to act outside of the medical control of the LEMSA medical director, and EMSA, in the response and delivery of prehospital emergency care. This would fragment the EMS system and likely would result in considerable variation in the care provided to patients. It also would risk patient safety, as deviations from LEMSA policies and procedures can and will occur without LEMSA and EMSA oversight.

▶ SB 866 (Wiener) – Minors' Vaccine Consent

SB 866 (Wiener) was amended on the Assembly floor this week to change the age at which minors can receive federally approved vaccines without parental consent from age 12 to age 15.

Under existing law, California minors can already consent to medical care for specified issues, including vaccines for hepatitis B and the human papillomavirus. SB 866 would extend the ability to consent to COVID, measles, flu or any other immunizations that have been approved by the Food and Drug Administration and meet the recommendations of the federal vaccine advisory committee.

Senator Wiener's spokesperson said that he agreed to the amendments because he felt the majority of young people who would take advantage of the bill's authority would likely be 15 years old or older. SB 866 is on the Assembly Third Reading file and could be voted on anytime.

▶ SB 872 (Dodd) – Mobile Pharmacy Units

SB 872 (Dodd) would authorize a county or a city and county to operate a licensed mobile unit to provide prescription medication to individuals within the county's jurisdiction and specifies certain criteria that a mobile unit must meet.

The measure was amended in Assembly Business and Professions Committee to:

1) clarify that a special hospital authority may operate a mobile unit;
2) require that the mobile unit be operated as an extension of a pharmacy license held by the county, city and county or special hospital authority;
3) ensure that dangerous drugs are not left in the mobile unit during the hours in which it is not in operation;
4) require notification to the Pharmacy Board at least 30 days prior to commencing operation of a mobile pharmacy.

SB 872 is being supported by several counties, the Urban Counties of California, the County Health Executives Association of California, and the California Association of Public Hospitals and Health Systems. Assembly Business and Professions Committee unanimously approved SB 872 with the amendments described above. The bill heads next to Assembly Appropriations Committee.

Negotiations on Single-Use Plastics Continue

Legislators and environmental groups have been embroiled in negotiations on single-use plastics in an effort to avoid a November ballot measure showdown. Last night, Senator Ben Allen amended his SB 54, one day after 18 environmental justice groups backed the ballot measure approach. The ballot measure, sponsored by Coastal Commission members Linda Escalante and Caryl Hart and the former CEO of waste hauler, Michael Sangiacomo, would ban Styrofoam, put a fee on single-use plastic products and foodware, and require those products to be made recyclable or compostable by 2030. The state's Department of Resources Recycling and Recovery would be responsible for writing the regulations, which could include deposits on products, bans on types of materials, and definitions for what counts as recycling or composting.

Amendments to SB 54 would instead require producers of plastic packaging and food serviceware to recycle or compost 65 percent of their material by 2032. It also wouldn't ban Styrofoam, and it would give producers responsibility for collecting and spending enough fees to reach the bill's recycling targets. It would also allow them to meet source-reduction goals across an industry-wide target, rather than setting mandates for individual companies.

In order to remove the ballot measure from the November ballot, proponents must agree to do so by the end of June, giving Senator Allen and supporters of SB 54 a short two weeks to negotiate with proponents, legislative leaders, and the Governor.

HCD Announces ESG Funding Available

This week, California Department of Housing and Community Development (HCD) announced the release of the Notices of Funding Availability (NOFA) for approximately $11 million in federal Emergency Solutions Grants (ESG) funds. There are two separate NOFA's available; one for each allocation (Continuum of Care and Balance of State.)

As a reminder, the ESG program provides funding to local governments and providers to:

- Engage individuals and families experiencing homelessness;
- Improve the quality of Emergency Shelters for individuals and families experiencing homelessness by helping to operate these shelters and by providing essential services to shelter residents;
- Rapidly rehouse individuals and families experiencing homelessness; and
- Prevent families/individuals from becoming homeless.

All applications must be submitted through the application portal, which is also located on the ESG webpage. Applications are due no later than August 17, 2022. For webinar information, visit the ESG webpage.

Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...

JEAN HURST	KELLY BROOKS	ELIZABETH ESPINOSA	JOSH GAUGER
916-272-0010	916-272-0011	916-272-0012	916-426-4700
jkh@hbeadvocacy.com	kbl@hbeadvocacy.com	ehe@hbeadvocacy.com	jdg@hbeadvocacy.com

NORTHERN INYO HEALTHCARE DISTRICT
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150 Pioneer Lane
Bishop, California 93514
(760) 873-5811 Ext. 3415

DATE: July 2022

TO: Board of Directors, Northern Inyo Healthcare District

FROM: CEO Board Report
Barbara Laughon, Manager, *Marketing, Communications, & Strategy*

RE: Department Update

REPORT DETAIL

Old Marketing Business

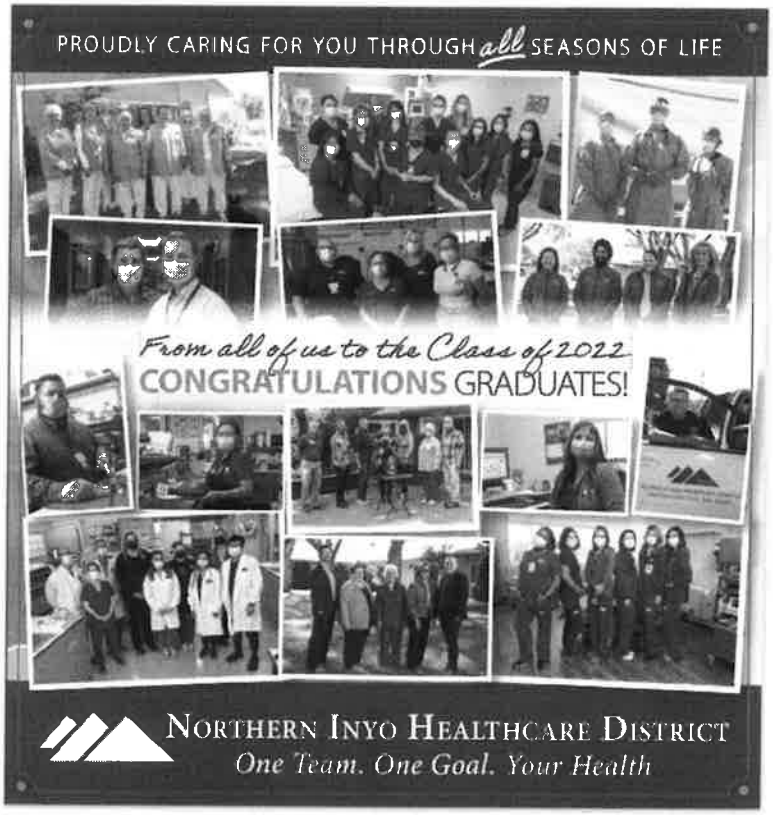
- **Community Health Needs Assessment**: Continue to work alongside the Executive Team and other leaders on this effort, which I am confident, is covered more extensively elsewhere in these reports.
- **Annual Report**: Photographer David Calvert was on campus for five photography sessions in May. I am grateful to all our team members for their valued cooperation in this effort. I have edited all copy submitted and returned to CFO Vinay Behl and the graphic artist along with Mr. Calvert's photographs. They are working on design and layout.
- **Social Climb**: NIHD initiated the Social Climb platform on June 17 to help improve its brand reputation and increase our online search visibility. As of this writing, we have issued 916 invitations for customer service reviews over 10 business days and received 258 click-throughs. In all we have received 34 reviews – 31 of which were five stars, with one four-star, one three-star and a single one-star review. Patients have the choice of leaving their review via Google, Facebook, or via a private message. The vast majority of patients are opting to use Google or private message. Among the providers receiving the highest number of compliments are **Dr. Richard Meredick**, **Dr. Timothy Brieske**, **Certified Nurse Midwife Jennifer Norris**, **Dr. Jeanine Arndal**, and **Dr. Anne Wakamiya**.
- **Staffing:** We continue to recruit for a new Digital Marketing Specialist. Digital Marketing Consultant **Amanda Long continues to lend a hand** until we can bring someone new on. It is a privilege to work with **HR Recruiter Brandi Simpson** as her commitment to the District and finding great candidates is quite evident.

New Marketing Business

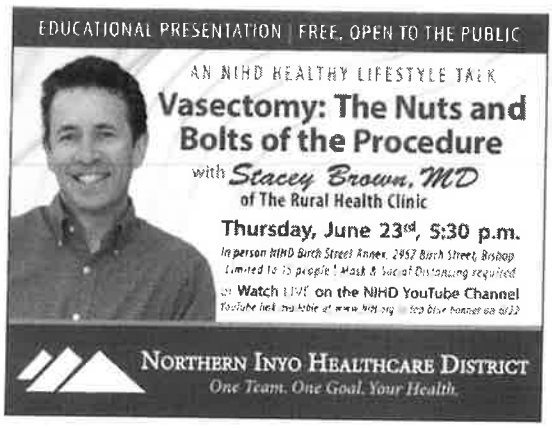
- NIHD supported the **Inyo County Office of Education's Community Star** effort with a support ad in *The Inyo Register*, highlighting the **Northern Inyo Associates Pediatric team**, including **Colleen McEvoy, C-PNP**, and a past Community Star recipient.

