

**ALAMEDA ALLIANCE FOR HEALTH
BOARD OF GOVERNORS
RETREAT MEETING
September 29th, 2022
12:00 pm – 2:00 pm
(Video Conference Call)
Alameda, CA**

SUMMARY OF PROCEEDINGS

Board of Governors on Conference Call: Dr. Evan Seevak (Chair), Rebecca Gebhart (Vice-Chair), Dr. Marty Lynch, Byron Lopez, Dr. Rollington Ferguson, James Jackson, Dr. Noha Aboelata, Dr. Michael Marchiano, Aarondeep Basrai, Supervisor Dave Brown, Andrea Schwab-Galindo, Natalie Williams

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

Excused: Dr. Kelley Meade, Yeon Park

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
1. CALL TO ORDER			
Dr. Evan Seevak	<p>The retreat meeting was called to order by Dr. Seevak at 12:10 pm.</p> <p>The following public announcement was read.</p> <p style="padding-left: 40px;">"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."</p> <p style="padding-left: 40px;">"Audience, during each agenda item, you will be provided a reasonable amount of time to provide public comment."</p>	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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2. ROLL CALL			
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Dr. Evan Seevak	A telephonic roll call was taken of the Board Members, and a quorum was confirmed.	None	None
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3. AGENDA APPROVAL OR MODIFICATIONS			
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Dr. Evan Seevak	<p>Dr. Seevak announced there would be an agenda modification:</p> <p>Item 14(a) will be removed from the agenda, and the general subject matter that was part of item 14(a) – new board positions will be discussed in connection with item 8(a) – Roles of the Board of Governors. This will be in an open session.</p> <p>Motion to Modify the Agenda:</p> <p>A roll call vote was taken, and the motion passed.</p>	<p><u>Motion to Approve Agenda Modification</u> September 29th, 2022, Board of Governors Retreat Meeting Agenda</p> <p><u>Motion:</u> Dr. Evan Seevak <u>Second:</u> Dr. Michael Marchiano</p>	None
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4. INTRODUCTIONS			
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Dr. Evan Seevak	None	None	None
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5. BOARD BUSINESS – ROLES OF THE BOARD OF GOVERNORS			
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Dr. Evan Seevak	None	None	None
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6. BOARD MEMBER REPORTS			
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Rebecca Gebhart	None	None	None
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AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
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7. CEO UPDATE			
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Scott Coffin	None	None	None
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8. a. BOARD BUSINESS – ROLES OF THE BOARD OF GOVERNORS			
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<p>Bobbie Wunsch</p> <p>Dr. Evan Seevak</p> <p>Dr. Rollington Ferguson</p> <p>Supervisor Dave Brown</p>	<p>Being an Effective Board of Directors:</p> <ul style="list-style-type: none"> • The first question up for Board Discussion: What do you think are the three (3) most important functions and roles of the Alameda Alliance Board of Governors? <p>Dr. Seevak responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> • (1) Supporting and evaluating the CEO. • (2) Ensuring adequate financial resources. • (3) Ensuring effective planning. <p>Dr. Ferguson responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> • There is overlap in what I would consider the three (3) most important functions. • (1) It is important for the Board to seek the Executive Team, focus on the mission of the Alliance, and guide the Executive Team on the purpose of the Alliance. • (2) The second most important role of the Board is to help the CEO and the Alliance maintain its governance role. • (3) That we continue to maintain financial viability. <p>Supervisor Dave Brown responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> • I agree with the comments made; however, I would add that it is important that the Board members conduct themselves as ambassadors of the Alliance and communicate the mission and vision. 		None
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Dr. Noha Aboelata	<ul style="list-style-type: none"> Fiscal responsibility, supporting the CEO, and adequately planning are things I agree with. <p>Dr. Aboelata responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> An important role of the Board is to assist with decision points or strategic direction questions that may arise. 		
Dr. Marty Lynch	<p>Dr. Lynch responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> I agree with Dr. Aboelata - setting policy and direction of the organization, as well as strategic direction. A second point I would add is assuring our members receive the absolute best and most appropriate care from the Alliance's network. Also, ensuring we pay attention to the quality reports we receive from Scott Coffin (CEO) and Dr. Steve O'Brien (CMO). Additionally, the case management care coordination and how care is coordinated – paying attention to these things and providing feedback. 		
Andrea Schwab-Galindo	<p>Andrea Schwab-Galindo responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> In terms of adequate representation, I would say that ensuring that we have a voice at the table and are sharing concerns. Additionally, areas of opportunity in the community and representing the Alliance well. Another area that is very important to me is advocacy – both from a legislative standpoint and as a Board member. 		
Rebecca Gebhart	<p>Rebecca Gebhart responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> I want to endorse the selection, support, and evaluate the CEO, and financial oversight. However, I also want to add that because of this plan's regulatory environment; I think the Board or at least some Board members should focus on monitoring compliance. Additionally, there should be sufficient compliance infrastructure and all staff training. If there are issues or material weaknesses, the Board should be aware of them to support the CEO in addressing them. 		
Dr. Marchiano	<p>Dr. Marchiano responded by stating the following to the discussion question:</p>		

