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## Sublette County Hospital District Board Meeting Minutes March 29<sup>th</sup> at 5:30pm – Pinedale, County Building

### Board Members in Attendance

Tonia Hoffman – Board Chair

Jamison Ziegler – Vice Chair

Kenda Tanner – absent

Dave Bell – Treasurer

Ashli Tatro – absent

### **5:30pm:** Board Responsibilities – Mike Hunsaker

There are certain things that are unique about a tax supported Special Hospital District that tend to blur lines between Management and Governance that I think boards need to be aware of. The elected board of the hospital district is supposed to approve the bills against the district. I've witnessed over the years that some board members have a tendency to scrutinize the \$5 transactions. It really gives cause to ask what is the board's responsibility? It is to approve payroll and expenses every month. That is statutory. We had the discussion last month in Star Valley and asked what sort of details should the board be seeing? We have about 50 pages of transactions. If it is in excess of \$20,000 there has to be a board signature on it. We put the highest expenses at the top so the board can see those first, and then it goes down. But when the board is digging into the \$5 charges, we will start to ask is this the best use of your time? The statutory obligation of the board and governance obligation and the obligation of the leadership team to be running the organization. The special hospital district allows for the board to be involved in more details of the organization, for example looking at bank transactions, or credentialing providers or approving a compensation philosophy. They can, for example, look at where the Compensation Committee is coming from and be sure they have done their due diligence.

I see board committee meetings as dress rehearsals for the leadership team. For example, the last couple of months the Finance Committee heard requests about funding for a new ambulance. So, the leadership team has a chance to make a case for purchasing this. It gives the Finance Committee to ask questions, like have you done your research on cost comparisons? Have you explored other options? And this is the leadership team having a chance to make their case and answers questions. Because eventually the Committee will go to the board with their full recommendation. Then the full board can consider the request. Now the Committee can say no, you have more work to do, you need to come back with a better explanation. The ambulance purchase is a really good example. If you remember, a couple of months ago I suggested that Bill come up with a schedule for ambulance replacements. That way we know that we need something this year and then next year we are looking at this other thing. And Bill came back to the next Finance Committee and had a schedule to show we could split the charge across two years, paying part now and carrying part forward to next fiscal year. But Bill presented his whole plan. It's a good thing to have leadership staff and Committee to come to a board meeting prepared with all the information and having asked the important questions.

I'm speaking a lot to the Finance Committee, because a lot of board decisions come out of the Finance Committee. But all the other committees, also do work and listen to information. I had this discussion with Dave Bell and Tonia recently saying that the leadership team would not be doing our jobs if we were asking the board members to do the work. No. That's not why you are on the Committee. We aren't asking you to do the work. You are there to be educated, given information and understand if you believe in whatever the ask is: whether it's credentialing, or a purchase, or compensation, or policies. You are there to hear the information, understand it fully, so that you can go to the full board and make a recommendation. That's committee structure. We aren't asking the board members to do that work. We are asking that you allow us to present the information, so you can support what is being discussed and weigh in.

For a new board member, this will be critical information. For example, Ashli hasn't heard my speech before. If you look at the second paragraph: This structure operates very effectively in hospital organization. It allows board members to learn more about specific areas of the organization and yet still maintain a governance oversight role. And I think it's very important for board members to rotate through committees. That next year when officers are elected on the board, a new chair can appoint board members to committees. It's a good practice to rotate, so that every person gets insight into Finance, and Building Committee, and Compensation committee or whatever committee the board decides they may want to form in the future. It makes for a more knowledgeable board to be able to sit in on those committee meetings. Some are 30 minutes and some are 3 hours, but you really get a lot of work done and learn how "the sausage is made." You learn how the organization functions.

Lastly, I would say the Committee structure provides an important forum for discussion. Because there isn't a quorum of the board there, it's not a public meeting, so you can have really frank and open discussion. A lot of the things needing discussion wouldn't meet the criteria for executive session. So it's a really good place to flesh these things out without being in a public meeting.

The other last thing I would add is the past few weeks, we've had some hiccups as a leadership team, but we are working on something to present to the board for Strategic Planning for next season. I would like to ask (and I know you have families and obligations) but I think it would be key to gather for 3 hours or so, maybe have dinner, and discuss where we are at as an organization. What did we accomplish last year? What are our strengths and weaknesses? Our opportunities and our threats? Cause some of those have changed in the past year. How about we get the snow off the ground (laughter) and gather to talk about things on our mind. We'll come to you with a framework that we feel good about, but the Strategic Plan is the board's plan, so we really want your input.

