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Board of Governors Meeting Minutes



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BOARD OF GOVERNORS
Regular Meeting Minutes
Friday, April 14th, 2023
12:00 p.m. – 2:00 p.m.

Video Conference Call and
1240 S. Loop Road
Alameda, CA 94502

CALL TO ORDER

Board of Governors Present: Rebecca Gebhart (Chair), Dr. Noha Aboelata (Vice-Chair), James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Andrea Schwab-Galindo, Dr. Evan Seevak (arrived at 12:08 p.m.), Supervisor Lena Tam

Board of Governors Remote: Yeon Park (AB 2449 “Just Cause” exception)

Board of Governors Excused: Aarondeep Basrai, Dr. Rollington Ferguson, Natalie Williams

Alliance Staff Present: Scott Coffin, Dr. Steve O'Brien, Gil Riojas, Anastacia Swift, Ruth Watson, Richard Golfin III, Matthew Woodruff, Sasi Karaiyan, Tiffany Cheang, Michelle Lewis, Paul Vang

Guests: None

Chair Gebhart called the regular Board of Governors meeting to order at 12:00 p.m.

1. ROLL CALL

Roll call was taken by the Clerk of the Board, and a quorum was confirmed.

2. AGENDA APPROVAL OR MODIFICATIONS

There were no modifications to the agenda.

3. INTRODUCTIONS

There were no introductions.

4. CONSENT CALENDAR

a) MARCH 10th, 2023, BOARD OF GOVERNORS MEETING MINUTES

b) APRIL 11th, 2023, FINANCE COMMITTEE MEETING MINUTES

Motion: A motion was made by Yeon Park and seconded by James Jackson to approve Consent Calendar Agenda Items 4a through 4b.

Vote: Motion unanimously passed.

Ayes: James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Yeon Parks, Andrea Schwab-Galindo, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

5. BOARD MEMBER REPORTS

a) COMPLIANCE ADVISORY COMMITTEE

Chair Gebhart announced that on March 30th, she sent her resignation as Chair of the Compliance Committee. A new chair will be elected in June when the seat term ends. Vice Chair Dr. Meade provided an update on the Compliance Advisory Committee meeting held on April 14th, 2023. Delegate audits for Kaiser, CFMG, CHCN, and several other vendors were completed and reported on.

The MLR for reporting for delegation activity for DHCS now have a new responsibility to work with the plan to report their Medical Loss Ratio (MLR) and to see if it meets a certain threshold to work with the State on medical expense. The MLR contract language is expected closer to Quarter 4 in 2023. Due to time constraints, the Medi-Cal program updates and AB 2449 update were deferred to the next meeting for a lengthier discussion.

Dr. Lynch thanked Rebecca for taking on the Chair role at a time when it was needed and handling it since its inception.

b) FINANCE COMMITTEE

In Dr. Ferguson's absence, Dr. Marchiano provided an update on the Finance Committee meeting held on April 11th, 2023. Dr. Marchiano provided a summary for February which included a net income of \$14.3 million and Tangible Net Equity (TNE) at an all-time high of 716% of required. Enrollment continues to grow and is currently at 355,000 members.

The Board presented Dr. Seevak with an award recognizing his many years of service as Chair and Vice Chair to the Alameda Alliance for Health Board of Governors from 2012-2022.

6. CEO UPDATE

Scott Coffin, Chief Executive Officer, presented the following updates:

The organization's cash flow and operating performance are at their best, and many credits go to Alliance team members and support from the Board of Governors.

- We are getting ready for a very important routine medical survey audit which kicks off on April 17th, 2023. We will be reporting on this as we make further progress.
- Department of Health Care Services (DHCS) has approved the County through its full support from the Board of Supervisors to transition to a single plan mode which means that Alameda Alliance will be the prime Medi-Cal plan and in parallel with Kaiser Permanente, which currently contracts with us today, will be discontinuing that contract and they will become a contracted Medi-Cal option. This change takes effect on December 31st, 2023.