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Byron Lopez	<ul style="list-style-type: none"> Regarding selection of the next CEO – that person needs to have the qualities necessary to do the job. It is a special position that needs to be carefully looked at. The selection criteria need to be closely applied. Collaborating with Board members will also be very important – having the openness to foster education. <p>Byron Lopez responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> I think being deliberate about listening closely, as there are a lot of initiatives, such as the ending of the public health emergency and how that can impact the Plan, CalAIM, and Medicare. The combination of listening and speaking up is very important. 		
James Jackson	<p>James Jackson responded by stating the following to the discussion question:</p> <ul style="list-style-type: none"> I want to emphasize representation and ensure an appropriate representation based on the community we serve. To the extent possible, we should add diversity, equity, and inclusive principles to our work. 		
Dr. Aboelata	<p>Bobbie Wunsch: Anything anyone wants to add that we have not discussed?</p> <p>Dr. Aboelata provided the following comment:</p> <ul style="list-style-type: none"> Where does our role in compliance pick up – what are triggers or events for the Board as it relates to compliance? We have a lot of work in compliance in the organization consistently, but it's important to distinguish what kind of events must come to the Board on compliance issues. 		
Dr. Seevak	<p>Dr. Seevak provided the following comment:</p> <ul style="list-style-type: none"> I agree with everything that has been said thus far. I want to emphasize that the Board needs to express the voice of our members as well as our providers and consider them with all our decisions and advocate on their behalf when appropriate. As James said, we need to adequately represent our clients from various backgrounds and continue our efforts with equity, diversity, and inclusion. 		

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<p>Dr. Marty Lynch</p> <p>Bobbie Wunsch</p>	<p>Dr. Marty Lynch provided the following comment:</p> <ul style="list-style-type: none"> • I fully support the comments on diversity, equity, and inclusion. I also want to add that one of the strengths of the Alliance has been its involvement with the community, and the Board should continue its efforts to keep it this way. <p>Being Effective as a Board: Hearts and Minds:</p> <ul style="list-style-type: none"> • A Board member's role should combine hearts and minds, the emotion and commitment that a Board member brings to an organization's mission, and the intellectual rigor you bring. • Part of this is the quality of the dialogue and debate during the meeting and the Board's ability to ask tough questions within their role. • Another great part of the effectiveness is the diversity of the Board's own experiences, and the thought they put into all of the issues. • The preparation of the meetings and materials also plays a role in effectiveness. • The Board Chair's role is to manage the Board and keep the Board together. The members should also feel that they are well-integrated and oriented. • Lastly, everyone must be committed to participating and remain engaged; attendance is one factor of this commitment. <p>In the Spirit of Service:</p> <ul style="list-style-type: none"> • The Board Bylaws has an organization's legal and financial oversight responsibility – this is not an operational role. • Additionally, the Board has a strategic leadership role within the organization, and in the important role in selecting, supporting, and evaluating the CEO. Selecting the CEO is the most important responsibility the Board has and requires leadership experience, which everyone on this Board has. • As discussed earlier, there is much to address and think about regulatory oversight. A large portion of what the Board does is risk management and working with the CEO to identify potential risk mitigation opportunities. • As Supervisor Brown mentioned, the ambassador role and enhancing the organization's public stand are important; furthermore, ensuring the community knows the members of the Board and that the members of the Board are proud to be a member. 		

