

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
October 17, 2024

Meeting Location:
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

Commission Members			
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓	David Luchini, Director, Fresno County Dept. of Public Health
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	Aftab Naz, M.D., Madera County At-large Appointee
✓	Aldo De La Torre, Community Medical Center Representative	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
	Joyce Fields-Keene, Fresno County At-large Appointee	✓	Lisa Lewis, Ph.D., Kings County At-large Appointee
✓	John Frye, Commission At-large Appointee, Fresno		Sal Quintero, Fresno County Board of Supervisor
✓*	Soyla Griffin, Fresno County At-large Appointee		Rose Mary Rahn, Director, Kings County Dept. of Public Health
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee		David Rogers, Madera County Board of Supervisors
	Kerry Hydash, Commission At-large Appointee, Kings County	✓	Jennifer Armendariz, Valley Children's Hospital Appointee
			Paulo Soares, Commission At-large Appointee, Madera County
Commission Staff			
✓	Jeff Nkansah, Chief Executive Officer (CEO)	✓	Amy Schneider, R.N., Senior Director of Medical Management
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Cheryl Hurley, Commission Clerk, Director Office/HR
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Sia Xiong-Lopez, Equity Officer
✓	Mary Lourdes Leone, Chief Compliance Officer		
General Counsel and Consultants			
✓*	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM // PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:34 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		<i>A roll call was taken</i>

Commission Meeting Minutes

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Cheryl Hurley, Clerk to the Commission			
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 9/19/24 • Finance Committee Minutes dated 7/18/24 • QI/UM Committee Minutes dated 7/18/24 • Public Policy Committee Minutes dated 6/5/24 • Commission Calendar 2025 • Finance Calendar 2025 • QIUM Committee Calendar 2025 • Credentialing Calendar 2025 • Peer Review Calendar 2025 • PPC Committee Calendar 2025 • Compliance Report <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>		<p>Motion: Consent Agenda was approved.</p> <p>9-0-0-8</p> <p>(Neves / Frye)</p> <p>A roll call was taken</p>
<p>#4 Closed Session</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session Item 4.A, specifically Conference with Legal Counsel - Existing Litigation, pursuant to Government Code section 54596.9. Fresno County Superior Court Case No. 24CECG02996. A motion was made by Supervisor Neves and seconded by Dr. Lisa Lewis to authorize the CEO and/or the general counsel for CalViva to execute documents necessary regarding the defense and indemnity agreements between CalViva and other parties in the lawsuit to resolve the matter. That motion was adopted unanimously 9-0.</p> <p>There were no other reportable actions and recessed from Closed Session at 1:42 pm.</p>		<p>Motion: Authorize CEO and/or General Counsel to execute necessary documents in Fresno Co Superior Court Case 24CECG02996.</p> <p>9-0-0-8</p> <p>(Neves / Lewis)</p>

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<p>#5 Financial Audit Report FY 2024 by Moss Adams; R. Suico and E. Garibaldi</p> <p>Action D. Hodge, MD, Chair</p>	<p>Rianne Suico and Eleanor Garibaldi, representatives of Moss Adams, presented the results of the audit. Moss Adams' audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.</p> <p>The required communications and the organization's accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted, and no issues were encountered when completing the work.</p>		<p><i>A roll call was taken</i></p> <p>Motion: Approve FY 2024 Financial Audit Report by Moss Adams</p> <p>10-0-0-7</p> <p><i>(Frye / De La Torre)</i></p> <p><i>A roll call was taken</i></p>
<p>#6 2024 Health Equity</p> <p>Action S. Xiong-Lopez, EqO</p>	<p>Sia Xiong-Lopez presented the Health Equity 2024 Work Plan Mid-Year Evaluation report.</p> <p>The Health Equity activities completed during the first six months of 2024 include:</p> <ol style="list-style-type: none"> 1. Language Assistance Services <ol style="list-style-type: none"> a. Completed audit requirements for Behavioral Health and Health Equity Oversight. b. Amended 3 language vendors' contracts, amendment includes adding tactile and CART service and updating vendors' rates. c. One hundred and forty-five staff completed their bilingual assessment or were re-assessed. d. Eight translation reviews were completed. e. Completed annual report of the LAP assessment results for the Timely Access Reporting. 2. Compliance Monitoring <ol style="list-style-type: none"> a. Health Equity reviewed 20 grievance cases with no intervention identified and 4 interpreter complaints. b. Completed, presented and received approval for the 2023 End of Year Language Assistant Program, 2023 End of Year Work Plan reports, the 2024 Program Description, and 2024 Work Plan. c. Attended all Public Policy Committee meetings. d. Completed one findhelp training for providers. 		<p>Motion: Approve 2024 Health Equity</p> <p>10-0-0-7</p> <p><i>(Luchini / Neves)</i></p> <p><i>A roll call was taken</i></p>

