BOARD OF COMMISSIONERS
PUBLIC HOSPITAL DISTRICT NO. 1 OF PEND OREILLE COUNTY

December 17, 2015

In Attendance: Commissioners: Lois Robertson, Terry Zakar, Thomas Garrett, Ray King, and Lynnette Elswick; Thomas Wilbur, CEO; Directors: Kim Manus, Michele Page; Chris Wagar; Shelley Froehlich; Buzz Price. Other: Jenny Cooper, Margaret Cureton, Sue Calvert, Leif Furman, Michele Nedved, Newport Miner; Bob Eugene, Jenny Smith, Trina Gleese, Casey Scott, Heidi Hedlund, Nancy Shaw, and Ken Fisher.

Excused: Joseph Clouse, and Jeremy Lewis, DO, Chief of Medical Staff.

CALL TO ORDER:

Commissioner Robertson called the meeting to order at approximately 12:37 pm.

READING OF LEGAL NOTICE:

The regular meeting legal notice was distributed as required.

APPROVAL OF CONSENT AGENDA:

The meeting Agenda, Auditors Report and Uncompensated Report were reviewed and approved as presented by a motion made, seconded and passed.

Auditors Report: month of November 2015: Warrants #194217--#194614 and wire fund transfers #1186-1199, in the amounts of $1,323,759.09 and $1,254,293.99, respectively.

Bad Debt/Charity Care: District all-inclusive Write-off's for November 2015 were $68,127.46.

APPROVAL OF PREVIOUS MEETING MINUTES

The regular meeting minutes of November 13, 2015 (Budget hearing) and November 19, 2015 (Regular meeting and Strategic planning) were approved by motion, seconded and passed.

BUSINESS FROM THE AUDIENCE:

There was no business from the audience.

COMMITTEE REPORTS:

Joint Conference/Planning – Dr. Lewis was unable to attend the meeting so there was no report.

Finance- Kim Manus reported a busy month in the department and announced that the State Auditors are on site for the annual financial statement and compliance audit for 2014. The Board is invited to an entrance conference at 2:00 pm today to discuss the audit process.

Kim explained that days operating expenses in cash on hand is 126 days – an all-time high; 340B funds outstanding from Safeway were received. Our 340B revenue trend continues to be favorable, currently well above $1.5M.

Other significant cash items still pending are Meaningful Use funds: the attestation period is now complete so we will be filing for State Medicaid funds (approximately $225,000) to offset our software expenses. The MU upgrades included physician order entry in the Acute Care unit. In addition, the RHC reconciliation process is completed for years 2011, 2012 & 2013. The State requires us to hire an independent auditor for each clinic, by year. In the past, our results have been reviewed 4-5 times by the State only to have them returned stating they were not ready to process for payment. Presently, after the auditing firm certifies the results and returns them to the State, the State will turn around payment in approximately 30 days. At this time, the audits are 90% complete and we anticipate a receivable of approx. $410,000.

There was a significant decrease in purchased services for information technology in November due to a year-to-date accrual adjustments. Kim explained that increased depreciation amounts were recorded for finalization to close out the year. Days revenue in AR is 48 days.

Kim explained that over 1,000 new Medicaid lives have been assigned to the clinics in the past two years. The clinics receive a per-member, per-month amount to manage the lives. We are also paid a fee schedule amount per-visit which is much lower than what would be paid directly from the State for costs vs. per-member. The State calculates the number of visits as well as the monthly per-member payment and determines what amount we should have been paid; this amounted to $400,000 for years 2011, 2012 and 2013.

In 2014, with the additional 1,000 covered lives, there has not been a significant increase in patient visits. Kim noted the "per member per month" amount increased significantly with these added member lives; therefore, the potential for overpayment during 2014 & 2015 service dates existed which would have resulted in a payable for the past two years. Kim indicated Trina Gleese has completed researching the "qualified" encounters during this timeframe and it has been established the per member per month amounts have been appropriately matched with actual volumes. The reconciliation has resulted in insignificant dollars due to the State. Kim indicated this projection has provided her with adequate information to feel comfortable with the amounts included in the 2016 budget A system is now set up for the reconciliation process to occur up front vs. waiting for four years to establish the impact to the organization. Kim feels there is much opportunity with the prospect of recruiting more providers. She explained she reviewed one of the Managed Care Organization (MCO) reports providing our organization with a status indicator showing when a client a service is needed – i.e. well child check, diabetes screen, etc. An analysis of the report indicated that approximately 80% of the patients listed had a service-needed indicator.

Kim is exploring loan options to offset clinic construction expenses. To date, all A&E fees and construction payments have been paid using operating funds. In addition, the First Street property (bunkhouse relocation) has also been paid out of operating cash. A monthly progress payment in the amount of $400,000 is due next week. Kim explained we have an opportunity to utilize the cash on deposit with Mountain West Bank as collateral for a loan or we can issue limited tax obligation bonds. The proposed rates utilizing our cash reserves as collateral is based on the 10-yr CD + 250 basis points (approximately 3.3%). The Letter of Interest is effective until February 1, 2016. Overall, the clinic project is on schedule and there are no significant issues to report.

Kim reported she will chair the WRHC-Joint Operating Board in 2016 and is anticipating it will be a learning opportunity, as several member hospitals have experience working under value- based purchasing models and they were also participating in accountable care organizations. In addition, Summit Pacific is in process of negotiating value-based contracts with Molina and Amerigroup. They have requested consideration to receive seed money to cover foundational second curve operating costs, as savings generated by the programs are typically realized by the insurance companies rather than the provider. Kim has not included any grant funds for either of these models in the budget.
Tom W. explained we are moving forward to become a Care Coordination Organization (CCO) with Molina Health. High risk patients with multiple co-morbidities and high service utilization are assigned a "risk score" and the CCO (via care coordinators) is expected to assist the patients with their health and to better coordinate health care. We will receive reimbursement to assist with managing the care of those patients. The theory, to ensure folks better understand their disease course, have a support system to ensure they take their medications and keep follow-up appointments, is expected to reduce readmissions and unnecessary ED visits. Tom noted that enrolling a member into the program (to complete a Health Action Plan, or "HAP") comes with a fee paid to the clinic. Thereafter, the District is paid a monthly stipend, per patient, depending upon the amount of activity to ensure the patient follows up and meets HAP targets.

Jenny Smith announced that she secured a $10,000 grant from the Inland NW Community Foundation Strategies to fund the Healthy Kids Snack Bag program. The Priest River Community Foundation also funded the program with $1,000 grant.

Kim stated the property located on Hwy 2 that the District inherited recently sold for $35,000.

Quality Assurance/Performance Improvement: Heidi explained that each Director will provide a year-end quality scorecard report review by the Board.

Ancillary/Outpatient: Chris Wagar detailed her scorecard goals. Outpatient goals align with the Triple Aim standard to ensure patients have the best care experience, quality service is provided, and costs are maintained.

Patient Satisfaction – overall, Chris is pleased with our raw scores – 92% at year-end. Historically, FHCN has scored lower than FMN; however, Q4 2014 was 88%, now 90%. Radiology and Laboratory set a 90% percentile rank goal – this is slightly more difficult to attain – but, there has been improvement in most areas; Leif, Tina and Heidi have been working to identify root causes and increase raw scores. Chris stated that future scorecards will include rolling quarterly results due to the standard "n" (a minimum of 20 returned surveys) is necessary in order for the data to be valid.

The physical therapy department developed an internal departmental survey, as Press Ganey does not specifically survey this service line. They poll patients with two questions: 1) is the patient satisfied with the services received, and 2) what could be done better. Lab and radiology plan to implement a similar satisfaction survey since their department results are recorded only from current ED and IP surveys - and the majority of patients in these departments receive outpatient services.

Quality Goals – each department set individual goals; Chris noted she was pleased with the overall results; however, diabetes management was dipping lower with the overall average being 79% for

the year. Limited appointment availability has caused difficulty to schedule routine appointments, especially since Dr. Ragsdale's departure. The clinic care coordinator and call center have been addressing this and are trying to book appointments in advance.

Referral-to-appointment time – Chris stated that clinic staff have been working to contact the referring physician to ensure the necessary paperwork is in order prior to the patient being seen. She also noted that infection rates remain very low across the board in the hospital.

Financial Goal- 2015 targets were met. Departments came in under budget for operating expenses and over budget (good) on productivity.

LTCU – Michele Page presented the scorecard and explained the State's assessment tool drives care plans and reimbursement. Michele is pleased with overall scores and noted that reduction in antipsychotic medications is a priority in the LTCU. This target is being addressed by Pharmacy, Social Services and the nursing staff. The goal is to reduce and/or entirely eliminate inappropriate use of these medications. Michele noted that she is somewhat frustrated with the Activities and Daily Living (ADL) help scores, as the population is aging and is in need of ADL help.

Michele pointed out that both facilities are in 100% compliance with flu vaccinations. Michele attributes this to coordination with Acute Care as patient's transition to the LTC/AL facilities.

Resident Satisfaction Survey – Michele found it necessary to make minor adjustments to the survey throughout the year, noting that answers are not always consistent and vary due to the diverse population served. The Resident Council also addresses the questions on a monthly basis. In 2014, a generic survey was given to the RMV residents; Michele has since shifted to a 5-point scoring system and noted the scoring differences to the Board.

RMV - Michele complimented John Nelson for being prompt and providing excellent customer service. She noted response to the question related to nurse responsiveness has shifted –resident's in RMV perceive Michele as less available due to her change in location to LTCU (she had provided on-site, day-time nursing services at RMV for the past three years). Michele met and discussed this with RMV residents; she also noted that both buildings conduct a Resident Council to address resident questions and concerns each month.

ACU/ED – Shelley F. complimented all of the staff members for their contribution and team effort in implementing Meaningful Use successfully in the ED and IP areas. The EmCare transition is underway with an orientation planned; Shelley is working to ensure that the change occurs as smoothly as possible.

HCAHPS Scores – Shelley noted that at the end of 2014 ED patient satisfaction average was 90.9%; in 2015 it was 89.6%; however, IP scores in 2014 were 88.3% and now 90.5%. For the rolling 90 day period, IP satisfaction scores were 94.4% and 85.2% for ED. This is slightly lower and will be addressed specific to the indicated areas of concern.

Shelley will focus on the "Likelihood to Recommend" question in 2016 for both IP and ED, as she feels this is an important indication of patient satisfaction. Similar to the lab and radiology departments, surgery conducted their own departmental specific survey, which resulted in a satisfaction rate of 95-96% for the year. Overall, patients are very pleased with our surgical services.

Readmissions goal - was set at 5% and year-to-date is 4.9% Shelley noted that our scores are relatively lower as compared to our industry peers. The discharge planning team will continue to work on strategies to reduce readmissions. Shelley noted that readmissions are counted regardless of the return diagnosis (even if not the same) in a 30-day period. Shelley anticipates that Emcare will bring addition measurements to combine with our quality and patient satisfaction indicators.

Heidi added that <60 minute transfer time for AMI cases has been added to the scorecard.

An overall improvement of 2% on the ACU/IP 2014-15 is attributed to the hard work and diligence of the patient satisfaction/quality team that meets bi-monthly. There was significant improvement in noise reduction on the acute care unit following the installation of a sound monitor. At mid-year there was indication that meal service had improved; Heidi complimented Sue Calvert and the dietary quality team for their efforts to increase patient satisfaction. Heidi also noted that she is very pleased with the progress of the quality team in reducing the readmissions rate. As mentioned last month, individual readmissions are reviewed by the team to identify causes.

Although patient appointments have been difficult to schedule in the clinics, the overall health indicators of the diabetic population in the community has not been compromised. Heidi noted if this was an indicator required to be reported at the State level, we would not have seen any fallout.

The Commissioners thank Heidi and the Directors for their reports. Commissioner Garrett asked when the Safety Committee plans to present their annual report to the Board. Nancy Shaw indicated that they plan to provide that presentation next month.

SUPERINTENDENT REPORT

Tom W. complimented all staff members for our progress and many signs of improvement on the QA/PI data. The core measures will be updated to be included in the value based purchasing and ACO metrics in 2016. He reported on the following topics:

Clinic Project – The construction project is on schedule and Tom anticipates that the large laminated beams (wood beams in the entry) will start going up this week.

Adjacent Properties – Tom W. tendered a $65,000 offer (accepted) on a house located on two adjacent lots to our new clinic parking area [210 N. Fea St.]. These properties will be useful for parking/snow removal. Closing is tentatively scheduled for Jan. 31, 2016.

Residential Care/ALF Bond Proposal – Tom will prepare an updated ballot resolution for the Board to review prior to submitting to the County a proposition to run a capital/bond levy to build a new assisted living facility on the April 28, 2016 ballot.

RMACO - we were awarded the grant to start the Rocky Mountain ACO and will be joining four Washington and five Colorado hospitals to build a "value based" systems of care. Our primary goal is to learn the business of care coordination / integrated care under the ACO guidelines and to start to measure outcomes data (quality metrics) and receive cost data on our Medicare population. The goal is to identify opportunities for care management and to become literate on the actual functioning of an Accountable Care Organization.

Pend Oreille Health Coalition - the work of the Coalition (POHC) has progressed. Tom reported the group is considering development of a 501(c)3 Corp. and has drafted Articles and Bylaws for review. He plans to present information at Finance committee to address the dilemma of the POHC contracting (or receiving grants) as a collective entity across the care delivery system.

EMCare – will be onboarding new ED providers who will effectively be "care partners" with our physician group. Tom is reviewing curriculum vitaes and noted there have been some good candidates thus far. The group has formed the "Pend Oreille River Emergency Physicians, LLC" to operate the practice. Tom noted that the process will take time (six to nine months) to find four (core long-term) providers. Our providers and nursing staff will do all in their power to ensure a smooth transition process. It is essential that this transition is made in order to recruit provider to our clinics.

MD Recruiting: Tom W. explained that following the changes/updates (ED switch) to our opening advertised on the NHSC website, we received four inquiries from family practice MD's (all available next year) who have expressed interest in a clinic position. A husband/wife team (MD's) from Minnesota is available in July and a DO candidate from Michigan is available in October. An OB Fellow from Spokane is also interested. He noted he has no idea if new interest is due to the change in our ED model or is just a coincidence based upon new graduates entering the queue.

Kim noted that our clinics have been recertified for the HRSA Federal loan repayment program. Physicians, nurses, pharmacists, and psychiatrists are eligible to apply for student loan reimbursement – this is a very powerful recruiting tool. Every provider on staff at NHHS has taken advantage of this program over the years.

Professional Liability Risk Pool: Work continues to form a shared risk pool for professional liability coverage; an analysis/presentation to CEO's on the program is scheduled for January 2016. The target is to give members the option to go live as early as the April 1, 2016, renewal dates. Tom explained the plan outline is to create a functional, shared risk pool using Physician's Insurance as the carrier/fiscal intermediary for administration, risk management, and educational programs. The pool will be funded by member facilities (at risk), with reinsurance purchased thru PI (at a group rate) eliminating the need to create a new entity (defined pool) via the Insurance Commission. This "reverse pool" allows the group to establish itself, accept risk, and transition to independence without forming a new entity at inception.

Club Energy Benefit: Annual renewal. It was noted that 114 employees currently pay the $10 benefit recognition fee. In 2016, the Club plans to keep the facility open 24/7 and will require employees to purchase an access card for a nominal fee ($3) to be paid by the employee. The club dues cover all employees as a District benefit. Tom reminded everyone that benefit eligible employees have an option to attend any fitness club, provided they attend a specified amount of times per month (six) and provide proof of dues/attendance for reimbursement.

Executive Session – Tom W. will discuss personnel issues during the Executive session of the meeting.

ACTION ITEM AGENDA

2016 Commissioner Assignments/Nominations Following discussion, a motion made, seconded and passed unanimously approved the 2016 Commissioner Board nominations:

Chairperson: Lois Robertson;
Vice Chairperson: Thomas Garrett;
Secretary: Terry Zakar.

Committee appointments:

Personnel: Thomas Garrett, Terry Zakar (secondary)
Finance: Lynnette Elswick, Ray King (secondary)
Medical Staff: Lois Robertson, Ray King (secondary)
Capital: Ray King, Thomas Garrett (secondary)
Compliance: Lynnette Elswick
Marketing: Ray King
QA/PI: Terry Zakar
Insurance: Thomas Garrett

All appointments are effective immediately.

Observance of 2016 District "Legal Holidays." A motion made, seconded and passed adopted Resolution No. 2015-10 listing the six observed legal holidays.

Set 2016 Retirement Plan Match. The retirement plan document allows for Board discretionary authority to change the employer match - currently a dollar-for-dollar match up to 6% of salary deferred. The recommendation of the Joint Personnel/Finance Committee is to leave the retirement plan match unchanged. A motion made, seconded and passed unanimously approved the 2016 employer retirement plan match of up to 6% of employee deferred compensation.