Next month Alameda Alliance will be hosting a conversation to talk about what this means to enrollment and how it ties back into our forecast, which was presented previously to the Board

and approved for our second quarter forecast. The discussion will also center around the many things happening right now, which include:

- Changes in the delivery model
- New contract with Kaiser
- Medi-Cal redeterminations
- Work we are doing in partnership with Alameda County health centers and many community-based organizations around the continuous coverage, which is tied to the Medi-Cal redetermination process starting back up.
- Initiative at DHCS to transition 99% of adults and children inside the Medi-Cal Fee-For-Service program over into Medi-Cal managed care.

Highlights:

- We have been timely in terms of our regulatory submissions and are moving forward as planned.
- We have not formally engaged yet with the State of California on the Kaiser transition, but we are waiting for some guidance to formalize what the transition will look like. We will be updating the Board in future meetings about how the transition will work.
- On April 1st, 2023, the Medi-Cal program will expand to include individuals coming out of incarceration. It is a coordinated re-entry program called Justice-Involved for formerly incarcerated and those being released who don't have a place to go or a plan. We are at the initial stages of developing a pilot program, and the plan is to launch it in July of this year, in partnership with Roots Community Health as well as Alameda County Health Care Services Agency, Social Services Agency, Probation Department, Sheriff's Office, and Santa Rita jail. This pilot is going to focus on the post-release steps it takes when a person is released from incarceration. In April 2024, it will also include a pre-release. We will begin a pilot this year to start the process of getting to know the systems that don't work completely together. We will include funding in the preliminary 2024 budget, which is on track for delivery or presentation at the June board meeting. The pilot will be included in the budget as a proposed program which will run for about 9-10 months until it becomes a state-funded program, and then it will shift over into a state-funded model. This Justice Involved pilot is going to be a partnership, and we will be connecting organizations that have not historically worked together and starting the process of sharing data.
- Enhanced Care Management (ECM) population of focus in July will be kids. We have about 13,000 people eligible for the current ECM population, and there are over 8,000 kids that will be joining the list. This will be a big increase. Fortunately, we have new providers that have come on board to help with ECM for that population.
- Call Center has reached an all-time high of over 20,000 phone calls in one month.

Question: How will the Board hear updates on how the project is growing?

Answer: The initiative will likely be run through our Integrated Planning Division, and there will be periodic reports in terms of progress. There will also be opportunities to develop some reporting that we do not have today. This represents a new pathway, and we will be learning a lot about how the benefit is going to be rolling out and how we crosswalk and how we can provide a seamless experience for individuals. Recently, Alliance formed a new department called Incentives and Reporting, where one side of the department works on all of the Medicaid incentive programs that are currently active. In addition, on the reporting side, it ties in with Analytics and

will give us an idea of what is happening and what is changing. This pilot is also tying into services that already exist, and we will take what is there and expand it. It is a unique opportunity, and we are one of the only counties that are doing a pilot in this area.

Question: In terms of the huge increase in calls, what have those calls been about, and how it relates to us getting new Fee-for-Service people and changes in the Medi-Cal landscape? How was the team's capacity in being able to answer those calls?

Answer: Month over month, we had over 4,000 more calls than we had previously. We jumped up to almost 5,000 calls from the previous month. Back in February, we had a large group of dual members. For the month of February, most of the calls were related to assigning a PCP for the duals because we don't assign a PCP because Medicare is primary. For the long-term care members, we do assign a PCP depending on the network and other factors. For the month of March, many of the calls focused on changing the PCP that was automatically assigned to them. In February, we received almost 24,000 new members, which equated to almost 4,000 additional calls. In terms of the capacity issue, we were within compliance. For the months of February and March, we have been able to improve, but we are not where we want to be yet as far as our metrics are concerned. We are in the process of hiring more member service reps. We aren't quite staffed appropriately yet, but hoping to be staffed adequately by the end of June or July.

7. BOARD BUSINESS

a) APPROVE RESCHEDULED BOARD OF GOVERNORS BOARD MEETING DATE FOR NOVEMBER 2023

Richard Golfin III presented a staff report recommending the Board meeting in November be rescheduled to November 17th, 2023, due to the regular meeting falling on a federal holiday (Veterans Day Observed).

Motion: A motion was made by Yeon Park and seconded by Dr. Evan Seevak to approve rescheduling the Board of Governors Board Meeting date to November 17th, 2023.