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	<p>e. 871 referrals for CalViva Members were made in findhelp, 147 members got help, and 584 new programs were added to the platform.</p> <p>3. Communication, Training and Education</p> <p>a. Annual coding and resolution of grievance training for new hires and current A&G staff on track to complete in Q3.</p> <p>b. Provider newsletter on track to complete in Q3.</p> <p>c. Provider materials available in provider library, materials include LAP program and findhelp How-to guide.</p> <p>4. Health Literacy, Cultural Competency and Health Equity</p> <p>a. English material review completed for a total of 8 materials.</p> <p>b. Hosted two Readability and EMR Database training.</p> <p>c. National Health Literacy Month on track to complete in Q4.</p> <p>d. Trained providers on LAP and the use of plain language in Q2 with 93 attendees.</p> <p>e. Cultural Competency and Implicit Bias Training for providers and staff are on track to complete in Q3 & Q4.</p> <p>f. Completed key informant interviews and focus group for W30-6+ and MH/SUD PIP projects.</p> <p>New Activities include:</p> <ul style="list-style-type: none"> • Enhancing DEI for CVH through Surveys and practices (Planned to start November 2024). • DEI training for all staff (Cultural Competency, Implicit bias, Historical trauma and how it influences modern medical practices, CVH members and how they are impacted); Planned for November 1,2024. • Community engagement: Network Improvement Committee (NIC). • Assisting Mental Health/Substance Use Disorder Performance Improvement Plan (PIP) working with trusted CBO-Binational. <p>- All activities are on target to be completed by the end of the year with some already completed. The Health Equity Department will continue to implement, monitor, and track C&L related services, and activities. HE Department will complete annual evaluation per QIUM 2024 Matrix to reflect trending of measures, an analysis of the results and initiatives</p>	<p><i>Commissioner De La Torre asked about access to the ER staff for the training.</i></p> <p><i>Sia stated that through Binational, it will be an OnDemand training that is recorded. Currently the Plan is working with Saint Agnes ER staff.</i></p> <p><i>Dr. Marabella added the training is part of the Plan's PIP to increase the</i></p>	

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	<p>completed, and include a review of the results with community representatives to obtain feedback on areas of focus and progress made and evaluate the overall effectiveness of the program.</p>	<p><i>follow up for the Plan's members that go to the ED for a SUD or MH issue and are discharged home. The idea is to provide specific training on appropriate coding and Hispanic cultural competency for the hospital staff, mostly social workers and community health workers, who will be seeing these members after they see the ER doctor. Saint Agnes wants this training to be integrated into their standard training software so that they have the ability to train new hires into the future.</i></p>	
<p>#7 2024 Quality Improvement Health Equity Transformation Program</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2024 Quality Improvement Health Equity Transformation Program.</p> <p>This Program was created in 2023 to meet requirements for the 2024 DHCS Contract to address the integration of Health Equity into Quality Improvement in Medi-Cal Managed Care Plans. The program provides guidelines on integrating health equity practices throughout the health plan, among providers, and with Members.</p> <p>The Plan's Health Equity Mission is to 1) improve structural determinants of health equity, by working within and across societal institutions and systems; 2) improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities; 3) Improve institutional drivers of health equity, by working within our institution and with providers, and with other</p>	<p><i>Commissioner Soyla Griffin asked if the foundation as to who is trained is based off the population needs analysis? How are the projects chosen?</i></p> <p><i>Dr. Marabella stated that health plans are required to meet the 50th percentile for the eighteen (18) Managed Care Accountability Set (MCAS)</i></p>	<p>Motion: Approve 2024 QI Health Equity Transformation Program</p> <p>10 – 0 – 0 – 7</p> <p>(Naz / Frye)</p> <p>A roll call was taken</p>

