

Sublette County Hospital District Board Meeting Minutes
October 26th at 5:30pm
Marbleton Town Hall

Board Members in Attendance

Tonia Hoffman – Board Chair
Jamison Ziegler – Vice Chair
Kenda Tanner – Secretary / Treasurer
Wendy Boman – Trustee
Dave Bell – Trustee

5:30pm: Future Governance Responsibilities – Part 3: TBD

We got the report back from DZA (the financial study company we contracted) and Dave, Michelle, Kelli and Mike are going to get together and determine what additional things the SCHD would have to do to get to a Rural Health Clinic (RHC) designation. What does it mean in terms of operation to get to Rural Health Clinic status? The report showed that it is more financially viable, but it didn't consider what it will cost us as an organization to get that income. For example, we don't want to spend \$500,000 to get \$300,000 back. When we come back to the board with a recommendation about whether we should pursue the RHC designation, we want to have done our homework so you can have confidence in the decision that we would be asking you to make.

Medicare recognizes four different types of clinic payment methods. One is a Provider based clinic, which is connected to a CAH status. Then there is Provider based Rural Health Clinic, which is also connected to a CAH. The third one is a freestanding Rural Health Clinic. And the fourth is just a freestanding Clinic. This is the comment DZA made – “unless the District formally adopts a different payment method, the Clinics will continue to be reimbursed under the freestanding clinic methodology, which is the lowest reimbursement of the four clinic types.” For this Clinic type, the reimbursement is determined by Medicare / Medicaid physician fee schedules. That's where we are right now: just a freestanding Clinic. Which is the lowest reimbursement that Medicare offers. So, we want to go through this exercise and pursue better options. This is based on information from the national Office of Rural Health that we met with about 6 months ago. They were very optimistic about our potential going to RHC status. DZA is not quite as optimistic (in terms of the financial gain) but still very optimistic that it is the right way forward for us.

There are certain things you have to do to get the RHC designation. The first requirement is the location. Must be located in a rural area, with small population and medically underserved. The Governor can also designate the area as underserved. These are combined to make a High Professional Shortage Area (HIPSA) score. Sublette County has the highest HIPSA score (which shows lack of services) in the state of Wyoming, which would qualify us as an area that could achieve RHC status.

Beyond the HIPSA score, a RHC must employ mid-level providers and they have to be available to see patients at least 50% of the time that the clinic is open. We meet that easily. Third, the clinic must be able to provide six specific lab tests on site, of which we do 5 already and may have to adjust how we do primary culturing. Fourth, the services must predominantly be for the purpose of offering primary care. Fifth, there is a sliding fee schedule required, which we don't have yet, but could. This could turn out to be important for us. It's not a requirement, but if we want to get involved in the national health service corps,

we have to have a sliding fee schedule. This means that if we recruit a doctor that has student loans, if they will sign a certain length of contract then the national service corps will pay off their loans. That would be a good recruiting tool. Finally, there is a cost reporting requirement that we don't have today. But we will have that with the hospital. So, if we pursue the RHC designation prior to having the CAH built, we will get used to doing a cost report. Soon it will soon become second nature to us.

It's important to know that this isn't an additional cost to the patient. It's just an improvement in how Medicare and Medicaid reimburse us for these services. It was developed for rural America, so that rural Americans have better access to healthcare. We know without this designation, it would be more difficult to run a rural clinic, because rural facilities have so little volume. The community can only support so many visits, which affects revenue. The phone companies solve this with a universal service charge. All that money from that small fee that is added to every bill goes into a big pot in Washington DC and then the small rural phone service gets a larger part of that funding that a client in a large city. Because it's easier to provide phone service to dozens of people in an apartment building than it is to provide service to that lone person at the end of a long road. It's the same with healthcare.

We are talking about ways to increase reimbursement for rural healthcare. Wyoming Medicaid is a part of this too, and our opportunities for increased reimbursement come mostly from Medicaid. Medicare is also a little better, but the real value is in Medicaid.

There are a couple of downsides. These include that nurse visits are not billable with an RHC status. Supplies and pharmaceuticals cannot be an additional charge, but must be included in the visit. For example, if you go for a flu shot, you don't pay for the vaccine. So there are a few changes. This is why Dave, Kelli, Michelle and I should get together and look into the weeds. Diagnostic services are outside of the inclusive rate. Medicare deductibles and coinsurance applies, so the patient will have to pay their deductible. We won't be able to waive the co-pay. But we charge co-pays now, so that won't be a change for our patients.

The advantages are they may be cost based for Medicare. How much does it cost to deliver this care, and then our reimbursement structure goes up and down depending on our costs. That is "cost based reimbursement". So if in 2022, it took X dollars to deliver care to a patient, including the lights, internet, computers, staff, facility, etc. Then we submit that in our cost report and Medicare adjusts our payment to reflect that cost. It is SO much different than a standalone clinic, because a cost based reimbursement structure gives you an advantage. Providers and Mid levels are paid the same amount for a visit. There's not a higher charge for a doctor visit versus a PA or NP. You can register for student loan repayment for your providers. And MIPS reporting is not required in an RHC. 65% of unpaid Medicaid deductibles and coinsurance are reimbursed, so if you don't collect deductibles and coinsurance, you get that back.

Disadvantages: you are subject to productivity standards, so providers must see a certain number of patients per day. There are periodic surveys but CMS, so the Wyoming Department of Health will come do a survey every three years. However, our clinics are nice enough and we are up to standard, so that isn't a problem. You cannot bill for high end drugs or supplies. You have to have a certain HISPA score. You have to have midlevel providers available a certain percentage of time that you are open.

Finally, you are held to a per visit limit on reimbursement. Let me use round numbers to give an example. I don't have the exact numbers, but these are close. In 2018 RHC's were reimbursed at \$75 a visit, then in 2019 it went up to \$82 a visit and in 2020 it was \$102 a visit. Now in 2021 it is up to \$120 a visit. The federal government has increased the reimbursements steadily in rural healthcare reimbursements, because they can see more needs to be done to support rural healthcare. So those RHC reimbursements are going up, and it's heading towards \$140 per visit over time. As long as we maintain our RHC status, those reimbursements should improve every year. And again, it's not an additional charge to the patient. It's just better reimbursement for the Hospital District.

Wendy asked if South Lincoln has the RHC designation, and Mike answered that they do in the Evanston Clinic. DZA reports that they were being as conservative as they can be, and it looks like the Pinedale Clinic would gain \$100,000 a year in net bottom line and the Marbleton Clinic would gain \$50,000 a year in net bottom line. When the Rural Health Foundation gave us the info, they thought it would be \$1 million per year to the net bottom line. We will need to decide if we pursue this and the costs, OR wait for the CAH designation, which will make the clinics an extension of the hospital and also improve our reimbursement as provider-based reimbursement. IF we do go to RHC, we can still do the provider-based reimbursement. So, we aren't boxing ourselves in. Tonia asked if they make the recommendation, and the board approved it, how long would it take to get going. Mike thought 6 to 8 months. We would need to make sure the billing department was ready to handle it.

Meeting Call to Order 6:01 p.m.

Pledge of Allegiance

Set Agenda Dave motioned and Wendy seconded to set the agenda. Motion passed unanimously.

Department Reports: *Administrator's Report: Dave Doorn/Mike Hunsaker*

(Nursing, Lab, Radiology, EMS, Business office, PR, Grants and Medical Directors' reports)

EMS is continuing education. They are starting an EMT basic course in January, which is a big deal. There is a grant from BOCES that is helping cover the costs. We have ambulances at all the football games. Finally, Bill is working on a Community EMS program, which is starting to grow. The state EMS office has hired the Paramedic Foundation to see if a Community EMS program will work in Sublette County. It's similar to home health, but different. If someone has had a hospital stay and needs to be checked every few days or have blood work, then a trained paramedic can visit them at home and do those things that are needed. The Foundation will be here next week meeting with community partners. It helps with readmission fines, because if you readmit a patient within 30 days for the same complaint, you are fined as a hospital. It will help the providers extend care. Tonia asked if it is a billed service and it is with Medicaid and some private insurances. It's growing and will be covered by more and more providers. So it may cost us money to start, but if we save in fines for readmission then we might end up ahead. The Paramedic Foundation is looking for holes in our healthcare and we know hospice and home health are hard to find in Sublette County. They are trying to help. Dave Bell asked if we had more home health staff would we still need this. Bill answered that we aren't trying to compete with home health, but more supplement where needed. Wendy asked if it was for more acute care. Bill said yes, to some extent. Details are still being worked out, but figuring out if Sublette County needs this service is the first step. Wendy asked if we have the staff, and right now Bill has five people that are wanting to take the class. They won't offer the Community EMS service for free. For example, if a Community EMS comes on Monday, they would go do their five patients and if the first ambulance in Pinedale got called out, then they would return to cover the second ambulance crew. Bill and Sue could be used to fill gaps. Tonia asked if it's a state pilot program and Bill said that it exists nationwide, but the state is sponsoring the Paramedic Foundation looking into it. The state will have to endorse us doing it. It's being used nationwide in rural communities. Wendy asked if staff from Sublette Center could participate. Bill says it has to be an endorsement on your state EMS certificate, so it's probably just for EMS. Our providers already have patients they want to recommend for this Community EMS program for care.

Dawn Walker of Sublette Center added that the existing home health services do a great job, but they can't handle the volume.

Dave continued that lab is seeing shortages in supplies and a small rise in COVID. The Med Tech students went to St. John's to observe a microbiology lab, and learn to read manual differentials. The program is going well. Vicky reports nursing is busy. Numbers are down but the acuity has increased. Vicky serves on the Governor's EMS panel. Medical Assistant Week was last week, and Vicky wants to thank our MA's who are an integral part of the nursing team: Rose Scobey, Brandi Kluck and Melissa Furlong are our MA's. Dr. Lemon came and provided a trauma review. He is impressed with our quality of care of traumas. Molly and Vicky went to the Intermountain Health conference in Utah.

Radiology reports that Sara is training so we'll have two techs. Karen Noble received rave reviews from Dr. Gonzalez at Star Valley Health about the quality of her echocardiograms. Ultrasounds have already surpassed all of last year. We are doing more than ever. There is a CT contrast shortage, which isn't our fault. It's a nationwide problem.

PR focused on promoting Dr. Hastey in Marbleton to increase his patient load. Also applied to the Community Star award for the national rural health office and we won! We will be the 2022 Community Star for the state of Wyoming on Nov 17th, which is National Rural Health day. We got the first batch of patient satisfaction surveys from Press Ganey and they are loaded on Board Docs. We are at 80% positive, 9% negative and the remaining 11% neutral or vague. All three modules (Pinedale Clinic, Marbleton Clinic, Emergency Department) got about the same scores.

SLIB board meeting for the \$10 million grant is moved to Nov 9th. If they have to continue, it will go into Nov 16th. For ARPA Capital Construction we applied for \$500,000 for the Marbleton Clinic. No word yet on when they will hear those grants. The \$10 million EMS Regionalization grant has opened and we are going to offer a regional EMT class starting in January, and write

a grant asking for an equipment update for the class, including mannequins, IV arms, trainer airway heads and more. Pending ARPA grants are \$10 million for healthcare stabilization and others.

FEMA – we received \$43,000 for the last quarter and have a \$63,000 award coming.

Dr. Burnett reports that he continues chart reviews with Vicky Marshall and Cori Anderson, where they reviewed one chart per provider centered around pain management. They are also looking at recently established guidelines in regards to both pain management AND diabetes.

Dr. Wallace had a trauma review with Dr. Lemon from EIRMC. Also had a mock tele-stroke call to stay current on our stroke procedure. We have the same with EIRMC for tele-psych services. Held an in-service on pigtales, which are replacing the old chest tubes. And did an interview with Dr. Bryan Feinstein who is a flight medic and interested in possibly coming to work in our ER.

Dave is focused on Provider recruitment. We are talking with two family practice MD's. We interviewed one today who will be ready to go to work in July. He has an interesting military medic background and served two tours in Iraq. We think he would be a good fit. Also continuing to talk to Juli Forrester about working here. She's currently doing two days a week.

Public Health is moved and open. The only piece left is to provide additional parking. The Town code requires 16 additional parking spots. Hoping to have the concrete poured by the end of the week. And our Billing Department is moved into two Sublette Center apartments we are renting. Thank you to Dawn for allowing us to rent these. Tonia and Dave are headed to the consortium meeting in Jackson this weekend. Finally, Dave went to a meeting in Utah, and U of U is interested in providing the new EPIC modules that we will need for the hospital.

We have a new visiting provider, Jackson Pediatrics. Dr. Hertzog is coming down every other week. We're excited to have him and offer this new service. We are also looking to have Dr. Gonzalez, Cardiologist from Star Valley Health become a visiting provider as Dr. Mullen with St. John's is no longer travelling. Finally, we got the roof repaired in Pinedale.

Finally, Dave wants to thank Wendy for her service. This will be her last board meeting before the election, and we appreciate everything she has done for the district and healthcare in our county.

Bill wanted to add that Dr. Lemon from EIRMC couldn't say enough good things about how our patients arrive in EIRMC and what we are able to accomplish with few resources. Mike added that when Dr. Gonzalez comes in November to see about being a visiting provider, a General Surgeon will also come and see about possibly becoming a visiting provider who could provide colonoscopies (which we have lost as Dr. Parrack is moving to South Carolina). They will also bring a sleep lab provider that has capacity to offer services to Sublette County, as our providers are indicating that there is a need.

Tonia thanked Dave and Kari for their hard work in getting Public Health moved. It's a nice building and it turned out great. Tonia also thanked Dawn and her board for allowing us access to that building. Tonia also asked if Juli Forrester was seeing a number of pediatric patients and Dave reports that she is. He said they are working on getting her to stay.

Committee Reports:

Finance Committee-Kenda Tanner/Dave Bell - Our Oct 19th meeting was interesting as each month takes a different tone. He won't unpack every item in the list, but stats are average. They show that numbers are down from a year ago, but that's due to a COVID spike in Sept 2021, so nothing alarming. In the income there is a \$38,000 loss for the month thanks to a \$400,000 tax payment. We had a \$33,000 capital contribution for the CAH, so the overall month is flat. We had a pretty good hit to cash flow, of \$493,000 negative number on cash flow. And some of that is timing with Billing, but we want to keep an eye on it. We are expecting a large tax payment in November (a couple million dollars) and so we will be all right the cash flow.

We will be looking to a revised budget in December to see if we need to make any adjustments. Part of this process is valuing the assets that the County deeded over to the District. Michelle is looking for ways to value this. We are expecting that by December, the balance sheet will be more robust with \$30 million in assets that the County deeded to us. Michelle has also been reminding Leo Riley that we want our audit report in December. The Committee will also like to bring an RFP for an auditor to the November meeting, but not release the RFP until January. That will give Leo Riley time to present in December. Michelle reminded us that we need to spend the rest of the HRSA monies by the end of the year. Qualified expenses have already occurred, including utilities and such. Dave would move that we spend the HRSA monies on qualified expenses. Kenda seconded. Motion passed unanimously.

The next discussion was on Greater Lending. USDA is going to require that we hire Greater Lending to review invoices that come in for construction. It's part of the USDA deal. We can't change it. It's going to cost us about \$25,000. It's a process that USDA has implemented to assure everything is being adequately reviewed. Lena and Abbi added that there might be some other parties involved now, including one called Tetra Tech. Mike added that Tetra Tech has a clause that requires Layton Construction to sign a contract with them, but Layton refused that they don't have business with Tetra Tech. They have no skin in that game. They felt it should be between Greater Lending and the Hospital District. We agree that the contractor doesn't need to sign that. Greater Lending came back and said if that is at an impasse, they have another company called Partners that doesn't require Layton to sign the Agreement. Rather than fighting the Tetra Tech battle, perhaps Layton is a better way to go. Lena and Abbi will need time to review the Partners agreement, which is \$36,000. Lena added that Partners is a fixed number, while Tetra Tech is a moving number.

Dave said that in order not to hold up the closing, that pending Lena's review that we approve entering into an agreement with Partners. Kenda seconded. Jamison asked if it is third party oversight on the project, and Lena confirmed that is all it is. Jamison understood why the contractor didn't want to sign it. Dave Doorn mentioned that the protection with Partners will be better, as it's a fixed number and there won't be overages. Motion passed unanimously.

USDA interest rates have increased to 4.25% and we locked in 2.5%. We dodged that bullet by the skin of our teeth.

Project status: Dave Bell noted that since we don't have a Merger Agreement signed, we need to start to look at how we get started on some smaller things such as moving the irrigation ditch for \$80,000 and doing the asbestos abatement which is \$30,000. Those two were always our own expenses, as they weren't part of the USDA application. We also need to talk about how to demo the old Public Health Building, which is about \$200,000. But we don't have the merge agreement, so we can't submit expenses. The Committee is recommending that we spend the \$30,000 and the \$80,000 and \$200,000. Layton said that we can do the utility cap off later in the Spring. The \$200,000 is part of the USDA project, and is reimbursable. We've been needing to do this for a while, but without the merger we didn't have a transfer agreement so we didn't own the land. Now that we have the transfer agreement, we can proceed. Jamison moved to spend \$310,000 on the moving the irrigation ditch, asbestos abatement and demolishing the old public health building. Kenda seconded. Motion passed unanimously.

Dr. Burnett asked about the no-dig rule with the Town of Pinedale in July and Tonia reported it's all taken care of.

Dave Bell visited Public Health and the facilities are in good order. It's a nice facility. We have received donations for the Sublette County Health Foundation, and need to get them into an account. Tonia reports that the monies are in an account.

Building Committee- Jamison Ziegler/Tonia Hoffman The USDA has approved an early start to get the projects mentioned earlier moving. The goal is a GMP by the first week of November. We are looking to close the USDA loan in mid December. We won't have to wait terribly long to start getting reimbursed by the USDA for expenses already spent. Abbi has reviewed the Layton contract. After we approve it, the contract goes to the USDA and Justin will have to decide if he can just sign it. Abbi added that we are trying to incorporate all USDA proposed changes and it is word for word what the USDA requested. We are hoping to avoid the last USDA legal review, which could bog it down for another 30 days. Dave Doorn added that we have selected Nov 2nd as a day for contractors to walk through the old public health building and make offers on anything that they want. We know we have people interested in the breaker boxes, doors, etc. Dave Bell said that's a great idea to offer to let the community salvage it.

Merger Committee-Merger Status Update -Tonia Hoffman/Kenda Tanner The draft merge agreement has been submitted to the Sublette Center attorney with some suggested revisions. We are waiting to hear if their attorney or board accept those changes. Kenda said that their Sublette Center attorney has had it for a couple of weeks. Lena said that there is a meeting on Tuesday to talk through it. It's 32 pages and quite extensive. We sent it to the Sublette Center two weeks ago, and got an email on Monday that their attorney had just gotten to it. Our lawyers are pushing as hard as possible to get it done. Our revisions are reasonable and can be explained. We all want to get this wrapped up quickly.

Quality Committee-Wendy Boman – The Quality Committee met and is working on establishing sub committees that will work to stabilize and improve primary care. We also discussed how to increase access to pediatric care. The first Press Ganey surveys came back and comments are about 80% positive and 9% negative with the other 11% being neutral or vague. We are also doing training on IT Security in order to keep our network safe. The External Chart review is going well and we continue to review charts. Sharon is leading the charge on developing Policies and we agreed to use Chartis. Phone notes for follow ups in the ER are now mandatory, which helps provide continuity of care.

Wendy wanted to add that the last six years have been a roller coaster ride, but we are in a better place and we have a staff that is superb. Dave has really worked to improve things. With Dave and the staff, they have taken on extra work and gone above and beyond to improve the organization. Adding Dr. Burnett and Dr. Wallace has been incredible and Kari has been such a force. And Dawn Walker is like no other. And what would we do without Mike? He's been teaching us and guiding us and leading us. We couldn't ask for a better partner. Between us and Star Valley, Mike has two jobs. Who else would be crazy enough to drive over here and then drive back? And this board . . . these four. And Tonia. And everyone involved with this process. It's been a bit of a ride, but we are getting there. Wendy wants to thank everyone involved. The County residents couldn't be in better hands for a leadership board.

Tonia thanked Wendy for her service and let her know she will be missed. She's done so much.

New Business

- USDA – Greater Lending / Financing – covered above
- Marbleton Services – Eric Boley from the Wyoming Hospital Association called and asked if we would be interested in having CMS do a pilot program with us and Star Valley on this Rural Emergency Hospital. We are waiting to hear back what that really means and if it is worth it to do that rather than a Rural Health Clinic (RHC). The initial look showed that the Rural Emergency Hospital didn't gain us as much as the RHC. But we should also explore this pilot program. Either way, we are looking at getting Emergency Services back in Marbleton.