2016 Operating & Capital Budgets. Kim Manus explained Resolution 2015-11 revises the 2016 annual budget approved last month. There were some minor changes to Priority 1 capital purchases and total FTE requests. Kim recapped total expenditures and explained how 340B funding is integrated into the operating budget at a net amount of $1.2M; though, Kim anticipates $1.6M in funds will actually be received in 2016 under the program. Kim noted glitches in the 340B IT data flow under the system have now been resolved and we will monitor the program closely. In order for the District to receive 340B pricing a eligible patient visit must occur at least once a year. As wellness checks are scheduled and provided in accordance with ACA guidelines, the Districtt will have the opportunity to increase the number of patients meeting the 340B program criteria.

Inpatient Revenue – a 6% increase was applied with the exception of RCS – where no rate increase was budgeted. Kim included an outline of anticipated service growth (also incorporated into the 6% increase). Kim noted the budget changes: 5% for swing beds and a slight increase in ACU observations, noting that the physicians in the ED would be more likely to admit vs. transfer. A 5% increase was made for ED services under the new physician model and likelihood that more patients would use the service. A 900 visit increase was factored for FHCN as we anticipate hiring a new provider in August 2016.

Emergency room physician revenue (approx. $1.8M) is no longer included in gross revenue. Kim noted that the collection percentage for the ED (under the PA-C model) was reduced by 15%; therefore, actual collections on ED professional fees equated to .32 on the dollar. Although we have a reduction in gross revenue, there was a gain in contractual adjustments due to the change in provider billing/cost capture. Kim discussed the Medicare payment methodology for the ED PA-C's and explained that most of the ED professional salaries were disallowed by Medicare. By "purchasing" the ED physician services, Medicare will allow all cost affiliated and we will no longer

need to establish "availability" time on the Cost Report. We will see approximately $707,000 in net allowable cost. Kim, ran the new scenario through our 2014 Cost Report . The realized savings under the new model would have resulted in $103,000 more for our Medicare cost settlement. Medicaid settlements are calculated from the Medicare cost report and savings will be a similar amount.

FTE's/Salaries/Wages – an analysis of FTE's (by dept.) for 2012-16 was presented. There was an increase of six FTE's in the 2016 budget: one clinical resource in Quality/Education; an MA position and two population health nurses were budgeted in the clinic in anticipation of ACO services [Kim noted that grant funding (expected) to offset these expenses was not included in the budget]. An FTE was included in RCS activities due to the increase in census at both facilities; an assistant for the Foundation department was approved to allow Jenny Smith additional time to do community outreach and to coordinate efforts of the Pend Oreille Health Coalition; and hours were increased slightly in the Health Information department to assist with file scanning.

Wage increase: A base increase of 1.5% was included for non-contract and nursing staff. Additional funds were approved to cover the ED transition and provide incentive and flexibility to the providers in moving to value based purchasing. Non-contract staff incentive compensation will be accrued in an amount of $800 per FTE (Note: this is not guaranteed, it just keeps us from potentially taking a big hit in Dec. each year). After reviewing the annual Milliman survey, Joseph recommended an increase of approx. $130K in premium pay adjustments for non-contract staff – which had not been increased for seven years. Additional Milliman survey market based adjustments totaled $207,000. All in, salaries, benefits and prof. fees were in line with 2015 – and account for 76.1% of budget expenses. Note: there was a 0.5% increase in our overall benefit ratio (as a % of salaries).

Kim included a $3M loan for clinic construction (borrowed in March) on a 7-year note. Mountain West Bank offered to loan the funds at a rate of 3.29% based upon the District's cash collateral, an LTGO bond is also an option of consideration.

Cash flow: Kim reviewed the net patient service and other operating revenues and expenses. Net income from all sources is $745,653, adding back depreciation and deducting Priority 1 capital items and 2016 principal payments results in annual net cash flow of $190,000.

Priority 1 Capital budget: was provided in the amount of $1,238,661, which included a CT scanner and ultrasound machine. Kim noted that those purchases would not be anticipated until Q3, 2016. Leif Furman addressed the group and explained some of the benefits of the CT unit: it delivers a 70% lower radiation dose (patient safety); improved head CT time - the new unit reformats the images 30x faster than our current machine – which is good because our CT volumes were up in 2015; improved image quality and clarity - especially for patients with metal prosthetics; and a dose tracking feature.

