

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – March 22, 2022

1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE, *Treasurer*
 Stephanie Booth, MD, *Secretary*
 Hilda Perez

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 James Kyle, MD, *Chief of Equity & Quality Medical Director*
 Tom MacDougall, *Chief Technology & Information Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Hector De La Torre, <i>Chairperson</i> , called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:12 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today. • If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know. • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today's agenda. <p>He provided information on how to comment live and directly using the "chat" feature.</p>	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro).
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the February 22, 2022 meeting were approved as submitted.	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez and Shapiro).
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported</p> <ul style="list-style-type: none"> On January 1, 2024, L.A. Care will have a new contract for Medi-Cal with the California Department of Health Care Services (DHCS). The contract has been available for review. The timing is motivated by the re-procurement process for commercial plans in Medi-Cal. L.A. Care is reviewing the contract terms, which appear to present new reporting requirements in the oversight of plan partners and delegated entities (which includes nearly all the medical groups with which L.A. Care contracts). L.A. Care's goal is to determine the true administrative costs of the contracted entities. Payments to the Plan Partners and delegated entities are considered to be medical expense, although those payments include some administrative expense. This is likely to be a huge adjustment burden for health plans. Reports on the provisions will be provided to the Board at future meetings. L.A. Care will work with DHCS to adjust the provisions as needed. L.A. Care enrollment remains higher than forecast. In May, undocumented seniors (estimated 123,000 people in Los Angeles County) will become eligible to enroll in 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Medi-Cal. L.A. Care estimated in the budget that 60,000 new members may be added. It was assumed in the budget estimate that the public health emergency would be over and Medi-Cal eligibility redetermination would have resumed, resulting in erosion of up to 5%. The public health emergency has recently been extended to July 15. This means that the effect of the redetermination will be a smaller impact on enrollment in Fiscal Year 2022.</p> <ul style="list-style-type: none"> L.A. Care has experienced difficulty in recruiting employees. Earlier this year, to attract candidates, changes were made in L.A. Care’s minimum salary, raising it to \$20.00 and announced that a return to the office for employees would not take place until September, 2024. L.A. Care’s senior management is currently in the office three days a week, to participate in in-person meetings. These changes seemed to increase hiring, and with new enrollment expected later this year, L.A. Care will offer enhancements to further improve recruitment. 	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that:</p> <ul style="list-style-type: none"> The California Legislative Analyst’s Office (LAO) is a non-partisan department which provides the legislature with fiscal and policy analysis. LAO released a report that the cost of a proposed single payer health care system would be \$500-\$550 billion per year, which does not include necessary startup costs. Although the bill was not approved by California’s legislature and will likely not be brought up again this year, a proposal will probably be brought forward in future years. Recently the California legislature considered a resolution to end the Governor’s state of emergency powers, which was considered in committee and was not approved. Governor Newsom’s emergency powers, enacted in March 2020, will continue. The Committee will reconsider the resolution at a later date. Funding that was being considered by Congress to provide additional COVID relief, also contained provisions to assist Ukraine. The proposal would retrieve previously enacted funding which remained unused in some states, and would redistribute those funds to other states. Speaker Pelosi thought that there was sufficient support from Democrats, but that was not the case. There appears to be some finger-pointing between the Speaker’s office and the White House over this issue. The vote planned for this legislation does not seem to be moving forward. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
