



AGENDA

Children's Health Consultant Advisory Committee Meeting Board of Governors

Tuesday, August 20, 2024, 8:30 a.m.

L.A. Care Health Plan

1055 W 7th Street, 1st Floor, CR 100, Los Angeles, CA 90017

DRAFT

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment. Members of the Children's Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference.

To join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=mb70719de49cadd156b705a77758be20e>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2494 742 0283

Password:

lacare

Teleconference Sites

Rebecca Dudovitz, MD

UCLA Health
10833 LeConte Ave 12-363
MDCC Los Angeles, CA 90095

Rosina Franco, MD

Hollywood HS School-based
clinic at 1530 N. Orange Dr., L.A.
90028

Lyndee Knox, PhD

137th W 12th Street
New York, CA 10011

Gwendolyn Jordan

Frank D. Lanterman
Regional Center
3303 Wilshire Blvd Suite 700
Los Angeles, CA 90010

Hilda Perez

Community Resource Center
3200 E. Imperial Hwy
Lynwood, CA 90262

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

If we receive your comments by *8:30 A.M. on August 20, 2024*, it will be provided to the Committee members in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Tara Ficek, MPH
Chairperson

1. Approve today’s Agenda *Chairperson*
2. Public Comment *Chairperson*
3. Approve March 26, 2024 Meeting Minutes P.3 *Chairperson*
4. Chairperson’s Report *Chairperson.*
5. Chief Medical Officer Report Sameer Amin, MD
Chief Medical Officer
6. Membership (**CHC 100**) P.9 Sameer Amin, MD
7. Proposed Committee Purpose and other Housekeeping Activities P.10 *Chairperson*
Alex Li, MD
Chief Health Equity Officer
8. Discussion and Consideration of Approval of Revisions to the Committee Charter (**CHC 101**) P.15 *Chair*
9. California Budget Update and Impact on Children and Youth Cherie Compartore
Senior Director, Government Affairs

ADJOURNMENT

The next meeting is scheduled on October 15, 2024 at 8:30 a.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – March 26, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Lynda Knox, PhD
Felix Aguilar-Henriquez	Nayat Mutafyan*
Sameer Amin, MD	Hilda Perez
Edward Bloch, MD*	Maryjane Puffer, BSN, MPH
Maria Chandler, MD, MBA	Diana Ramos, MD*
Rebecca Dudovitz, MD, MS	Ilan Shapiro, MD, FAAP*
Rosina Franco, MD*	
Toni Frederick, PhD	
Gwendolyn Ross Jordan	

Management

Alex Li, MD, Chief Health Equity Officer
 Elaine Sadocchi-Smith, Director, Population Health Management, Population Health
 Laura Gunn, Quality Improvement Project Manager II, Quality Improvement
 Tamara Ataiwi, RN, Quality Management Nurse Specialist RN II, Quality Improvement

*Absent **Present, but not quorum

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:35 A.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 10 AYES (Aguilar-Hernandez, Amin, Chandler, Dudovitz, Ficek, Frederick, Jordan, Knox, Perez, Puffer)

