



Hi-Desert Memorial Health Care District dba  
**Morongo Basin Healthcare District**  
**BOARD OF DIRECTORS REGULAR MEETING MINUTES**  
**February 7, 2019 at 5:30 p.m.**  
*Convened at the District Offices*

- 6530 La Contenta Road, Suite 100, Yucca Valley CA 92284 | 760.820.9229
- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
  - **Vision:** *A healthy Morongo Basin.*
  - **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity.*

Board of Directors:

- Director Armstrong
- Director Doyle
- Director Evans
- Director Markle-Greenhouse
- Director Sullivan

Staff Present:

- Jackie Combs, CEO
- Karen Graley, Board Clerk
- Cindy Schmall, Director Operations
- Joe Ruddon, Director Business Development
- Tricia Gehrlein, Director Population Health
- Deborah Anderson, Controller
- Kathy Alkire, Director Education
  
- Vikas Sharma, community member
- Beverly Scott, community member

Public Present:

- Jenna Hunt, Desert Trail
- Eric Knabe, Z107fm
- Julie Fontana, MUSD

**CALL TO ORDER**

Director Armstrong called the meeting to order at 5:30 p.m.

**ROLL CALL**

Karen Graley, Board Clerk, conducted roll call. All Directors were present for a quorum.

**OBSERVANCES**

Director Evans read the mission, vision and core value statements.  
Director Sullivan led the assembly in the pledge to the American flag.

**PUBLIC COMMENT**

No public comment presented.

**APPROVAL OF MEETING AGENDA**

Director Armstrong asked that the agenda Action Item, “HDMC Holdings, LLC Capital Update” be removed from this agenda and scheduled for closed session at the next regular business meeting.

**Motion 19-14:** Director Sullivan motioned to approve the meeting agenda with the removal of the Action Item as requested; motion seconded by Director Doyle; motion passed by unanimous vote.

**APPROVAL OF CONSENT AGENDA**

The Consent Agenda presented the minutes of the regular business meeting of the Board of Directors, January 17, 2019

**Motion 19-15:** Director Doyle motioned to approve the consent agenda; motion seconded by Director Greenhouse; motion passed by unanimous vote.



## **PRESENTATION**

IMMUNIZATION RATES IN THE MORONGO BASIN, *Julie Fontana, Morongo Unified School District*  
Ms. Fontana highlighted the partnership between the healthcare and school Districts. She acknowledged that it's rare that partnerships can be measured for a viable outcome. The goal was to increase student TDAP compliance by three percent and reduce the number of seventh graders being excluded from attendance because of non-compliance with State immunization requirements.

The project partnership began in 2017. Data was collected, (the Community Needs Assessment was used as a source for data); the health center staff was trained; and the program was promoted in the classroom and community. MUSD participated in the health fair to connect with family members and inform them of the requirements. And at the August, 2018, MUSD and community sponsored back pack give away event, children were transported by MUSD bus from the event to the health center for immunization compliance.

The program outcome was a 19% decrease of seventh grade students being excluded because of immunization non-compliance.

The intent for the future is instead of transporting students to the health center for immunization, the Mobile Medical Unit will be on-site to administer immunizations at community events and at school sites during sixth grade registration.

Director Doyle thanked Ms. Fontana and MUSD for partnering with the healthcare District. She stated she is a strong supporter of immunizations after, early in her nursing career, working in a pediatric ward and seeing children die from these diseases. "TDAP creates a herd-protection for children groups; pertussis kills children. This project contributes to saving children's lives in our communities."

Director Greenhouse and Sullivan expressed their appreciation of this joint effort and the protection of students.

Director Armstrong asked about the number of students impacted by the project: non-compliance was reduced from 32 students to 25 students; an overall reduction of 19%. He asked if there was more the healthcare District could do to improve student quality. "How can the District help?" Jackie Combs, CEO, shared the next step will be to provide primary medical services at school sites through Mobile Medical Unit visits.

Director Evans complimented Ms. Fontana on her passion for this project. "It's excellent that you are able to demonstrate change. Thank you and to all the others who were behind the success of the project."

