



SUMMARY REPORT

Agenda Date: 11/16/2021

To: Board of Supervisors of Sonoma County

Department or Agency Name(s): Department of Health Services, Sonoma County Community Development Commission, Human Services Department

Staff Name and Phone Number: Tina Rivera 565-4774; Bill Carter, 565-5157

Vote Requirement: 4/5th

Supervisorial District(s): Countywide

Title:

California Advancing and Innovating Medi-Cal

Recommended Action:

- A) Receive a report on the California Advancing and Innovating Medi-Cal (CalAIM) multi-year initiative.
- B) Approve the County's participation as an Enhanced Care Management (ECM) provider and authorize the Health Services Interim Director, or designee, to enter into an agreement with Partnership HealthPlan of California (PHC) to provide ECM services to PHC referred members at the Per Enrollee Per Month (PEPM) contract rates.
- C) Adopt a personnel resolution amending the Department of Health Services allocation list, adding a 1.00 time-limited full-time equivalent Program Planning and Evaluation Analyst position and a 1.00 time-limited full-time equivalent Department Analyst position, effective November 16, 2021.
- D) Adopt a resolution authorizing budgetary adjustments to the fiscal year 2021-2022 adopted budget by increasing revenues and expenditures in the Department of Health Services by \$266,980 to support additional position allocations for the remainder of the fiscal year. (4/5th Vote Required)

Executive Summary:

The state Department of Health Care Services (DHCS) has initiated a process, California Advancing and Innovating Medi-Cal (CalAIM) that will make significant changes to the Medi-Cal program <<https://www.dhcs.ca.gov/services/medi-cal/pages/whatismedi-cal.aspx>>. These changes are designed to leverage Medi-Cal to support challenges facing California's vulnerable populations: homelessness, behavioral healthcare access, children with complex medical conditions, justice involved populations who have significant clinical needs, and the aging population.

CalAIM will implement a series of projects over the next six years, an iterative process that will redesign Medi-Cal in a manner that creates an integrated person-centered health system addressing the behavioral, developmental, physical, and oral health needs of its members. The system will be driven by values and outcomes, creating more consistent service provision across the state. Population health management strategies will be utilized and designed to mitigate social determinants of health to reduce disparities and inequities.

The following four CalAIM projects will have the most significant near-term impact on Sonoma County residents.

1. The Whole Person Care (WPC) Pilot supporting the Medi-Cal beneficiaries who have a serious mental

illness and are homeless or at risk of homelessness ends this calendar year, to be partially replaced by new benefits provided by the Managed Care Plan, Partnership HealthPlan of California (PHC). The Enhanced Care Management (ECM) benefit will call for the integrated management of behavioral, developmental, physical, and oral health needs of targeted populations. Sonoma County must determine whether or not it will participate as an ECM service provider, to continue or expand its WPC program. The Department recommends entering into an agreement with PHC to provide Enhanced Care Management (ECM) services to PHC referred members at the Per Enrollee Per Month (PEPM) contract rates. The PHC Enhanced Care Management Acceptance Letter is provided as Attachment 1 and the Enhanced Care Management Provider Services Agreement is provided as Attachment 2.

2. The In Lieu Of Services (ILOS) benefit, hereinafter referred to as Community Supports, will create flexible programs that provide wraparound services very different from traditional covered benefits. Sonoma County must determine whether or not it will participate as a provider of Community Supports programs. DHS believes that it will be beneficial to provide Community Supports in the form of housing navigation. DHS awaits more information about becoming a PHC provider of Community Supports and will return to your Board in calendar year 2022 with a recommendation.
3. Peer Support Services - DHCS is establishing a Peer Certification process and Peer Support Services Medi-Cal billing option for these new services. Sonoma County must determine whether or not it will “opt-in” to provide and bill for Peer Support Services <<https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>> within its mental health Medi-Cal program. In September 2020, Senate Bill (SB) 803 was chaptered, requiring DHCS to seek federal approval to establish Peer Specialist as a provider type and to provide peer support services under the Specialty Mental Health Services (SMHS) and Drug Medi-Cal - Organized Delivery System (ODS) programs (Peer Support Services (ca.gov)). The Department of Health Services will return to the Board at a future date to provide a recommendation regarding Peer Support Services.
4. DHCS is committed to supporting all counties to join the Organized Delivery System (ODS) waiver for expanded Substance Use Disorder (SUD) services. Sonoma County must determine whether to transition to an Outpatient Delivery System (ODS) to expand SUD services, when the next enrollment opportunity is offered, which is estimated to occur during calendar year 2022. The Department of Health Services will return to the Board at a future date to provide a recommendation regarding the Organized Delivery System.

