ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
REGULAR MEETING
February 10th, 2023
12:00 pm – 6:30 pm
Alameda, CA

SUMMARY OF PROCEEDINGS

Board of Governors Present: Rebecca Gebhart (Chair), Dr. Noha Aboelata (Vice-Chair), Aarondeep Basrai, Dr. Rollington Ferguson, James Jackson, Byron Lopez, Dr. Marty Lynch, Dr. Michael Marchiano, Supervisor Lena Tam, Andrea Schwab-Galindo, Jody Moore, Dr. Kelley Meade (virtual), Yeon Park (virtual), Dr. Evan Seevak (virtual), Natalie Williams (virtual)

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

Guests Present on Conference Call: Colleen Chawla, Andrea Ford

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Rebecca Gebhart	The regular Board of Governors meeting was called to order by Chair Gebhart at 12:04 pm. The following public announcement was read. "The Board recognizes that there is a proclaimed state of emergency at both the State and the local Alameda County levels, and there are recommended measures to promote social distancing in place. The Board shall therefore conduct its meetings via teleconference in accordance with Assembly Bill 361 for the duration of the proclaimed state of emergency." "Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."	None	None
2. ROLL CALL			
Rebeca Gebhart	Roll call was taken by the Clerk of the Board, and a quorum was confirmed.	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
3. AGENDA APPROVAL OR MODIFICATIONS			
Rebecca Gebhart	None	None	None
4. INTRODUCTIONS			
Rebecca Gebhart	A moment of silence was taken to acknowledge the passing of Alameda County Supervisor Richard Valle, who represented District 2. Scott introduced the new Alliance Board Member Alameda County Supervisor Lena Tam and welcomed her as this was her first meeting.	None	None
5. CONSENT CALENDAR			
Rebecca Gebhart	Chair Gebhart asked that we pull Consent Calendar Item C and move it to Board Business for separate action. A motion was made to approve the following Consent Calendar items: a) January 13th, 2023, Board of Governors Meeting Minutes b) February 7th, 2023, Finance Committee Meeting Minutes	Motion to Approve: February 10th, 2023, Board of Governors Consent Calendar Items A and B. Motion: Natalie Williams Second: Dr. Kelley Meade Vote: Motion passed. No opposed, one abstained (Supervisor Lena Tam).	None
5. c. CEO SALARY GRADE			
Rebecca Gebhart	Chair Gebhart introduced the item, and the following updates were presented: • A salary evaluation was done by Astron Solutions and was also reviewed by the executive search firm, WittKiefer. The	Motion: Approve the CEO Salary Grade as presented.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	recommendation is based on a review of the salaries of healthcare organizations of the same size. The salary scale represents an increase from the prior scale. The search committee discussed it at length and are comfortable with the scale. • Dr. Seevak, Andrea Schwab-Galindo and Dr. Ferguson provided their input and validated the recommendation and felt the search firm did its due diligence to present a competitive and fair range based on the current market analysis. *Question: Where are we currently on the salary scale and where are we moving up to?* *Answer: We are currently at Grade 18 and we are moving up to Grade 19 on the Salary Scale.*	Motion: Dr. Michael Marchiano Second: Aaron Basrai Vote: Motion passed unanimously.	
6. a. BOARD MEMBER REPORT – COMPLIANCE ADVISORY COMMITTEE			
Rebecca Gebhart	The Compliance Advisory Committee (CAC) was held on February 10th, 2023, at 10:30 am. Rebecca Gebhart gave the following Compliance Advisory Committee updates. Highlights: Delegation Oversight: • We have certain providers who are delegates and we have put into place a compliance delegation oversight infrastructure to make sure we are monitoring and overseeing our delegates in a comprehensive way. • There is a new process resulting from this delegation infrastructure, which is new monthly meetings with delegates that review audit performance and audit findings and how they will be remediated.	Informational update to the Board of Governors. Vote not required.	None