## **REPORTS**

### ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS (ACHD) LEADERSHIP CONFERENCE

DIRECTOR SULLIVAN attended the seminar on Foundations of Governance. He shared that great information was provided. Factors that frustrate District governance includes lack of healthcare experience and understanding, the Brown Act, lack of time, decision support systems, lack of community support and collaboration. "It struck me that we don't have these frustrations at MBHD," he said. The conference was also an opportunity for networking with other healthcare District board members to learn how they approach issues; conversations revealed that other



districts are dealing with strife and difficulties. “We aren’t!” Practices of good governance includes cultivating accountability, stewardship of resources, and engaging stakeholders. The conference was informative and worthwhile.

DIRECTOR GREENHOUSE shared that ACHD is currently tracking 50 legislative bills. All three board members attended the ethics training. She distributed the MBHD Annual Report which was a huge hit with everyone who got a copy; and it served as inspiration to some districts to implement similar projects and programs.

DIRECTOR EVANS stated the conference provided good exposure to other healthcare districts. She also attended Foundations of Governance seminar and the overview of legislative issues in California. A panel of CEOs presented unique issues; the common thread was to continue to deliver high levels of healthcare to the community. Significant barriers included transportation challenges. Regarding increased access to healthcare, she suggested working with other districts in the area.

#### OUTREACH & EDUCATION OVERVIEW –

*Joe Ruddon, Director Business Development and Tricia Gehrlein, Director Population Health*

Mr. Ruddon began the report by clarifying that he oversees community health seminars and Tricia Gehrlein oversees education programs.

He presented a summary of community health seminars for 2018. The overarching philosophy was to go where the people are; so, in 2018 education seminars were presented at apartments complexes and in community centers. The availability of the medical provider was a limitation for scheduling presentations. Despite leveraging resources, time and talent, overall participation at the community health seminars was poor.

2019 presents a less ambitious seminar agenda but includes partnering with the medical center to present seminars at the Helen Gray Education Center. Beginning in April, Dr. Shih will speak on pediatric asthma. Future topics include cancer awareness, healthy eating on a budget, oral health, and making holidays healthy. Staff is exploring other ways to present information outside of the traditional seminar structure, such as leverage the mobile medical unit at remote sites to present a short lecture while patients wait for their appointment.

A calendar of outreach events was presented listing events sponsored and attended by the District.

Tricia Gehrlein presented a recap of 2018 education programs.

- Diabetes management was a HRSA pilot program directed by Kathy Alkire. Participation at these courses starts out with a good number of participants that attrition to about 50% of original attendance.
- The diabetes curriculum is being replicated, in part, to address other chronic disease processes such as CHF, high blood, obesity, and COPD. The first four classes focus on general lifestyle practices that can benefit the general populace. The second set of four classes will be specific to the chronic diseases. Kathy will be attending a conference with other project champions to identify and troubleshoot barriers within the program.
- Diabetes Prevention CDC curriculum, is a year long course offered to community members and employees.
- Wellness Wednesdays seeks to impart more information at clinic sites and engage patients and staff. The program will provide education for both employees and clinic clients.



Director Sullivan commented that we do both outreach and education to the community. It is distressing that we get such a poor response after so much promotion and effort. There's only so much that can be done. I presume that staff are making great effort to connect with the community, but I am protective about staff time. We are developing so much for the benefit of the community, and when products are not well received in the community, we should evaluate the value of such an investment. We promote our programs extensively, the media is supportive, it's on our website, there's every opportunity for the community to know about the opportunities, but at some point we have to reevaluate where we are spending our resources.

Ms. Gehrlein stated it is great to see the level of improvement that comes when a patient applies the education. We are attempting to move education into the health center setting and make the greatest impact on our patients. Kathy Alkire will be in the health centers this next week making 1:1 contact and engaging patients.

Director Evans asked about "managed care" within the clinics. Jackie Combs said that the "managed care" structure is being developed now in the health center. Director Evans opined education is one of the most powerful ways we can impact the social determinants. Ms. Combs spoke to our strategic plan and that it is a large portion of the plan.

Director Armstrong concurred with Mr. Ruddon's position regarding seminars; however, when the District purchased the Split Rock property in 29 Palms, the plan included the opportunity to provide education to the community. After suggesting additional methods of communication, he strongly encouraged staff to explore opportunities to expand the education component.