This item requests approval to add two positions to the Department’s allocation list; a 1.00 time-limited full-time equivalent Program Planning and Evaluation Analyst position and a 1.00 time-limited full-time equivalent Department Analyst position, effective November 16, 2021 for a period of three years. Monitoring the development of CalAIM and managing DHS’s preparation for, and response to, CalAIM requirements creates the need for additional administrative staff positions. These two positions will address the entirety of DHS’s response to, and implementation of, CalAIM, and are not limited to the ECM and Community Support benefits components of CalAIM. The time-limited positions will be funded with CalAIM dollars and one-time use of Intergovernmental Transfer fund balance. The associated personnel resolution is provided as Attachment 4.

To support the additional positions for the remainder of the fiscal year, the Department is requesting approval of a budgetary adjustment to the fiscal year 2021-2022 adopted budget by increasing revenues and expenditures in the Department of Health Services by \$266,980. The associated budget resolution is provided as Attachment 5.

Discussion:

The California Department of Health Care Services (DHCS) has initiated a process, California Advancing and Innovating Medi-Cal (CalAIM), to change the broad-based delivery system, program and payment process across the Medi-Cal program. DHCS will utilize this process to leverage Medi-Cal funding to support challenges facing California's vulnerable populations: homelessness, behavioral healthcare access, children with complex medical conditions, justice involved populations who have significant clinical needs and the aging population. Interrupted by the COVID-19 public health emergency, DHCS paused CalAIM and now resumes with a start date of January 1, 2022.

Medi-Cal beneficiaries, who have complex needs, currently access six or more separate delivery systems: managed-care, fee-for-service, mental health, substance use disorder, dental, developmental, in-home supportive services, etc. CalAIM will embark on a series of projects designed to integrate Medi-Cal delivery systems and align funding, data reporting, quality and infrastructure.

The guiding principles for CalAIM include:

- Improve member experience.
- Deliver person-centered care that meets the behavioral, developmental, physical and oral health needs of all members.
- Work to align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals.
- Build a data driven population health management strategy to achieve full system alignment.
- Identify and mitigate social determinants of health and reduce disparities and inequities.
- Drive system transformation that focuses on value and outcomes. Eliminate or reduce variation across counties and plans, while recognizing the importance of local innovation.
- Support community activation and engagement.
- Improve the plan and provider experience by reducing administrative burden when possible.
- Reduce the per capita costs over time through iterative system transformation.

CalAIM's three primary goals include:

- Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility;
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

DHCS begins CalAIM with eight approaches or projects:

- Development of the statewide **population health management strategy** and require plans to submit local population health management plans.
- Implement a new statewide **enhanced care management benefit**.
- Implement **community supports** (e.g., housing navigation/support services, recuperative care, respite, sobering centers, etc.).
- Implement **incentive payments** to drive plans and providers to invest in necessary infrastructure, build appropriate enhanced care management and in lieu of services capacity statewide.
- Pursue participation in the **Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED)**

demonstration opportunity.

- Require screening and enrollment for Medi-Cal **prior to release from county jail.**
- **Pilot full integration** of physical health, behavioral health and oral health under one contracted entity and a County region.
- Develop a long-term plan for improving health outcomes and delivery of healthcare for **foster care children and youth.**

CalAIM Impacts on the Human Services Department and the Department of Health Services

CalAIM Impacts on the Human Services Department (HSD):

While much of CalAIM addresses changes to the behavioral health systems, it also addresses health and dental benefits and services. The following reforms will impact the Human Services Department.