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	<p>key stakeholders; and 4) improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members.</p> <p>CalViva Health’s Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers.</p> <p>The current processes and practices that are already in place include:</p> <ul style="list-style-type: none"> • Quality Improvement Program and Work Plan • Health Equity Program and Work Plan • Performance Improvement Projects (PIPs, Lean Projects and Collaboratives) • Population Needs Assessment <p>The Quality Improvement and Health Equity Transformation Program (QIHETP) further integrates the two programs and utilizes the Health Equity Model to reduce Disparities.</p> <p>Leadership is charged with monitoring the health equity activities, medical management, and quality of care and services provided to members to promote equity through Encounter Data, Grievances and Appeals, Utilization Data, and Satisfaction Surveys (CAHPS) with an emphasis on Member and Family Engagement, Community Engagement, and Reducing Disparities.</p> <p>Updates to the Program for 2024 include:</p> <ul style="list-style-type: none"> • Quality Improvement Activities: revised the eight (8) categories included to assess performance to be consistent with the 2024 QI & Health Ed Work Plan. • Health Equity Model: revised list of demographic elements used in data analysis to reduce disparities to be consistent with NCQA terminology. (Race/ethnicity, language, gender identity, and sexual orientation are analyzed to develop targets for disparity reduction efforts and specific interventions to address the disparities and the barriers associated with that.) • Updated language to indicate that CalViva has obtained NCQA Health Plan Accreditation rather than planning to obtain accreditation. 	<p><i>HEDIS® measures in each county according to the DHCS contract.</i></p> <p><i>Performance Improvement Projects (PIPs) and Lean or Comprehensive projects are assigned by DHCS-based on the Plan’s HEDIS® scores. PIPs every three (3) years and Lean/Comprehensive annually.</i></p> <p><i>Commissioner Griffin asked for the HEDIS® measures, is it a communication throughout the Providers, or just the ones that need to improve?</i></p> <p><i>Dr. Marabella stated every Plan must hit the targets in each county. Every year the State determines what the measures are. Measures are tracked and Providers must submit their encounters and claims data to comply with the HEDIS® measures.</i></p>	