**FINANCIAL REPORT – Debbie Anderson, Controller**

Ms. Anderson reported that the budget will be restated during February and presented in March. We will only be restating contractual allowances and expenses related to the 340B Program. Currently, the contractual rate is budgeted at 16.6% of patient revenue; the recommendation would be to restate the budget to 37% of patient revenue. This is the trending amount including November and December calculations.

**REVENUE**

***Consolidated Analysis***

Overall, operating income is 6% over budget, a dollar amount of \$53,381. Results are summarized below.

Table 1

Income	Actual Mth	Budget Mth	Over/(Under)	% of Budget
District	274,781	237,889	36,892	15.51%
Clinics	747,485	730,996	16,489	2.26%
	1,022,266	968,885	53,381	5.51%

Year to date operating income is 1% over budget, a dollar amount of \$61,649. Results are summarized below.

Table 2

Income	Actual YTD	Budget YTD	Over/(Under)	% of Budget
District	1,557,846	1,431,811	126,036	8.80%
Clinics	4,495,636	4,560,023	(64,387)	-1.41%
	6,053,482	5,991,834	61,649	1.03%

***District & Community Health Center Analysis***

The monthly variances broken down by revenue category is provided below.





Description	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Lease & Rental Income	169,081	169,081	-	0.00%
Grant Income	20,596	532	20,063	3768.79%
Tax Revenue	50,000	50,000	-	0.00%
Transportation	8,656	6,693	1,963	29.33%
Other	35	-	35	0.00%
Investment Income	26,161	11,583	14,578	125.86%
Bad Debt Recovery	253	-	253	0.00%
<b>Total District</b>	<b>274,781</b>	<b>237,889</b>	<b>36,892</b>	<b>15.51%</b>
Patient services	738,365	658,604	79,761	12.11%
Contractuals	(311,221)	(109,151)	(202,070)	185.13%
340 B Revenue	14,874	31,985	(17,110)	-53.50%
Capitation Fees & Other	16,138	17,614	(1,476)	-8.38%
Grant Revenue	289,329	131,945	157,384	119.28%
<b>Total Clinics</b>	<b>747,485</b>	<b>730,996</b>	<b>16,489</b>	<b>2.26%</b>
<b>Grand Total</b>	<b>1,022,266</b>	<b>968,885</b>	<b>53,381</b>	<b>5.51%</b>

District operational revenue for December 2018 is 16% over budget, a dollar amount of \$36,892. This is due to grant income and investment income. Grant income is up due to the generous MBTA moneys awarded to the District. Investment income continues to exceed budgeted amounts.

Community Health Center revenue for December 2018 is 2% over budget, a dollar amount of \$16,489. Clinic services are up, resulting in higher than budgeted patient services. As mentioned for a few months now, contractuals have been analyzed and the budget number needs to be corrected. With regards to the 340B program, not sure why the 340B revenue is down. It could be seasonable (IE: the holidays affected it) or it could be trending that way. If it's trending, patterns may emerge next month once the January statements are available. Finally, grant revenue shows a large variance due to the fact that the 330 grant is slated to end January 31<sup>st</sup>, and so grant accounting/reconciliations has been taking place to ensure we spend/draw down all the moneys owed to the clinics.

The year to date variances broken down by revenue category is provided in Table 4 below.

Description	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Lease & Rental Income	1,014,484	1,014,484	0	0.00%
Grant Income	22,922	3,321	19,601	590.25%
Tax Revenue	300,000	300,000	-	0.00%
Transportation	54,171	41,749	12,422	29.76%
Other	10,558	-	10,558	0.00%
Investment Income	153,574	72,257	81,317	112.54%
Bad Debt Recovery	2,138	-	2,138	0.00%
<b>Total District</b>	<b>1,557,846</b>	<b>1,431,811</b>	<b>126,036</b>	<b>8.80%</b>
Patient services	4,949,466	4,108,434	841,032	20.47%
Contractuals	(2,000,384)	(680,895)	(1,319,489)	193.79%
340 B Revenue	179,912	199,523	(19,611)	-9.83%
Capitation Fees & Other	177,147	109,877	67,271	61.22%
Grant Revenue	1,189,494	823,084	366,410	44.52%
<b>Total Clinics</b>	<b>4,495,636</b>	<b>4,560,023</b>	<b>(64,387)</b>	<b>-1.41%</b>
<b>Grand Total</b>	<b>6,053,482</b>	<b>5,991,834</b>	<b>61,649</b>	<b>1.03%</b>