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	<ul style="list-style-type: none"> • Evaluating the organization's performance is a major responsibility. Furthermore, the Board's conflicts of interest and perceived conflicts of interest are of utmost importance – there needs to be a distinction between actual and perceived conflicts of interest. • Lastly, board development is an important, ongoing role for Board members, one that the Board Chair generally leads. This encompasses ensuring the Board has the right tools and education to operate effectively. <p>Relationship with CEO and Executive Staff:</p> <ul style="list-style-type: none"> • The Board hires and has only one employee – the CEO. The CEO hires all other employees. • The Board has the responsibility of advising and guiding the CEO. The CEO has this responsibility with the executive team, and they in turn have this responsibility with their staff. • The best relationship between the Board and the CEO is a collaborative one. <p>CEO Scott Coffin provided the following comment:</p> <ul style="list-style-type: none"> • There is a consulting side to this collaboration. What I value with the Board members is the way they consult and provide wisdom. I'm grateful for their advice because it is not a paid role that they do – it takes dedication. Asking those tough questions and participating in our governance is very important. Many of our Board members participate in our Standing Committees and have taken in active role in our governance. There are many subtle ways that the Board members show their commitment to the Alliance and our community. <p>Allocation of Authority:</p> <ul style="list-style-type: none"> • At the Alliance, the way contracts responsibilities are divided is that the Board develops and approves contract policies. The Board does not approve individual contracts to avoid conflicts of interest. The CEO approves contracts based on policies that the Board developed, and the Executive Team prepares contracts for the CEO's approval with the staff's support. 		

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	<ul style="list-style-type: none"> In the compliance area, the Board monitors the regulatory performance, the CEO oversees the performance, and the Executive Staff administers the performance, and this comes through the committee process. As demonstrated in this list, there is a clear division of responsibilities between the Board, CEO, and Executive Staff. <p>Question: What is the difference between monitoring and overseeing? Answer: From a monitoring perspective, the Board's job is to look at what the performance standards might be and monitor the performance against the standards or objectives. Where we are meeting our performance standards, where we are exceeding – these would be the questions asked in monitoring. The CEO is the one with the Executive Team and their staffs who would be developing the indicators for the Board's review and approval; this encompasses inquiring into what the performance is, and why it is going in one direction as opposed to another – this would be the CEO's oversight.</p> <p>Dr. Ferguson provided the following comment:</p> <ul style="list-style-type: none"> I would see the Board more in the role of providing oversight. The CEO is more interactive, not solely monitoring or overseeing. The distinction I am making is that both monitoring and overseeing are more passive consultative roles, whereas the CEO is more interactive than consultative. <p>Dr. Seevak agreed with Dr. Ferguson's feedback and provided the following comment:</p> <ul style="list-style-type: none"> The Executive Staff are more active; they are implementing, not so much overseeing. <p>James Jackson provided the following comments:</p> <ul style="list-style-type: none"> Under operations, I wonder if we should call out public and media relations. They are a part of operations, but I think it is important to understand who is responsible for them. We as leaders of this community, need to be proactive in trying to address the violence we see in the community. In 2021 and in 2022, we have seen a doubling of victims of violence. This is a dramatic uptake, and something has changed in our community in the past couple of years. We cannot just watch this and allow it to continue to happen. We need to do more in a proactive way to break the cycle of violence. There is more we could do 		

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	<p>than just receiving and treating the victims of violence, there are great programs in the community that are really trying to break the cycle of violence which is disproportionately impacting communities of color. I want to emphasize the importance of us being mindful of the health disparities that exist, and how we can intervene early on and provide resources to help so people feel safe, empowered, and invested in.</p> <p>Allocation of Authority (Continued):</p> <ul style="list-style-type: none"> • We will add to the chart public and media relations as James Jackson suggested, and from Dr. Ferguson's feedback, we will add language to make the CEO's role more interactive and distinguish it from the CEO's work. • We will also add planning and strategic direction to the chart. <p>Andrea Schwab-Galindo provided the following comment:</p> <ul style="list-style-type: none"> • I think adding policy and advocacy would also be helpful. <p>Dr. Marchiano provided the following comment:</p> <ul style="list-style-type: none"> • I think adding New Board Member Education and Orientation to the chart would be useful. <p>Where We Can Improve:</p> <ul style="list-style-type: none"> • What areas can our Board improve performance in? • What responsibilities can we carry out more effectively? <p>Dr. Ferguson provided the following comment:</p> <ul style="list-style-type: none"> • I think a long-term plan for our facility. I think we don't pay enough attention to that kind of planning. <p>Dr. Aboelata provided the following comments:</p> <ul style="list-style-type: none"> • I want to highlight that if we are of the opinion that it is the Board's responsibility to ensure equity or that we are monitoring equity, we would need to define what that means to us and how we are doing that with more clarity. 		