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	Compliance Program Updates: • Second month of review and approval of the Compliance Program and Code of Conduct. The comprehensive Compliance Program incorporates the fundamental elements of an effective compliance program identified by the U.S. Department of Health and Human Services' Office of Inspector General (OIG), and the Prescription Drug Benefit Manual. It is grounded in the seven principles which are: ○ Implementing written policies and procedures. ○ Designates a Compliance Officer and Compliance Committee. ○ Ensures effective training and education. ○ Developing effective lines of communication for internal and external stakeholders. ○ Conducting internal auditing and monitoring, inspections, peer reviews, and external surveys. ○ Enforcing standards. ○ Responding promptly to detected problems and undertaking corrective action. 2023 DMHC Timely Access & Annual Network Review: • The standards for timely access and standard for the network have changed after a 10-year period of no change. Staff has been asked to bring forward to the next Committee meeting what the current standards were and what the standards are changing to and the impact on the organization by those changes. CalAIM: RFP Single Plan Model Transition: • The plan has been working on document submission of deliverables for our single plan model transition. • We have completed the first three sets of deliverables with our document submissions with an initial approval rate of 98%. • Staff is working on the largest deliverable which is eight-seven (87) deliverables that will occur and be submitted in March.		

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	Question: What are the deliverables? *Answer: The deliverables are a request that the State has made as part of our new contract and having to do with the document submissions.* *Question: How does the 98% rate compare with the other plans?* *Answer: There have been varying percentages. Most California health plans have been maintaining 90% and above, but ours is on the higher end.*		
6. b. BOARD MEMBER REPORT – FINANCE COMMITTEE			
Dr. Rollington Ferguson	The Finance Committee was held telephonically on February 7, 2023. Highlights: • James Jackson was gratified to see how well our investments are performing and given that we have made a conscious decision to move our investments to funds that are consistent with our mission and that we have not seen a degradation of the return despite having made such a move.	Informational update to the Board of Governors. Vote not required.	None
6. c. CEO SEARCH COMMITTEE			
Dr. Evan Seevak	Dr. Evan Seekak presented the following updates: • Despite the very competitive market, we have had a very strong and experienced candidate pool. • The search committee was assembled in mid-2022 and comprised of the Alliance Executive Committee of the Board (Dr. Seevak, Rebecca Gebhart, Dr. Ferguson, Dr. Lynch) and two additional	Informational update to the Board of Governors. Vote not required.	None

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	board members (Andrea Schwab-Galindo and James Jackson) to form the six-member Ad Hoc CEO Search Committee. • Last summer, a stakeholder survey was sent to all the Board Members, senior leadership team, and community members, and all the responses were reviewed. This helped form the candidate profile that the executive search firm, WittKieffer developed and released in early October. • WittKieffer produced a list of ten strong candidates which the search committee reviewed and discussed. From there, the list was narrowed down to six of which five were interviewed. (One withdrew due to family matters). After the first series of interviews, the list of five candidates was narrowed down to two finalists who will be interviewed today by the full Board in a closed session. After the interviews, the search committee will hear feedback from the Board. • Feedback will also be given by a couple of the prospective Board Members, Scott Coffin, and the senior leadership team. • Rebecca Gebhart and Dr. Seevak will work with the search firm and the legal team to negotiate an employment agreement with the top candidate. • A resolution will be brought to the March board meeting for adoption.		
7. CEO UPDATE			
Scott Coffin	Scott Coffin, Chief Executive Officer, presented the following updates: • Scott recognized Jeanette Murray for her years of service as the Clerk of the Board and thanked her as a valued team member. Richard Golfin III introduced the new Board Clerk, Brenda Martinez.	Informational update to the Board of Governors. Vote not required.	None