Elevating the Safety Net Initiatives Update	<p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, presented an Impact Summary and Funding Recommendations for Elevating the Safety Net (ESN) (<i>a copy of her presentation is available by contacting Board Services</i>). The initiative has reached the fifth year of investment. The initial commitment was \$155 million in Board Designated funds, starting with three programs. The initiative expanded to 10 programs, with \$93.6 million expended so far. Although approval was for five years of investments from the Board of Governors, because the fund is a Board Designated fund, we don't have a time limit on when we should spend the remaining funds. Of the initial commitment, \$61.4 million remains unspent.</p> <p>Staff proposes to prioritize the most effective programs at a future Board Meeting for approval of a five-year extension of the initiative, including:</p> <table border="0" data-bbox="514 613 1543 1323"> <tr> <td data-bbox="514 613 703 649">Program</td> <td data-bbox="745 613 1333 649">Benefit to L.A. Care Members and Participants</td> </tr> <tr> <td data-bbox="514 755 703 893">Provider Recruitment Program (PRP)</td> <td data-bbox="735 698 1543 950"> <ul style="list-style-type: none"> • Physicians hired alleviate workloads and improve access to care • PRP funded grantees experienced a 44.6% increase in MCLA membership compared to 38.2% among non-PRP funded clinics/entities. • 87% physician retention rate through Cycle 10 (134 of 154 physician slots are currently filled) </td> </tr> <tr> <td data-bbox="514 990 703 1136">Provider Loan Repayment Program</td> <td data-bbox="735 974 1543 1161"> <ul style="list-style-type: none"> • 89% of physicians retained and on track to complete 3 years of service • 73% of physicians deliver at least 32 hours of direct patient care/week • 73% of physicians report at least \$200k in education debt </td> </tr> <tr> <td data-bbox="514 1193 703 1323">Medical School Scholarships</td> <td data-bbox="735 1177 1543 1323"> <ul style="list-style-type: none"> • 87.4% of students identify as Hispanic/Latinx or Black/African American • Eliminates between \$337k and \$390k in school debt per student </td> </tr> </table>	Program	Benefit to L.A. Care Members and Participants	Provider Recruitment Program (PRP)	<ul style="list-style-type: none"> • Physicians hired alleviate workloads and improve access to care • PRP funded grantees experienced a 44.6% increase in MCLA membership compared to 38.2% among non-PRP funded clinics/entities. • 87% physician retention rate through Cycle 10 (134 of 154 physician slots are currently filled) 	Provider Loan Repayment Program	<ul style="list-style-type: none"> • 89% of physicians retained and on track to complete 3 years of service • 73% of physicians deliver at least 32 hours of direct patient care/week • 73% of physicians report at least \$200k in education debt 	Medical School Scholarships	<ul style="list-style-type: none"> • 87.4% of students identify as Hispanic/Latinx or Black/African American • Eliminates between \$337k and \$390k in school debt per student 	
Program	Benefit to L.A. Care Members and Participants									
Provider Recruitment Program (PRP)	<ul style="list-style-type: none"> • Physicians hired alleviate workloads and improve access to care • PRP funded grantees experienced a 44.6% increase in MCLA membership compared to 38.2% among non-PRP funded clinics/entities. • 87% physician retention rate through Cycle 10 (134 of 154 physician slots are currently filled) 									
Provider Loan Repayment Program	<ul style="list-style-type: none"> • 89% of physicians retained and on track to complete 3 years of service • 73% of physicians deliver at least 32 hours of direct patient care/week • 73% of physicians report at least \$200k in education debt 									
Medical School Scholarships	<ul style="list-style-type: none"> • 87.4% of students identify as Hispanic/Latinx or Black/African American • Eliminates between \$337k and \$390k in school debt per student 									