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	<ul style="list-style-type: none"> I would encourage us to build structure on how we are addressing diversity, equity, and inclusion; this would tie into compliance as well since these will be measures, we will have to meet going forward. <p>Rebecca Gebhart provided the following comment:</p> <ul style="list-style-type: none"> I'm glad Dr. Aboelata raised this point. I think in our CEO search, candidates know this is a priority for us. Putting it on the chart and attending to it more, potentially having the language there and the definition by the time we are interviewing candidates. <p>Scott Coffin (CEO) provided the following comments:</p> <ul style="list-style-type: none"> S. Coffin stated that AAH is actively recruiting right now for a new executive role that will report to me, and that is the Chief of Health Equity. Adding that AAH's Diversity, Equity and Inclusion Committee was formed nearly two years ago and is comprised of staff from each division in the company. The Board has received presentations from this Committee; however, they are going beyond these statements opposing violence and inequities – diversity, equity and inclusion is being embedded into the corporate culture and into the communities we serve. The Chief of Health Equity will be involved with the population health and health equity initiatives that are being launched next year by the DHCS, State of California. <p>Question: What is the timeline for that person (Chief of Health Equity) to be hired? Answer: We have a robust pool of candidates right now; my goal is to hire for Chief of Health Equity before the end of this year.</p> <p>Question: Is this a clinical position? Answer: The job description does not mandate a clinical certification, however, the candidates include a blend of clinical and non-clinical.</p> <p>Dr. Marchiano provided the following comment:</p> <ul style="list-style-type: none"> We might want to enlist the expertise of this person assuming this new role in development and getting more granular. 		

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Dr. Evan Seevak	<p>Dr. Seevak provided the following comment:</p> <ul style="list-style-type: none"> For areas we can improve – repeatedly, we have heard that we need to do more education and training for the Board Members. We have been trying and doing some, but I think it is an area in which we can improve. <p>Andrea Schwab-Galindo provided the following comment:</p> <ul style="list-style-type: none"> I think we can ensure efficient planning, and ensure we are doing our due diligence in learning – how we can make the learning practical and tangible. <p>Moving Forward as a Single Plan and Expanding Board Seats: Proposed Changes to the Board of Governors</p> <p>Guiding Principles:</p> <ul style="list-style-type: none"> The Alliance Board is operating effectively today based on the Board effectiveness assessment. We do not want to remove anyone from the current Board based on our assessment that the Board is functioning well currently. We have At-Large members that have worked well historically, and we want to continue to have an uneven number of Board members for decision-making purposes. Additionally, we want to continue and maintain the diversity of provider and community representation. <p>Factors to Consider Moving Ahead to Proposed Changes:</p> <ul style="list-style-type: none"> As we move from a Two Plan managed care county to a Single Plan county, consideration should be given to our three (3) year strategic plan and ten (10) year road map; the CalAIM priorities including Medicare business line; diversity, equity, and inclusion values; the addition of three (3) additional seats to Alameda County Board of Supervisors, County HCSA Director, County Social Services Director, and CEO of Community Health Clinic Network (CHCN). We also want to think about what our membership will look like in 2024 under the Single Plan model. 		

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	<p>Process and Timeline:</p> <ul style="list-style-type: none"> • The Alliance Board Executive Committee will incorporate today's feedback and present a revised proposal at the October Board meeting. • Additionally, we will vote on changes and additions at the October Alliance Board meeting. • At the end of the year, we will make changes in the County ordinance and the Alliance Bylaws. • We want to seat our new Board members in early Q1 – 2023 and be ready to participate in readiness and planning for the Single Plan model starting as early as January 2023. <p>Question: How did we arrive at the decision on the CHCN admission? Answer: Given the number of our members that are enrolled in CHCN clinics, a second seat would be warranted. Looking at our member enrollment, there are over one-hundred-thousand adults and children that are assigned to community health network centers.</p> <p>Question: We anticipate that number to grow significantly, right? Answer: Yes, we do – as the transition of the Single Plan model occurs, there are adults and children that are currently enrolled in Anthem Blue Cross that would transition into Alameda Alliance. We will know what the numbers are at a later point, but it is a significant number.</p> <p>Question: Scott, can you talk about Social Services? Answer: Bobbie had done some research looking at other Single Plan county models and how they are structured – the intersection we have with Social Services is through enrollment. One of the changes with Medi-Cal managed care is this will be with Social Services. Social Services handles all the eligibility and enrollment for Medi-Cal managed care.</p> <p>Question: Regarding CHCN – is there a threshold we would have for that? Answer: The ratios have not been codified; in looking at where our membership is assigned today, that is how we identified this seat. However, we do not have a process currently designed around that.</p>		

