



Cal Healthcare Compare Board of Directors Meeting

TUESDAY, JULY 25, 2023

12:00PM PT

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Proposed Agenda

- Welcome, Introductions & Announcements
- Cal Healthcare Compare
- Cal Hospital Compare
- Cal Long Term Care Compare
- Wrap Up

**Cal Healthcare Compare
Board of Directors Meeting Agenda**

Tuesday, July 25, 2023, 12:00pm PDT

Webinar link: <https://zoom.us/j/4437895416> |

Phone: 1-669-900-6833, Passcode: **cyno**#

Time	Agenda Item	Presenters
12:00 – 12:10 <i>15 min.</i>	Welcome and call to order - Introductions & Announcements <ul style="list-style-type: none"> o Welcome Greg Lewis, Data & Program Strategy Manager, Cal Healthcare Compare o New Board Member Dr. Bonnie Kwok, Department of Health Care Services Population Health Management team o New LTAC Members: Dean Chaliros, Lena Haroutunian, Sheila Clark, Kay Lee - HCAI - Healthcare Payments Data Program (HPD) Update - Approval of past meeting minutes	- Ken Stuart Board Chair, Cal Healthcare Compare - Bruce Spurlock Executive Director, Cal Healthcare Compare
12:10 – 12:15 <i>5 min.</i>	General Updates - 2024 Data Use Fees	- Alex Stack Director, Cal Healthcare Compare
12:15 – 1:00 <i>45 min.</i>	Cal Hospital Compare - Q22023 Cal Hospital Compare website refresh - 2023 Opioid Care Honor Roll Results - 2023 Maternity Honor Roll Preliminary Results <ul style="list-style-type: none"> o Planning for 2024 Maternity Honor Roll - Psychiatric Measures <ul style="list-style-type: none"> o Methodology – feedback from TAC - Hospital System Analysis <ul style="list-style-type: none"> o Update on weighted analysis <ul style="list-style-type: none"> ▪ Board recommendations o Marketing Plan 	- Alex Stack CHC - Jack Jordan Principal Researcher, AIR
1:00 – 1:45 <i>45 min.</i>	Cal Long Term Care Compare - 2023 Nursing Home Recognition Program <ul style="list-style-type: none"> o Feedback and recommendations from LTAC o Board Proposal with options - Website Expansion - Home Health and Hospice <ul style="list-style-type: none"> o Measures Overview o Web Design update 	- Deb Bakerjian Clinical Professor, UC Davis Health - Patrick Romano Professor, UC Davis Health - Alex Stack CHC
1:45 – 1:55 <i>10 min.</i>	Financials - Current Reports	- Bruce Spurlock CHC
1:55 – close <i>5 min.</i>	Wrap Up/Meeting Adjourn - Next meeting: Tuesday, October 24, 2023 at the California Endowment, Sacramento, CA	- Ken Stuart CHC



Welcome, Introductions & Announcements

Greg Lewis

DATA & STRATEGY PROGRAM MANAGER
CAL HEALTHCARE COMPARE

Greg Lewis is the Lead Healthcare Analytics Consultant for GlobalCI Consulting Firm. He has extensive experience in instituting organizational and policy change based on Medicare and Medicaid metric analysis. In addition to using metric results to drive improvements, Greg has worked with analytics and informatics teams at UCLA Health and Cedars-Sinai to institute sweeping improvements in data governance best practices and pushing data as a driver for decision making. In addition to certifications in EPIC EMR, he has hands on work with HEDIS medical record review audits and resource planning. Greg holds a BA from UCLA and an MBA from Marshall School of Business at USC.



New Board Member

Bonnie Kwok, MD, MPH

Dr. Bonnie Kwok is a Medical Consultant for the Population Health Management Division of the California Department of Health Care Services. She is Board-certified in Family Medicine. Prior to joining DHCS, Dr. Kwok served as the Physician Lead for Group Medical Visits, diabetes and Centering Pregnancy group visits facilitator, and Assistant Division Head at Contra Costa Health Services in the San Francisco Bay Area. She also served as clinical faculty at Contra Costa Family Medicine Residency Program where she completed her residency training. She received her MD from the University of Wisconsin School of Medicine and Public Health and MPH from San Francisco State University. Her passions include chronic disease management, birth equity, and narrative medicine.