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS			ACTION TAKEN																					
PUBLIC COMMENT	<i>No public comment was submitted.</i>																								
APPROVAL OF THE MEETING MINUTES	The December 5, 2023 meeting minutes and January 16, 2024 meeting summary were approved as submitted.			Approved Unanimously.																					
CHAIRPERSON'S REPORT	<p>Chairperson Ficek presented information about the 2024 L.A. CARE CHCAC Member Survey (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <table border="1" data-bbox="401 565 1797 1382"> <thead> <tr> <th></th> <th>Content</th> <th>Structure (Group and Meetings)</th> <th>Process</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Working Well</td> <td>Really interesting; well delivered; very informative; L.A. Care staff are impressive</td> <td>Membership seems solid</td> <td>Well organized</td> </tr> <tr> <td></td> <td>Virtual/hybrid</td> <td>Good communication with/from L.A. Care (scheduling, attendance)</td> </tr> <tr> <td rowspan="3">Areas of Improvement</td> <td></td> <td>Hybrid meetings impacting (attendance & engagement), revisit meeting time and room set-up</td> <td></td> </tr> <tr> <td>Most pressing issues impacting pediatrics not being discussed (e.g. pediatric specialist shortages); recommend members submit info/items for future agendas</td> <td>More engagement vs. report out; share questions in advance and facilitate to promote more discussion</td> <td></td> </tr> <tr> <td>L.A. Care partners presenting work together with L.A. Care</td> <td>Expand group membership to include additional Regional Center representation</td> <td></td> </tr> </tbody> </table> <p>Chairperson Ficek summarized feedback from four members regarding the effectiveness and areas for improvement of their meetings. The feedback was categorized into content, structure, and process. Members</p>				Content	Structure (Group and Meetings)	Process	Working Well	Really interesting; well delivered; very informative; L.A. Care staff are impressive	Membership seems solid	Well organized		Virtual/hybrid	Good communication with/from L.A. Care (scheduling, attendance)	Areas of Improvement		Hybrid meetings impacting (attendance & engagement), revisit meeting time and room set-up		Most pressing issues impacting pediatrics not being discussed (e.g. pediatric specialist shortages); recommend members submit info/items for future agendas	More engagement vs. report out; share questions in advance and facilitate to promote more discussion		L.A. Care partners presenting work together with L.A. Care	Expand group membership to include additional Regional Center representation		
	Content	Structure (Group and Meetings)	Process																						
Working Well	Really interesting; well delivered; very informative; L.A. Care staff are impressive	Membership seems solid	Well organized																						
		Virtual/hybrid	Good communication with/from L.A. Care (scheduling, attendance)																						
Areas of Improvement		Hybrid meetings impacting (attendance & engagement), revisit meeting time and room set-up																							
	Most pressing issues impacting pediatrics not being discussed (e.g. pediatric specialist shortages); recommend members submit info/items for future agendas	More engagement vs. report out; share questions in advance and facilitate to promote more discussion																							
	L.A. Care partners presenting work together with L.A. Care	Expand group membership to include additional Regional Center representation																							