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	<p>Existing Board of Governors:</p> <ul style="list-style-type: none"> We currently have two (2) openings. We have someone who will start in the Consumer Seat relatively soon. Yeon Park will be in the At-Large Labor seat, beginning in November. <p>Question: Why isn't the CHCN seat represented by Andrea, when she represents the private and public clinics; I'm not sure if I see the need for the CHCN seat when Andrea represents that?</p> <p>Answer: (Answered by Andrea-Schwab Galindo later in the meeting – see below).</p> <p>Proposed Changes:</p> <ul style="list-style-type: none"> Increasing the Board size from fifteen (15) to nineteen (19) seats. Additionally, we are recommending changing the three (3) at large seats to designated seats. The labor seat that Yeon will be stepping into –is currently an at-large seat that we want to designate as a labor seat. The ancillary/pharmacy seat that Aaron is currently in, we want to designate this as ancillary/pharmacy. The senior/persons with disabilities seat that Marty is currently in – we want to designate this to reflect someone with expertise working with seniors and persons with disabilities. We want to continue to maintain two (2) at-large seats to provide us some flexibility with Board composition. The Alameda Health System seat in the past had usually been filled by physicians – we are recommending that Seat for the CEO. James is currently in this seat; we will codify that. We are recommending four (4) new seats. Some of the possibilities would be adding a seat for someone who works in housing and helping people who are unhoused, or formerly incarcerated, someone with expertise with mental health/substance use disorders, someone with a disability, or potentially someone with long-term care experience. <p>Question: What is the difference between an at-large seat and a designated seat?</p> <p>Answer: The Alliance originally had ten (10) designated seats, and five (5) At-Large were added. There is no difference in voting rights, and everyone at the</p>		

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	<p>table has an equal voice. It was distinguished and used in the context of subject experts that are not designated but are experts in their field. One of the things that struck me is that other plans did not have At-Large seats. Some of this is nomenclature in a sense. It is time for us to consider making changes to the Board structure. When we look at the services we are getting into, such as Housing and Homelessness, this is not in our area of expertise. Long Term Care, mental health, substance abuse – the integration of these services. It is important that we structure the Board complementary to these; we need that support to make these successful.</p> <p>Regarding CHCN, Andrea Schwab-Galindo provided the following comment:</p> <ul style="list-style-type: none"> • The delegate networks are unique in the way that we do business. Therefore, having someone represent the CHCN At-Large would also provide a new perspective. <p>Question for Dr. Seevak: Why did you wish the Board would be smaller rather than larger?</p> <p>Answer: I agree with the proposal to make the Board larger. However, my initial gut reaction was that it is a pretty big number, and it is generally more complicated to coordinate a larger group of people.</p> <p>Dr. Marty Lynch provided the following comment:</p> <ul style="list-style-type: none"> • I would argue that primary care is even more crucial to our direction. Overall, I am in support of the proposal. <p>Dr. Aboelata provided the following comment:</p> <ul style="list-style-type: none"> • I like the proposals; however, I do think some clarity should be provided on the specifications and characterizations attached to the seats. For example, what is senior persons with disability? For ancillary/pharmacy, do we need someone who is a pharmacist? The clarity of how we define the different roles is important. 		

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	<p>Dr. Seevak responded by stating the following:</p> <ul style="list-style-type: none"> I agree the at-large seat for Senior/Persons with Disabilities can be specified. However, I think it also provides us some flexibility to leave some of these definitions subjective. <p>Aaron Basrai provided the following comment:</p> <ul style="list-style-type: none"> I think it is important that for the fourth seat we have that is not defined that we have a stakeholder that is going to be in one of our new projects such as long-term care, and mental health. I think this is one of the most important seats in my position; from what I see because I had a stakeholder as a pharmacist and had a lot of insight on what we did – it is not as much now since we have carved out, but I think someone in the long-term care space, in mental health/substance use – I think these all need a voice. These are four separate seats in my opinion; that is one concern I have. <p>Rebecca Gebhart provided the following comment:</p> <ul style="list-style-type: none"> There are a lot of overlaps; for example, the Agency Director for the Health Care Services Agency also can wear a hat for behavioral health. <p>Question: Do we have someone in mind for the additional seat for Homelessness and Housing? Answer: There are several individuals that have been identified – we want someone who will be committed to giving back in this aspect.</p> <p>Question: Which one of these seats would have the most financial impact? Answer: Long-term care has the highest fiscal impact.</p> <p>Rebecca Gebhart provided the following comments:</p> <ul style="list-style-type: none"> For the additional, undefined seat, I lean towards long-term care, I think it would have the most significant impact. Maybe we could broaden the term to be long-term care continuum and think about the expertise in the continuum. 		