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<p>#8 Standing Reports</p> <ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of August 31, 2024</u></p> <p>As of August 31, 2024, total current assets recorded were approximately \$536.1M; total current liabilities were approximately \$381.5M. Current ratio is approximately 1.41. Total net equity as of the end of August 2024 was approximately \$164.4M, which is approximately 748% above the minimum DMHC required TNE amount.</p> <p>For the first two months of fiscal year 2025 interest earned actual recorded was approximately \$1.9M, which is approximately \$863K more than budgeted due to market projection of the first federal rate cut in March and five to six rate cuts in 2024 however, in actuality the first rate cut occurred in September 2024 and the Plan’s money markets mainly consists of T-Bills and those are closely tied to the Federal reserve rate. Premium capitation income actual recorded was approximately \$335.7M which is approximately \$27.2M more than budgeted due to enrollment being higher than projected.</p> <p>Admin service agreement fees expense actual recorded was approximately \$9.6M, which is approximately \$432K more than budgeted due to enrollment being higher than projected. License expense actual recorded was approximately \$249K which is approximately \$11K more than budgeted due to DMHC’s license fee assessment rate was higher than projected which DMHC cited higher labor costs as the reason for the higher license fee. Recruitment expense shows negative \$549 and is due to the timing of a refund related to a job posting.</p> <p>Net income for the first two months of FY 2025 actual recorded was approximately \$2.75M, which is approximately \$1.9M more than budgeted primarily due to interest income being approximately \$863K higher than projected and enrollment being higher than projected.</p>		<p><i>Motion: Standing Reports Approved</i></p> <p><i>10-0-0-7</i></p> <p><i>(Neves / Cardona)</i></p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through August 31, 2024.</p> <ul style="list-style-type: none"> • The total number of grievances through August 2024 remains high when compared to previous quarters. The Quality-of-Service category represents the highest volume of total grievances. • For the Quality of Service (QOS) category, the types of cases noted to contribute the most to the increase are Access-Other, and Administrative. Balanced Billing continues to be an issue and is being addressed. • The volume of Quality of Care (QOC) cases remains consistent when compared to previous months. • The volume of Exempt Grievances has increased. • Total Appeals volume has remained consistent with previous months, with the majority being Advanced Imaging, and Other (SNF-Long Term Care related). Uphold and overturn rates remain consistent. 	<p><i>Commissioner De Le Torre asked in reference to the PPG issue, if the doctor leaves the group but is still available through a separate IPA, are members allowed to follow that physician to a new IPA?</i></p> <p><i>Dr. Cardona added that it also has to do with whose patients they are. If it's the PPG, then no, they do not follow the doctor. But if it is an individual contract with the IPA then the patients can move.</i></p> <p><i>Dr. Marabella stated the Plan has discussed this with Health Net and they have tried to educate the members about the changes through notices and inform them of what steps can be taken, as well as informing the Providers of changes and potential issues. However, it is not</i></p>	

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	<p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through August 31, 2024.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through August 2024.</p> <ul style="list-style-type: none"> • Membership has had a slight increase but overall has leveled off and utilization has remained consistent or increased slightly over the previous months. SPD utilization remains lower. • Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for TANF, MCE, and SPDs remain consistent with recent months with the following exceptions: <ul style="list-style-type: none"> ○ For Bed Days (adjusted PTMPY), there is a steady decline month over month. ○ Acute Length of Stay (adjusted PTMPY) also shows a decline. • Turn-around time compliance remains at 100% with the exception of Preservice Urgent at 98%. <p>Case Management (CM) engagement rates are up, and all areas have improved.</p> <p><u>QIUM Quarterly Summary Report</u></p> <p>Dr. Marabella provided the QI, UMCM, and Population Health update for Q3 2024. Two meetings were held in Quarter 3, one on July 18, 2024, and one on September 19, 2024.</p> <p>The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. 2023 Care Management Program Evaluation 2. 2024 QI & Health Education Work Plan Mid-Year Evaluation 3. 2024 UMCM Work Plan Mid-Year Evaluation 4. Health Disparities Analysis and Actions Report 2024 	<p><i>always clear whether these notices have been received.</i></p>	

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	<p>In addition, the following general documents were adopted/approved at the meetings:</p> <ol style="list-style-type: none"> 1. Medical Policies 2. Clinical Practice Guidelines 3. Pharmacy Provider Updates 4. Quality Improvement Policies & Procedures Annual Review 5. Prior Authorization Requirements (Aug 2024) <p>The following Oversight Audit Results were presented and accepted at the July meeting:</p> <ol style="list-style-type: none"> 1. 2023 Continuity of Care 2. 2023 Emergency Services <p>A new component of the Population Health Management program, Continuity & Coordination of Medical Care, was presented and discussed. The Purpose & Goals of this Project include the following:</p> <ol style="list-style-type: none"> 1. Facilitate care coordination and communication among providers and the health plan. 2. Evaluate performance results that quantify continuity & coordination of medical care. 3. Identify opportunities to improve continuity and coordination based upon results. <p>Results of monitoring by County were presented for Postpartum Care, Eye Exams for Diabetics, Pharmacotherapy for Opioid Use Disorder, and All Cause Readmissions. CalViva performed well on all measures except Pharmacotherapy for Opioid Use Disorder where all three (3) counties were below the goal. Barriers to successful care coordination were identified and strategies for improvement established. Results will be re-evaluated next year to assess the effectiveness of interventions</p> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievance Dashboard & Quarterly A & G Reports; Potential Quality Issues (PQI) Report, and Lead Screening Quarterly Report. Additional Quality Improvement reports were reviewed as scheduled during Q3.</p>		