- Thanks to the graciousness of **Dr. Jeanine Arndal**, we are within days of launching our podcast series, ***NIHD's Mountain Medicine***, produced by Doctor Podcasting with the "Pod Father" Tim Dusa and team. We will begin with four podcasts featuring physicians **Joy Engblade, Anne Goshgarian, Stacey Brown** and as mentioned Jeanine Arndal. Dr. Engblade continues to work with the physicians to present a monthly podcast on health topics of interest to our community.

- **NIHD saluted and congratulated the Class of 2022** with a support ad in *The Inyo Register*. The ad features many familiar faces from across the District, including yourselves, our Foundation Board, our Auxiliary, and many of our teams.



- Many thanks to **Dr. Stacey Brown** for his recent **Healthy Lifestyle Talk** on vasectomies. While not many attended the in person event, the presentation has garnered almost 50 views on YouTube as of this writing. The talk was incredibly informative and presented in an educational but light-hearted format as only Dr. Brown can do. Dr. Engblade and I are hopeful the July Healthy Lifestyle Talk will feature Dr. Richard Meredick and the NIH Rehabilitation Team. The August talk will feature Registered Dietitian Denice Hynd on "How to overcome Pediatric Picky Eaters." We are hopeful Denice can present this talk in Spanish as well.



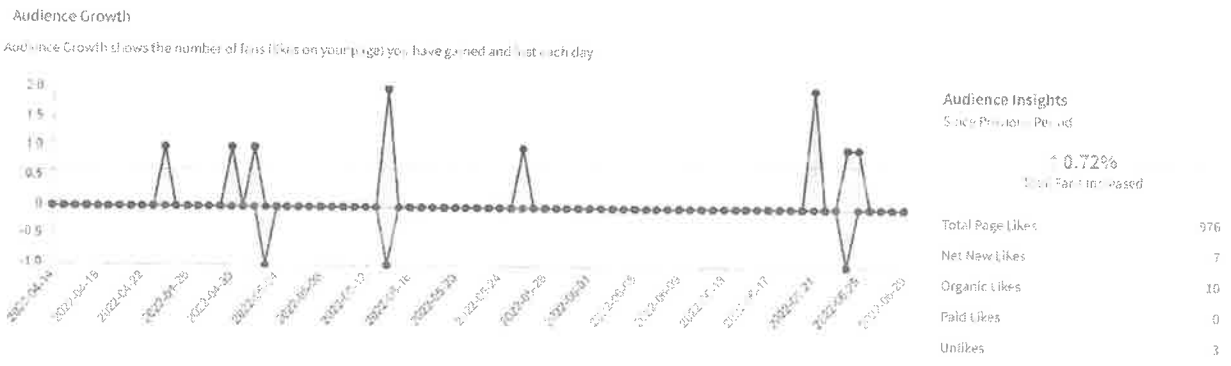
- By the time you read this, NIHD will have hosted its **July Employee Town Hall**. Many thanks to **Kalina Gardiner and Denice Hynd**, our Registered Dietitians for their presentation, ***"Bountiful Summer on a Budget,"*** offering cost efficient methods for making the greatest nutritional impact all summer-long. Other speakers scheduled are **CEO Kelli Davis, CMO Dr. Engblade** and **Human Resources Manager Marjorie Routt.**

- **Upcoming events from Trusted Partners**

Event/Speaker:	NIHD **Virtual Childbirth Education Class, July 9**
Location/Format:	Virtual only
Speaker/Topic:	**Hospice of the Owens Valley Grief Support Group** *Seven to eight-week course,* ***begins July 14***
Location/Format:	Pioneer Home Health Care, 363 Academy Ave. / in person
Event/Speaker:	**Vitalant Battle of the Badges Blood Drive, July 18 & 19**
Location/Format:	Bishop Elks Lodge, 151 E. Line St. / in-person

Digital Marketing Updates

Facebook:



Top Posts

Published On	Posts		Likes	Shares	Reach	Engagement
01:06 am May 12, 2022		The Daisy Award is given to a nurse that shows an extraordinary act of compassion or creates a relat...	198	5	1820	27%
04:12 pm Apr 28, 2022		This week is #labweek and our Laboratory Services team opened their doors to show us what happens to...	53	6	1036	10%
12:15 am May 12, 2022		Happy Hospital Week! Yesterday we had an ice cream social where staff received a COVID-19 chall...	31	4	445	18%
12:32 am Apr 18, 2022		We had some Friday Fun hosting a Golden Egg Hunt for our team. Finders could claim a gift...	33	0	647	14%

Instagram:

Profile Posts Stories

Followers	Profile Views	Reach	Impressions	Website Clicks
368	46	1.9K	2.7K	4

Top Physicians

All Physicians

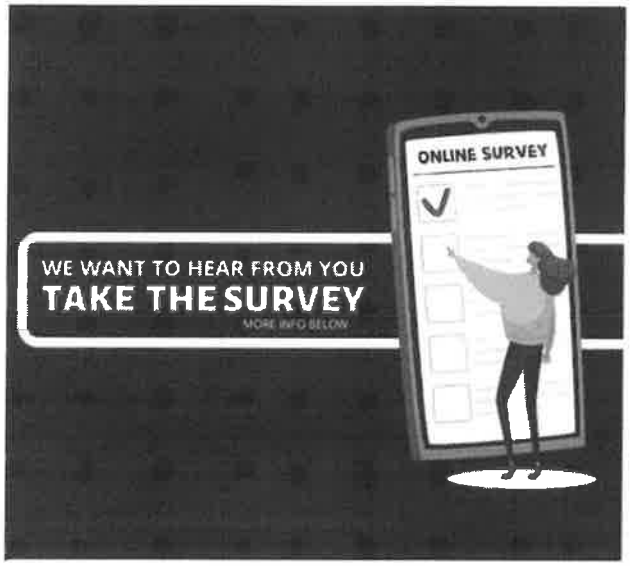
Stacey Brown MD		Annie Gasior MD		Jennifer Figueroa PA-C		Martha Kim MD		Thomas Reid MD	
Views	Specialties	Views	Specialties	Views	Specialties	Views	Specialties	Views	Specialties
61	2	55	2	54	1	49	2	49	1

Recent Posts:

Northern Inyo Hospital
Published by Barbara Laughon · Favorites · May 17

Inyo County, we want to hear from you!
Take our community health needs assessment today.

Link to survey: https://bit.ly/3aYFba



NORTHERN INYO HEALTHCARE DISTRICT

NIH.ORG

Tell NIHD what you think are the most important health issues in our community

Learn more

Northern Inyo Hospital
Published by Scot Swan · Favorites · May 12

The Daisy Award is given to a nurse that shows an extraordinary act of compassion or creates a relationship with a patient that truly made a difference. While many of our nurses here go above and beyond their job duties there can be only one Daisy Award recipient and this year we are proud to announce that Anneke Bishop of our perinatal team has earned that award.

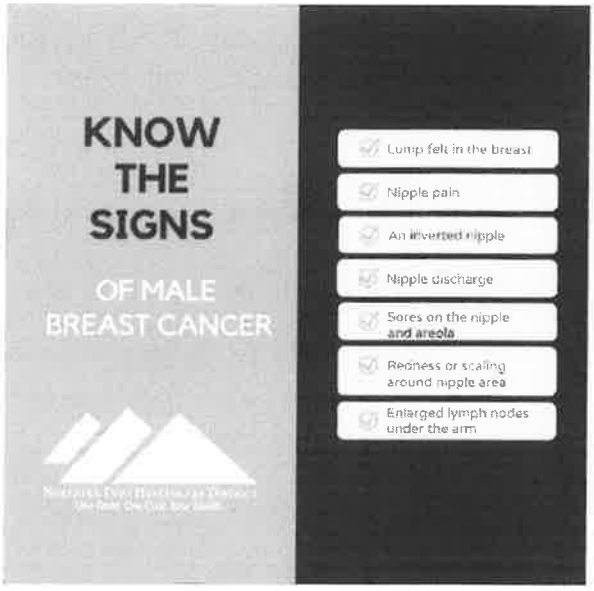
Anneke was nominated for this award by a patient who spent over three days in labor and delivery to bring their first child into the world. In their nomination they talk about how her happy demeanor and exceptional personality made her time at NIHD one she will never forget.

Congratulations to our 2022 #DaisyAward winner!

Northern Inyo Hospital
Published by SocialBee · Favorites · 2d

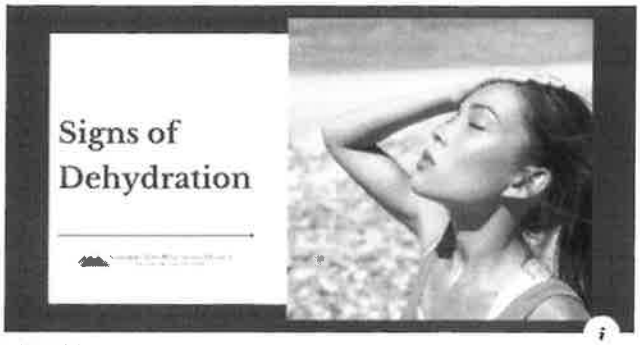
Breast cancer is a men's health issue too! More than 2,650 men are diagnosed with breast cancer each year.

Learn more about this disease in men during #MensHealthMonth:
https://bit.ly/2Rzd1CI #MHM2022



Northern Inyo Hospital
Published by Sprout Social · Favorites · 6d

When you're out and about on a hot summer day, it can be easy to forget to drink enough water. In light of National Hydration Day, learn more about the signs of dehydration.



NIH.ORG

Signs of Dehydration

Learn the symptoms and when to seek treatment.

NORTHERN INYO HEALTHCARE DISTRICT

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150 Pioneer Lane
Bishop,California 93514

(760) 873-5811

DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Rich Miears, Manager of Environmental Services & Laundry

RE: Department Update

REPORT DETAIL

ENVIRONMENTAL SERVICES

The Environmental Service team operates Monday –Sunday 400am to 1230am. Our staff cleans areas from Birch Street, to the Joseph House to our OR's and PACU. We currently have 24 fulltime employees in ES with one vacant spot to fill by 7/30/2022.

The ED has just started seeing a spike in Covid cases, which is keeping ES very busy.

LAUNDRY

The Laundry team operates Monday –Friday from 500am to 1500pm. We currently have 5 employees with zero spots to fill. Our chemical line is still good, and all equipment is working. Our staff is doing great. Our washable PPE is in great supply to handle the next Covid surge.

OTHER INFORMATION

Talent Pool- currently has 3 employees and another joining us 7/11/22. We hope to hire 6 more Talent Pool employees if we can more applicants in ADP. The last application was 6/29/2022.

Screeners- We have 2 full-time temp screeners, 3 part-time temp screeners from Sierra Employment to cover Radiology 5 days per week, Main and the ED entrance 7 days per week.

They are all really nice and do a great job!

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DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Neil Lynch, Purchasing

RE: Department Update

REPORT DETAIL

NEW BUSINESS
Currently working with HR to fill vacancies in the Purchasing Department.

Year-end fiscal inventory was rescheduled with a new completion date of 7/15/2022. We are very happy to be able to participate in weekend holiday activities around the 4th of July without inventory activities overwhelming the department.

Shipping delays have been minimal and PPE supply is more than sufficient. Purchasing will continue to monitor supply chain to ensure adequate supply.

OLD BUSINESS
(Complete) Purchasing is preparing for fiscal yearend inventory (6/30/2022). In preparation we will be analyzing inventory processes for Purchasing and Surgery departments, prepping the warehouse, and doing some item master maintenance. All of this is necessary to ensure an accurate fiscal year end valuation.

(Complete) Process review. Purchasing will be process mapping workflows to ensure accuracy and efficiency in supply chain processes with a focus on Cerner driven workflows.

(Complete) Back orders. We are experiencing significant delays across most supply chain categories. Covid-19, weather, shipping bottle necks, and manufacturing delays have made ordering difficult. Most resources are focused on minimizing delays.

(Complete) Purchasing continues to work on GPO (Group Purchasing Organization) transition. We are compiling data for analysis to determine contract compliance rate.

(Complete) GHX EDI integration has begun. IT continues has completed set up on the back end, purchasing staff is training and will be testing system through October.

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DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Thomas Warner, Dietary Manager

RE: Department Update

REPORT DETAIL

NEW BUSINESS

The Dietary Department staff have been willing to cover each other's shifts due to staff illness; surgery, and L.O.A. staff continue to abide by infection control and public health mandates.

The Dietary team continues to prepare cakes and cupcakes for retirements and monthly birthday celebrations. The team prepared and assembled 175 red, white, and blue cupcakes for the July birthdays.

New Facebook videos to celebrate the 4th of July by Kalina Gardiner and Thomas Warner were filmed, produced and put out thanks to Barbara Laughon.

Total Meals Served from the 3rd week of June

Patient Meals: 906

Staff Meals: 7223

OLD BUSINESS

Day-to-day operations for the Dietary Department continues to include:

- Feeding staff during breakfast, lunch and dinner
- Coordinating with special event committees to organize and provide food during opportunities of celebration and acknowledgment
- Providing nuclear medicine meals
- Providing inpatient meals
- Maintaining survey readiness through observations and actions, and training
- Enforcing social distancing recommendations while waiting in line and dining in the Cafeteria

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DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Larry Weber, Director of Diagnostic Services

RE: Diagnostic Services Department Update

REPORT DETAIL

NEW BUSINESS

Cardiopulmonary (CP):

- Our effort to provide Neonatal Intensive Care training for our respiratory therapists has neared completion. As of June 23rd, we have completed training for all but one of our Respiratory Therapists. As a reminder, the training consists of 3 days of hands-on training in the Neonatal Intensive Care Unit (NICU) at Pomona Valley Medical Center. Feedback from the therapists that have attended has been very good and the time spent at the training was well worth the effort and will positively impact their ability to care for neonates in need.
- The CP department is evaluating options to obtain a second blood gas analyzer. Currently, we have no backup for this analyzer, and downtime would significantly affect patient care.

Diagnostic Imaging (DI):

- We are 2 months into the Patient experience group. The focus group consists of 3 technologists and one Admission Services Clerk. The group wanted to focus on the following questions on the Press Ganey Survey.
    a. Ease of Registration
    b. Waiting time in registration

  The group decided to trial a new patient workflow, that included a "fast-track" check-in window for our scheduled appointments, and a walk-in and other needs window for unscheduled patients and patients who had other needs. The intent was to keep our patients with appointments on time and not have registration delayed (and appointments delayed) due to patients with other needs / no appointments.
  This new workflow has been in effect for about 1 week and after today's meeting, the feedback from the staff and patients has been positive. We will monitor success through feedback on returned Press Ganey surveys and adjust plans as necessary.

- We are two months into our Employee Engagement focus group and are focusing on 2 key areas of improvement. Below are the areas of focus and detail of the action plan.
    a. I have the resources and support I need to effectively manage my stress
        i. Have monthly birthday parties with deserts created by leadership
        ii. Signed up for city softball. This effort has been very successful in bringing the DI and CP teams together in a non-stress environment.
    b. I have the resources and equipment I need to be successful at my job.
        i. Improved communication between shifts on equipment that needs repair and is unavailable for use.
        ii. Increased review of incoming orders to confirm before the patient arrives that we have the correct order for diagnosis sought.
        iii. Work with ER and IP nursing units to ensure as much as possible that the patient is ready for the exam when scheduled to come to the DI department.
        iv. All team members assist each other with patient transports, IV starts, etc when one modality may be short-staffed or busy.

Laboratory Services (the Lab):

- The lab team, in conjunction with the Medical Surgical unit and Intensive Care unit, trialed a patient satisfaction initiative where we moved the start time of collection of lab specimens (blood draws) from 5 am to 6 am. This was done with the thought that our patients could get one more hour of sleep before being awoken for the collection. The 30 trial was completed and we found that patients were still being woken up for other nursing needs and the patients were not benefitting from the later collection time. Additionally, we found that getting the test results to the attending hospitalist before their morning rounds was proving difficult. Ultimately we returned to the 5 am start time for morning collections but the collaborative effort between nursing, providers, and lab services was an indication of us striving to achieve our one team one goal mission.
- New hematology analyzers are working well – the team is very happy to have them
- Hannah, the interim Lab Manager, is creating new Quality Assurance/Performance Improvement projects for the department
- We are working to move current Clinical Lab Scientists into our open Lead positions so each section has consistent daily oversight.
- We have an offer pending to hire one of our night shift travelers on full-time!
- We continue to work on moving all 200+ of our SOPs into the new District format and on to PPM

OLD BUSINESS

Cardiopulmonary:

No old business for Cardiopulmonary

Diagnostic Imaging:

No old business for Imaging

Laboratory Services:

No old business for Laboratory Services

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150 Pioneer Lane
Bishop, California 93514
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DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Bryan Harper, Director of ITS/CISO

RE: Department Update

REPORT DETAIL

NEW BUSINESS

The team continues to deploy direct printing to all areas of the hospital.

Windows upgrades and security patching continues

The technical team is in the process of completing our VMware Platform upgrade. This is the virtual environment for 387 servers. (waiting on new hardware /budget approval)

The ITS and CE team are working on deploying a new OB Fetal monitor cart. This cart will allow staff to continue fetal monitoring by use of mobile cart.

The applications team is working with multiple departments on DHCS 340B reporting.

ITS is working with providers and other leaders on trying to resolve multiple Athena and centricity data migration issues.

OLD BUSINESS

Team members have completed security penetration mitigation were possible. Older systems still hamper our security posture.

Windows updates and patches are now deployed via SCCM (System configuration manager) This automates upgrades, installs and patching for security issues.

The ITS department has taken back over reporting for the District and the addition of our newest employee will allow us to be able to delivery much needed reporting and data for decision making processes.

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Bishop, CA 93514
(760) 873-5811

DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Greg Bissonette, Foundation Executive Director/Grant Writer

RE: Department Update

REPORT DETAIL

FOUNDATION

May and June saw regularly scheduled board meetings take place. In May the Foundation approved $400 in support of the CAREshuttle program and again in June another $425 for CAREshuttle maintenance. The District received and put into use the Philips X-3 monitor for the Perinatal department in May, which the Foundation approved funding for back in October of 2021 in the amount of $10,600. May also saw the return of Hospital/Nurses week celebrations, of which I oversaw the Years of Service events.