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	<p>Dr. Aboelata provided the following comment:</p> <ul style="list-style-type: none"> • Rather than the for-profit side of things, we are more interested in integration; increasing the number of people who can age in place and at home and supports within the community, while also understanding what those transitions are. I think transitions are always the complex part. I'm not sure if there is something that combines the community with long-term care; something where we can ensure that our members can move seamlessly. That is where the mental health/substance use comes in – I agree with Rebecca – having Health Care Services Agency representation is very important. I think many of us on the Board need to be thinking about that continuum as well. It may not be that we need a seat per se but ensuring that we are lifting that part up for the current Board composition that we have. <p>CEO Scott Coffin provided the following comments:</p> <ul style="list-style-type: none"> • Given what we know about the number of financial resources in the long-term care facility, we do think it is going to play a major part and we will need the support to move forward. • The Department of Health Care Services is leaving a lot of the system transformation to us. One of our advantages is we have a lot of teamwork, and we are bringing on new team members to assist. • We will come back with a more detailed presentation on this topic; we have discussed the long-term care program in previous Board meetings. We have the first phase starting in January 2023, and subsequent phases in the middle of 2023, and beyond that, we need to manage long-term care in court, which will take place sometime in 2026. • We want to ensure we get this first wave on facilities and custodial care in January right; it will expand in July 2023. We must build cultural competence, and this is where having an expanded Board will assist with this initiative. <p>Dr. O'Brien provided the following comment:</p> <ul style="list-style-type: none"> • In July 2023, the institutions for mental disorders and subacute facilities will also commence. 		

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	<p>Dr. Marchiano provided the following comment:</p> <ul style="list-style-type: none"> Major organ transplant is also on the rise. <p>Dr. O'Brien responded with the following comment:</p> <ul style="list-style-type: none"> For major organ transplant, we don't have that many individual members impacted by that, but the cost of that is significant and we are watching it closely. <p>Question: It sounds like the Board has a preference to have this fourth seat for someone with expertise in the long-term care continuum, correct? Answer: (Dr. Seevak) Yes, that is exactly what I heard.</p>		
9. STANDING COMMITTEE UPDATES			
Dr. Steve O'Brien	None	None	None
10. STAFF UPDATES			
Scott Coffin	None	None	None
11. UNFINISHED BUSINESS			
Scott Coffin	None	None	None
12. STAFF ADVISORIES ON BOARD BUSINESS FOR FUTURE MEETINGS			
Dr. Evan Seevak	None	None	None

AGENDA ITEM SPEAKER	DISCUSSION HIGHLIGHTS	ACTION	FOLLOW UP
13. PUBLIC COMMENT (NON-AGENDA ITEMS)			
Dr. Evan Seevak	None	None	None
14. CLOSED SESSION			
Dr. Evan Seevak	<p>PUBLIC EMPLOYEE APPOINTMENT WILL CONCERN THE CHIEF EXECUTIVE OFFICER (CEO) DISCUSSION (CALIFORNIA CODE, GOVERNMENT CODE SECTION 54957(b)(1), PROTECTION OF CONFIDENTIAL INFORMATION. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF MAY 2023.</p> <p>DISCUSSION AND DELIBERATION REGARDING TRADE SECRETS (WELFARE & INSTITUTIONS CODE SECTION 14087.35). DISCUSSION WILL CONCERN A NEW LINE OF BUSINESS, AND PROTECTION OF ECONOMIC BENEFIT TO THE HEALTH AUTHORITY. ESTIMATED PUBLIC DISCLOSURE WILL OCCUR IN THE MONTH OF JANUARY 2024.</p>	None	None
15. ADJOURNMENT			
Dr. Evan Seevak	Dr. Evan Seevak adjourned the meeting at 1:55 pm.	None	None

Respectfully Submitted by: Danube Serri, J.D.
 Legal Analyst, Legal Services.