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	Executive Dashboard: • On pages #60 through #64, the key operating metrics show positive results, and credits go to each staff member of the Alliance team! • 100% of the regulatory metrics met compliance in the month of January, and this was completed as the organization continues to scale to meet the increasing Medi-Cal population. Medi-Cal enrollment: • Medi-Cal enrollment is increasing monthly by 1,500 adults and children, which is related to the public health emergency, which has been extended into the month of April. During this time, the annual Medi-Cal redetermination process is suspended. • In addition to the enrollment impacts tied to the pandemic, the Department of Health Care Services “DHCS” is shifting enrollment from regular Medi-Cal (Fee for Service) into Medi-Cal managed care. In October of last year, the DHCS announced that 99% of beneficiaries enrolled in the Fee for Service Program. As of last December, there were approximately 70,000 adults and children enrolled, including foster youth and justice-involved populations. • On February 1st, approximately 17,000 dual eligibles (Medi-Cal, Medicare) were enrolled in Alameda Alliance, resulting in a total of 352,000 beneficiaries. Three years ago, at the start of the pandemic, our total enrollment was 240,000. We have increased by over 110,000.		

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	Question: Regarding the enrollment and disenrollment, how will this play out starting in April or June? Are we involved with the County Social Services to mitigate that disenrollment? *Answer: We are in the process of putting together the outreach plan. Our goal would be to start around April. There will be a comprehensive plan put together by the end of the month to share with Scott.* *Question: Will we get redetermined month by month? How many people are we estimating to drop out?* *Answer: It will be month to month based on the determination date (enrollment date). The first disenrollments will occur July 1st. The state estimates approximately 30% could drop out.* *Question: Are we doing other programmatic things now with the large number of new dual enrollments?* *Answer: We are pulling data on our existing duals to see what kind of utilization they have so we can make sure we have appropriate services in that area. We are looking at the whole package of LCSS services and having discussions with providers. We will be meeting soon with Senior Services and looking at the overall package of services.* *Question: Can we get Medicare data?* *Answer: We don't get all the data, just a partial subset of the data.* *Question: Regarding redetermination, are we having talks in regards to targeting the people who are lapsing rather than having every single beneficiary call to inquire about their coverage, so we don't overwhelm the system? Are we targeting people in this phase?* *Answer: Once we get the data-sharing agreement in place, our goal is to go month to month. In May, we would be contacting everyone that is eligible for June. We are going to send postcards to everyone once it gets down to their determination date*:		

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	• DHCS recently imposed a $25,000 sanction for failure to meet three quality measures in the measurement year 2021. The first quality measure is for breast cancer screening, and the other two measures are related to pediatric wellness quality measures. These measures missed the minimum performance level as defined by the State of California. • A hearing has been scheduled for May 2nd with the DHCS and the results of the hearing will be communicated to the full Board once a decision is reached by the DHCS. • The State of California should not be imposing financial sanctions on the safety net during a public health emergency. HEDIS results for the measurement year 2021: • On page #58 of the board packet, there is a graph that shows the Alliance's quality scores over the last 8 years. We received confirmation on the calendar year 2021 HEDIS rate, which resulted in a 19.3% improvement as compared to the previous year. • In reference to the statewide performance, the Alliance placed in the 11th position which is in the top quartile. Medi-Cal redeterminations & continuous coverage: • Planning is underway with safety net partners on a county-wide basis to coordinate messaging to Medi-Cal beneficiaries that are targeted and timely. • June 2023 renewal dates will be processed in April, and the coverage changes would take effect on July 1st. • DHCS listening tour is being held next week in this Board Room and includes leaders from the Alameda County Safety-Net. The roundtable is on February 17th.		

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	• The Medi-Cal long-term care initiative and insourcing of mental health and autism is being updated later in the meeting by Ruth Watson, Chief of Integrated Planning.		
8. a. BOARD BUSINESS – REVIEW AND APPROVE DECEMBER 2022 MONTHLY FINANCIAL STATEMENTS			

Gil Riojas	Gil Riojas gave the following December 2022 Finance updates:
	
	Executive Summary:
	• For the month ending December 31st, 2022, the Alliance had enrollment of 327,795 members, a Net Income of $2.5 million and 677% of required Tangible Net Equity (TNE).
	