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>appreciated the informative and well-delivered content of the meetings, with L.A. Care staff being particularly impressive. It was noted that some pressing issues, such as pediatric specialist shortages, were not being addressed. A recommendation was made to allow members to submit topics for future agendas and to include L.A.Care partners in presentations to offer diverse perspectives. Membership was considered solid, and the hybrid meeting format was praised for increasing access. Suggestions were made to revisit meeting times, room setups, and potentially moving to a more intimate conference room to enhance participation. The process was generally seen as well-organized, with good communication from La Care regarding scheduling and attendance. She noted that there was a desire for more interactive discussions rather than one-way presentations. There was a recommendation to expand group membership to include more regional center representatives to better reflect the diverse regions of Los Angeles County.</p> <p>Member Chandler and Member Knox thanked staff for their quick responses and turnaround time in getting messages out to the committee. Member Puffer asked for feedback from more Committee Members, she noted that the committee is not fully represented in the survey. Member Knox stated that the committee has a great Chair that is very well organized.</p> <p>Chairperson Ficek asked if it was necessary to apply the Brown Act at CHCAC meetings considering they are not part of the governing body. Linda Merkens, <i>Senior Manager, Board Services</i>, responded that it is in the L.A. Care bylaws that the committee must abide by the Brown Act.</p>	
<p>L.A. CARE MEMBERSHIP UPDATE</p>	<p>Matthew Pirritano, <i>Director, Population Health Informatics, Population Health</i>, gave an L.A. Care Membership Update (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p>Mr. Pirritano provided an update on descriptive statistics for children and women of childbearing age, following a request made in the January meeting. He reviewed basic data, while noting that more detailed information is available upon request. The analysis included only medical members, with children defined as ages 0 to 17, and women of childbearing age as 18 to 44. For children, 30.46% of the population fell within the 0 to 17 age group, with the categories of infant/young child, children, and adolescents/teens. The data showed an even gender split at 51% male. Racially, a large portion was identified as White or Caucasian, including Hispanic. The largest proportion of children was found in Compton, Inglewood, and nearby areas, followed by Van Nuys, Antelope Valley, and Pomona. The top healthcare providers for this group were Healthcare, Preferred, Kaiser, Community Family Care, and AltaMed. For women of childbearing age, the analysis highlighted the 18 to 44 age brackets, with 41.83% of the female population falling into this category. The distribution across regions and racial demographics was similar to that of the children. Mr. Pirritano concluded by mentioning that he would revise the age range for women of childbearing age to 15 to 44 and provide an updated report, including a key for the codes used in the analysis. He invited further questions and offered to provide additional details as needed.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Ficek raised questions and comments regarding the impact of Kaiser’s new contractual relationship with the state on the membership of L.A. Care. She inquired if the expected shift would result in 100,000 members no longer being part of L.A. Care and where these members would be moved—specifically, if they would transition directly to Kaiser. She also asked how the current numbers compare to previous years, considering the ongoing population shifts due to Kaiser’s new contract and the redetermination process. Ficek acknowledged that the situation is still in flux for 2024, with outcomes dependent on the redetermination process and the Kaiser movement. Mr. Pirritano responded that the proportions of L.A. Care's membership have remained consistent from year to year, despite potential differences in the actual counts. He noted that the profiles created annually show similar trends in terms of race, membership distribution across regions, and other demographics. Chairperson Ficek followed up by asking whether the overall percentage of L.A. Care's insured population is changing, particularly if there is a trend toward insuring more older adults or the adult population compared to the maternal and child population. She inquired if this shift is noticeable. Mr. Pirritano stated that the shift is pretty consistent. Dr. Li expressed his appreciation for the demographic data presented and suggested that the committee might benefit from a deeper breakdown of the information. He proposed further analysis by specific conditions, such as teenage pregnancy or CCS (California Children's Services), to help identify relevant topics or issues for future discussions. Dr. Li believes that a more detailed exploration of health outcomes and population specifics could provide valuable insights for the committee's work. Member Puffer emphasized the importance of drilling down into specific health conditions, such as asthma, in the data presentations. She noted that this detailed information is critical for service distribution and program development. Ms. Sadocchi-Smith stated that those breakouts are done annually into accreditation through the population health management assessment. Mr. Pirritano stated that they could extract and share detailed information and go over it briefly. He suggested focusing on children with special healthcare needs rather than just CCS, given the small population size, and also mentioned including data on teenage pregnancy and behavioral health, broken down by Service Planning Areas (SPA).</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer update.</p> <p>Dr. Amin discussed the organizational structure at L.A. Care, noting that when he joined, the Health Services division had a complex, matrixed structure that hindered communication between operations and medical teams. To address this, he implemented a "dyad partnership" model where each department is co-led by clinical and operational leaders, ensuring unified strategy and clear accountability. He then outlined the four major departments under Health Services: Pharmacy, Quality Improvement, Case Management and Utilization Management, and Community Health. Each department has specific leaders and functions aimed at improving healthcare quality, managing complex cases, and addressing community health needs. Dr. Amin also spoke about the placement of maternal and child health programs within the organization. These programs primarily fall under Case Management (especially for high-risk cases), Health Education within the Quality Improvement</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>department, and the core quality improvement efforts aimed at enhancing care metrics. He emphasized the integration of these programs across various departments to ensure comprehensive care and support for maternal and child health. Dr. Amin offered to provide more detailed organizational charts and paused to invite questions before moving on to discuss Change Healthcare.</p>	
<p>INITIAL HEALTH ASSESSMENT</p>	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review, Director, Population Health Management</i>, gave an Initial Health Assessment (IHA) update (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • The Initial Health Appointment (IHA) is a Medi-Cal requirement for newly enrolled Medi-Cal members to complete with their provider within 120 days of enrollment (based on APL 22-030). • PCPs are responsible to cover and ensure the provision of an IHA within the provider’s office. (Some components can be completed virtually). • The IHA is not a single assessment form, but includes the following important components that allow a provider and patient to establish a relationship as a starting point for prevention and improved health outcomes. <ul style="list-style-type: none"> - Physical and mental medical history - Identification of risks - Assessment of need for preventive screens or services (e.g. Immunizations) - Health Education - Diagnosis and plan for treatment of any diseases <p>Assessments in the IHA</p> <p>The requirement for an IHA to include the completion of the age-appropriate Individual Health Education Behavioral Assessment (IHEBA), often the Staying Healthy Assessment (SHA) was retired as of January 1, 2023. While no specific form is required, the IHA must still include documentation in the medical record of a comprehensive age-appropriate identification of risks and assessment of screenings and appropriate services. All screenings and assessments must be culturally and linguistically appropriate and look at member’s needs, preferences, health goals and priorities.</p> <p>Examples of age appropriate screenings include, but are not limited to:</p> <ul style="list-style-type: none"> - Adverse Childhood Experiences (ACEs) - Developmental progress and autism; vision and hearing - Lead Screening - Brief emotional/behavioral assessments and health behavior assessments and interventions; SABIRT, depression, substance use disorder (SUD) - Postpartum mood disorder screening 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Tobacco cessation counseling - Screening for referral to the Diabetic Prevention Program - Cognitive assessment 	
ADJOURNMENT	The meeting was adjourned at 9:55 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, MPH, *Chairperson* _____

Date Signed: _____



Board of Governors
MOTION SUMMARY

Date: August 15, 2024

Motion No. CHC 100.0924

Committee:

Chairperson: Tara Ficek, MPH

Issue: Approval of CHCAC member

Background:

Member Impact: None

Budget Impact: None

Motion: To appoint Lina Shah, MD, Medical Director, Medical Management, Utilization Management, as member of the Children’s Health Consultant Advisory Committee (CHCAC), for the Medical Director for Quality Management of L.A. Care Health Plan seat.



L.A. Care
HEALTH PLAN®

For All of L.A.

Children Health Consultant Advisory Committee (CHCAC)

(Proposed) Committee Purpose and Other Housekeeping Activities

Tara Ficek (Chair) and Alex Li (Co-Chair)



Time period: 5/23– 5/30



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

L.A. Care Mission, Vision and CHCAC Vision

- **Our Mission**

- L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

- **Our Vision**

- A healthy community in which all have access to the health care they need.

- **Our Vision as CHCAC**

- A healthy community in which all have access to the health care they need **for those who are 21 years and younger.**

Proposed CHCAC Purpose

- Review key areas where L.A. Care can impact children and youth
- Foster strong relationship between health, public and social service agencies that serve children and youth
- Represent and reflect the diverse communities that our children and youth need to thrive
- Provide guidance to L.A. Care leadership on how L.A. Care can be an advocate and partner in improving health and wellness of children, youth and families
- Embrace and weave themes of access, health equity and quality in our discussions and recommendations.

CHCAC Operations and Next Steps

Members

- Nominate members in key focus areas
- Invite non-members and key L.A. Care staff to CHCAC to promote greater discussion

Meeting Cadence

- Meet once a year for in-person to plan for agenda and meet and greet

Next Steps

- Review and approve updated CHCAC Charter

Thank you,
Tara Ficek and Alex Li
(and Sameer Amin)



and of the
L.A. Care Health Plan Joint Powers Authority Board of Directors
Children's Health Consultant Advisory Committee
CHARTER

I. General Information

The Children's Health Consultant Advisory Committee (CHCAC) is a public advisory committee focusing on the health and health-related issues impacting the maternal, child and adolescent population served by L.A. Care Health Plan and the L.A. Care Health Plan Joint Powers Authority (all references herein to L.A. Care Health Plan shall also include by reference the L.A. Care Health Plan Joint Powers Authority as applicable). Its membership includes, but is not limited to, highly qualified individuals with expertise in areas such as children and family services, maternal and child health care, obstetrics, pediatrics, mental health, dental care, school based care, health advocacy, community-based services, LAC/DHS maternal and children's health programs and other experts and stakeholders in children's health care. Each member of the committee shall be appointed by the nominating entity for the seat the member is representing, or by the Chairperson of the Board of Governors for L.A. Care Health Plan.