GRANT WRITING

There were no new grants pursued during this period and no funding awarded. Administration and maintenance for all other current grants is ongoing.

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DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Scott Hooker, Director of Facilities

RE: Department Update

REPORT DETAIL

MAINTENANCE/FACILITIES

New Business:

Colombo Construction has contractors on site this week 6/20/22 starting demo on the chiller plant upgrade. These same contractors will move over to start demo on the Pharmacy Project next week 6/27/22. It is very exciting that both of these state projects are underway.

HCAI Projects (6 projects)

Pharmacy Project – Work to start June 27

Temporary Chiller Project – This project is monitored by HCAI until we get rid of the temporary chiller. That will happen after the Chiller Plant Upgrade (or condenser plant upgrade).

Chiller Plant Upgrade / Condenser plant upgrade – Contractors onsite started demo June 20

Omnicell medication cabinet replacement project – All cabinet but one (ICU) have been installed change order sent to HCAI.

SECURITY

New Business:

Security is running smoothly with one open position, one potential guard that needs to be interviewed, and one guard out on leave. Security Officer Steve Thompson went through orientation on April 18th and will start working alongside our current officers. Steve has been putting in shifts with other officers and will start working solo soon.

Old Business:

Security is currently operating with 6 officers. Security is onsite Sunday – Thursday 600p-330a Friday and Saturday noon-400a.

NORTHERN INYO HEALTHCARE DISTRICT
Improving our communities, one life at a time.
One Team, One Goal, Your Health!

150 Pioneer Lane
Bishop, California 93514
(760) 873-5811

DATE: July 2022

TO: Board of Directors
Northern Inyo Healthcare District

FROM: CEO Board Report
Lynda Vance, Manager of Project Management

RE: Department Update

REPORT DETAIL

NEW BUSINESS

Over the last month, I have been able to take some time off for a high school reunion and to spend time with friends and family. I want to thank the District for the continuing support and encouragement to take time off. It is important for our workforce to take care of themselves.

PROJECTS *(this is a summary of the high-level work, not a complete list)*

Discovery – 9 (ABI Machine for wound care, OB sleep room update, Case Manager office update, eCase Reporting with Cerner, API bulk with Cerner for CEHRT 2023, OR workflow optimization, Upgraded TV for DI waiting room, Charge Capture and Coding team move, Accounting area update)

Actively Working – 16 (Hauge Interface Cerner project, DI Admissions to MRI area, Stryker Mako Ortho Robot, Employee Health Management System Agility, ADP Empower/ Payroll and Employee services, State Mandate Tracking, i2i with Cerner, Experian Pricing transparency, Surgery/ PACU office changes, Internal Med Office update, BDM Interface Cerner project, HR and Education office relocation, RHC window workstation update, Dictation room update, Strategic communication office relocation, Grants/Foundation office change)

Closing – 10 (EMS radio and recording system Replacement, Cerner schedule security update, RHC Manager Relocation and added staff area, HCIQ and Valify GPO CHC Project, Hematology Analyzer, Omnicell Cabinets, Myla Lab/Micro Middleware, GHX, Omnicell Cabinets, SmartSheet upgrade for PHI compliance)

Moves Completed - 13 (Facilities office relocation, Billing and HIMS office relocation, AP Clerk workstation update, Informatics, Quality and Infection Prevention relocation, Lab Assistant workstation update, CFO Admin assistant location update, Clinical Engineering offices relocated, Compliance addition to Staff, Informatics Manager, Quality Specialist workstation update, Maintenance office desk update, SIMS lab update, Computer lab/ Old main 1 update)

On Hold Projects - 13 (OneContent athena upload, FEES system, Mammo and Stereo Equipment Replacement, Copay workflow improvement, Hemodialysis for IP, Kitchen update, City of Hope Telehealth, SAP Concur, Door Access Badge Standard workflow, PACS Replacement, Onboarding Workflow Efficiency, Cerner Portal Relaunch, OneContent upgrade)

Northern Inyo Healthcare District

150 Pioneer Lane
Bishop, CA 93514
(760) 873-5811
www.nih.org

Date: 6/28/2022
To: Board of Directors
From: Joy Engblade, MD, MMM, FACP, Chief Medical Officer
Re: Bi-Monthly CMO report

Medical Staff Department update

From a recruiting standpoint, we continue to look for a General Surgeon and we will be hosting a prospective candidate for a site visit in July. Grant Meeker, MD and Jennifer Meeker, MD have joined our anesthesia team and are settling in with the team. We will be welcoming Dr. Manzanares, family practice, to the Rural Health Clinic this fall. She is moving from the Central Valley. In addition to Dr. Mazanares, we will have 4 new Emergency Department physician starting as soon as next month: Michael McEnany, Andre Burnier, Nolan Page, and Chelsea Robinson. Please welcome these new faces!

The Medical Staff Office has been doing all of the Provider Enrollments with insurance companies over the past 1 ½ years and this process has greatly improved since coming under the purview of this office. Kudos to the team for this huge undertaking!

Pharmacy Department update

Hammers are swinging and finally our Pharmacy move is underway! We anticipate that this project will take 8-12 months to complete. There is combined oversight of this project between the Board of Pharmacy, HCAI (formally OSHPD) and CDPH. Colombo construction and Scott Hooker have been instrumental in getting this project off the ground and we value their ongoing guidance and management.

The Pharmacy department continues to support Covid vaccinations and medications, newly working on Covid vaccines for the 6 month to 4/5 year population (Moderna and Pfizer) in collaboration with Inyo County. We continue to offer IV monoclonal bebtelovimab in our clinics and outpatient infusion as well as Evusheld for our immunocompromised population.

Quality Department update

The Quality Department will undergo restructuring effective August 1, 2022. Historically the Quality department has been included under the Director of Quality/Clinical Informatics/Infection Prevention/Employee Health. Because of the large scopes in each of these areas, these departments will be separated into a standalone Quality Department with a combined Clinical Informatics/Infection Prevention/Employee Health department. We have posted for a Director of Quality position, to help us establish a proactive Quality and Risk Management Department and expanding our capacity to take on more Quality projects. In the meantime, we will continue our regulatory work and reporting requirements. This separation will not significantly change any employee job duties and pay will not be

affected for any employee in this department. As CMO, I will continue to oversee the Quality Department. We will be adding a focus on Risk Management and I will continue to report Quality initiatives to the Board.

Currently, we are working on 4 projects through the QIP program (Quality Incentive Pool) which include: breastfeeding, statin therapy, influenza vaccinations and developmental screening in children. For calendar year 2021, we reported data on our current performance. For this year, 2022, we will need to show improvement. Projects will be kicked off in these 4 areas in the next month.

Dietary Department

The Registered Dietitians (RD) have had some staffing changes. Kalina Gardiner continues to be our full time RD, seeing all of our outpatient dietary consultations. We now have two per diem RD's; Denice Hynd and Lindsey Hughes. They both continue to support Kalina with Inpatient dietary coverage. All of our RD's are active in District and community education by providing education during District Town Hall meetings and by giving regular Healthy Lifestyle Talks. As a department, we are focused on health and wellness and are open to any ideas from the District and community.

Rehab Department

Our Rehab Department welcomed a new Director about 2 months ago, Joanne Henze! Joanne has lived in Bishop since 2016 and previously worked as a Physical Therapist at Mammoth Sport in Bishop. She had managed another rehab department in Southern California prior to moving to Bishop. During her 2 months here, she has been well received by the team and is already working on multiple projects within the department. Staffing continues to be a challenge, as it is throughout the District. With the help of travelers and Joanne's leadership, we continue to provide rehab services to our community. I look forward to reporting on the rehab department in future CMO reports.

Covid 19

We continue to have biweekly Incident Command meetings to share "ever changing" Covid information across the District and with our community partners. As a team, we continue to follow the California Department of Public Health (CDPH) updates as well as local and national trends.

Physician Compensation

Productivity data for all providers was initially available through our billing department but due to reporting issues, we have pivoted to working on a report through the Cerner system. Alex Duke and Karen Bedow have been instrumental in creating this report. We are still working on obtaining correct data but information should be going out to providers in the next 2 weeks.

We had our first educational session for our Outpatient Providers with UASI, our outsourced coding company. This session was focused on documentation and coding in the clinic setting. It was informative and interactive. A recording of the session has been shared with all who missed the session. Moving forward, we are planning on a similar session focused on the Inpatient providers, but this has been delayed to Fall/Winter 2022 due to CMS changes anticipated this fall. After both educational sessions, we are planning on individual chart reviews to help with department specific billing and coding education.