	Enrollment:
	• Total enrollment increased by 1,870 members since November 2022.
	• Total enrollment increased by 14,739 members since June 2022.
	• The disenrollment process associated with the Public Health Emergency (PHE) is projected to restart in May 2023.
	
	Net Income:
	• For the month ending December 31st, 2022, the actual net income was $2.5M, and the budgeted net loss was $4.7M.
	• Planning to provide a second quarter forecast in March with updated information related to our rates.
	• For the fiscal YTD ending December 31st, 2022, the actual net income was $22.7M, and the budget net income was $15M.
	• The favorable variance of $7.1 million in the current month is primarily due to:
	  ○ Unfavorable $2.7 million lower than anticipated Revenue.
	  ○ Favorable $7.8 million lower than anticipated Medical Expense.
		Motion:
		Approve the December 31st, 2022, Monthly Financial Statements as presented.
		
		Motion: Dr. Rollington Ferguson
		Second: Dr. Marty Lynch
		
		Vote: Motion unanimously passed.
		
		No oppositions and no abstentions.
			None

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	○ Favorable $1.0 million lower than anticipated Administrative Expense. ○ Favorable $970,000 higher than anticipated Total Other Income. Revenue: • For the month ending December 31st, 2022, the actual revenue was $114.5M vs. the budgeted revenue of $117.3M. • For the month ending December 31st, 2022, the unfavorable revenue variance of $2.7 million is primarily due to: ○ Unfavorable $2.0 million Major Organ Transplant (MOT) risk corridor adjustment ○ Unfavorable $335,000 Maternity Supplemental Revenue due to timing ○ Unfavorable $325,000 Behavioral Health Supplemental Revenue due to timing ○ Favorable one-time Hep-C Supplemental Revenue recoupment of $300,000 *Question: Which hospitals do primarily the major organ transplant?* *Answer: UCSF and Stanford are the contracted hospitals.* Medical Expense: • For the month ending December 31st, 2022, the actual medical expense was $106.8M, and the budgeted medical expense was $114.6M. • Year-to-date medical expense variance is $8.2M favorable to budget. On a PMPM basis, medical expense is 1.6% favorable to budget.		

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	Question: Is the variant in the inpatient hospital & SNF FFS due to decreased number or length of stay or both? *Answer: For us it is utilization. The numbers are not as high as what we budgeted for.* Medical Loss Ratio (MLR): • The Medical Loss Ratio was 93.2% for the month and 91.7% for the fiscal year-to-date. Administrative Expense: • For the month ending December 31st, 2022, the actual administrative expense was $6.3M vs. the budgeted administrative expense of $7.3M. • For the fiscal YTD ending December 31st, 2022, the actual administrative expense was $33.3M vs. the budgeted administrative expense of $35.7M. Other Income / (Expense): • Fiscal year-to-date net investments show a gain of $4.0 million. • Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claim is $158,000. Tangible Net Equity (TNE): • Required TNE is $37.4M • Actual TNE is $253.4M • Excess TNE is $215.9M • TNE % of Required TNE is 677% Cash Position and Assets: • For the month ending December 31st, 2022, the Alliance reported $362.8M in cash; $219.6M in uncommitted cash. Our current ratio		