Welcome New LTAC Members

- **Dean Chalios**, President and Chief Executive Officer of the California Association for Health Services at Home (CAHSAH)
- **Lena Haroutunian**, Program Director for New Sunrise Adult Day Healthcare Center in Northridge and ECM Director
- **Sheila Clark**, President and CEO, California Hospice and Palliative Care Association (CHAPCA)
- **Kay Lee**, Executive Vice President at Commonwealth Adult Day Health Care Center and Administrator of Burlingame Adult Day Health Care Center

Announcements

HEALTHCARE PAYMENTS DATA PROGRAM PUBLIC REPORT

Approval of Past Meeting Minutes

Cal Healthcare Compare
Board of Directors Meeting Minutes
 Wednesday, April 26, 2023, 10:00am PDT

Center for Healthy Communities Oakland at The California Endowment – Eastmont Room
 2000 Franklin Street | Oakland, CA

In person attendees: Lisa Albers, Gretchen Alkema, Ash Amarnath, Patty Atkins, Rachel Brodie, Tracy Fisk, Jack Jordan, Kathryn Kietzman, Albert Lam, Joan Maxwell, Dominique Ritley, Patrick Romano, Ken Stuart, Bruce Spurlock, Alex Stack
 Virtual attendees: Deb Bakerjian, Kristen Bettega, Shao-You Fang, Chris Krawczyk, David Hopkins, Helen Macfie, Amber Theel, Kevin Worth

Agenda Item	Discussion
<p>Welcome and call to order</p> <ul style="list-style-type: none"> - Introductions & Announcements - Approval of past meeting minutes - Consent Agenda 	<p>The meeting was called to order at 10:07am PDT. The in person and virtual attendees formally introduced themselves.</p> <p>The minutes from the Board Meeting on February 7, 2023 were motioned, moved, seconded and approved as written.</p> <p>The Board members reviewed the materials from the consent agenda prior to convening.</p>
<p>Cal Hospital Compare</p> <ul style="list-style-type: none"> - Measuring & Recognizing Hospital Performance <ul style="list-style-type: none"> o Additional hospital designations - Patient Safety Honor Roll results - Patient Safety Poor Performers results - Psychiatric Measures <ul style="list-style-type: none"> o Psych demo o Board insights and feedback - Exploratory System Analysis - Opioid ED Analysis Update 	<p>The Board discussed the differentiation of additional hospitals designations for age and baby friendly health systems. Will bring back to the Board guiding principles and incorporate long term care services.</p> <p>Jack Jordan presented the findings from the 2023 Patient Safety Honor Roll and Poor performing hospitals. Out of 347 California hospitals, 82 hospitals achieved honor roll status and 70 hospitals were identified as poor performers. Communication and associated reports were distributed to the CA health plan data subscribers and Tier 1 poor performing hospitals. The Board addressed potential implications with the Leapfrog score cut points that can make goals more difficult to achieve, specifically for smaller hospitals. LeapFrog is a complex environment given LeapFrog is fee for service and has variation in grades. CHC will reevaluate the scoring methodology for the Patient Safety Honor Roll and bring back to the Board for discussion. The Board considered broadening the communication of the poor performing hospitals to support hospitals to improve best practices and agreed to pose caution with expanding the circulation of this report.</p> <p>Jack presented a visual demonstration of psychiatric facilities designated by measure description. Several measures show a significant variation in performance that will be relevant to share with</p>