Vote: Motion unanimously passed.

Ayes: James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Dr. Kelley Meade, Jody Moore, Yeon Park, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

b) REVIEW AND APPROVE FEBRUARY 2023 MONTHLY FINANCIAL STATEMENTS

Chief Financial Officer Gil Riojas provided the following February 2023 Finance updates:

Executive Summary

- For the month ended February 28th, 2023, the Alliance had an enrollment of 352,049 members, a Net Income of \$14.3 million, and 716% of the required Tangible Net Equity (TNE).

Enrollment

- Enrollment had a significant increase from January, and is up to over 352,000 members. Our membership increased by over 22,000 members. Three and a half years ago, it was about 240,000 members, so a significant increase over the last three and a half years.
- We continue to see increases in our Child Category of Aid and Adults Optional Expansion. A larger increase in our seniors and persons with disabilities and then a significant increase in our duals were the primary drivers of that jump.
- Two new categories of aid were added, which are Medi-Cal Long Term Care enrollees and Medi-Cal Long Term Care Duals enrollees. Both categories also showed increases in January and February.

Net Income

- For the month ended February 28th, 2023:
 - Actual Net Income: \$14.3 million.
 - Budgeted Net Income: \$7.5 million.
- For the fiscal YTD ended February 28th, 2023:
 - Actual Net Income: \$54.6 million
 - Budgeted Net Income: \$21.4 million.

Revenue

- Revenue continues to increase. It is expected that as membership goes up, the revenue numbers will continue to go up.
 - For the month ended January 31st, 2023:
 - Actual Revenue: \$122.6 million.
 - Budget Revenue: \$136.3 million.
- It is expected that by the end of March, we will cross the billion-dollar mark in terms of revenue. It is anticipated that the revenue for the year to be about \$1.3 billion to \$1.5 billion as membership increases over the next several months.

Medical Expense

- Medical Expenses have increased as a result of membership increases. For the month ended February 28th, 2023:
 - Actual Medical Expense: \$116.4 million.
 - Budgeted Medical Expense: \$122.2 million.
- For the fiscal YTD ended February 28th, 2023:
 - Actual Medical Expense: \$789.2 million
 - Budgeted Medical Expense: \$832 million

Question: In terms of Inpatients, are we analyzing how our patients in the different care management programs and ECM are doing compared to what we would expect?

Answer: We are trending well, but we will do a full analysis once we have enough data. We will probably start doing this later this quarter.

Question: Was the budget based on historical numbers and trends based on the last year or two? In relation to COVID, do you have a sense of how this affected the trend in Inpatient care?

Answer: Historical numbers certainly influence our budget along with enrollment changes.

In relation to COVID, we did see a significant spike in inflation back in December 2021 because of COVID. We have not seen that since then. There certainly was a reduction related to our information expenses that aligned with COVID.

Question: In terms of enrollment, when the optional expansion population came in, they were very profitable for a couple of years because they hadn't tuned in to how to access services, and then they became higher cost as they learned how to access services. Can you speak to any of the changes in the numbers of the lines of business right now that may look like they are profitable, but over time, they will learn to utilize services, and it will become more of a balancing act?

Answer: That is something we are considering. As we think about the disenrollment process, we might be left with members who need more care, and the members who did not receive care and didn't need care are the ones that are going away, so the level of risk for us as a plan changes.

Medical Loss Ratio (MLR)

- The Medical Loss Ratio (total reported medical expense divided by operating revenue) was 86% for the month and 89.4% for the fiscal year-to-date.

On a year-to-date basis, we will maintain our medical loss ratio at about 85%, but it will certainly be lower than it has been historically. This is something that we are tracking, as well as where our medical loss ratio will be as our population changes, which could lead to our medical loss ratio going up.

Question: Is it going down because the denominator changed, and is it related to our number of enrollees and rates that we are getting for the members that might or might not know how to access care?

Answer: It could be related to this. We also look at our medical expenses, which are a similar driver for this as well. Also, our memberships have gone up 50% since COVID.

Comment: Specifically with developmental disabilities, we are taking on this insourcing, and we have a lack of services. It would be a great idea if we could link up with colleges such as Laney and others to create a greater influx of people in the field. Connecting this with the County workforce development is also a good idea.