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	is above the minimum required at 1.66 compared to the regulatory minimum of 1.0. *Question: Regarding Categories of Aid, when the redeterminations restart, are certain categories going to go before others or was trying to predict which categories are going to fall off?* *Answer: We are trying to see which categories of aid have had the most positive impact with PHE. As part of our budget process for next year, we're looking now to go back 24 months to see those increases and then deciding and figure when the right time for those will start to go down, by percentage.* *Question: Is there an upper number for cash on hand that we should be concerned about?* *Answer: There is no upper limit of how much you can have on hand. I've heard discussions around reserves if they're too high, when you get up to that 1000% mark but I don't know if we'll ever get there. Another factor the state is looking at is the days of cash on hand. The $200M we have in reserves reflects a couple of months of cash. In times when budgets get delayed from the state level, our goal is to keep making payments for services rendered.*		
8. b. BOARD BUSINESS – MENTAL HEALTH INSOURCING GO-LIVE APRIL 1st			
Ruth Watson	Ruth Watson presented the Mental Health Insourcing Go-Live April 1st Update. Highlights: <u>Current State – Mental Health</u> Staffing: • 8 Behavioral Health Staff Onboarded • Fully staffed with the exception of one resource starting 2/13/23	Informational update to the Board of Governors. Vote not required.	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
	Provider Network: • 106 Fully Executed Contracts (21 ABA Contracts and 85 MH Contracts) – includes Mental Health & Autism Providers. Total of 477 Providers. • Total Impacted Members: 1,145 Medi Cal members • On Target to meet 4/1/23 Go-live date *Question: What is going to happen to the referrals of patients that are in process as we go through this transition? Specifically, if we do not yet have a contract with that provider?* *Answer: Whether we have a contract or not, we will reach out with a letter of agreement. Any provider that doesn't get through credentialing by the March date, we will do letters of agreement in order to make sure that on 4/1, all members can still stay with their same provider. On the note of referrals that may be in progress, we are coordinating with Beacon and we will be sharing the list of that information so we have a team both in member services and in the behavioral health division helping with that transition to referring patients who may be in the referral process.* *Question: Will the process be the same process that we use now with Beacon or will we be changing it?* *Answer: We have a team in Member services who is going to be specifically trained on that very task of working with Members and then giving them the numbers for them to call and make an appointment. If they have any issues or complications, they're escalated to LCSW on Dr. Curry's team that can hand hold them into care.* *Question: In the area of behavioral health and 106 fully executed contracts. What is the breakdown in behavioral health (more psychiatrists)?* *Answer: There are a huge number of LCSW's, LMFT, family therapist, mental health workers and some psychologists make up a huge bulk of the frontline.*		

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	Question: Will there be something sent out to the primary care physicians telling them how to make the referral? *Answer: Yes, we are setting up a training on that that we are putting out to the networks letting them know we will have different trainings, like we did for long term care.* *Question: Contracted positions vs. license? What is our oversight role in each case and where are we liable in terms of the oversight role?* *Answer: Each of the providers is credentialed by the Credentialing committee. Through the credentialing process, we verify licensures and any issues with the medical or psychological board. We don't oversee their clinical care or individual care of the members. This is part of the contractual relationship with the provider. The majority of our providers will be our contracted providers and even those that we have LOA's with, we're going to try and bring them into our contracted network. We look at all of their grievances each time their credentialed and see if there are any active issues related to access or other sorts of things. That's why we always prefer having our network providers as opposed to LOA's, to make sure we're not dropping any members and we're keeping continuity of care. During our normal credentialing cycle, we review everybody and talk about every grievance at their credentialing committee to see if there are any trends or patterns.* *Question: What is the oversight to ensure that they are staying aligned with doing well if they do not have a prior history of those patterns being documented? Are there things in place to assure those kinds of steps happen?* *Answer: Part of our contract is they must comply with quality standards. We do quality measurements on patients, including patients in psychiatric care. We monitor and look for flags and triggers and monitor access reports and patient grievances. Finally, we have facility sight reviews for primary care providers to make sure there's a lot of inspections that occur in the office.*		