## **Meeting Call to Order 6:00 p.m.**

### **Pledge of Allegiance**

**Set Agenda** – Dave Doorn that we asked let Karl Lueschow and Jeremy Hobbs go first, before department reports, to make best use of their time. Jaimson moved to set the agenda as amended. Dave seconded. Motion carried unanimously.

### ***Building Committee- Jamison Ziegler/Tonia Hoffman***

Jeremy Hobbs from Layton Construction gave an update on the Value Engineering items. Since last Fall when we solicited bids, a few things have gone up and others went down. For example, structural steel went down, so we realized savings there. We are glad to see the market calming a bit. Things that went up include our standby generator, and some of our switch gears and lighting. We were able to find another manufacturer for the generator that meets our specifications and were able to save \$75,000. We also found an overlooked VE item for about \$150,000 and added that one back in. We feel good where we are at. We still have a few more items that we need to confirm. The big item is the

wood ceilings, to get that credit back for cutting some of the wood ceilings. For the construction budget we are looking really good right now.

Dave Doorn asked how many items are outstanding to check on and Jeremy said three. Those contractors asked for time till tomorrow to complete that.

Karl presented the budget that is balanced, where the uses matches the sources. We have a few items outstanding, which is Medical Equipment planning, Furniture and Nurse Call system. But we feel this should be in the ballpark, because we based the estimates off expert planners. The great news is Jeremy being able to hold the contractors for 6 months and not seeing a bunch of escalation over that time. That's impressive. Karl said the only Source still outstanding is the Medical Equipment Grant, and Dave Doorn can speak to that. We have about 4.9% in the Contingency. As we go into construction, we have a balanced budget. We are realistically looking at late May to start construction.

Dave Bell asked if there were any new Value Engineering changes that were made that we haven't seen? Jeremy answered that there were a few items that people suggested, which were low hanging fruit and they took advantage of. They took the "no brainers" that were mostly switching manufacturers. We are talking about 4 or 5 items that are still potential VE items.

Tonia asked if the weather would affect a late May construction start. Jeremy wants to note he defers to Karl. Karl said that in our part of the country the earliest start date is usually considered April 1, but we know with the snow this year that May 1 is more realistic. And we still need to move the irrigation ditch, which will be the first step. They may push some snow off the ballfields to help the ground thaw. Now moving forward, we are starting a tad later than we wanted (late May, not early May) but they can account for that in the scheduling.

Jamison asked what we have in the budget for winter conditions. Winter is coming already, and he's seen projects get hit with negative temperatures in October. What are the plans for that? Karl answered we have \$100,000 for winter conditions that are in the soft costs (not the construction budget) and then we also have contingency funding. We could shift some of that into Winter Conditions if needed. Jamison and Jeremy both agreed it would be irresponsible not to carry something for it, especially in Pinedale. We also have funding for moisture mitigation funding, to keep the concrete at a certain dryness to prevent the flooring from being affected. We have both winter conditions and moisture prevention. Karl said Layton has done an outstanding job to hold escalation across 6 months to almost nothing. Now we just need to keep our momentum. Dave Bell said he is really impressed and thank you. Jeremy also mentioned that Teletractors has been excellent planning the ditch moving and keeping in contact with the Irrigation District. They have a good plan.

Dave Doorn said that the standard construction loan we had lined up isn't going to happen, due to interest rates going so high. It would have been at 8% interest if we had gone with a traditional loan. So we are looking at short term bonds with a much better interest rate. There are four banks interested in providing those: Municipal, Colliers, Piper Jackson and First Bank. This is bond financing for the two year construction loan. They sell the bonds, we get the money and it goes into an interest bearing account. So we are gaining interest and paying interest. We will need a special meeting, so we can make a decision on this. They are saying they could get the bonds sold by mid-May. Michelle and Dave sent out the information today and they are hoping to have proposals back by Monday. Dave Bell asked if they are proposing splitting it? Dave Doorn confirmed we will pick one. So far, we have the Colliers proposal.