Administrative Expense

- Administrative expenses are favorable this month. For the month ended February 28th, 2023:
 - Actual Administrative Expense: \$6.3 million.
 - Budgeted Administrative Expense: \$7.3 million.
- For the fiscal YTD ended February 28th, 2023:
 - Actual Administrative Expense: \$46.4 million.
 - Budgeted Administrative Expense: \$50.4 million.

Question: Why do we see an uptick in more applications and more positions?

Answer: It is a combination of more outreach or more marketing and using different recruiters at a time when in healthcare overall, it is challenging to recruit. In addition, in combination with our work model and more hands on deck to help get those positions posted and pushed out has helped.

Other Income/ (Expense)

- Another reason for the significant net income is related to our investment interest income, which continues to grow by about \$1.8 million from the previous month.

Tangible Net Equity (TNE)

- The Alliance exceeds DMHC's required TNE.
 - Required TNE - \$39.9 million
 - Actual TNE - \$285.2 million
 - Excess TNE - \$245.4 million
 - TNE % of Required TNE – 716%

Motion: A motion was made by Dr. Michael Marchiano and seconded by Dr. Evan Seevak to approve the February 2023 monthly financial statements as presented.

Vote: Motion unanimously passed.

Ayes: James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Jody Moore, Yeon Parks, Andrea Schwab-Galindo, Dr. Evan Seevak, Supervisor Lena Tam, Vice Chair Dr. Noha Aboelata, Chair Rebecca Gebhart.

No opposition or abstentions.

Comment: Dr. Seevak suggested that with the remarkably favorable financial results, it might be good for us to think about what we could do with some of the money and to have a meeting with Matt or Scott to think this through. Chair Gebhart agreed and will discuss with Matt and Scott about revisiting this discussion in June or July.

Follow-Up: Chair Gebhart asked if Richard could look into the history of having to vote to approve the financial statement. Is this a legacy item from conservatorship? Is this something that we need to do on the go-forward?

c) BEHAVIORAL HEALTH INSOURCING UPDATE

Ruth Watson, Chief Projects Officer, presented an update on Behavioral Health Insourcing. We went live on April 1st, 2023, with a few little bumps in the road, but overall, it was a very good launch.

Pre-Launch Activities

- Notification to Members via the website and a 60-day and 30-day notice to all members.
- We were able to get the 800 number from Beacon moved over to us, which meant a seamless transition for members.
- Up-to-date Provider Director with 500+ Behavioral Health (BH) providers.
- Credentialed 871 providers.
- There have been five Provider Townhalls and six Fax Blasts sending information, and we have created a FAQs document.
- Training provided to Member Services, Provider Services, and Behavioral Health Staff.
- User Acceptance Testing, End-to-End Testing, and Business Production Testing
- IT Builds and Deployments with the Provider Portal and Internal Systems, Fax, Phone, and Email.

Staffing to Support Behavioral Health Insourcing

- A total of 32 positions company-wide to support the initial “lift and shift” Behavioral Health functions.
- Nine (9) dedicated Behavioral Health positions in Health Care Services.
- Four (4) dedicated positions in Member Services
- Nineteen (19) additional staff positions supporting Behavioral Health as part of overall job duties.

Workflows

- Member Services ↔ Behavioral Health
 - We have been working closely with member services to work the workflows, map them and make sure that patients who call into member services get connected with the right level of response.
- Provider Services ↔ Behavioral Health
 - We’ve been in a close working relationship with our provider services team to train the provider services representatives on what it is to support a behavioral health clinician because that’s very different from supporting a primary care doctor or physical health provider. We answer questions and take questions from providers when necessary.
- Case Management ↔ Behavioral Health
 - Behavioral Health in house means that we can collaborate directly between behavioral health clinicians and the CM nurses to help coordinate and care for our members’ whole person needs.
- ACBH ↔ Behavioral Health
 - This has been a successful collaboration with ACBH over the past number of months, where a “No Wrong Door” collaborative monthly meeting is held. This has allowed us to develop a project to do bidirectional data transfer to accomplish the care coordination that we need to do for our members being treated in the County and needing to access treatment in our network.