The scope and nature of the issues considered by CHCAC relate most closely, though not exclusively, to activities and functions under the purview of the Chief Health Equity Medical-Officer (CHEMO). As such, the CHEMO serves as the primary conduit for information exchange between CHCAC, L.A. Care Health Plan management, including all organizational areas, and the L.A. Care Board of Governors.

II. Committee Roles

The primary roles of the committee are:

- A. To review program development, reports and other considerations presented by L.A. Care Health Plan staff regarding the maternal, child and adolescent populations serviced by L.A. Care Health Plan and provide advisory feedback and recommendations on those items as requested.
- B. To develop and present recommendations to the CHEMO and L.A. Care Board of Governors about issues relating to the maternal, child and adolescent populations serviced by L.A. Care Health Plan.

Children's Health Consultant Advisory Committee (CHCAC) Charter

Committee Responsibilities

The responsibilities of the Committee, on behalf of the L.A. Care Board of Governors, shall include:

- A. Creation of an annual workplan ~~or onand~~ periodic status reports to the L.A. Care Board of Governors on the implementation of the workplan or recommended technical advice.
- B. Review of policies related to the service models used by L.A. Care Health Plan in order to recommend related public policy as collectively recommended by the various professional fields represented by its members.
- C. Provision of expert advice to the L.A. Care's Board of Governors and CHEMO, L.A. Care staff and L.A. Care's Board of Governors concerning L.A. Care Health Plan's proposals/activities impacting the health plan's maternal, child and adolescent populations and providers.
- D. Regular communication with one's respective nominating entity to identify the nominating entity's issues and represent these issues to the committee and to share the committee's actions.

IV. Committee Operations & Organizational Interface

Key aspects of committee operations and organizational interface include:

- A. The committee shall meet at least every other month.
- B. The committee shall maintain minutes of all its meetings to document its activities and recommendations.
- C. Each committee member shall be selected by an appropriate nominating entity(ies) in the particular discipline or profession, or by the committee as a whole, if such an entity does not exist.
- D. The appointed member shall be limited to serving two consecutive four years terms or a maximum of 8 years cumulatively. Appointment or reappointment is contingent upon approval of L.A. Care Board of Governors.
- E. L.A. Care Health Plan Board Services staffs the committee, in consultation and collaboration with the CHEM6/12/2024 2:09:58 PMO.
- F. The Children's Health Care Provider Representative to the L.A. Care Board of Governors is the committee's designated L.A. Care Board of Governors representative. ~~The committee, in collaboration with the Children's Planning Council, is responsible for selecting this Board member.~~
- G. The committee shall periodically make recommendations to the L.A. Care Board of Governors on those findings and matters within its scope of responsibility. Such recommendations are brought to the L.A. Care Board of Governors and of the L.A. Care Health Plan Joint Powers Authority Board of Directors via the Board's Executive Committee and are presented to the L.A. Care Board of Governors by the Children's Health Care Provider Representative.

Children's Health Consultant Advisory Committee (CHCAC) Charter

Signed: _____
Secretary, Board of Governors

Date: _____



Board of Governors
MOTION SUMMARY

Date: August 15, 2024

Motion No. CHC 101.0924

Committee:

Chairperson: Tara Ficek, MPH

Issue: Approval of Revisions to the Children’s Health Consultants Advisory Committee (CHCAC) Charter

Background:

Member Impact: None

Budget Impact: None

Motion: To approve the Revisions to the Children’s Health Consultants Advisory Committee (CHCAC) Charter.