Agenda Item	Discussion
	<p>consumers. CHC will score the psych measures using the methodology and present to the TAC to vote on the specific measures that will be published on the website in July 2023.</p> <p>Jack gave an update on the hospital system analysis, explaining side by side comparisons of network size. CHC recently performed an analysis that did not show a strong correlation of hospital measures and Healthy Places Index (HPI) scores. Breastfeeding (high performing hospitals in challenged locations) was an exception. HCAI is implementing legislation (AB 1204) that requires hospitals to report various quality measures based on demographics in 2025.</p> <p>The Board was supportive of sharing the system comparison analysis tool specifically to point out variation versus lack of variation for the purpose of shared learning.</p> <p>Jack presented an update on the Opioid ED analysis. There are several challenges with the methodology and not considerable support to move forward with further analysis.</p>
<p>Cal Long Term Care Compare</p> <ul style="list-style-type: none"> - 2023 Nursing Home Recognition Program Update - Website Expansion - Home Health and Hospice <ul style="list-style-type: none"> o Discuss LTAC feedback o Review proposed measures o Summary for Board - Website Redesign Workgroup 	<p>Dr. Patrick Romano presented the background on the composite analysis for nursing home measures based on short and long stay resident's mobility and function. Separate visuals were shown explaining the CMS SS 5-star rating compared with short and long stay mobility and function composite. The Board motioned to approve to exclude the short stay facilities performing lower than 10 percent from the nursing home recognition. A recommendation was made to start small and implement a "starting point" to recognize SNFs with at least a 3-star rating in the top ten percent. The Board motioned to approve excluding facilities with 2-star ratings from the recognition program.</p> <p>The Board motioned and seconded to approve recognizing the top 10 percent of facilities with the exclusions previously approved.</p> <p>The LTAC will plan to expand member representation to include additional expertise in the home health and hospice space.</p> <p>A recommendation was made to give more visibility to each component of the hospice quality of care measures in addition to what CMS outlines. Will report the underlying numbers without adding any adjectives or value. Will re-evaluate #4 item – late live discharge after 120 days given hospice scrutiny. The Board was open to a recommendation of how to score home health measures unplanned ED, hospital – DTC & PPR risk standardized rate. The Board recommended to seek additional feedback about scoring from the LTAC.</p>

Agenda Item	Discussion
	CHC is redesigning the CLTCC website to incorporate home health and hospice providers while explaining to consumers who CLTCC is and what services are offered on the site.
Financials - Current Reports	Due to time constraints, the current financial reports were deferred for review offline. Board members will direct any questions to Bruce Spurlock.
Wrap Up/Meeting Adjourn - Next meeting: Tuesday, July 25 th at 12:00pm PDT via Zoom	The next Board of Directors meeting will be held on July 25th at 12pm via Zoom. CHC will explore a meeting location to convene in person in October.

General Updates

2024 Data Use Fees

Goals:

1. Share actionable data with health plans to support continued quality improvement with hospitals and long-term care facilities
2. Sustain Cal Healthcare Compare core operations

How:



Transition from data use partnerships to sponsorships



Offer 3 options for purchasing data



Build value for health plans & other consumers



Focus on creating meaningful data products

Cal Hospital Compare

Cal Hospital Compare Website Refresh



Quarter 2 data refresh will be complete by the first week in August



Refresh will include NEW psychiatric measures for hospitals and standalone facilities

2023 Opioid Care Honor Roll



107 hospitals submitted their application!

Recognition Categories

Superior Performance: ≥ 34 points

Excellent Progress: 26 – 33 points

Most Improved: ≥ 5 points in comparison to 2021 results OR

Sustained Improvement: hospital achieves Superior Performance two years in a row

Participant: hospital scores between 0 and 20 points &/or does not fall into any other recognition category

2023 Results

Timeline

Will formally announce all three honor rolls via a joint press release with California Health and Human Services Agency late summer

Opioid Care Honor Roll 2023 celebratory webinar and 2024 program launch will be held on August 23rd. Register to attend [here](#)

Application window for the 2024 program will open January 1, 2024 and close March 31, 2024.

Maternity Care Honor Roll

2023 PRELIMINARY RESULTS

2024 HONOR ROLL PLANNING

2023 Maternity Care Honor Roll Results

Of 211 Total Participating Hospitals:

- 107 Scored Honor Roll Status
- 11 of 107 Rated Superior
- 38 of 107 Rated Above Average
- 58 of 107 Remaining Deemed Average

Recognition Criteria:

- Hospitals meet or exceed the 23.6% statewide target of c-sections for low-risk births.
- Participate in the California Maternal Quality Care Collaborative's Maternal Data Center.

Landscape Scan: Maternity Care Improvement Initiatives

Aligning with publicly available data sets & programs

- Baby Friendly USA's Hospital Initiative
- Department of Healthcare Services's [Comprehensive Quality Strategy: Birthing Care Pathway](#)
- March of Dime's [Maternity Desert](#) Report
- California Maternal Quality Care Collaborative [Member Awards](#)

Planning for 2024 Maternity Care Honor Roll

Goal:

- Recognize hospitals for their maternity care service
- Incentivize hospitals to address evolving patient needs and social drivers of health

How:

- Increase the number of metrics
- Align with emerging maternity improvement programs

Priority areas: Increasing Advanced Primary Care, Responding to Employer/Providers, Postpartum Care and Mental Health, Building Health Equity, Maternal Morbidity

Possible Additions to the 2024 Honor Roll from Publicly Available Data Sets

Breastfeeding Support (Confidence & Success)

Certified Nurse/Midwife Utilization

VBAC Rates

Anemia on Admission

Postpartum Depression

Pelvic Pain & Dysfunction

Psychiatric Measures

UPDATE

Technical Advisory Committee Recommendations

Advised limited set of measures be added to website and full set be made available to health plans.

Items to be removed and reasons:

- Alcohol and other drug treatment offered and provided
- Tobacco use treatment offered and completed
 - Reason inconsistencies in the data and not likely primary reason for making a choice for consumer
- Screening for metabolic disorders
 - Small Sample and not directly related to Psychiatric care
- Timely transmission of record (TR2)
- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
 - Measures being retired by CMS and collection will end in 2022
- Influenza immunization use (IMM-2)
 - Not relevant for consumer choice and not clear connection to quality of care

Measures Recommended to Publish



Hours of Physical Restraint Use



Hours of Seclusion Use



Follow-Up After Psychiatric Hospitalization



Transition Record with Specified Elements
Received by Discharged Patients



Methods to add Ratings to Psychiatric Hospital Data

Technical Advisory committee reviewed methods to assign ratings to the Psychiatric measures.

Some measures have very skewed results and some more complex methods were proposed by recommendation was to stick with straight forward method.

- **Excellent > 2 Standard deviations from Median**
- **Above Average - Between 1 & 2 Standard deviations from Median**
- **Average - Between 1 and -1 Standard deviations from Median**
- **Below Average Between -1 and -2 Standard deviations from Median**
- **Poor > 2 Standard deviations below Median**

Hospital System Analysis

UPDATE

System Honor Roll

How to assess the overall performance of a hospital system?

AIM: Compare systems performance across the board with broad and fair criteria. Alignment with hospital honor roll process is a plus.

Challenges:

Systems vary from single hospital in California to over 30

- Using a single poor outcome in 30 hospitals is very high bar

Hospitals in the systems vary in scope of practice

- Combining large and small hospitals may be better with weighting

System Analysis Tool

Why look at Performance of Systems

- May help us to understand, quantitatively, how hospitals in a system work together...or not
- May help us to raise the bar at both the hospital and system level
- Health plan/hospital contracting occurs at the system level

The Audience – welcome feedback here

- Interactive excel product was designed for our health plans as primary audience
- Would hospitals and systems find this valuable?
- The framing may not make sense for consumers since care is chosen at hospital level rather than system

15 Measures Used for Assessment

HCAHPS Measures

- Nurses "Always" communicated well
- Doctors "Always" communicated well
- Always received help as soon as they wanted
- Always explained about medicines before giving it to them
- Agree they understood their care when they left the hospital

Patient Safety Indicators

- Unplanned Surgical Wound Reopening
- Accidental Lung Puncture
- Sepsis Bundle Performance
- Composite Safety (PSI90)

Infections

- CLABSI
- CAUTI
- Colon SSI
- Hysterectomy SSI
- MRSA
- C-Diff

Method for Infections

Combined Standardized Infection Ratio

- Sum of actual infections / sum of expected Infections across system hospitals
- Allows a weighted infection performance across system hospitals
- Can be compared to state benchmarks for hospital performance
- Aligns with hospital Honor Roll Methods

Infections

- CLABSI
- CAUTI
- Colon SSI
- Hysterectomy SSI
- MRSA
- C-Diff

Method for HCAHPS Measures

Hospitals sample patients for HCAHPS so large and small hospitals have similar sample sizes

Use Average Daily Census to weight scores

- Allows larger hospitals to have proportionate to number of patients served
- Can be compared to state benchmarks for hospital performance
- Aligns with hospital Honor Roll Methods

HCAHPS Measures

- Nurses "Always" communicated well
- Doctors "Always" communicated well
- Always received help as soon as they wanted
- Always explained about medicines before giving it to them
- Agree they understood their care when they left the hospital

Method for Patient Safety Indicators

Combine numerators and Denominators for each measure across the hospitals.

- Allows exposure weighted performance across system hospitals
- Can be compared to state benchmarks for hospital performance
- Aligns with hospital Honor Roll Methods

Patient Safety Indicators

- Unplanned Surgical Wound Reopening
- Accidental Lung Puncture
- Sepsis Bundle Performance
- Composite Safety (PSI90)

Method for Leapfrog Scores

- Hospital level Leapfrog scores cannot be combined into a single measure for a system.
- Some systems fully participate, and others do not.
- Systems with more than half of their hospitals Leapfrog A could be used as indicator.

System Honor Roll Method

- Tier 1 Honor Roll

- 9 or more of the 15 measures with a results that is above hospital Median
- No combined measures with system performance below 10th Percentile

AND

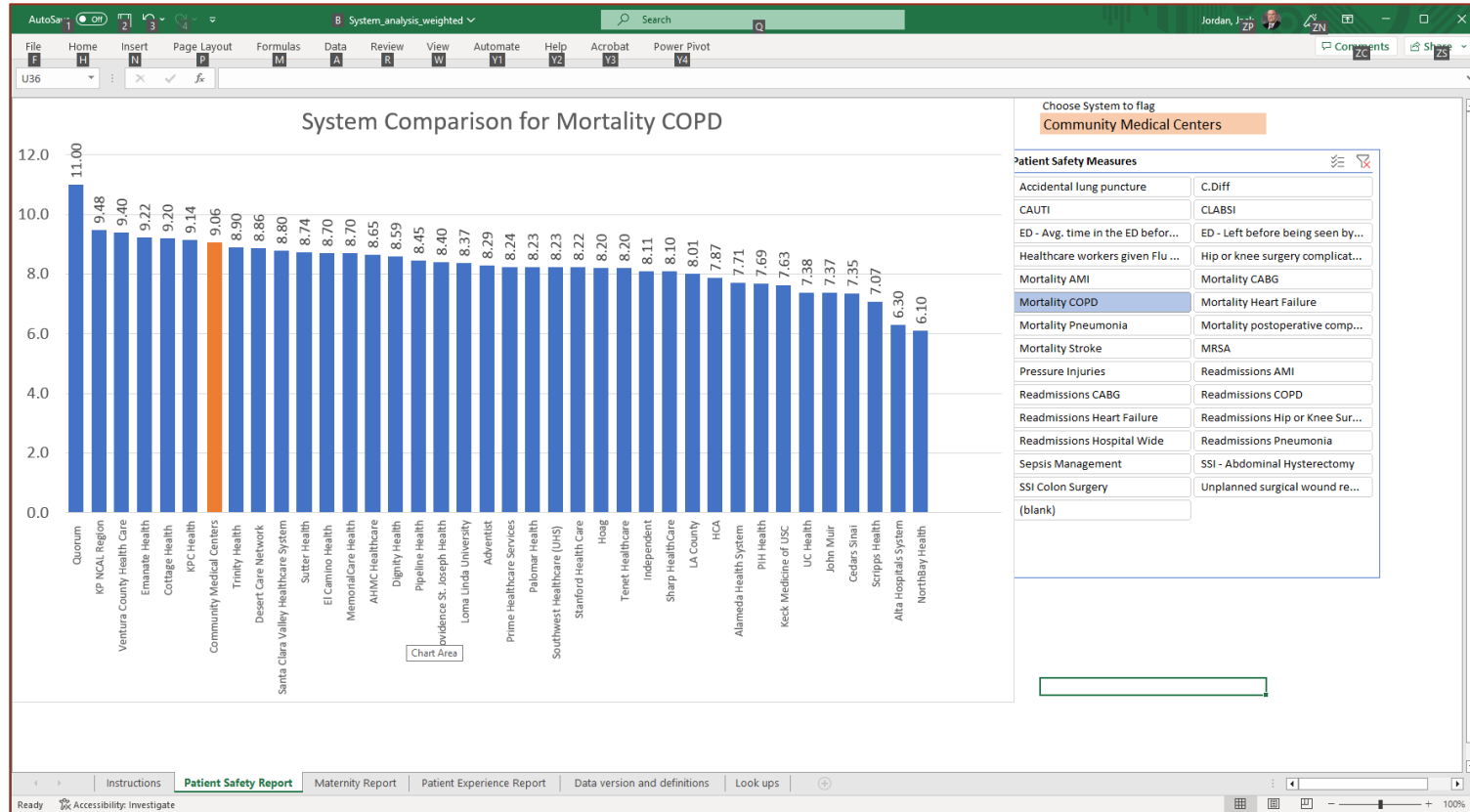
- 50% or more system hospitals with 3 consecutive Leapfrog A grades

- Tier 2 Honor Roll

- 9 or more of the 15 measures with a results that is above hospital Median
- No combined measures with system performance below 10th Percentile

OR

- 50% or more system hospitals with 3 consecutive Leapfrog A grades



System Analysis Tool Demo

Poll: Who is our target audience?

1. Health plans
2. Hospitals
3. Patients & families
4. Health plans & hospitals
5. All
6. Other: type in the chat box

Marketing Plan: System Honor Roll

Product:

- Interactive excel spreadsheet & 30 minutes of consultative time with CHC staff

Cost:

- Free - Level 1,2
- \$5k – Level 3
- \$10k – Level 4
- \$20k – standalone product

How:

- Email partners and hospital contacts
- Create mechanism for others to request access via our website



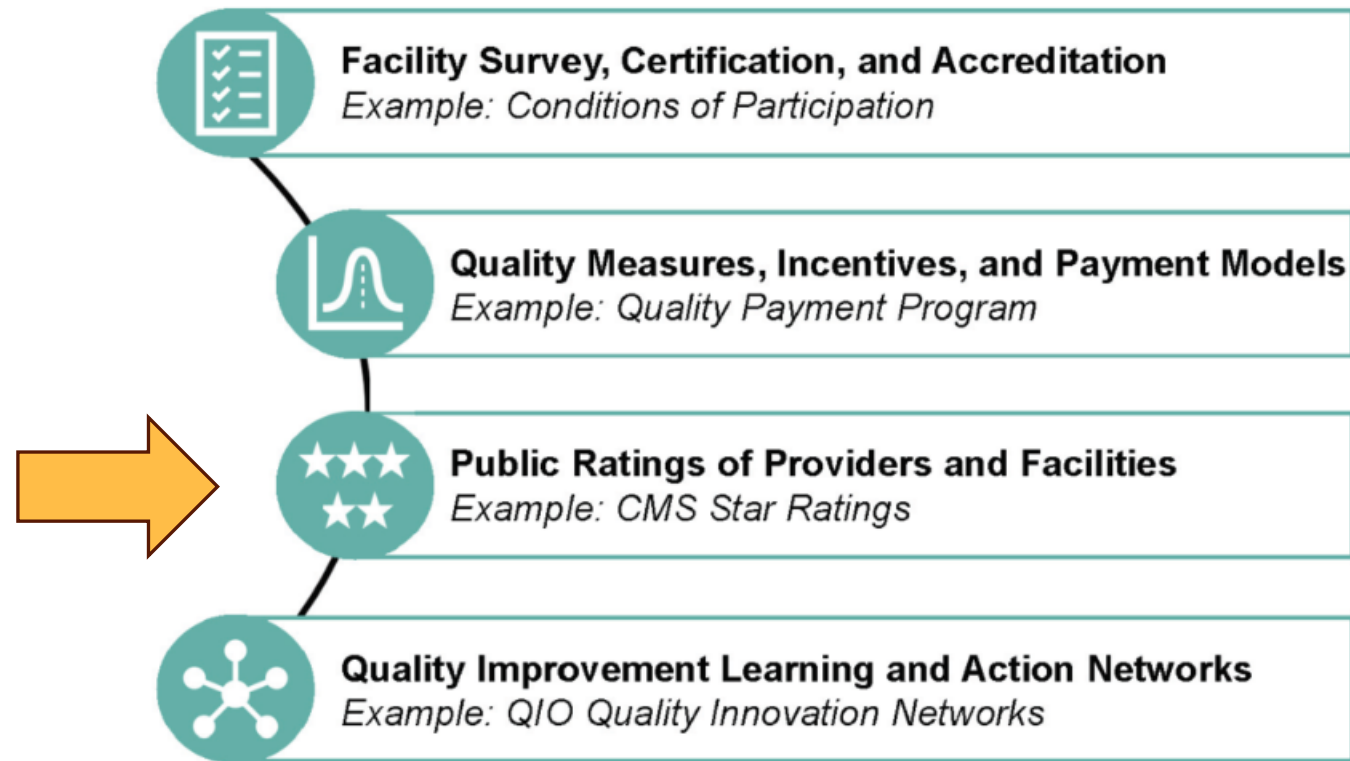
Cal Long Term Care Compare

Nursing Home Recognition Program

RECAP OF LTAC DISCUSSION

NEXT STEPS

QI Levers

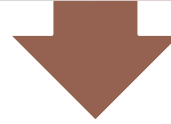


Goals

Accelerate QI

Published measures promote transparency

Provide actionable information, surface best practices



Define quality

Consumers create their own definition

Drive attention to outcome versus process measures



Support consumer choice

Search and compare facilities

Raise the bar so that consumers have more options

**Cal Long
Term Care
Compare
Website**

**Nursing
Home
Recognition
Program**

Moving Forward

1) Keep as is

2) Tighten the guardrails

3) Reframe the conversation

4) Abandon

SNF Recognition Program:

Short Stay Mobility and Function Composite (5 CMS measures)

Change in short stay residents'...

1. ability to care for themselves at discharge
2. ability to move around at discharge

And percent of short stay residents who...

3. are at or above an expected ability to care for themselves at discharge
4. are at or above an expected ability to move around at discharge
5. improved in their ability to move around on their own at discharge

SNF Recognition Program:

Long Stay Mobility and Function Composite (8 CMS measures)

Percent of long-stay residents...

1. whose need for help with activities of daily living increased
2. who lose too much weight
3. who lose control of their bowels or bladder
4. who have or had a catheter inserted & left in their bladder
5. with a urinary tract infection
6. experiencing one or more falls with major injury
7. whose ability to move independently worsened

And...

1. Number of outpatient emergency department visits/1,000 long-stay resident days

SNF Recognition Selection Process & Results

Short Stay Badge eligibility requires complete data for all 5 short stay measures.

Long Stay Badge eligibility requires complete data for all 8 long stay measures.

Eligible SNFs were scored and assigned a category like other CLTCC composite measures (Poor-Superior).

	Short stay	Long stay
Total facilities	1174	1174
Complete CMS data	923	925
Top 10% (Superior)	93	93
Exclusions	26	29
TOAL RECOGNITION FINALISTS	67	64

Double Recognition (4 SNFs)

- Palm Terrace Care Center
- Long Beach Post Acute
- Centinela Skilled Nursing & Wellness Centre
- Vale Healthcare Center

Current Exclusion Criteria for SS and LS Recognition Composites

SNFs are not eligible to receive the recognition if:

- They are designated by CMS as a Special Focus Facility or Candidate, *and/or*
- They have a CMS Overall 1- or 2-star rating, *and/or*
- SNFs receive a “poor” short stay mobility and function composite rating (cannot be recognized for long stay composite), *or*
- SNFs receive a “poor” long stay mobility and function composite rating (cannot be recognized for short stay composite).

*Facilities with fewer than 20 residents in the reporting period are excluded because CMS does not report outcomes for those SNFs. These will be designated as “NA” with a notation in the website text explaining the reason.

Proposed Guardrails from LTAC Discussion

**If additional guardrails are necessary,
these are options that may improve confidence in
SNFs that are recognized:**

- Exclude SNFs with CMS Overall 3-star (only SNFs with 4- or 5-star rating from CMS would be eligible)
- Exclude SNFs with Abuse icons
- Exclude SNFs with State AA citations
- Exclude SNFs with State A citations

Finalist Results with Added Guardrails

Total eligible SNFs: 1174

Top 10% Scoring SNFs: 93

Recognition program finalists according to BOD-approved guardrails: 67 SS and 64 LS

Additional Exclusions Suggested by LTAC	Short Stay Recognition Badge	Long Stay Recognition Badge
CMS Overall 3 Star	16	22
Abuse icon (as of 6/2/2023)	0	0
State AA citation (7/1/2019-6/30/2022)	0	1
State A citation (7/1/2019-6/30/2022)	1	4
CLTCC Health Inspection Composite Below Average	0	1
<i>TOTAL EXCLUDED with ALL Guardrails</i>	<i>43</i>	<i>57</i>
RECOGNIZED SNFs w/ NEW METHOD	50	36

Moving Forward

1) Keep as is

2) Tighten the guardrails

3) Reframe the conversation

- Measure “spotlight”
- Focus on sharing data with facilities and industry partners
- Generate conversation and learning

4) Abandon

Option to Tighten the Guardrails

If the Board feels additional guardrails are necessary, these are the options:

Applies to any SNF with:

1. Overall CMS 3-star Rating
2. State Citation AA
(death/imminent harm)

CLTCC staff judgement applied:

3. Abuse Icon
4. State Citation A

Website Expansion

HOME HEALTH AND HOSPICE PROVIDERS
EXPANSION “GO LIVE” – EARLY AUGUST

Home Health Measures for Website Expansion

A. Home Health Description

(Conditions treated,
location of care, level of
care, etc.)

**B. Family Caregiver
Experience:**
(5 CAHPS measures +
composite)

C. Home Health Quality of Care (16 quality measures)

Managing daily activities (4 measures)

Treating symptoms (2 measures)

Preventing Harm (6 measures)

Preventing unplanned hospital care (4 measures)

Hospice Measures for Website Expansion

A. Hospice Description:
(Conditions treated, location
of care, level of care, etc.)

**B. Family Caregiver
Experience:**
(8 CAHPS measures +
composite)

C. Hospice Quality of Care:

1 composite process measure

(Hospice Item Set: Patients assessed for 7 quality measures at the beginning of hospice care)

5 measures from Hospice Care Index, but no CMS HCI composite score:

- Gaps in Skilled Nursing Visits (>7 days);
- Early Live Discharges (within 7 days);
- Troublesome Transitions: Live discharge from hospice to hospital followed by readmission to hospice or death in the hospital
- Skilled Nursing Care Minutes per Routine Home Care (RHC) Day;
- Visits Near Death (last 3 days)

Financials

CURRENT REPORTS

Wrap Up

Cal Healthcare Compare BOD Meeting Schedule - 2023

(all times are Pacific Time Zone)

Tuesday, October 24th

10:00am to 2:00pm at The California Endowment, Sacramento

Cadence for the 2024 meetings will be finalized in September. Calendar invitations to follow.

2023 Meeting Cadence

Meeting	CY 2023											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Cal Long Term Care Technical Advisory Committee - LTAC (2 hrs)	Jan 24 12 - 2pm			April 4 12 - 2pm		Jun 28 10am - 12pm			Sept 26 12 - 2pm			Dec 13 10am - 12pm
Cal Hospital Compare Technical Advisory Committee - HTAC (2 hrs)	Jan 12 11am - 1pm			April 12 12 - 2pm			July 12 11am - 1pm			Oct 11 12pm - 2pm		
Board of Directors - Cal Healthcare Compare Virtual = 2 hrs In person = 4 hrs		Feb 7 12-2pm		April 26 10am - 2pm, in person Oakland			July 25 12 - 2pm			Oct 24 10am - 2pm, Sacramento		
Executive Committee Meetings - TBD (45 mins - 1 hour)									Sept 14 2 - 3pm			

Thank you!

Board of Directors

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