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	<p>The following Access Reports were reviewed: Access Work Group minutes from March 26, 2024, June 13, 2024, and June 27, 2024, and Access Work Group Q3 Summary Report. Other Access-related reporting included specialty Referral Report, Provider Office Wait Time Report, and the Standing Referral Report.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, the Care Management and CCM Report, and the Enhanced Care Management (ECM) & Community Supports Performance Report for Q1. Additional UMCM reports were reviewed as scheduled during Q3.</p> <p>Pharmacy quarterly reports reviewed were Pharmacy Executive Summary, Operation Metrics, Top 25 Medication Prior Authorization (PA) Requests, and the Pharmacy Interrater Reliability Results (IRR) for Q2.</p> <p>The Q3 HEDIS® Activities were focused on analyzing the results for MY2023 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.</p> <p>Quality Improvement Activities included two Performance Improvement Projects, the Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative, the Lean Equity Improvement Projects, and the Comprehensive Improvement Project.</p> <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p>		

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<ul style="list-style-type: none"> <li data-bbox="92 435 390 524">• Health Equity Report S. Xiong-Lopez, Equity Officer <li data-bbox="92 1084 344 1141">• Executive Report J. Nkansah, CEO 	<p data-bbox="464 334 709 362">Health Equity Report</p> <p data-bbox="464 399 632 427"><u>Equity Update</u></p> <p data-bbox="464 464 1293 524">NCQA update: Finalizing the last pieces of evidence required for submitting. Anticipating submission for March 2025.</p> <p data-bbox="464 561 1325 654">Health Equity Work Plan: Moving forward, the Health Equity Work Plan will include community activities addressing health care gaps and disparities, and social determinants of health.</p> <p data-bbox="464 691 659 719">Projects Update:</p> <ol data-bbox="464 724 1335 784" style="list-style-type: none"> 1. WIC Pilot in process: currently in process of defining expectations between CalViva, WIC, and DHCS, and defining SMART goals. <p data-bbox="464 821 842 849">Current DEI Initiatives consists of:</p> <ol data-bbox="464 854 1314 946" style="list-style-type: none"> 1. Staff meeting to be held 11/4/24 that includes implementation of DEI opportunities identified in the survey that was administered in August. 2. Perimenopause/menopause project requested by Board and Committee: <p data-bbox="464 984 667 1011">Executive Report</p> <p data-bbox="464 1049 705 1076"><u>Executive Dashboard</u></p> <p data-bbox="464 1114 919 1141">Enrollment as of August 2024 is 436,356.</p> <p data-bbox="464 1179 1335 1239">Regarding Information Technology Communications & Systems, Call Center and CVH Website, Provider Network there are no significant issues or concerns.</p> <p data-bbox="464 1276 1371 1336">The ability for members to access their ID cards on the website is anticipated to be rolled out by the end of Q1 2025.</p> <p data-bbox="464 1373 1329 1433">For Claims Processing and Provider Dispute activities the Q2 2024 numbers are available.</p>	<p data-bbox="1386 1174 1686 1266"><i>Dr. Naz asked which group Santé is affiliated with for Medi-Cal.</i></p> <p data-bbox="1386 1304 1692 1396"><i>Jeff responded that for Medi-Cal, Santé has an IPA relationship with Health</i></p>	

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		<i>Net and also a FFS relationship.</i>	
#9 Final Comments from Commission Members and Staff	John Frye thanked the Finance Department for their work on the audit.		
#10 Announcements	None.		
#11 Public Comment	None.		
#12 Adjourn	The meeting adjourned at 2:48 pm. The next Commission meeting is scheduled for November 21, 2024, in Fresno County.		

Submitted this Day: 1-16-25

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission