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2022 Hospital Supplier Diversity Commission

First-Year Recommendations Report

November 15, 2022

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II. Letter from Director Elizabeth Landsberg

Hospital Supplier Diversity Commission,

Thank you for your efforts in advising the Department of Health Care Access and Information (HCAI) on the Hospital Supplier Diversity Reporting Program. It was clear from the first meeting that you are knowledgeable, committed and passionate about increasing hospitals' use of diverse suppliers. Your varied experiences provide great insight in helping HCAI implement this program.

In total you provided 26 first-year recommendations on how to increase procurement with diverse suppliers within the hospital industry. This is a key component of HCAI's work to further health equity. I appreciate your time, expertise, and the approach you took in making the recommendations specific and actionable. Your contributions to HCAI and the Hospital Supplier Diversity Reporting Program are invaluable and will be thoroughly considered moving forward.

Sincerely,
Elizabeth A. Landsberg
Director
Department of Health Care Access and Information

III. Letter from Commission Chair, Lupe Alonzo-Diaz

Dear Director Landsberg, All Stakeholders, and the People of California,

On behalf of the Hospital Supplier Diversity Commission (HSDC), it is with great honor and pleasure that we submit these recommendations to the Director of the Department of Healthcare Access and Information (HCAI) for her consideration.

The Commission is comprised of health care, diversity, and procurement stakeholders committed to increasing and supporting diverse suppliers within the hospital industry. These recommendations reflect a desire to engage the private and public sector in meaningful dialogue and actions that promote diverse suppliers in minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran communities. We actively developed recommendations that balanced existing and promising practices while also stretching us to be aspirational and forge new paths for supplier diversity.

We look forward to continuing our work including partnering with health care, diversity, supplier, procurement, and hospital stakeholders to increase procurement with diverse suppliers within the hospital industry.

Sincerely,

Lupe Alonzo-Diaz

Chair

Hospital Supplier Diversity Commission

Public Member

IV. Executive Summary

Health and Safety Code Section 1339.85-1339.87 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Supplier Diversity Reporting Program to collect and post hospital supplier diversity reports documenting procurement efforts regarding certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises. Hospitals, with annual operating expenses over \$50 million, and hospitals part of a hospital system with annual operating expenses over \$25 million, are required to annually submit a report to HCAI on their diverse business enterprise procurement efforts. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital supplier diversity reports to the public.

As required by Health and Safety Code Section 1339.88, HCAI is also required to convene a Hospital Supplier Diversity Commission (HSDC) comprised of health care, diversity, and procurement stakeholders as well as a member of the public to advise HCAI and the hospital industry on best methods to increase procurement with diverse suppliers within the hospital industry as well as to promote and provide outreach to hospitals that are actively engaged in supplier diversity issues.

The commission has been meeting regularly since March 2021 and during its meetings has reviewed baseline data from the first year Hospital Supplier Diversity Reports, heard from hospitals with more mature supplier diversity programs on some best practices in the hospital industry, and learned more about hospital procurement and supplier diversity. This report documents the 26 first-year recommendations developed by the Commission through discussion and public comments. The recommendations were finalized during a series of public meetings held between May 2022 and September 2022.

This report also provides a summary of key items of discussion that the Commission raised during the development of the recommendations and a summary of the process undertaken to finalize the recommendations. These 26 first-year recommendations include:

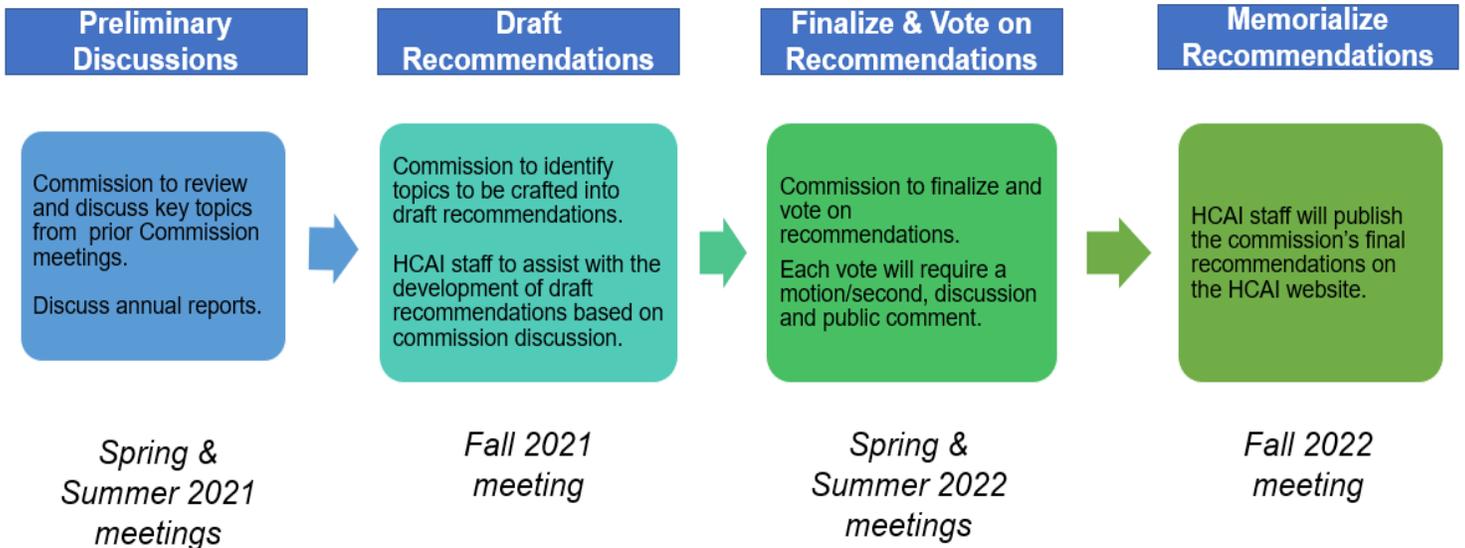
- 12 recommendations for the hospital industry
- 7 recommendations for the HCAI director
- 7 recommendations for other relevant entities within the hospital procurement ecosystem including Group Purchasing Organizations (GPO), manufacturers and distributors, and business associations and chambers.

The HSDC developed these recommendations with the intention of promoting the use of diverse suppliers as well as encouraging healthy competition in health care and reflecting the position of an active role in government.

V. Methodology

At the November 2021 meeting, the Commission discussed the following process for finalizing and developing the recommendations and delegated HCAI staff to work with the Commission Chair to draft proposed recommendation language for the Commission's consideration and final vote planned for the May 2022 meeting.

Recommendations Development Process



In preparation for sharing the draft recommendations with the Commission, HCAI staff worked with the Chair to review the Commission's notes and comments raised at past meetings and develop them into proposed draft recommendations in preparation for the May 2022 meeting. To promote engagement and capture additional feedback by the hospital industry, HCAI shared draft recommendations with hospitals to receive feedback which was incorporated into the final draft recommendations shared with the Commission for their consideration. Lastly, to support streamlined discussions, HCAI shared the draft recommendations with Commission members in advance of the May 2022 meeting and encouraged members to submit amendments in advance of the meeting to incorporate into the materials for discussion at the meeting. In May 2022 when the Commission reconvened, HCAI staff shared the drafted recommendations, along with any amendments that had been suggested, with commissioners and members of the public for the final discussion and vote.

The Commission agreed that the process they would take in developing and finalizing recommendations would be anchored in guiding principles established by the Commission, including ensuring that recommendations:

- Meet statutory intent: Hospitals are uniquely positioned to build relationships within the communities they serve through the development, inclusion, and

utilization of certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises whenever possible.

- Promote existing best practices while also encouraging hospitals to expand their outreach and contracting efforts.
- May be applicable to other health systems¹.

Throughout the course of the meetings, the Commission also agreed that its recommendations were intended to be aspirational and set a high bar for sharing the most effective of strategies for the hospital industry, the department, and other entities within the hospital supplier ecosystem to increase procurement with diverse businesses.

Each recommendation and associated amendments were individually reviewed and discussed by the Commission with an opportunity for public comment prior to the vote on each recommendation. As guiding principles for the voting process, the HSDC used Robert's Rules of Order for each recommendation which consisted of a Commission discussion, a roll call vote of members, and permitted public comment.

During the May meeting, the Commission focused on recommendations for the hospital industry. At that first meeting, the HSDC commissioners reached consensus on wanting all recommendations to include strong, actionable language (e.g., require, own, develop, fund, etc.), identify a target audience for each recommendation (such as executive leadership), and focus on statutory language as guidance for the terms used in the recommendations. Specifically, the Commission agreed not to utilize the term "small" when referring to diverse suppliers as "small businesses" are not necessarily diverse and are not one of the key groups outlined in statute. The Commission noted that future discussions and updates to recommendations or statute may want to consider the inclusion of small businesses as many of those do fall within one of the diverse business categories outlined in statute.

Additionally, the HSDC discussed specific word choices for the purpose of developing these recommendations. "Diverse" was chosen over words such as "ethnic" as it reflects a wider range of diverse identities, not just ethnicity. The terms "certified bodies" and "authorized certification bodies" are intended to mean that the organization providing certifications to diverse suppliers are both authorized and legitimate. Lastly, "supplier(s)" is intended to include companies that provide either supplies and/or services.

At the August meeting, the Commission continued its discussion focusing on recommendations for the HCAI director. The consensus items and language choices identified in the prior meeting were applied to this set of recommendations as well. The Commission finalized its recommendations at the September 2022 meeting.

[1] "Other health systems" is meant to acknowledge that while these recommendations are directed toward hospitals, other health care entities, such as a physician group or a Federally Qualified Health Center, could also apply the same principles to increase their procurement with diverse suppliers

Over the course of the finalization of the recommendations, the Commission considered the initial 18 recommendations that were drafted and suggested an additional 8 recommendations that they felt were missing.

Moving forward, the Commission will continue to revisit these recommendations over its tenure and update as necessary.

VI. HSDC First-Year Recommendations

The HSDC voted on and approved 26 first-year recommendations for consideration by the HCAI Director. The recommendations are categorized into three categories:

- Recommendations for the hospital industry
- Recommendations for the HCAI Director
- Recommendations for other entities within the hospital procurement ecosystem including GPOs, manufacturers, distributors and business associations and chambers

Recommendations for Hospital Industry	
1	Executive leadership should create a supplier diversity policy statement that promotes the use of diverse suppliers.
2	Executive leadership should develop and implement outreach and reporting metrics that support contracting with diverse suppliers.
3	Executive leadership should develop and implement hospital supplier diversity procurement metrics that are owned by executive leadership.
4	Executive leadership should develop, implement, and fund an internal hospital accountability system to meet specified metrics related to outreach, diverse business usage and provision of technical support for implementation.
5	Executive leadership should develop and implement an inclusion policy for hospitals to identify and track spend with diverse business enterprises (E.g., MBE, WBE, DVBE, LGBTQBE).
6	Executive leadership should develop and implement procurement processes and policies to document and mitigate internal criteria that may limit or impede diverse suppliers' ability to competitively respond to bids.
7	Executive leadership should develop and implement a supplier diversity webpage to inform diverse suppliers on the hospital's procurement process including the contact information of a diverse business outreach liaison.
8	Executive leadership should require prime suppliers to measure and report on spend with diverse suppliers.
9	Executive leadership should require the review of contract language with prime suppliers to require supplier diversity metrics for any relevant sub-contracts.
10	Executive leadership should update how hospitals track and report their supplier diversity outreach efforts, in order to report on how many diverse

	entities are onboarded as suppliers or manufacturers (e.g., GPOs and direct suppliers).
11	Executive leadership should establish a percentage goal for diverse suppliers in GPOs.
12	Executive leadership should require diverse suppliers to get their certification through an authorized certification body prior to contract award.