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	Question: As we make the transition, specifically with populations attached to getting mental health care, is there anything we can do to promote a warmer handoff so that people can uptake the services more? *Answer: These are the things on our list to look at once we bring it live in April. We are looking at the dyadic services and promoting those internally.* Operational Readiness: • Regulatory – DMHC & DHCS o Comment Table responses from AAH to be submitted to DHCS 2/1/23. DMHC shall expedite their review upon request. o AAH Transition Plan submitted to DHC 1/31/23 – Pending Review System Integration/Testing: • Claims/HealthX in User Acceptance Testing • BH Form 1 in Quality Assurance Testing • TruCare – Forms, Queues – Configuration in Progress Training: • BH Staff to Train Member Services Staff – 3/7 & 3/21 • Provider Training & Orientation – March 1 – March 15 <u>Current State – Long Term Care (LTC)</u> Provider Network: • 60 Contracts Fully Executed for Custodial Care (covers 93 Facilities) • Provider Services is currently assessing current network and awaiting further guidance and data from DHCS on Subacute and ICF populations (pushed out to 1/1/24) Total Impacted Members: • Custodial – 970 Members (expecting additional 500 members by March) • Subacute and ICF – awaiting utilization data from the state.		

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	Operational Readiness – Custodial Care • Regulatory – completed prior to go live on 1/1/23. • System Integration & Testing – completed prior to go live on 1/1/23. • Communications & Training – completed prior to go live on 1/1/23.		
8. d. BOARD BUSINESS – ALAMEDA WELLNESS CAMPUS			
Doug Biggs	Scott Coffin introduced Doug Biggs, Executive Director, for the Alameda Point Collaborative. Scott shared the following statement: As CEO for the Alliance, my recommendation to the Board of Governors is to fund $4.0 million to the Alameda Point Collaborative to support this project. The Alliance would be joined by the Alameda County Health Care Services Agency, which is committing $8.5 million dollars, for a combined total of $12.5 million dollars. The funding closes the gap that APC needs to initiate the "ground breaking" on the property in 2023, and would be considered by the Alliance as a grant, which is drawn from the corporate financial reserves that has reached nearly $216 million dollars. Currently the financial reserves (referred to as the TNE) are 677%, and the reduction of this investment would not jeopardize our financial solvency, as the reserves are nearly seven times the amount that is required by regulators. Doug Biggs and Colleen Chawla, Director of the Alameda County Health Care Services Agency, presented the board with information on the Alameda Point Collaborative (APC) including a proposal. Highlights: • The Alameda Wellness Campus is a holistic and cohesive campus that is going to provide permanent supportive housing for unhoused elders 55 and above with medical acuity and a medical respite facility that will offer after and pre-care for unhoused residents of Alameda County.	Motion: Allocate $4.0 million dollars of our financial reserves, which would be identified as a grant, to the Alameda Point Collaborative. Motion: Yeon Park Second: Supervisor Lena Tam Vote: Motion passed. One opposition (Dr. Rollington Ferguson) and no abstentions.	None

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	• 90% of the clients that they will be serving will be Alameda Alliance members • Respite is a proven model to improve the quality of life for medically fragile, unhoused, while reducing unnecessary emergency room utilization • A similar program in Phoenix that also offered 50 beds, achieved an annual cost savings of $4.3 million by reducing Medicaid costs, hospital admission, emergency room visits and long term care placement. • Requesting a $4 million investment from Alliance in the medical respite facility. A one-time investment from Alliance will have a long term benefit to our members and our organization. • The total cost of the facilities will be $53 million and they've raised the remaining money with the exception of the $4 million. They are at a critical juncture and need to get under construction soon. The County of Alameda has committed to $12.5 million, if needed. They have identified ARPA funding which is incredibly challenging and difficult funding to use for a project like this. *Question: When someone gets referred for respite, how will you be reimbursed? What is your reimbursement model?* *Answer: Our medical partner in this project is Lifelong Medical and they will be operating the respite in the appropriated clinic. We have an agreement with the County for $200/night bed charge and also Medical will cover part of it. The clinic will also serve the residents of the permanent supported housing that will also cover some of the costs.* *Question: How is the selection process? How is it that a patient gets to you?* *Answer: We will be targeting at the top of the coordinated entry list, which is the county wide homeless list but with a preference for medical acuity. We will be working with hospitals throughout the County with the street outreach that Lifelong operates with other outreach teams to identify clients that are suitable for respite and in some cases, we will be setting aside some beds for hospice. The reason we need this dual criteria, once we bring people into respite, we will be working closely with them to get them*		