Variance recap history is as follows:

For District

- Grant Income due to MBTA grant
- Transportation variance due to more trips performed than anticipated at budget time
- Other income variance due to a one-time County of San Bernardino Refund
- Investment income continues to exceed budgeted amounts

For Clinics

- Patient services variance due to more services being performed
- Contractuals variance due to revisions that need to be made to the budgeted amounts
- Capitation Fees & Other variance due to a onetime \$75,000 payment toward credentialing a mental health services psychiatrist being recognized in one month, instead of throughout the year, capitation fees being higher than budgeted, and private insurance quality incentive payments.
- Grant Revenue variance due to higher grant HRSA revenue than expected

EXPENSE

**Consolidated Analysis**

Monthly operating expenses are **(3%)** over budget, a dollar amount of **\$(25,120)**. Results are summarized below.

Expense	Actual Mth	Budget Mth	(Over)/Under	% of Budget
District	191,468	186,771	(4,697)	-2.51%
Clinics	609,876	589,452	(20,424)	-3.46%
	801,344	776,223	(25,120)	-3.24%

Year to date operating expenses are **(1%)** over budget, a dollar amount of **\$(69,442)**. Results are summarized below.

Expense	Actual Mth	Budget Mth	(Over)/Under	% of Budget
District	1,162,166	1,162,099	(67)	-0.01%
Clinics	3,746,434	3,677,059	(69,375)	-1.89%
	4,908,600	4,839,158	(69,442)	-1.43%

**District Analysis**

District operating expenses for December 2018 are **(3%)** over budget, a dollar amount of **\$(4,697)**, summarized below.

Description	Actual Mth	Budget Mth	(Over)/Under	% of Budget
Salaries - District	98,524	101,114	2,590	2.56%
Fringe - District	26,096	26,855	760	2.83%
Phys Fees - District	-	-	-	0.00%
Purchases Services - District	17,031	13,834	(3,196)	-23.10%
Supplies - District	3,233	6,927	3,694	53.32%
R&M - District	562	1,509	948	62.78%
Leases/Rentals - District	4,823	4,328	(495)	-11.44%
Utilities - District	1,805	957	(848)	-88.59%
Ins - District	15,523	12,585	(2,938)	-23.35%
Other - District	23,871	18,660	(5,211)	-27.93%
Total District Before Allocation	191,468	186,771	(4,697)	-2.51%
Allocation of Overhead for Health Centers	(56,250)	(56,250)	-	0.00%
Total District After Allocation	135,218	130,521	(4,697)	-3.60%

The biggest variance this month is in the Other- District, and per review, this relates to pre-employment/recruiting. In December, a permanent placement fee was paid which caused this variance.



District operating year to date expenses for December 2018 are 0% under budget, a dollar amount of \$(67), summarized below.

Description	Actual YTD	Budget YTD	(Over)/Under	% of Budget
Salaries - District	643,556	630,760	(12,797)	-2.03%
Fringe - District	136,575	167,526	30,951	18.48%
Phys Fees - District	-	-	-	0.00%
Purchases Services - District	84,457	86,300	1,844	2.14%
Supplies - District	26,108	43,213	17,106	39.58%
R&M - District	9,175	9,415	240	2.55%
Leases/Rentals - District	29,330	26,999	(2,331)	-8.63%
Utilities - District	10,696	5,971	(4,725)	-79.14%
Ins - District	108,947	75,510	(33,437)	-44.28%
Other - District	113,322	116,404	3,082	2.65%
Total District Before Allocation	1,162,166	1,162,099	(67)	-0.01%
Allocation of Overhead for Health Centers	(337,500)	(337,500)	-	0.00%
Total District After Allocation	824,666	824,599	(67)	-0.01%

Variance recap history is as follows:

- Fringe benefits variance mostly due to SUTA & group health insurance. SUTA had no invoice for 1<sup>st</sup> quarter, so a cost savings took place here. Group health insurance is also experiencing some cost savings. Health is actually higher than budget, but the employee portion of health wasn't calculated correctly in the budget, so health insurance actual to budget shows a savings.
- Supplies variance due to not having purchased as much minor office equipment.
- Insurance variance due to higher premiums than budgeted for liability/malpractice insurance and the final workers compensation audit amount for FY 17-18 included in FY 18-19 expenses.