Recommendations for HCAI Director

13	HCAI should produce annual regular analyses, as defined by staff, with the data, which should include, but not limited to, analysis statewide, by region, and by hospital type; distribution of spend with diverse businesses; and spending comparisons and benchmarks.
14	HCAI should publish on its website and distribute via HCAI communication channels, a list of hospitals required to report based on thresholds outlined in the statute for each annual reporting period and are required to submit supplier diversity reports to HCAI.
15	HCAI should revise reporting regulations to require disaggregated reporting from hospitals, which could include categories of hospital spending, counts of diverse suppliers, supplier demographics by category, and allowing for reporting of intersectional identities for diverse supplier (e.g., suppliers that are both a minority and woman owned)
16	HCAI should collaborate with other public supplier diversity transparency programs, including California Public Utilities Commission, California Department of Insurance, and California Secretary of State on lessons learned, best practices, challenges/obstacles to advance program goals.
17	HCAI should ensure that reported data can be differentiated between \$0 spend and data that is not reported.
18	HCAI should produce a reporting standard and evaluate hospitals with reports that contain all zeros to identify ways to encourage future diverse spend.
19	HCAI should conduct at least one annual meeting at which hospitals will be invited to present their hospital supplier diversity initiatives. This is known as an “En Banc style” public meeting.

Other Recommendations

20	GPOs should implement a rating system or scale to measure manufacturers’, distributors, and GPO’s level of procurement with Tier II diverse suppliers.
21	All entities within the procurement ecosystem should partner with diverse chambers of commerce, technical assistance providers and certification bodies specifically supply chain focused to receive information related to procurement and competitive bid opportunities

22	Business Associations and/or Chambers should create a database of MBE, WBE, DVBE, LGBTQBE businesses to be used by hospitals to identify local and statewide diverse suppliers to meet their procurement needs; or have a database that can be organization sourced for procurement.
23	Business Associations and/or Chambers should create training materials and webinars that promote awareness and knowledge on how to compete for hospital RFPs.
24	Business Associations and/or Chambers should identify and document the barriers and impediments to accessing procurement
25	GPOs, manufacturers, and distributors should develop and implement processes and policies to support diverse suppliers' ability to competitively respond to procurement opportunities; as well as provide technical assistance and outreach for the competitive procurement processes.
26	GPOs should track and publish the number of unique diverse suppliers and the associated contracted value that is available through the GPO on an annual basis.

VII. Background

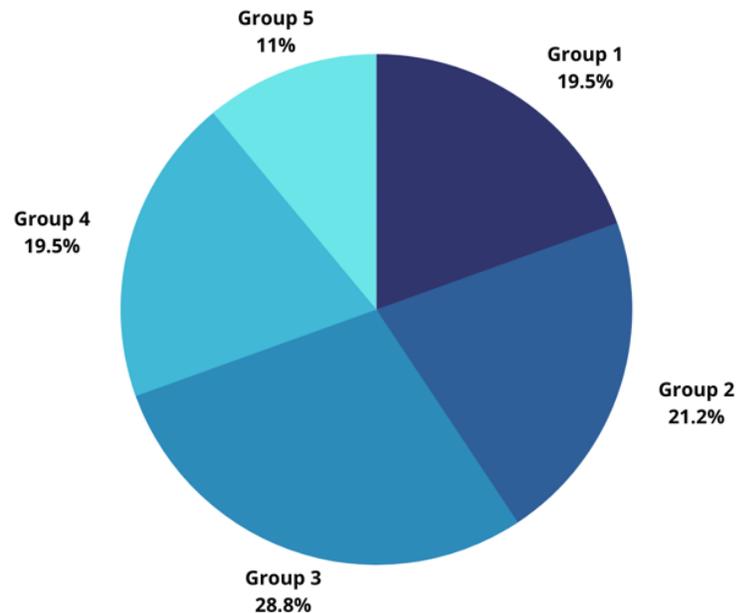
The first-year meetings of the Hospital Supplier Diversity Commission were designed to provide background material including an overview of key supplier diversity topics, procurement in the hospital industry, as well as a review of the first-year hospital supplier diversity reports.