Tonia asked if we have made contact with the Interim CEO in Kemmerer? Before COVID, we had an agreement with the Kemmerer CEO and Board to staff that clinic. It's stocked and ready to go, but lacking staff. Kemmerer has lost their CEO and hit hard times, but hopefully that is something we could get something going in the future. It's a town of La Barge building that was offered free of charge. The direction we were headed, they would cover 2 days a week and we would do 3 days a week. It would have nurse, lab and a midlevel provider. The previous Kemmerer CEO has committed, but when he left that changed. We would like to see this move forward.

- Public Health update – covered above.
- SLIB Board – The meeting is changed to Nov 9th. Everyone that submitted grants received questions back from the SLIB board. Kari responded to questions this week. Dave Bell reports that we had a great call with Secretary of State Allred, and he was prepared and asked good questions. Senator Dockstader did a wonderful job advocating for us. Dave Bell asked if we want to meet with the Interim Superintendent of Schools. Kari is still trying to confirm if he will be in the SLIB board meeting on Nov 9th. If he is, we want to have a meeting with him over Zoom which Kari will set up. Tonia thanked Kari for pulling together a great deal of information in a very short amount of time.
- Compensation Committee – As we get closer to the merge, there's going to be a lot of work coming up. We've collected the Sublette Center job descriptions and we need to format them to work with our pay scale format. As we move forward, it would be appropriate to form a Compensation Committee to talk through the process. We want to select two people off of our board to be on a Compensation Committee. And a Sublette Center representative. And possibly the Sublette Center HR person, Jean Stetson on that committee. Tonia asked if we made the Merge Committee segue into the Compensation Committee. The board agreed that was a great idea. Dave Doorn has talked to Dawn, and she's on board. We'll let her handle how to select which Sublette Center folks to join. The two SCHD board members would review and approve the job descriptions and take them back to the larger board. Sharon will be part of the Committee, as she handles pay scale. Tonia asked if it would be most simple to have the Merge Committee be the Compensation Committee – since it's similar work. The board agreed, appointing Tonia Hoffman and Kenda Tanner to a Compensation Committee.

Old Business

- Policies – Chartis has submitted a statement of work proposal. We worked with Chartis to put some better definition on the funding that the board has approved to develop policies. We asked Lena to go through that statement and Chartis approved her requests. Now we have a definition on what we will get for the funding and we can't exceed the funding approved. With Lena comfortable with the contract, we would ask for the board's approval of this statement of work. It was helpful that Chartis was willing to add that level of detail on exactly what we are getting. Tonia mentioned that sometimes the board doesn't know how much we need until we see it listed out like that. Dave Bell moved that we approve the statement of work proposal as presented. Wendy seconded. Motion carries unanimously.

Mike added that the person that they will send spent 60 days in Star Valley. She's from Texas, but loves winter. She's excited to return. She's a nurse with an MBA. We are going to get great information from here. Tonia thanked Sharon for stepping up and taking that. Mike said they would like to start the month of November.

- Approval of meeting minutes September 28, 2022 – Dave motioned and Kenda seconded. Motion passed unanimously.
- Approval of Payroll and Bills – Dave motioned to approve payroll and bills in the amount of \$949,703.77. Kenda seconded. Motion carried unanimously.

Public Comment – Dr. Burnett wanted to expand on what Wendy said and wants to commend the roller coaster the last 6 years have been. He wants to thank the amount of help given by everyone, Dave and Mike and particularly this board. He wants to acknowledge that we wouldn't be where we are now without this board's commitment and dedication. You all have taken on a difficult task and risen to the challenge. Thank you in a big way.

Executive Session: *Personnel and Legal* 7:29pm Wendy motioned and Kenda seconded to go into ES.

9:05 pm – Back into regular session.

In regards to the Green River Valley Health Foundation, we have been in discussion for quite some time. They have been supportive of our mission and our efforts to get a hospital in Sublette County. We have been in discussion about what it would look like if we were to join efforts. We had a meeting recently about what that might look like. At this point, we would like to have several members of their board taking position on our new foundation board. And we have an Executive Director position that we will open up for advertising to find someone to run the new foundation.

Dave motioned that we extend an offer of merger to the Green River Valley Health Foundation subject to acceptance of specific terms and conditions. Wendy seconded. Motion passed unanimously.

Adjournment – 9:07pm Dave motioned and Kenda seconded. Motion passed unanimously.

Minutes taken by Kari DeWitt

Tonia Hoffman, Board Chair
_____ Date

Dave Doorn, Administrator
_____ Date