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	connected with health providers and also connect them with permanent supportive housing. Lifelong will have intake specialists on staff who will work with the hospitals directly and qualify them. *Question: Is this population for 55 plus population or is there also the mental health at risk population that is included in this?* *Answer: The main criteria is homeless patients and the focus will be on medical acuity.* *Question: Are there any other facilities similar to this that are offering similar services to the County?* *Answer: There is respite in the County which Lifeline operates but they are not focused on medical acuity so they have a lot of limitations.* *Question: How will the partnership work in terms of partnering with the County hospitals and with the health plan and the prioritization? How are we able to partner together?* *Answer: We are very interested in working with you on the prioritization. We've been doing research and have gotten funding from foundations to do some research on the criteria for respite. We can work together here on developing prioritization of work.* *Comment: Supervisor Tam underscores that the County Board of Supervisors strongly and unanimously supportive of this project and directed staff to find the funding and commend Director Chawla and Scott Coffin for his positive recommendation and based on your TNE you definitely can support this. This project is strongly supported by our community and the City of Alameda. From a healthcare perspective, having health care delivered through the emergency room or staying in the hospital long term is the most expensive form of healthcare so having this ability to discharge patients that need hospice care or wellness care or continued care instead of going back on the streets is something that we definitely need in our community, and hope that the Board supports it.*		

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	Comment: Dr. Ferguson thinks it is a great project but thinks we should not grant money for this project but at the end of the day, this board has the fiduciary responsibility for the alliance. A consideration for a loan might be in order. A consideration for some kind of reduction in payments to the Alliance member would be in order and such an agreement should be worked but to grant $4 million when we don't know what the future is going to be does not seem rational. Support in terms of a loan is reasonable. *Comment: Dr. Lynch commented that the investment is to save dollars for the Alliance and to serve our homeless population in a much more medically appropriate, humane way and feels this is a positive thing for our community and our patients and they pay off economically as well.* *Comment: Yeon Park is in support of this project and this will benefit the community and glad to hear that we are starting to look at this from a holistic approach.*		
9. a. STANDING COMMITTEE UPDATES – PEER REVIEW AND CREDENTIALING COMMITTEE			
Dr. Steve O'Brien	The Peer Review and Credentialing Committee (PRCC) was held telephonically on January 17, 2023. Dr. Steve O'Brien gave the following Committee updates: • There were one-hundred thirteen (113) initial providers approved, ninety-three (93) of which were Behavioral Health. Total of four-hundred seventy-seven (477) approved providers. One-hundred-fifty more providers coming in two weeks. • Additionally, fifteen (15) providers were re-credentialed at this meeting.	Informational update to the Board of Governors. Vote not required.	None
10. STAFF UPDATES			
Scott Coffin	None	None	None

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11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Scott Coffin	None	None	None
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Scott Coffin	There were no public comments on non-agenda items.	None	None
14. CLOSED SESSION (STARTING AT 2:15 PM)			
Rebecca Gebhart	PUBLIC EMPLOYEE APPOINTMENT DISCUSSION WILL CONCERN THE CHIEF EXECUTIVE OFFICER POSITION (CALIFORNIA CODE, GOVERNMENT CODE SECTION 54957(b)(1)). PROTECTION OF CONFIDENTIAL INFORMATION PERTAINING TO PUBLIC EMPLOYMENT. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF MAY 2023.	None	None
15. ADJOURNMENT			
Rebecca Gebhart	Chair Gebhart adjourned the meeting at 2:09 p.m.	None	None

Respectfully Submitted by: Brenda Martinez, Clerk of the Board