### Community Health Center Analysis

Community Health Center operating expenses for December 2018 are (3%) over budget, a dollar amount of \$(20,424), summarized in Table 9 below.

Table 9

Description	Actual Mth	Budget Mth	(Over)/Under	% of Budget
Salaries - Clinic	265,675	274,708	9,033	3.29%
Fringe - Clinic	52,302	64,622	12,319	19.06%
Phys Fees - Clinic	154,132	135,383	(18,749)	-13.85%
Purchases Services - Clinic	35,625	36,524	899	2.46%
Supplies - Clinic	52,726	28,602	(24,125)	-84.35%
R&M - Clinic	1,020	4,305	3,285	76.31%
Leases/Rentals - Clinic	28,115	26,388	(1,728)	-6.55%
Utilities - Clinic	5,871	6,395	524	8.19%
Ins - Clinic	-	282	282	100.00%
Other - Clinic	14,409	12,244	(2,165)	-17.68%
Total Clinic Before Allocation	609,876	589,452	(20,424)	-3.46%
Allocation of Overhead for Health Centers	56,250	56,250	-	0.00%
Total Clinic After Allocation	666,126	645,702	(20,424)	-3.16%

Fringe benefits variance is mostly due to excess PTO used during the month as compared to budget. (remember, PTO used is a credit, and thus reduces expenses, which is why overall fringe is under budget). Keep in mind that December is a heavy PTO usage month due to the holidays.

Physician fees are over budget. This is due to higher services being performed in the areas of Peds and Chiro, as well as paying for Orthopedics services. Orthopedics and YV Chiro had no budget for FY 18-19.

Supplies are over due to 340B difference between budget and actual. The main issue here is that the budget number is only \$574 for the whole year, way below what we are seeing for expenses. Since the program was





<b>Net Income District</b>	<b>Actual Mth</b>	<b>Budget Mth</b>	<b>Over/(Under)</b>	<b>% of Budget</b>
Income	274,781	237,889	36,892	15.51%
Expense	(191,468)	(186,771)	(4,697)	-2.51%
Operating Income	83,313	51,118	32,195	62.98%
Allocation of Overhead for Health Centers	56,250	56,250	-	0.00%
Operating Income after Allocation	139,563	107,368	32,195	29.99%
Non-Op Income & Expense, inc depreciation	7,339			
Change in Net Position	146,902			

  

<b>Net Income Clinic</b>	<b>Actual Mth</b>	<b>Budget Mth</b>	<b>Over/(Under)</b>	<b>% of Budget</b>
Income	747,485	730,996	16,489	2.26%
Expense	(609,876)	(589,452)	(20,424)	-3.46%
Operating Income	137,609	141,544	(3,935)	-2.78%
Allocation of Overhead for Health Centers	(56,250)	(56,250)	-	0.00%
Operating Income after Allocation	81,359	85,294	(3,935)	-4.61%
Non-Op Income & Expense, inc depreciation	(23,433)			
Change in Net Position	57,926			

  

<b>Net Income Combined</b>	<b>Actual Mth</b>	<b>Budget Mth</b>	<b>Over/(Under)</b>	<b>% of Budget</b>
Income	1,022,266	968,885	53,381	5.51%
Expense	(801,344)	(776,223)	(25,120)	-3.24%
Operating Income	220,922	192,662	28,260	14.67%
Allocation of Overhead for Health Centers	-	-	-	0.00%
Operating Income after Allocation	220,922	192,662	28,260	14.67%
Non-Op Income & Expense, inc depreciation	(16,094)			
Change in Net Position	204,828			

Year to date operating net income (EBITDA) through December 2018 is **(1%)** under budget, a dollar amount of **\$(7,793)**, summarized in Table 12 below.