Regulatory Compliance

- As mentioned previously, there was a risk in getting our Material Modification completed prior to go-live, and we were able to make that happen.
- Included eight (8) conditions that need to be met. There are six (6) that must be satisfied by April 28th, 2023.

Additional Day 1 Readiness

- Multiple reports to support go-live in production.
- Internal bridge lines open during business hours to report and address issues.
- Daily Touchpoint meetings with Business and IT.
- Additional Beacon supplied reports will give us more data.
- Post go-live support by Beacon will continue for 90 days.

***Question:** In relation to the modifications to the provider portal that you proposed to help communication between the Behavioral Health providers and the medical providers, how will you track that to see if it is used or if you consider it successful? If it’s not, are you going to have a Plan B to try to help facilitate communication between providers?*

Answer: Built into the design is a requirement that the Behavioral Health provider fills out an initial coordination of care treatment report that contains the essential information that we would want to pass on to co-treating providers and clinicians, including the diagnosis, where the problem is being addressed, the treatment plan and what kind of treatment is going to proceed. When that is submitted, it triggers the authorization for the services for that payment of initial plus the follow-up visits. This avoids having to use P for P or various ways to try and leverage the provider to do this step. That is the design that overcomes the lack of uptake from providers. This will happen automatically on the back end between Epic and our systems. This is how we get the data in. Pushing it out to primary care doctors and co-treating providers in the County is our next big task. We still have work to do when it comes to securely packaging it and sending it to the primary care, and validating that the primary care received it.

Question: How will the flow work with dual eligibles receiving Behavioral Health Services and the Medicare side, and how the flow of that will work into Alliance's Behavioral Health/Mental Health services?

Answer: We will follow the same workflow and requirements for dual as Medi-Cal when it comes to our Behavioral Health Network, submitting the care coordination information. The workflow for care coordination should be the same for both lines of business.

Question: On the care coordination side, there was discussion of the goodness of having a relationship with the Alliance as an internal case manager so that your Behavioral Health Care manager can work directly. How are you planning to do the same coordination with the care managers out at the Community partners' organizations?

Answer: We have developed a primary care referral form for both ABA and mental health. We published them on our website, and then we're distributing them to Primary Care Providers so they have a pathway to make referrals. Care coordination with care coordinators within those systems of care is still a day-two item because we've been so focused on building our network.

Question: In terms of the work being done with CHCN, Epic, and the connectivity issue, how long do you anticipate that may take?

Answer: We are waiting for CHCN to complete their development, and they have promised to complete this before the end of June.

Question: If you assess that somebody more appropriately needs SMI services and you refer them to County Behavioral Health, is there a way to track this to ensure those services are delivered timely?

Answer: There is a new requirement around closed-loop referrals, and this is the reason that we got such good traction and collaboration from the County because they have the same requirements. If we create a data interface that can validate the closed loop referral happening, we can avoid a tremendous amount of chasing information anecdotally and between individuals in both systems to try and accomplish that closed loop validation.

Key Issues and Risks

- For the first two weeks, which is not unusual with the new program, there were longer calls than anticipated as our members came to us with questions. We are adding additional staff quickly just to make sure that we have enough staff to ensure that people are served and get their answers quickly.
- Open Cases.
- Autism Case Report.

- Workaround in process to enhance search functionality to allow for provider subspecialty search.

Phase 2 – Post Go-Live

- Stabilize and monitor the first 90-120 days following “lift and shift.”
- Office Hours for Behavioral Health providers – schedule being finalized.
- Identification of Day 2 reports.
- System automation.
- Review and explore post-go-live enhancements and changes.
- Develop a roadmap.
- Implement Behavioral Health Stakeholder Group – anticipated start in July 2023.

d) MEDI-CAL CONTINUOUS COVERAGE UPDATE

Matthew Woodruff, Chief Operating Officer, presented the Board with an update on the end of the Continuous Coverage requirement.