FY2022

Unit of Measure	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Cash, CDs & LAIF Investments	51,541,102	51,660,613	51,218,981	44,626,386	48,069,372	48,192,815	44,293,619	42,120,322	41,474,347	38,807,715	40,779,950
Days Cash on Hand	194	192	192	158	176	174	160	136	143	140	135
Gross Accounts Receivable	40,330,632	39,434,879	38,647,332	45,621,898	45,730,808	48,011,063	50,415,516	47,012,661	45,947,073	46,781,880	50,250,667
Average Daily Revenue	497,169	478,408	485,427	486,248	490,359	491,569	485,625	481,170	483,445	488,374	494,998
Gross Days in AR	81.12	82.43	79.62	93.82	93.26	97.67	103.82	97.70	95.04	95.79	101.52
Key Statistics											
Acute Census Days	215	170	196	254	306	188	290	232	228	184	275
ICU Census Days	0	7	33	11	7	0	2	0	9	9	12
Swing Bed Census Days	24	0	0	0	0	0	0	12	12	0	0
Total Inpatient Utilization	239	177	229	265	313	188	292	244	249	193	287
Avg. Daily Inpatient Census	7.7	5.7	7.6	8.8	10.4	6.1	9.4	8.7	8.0	6.4	9.6
Emergency Room Visits	783	745	674	766	687	706	721	625	654	671	859
Emergency Room Visits Per Day	25	24	22	25	23	23	23	22	21	22	28
Observation Days	67	54	56	56	56	67	53	43	53	60	71
Operating Room Inpatients	24	23	14	16	21	17	18	19	18	121	23
Operating Room Outpatient Cases	107	89	89	82	98	126	3	6	61	54	104
Observation Visits	64	54	50	51	45	60	51	42	53	54	62
RHC Clinic Visits	2,297	2,743	2,775	3,030	2,707	2,722	3,426	2,559	2,808	2,708	2,892
NIA Clinic Visits	1,679	1,614	1,699	1,726	1,744	1,557	1,518	1,396	1,744	1,655	1,670
Outpatient Hospital Visits	8,690	9,250	8,980	9,162	8,728	8,630	8,526	7,994	9,525	8,676	9,069
Hospital Operations											
Inpatient Revenue	2,774,294	2,563,061	3,193,923	3,361,605	3,958,181	2,404,683	3,708,290	2,908,927	3,231,022	2,950,716	4,083,934
Outpatient Revenue	11,563,898	10,530,380	10,677,079	10,581,296	10,120,970	11,882,529	8,803,380	8,539,211	11,061,511	11,801,078	12,009,784
Clinic (RHC) Revenue	1,074,051	1,155,594	1,126,962	1,206,362	1,137,285	1,136,568	1,448,892	1,067,009	1,246,889	1,250,044	1,264,841
Total Revenue	15,412,242	14,249,034	14,997,964	15,149,263	15,216,437	15,423,780	13,960,561	12,515,147	15,539,422	16,001,838	17,358,559
Revenue Per Day	497,169	459,646	499,932	488,686	507,215	497,541	450,341	446,970	501,272	533,395	559,954
% Change (Month to Month)		-7.55%	8.76%	-2.25%	3.79%	-1.91%	-9.49%	-0.75%	12.15%	6.41%	4.98%
Salaries	2,138,510	2,212,918	2,099,073	2,131,194	2,303,918	2,726,796	2,346,958	2,047,905	2,305,644	2,108,120	2,403,672
PTO Expenses	68,403	67,782	201,732	161,627	383,062	434,307	360,818	194,188	185,532	229,912	227,172
Total Salaries Expense	2,206,912	2,280,700	2,300,804	2,292,821	2,686,980	3,161,102	2,707,776	2,242,093	2,491,176	2,338,032	2,630,844
Expense Per Day	71,191	73,571	76,693	73,962	89,566	101,971	87,348	80,075	80,361	77,934	84,866
% Change		3.34%	4.24%	-3.56%	21.10%	13.85%	-14.34%	-8.33%	0.36%	-3.02%	8.89%
Operating Expenses	6,882,843	7,013,237	7,294,767	7,804,027	7,724,749	8,310,179	8,099,494	7,597,308	7,906,014	7,188,362	8,324,795
Operating Expenses Per Day	222,027	226,233	243,159	251,743	257,492	268,070	261,274	271,332	255,033	239,612	268,542
Capital Expenses	345,511	111,738	219,678	216,596	44,295	501,290	1,671,393	380,900	1,341,823	1,341,823	392,386
Capital Expenses Per Day	11,146	3,604	7,323	6,987	1,477	16,171	53,916	13,604	43,285	44,727	13,080
Total Expenses	8,511,732	8,533,790	8,636,587	9,124,560	9,203,811	10,127,813	9,618,792	8,992,284	9,351,287	8,950,584	9,711,862
Total Expenses Per Day	274,572	275,284	287,886	294,341	306,794	326,704	310,284	290,074	301,654	298,353	313,286
Gross Margin	2,126,096	1,025,140	1,175,609	261,938	382,211	2,119,331	(190,577)	752,568	1,024,902	2,470,010	931,272
Debt Compliance											
Current Ratio (ca/cl) > 1.50	2.13	2.10	2.84	2.78	2.54	2.70	2.65	2.54	2.55	2.68	2.90
Quick Ratio (Cash + Net AR/cl) > 1.33	1.80	1.73	2.29	2.17	2.07	2.22	2.21	2.02	2.06	2.05	2.41
Days Cash on Hand > 75	194	192	192	158	176	174	160	136	143	140	135

NIHD - Income Statement

FY 2022	FY 2020	FY 2021	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	YTD 2022
Total Net Patient Revenue	76,229,126	86,844,620	8,614,939	6,932,123	7,940,133	7,671,965	7,712,959	7,649,326	7,052,406	5,673,606	7,051,611	6,772,013	8,091,752	81,162,832
IGT Revenues	13,729,686	20,295,927	394,000	1,106,255	530,242	394,000	394,000	2,780,184	856,511	2,676,270	1,879,305	2,886,359	1,164,315	15,061,442
Total Patient Revenue	89,958,812	107,140,547	9,008,939	8,038,378	8,470,376	8,065,965	8,106,959	10,429,510	7,908,917	8,349,876	8,930,915	9,658,372	9,256,067	96,224,274
Cost of Services														
Salaries & Wages	26,275,799	27,016,877	2,138,510	2,212,918	2,099,073	2,131,194	2,303,918	2,726,796	2,346,958	2,047,905	2,305,644	2,108,120	2,403,672	24,824,707
Benefits	18,316,171	22,382,407	1,618,760	1,635,349	1,795,655	1,801,576	2,059,894	2,085,215	2,199,930	1,799,225	1,750,987	1,630,456	1,813,625	20,190,670
Professional Fees	19,573,242	22,565,034	1,871,274	1,896,180	1,978,664	2,293,527	1,790,435	1,823,508	2,317,407	2,469,684	2,470,340	2,216,016	2,697,451	23,824,488
Pharmacy	3,105,981	4,035,279	274,517	354,714	344,942	405,802	392,006	380,870	286,978	362,249	330,943	368,587	292,996	3,794,603
Medical Supplies	4,199,962	4,136,111	277,812	255,157	358,049	369,855	451,788	497,972	184,989	159,263	244,786	370,285	343,886	3,513,842
Hospice Operations	505,000	-	-	-	-	-	-	-	-	-	-	-	-	-
EHR System	1,164,797	1,480,088	112,267	114,869	132,491	112,342	108,392	115,958	119,346	112,757	148,178	126,124	122,781	1,325,505
Other Direct Costs	4,813,483	5,810,258	589,703	544,051	585,893	689,732	618,316	679,861	643,886	646,224	655,135	368,774	650,384	6,671,960
Total Direct Costs	77,954,434	87,426,053	6,882,843	7,013,237	7,294,767	7,804,027	7,724,749	8,310,179	8,099,494	7,597,308	7,906,014	7,188,362	8,324,795	84,145,775
Gross Margin	12,004,378	19,714,494	2,126,096	1,025,140	1,175,609	261,938	382,211	2,119,331	(190,577)	752,568	1,024,902	2,470,010	931,272	12,078,499
Gross Margin %	13.34%	18.40%	23.60%	12.75%	13.88%	3.25%	4.71%	20.32%	-2.41%	9.01%	11.48%	25.57%	10.06%	12.55%
														-
General and Administrative Overhead														-
Salaries & Wages	4,681,985	3,906,499	319,290	323,708	319,740	305,823	355,039	412,400	361,734	334,886	363,951	344,920	355,219	3,796,711
Benefits	4,150,743	3,754,395	283,420	299,665	312,500	243,511	322,152	382,695	335,529	310,036	310,978	366,397	343,418	3,510,302
Professional Fees	2,337,874	3,978,605	421,033	420,876	222,237	282,805	300,113	462,506	329,198	293,995	275,811	512,046	208,088	3,728,708
Depreciation and Amortization	4,275,662	4,094,658	370,335	358,995	347,178	358,655	347,192	369,148	334,665	298,932	331,373	329,978	341,988	3,788,438
Other Administrative Costs	1,412,451	1,396,332	234,811	117,308	140,164	129,739	154,566	190,884	158,172	157,128	163,160	208,881	138,354	1,793,167
Total General and Administrative Ove	16,858,715	17,130,488	1,628,889	1,520,552	1,341,820	1,320,533	1,479,063	1,817,634	1,519,298	1,394,976	1,445,273	1,762,222	1,387,067	16,617,327
Net Margin	(4,854,337)	2,584,007	497,207	(495,412)	(166,211)	(1,058,595)	(1,096,852)	301,697	(1,709,875)	(642,408)	(420,372)	707,788	(455,795)	(4,538,828)
Net Margin %	-5.40%	2.41%	5.52%	-6.16%	-1.96%	-13.12%	-13.53%	2.89%	-21.62%	-7.69%	-4.71%	7.33%	-4.92%	-4.72%
Financing Expense	2,362,880	1,413,155	179,672	179,585	176,035	143,658	136,649	101,007	227,252	472,448	218,276	204,403	210,496	2,249,479
Financing Income	2,372,608	1,755,654	173,785	173,785	173,785	173,785	173,785	173,785	173,785	148,687	173,785	173,785	173,785	1,886,534
Investment Income	600,420	387,349	23,766	16,876	20,534	20,443	16,045	27,865	6,662	4,964	(1,624)	39,227	2,912	177,669
Miscellaneous Income	1712917.01	1361183.52	172,440	66,574	9,045,548	57,016	80,081	(460)	79,326	91,657	59,452	58,220	166,181	9,876,034
Net Surplus	(2,531,273)	4,675,038	687,526	(417,762)	8,897,620	(951,010)	(963,590)	401,879	(1,677,354)	(869,548)	(407,035)	774,617	(323,413)	5,151,930