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In-Home Support Services Training Program</p> <ul style="list-style-type: none"> • Efficient training and placement – 300 to 400 providers/quarter • Reduces ER and inpatient visits among members receiving care from trained providers** <p>Ms. Carmona noted statistics regarding the race and ethnicity of participants in the ESN Workforce Initiative programs compared with the members of L.A. Care, and she noted:</p> <ul style="list-style-type: none"> • Scholarships and IHHS provider training are supporting underrepresented groups in medicine • Assumption: Not enough physicians identifying as Black or African American and Hispanic or Latinx are applying or represented in our PRP and PLRP. May be due to upstream factors affecting medical school admissions. • 14% of IHSS providers did not self-report in this category • 17.9% and 14.6% of physicians in PRP and PLPR, respectively, identified as other Race or Ethnicity <p>Future Recommendations</p> <p>Provider Recruitment Program</p> <p>Annual Investment Extend PRP grant making for five additional years (of up to \$4 million per year) from FY 2022-23 through FY 2026-27.</p> <p>Flexible grant making Continue the grant making process launched in FY 2021-22 of two Scheduled Cycles and Rolling Deadline Grants, while also restricting all PRP grants to filling newly created physician positions only.</p> <p>Prioritize funding Consider prioritizing funding for clinics/entities with small to midsized annual operating budgets.</p> <p>Private practices Increase the number/ percentage of PRP physicians employed with independent private practices.</p> <p>Provider Loan Repayment Program</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS		ACTION TAKEN
	Annual Investment	Up to \$4M annually to award new physicians and offer award extensions	
	Prioritize gaps in representation	RCAC, Employer Type, Specialties and other categories by adjusting priorities throughout the year.	
	Conduct Targeted Outreach	Promote among associations and residency programs to encourage applications from underrepresented groups in medicine.	
	Medical School Scholarship Program		
	Annual Investment	Up to \$3.5M annually to support 8 students. Account for 2-3% annual tuition increase.	
	Eligibility Requirements	Prioritize awards for local (L.A. County raised) students Highly encourage that students pursue primary care specialties – Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Psychiatry	
	In-Home Support Services (IHSS) Training		
	Annual Investment	Up to \$1M annually to train 300-400 new workers per quarter starting in the summer of 2023	
	Review anticipated cost increase	Review budget since Center for Caregiver Advancement (CCA) anticipates an 8% increase in training costs starting in 2023.	
	Monitor State funding	SB172 funds caregiver training for IHSS workers across the state, includes a stipend post-training, as well as pays workers their hourly wage for each hour of class attended.	
	Program and Projected Investment Yield	Proposed Funding	
	Provider Loan Repayment Program		
	Combination of new awards and award extensions (<i>will vary</i>)		Up to \$4M / Yr.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Provider Recruitment Program Multiple cycle-based and ad-hoc grants per fiscal year (<i>will vary</i>)</p> <p>Medical School Scholarship Program 8 scholars (4 at CDU and 4 at UCLA annually)</p> <p>In-Home Support Services Training 300-400 Providers per quarter (<i>will vary</i>). Current contract expires in May 2023</p> <p><i>Other programs to address future workforce needs (flexible)</i></p> <p>Total Remaining for Future Funding</p> <p>Board Member Booth asked for additional information that would help her understand if the program is helping to increase the workforce for safety net providers to serve L.A. Care’s members. Mr. Baackes indicated that the proposal will be brought to the Board at the May 2022 meeting, and staff will provide additional data. He noted that he and Dr. Seidman will attend the upcoming graduations for the first group of L.A. Care Scholars in May.</p> <p>Board Member Perez asked about the In-Home Supportive Services (IHSS) future funding and if additional medical schools could be added to the scholarship program. Ms. Carmona noted that current funding for the IHSS program is approved through 2023. The proposal will include continued funding of the same program beyond 2023.</p> <p>Mr. Baackes noted that L.A. Care has trained 4,400 home caregivers through this program. Mr. Baackes also noted that the IHSS training program was not included in the ESN program. Since the IHSS training is workforce development it was moved under ESN. Mr. Baackes reported that the mission of Charles Drew Medical School is to educate minority students and to encourage them to work in the local community, which fits well with the ESN Initiative. The Geffen School of Medicine at UCLA was also selected for ESN because it has the goal of recruiting minority students. L.A. Care felt these two schools uniquely align with the long-range goal of building a pipeline to produce physicians who reflect the Medi-Cal membership at L.A. Care.</p>	<p>Up to \$4M / Yr.</p> <p>Up to \$3.5M / Yr.</p> <p>Up to \$1M / Yr.</p> <p>TBD</p> <p>\$61.4M</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, added that UCLA is a public institution and was chosen alongside Drew because of the alignment with the ESN goals. Other private local universities have endowments and other funds to assist students with tuition and costs.</p> <p>Board Member Perez asked how L.A. Care ensure that students remain in Los Angeles County to serve Medi-Cal members.</p> <p>Mr. Baackes responded that L.A. Care is getting information but it takes time. Medical School is four years and residency is three more years. Mr. Baackes is confident that the data will show that the L.A. Care Scholars will remain in Los Angeles County.</p> <p>Board Member Perez remains focused on serving L.A. Care members, and on the medical services and resources that the communities receive. Mr. Baackes noted that the reason for starting the ESN Workforce Initiative was to increase number of racially diverse physicians in Los Angeles County to serve Medi-Cal members. It takes seven years to go through medical school and residency. L.A. Care’s investment in ESN is a small risk, and he expressed his gratitude to the Board of Governors for supporting this program.