Abbi added that Rick Thompsen, our Bond Counsel has been doing a fantastic job helping keep Sublette County moving the process forward. We may need to adjust our agreement with him, as he is stepping a bit outside. Tonia said to please thank him for helping us understand this obstacle that came forth in the 11<sup>th</sup> hour. Dave said yes, we had had our construction loan lined up for months and months, but the interest rates torpedoed it.

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

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

EMS class is down to 11 people. We started with 18 students. We are still waiting on the grant for the Community EMS students to start their education. The start-up costs are minimal. We have the equipment, just need to get our people trained up. Lindsey has also started doing leadership training with the three EMS leads. And EMS did a standby at Little Jenny Ranch for a skijoring tournament.

Sharon reports that we've added a few tests that the ER physicians were requesting. One helps with the diagnosis of renal failure. We had been sending these tests out and losing the revenue. Now we are keeping them here. In advance of becoming a Hospital, Aaron Donaldson is promoted to Lead Technologist and Jennifer Rowan is promoted to Lead Phlebotomists. Vicky and Kristy travelled to Star Valley to learn more about what is needed to become a hospital. Kayla is moving along with site visits to learn more about radiology equipment. Kayla is working with Star Valley to improve the reading of the echoes.

Public Relations reports that the community support at the Commissioners meeting was fantastic. Continuing roundtable health discussions at Marbleton Senior Center and Rendezvous Pointe. And passing out hundreds of annual reports and getting a good community response.

Grants: Kari reports that we received a \$910,000 grant to replace the HVAC units on both the Marbleton and Pinedale Clinics. This is great news. We are getting the RFP. The total grant funding since July 1, 2022 is almost \$13 million. There is one more shot at ARPA funds. House Bill 195 designated how to spend the last \$124 million in remaining ARPA funds. There is a pot of \$40 million for healthcare infrastructure with \$15 million of that reserved for already funded projects. Jamison asked if that was to help them deal with inflations and Dave confirmed yes it is. That is the pot we might be eligible for.

Business office reports that charges are finally caught up. With the addition of another employee, they will now be able to be stable. They are working with the Front Desk on a possible Ipad registration process. Billing and Laboratory are diving into insurance denials and how to maximize revenue. Our certified coder Dorraine has been meeting with Providers to improve their coding in their charts to be sure we are maximizing revenue for the services provided.

Dr. Burnett has been working with Kathy Donaldson on policies. He's also been meeting with Kristy Bartlett to help launch the Quality department. He's been doing one-on-one mentoring meetings with the Providers. Dr. Wallace reports that March is Head Injury month. He completed a trauma review and is working with the schools on concussion protocols. He's also working with Public Health on having Narcan available in the community. And he's been helping with recruiting.

Dr. Burnett asked if the grant for the Marbleton facility will help it meet the new Emergency Room codes that are coming in 2025. Dave said that we know we must adjust the Marbleton Clinic, and we will use this chance to rebuild some of the duct work. Dr. Burnett followed up asking that the original Marbleton ER remodel was going to be about \$600,000 and now we are expecting it to be about \$1 million. Dr. Burnett asked if that number is accurate. Tonia said we've been discussing getting that out to bid so we have actual numbers on what it would cost.

Mike added that Star Valley has received about \$3 million from the Helmsley Charitable Trust. He said it's very positive that they want to come out here and do a site visit. They will see our CT Scanner and how old it is. Their mission is directly in line with what we are trying to accomplish. Mike really feels positive about the Helmsley Charitable Trust helping with the Radiology equipment.

## **Department Reports: Sublette Center Administrator's Report: Dawn Walker**

Dawn reports that we had a joint board meeting and established our committees. Jason Lund was the Accountant that did our cost report and he will be retained for next year. It tracks medication, falls, etc. They are starting the budget cycle, and are at about \$1.5 million and they want to see that increase as they start to increase staff in preparation for offering a new service line of memory care. It's going to be a separate 10 bed wing, and we need to have a staffing model for that which will be separate from the other 40 beds. Cash on hand is about a year, about 365 days, so we are happy with that. Revenue is less than 10% of what is charged out, and less than 1% is greater than 90 days. We're also very. Expenses coming up are a transport vehicle. Both of ours are at end of life. As well as our scanner and our EKG machine. We use the EKG for telehealth visits, and ours is from the 1990's. We need to get a new one. We have a \$103,000 grant that we will use for this. Our current census is 35. That is no Med A, which means we didn't do any swing bed care last month. That is 18 Medicaid, 15 private and 2 VA. In regards to the building, the roof is leaking on the apartment side. So we are pushing the transport purchase to next month. We are fixing the roof this month. The whole Heritage room is going to require new carpet, cove base and drywall. That's what we are doing right now.

In regards to staffing, we are going to continue with contract labor for nursing, but we have hired one RN who has memory care experience. Our dietary positions have also been filled, so we are happy about that. And what are looking towards the future is to get with both Western Wyoming College and Casper College to do what is called a CNA's level two. This is a Med type certification. There are only two facilities in the state that teach it. One of our employees is also adjunct faculty for Western Wyoming. It gives CNA a training a little more like a nurse might have. Once they get that certification, they can pass scheduled meds (like blood pressure medication). Any medication that requires an evaluation will still require a nurse, but this will allow those CNA's to pass out routine medications like over the counter. You can offload some of that staffing. If Sublette Center chooses to try this, it will be as a pilot project with OHOS as it will be uncharted territory. It's done in 38 states nationwide, but Wyoming hasn't done it much yet. This could be a good opportunity.

Jamison asked if they would consider themselves fully staffed and Dawn said no. They are still using contract labor for direct care nursing and they would like to get away from that. They would need about 1.5 FTE's to do that, and that is without Memory Care. You can't wait till you open the doors to hire people, but you don't want to hire nurses too early either. So they are training up who they currently have and seeing who is going to be a good fit for that model. It's finding the right moments to fill the staffing model for this new service line.

Mike wanted to take a moment to thank Lindsey for her contributions. She's been handed a heavy workload and she's tackling it. She's been making great inroads, and she's finding some challenges, but also finding solutions. It's going to make us a better organization.

## **Committee Reports:**

**Finance Committee-Kenda Tanner/Dave Bell** – Dave Bell reports that the stats are in the board docs. This was a strange month in terms of stats. Total activity in both clinics was down significantly over the same period a year ago. Dave Bell said they didn't have the stats at the meeting, so he wanted to discuss now if Dave Doorn could explain. Dave Doorn said it was almost all lab. A year ago Feb was a big COVID month, and that explains the drops. We were up on scheduled and unscheduled visits in both Pinedale and Marbleton. But the total numbers are off, because we didn't have those COVID labs. They had a zoom call with Leo Riley to talk about the liability assignment they have as a result of the Wyoming retirement fund. It's a balancing item we'll have to live with. \$4 million is our share of the unfunded portion of the Wyoming Retirement, which has an unfunded share of about \$1.5 billion statewide. Of course that balance changes based on what investments are doing and the amount that actuaries are saying is going to be outflowing in terms of retirements. It's a moving target. Dave does believe that Michelle put the handout on board docs. It's 13 pages. They had an interesting discussion with Kelli Lovell about her work in her department that is called Other

Adjustments that affects the income statement. It's something that she generates each month. It's a compilation of uncompensated care, to discounts to returned checks . . . you name it. We learned a lot about the inner workings of the decisions that are made in her department, per policy, that affect how our business runs. The largest liability she highlighted was a \$65,000 charge for turning over uncollected debts to a collection agency. It's an unusually large amount, but hopefully we will see some of that come back next month because it's been collected by the collection agency.

Bill Kluck also attended the meeting. Dave Doorn touched in his report earlier on how Bill's waiting for Community EMS grant funding to train our staff, but we will have more discussion at the end of April. We also discussed how to deal with our aging ambulance fleet. Bill and Michelle came up with a plan to re-chassis some of our ambulances where the chassis is worn out but the box is not. We need action tonight to approve Bill's request to start with the first ambulance for \$100,000.

Finally, February net revenue was \$26,000. Total revenue to date is \$1,483,000 which is 201% of budget. We gotta give an attaboy and attagirl to the staff for really watching expenses. Clearly tax revenues are up, but we aren't going hog wild spending money because our revenues are up. Capital Expenses were about \$65,000 and part of that was for the CAH and some for the clinic remodel putting walls into the ER. Expenses are in proportion to the budget. We don't have any problems. Our numbers are solid. Tax revenue was \$585,000 for Feb. YTD tax revenue is \$6.28 million. For reference, last year's total tax revenue was \$7.6 million. So we are running above budget in terms of tax revenue. We are seeing the benefit of great gas prices and production. Finally, we have booked an Accounts Receivable for the Foundation which is at about \$23,000 for the month we are discussing. Our cash on hand is 258 days. Our goal is 245, so we are doing well. Notable expenses in the check register above \$15,000. Henry Schein is about \$37,000. We are looking at ways to save money on the medical supplies budget. Dave Bell asked if the staff could make a list of what we use and send it out to a few other vendors to get quotes. Mike mentioned there is a buying cooperative out there. Dave asked if we look at this as we are working on the budget for next year. Also of note is \$31,000 from Rocky Mountain Power which is up about \$6,000 in one month. Maybe because it's been colder, but we are also seeing rate increases. In conclusion, the April Finance Committee meeting will be interesting as the staff will present a draft budget. Everyone has been up to their elbows working on the expenses side and the revenue side and the saving side. That is soon to come.

Tonia said she appreciates having a plan around ambulances. She asked if after we get these three rigs rebuilt will that get us by? And Bill answered that would get us by. Two of our rigs are over 200,000, so he wants to start this process and keep better rigs in service. Bill thanked Michelle for her help making the plan.

Dave Bell moved that we commit \$100,000 for ambulance remount with Arrow Ambulances in Iowa. Jamison seconded. Tonia asked what the timeline is, and Bill said right now it's 9-12 months, but it's been going down, so it might be less. Motion carried unanimously.

**Merger Committee-Merger Status Update -Tonia Hoffman/Kenda Tanner** – Nothing to report, except that we've ironed out some of the details. Dave and Ashli as part of the Sub Center Two board, are now cleared by our legal to attend those meetings, even though that will give us a quorum of the elected board. Dave Bell noted that joining this board will be like drinking from a firehose, but they look forward to the process. Lena said they are chipping away at having the CHOW organized. They are meeting with the people that the Department of Health suggested they meet with to get the paperwork submitted.

**Compensation Committee- Tonia Hoffman, Kenda Tanner, Sharon Rutsch** – Tonia said this is another firehose process. She thanked Michelle and Sharon for their work. To condense the committee meeting minutes, this process started 3 years ago and then COVID derailed it. You will see there's a timeline with descriptions of what has happened. There was a PayScale study in 2019, where we worked to equalize wages to a national scale. But that's all changed quite a bit in the last few years, so they are working on adjusting that. Tonia anticipates they will see a proposal from the Compensation Committee regarding employee compensation soon. They are also looking at total compensation, including benefits, time off and other benefits. They agreed to a Compensation Philosophy Statement. She would like to ask for a motion to approve that tonight. They would like to add some wording in our sick leave to make room for some mental health days. They've been through a lot in the past years, and we want to make space for that. We will also be looking at a process to include a COLA and some merit based pay raises in some combination. Finally, they are working on giving employees a sheet that shows total compensation, including their total benefit package. That will be good to see and good to give the employees. The Committee will be bringing a proposal in the near future.

Sharon added that we have brought Dawn into this process. We are looking at comparing and contrasting their compensation policies and picking the best of both worlds. We are feeling out what her employees need and what ours need. Tonia noted it's quite a process to bring the two organizations together. Dawn has brought some great insight to this group, as we need her perspective. Some Compensation Committee will be working with the Finance Committee, especially in terms of the upcoming budget. Dave Bell asked that the phrase 50 percentile is used a lot in these documents. Would we ever consider saying that we will pay between 40<sup>th</sup> percentile and 60<sup>th</sup> percentile, so we have some wiggle room. We may need to pay more to get someone in demand. He's just thinking out loud. Sharon noted that the previous boards decided when they started this process that they wanted to meet the national standard, which was 50<sup>th</sup> percentile. Sharon reports that it's gone up in the last few years (no one is surprised) so they will be discussing this in compensation committee and bringing it to the Finance Committee. But 50<sup>th</sup> percentile was the benchmark that the previous board wanted to hit, but we have a pay range. Tonia noted that we'll have deal with inflation. Lindsey also noted that we doing these decisions department by department. For example, PAL might not look the same in EMS as it does for Front Desk. And some departments we have to be competitive, such as Radiology. So they are creating a bigger story around the positions so we can be competitive in recruitment against our neighbors.

Dave Bell motioned to approve the Compensation Philosophy statement as written. Jamison seconded. Motion carried unanimously.

**Quality Committee-Ashli Tatro** Ashli is absent, so Tonia read her report. There is a new Quality Department, with Kristy Bartlett RN as a Director of Quality and Sue Briggs Stanfill as a Quality Manager. They will take over running the committee and improving quality of care. Also working on stabilizing primary care and augmenting services at the Marbleton Clinic.

Lindsey reported that we've almost exhausted our Phase One fees with Chartis. Lindsey said we are needing about 20-30 more hours. They also haven't completed Phase One, so she's seeing if she can negotiate after that. But the Policy Committee is moving along and hopes to have the first set of policies to approve at the next meeting. They are also working on Committee Bylaws, which is painstaking but important. They are almost done with the Employee handbook and HR policies. Dave Doorn said Lindsey needs a shout out for how much money she's saved us on Chartis.

Physician recruitment: Dr. Wallace is stepping into more of a Chief of Staff role, which is very needed as we are getting to by laws and more subcommittees. We are going to have him dive more into policies and procedures, trauma review, employee education, etc. Dr. Burnett and Dr. Wallace are working on a plan. They are negotiating with Dr. Feinstein, and he's a very qualified ER doctor that would be a great addition to the team. Finally, they have a Nurse Practitioner, Mindy Thomas, who Lindsey knows. She's ER specialized but she also women's health. She could possibly be a provider

based out of Marbleton. Dr. Burnett adds that Dr. Feinstein is highly quailed and could be a great addition. Dr. Burnett looks forward to working with Dr. Wallace in this Administrative capacity. They have different skills and they look forward to processing all the difficult steps needed to move forward.

Mike Hunsaker adds that they will come forward in the next couple of months with more information about the potential Rural Health Clinic designation. He also added that Star Valley has made a commitment to purchase an airplane for their surgeons and other specialists. Rather than asking the providers to drive 5 hours, it's a 17 minute flight. The providers are excited to spend more time in our Clinics and also spend more time in surgery as well. Star Valley Health has done an extensive proforma on that and it looks good for their bottom line. Tonia asked if we have a dedicated pilot and Mike said yes. He's very qualified and has extensive experience. Mike said it's a twin engine plane, due to safety flying over mountains.

Mike added that there is a chance to receive more ARPA money. They are Employee Retention Credits. We've hired a third-party to submit this application. They take a portion of the funds if we end up qualifying. They have turned the information over to Dawn if she is interested in pursuing it for the Sublette Center. There was a period of time that healthcare organizations didn't qualify for ERC's, but the Feds changed the rules in late 2020 and didn't really announce it. It's been discovered now, so we are going to pursue that and see what comes of it.

***Sublette County Health Foundation- Kari DeWitt*** – Dave Bell reports that he missed the steering committee meeting on Monday, but he's been involved in some correspondence. Paul Ulrich is bringing sound ideas on how to approach the Energy Industry. As far as other items, he doesn't have anything else to add. Tonia reports that the video that the Foundation made is excellent.

## **New Business**

Policies – nothing to report.

## **Old Business**

- Marbleton Updates – Tonia, Dave, Mike and Lindsey met with the Mayor of Marbleton and gave him an update on the status of the projects they are working on.
- Approval of meeting minutes Feb 21, 2023 – Jamison moved and Dave seconded. Motion carried unanimously.
- Approval of Payroll and Bills – Jamison motioned to approve payroll and bills in the amount of \$931,692.67. Dave seconded. Motion carried unanimously.

**Public Comment** – none

**7:31pm Executive Session: *Personnel and Legal*** – Jamison moved and Dave seconded to go into Executive Session to discuss personnel matters. Motion passed unanimously.

**8:37 pm** – Out of Executive Session.



Upon coming out of ES, Jamison motioned that the approve the physician assistants' contract for Jon Said and Cori Anderson as presented. Dave seconded. Motion passed unanimously.

**Adjournment 8:39pm** Jamison motioned and Dave seconded to adjourn the meeting. Motion passed unanimously.

Minutes taken by Kari DeWitt from the meeting recording

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Tonia Hoffman, Board Chair

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Date

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Dave Doorn, Administrator

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Date