Leif noted that as a Critical Access Hospital, we are not currently required to track radiation dosing; however, it is expected that this will be required by the State in 2016. Leif anticipates that patients will be more apt to undergo CT testing based upon the safety factors. The new unit is a 40-slice CT and offers a wider diameter image; our existing machine is 16-slice. Leif noted that CT scans do not replace MRI; but can be used safely for patients with pacemakers. It is anticipated that we will receive $39,000 trade-in value for our current scanner and $7,000 trade-in for the ultrasound machine.

Other capital items included an increase computer access for providers by using tablets. A new nurse call system was budgeted at $45,000 in 2015; the current system is outdated, does not meet code and is beyond repair due to a lack of parts. The system was not purchased in 2015l the proposed new system would integrate to the ED and OB departments and improve quality of care. The amount budgeted in 2016 for the integrated system is $80,000 Voice recognition software is included in the budget, is cloud-based vs. a software product. Commissioner Elswick questioned whether the "square" credit card scanner has been considered; Kim noted that the budgeted scanners are encrypted under a Federal law requirement. Kim stated that Trina would look into the options. Commissioner King requested an 18-mos. update on our OR project. Shelley F. has received very positive feedback from the patients and public, noting it is a much safer and professional environment, with the relocation of post-op recovery. Volumes were up (ortho) in 2014-15, but tailed off a bit in the latter half of 2015, due to referral patterns changes (also ortho). A tour will be scheduled for interested Commissioners.

Resolution No. 2015-11, Final 2016- Operating & Priority 1 Capital Budget. A motion made, seconded and passed unanimously to rescind Resolution No. 2015-08 and adopt Resolution 2015-11 to approve the Operating and Capital Budget (Priority 1) expenditures for 2016.

Resolution No. 2015-12, 2015 Budget Amendment Operating Expenditures. A motion made, seconded and passed unanimously to rescind Resolution No. 2014-10 and adopt Resolution 2015-12, revising the 2015 operating/capital budget to reflect projected 2015 operating/capital expenditures.

Placeholders for Future Meeting:

The annual Safety Committee review and update, reauthorization of the District Corporate Compliance Plan, the 2016 non-contract staff compensation plan update, ALF Bond Resolution and CEO contract renewal will be discussed during future meetings.

OTHER BUSINESS:

Kim invited the members of the Board to the State Auditor entrance conference directly following the meeting. The exit conference will be scheduled at a later date in January or February.

Tom announced that the Iron Sommelier entrée taste-testing will occur at River Mountain Village at 3:00 pm.

Shelley F. extended an invitation to a memorial service for Ginny Monroe on January 9. Ginny had expressed a desire to volunteer at the Vanessa Behan Crisis Nursery; for those interested, Chris Wagar will be collect donations through the first week of January for NHHS in Ginny's memory.

Shelley extended her thanks to Kim, the accounting team and the Finance Committee for their efforts in publishing the budget.

The State of Reform conference will occur January 2016 in Seattle, WA. Tom invited the Board members to attend. The annual Rural Health Conference is scheduled for March 15-17, 2016.

EXECUTIVE SESSION

As permitted by RCW 41.05, the meeting was moved to Executive Session at 2:50 pm for approximately 20 minutes to discuss personnel and credentialing matters.

RETURN TO OPEN SESSION

The Commission returned to Open Session at approximately 3:05 pm.

Per the recommendation of the Medical Staff Executive Committee, the Board of Commissioners approved the following privileges by a motion made, seconded and passed unanimously:

Appointments:

Active Status:
Angelika Kraus, MD
Geoffry Jones, MD

Courtesy Status
Robert Arnett, MD – Radiology
Shaun Joshi, MD – Nephrology
Kevin Dow, DPM

Affiliate Status
Keith Bell, PA-C
Christopher Buscher, PA-C
Ryan Wilson, PA-C – Emergency Medicine

NEXT MEETING DATE

The next regular meeting of the Commission will occur on Thursday, January 28, 2015 at 12:30 pm.

ADJOURNMENT

There being no further business, the meeting adjourned at 3:07 pm.

Minutes recorded by Nancy J. Shaw, Administrative Assistant and Tom Wilbur, CEO.

Lois Robertson, President
Board of Commissioners

Thomas Garrett
Board of Commissioners