The Commission also discussed the data received during the first year (2020) reporting period to help inform the development of recommendations. The data for the first-year reports served as a baseline. The discussion included reviewing reporting performance based on level of detail provided on procurement, inclusion of a supplier diversity statement, and whether the reporting hospital provided contact information. First-year reports were received by email and subsequent reports for year two and beyond are being submitted via the Hospital Disclosure Report system. The reporting system includes a standard report format and basic data completeness checks. The following infographics summarize key data from the first year [Hospital Supplier Diversity](#) reports submitted by hospitals. For the full first-year data summary [see here](#).

Level of Detail Provided on Procurement

Category	Level of Detail Provided
Group 1	Reports that did not include any procurement amount.
Group 2	Reports that include total procurement amount. Data is not disaggregated.
Group 3	Reports that include procurement amount separated by MBE, LGBTBE, DVBE, and WBE.
Group 4	Reports that include procurement amount disaggregated by MBE, LGBTE, DVBE, WBE and minority types as outlined in the statute.
Group 5	Reports that include full product and services amounts at all disaggregated levels.

Data note: Some hospitals that are in Group 1 only provided procurement at the system level, therefore their individual report was blank.



Inclusion of Supplier Diversity Statement

Did hospital include a hospital supplier diversity statement?	Total
Yes	90.7%
No	9.3%

Statements that qualified as a “No” include:

- Hospitals that left the response blank.
- Hospitals that stated that they do not have one.
- Hospitals that stated they are in the process of developing one.

Statements that qualified as a “Yes” include:

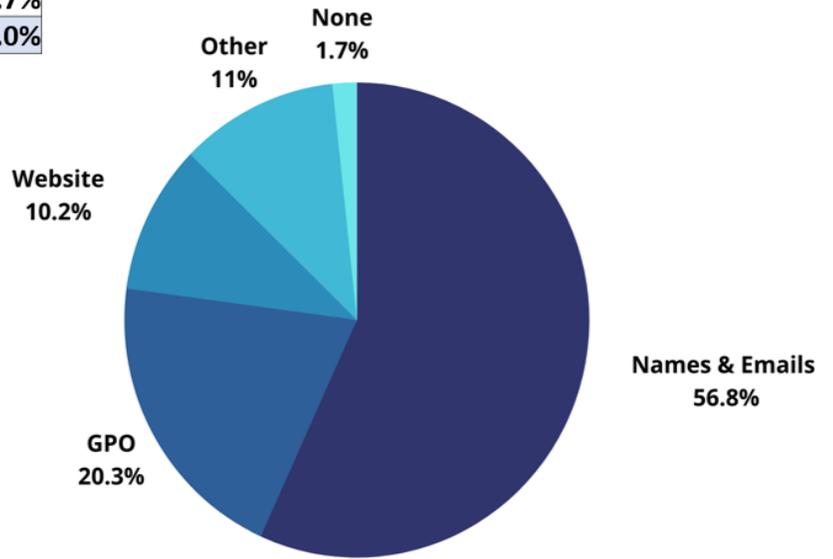
- All other responses.

Hospital Contacts

Did the hospital provide a contact?	Total
Yes	87.3%
No	1.7%
Other	11.0%

Data Notes:

- Nine hospitals included in the “other” category may have misinterpreted the question due to the wording of the question
 - Question as worded on HCAI’s template: “Enter the names and contact information below for business enterprises interested in contracting with your organization.”
- Two hospitals included in the “none” category.
 - One hospital left the response blank, and one hospital stated that they are in the process of identifying contact information.



VIII. Conclusion

The above recommendations were the result of HSDC meetings for consideration by the hospital industry, the HCAI Director and other entities involved in procurement in the hospital industry including GPOs, manufacturers, distributors and business associations and chambers. The HSDC makes these recommendations with the intent to encourage the best methods to increase procurement with diverse suppliers within the hospital industry and promote outreach to hospitals that are actively engaged in supplier diversity issues. The Commission intends to review their recommendations annually and adjust those recommendations as appropriate.

IX. Appendix A: HSDC Members

Lupe Alonzo-Diaz, President & CEO, Physicians for a Healthy California, Commission Chair. Lupe Alonzo-Diaz (she/her) serves as the President & CEO of Physicians for a Healthy California (PHC) and the Vice President of Continuing Medical Education for the California Medical Association. Previously, she served in various leadership roles at the Department of State Hospitals and the Office of Statewide Health Planning and Development (OSHPD) – now HCAI. Ms. Alonzo-Diaz’s commitment to health equity includes working for the Latino Coalition for a Healthy California, Children’s Advocacy Institute and the Mexican American Legal Defense and Education Fund. She earned a master’s degree from the University of Texas at Austin and a bachelor’s degree from the University of California at Berkeley.

Jennie E. Kim, Director of Supplier Relationship Management, Providence St. Joseph's. Jennie Kim is an accomplished corporate strategist and supply chain leader with a passion for socially responsible sourcing and operational excellence. Jennie has led multiple supply chain development initiatives that enhance revenue, reduce operating costs, and increase supplier performance. A talented individual with strong team management, collaborative and influencing skills; Jennie successfully leads, mobilizes, and deploys cross functional teams to meet critical stakeholder objectives. Jennie's varied industry experience includes healthcare, telecommunications, marketing, and not-for-profit advertising/business development.

Baljeet Sangha, Chief Operating Officer and Deputy Director, San Francisco Health Network, San Francisco Department of Public Health. Baljeet Sangha (he/him) is the Chief Operating Officer of the San Francisco Health Network (within the San Francisco Department of Public Health), the City of San Francisco's only fully complete and integrated healthcare delivery system. He also currently serves as the Vaccine Executive Sponsor, and as an Incident Commander, for the San Francisco Department of Public Health's COVID pandemic response. Previously, Sangha was Vice President of Operations & Support Services at Alameda Health System. Earlier in his career, Sangha worked as an Executive Administrator in the San Francisco Health Network and as the inaugural Deputy Chief Operating Officer & Chief Patient Experience Officer at Zuckerberg San Francisco General Hospital. Sangha earned a Master of Public Health Degree with a focus on Health Policy & Management and a Specialty in Multicultural Health from the University of California, Berkeley, as well as an undergraduate degree in History from the University of California, Berkeley. Sangha is a Fellow of the American College of Healthcare Executives and a Fellow of America's Essential Hospitals.

Cameron M. Stewart, Co-Founder, Alcam Medical. Cameron Stewart (he/him) is a modern-day Entrepreneur and serves his community in many varying capacities. For the last 20 years Cameron has created businesses in health care, transportation, financial services, and consulting. Cameron also serves as board treasurer for the Board of Certification/Accreditation (BOC). BOC is an independent not for profit organization dedicated to supporting quality patient care by offering highly valued credentials for professionals and businesses. Cameron has extensive knowledge of real estate, and he is a licensed General Contractor. Cameron has completed many development projects across the state of California. Cameron has a passion for serving his others and his goal is to empower his community. He provides free classes on entrepreneurship, business, and personal finance. Cameron also is an advocate for health equity and access for those in underserved communities. Cameron sits on the board for California Community Development (CCD), and the California Department of Healthcare Access and Information. Cameron graduated from the prestigious Tuskegee University with a bachelor's degree in Marketing. He is currently enrolled at Harvard Business School, graduating in 2023. Cameron is a family man with a wife and three daughters. He aspires to be an integral part of positive and systemic change.

Tracy Stanhoff, President & Creative Director, AD PRO President, American Indian Chamber of Commerce of CA. Tracy Stanhoff (she/her) in 1988 founded AD PRO, located in Huntington Beach, California that is a full-service advertising, graphic design and branding firm serving Fortune 500 corporations, Tribal Enterprises, Government entities and small business clients globally. AD PRO's "One for All" business structure provides the capacity for both branding development and design combined with a full arsenal of tools for implementing strategic marketing programs and graphic design via in-house graphic manufacturing processes. AD PRO is an ISO 9001 quality management system certified firm. In 2017, Stanhoff established a Native American news publication titled, "Indigenous Post." As a past addition to operating her enterprises, Ms. Stanhoff served as Tribal Chair of the Prairie Band Potawatomi Nation, located in Mayetta, Kansas. Ms. Stanhoff currently serves as the president of the American Indian Chamber of Commerce of California and the leader of the American Indian National Chamber of Commerce. Ms. Stanhoff has a Bachelor of Arts degree from California State University, Long Beach where she was named co-Outstanding Graduate in the Journalism/Public Relations department.

Ruksana Azhu Valappil, Founder & CEO of NEEV, Inc. Ruksana Azhu Valappil (she/her) is a healthcare AI, ethics and sustainability advisor, neuroscientist, social entrepreneur, and a purpose driven leader. As the founder of NEEV Health, she loves to help digital health teams implement ethical and trustworthy AI solutions that mitigates bias, incorporates transparency and is regulatory compliant. As an advisor and consultant, she brings her passion for equitable healthcare, research rigor, analytical skills and a collaborative approach to help build ethical AI for digital health. She has led cross functional teams, organizations and serves on several board of directors. She is a founding member of WeTheChange, a not-for-profit coalition of 900+ mission driven women CEOs and allies aligned with the UN Sustainable Development Goals. She served as the Director and co-lead the organization running operations, including governance, finance, and partnerships. As an advocate for empowering women and a firm believer in integrating business with social responsibility, she runs her small business and social enterprise, NEEV Lifestyle, as a California Benefit Corporation and a Certified B Corp. A firm believer in public service, she is happy to serve on the Hospital Supplier Diversity Commission at California Department of Health Care Access and Information. Ruksana earned her PhD in Biomedical Engineering and holds a BS in Electrical & Electronics Engineering.

Theresa A. Martinez, CEO & President, Community Connections, LLC. Theresa A. Martinez (she/her) is the CEO/President of Community Connections, LLC, specializing in Communications, Community Outreach and Engagement. The team provides a wide range of services; public & government relations, media relations, community & grassroots outreach, social media outreach and management, special event planning, strategic planning, and program management. Community Connections was awarded a five-year contract with LA Metro on their Communications Bench and are currently working on a million dollar plus project along the Vermont Transit Corridor, which has the highest ridership along a ten and a half mile stretch for a new bus or rail transit system. The team is currently working on several other transportation projects with LA

Metro and OCTA. Ms. Martinez served in the capacity as CEO for the Los Angeles Latino Chamber of Commerce (LALCC) from April 2013 to November 2016. She oversaw fundraising, procurement, policy initiatives, advocacy work, corporate sponsor relationships, and program infrastructure.

Jackson Dalton, President, Black Box Safety, Inc. Jackson Dalton (he/him), the President and Founder of Black Box Safety, was injured while serving in the United States Marine Corps. The injury changed Jackson's life forever and instilled in him a drive to help others through a career in Occupational Health and Safety. Jackson has devoted his life to making sure that people don't get hurt at work so that they can continue to do the things they love to do with the people who matter most. With over 15 years of experience, a master's degree in Public Health (MPH), a Board of Certified Safety Professional (CSP), and a genuine enthusiasm for helping others. Black Box Safety, Inc., located in San Diego, is an industrial supplier of emergency response, janitorial/sanitation, medical, office, safety, and tactical supplies.