- Mandatory Medi-Cal application process upon release from jail and county juvenile facilities
- Managed Care
- Standardize managed care enrollment statewide
- Standardize managed care benefits statewide
- Transition to statewide managed long-term services and supports
- Require Medi-Cal managed care plans be National Committee for Quality Assurance (NCQA) accredited
- Implement regional rates for Medi-Cal managed care plans
- New benefits for dental care for kids 0-6

CalAIM Impacts on the Department of Health Services (DHS) Public Health Division:

- CalAIM proposes enhancing DHCS' oversight and monitoring of Medi-Cal eligibility and enrollment of the California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) programs as well as improving the accuracy and collection of beneficiary contact and demographic information (Calendar years 2021 - 2023). Overall, CalAIM is designed to reduce administrative burden; however, until PH has more information about new DHCS activities, it cannot know whether or not it will have additional responsibilities that will increase the demand for administrative resources.
- DHS staff are working with DHS Fiscal to determine if CalAIM will affect our Home Visiting nursing programs in Family Health. Targeted Case Management (TCM) federal funds used for the TCM nursing program may be impacted by CalAIM although the impacts are still yet to be determined.

CalAIM Impacts on the Department of Health Services (DHS) Behavioral Health Division:

- Drug Medi-Cal Organized Delivery System (DMC-ODS) Program Renewal and Policy Improvements (DHCS Implementation Proposal calendar year 2022) - DMC-ODS transitions from a pilot to an ongoing Medi-Cal Program expanding SUD services available to Medi-Cal beneficiaries and proposes to adopt policy improvements subject to federal approval based on lessons learned from the pilot. There are currently 37 counties participating in the DMC-ODS demonstration. Sonoma County is amongst the remaining 21 counties currently not participating in the program. Sonoma County provides SUD treatment services through fee-for-service as authorized through the Drug Medi-Cal State Plan. DHCS intends to provide counties another opportunity to opt-in to participate in the DMC-ODS in hopes of promoting DMC-ODS participation across the state.
- Revisions to Behavioral Health Medical Necessity (i.e., eligibility criteria) (DHCS Implementation Proposal January 2022) - Medical Necessity is a standard set via state regulation, policies and practices

that is required to provide a Medi-Cal Specialty Mental Health Service (SMHS). Medi-Cal documentation must include information that establishes medical necessity for a service, or that service is subject to disallowance in audit. Update criteria establishing medical necessity to increase consistency, clarity and standardization. A goal is to improve access.

- Peer Support Specialist Services (DHCS Implementation Proposal January 2022) - Establish statewide BH Peer Support Specialist certification and Medi-Cal billing codes.
- Documentation Redesign for Substance Use Disorder (SUD) and Specialty Mental Health Services (SMHS) (DHCS Implementation Proposal July 2022) - Streamline and redesign behavioral health documentation requirements to be less onerous and more similar to documentation required in health care.
- Co-Occurring Treatment (DHCS Implementation Proposal July 2022) - Policy, practice and administrative changes that remove barriers to providing mental health and substance use disorder treatment simultaneously to beneficiaries.
- No Wrong Door (DHCS Implementation Proposal July 2022) - Policy and process changes to increase beneficiary access of services.
- Pre-Release Enrollment and Jail BH Warm Hand-Offs (DHCS Implementation Proposal January 2023) - Counties must identify an entity to manage pre-release Medi-Cal enrollments. Jails and Juvenile Halls to implement a process for facilitated referral and linkage from county institution release to county SMHS, SUD services and Medi-Cal Managed Care Plans.
- Behavioral Health Payment Reform (DHCS Implementation Proposal earliest start date July 2023) - DHCS will transition counties from a cost-based reimbursement methodology to a structure incentivizing outcomes and quality over volume and cost. It's too soon to know the budget impact of the payment reform as the DHCS has not provided detailed information.
- Standard Screening and Transition Tools (DHCS Implementation Proposal January 2023) - Statewide standardization of shared forms utilized to determine need and service assignment. The impact to the County's electronic health record system will not be known until the DHCS provides additional information.
- Long Term Plan for Foster Youth (Date TBD) - Modify Medi-Cal administrative requirements to expand mental health and substance use disorder services to youth in foster care.
- SMI/SED Institution for Mental Disease (IMD) Demonstration Waiver (DHCS Implementation Proposal 2023) - A waiver will allow counties to draw down federal reimbursement for mental health treatment in IMDs. Federal reimbursement is not currently available for mental health treatment in IMDs.
- Pre-Release Enrollment and Jail BH Warm Hand-Offs (DHCS Implementation Proposal January 2023) - Counties must identify an entity to manage pre-release Medi-Cal Enrollments, and DHCS will mandate that jails and county juvenile facilities implement a process for facilitated referral and linkage for county institution release to county specialty mental health and drug Medi-Cal services when the inmate received BH services while incarcerated. This component is still in development with DHCS. DHS will coordinate with the Sheriff's Office to understand the program once details are released.
- MH/SUD Integration (DHCS Implementation Proposal January 2027) - All counties deliver specialty

mental health services (SMHS) and SUD services under a single contract with DHCS.

- Full Integration Plans - CalAIM will establish a pilot that carves SMHS into the Managed Care Plan (MCP), eliminating the separation of health services provided by the MCP and SMHS services provided by the counties.

Pros and cons of each of the CalAIM Impacts on the Behavioral Health Division are provided in Attachment 3.

Analysis of CalAIM Discretionary Initiatives and Options for Consideration:

Some CalAIM components are discretionary, requiring Sonoma County to make decisions about whether or not to participate; however, almost all other CalAIM initiatives will result in requirements for Sonoma County to continue to contract with DHCS to be the Medi-Cal Mental Health Plan and Drug Medi-Cal Plan.

Four known CalAIM initiatives are discretionary and will require Sonoma County to decide whether or not to opt-in. The CalAIM projects that will have the most significant near-term impact on the department's Behavioral Health programs are listed below.

1. Enhanced Care Management (ECM) (Implementation - January 2022)

DHS, under contract to PHC, may provide the ECM benefit to individuals who are homeless.

One of the first CalAIM actions will be to end the Whole Person Care (WPC) pilot, currently operated by the department, and partially replace it with benefits that will be the responsibility of the Managed Care Plan, Partnership HealthPlan of California (PHC). WPC utilizes outreach and engagement strategies to identify individuals, who have mental illness, and enroll them in its intensive case management services. Intensive case management services link individuals to medical, behavioral health, social, financial, and housing services and provides motivational support to encourage the use of those services. The Sonoma County WPC program, also known as the High Needs Homeless program, is one of the County efforts to eliminate homelessness. The WPC program ends December 31, 2021 with the expectation that individuals served by WPC will transition to Enhanced Care Management (ECM) and Community Supports benefits that will be the purview of PHC. PHC will contract with providers for ECM and Community Supports.

ECM will begin January 1, 2022. The three populations selected for ECM/Community Supports benefits include:

- 1) Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless.
- 2) High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits.
- 3) Individuals at risk for institutionalization with serious mental illness (SMI), children with serious emotional disturbance (SED) or substance use disorder (SUD) with co-occurring chronic health conditions.

ECM Option 1:

Approve the County's participation as an ECM provider and enter into an agreement with PHC to provide ECM services for homeless individuals, who are Medi-Cal beneficiaries. DHS staff will evaluate the ECM program outcomes, program cost and revenue reimbursement, and return to the Board in or around the Summer 2023 with an analysis and a recommendation on whether or not to continue the ECM program. The ECM agreement with PHC is a multi-year agreement that auto-renews with the option of opting out of the agreement with a 90

-day termination notice.

Pros - This is an opportunity to partially replace the WPC funding to support BH services for homeless individuals. These funds are a new resource to support DHS teams serving individuals who are homeless.

The Department has estimated potential revenue of \$245,000 for six months in fiscal year 2021-2022 based upon the Enhanced Care Management (ECM) Per Enrollee Per Month (PEPM) contract rate of \$350 and a forecasted enrollee count. The Department will budget funding for fiscal year 2022-2023 based upon enrollee count projection and billing rates.

CalAIM ECM Estimate of Revenue		
	Per Enrollee Per Month <u>Count</u> Annualized	Estimated Revenue
FY 2021-2022	700	\$245,000
FY 2022-2023	1,800	\$630,000
FY 2023-2024	1,800	\$630,000

Cons - The rates for ECM are not adequate to meaningfully replace funds needed to support the former WPC program. PHC and DHCS will require reporting and other processes that will bring administrative burden and costs. It is not clear that ECM will be a valuable service to DHS clientele as it appears that the service design and contract rate are more appropriate for clients requiring less intensive services than the WPC program.

ECM Option 2:

The County does not participate in the ECM program. Other local organizations and health partners with experience and expertise providing in-person care management services to individuals in the Populations of Focus could and may provide the ECM services. Should PHC not contract with the County of Sonoma to provide ECM services, clients who are determined eligible for these services would still have access through any community partners that have contracted with PHC. Staff would coordinate any overlapping services with PHC and community partners to ensure duplication of services does not occur.

DHS recommends Option 1, approving participation as an ECM provider, with an evaluation of the ECM program outcomes, program cost and revenue reimbursement after 18 months. Opting into the ECM program will allow the county to continue coordinating services for vulnerable individuals who have mental illness that require intensive case management services link individuals to medical, behavioral health, social, financial, and housing services and provides motivational support to encourage the use of those services. This program will be one of the County efforts to eliminate homelessness.

2. Community Supports (In-Lieu of Services) (Anticipated Implementation - Early 2022)

DHS will have the opportunity to provide one or more Community Supports (i.e., Housing Navigation) programs.

Community Supports is the 2nd approach CalAIM will take to partially replace WPC. Community Supports services are flexible wraparound services, designed to enable beneficiaries to avoid hospital or skilled nursing facility admission, or delaying discharge from such facilities. The first set of Community Supports benefits include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services (to be provided by DHS staff)

DHS will review the opportunity to provide Community Supports (i.e., housing and housing navigation), and determine if it is beneficial to become a provider of these services. At this point, DHS is in contact with PHC regarding the delivery service model and rate setting. While many details remain outstanding, DHS anticipates finalizing the contract negotiations with PHC by the end of calendar year 2021. DHS staff will return to the Board with an item that outlines options for these housing services programs.

Pros - Providing housing services is consistent with the mission of the WPC program, and receiving reimbursement for services not otherwise available via Medi-Cal should be a welcome resource.

Cons - PHC has not established service requirements or reimbursement rates. Details regarding either may not be favorable to DHS interests.

3. Outpatient Delivery System (ODS) Waiver to Expand SUD Services (calendar year 2022)

DHS will have the opportunity to join the Outpatient Delivery System (ODS) waiver to expand SUD services.

It is a high priority for the state DHCS that all counties transition substance use disorder services to a Drug Medi-Cal Organized Delivery System (DMC-ODS), and DHSC will make new opportunities available for counties to join. DHCS is offering to provide training and technical assistance to assist counties to transition to DMC-ODS. However, DHCS has not announced a timeline for new applications. Transitioning to ODS would significantly expand and improve Sonoma County's SUD service system. It would bring a considerable amount of new state and federal monies to the local service system by allowing for some residential SUD treatment to be covered through the Medi-Cal program with the local match covered by the state instead of the county. Counties participating in the DMC-ODS also receive federal matching funds for services that were previously paid with local funds and limited grant funding or not provided at all. However, it will also likely require an increased investment in local "match" to do so. DHS is in the process of a SUD system mapping and planning process that will provide additional fiscal impact information, which will be presented to the Board calendar year 2022 during the DMC-ODS Staff Update.

Staff will continue to participate in discussions with the state and county partners about the future opportunity to opt-in into the DMC-ODS program and present options to the Board for consideration during calendar year 2022.

4. Peer Support Services (calendar year 2022)

DHS will have the opportunity to "opt-in" to provide Peer Support Services and bill MediCal while meeting the local match requirement.

Staff will review upcoming DHCS guidance regarding "opting-in" to provide Peer Support Services, and offer recommendations to the Board when appropriate.

Need for Additional DHS Staff Capacity to Implement Non-discretionary CalAIM Initiatives

The Department of Health Services Behavioral Health Division has identified a number of position allocations that are necessary to meet client needs and goals, objectives and strategies. The following two new term-limited full-time equivalent positions are being requested for the Department (class title, full-time equivalent (FTE) allocation): Program Planning and Evaluation Analyst (1.0 FTE) and Department Analyst (1.0 FTE). The requested effective date for both positions is November 16, 2021 with a term-limit of three years (through

November 15, 2024).

Program Planning and Evaluation Analyst (PPEA)

The PPEA will be the lead position monitoring state-level CalAIM requirements, and play a lead role in the design and implementation of the Department's response to CalAIM. These activities will include but are not be limited to:

- Planning and Evaluation Support to DHS/CDC programs providing Enhanced Care Management and Community Supports. (Note: These are new PHC benefits DHS will provide to homeless individuals.)
- Support DHS design and implementation of services responding to new mandates that will require the jail and juvenile hall to implement a process for referral and linkage to DHS behavioral health services.
- Support DHS design and implementation of emerging models of care for children and youth in foster care.
- Planning and evaluation support to payment reform efforts - Away from cost-based toward outcome and quality-based payments.
- Planning and evaluation support to revised Medical Necessity standards - The standards used to determine if individuals qualify for services will be modified to standardize requirements and improve access.
- Planning and evaluation support to evolving streamlined administrative functions, that will likely include modifications to the electronic health record.
- Planning and evaluation support to opportunities for regional contracting.
- Planning and evaluation support to updating the SUD Outpatient Delivery System (ODS) - If Sonoma joins this waiver it will be impacted by changes to this waiver program.

Department Analyst

The Department Analyst will provide project management support specific to CalAIM Projects and Reforms requirements, which include but are not limited to the following areas:

- Payment reform - Transitioning from cost-based toward outcome and quality-based payments
- Streamlining Administrative Functions
- Opportunities for regional contracting
- Updating the SUD Outpatient Delivery System (ODS)
 - If Sonoma joins this waiver it will be impacted by changes to this waiver program
- IT - Avatar / SWITS updates, training, transition, coding changes
- Privacy
- Compliance

Prior Board Actions:

N/A

FISCAL SUMMARY

Expenditures	FY 21-22 Adopted	FY 22-23 Projected	FY 23-24 Projected
Budgeted Expenses		\$410,431	\$422,744
Additional Appropriation Requested	\$266,980		
Total Expenditures	\$266,980	\$410,431	\$422,744
Funding Sources			
General Fund/WA GF			
State/Federal	\$150,000	\$410,431	\$422,744
Fees/Other			
Use of Fund Balance	\$116,980		
Contingencies			
Total Sources	\$266,980	\$410,431	\$422,744

Narrative Explanation of Fiscal Impacts:

The Department is requesting appropriations of \$266,980 for Fiscal Year 2021-2022 with the attached budget resolution. The budget resolution includes appropriations for Salary and Benefits for the addition of 2.0 FTE, associated costs, and the transfer of Intergovernmental Transfer (IGT) from the Special Revenue Fund. Revenue for these positions and associated costs will come from CalAIM (\$150,000) and IGT Fund Balance, currently estimated to end FY 21/22 with \$13.9 million and thus sufficient to cover the additional staff through 11/15/2024. For future years, a second round of CalAIM funding will be available, but the Department does not yet know the timing or amount. FY 2021-2022 Budget includes 12 months of expense and revenues for the WPC program. ECM funding of approximately \$630K is forecasted and will be included in the FY 2022-2023 budget based upon member count projection and billing rates.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A-I Step)	Additions (Number)	Deletions (Number)
Program Planning and Evaluation Analyst	\$6,572.69 - \$7,988.45	1.00	0.0
Department Analyst	\$6,083.95 - \$7,397.10	1.00	0.0

Narrative Explanation of Staffing Impacts (If Required):

If approved, the Department will work with Human Resources to fill the positions.

Attachments:

- Attachment 1 - Enhanced Care Management Acceptance Letter
- Attachment 2 - Enhanced Care Management Provider Services Agreement
- Attachment 3 - CalAIM Impacts for the Behavioral Health Division - Pros and Cons
- Attachment 4 - Personnel Resolution
- Attachment 5 - Budget Resolution

Agenda Date: 11/16/2021

Related Items "On File" with the Clerk of the Board:

None