<b>Net Income District</b>	<b>Actual YTD</b>	<b>Budget YTD</b>	<b>Over/(Under)</b>	<b>% of Budget</b>
Income	1,557,846	1,431,811	126,036	8.80%
Expense	(1,162,166)	(1,162,099)	(67)	-0.01%
Operating Income	395,681	269,712	125,969	46.70%
Allocation of Overhead for Health Centers	337,500	337,500	-	0.00%
Operating Income after Allocation	733,181	607,212	125,969	20.75%
Non-Op Income & Expense, inc depreciation	(48,459)			
Change in Net Position	684,722			

  

<b>Net Income Clinic</b>	<b>Actual YTD</b>	<b>Budget YTD</b>	<b>Over/(Under)</b>	<b>% of Budget</b>
Income	4,495,636	4,560,023	(64,387)	-1.41%
Expense	(3,746,434)	(3,677,059)	(69,375)	-1.89%
Operating Income	749,202	882,964	(133,762)	-15.15%
Allocation of Overhead for Health Centers	(337,500)	(337,500)	-	0.00%
Operating Income after Allocation	411,702	545,464	(133,762)	-24.52%
Non-Op Income & Expense, inc depreciation	(62,198)			
Change in Net Position	349,505			

  

<b>Net Income Combined</b>	<b>Actual YTD</b>	<b>Budget YTD</b>	<b>Over/(Under)</b>	<b>% of Budget</b>
Income	6,053,482	5,991,834	61,649	1.03%
Expense	(4,908,600)	(4,839,158)	(69,442)	-1.43%
Operating Income	1,144,883	1,152,676	(7,793)	-0.68%
Allocation of Overhead for Health Centers	-	-	-	0.00%
Operating Income after Allocation	1,144,883	1,152,676	(7,793)	-0.68%
Non-Op Income & Expense, inc depreciation	(110,657)			
Change in Net Position	1,034,226			



It's the halfway point of the fiscal year, and taking a moment to pause, despite some known budget issues, the District overall is performing close to budgeted expectations. As mentioned in previous meetings, should the budgeted contractuals be adjusted, the net income would be exceeding expectations.

Director comments included "color coding on the tables helps."

Armstrong asked about Table 8 insurance: the variance was due to higher premium and the worker's compensation adjustment. He asked about having a \$6 million budget and we're off only \$7,000? That's amazing. Great report and great fiscal management.

#### **BALANCE SHEET AND CASH FLOW**

Other receivables negative because tax receipts exceed accrual amounts recorded to income.

#### **MORONGO BASIN HEALTHCARE DISTRICT – Jackie Combs, CEO**

Ms. Combs referred the Directors to Tab 4 for her written report. Additionally, she reported:

- The Mobile Medical Unit is expanding scheduling for elementary dental program and begins medical visits in February.
- Split Rock contractor meeting had a reasonable response to the request for project bids.

#### **CALENDAR REVIEW AND COORDINATION**

The calendars for the Board of Directors were reviewed and coordinated.

- CHC board moved meetings from Tuesday to Thursday

#### **NEXT AGENDA ITEMS**

- None presented.

#### **DIRECTOR COMMENTS**

- **DIRECTOR EVANS:** She encouraged that we keep innovation and collaboration in the forefront.
- **DIRECTOR DOYLE:** "We received some great reports tonight. The collaboration with the MUSD is wonderful, congrats to Joe and Tricia for your part in that. The MMU being out in the community is so exciting. I am delighted at our direction, and innovative ways to do more and stay on budget for the good of the community we serve."
- **DIRECTOR GREENHOUSE:** "Thanks for the reports. It's always great to sit here and absorb the progress."
- **DIRECTOR SULLIVAN:** "It feels good to hear the information brought forward tonight. I don't want to leave the impression from my earlier comments that we should abandon programs before they have been fully explored for delivery. Our staff and managers are multi-tasking, and I want to remain mindful that we can put unnecessary additional stress on those who are already working so hard."
- **DIRECTOR ARMSTRONG:** "I want to thank the three directors who attended the ACHD conference; it's important to our growth and education as a board. I would like to see us get the review of the upcoming CEO's performance started by putting together a small ad hoc committee to address the process. I'm so proud of the work our staff does. I appreciate you being here tonight and your commitment to serving the committee. And regarding the new CHC board, a huge thank you to board members and community CHC board members for serving. We had an issue and we attacked it. We weren't where we needed to be and we attacked it and passed through the aftermath. Now it's a new day, a fresh breath of air and we are moving forward."



**MEETING ADJOURNMENT**  
Director Armstrong adjourned the meeting at 7:07 p.m.

*Board meeting minutes recorded by K. Graley, Board Clerk.*

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Bob Armstrong, President

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Dianne Greenhouse, Secretary