Highlights:

- Effective April 1st, 2023, redetermination started for enrollees with a June 2023 renewal date.
- We have had a great working relationship so far with Alameda Social Services Agency and have also had meetings with Anthem, Kaiser, and also many community partners.
- 14-month renewal period from April 2023 through June 2024 and will require individuals to keep coverage until their renewal
- Estimates are: 30% may be disenrolled, 36% auto renewed, and up to 35% of 834 member data may be inaccurate.
- The Alliance is working with Alameda County Social Services Agency on finalizing the Department of Health Services draft Data Sharing Agreement, and it is currently being reviewed by County Counsel.
- The Alliance is partnering with Alameda County Social Services Agency on a community outreach plan.
- The Social Services Agency estimates 22,300 renewals due per month over the next 14 months.

Question: How many people will not be eligible for Medi-Cal, and what impact will that have on the system? What will happen to those that are no longer eligible?

Answer: The County, Social Services Agency, The Alliance, Anthem, Kaiser, and anybody that currently has Medi-Cal members (who are no longer eligible), are required to connect them to Covered California, and then these members can enroll in either the bronze or silver plan. They can still go straight through Social Services, and they will connect them directly. It is our job to help coordinate.

e) CEO TRANSITION UPDATE

Scott Coffin and Matthew Woodruff provided an update on the transition activities.

- April and May are focused on looking at everything across the enterprise that a CEO needs to know about, such as the financial regulatory policy, including many of the things you see in this board packet.
- Focus is on the internal side and external side which includes the relationships within Alameda County and making sure that those transitions are smooth.

- Many introductory meetings are being scheduled.
- Meet and Greet with the elected and appointed officials in Sacramento as well as with the Alameda County Board of Supervisors.
- Meetings with eleven (11) Mayors.
- Relationships with safety net leaders
- Currently in Week 3 of the transition process where the focus was on the budget process.
- A progress report with an update on areas of progress will be shared in May.

8. STANDING COMMITTEE UPDATES

a) HEALTH CARE QUALITY COMMITTEE – MARCH 31, 2023

Dr. O'Brien provided an update on the Health Care Quality Committee meeting that met on March 31st. The name of the committee will change as required by the State. The Quality Committee will become the Quality Improvement Health Equity Committee (QIHEC). Our new Health Equity Officer, Paul Vang, was in attendance and has officially joined the committee. The contents will adjust slightly to include equity-related issues. Dr. Chapman, Medical Director at Alameda County Behavioral Health, provided a report on medication monitoring. The committee also reviewed the Utilization Management and Case Management Trilogly documents for the annual evaluation of how the program went and the work plan that was approved. Several other policies were approved in preparation for the audit that is happening next week.

b) PEER REVIEW AND CREDENTIALING COMMITTEE – MARCH 21, 2023

Dr. O'Brien provided an update on the Peer Review and Credentialing Committee meeting that met on March 21st. Two hundred ninety initial providers were approved, including 234 Behavioral Health providers and eleven PCPs. Thirty-four providers were re-credentialed, and one initial applicant was declined to be admitted by the committee based on his application.

c) PHARMACY & THERAPEUTICS COMMITTEE – MARCH 28, 2023

Dr. O'Brien provided an update on the Pharmacy & Therapeutics Committee meeting that met on March 28th. The committee reviewed 10 therapeutic categories, drug monographs, 31 Formulary modifications, and 30 prior authorization guidelines.

d) MEMBER ADVISORY COMMITTEE – MARCH 16, 2023

Scott Coffin provided an update on the Member Advisory Committee that met on March 16th. Presentations were given on the public health emergency and the continuous coverage Medi-Cal redetermination initiative, as well as a presentation from the newly formed office of Health Equity. Operational reports were provided on timely access and an update on the health education program. The Grievances and Appeals, utilization, and Community Outreach team were presented to the committee. Scott thanked Jody Moore and Natalie Williams for serving and being active members of the committee. The next MAC meeting will be held on June 15th, 2023.

9. STAFF UPDATES

There were no staff updates.

10. UNFINISHED BUSINESS

None.

11. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS

Scott Coffin shared there will be a presentation at the next meeting on enrollment trends looking ahead 12 to 24 months.

12. PUBLIC COMMENT (NON-AGENDA ITEMS)

There were no public comments for non-agenda items.

13. ADJOURNMENT

Chair Gebhart adjourned the meeting at 2:09 p.m.