</p> <p>Board Member Perez noted that she sees that the ESN program changes the lives of these students and hopefully will improve the health and happiness of L.A. Care members and the community.</p> <p>Mr. Baackes related that at the last luncheon for L.A. Care Scholars in 2019, an L.A. Care Scholar from the Long Beach area announced that the scholarship had changed her life, because she would not be burdened with medical school debt and she will be able to pursue her dream of working in the community she came from, which is why she went to medical school in the first place. Mr. Baackes noted that by relieving these students from debt, they won’t have to work in a high-paying position just to pay off loans incurred during medical school, and they can instead choose to work where they wish.</p> <p>Board Member Booth noted that it would be interesting to look at the tuition cost at other schools.</p> <p>Chairperson De La Torre asked about programs for Doctor of Osteopathic Medicine. Dr. Seidman noted that there is additional training for this degree after medical school. Ms. Carmona will provide data to Board Member Booth on emergency room visits for the IHSS training participants.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Baackes commended Ms. Carmona for not only leading the ESN program, but also leading the implementation of the CalAIM program at L.A. Care. Information about the Enhanced Care Management program will be provided at future Board meetings, as this program is expected to grow substantially, and it will be important to understand the program and the funding for these services.	
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for April 7, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • March 3, 2022 Board of Governors Meeting Minutes • TransUnion Contract for encounter collection and processing services • Change Health Resources Contract Amendment • Invent Health Contract Amendment • Interpreting Services International, LLC Contract (ISI) 	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez and Shapiro).</p>
PUBLIC COMMENTS	<p>Received via email on March 22 at 2:41 pm, from Andria McFerson</p> <p><i>Hello Chairperson De La Torre, I felt I needed to discuss the process of which the budget is determined. If you have staff members who can be effective and recognize good ethics and follow through with addressing the needs of the people they are here for then the budget could go towards meaningful public participation that would help save lives. But, due to the fact that you do have some staff members who believe that either systematic racism or negative treatment to those stakeholders who speak up is like a job requirement and is almost a popularity contest to hurt the ones they should help serve then I feel that some money needs to go towards staff empathy training. I get harassed during every ECAC meeting. Why? Is it my skin color or perhaps, maybe the positive impact that I have made and been advocating for I have no idea? Staff should not virtually mute a chair who has the floor and in turn keep their jobs let alone, get a raise, bonus or promotion for those actions. There was a motion that I placed on the floor and only 10 out of 13 chairs were able to vote yet staff member Idalia Del La Torre told us that 6 yay's only 2 nay's and 2 abstentions was enough to vote 🗳️{✓NAY}, so the motion was thrown out. Please let us know what our rights are and if that was the proper procedure. But, if not then why is this happening and more importantly why is it allowed to continue after so much harassment is reported? We are told not to tell personal stories but yet personal harassment is being done to us publicly on a</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>regular basis so why is this allowed to happen we have every right to voice our strife because it's publicly being shown after so many years at ECAC meetings on a regular basis. Anytime you have been called by a chair to speak yet staff members purposely mute you MANY TIMES that is a form of cyberbullying and this needs to be reported but yet my past complaints are not even followed through by LA Care so I am reluctant to fo so. I hear from no one after I submit my complaints. This has to stop and the whole Robert's Rule of Order process needs to be respected during a meeting along with the people that are affected by it. Please instruct your staff to help and not hinder the stakeholder committee meetings and uphold the rules and ethics relative to a proper meeting and please evaluate the budget that affects proper work performance with your staff so that we could feel we are here for a credible and lifesaving cause. Please let us know if we need a focus group for budget related topics to broaden our own standards and outreach. Thanks, Andria McFerson</i></p> <p>Chairperson De La Torre asked Augustavia J. Haydel, <i>General Counsel</i>, to look into the issue about the vote and how it was conducted.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Executive Committee meeting was adjourned at 3:15 p.m.</p> <p>Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:16 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: March 2024</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Butler v. L.A. Care, Case No. 18STCV08155</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care v. Purdue Pharma L.P. et al.; Case No: 1:19-op-45212-DAP (N.D. Ohio)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:35 p.m. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:37 p.m.	

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

APPROVED BY:

Hector De La Torre, *Chair*

Date: _____

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care v. Purdue Pharma L.P. et al.; Case No: 1:19-op-45212-DAP (N.D. Ohio)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:35 p.m. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:37 p.m.	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

DocuSigned by:

Hector De La Torre

Hector De La Torre, *Chair*

Date: 4/27/2022 | 6:27 PM PDT