Lilly Rocha, Board Member, HONOR LGBT PAC, CEO & Executive Director, Latino Restaurant Association. Lilly Rocha (she/her) is the current CEO of the Latino Restaurant Association, an 800+ member national organization based in Los Angeles, California. Rocha is also the founder of the Sabor Latino Food Industry Trade Show, the nation's largest Latin Food Trade Show. A graduate of the University of California Berkeley, Rocha also attended St. Mary's University in London, England. Rocha graduated from UC Berkeley during the height of the dotcom bubble in Silicon Valley and her first job was as a project manager for NOKIA (NIC) in Mountain View, CA. Rocha developed a serious interest in trade show and conference management which eventually led her to earn both the CMP and CMM certifications (the highest in the meeting planning industry). Rocha eventually founded the Sabor Latino Food Industry Trade Show in 2013 when she noticed there was a huge gap in the trade show industry for Latino foods. With Rocha's expertise in sales, marketing, and project management, Sabor Latino has become a recognized brand in the trade show industry and serves as the premier business platform for Latin food professionals. Rocha also has business industry/leadership certifications from: Cal State University San Francisco, UCLA & USC. Rocha developed a passion for healthy eating while a student at UC Berkeley. This passion has led to a lifelong commitment to wholesome living.

Cecil Plummer, Western Regional Minority Supplier Development Council. Cecil Plummer (he/him) is the President and CEO of the Western Regional Minority Supplier Development Council (WRMSDC), one of the 23 regional affiliates of the National Minority Supplier Development Council (NMSDC). The Council works to create jobs and wealth for people of color by supporting and promoting minority owned businesses and connecting them with contract opportunities with Fortune 1000 companies and large public entities. Plummer believes that, since most Americans work for small and medium sized businesses, supply chain inclusion is critical to the American economy and as a talent incubator for Corporate America. Plummer received awards from the National Minority Supplier Development Council (NMSDC), the Women's Business Enterprise National Council (WBENC) West, and the Commissioner of the California

Department of Insurance, and won the NMSDC Council of the Year Award in both 2019 and 2021. Plummer formerly worked with Robert Half for 17 years and left his position as the Director of CSS Strategic Solutions to join the Council. He has over 20 years of executive leadership experience and possesses a solid background in strategic sourcing, change management, performance and process improvement, Supplier Diversity, strategic planning, and risk management. Plummer also holds a Project Management Certification (PMP) and has a strong track record of success in small business entrepreneurship, communications strategy, process reengineering, contract negotiation, and relationship management.

Tara Lynn Gray, Director, California Office of the Small Business Advocate. Tara Lynn Gray (she/her) is the Director of California's Office of the Small Business Advocate inside of the Governor's Office of Business and Economic Development. Gray is focused on further developing the state's small business ecosystem and ensuring equity is front and center as she administers the small business programs for which she is responsible. Gray is a visionary breaking new ground in non-traditional spaces and is not afraid to ask the hard questions and engage in serious conversations to bring the Governor's vision of a California for All to fruition. Prior to her appointment by Governor Gavin Newsom, Gray was Chief Executive Officer of the Fresno Metro Black Chamber of Commerce (FMBC) and Chamber Foundation (FMBCF), a 20-year-old Community Based Organization, where she engaged, educated, and empowered small businesses in California's Central Valley. She has been instrumental in the design and development of one of the most groundbreaking community-level mobility programs in the country. Gray's education includes a Bachelor of Arts in Business Management from St. Mary's College, Moraga, CA; a Master of Arts in Christian Studies from Grand Canyon University, Phoenix, AZ; a Management Development for Entrepreneurs Certificate, UCLA Anderson School of Management; and various Information Technology certifications.

X. Appendix B: Voting Roll Call Summary

Recommendation #	Ayes	Nays	Abstentions
1	7	1	0
2	8	0	0
3	8	0	0
4	8	0	0
5	8	0	0
6	7	0	1
7	8	0	0
8	7	0	0
9	6	0	1
10	9	0	0
11	9	0	0
12	8	0	1
13	9	0	0
14	9	0	0
15	5	1	1
16	7	0	0
17	7	0	0
18	7	0	0
19	7	0	1
20	8	0	1
21	8	0	1
22	6	0	2
23	9	0	0
24	6	0	1
25	6	1	0
26	7	0	0