	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March 2022	April 2022	May 2022
Current Assets											
Cash and Liquid Capital	14,045,922	14,143,765	11,519,636	10,520,186	14,241,387	14,713,417	10,869,882	11,528,856	10,768,413	8,701,326	11,859,462
Short Term Investments	37,710,931	37,459,437	37,895,338	34,353,251	34,281,644	34,196,777	34,103,636	31,011,373	30,904,455	28,322,080	25,711,068
PMA Partnership	-	-	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	17,138,201	16,475,304	16,272,228	19,413,168	20,940,657	21,359,592	23,422,744	21,478,443	21,459,561	21,779,394	23,495,981
Other Receivables	7,663,674	9,643,932	10,601,529	13,216,871	10,901,419	9,978,572	8,858,544	11,734,556	10,098,207	13,115,362	7,412,957
Inventory	3,364,669	3,426,323	3,413,915	3,371,955	3,379,016	3,341,506	3,375,509	3,382,777	3,363,612	3,337,887	3,305,939
Prepaid Expenses	1,788,612	1,636,519	1,778,307	1,476,186	1,554,182	1,612,547	1,651,594	1,292,820	1,555,592	1,644,613	1,616,050
Total Current Assets	81,712,009	82,785,279	81,480,953	82,351,618	85,298,304	85,202,410	82,281,909	80,428,825	78,149,841	76,900,662	73,401,458
Assets Limited as to Use											
Internally Designated for Capital Acquisitions	-	-	-	-	-	-	-	-	-	-	
Short Term - Restricted	2,499,267	2,499,373	1,639,227	61,230	61,232	61,232	61,236	1,307,758	1,307,813	1,010,858	1,010,902
Limited Use Assets											
LAIF - DC Pension Board Restricted	665,411	916,906	981,005	1,046,467	1,118,074	1,202,941	1,316,833	1,409,097	1,516,014	1,625,382	1,736,394
DB Pension	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253	18,395,253
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-	-	-
Total Limited Use Assets	19,060,664	19,312,159	19,376,258	19,441,720	19,513,327	19,598,194	19,712,086	19,804,350	19,911,267	20,020,635	20,131,647
Revenue Bonds Held by a Trustee	3,215,549	3,375,336	3,535,124	3,694,911	4,004,827	14,392,668	14,073,128	13,804,794	1,109,439	1,109,172	1,271,750
Total Assets Limited as to Use	24,775,481	25,186,867	24,550,609	23,197,861	23,579,386	34,052,094	33,846,450	34,916,902	22,328,520	22,140,666	22,414,299
Long Term Assets											
Long Term Investment	1,502,414	1,001,121	1,000,001	997,171	996,539	1,002,414	989,654	1,729,276	1,710,676	2,210,676	2,189,482
Fixed Assets, Net of Depreciation	76,716,557	76,469,300	76,345,403	76,203,344	75,900,447	75,809,403	76,833,219	76,915,188	77,925,637	77,801,875	77,544,511
Total Long Term Assets	78,218,971	77,470,421	77,345,404	77,200,515	76,896,986	76,811,816	77,822,872	78,644,464	79,636,313	80,012,551	79,733,993
Total Assets	184,706,460	185,442,568	183,376,965	182,749,993	185,774,676	196,066,320	193,951,231	193,990,191	180,114,674	179,053,879	175,549,750
Liabilities											
Current Liabilities											
Current Maturities of Long-Term Debt	3,383,794	3,382,136	3,350,577	2,901,929	2,866,983	1,601,919	1,596,844	1,574,086	1,580,536	1,579,985	1,519,715
Accounts Payable	3,353,229	3,965,055	3,242,192	3,578,083	4,124,296	2,899,914	3,252,430	2,515,732	2,428,540	2,866,602	2,953,680
Accrued Payroll and Related	6,153,387	6,804,295	6,354,107	7,392,086	8,762,183	9,981,694	9,408,509	10,660,919	9,765,596	8,444,484	8,216,640
Accrued Interest and Sales Tax	261,043	369,624	195,444	303,558	405,047	149,454	200,365	248,727	237,243	11,277	55,407
Notes Payable	9,386,372	9,386,372	458,744	458,744	458,744	458,744	-	500,000	1,648,830	1,648,830	2,128,859
Unearned Revenue	13,653,194	13,344,456	12,972,529	12,867,638	14,815,460	14,410,638	14,439,154	14,079,239	12,848,670	11,978,956	8,303,333
Due to 3rd Party Payors	-	-	-	-	-	-	-	-	-	-	-
Due to Specific Purpose Funds	(25,098)	(25,098)	(25,098)	(25,098)	(25,098)	(25,098)	(25,098)	-	-	-	-
Other Deferred Credits - Pension	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655	2,124,655
Total Current Liabilities	38,290,575	39,351,496	28,673,149	29,601,595	33,532,270	31,601,920	30,996,860	31,703,358	30,634,071	28,654,789	25,302,288
Long Term Liabilities											
Long Term Debt	35,607,947	35,607,947	35,257,947	35,257,947	35,257,947	47,102,947	47,102,947	47,102,947	34,572,947	34,572,947	34,572,947
Bond Premium	375,441	371,314	367,186	363,059	358,931	354,804	350,677	346,549	250,319	247,182	244,045
Accreted Interest	16,282,647	16,352,123	16,421,599	15,772,325	15,806,051	15,806,051	15,987,335	16,134,894	16,282,453	16,430,012	16,577,571
Other Non-Current Liability - Pension	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613	45,570,613
Total Long Term Liabilities	97,836,648	97,901,997	97,617,346	96,963,944	96,993,542	108,834,415	109,011,572	109,155,003	96,676,332	96,820,754	96,965,176
Suspense Liabilities	(70,699)	(70,699)	(70,699)	(70,699)	(70,699)	(70,699)	(70,699)	-	-	-	-
Uncategorized Liabilities	629,381	656,981	656,756	705,749	733,749	712,992	703,159	691,039	770,515	769,963	797,328
Total Liabilities	136,685,905	137,839,774	126,876,552	127,200,589	131,188,862	141,078,627	140,640,892	141,549,400	128,080,918	126,245,506	123,064,791
Fund Balance											
Fund Balance	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874	44,833,874
Temporarily Restricted	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156	2,499,156
Net Income	687,526	269,764	9,167,384	8,216,374	7,252,784	7,654,663	5,977,309	5,107,761	4,700,726	5,475,343	5,151,929
Total Fund Balance	48,020,556	47,602,794	56,500,414	55,549,404	54,585,814	54,987,693	53,310,339	52,440,791	52,033,756	52,808,372	52,484,959
Liabilities + Fund Balance	184,706,460	185,442,568	183,376,965	182,749,993	185,774,676	196,066,320	193,951,231	193,990,191	180,114,674	179,053,879	175,549,750

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Family Member and Relatives In The Workplace		
Owner: Compliance Officer	Department: Compliance	
Scope: District Wide		
Date Last Modified: 06/16/2022	Last Review Date: No Review Date	Version: 4
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/20/2016	

PURPOSE:

Northern Inyo Healthcare District (NIHD) is a family-friendly workplace committed to maintaining an environment where members of the community can work together to provide great patient care and service to the community. The purpose of this policy is to provide guidelines for family members working at NIHD and relationships in the workplace.

DEFINITIONS:

"Relative" or "Family Member" means any person who is related by blood or marriage, or whose relationship with the Workforce is similar to that of persons who are related by blood or marriage, including a domestic partner, and any person residing in the Workforce's household.

> Examples of relationships by blood or marriage may include, but are not limited to any of the following: Parent, child, husband, wife, grandparent, grandchild, brother, sister, uncle, aunt, nephew, niece, first cousin, step-parent, step-child, relationships by marriage, or domestic partner/cohabitating couple/significant other.

"Workforce" means persons whose conduct, in the performance of their work for NIHD, is under the direct control of NIHD or have an executed agreement with NIHD, whether or not NIHD pays them. The Workforce includes employees, NIHD contracted and subcontracted staff, NIHD clinically privileged Physicians and Advanced Practice Professionals (APPs), and other NIHD health care providers involved in the provision of care of NIHD's patients.

POLICY:

It is the policy of the Northern Inyo Healthcare District to seek the best possible candidates for its staff through appropriate search procedures. There shall be no restrictions to the appointment of individuals who have close relatives in any staff category in the same or different departments so long as the following standard is met:

1. Relatives of workforce members will not be employed on a permanent or temporary basis by Northern Inyo Healthcare District in such a way that the relative directly reports to the employee or the employee exercises any direct influence with respect to the relative's hiring, discipline, benefits, placement, promotions, evaluations, or pay.
2. If two relative's/family members report to the same leader, the Business Compliance Team shall review the roles of the individuals and their relationship and make appropriate recommendations.

PROCEDURE:

1. When an individual is considered for appointment in a department in which a relative or family member is already assigned, the Conflict of Interest Questionnaire will be reviewed by the Business Compliance Team. The objective of this review shall be to assure equity to all members of the department.
2. When an individual is considered for appointment in a department in which a relative or family member has supervisory responsibility, the appointment shall not be granted.

RESPONSIBILITIES:

1. All workforce members are required to follow this policy.
2. All workforce members are required to disclose relative/family member relationships in the workplace on the NIHD "Conflict of Interest" Questionnaire at the time of occurrence and annually thereafter.

REFERENCES:

1. Political Reform Act of 1974.
2. Medicare Managed Care Manual, Pub 100-16, chapter 21, Section 50.3.1 and 50.6.4.
3. California Hospital Association Compliance Manual (2021).
4. California Hospital Association Record and Data Retention Schedule (2018).

RECORD RETENTION AND DESTRUCTION:

Conflict of interest documents will be maintained for a minimum of 6 years, except when a conflict leads to a workforce member's demotion, transfer, layoff or inability to interview for a position. In these cases, the Conflict of Interest form is placed into the workforce member's employee file, which is managed by the NIHD Human Resources Department. The Conflict of Interest form and any written documents related to the decision must be maintained for the duration of employment, plus ten (10) years.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. NIHD "Code of Business Ethics and Conduct"
2. Compliance Program for Northern Inyo Healthcare District

Supersedes: v.3 Family Member and Relatives In The Workplace*

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY

Title: Sending Protected Health Information by Fax		
Owner: Compliance Officer	Department: Compliance	
Scope: District Wide		
Date Last Modified: 06/22/2022	Last Review Date: No Review Date	Version: 5
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/09/2010	

PURPOSE:

To provide guidance for sending protected health information (PHI) by fax to prevent the occurrence of a breach of patient information.

POLICY:

1. PHI may only be faxed by Northern Inyo Healthcare District (NIHD) personnel who have been trained in this policy.

2. Preprogrammed fax machines shall undergo a fax number verification prior to being released for use by staff. Requests for a programmed fax number shall be submitted through the sharepoint found here: intranet: Resources: Links: Fax Verification Request.

    a. The requesting department/person shall obtain either verbal or fax verification for the fax number. It should be attached to the sharepoint request.
    b. The verification request fax will contain at least the following statement or words of similar import: "This fax verification is intended for _____. If the intended party has received this fax, check here and fax back to _____. If someone other than the intended party has received this fax, check here and fax back to _____."
    c. Once verified, notification will be sent to the IT department for programming. IT will program and send visual verification to the Compliance Department.
    d. The preprogrammed fax machine will not be released for staff use until all preprogrammed fax numbers have been verified in accordance with this section.
    e. Sharepoint will send notification to the submitter of the request when the number is available for use.

3. The Compliance Department will be responsible for determining that a preprogrammed fax machine can be released to staff in accordance with this policy.

4. Multi-use fax machines are defined as capable of copying as well as receiving and sending faxes. Multi-use fax machines may only be put in service if an alarm is set to notify operators of a fax being received.

5. Prior to faxing PHI, NIHD personnel must either:
    a. Verify the fax number as being accurate and correct for the intended recipient, or
    b. Utilize a preprogrammed fax number by accessing the number memory of the fax machine or faxing program.

6. Verification of a fax number must be done through one of the following means:
    a. Contacting the intended recipient (or the recipient's office personnel), request fax number, and read back the number to that individual. Document this process on a verbal fax verification form; or
    b. Send a test fax asking for the recipient to send a verification fax back.

7. NIHD personnel performing fax verification must document
    a. Who verified the recipient's fax number for the recipient; and
    b. Which NIHD person performed the verification; and
    c. The date and time of verification.

FAXING TO AN UNINTENDED RECIPIENT

8. NIHD personnel who send faxes of PHI in accordance with this policy, but through human error still send a fax to an unintended recipient, must report the mistake to the NIHD Compliance Officer via phone or via email **as soon as the mistake is recognized** and also must complete an Unusual Occurrence Report (UOR). The UOR link is available on the Hospital Intranet: quick links. Note: The report to CDPH requires that the violator be named in the report.

9. NIHD personnel who are notified by an unintended recipient that they received a fax containing PHI must report to the Compliance Officer by Unusual Occurrence Report or phone call, as soon as possible, but not later than the end of their shift. The employee who receives this notification from the unintended recipient must report the following:
    a. The name and telephone number of the unintended recipient.
    b. The time and date of the notification by the unintended recipient.
    c. A description of the PHI that was received including the patients name and the general type of PHI (doctors' orders, test results, etc.).
    d. The disposition of the PHI (e.g. the recipient will send the document(s) back to us, the recipient will deliver the document(s) to the hospital. Do not ask them to destroy the document until advised by the Compliance Officer or designee. We often need the information for the investigation.

10. If the unintended recipient is other than a hospital, medical or dental practice or facility, then the NIHD employee **must** ask the recipient to send the documents to the NIHD Compliance Officer. Shredding is not to be recommended.

REFERENCES

1. CA Health and Safety Code 1280.15
2. 42 USC Section 17939

3. California Issues New Regulations on Notification Obligations for Medical Information Breaches; P. Coie Sept. 10, 2021.

RECORD RETENTION AND DESTRUCTION:
Unusual Occurrence Reports are maintained for 10 years by NIHD.

CROSS REFERENCED POLICIES AND PROCEDURES:
1. Investigation and Reporting of Unlawful Access, Use or Disclosure of Protected Health Information
2. Communicating Protected Health Information Via Electronic Mail (Email)

Supersedes: v.4 Sending Protected Health Information by Fax

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY

Title: Personal Cell Phone/Electronic Communication Device Use By Workforce		
Owner: Compliance Officer	Department: Compliance	
Scope: District Wide		
Date Last Modified: 06/16/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 04/20/2016	

PURPOSE:

To provide guidelines for appropriate use of personal cell phones/electronic communication devices by workforce members in the workplace during work hours. To ensure the safety and security of the health care environment and to ensure patient and workforce member privacy and confidentiality.

POLICY:

Use of personal cellular phones/electronic communication devices (iPads, tablets, laptops and other electronic devices) is limited during working hours.

DEFINITIONS:

Workforce: Persons whose conduct, in the performance of their work for Northern Inyo Healthcare District (NIHD), is under the direct control of NIHD or have an executed agreement with NIHD, whether or not NIHD pays them. The Workforce includes workforce members, NIHD contracted and subcontracted staff, NIHD clinically privileged Physicians and Allied Health Professionals (AHPs), and other NIHD health care providers involved in the provision of care of NIHD's patients.

Personal Cell Phone Use

1. Use of personal cell phones/electronic communication devices by District workforce members for non-hospital business is limited during work hours. Workforce members may not use personal cell phones/electronic communication devices for personal purposes in front of patients or visitors. Personal cell phones/electronic communication devices must be silenced, on vibrate, or turned off during working hours.
2. Personal cell phones/electronic communication devices, except as authorized, should not be used to conduct hospital related business except as a tool for job-related calculations or research.
3. In order to maintain patient privacy, use of personal cell phones/electronic communication devices (iPads, tablets, laptops and other electronic devices) to audio record, take still (photo, photography) or video pictures of patients, protected health information and patient treatment areas is strictly prohibited and such activity may subject a workforce member to disciplinary action as per hospital policy.
4. In an effort to protect workforce member rights, the use of personal cell phones/electronic communication devices (iPads, tablets, laptops and other electronic devices) to audio record, take still or video pictures of workforce members without prior consent is strictly prohibited. Any workforce member who believes he/she has been the subject of an audio recording, still or video picture without

his/her consent is encouraged to contact Human Relations. Audio recording, still photos, and video pictures inside the facility are prohibited unless specifically authorized by the Compliance Department.

5. Written communication of hospital confidential information, as defined in the NIHD's Code of Business Ethics and Conduct, to any party through the use of personal cell phones/electronic communication devices is strictly prohibited.
6. Nothing in this policy is intended to infringe upon a workforce member's right to raise concerns about workplace safety or other working conditions or to exercise protected concerted activity.

RESPONSIBILITIES:

- All workforce members are required to follow this policy.
- Use of cell phones in violation of this policy may result in disciplinary action as per hospital policy.

REFERENCES:

1. Health Insurance Portability and Accountability Act of 1996
2. 45 C.F.R. Parts 160 and 164 Health Insurance Reform: Security Standards; Final Rule
3. The Joint Commission Information Management, Privacy and Security Standards IM.02.01.01 EP1-5, IM.02.01.03 (Jan. 1, 2022).

RECORD RETENTION AND DESTRUCTION: N/A

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Northern Inyo Healthcare District Code of Business Ethics and Conduct

Supersedes: v.2 Personal Cell Phone/Electronic Communication Device Use By Workforce*

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

NORTHERN INYO HEALTHCARE DISTRICT
NON-CLINICAL POLICY AND PROCEDURE

Title: Minimum Necessary Access, Use and Disclosure of Protected Health Information (PHI)		
Owner: Compliance Officer	Department: Compliance	
Scope: District Wide		
Date Last Modified: 06/22/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 07/17/2013	

PURPOSE: To provide guidance with the identification of the Northern Inyo Healthcare District (NIHD) workforce members that need access to PHI to perform their job. Only the information needed to deliver the healthcare service required shall be used for that business service.

DEFINITIONS:

Workforce: Persons whose conduct, in the performance of their work for NIHD, is under the direct control of NIHD or have an executed agreement with NIHD, whether or not NIHD pays them. The Workforce includes employees, NIHD contracted and subcontracted staff, NIHD clinically privileged Physicians and Allied Health Professionals (AHPs), and other NIHD health care providers involved in the provision of care of NIHD's patients.

Covered Entity – (for the purpose of this policy) a healthcare provider, a health plan, or a healthcare clearinghouse who transmits any health information in electronic form.

Minimum Necessary - covered entity must make reasonable efforts to limit the use, disclosure, and/or request for protected health information, and other confidential information to the minimum necessary (lowest amount) to accomplish the intended purpose of the use, disclosure, or request.

Protected Health Information (PHI) - individually identifiable health information that is transmitted or maintained in any form or medium, including electronic PHI.

Electronic Protected Health Information or ePHI*:* Is PHI that is transmitted by electronic media or is maintained in electronic media. For example, ePHI includes all data that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape, jump drive (USB) or other media.

POLICY: When using or disclosing Protected Health Information (PHI), or when requesting PHI, Northern Inyo Healthcare District will make reasonable efforts to limit the PHI used, disclosed, or requested, to the minimum necessary. Generally, requests for PHI shall be forwarded to the Health Information Management (HIM) department, unless it is an emergency or outside the HIM department hours of operation.

PROCEDURES:

1. **When the Minimum Necessary Standard Does Not Apply**

The use and disclosure of patient PHI minimum necessary standard does not apply in the following circumstances:

a. The PHI is for use by or a disclosure to a healthcare provider for treatment purposes;
b. The disclosure is to the patient or the patient's legally authorized representative;
c. The disclosure is pursuant to a valid authorization, in which case, the disclosure will be limited to the PHI specified on the authorization;
d. The disclosure is to the California Department of Public Health; or
e. The disclosure is required by law.

2. **Accessibility by Workforce Members to PHI**
Each Department is responsible for identifying those individuals in the Department who need access to PHI in order to carry out their duties and the PHI or types of PHI to which access is needed.

a. Each Department is responsible for identifying any conditions that would have an impact on a workforce members' ability to access and/or disclose the PHI is authorized to access.
b. Each Department is responsible for making reasonable efforts to limit the access to PHI that is necessary to carry out the job duties, functions and/or responsibilities.
c. Questions about PHI and its access by workforce members of NIHD should be directed to the HIPAA Privacy Officer.

3. **Requests for PHI**
Each Department is responsible for reviewing requests for PHI from internal and/or external sources to determine whether the request is one to which the Minimum Necessary Standard applies.

a. If the request is made by another health care provider in order to obtain PHI necessary to treat the patient, the Minimum Necessary Standard **does not** apply, and the PHI that is requested will be released as quickly as possible.
b. If the request is not made for purposes of providing treatment to the patient, but it is also a type of request to which the Minimum Necessary Standard does not apply, the Department will refer the request to Health Information Management (HIM, formerly known as Medical Records), who will release the PHI in accordance with the policies of NIHD.
c. If the request is not made for purposes of providing treatment to the patient, and it is a type of request to which the Minimum Necessary Standard applies, the Department will:
    i. Evaluate to determine that the request includes a statement of purpose and release only the minimum amount of information necessary to meet the purpose of the request; or
    ii. If the request does not include a statement of purpose, contact the requestor to obtain the purpose for the request, document the contact, and take appropriate action.

d. If the request for PHI is one that occurs on a routine or recurring basis, the Department is responsible for reviewing the request to determine if the Minimum Necessary Standard applies. Routine or recurring requests should be reviewed by the HIM department to determine whether the Minimum Necessary Standard applies only the first time received and after each time the request is modified.

e. Northern Inyo Healthcare District will request only the minimum amount of PHI necessary to accomplish the purpose for which the request is made.

i. Any questions about how to limit a request for PHI to request for only the minimum amount necessary should be directed to the HIPAA Privacy Officer.
ii. The HIPAA Privacy Officer is responsible for conducting audits on an "as needed" basis to confirm NIHD is in compliance with the Minimum Necessary Policy.

f. Northern Inyo Healthcare District will rely on requests for PHI as requesting only that PHI that is minimally necessary to meet the purpose of the request if:
   i. The request is from a public official and the public official represents that the information requested is the minimum necessary for the stated purpose(s); or
   ii. The information is requested by another covered entity (health care provider, health care clearinghouse, or health plan); or
   iii. The information is requested by an employee or a business associate of NIHD and the individual represents that the information requested is the minimum necessary for the stated purpose(s).

4. **Responses to Requests for PHI**
   If a request for PHI is reviewed to determine whether the Minimum Necessary Standard applies to it, but it is then forwarded to another workforce member at NIHD for processing, the individual forwarding the request is responsible for advising the individual who will respond to the request whether the Minimum Necessary Standard applies.

   a. The person who responds to a request for PHI to which the Minimum Necessary Standard applies is responsible to determine that the PHI disclosed is limited to the minimum amount of information necessary to meet the stated purpose of the request.

REFERENCES:

1. 45 CFR 164.510(b)(1)(ii) and 164.510(b)(4).
2. 45 CFR 165.502(b)
3. 45 CFR 165.514(d)
4. The Joint Commission (CAMCAH Manual) Jan. 2022; Standard IM.02.01.01 EP 1, 3, and 4.

RECORD RETENTION AND DESTRUCTION:

Release of records consents are maintained in the patient medical record. Medical Records are managed by the NIHD Medical Records Department and maintained and destroyed for adults for a minimum of 15 years; for minors a minimum of 25 years.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. InQuiseek - #380 Medical Records Policy
2. Authorization for the Release of Laboratory Results to the Patient
3. Communicating Protected Health Information Via Electronic Mail (Email)
4. Disclosures of Protected Health Information Over the Telephone
5. Using and Disclosing Protected Health Information for Treatment, Payment and Health Care Operations
6. Workforce Access to His or Her Own Protected Health Information

Supersedes: v.2 Minimum Necessary Access, Use and Disclosure of Protected Health Information (PHI)

NORTHERN INYO HEALTHCARE DISTRICT

CLINICAL POLICY

Title: Medical Records Requirements of Swing Bed Admission/Discharge		
Owner: Manager Acute/Subacute ICU	Department: Acute/Subacute Unit	
Scope: Acute/Subacute Unit		
Date Last Modified: 06/01/2022	Last Review Date: No Review Date	Version: 3
Final Approval by: NIHD Board of Directors	Original Approval Date: 05/01/2008	

PURPOSE:

To define the medical record requirements for a Critical Access/Swing bed hospital.

POLICY:

1. Patients transferred to swing beds must be discharged from their acute beds, admitted to their swing beds, and new visit/chart must be created.
2. Discharge orders shall be written and signed by the physician in accordance with medical staff by laws.
3. An admission order to a swing bed will contain the date and time of admission to swing. New orders for medications (Medication orders must all have reasons for the medication in the order notes), rehabilitative services, diet, CPR/Code status, and other orders will be placed as appropriate and will be signed by the attending physician.
4. The admitting office shall be notified by nursing, informing them that the patient is to be discharged from acute care and admitted to a swing bed.
5. Admitting will create a new account number and will complete a swing bed admission packet with the patient or the patients legal representative. This packet will include new consents.
6. Admitting will issue new statements of rights and responsibilities and will obtain signatures on Advanced Beneficiary Notices (ABN's) if indicated.
7. The department clerk will disassemble the acute care chart and send it to medical records for processing and coding.
8. A completed swing bed chart will consist of physician orders, a history and physical with updates if applicable, new consent forms, lab and radiology reports as appropriate, nursing notes, dietary assessment, rehabilitation notes, social service notes, and activity notes as applicable.
9. The physician will write a progress note a minimum of once weekly.
10. The physician completes a discharge summary outlining the course of treatment upon discharging a patient from a swing bed.
11. The nurse must complete the nursing discharge documentation.
12. The swing bed chart will be sent to medical records for processing and coding.

REFERENCES:

1. State Operations Manual: Appendix W – Special Requirements for CAH Providers of Long–Term Care Services.

CROSS REFERENCED POLICIES AND PROCEDURES:

1. Standards of Care for the Swing Bed Resident

2. Scope of Service for Swing Bed

Supersedes: v.2 Medical Records Requirements of Swing Bed Admission/Discharge