



**BEXAR COUNTY HOSPITAL DISTRICT  
BOARD OF MANAGERS**

Tuesday, May 25, 2021  
6:00 p.m.  
Cypress Room, University Hospital  
4502 Medical Drive  
San Antonio, Texas 78229

**MINUTES**

---

**BOARD MEMBERS PRESENT:**

James R. Adams, Chair  
Ira Smith, Vice Chair  
Margaret Kelley, M.D., Secretary  
Roberto L. Jimenez, M.D., Immediate Past Chair  
Anita L. Fernandez  
L.P. Buddy Morris  
Jimmy Hasslocher

**OTHERS PRESENT:**

George B. Hernández, Jr., President/Chief Executive Officer, University Health  
Elizabeth Allen, Director, External Communications/Corporate Communications, University Health  
Bryan J. Alsip, MD, Executive Vice President/Chief Medical Officer, University Health  
Edward Banos, Executive Vice President/Chief Operating Officer, University Health  
Rob Hromas, MD, Dean, Long School of Medicine, UT Health  
Woodson "Scott" Jones, MD, Vice Dean for Graduate Medical Education and Designated Institutional  
Official Professor of Pediatrics, Long School of Medicine, UT Health San Antonio  
Leni Kirkman, Executive Vice President/Chief Marketing, Communication, and Corporate Affairs  
Officer, University Health  
Serina Rivela, Vice President/General Counsel, Legal Services, University Health  
Michael Roussos, Administrator, University Hospital  
Don Ryden, Vice President/Project, Design & Construction, University Health  
Theresa Scepanski, President/Chief Executive Officer, Community First Health Plans, Inc.  
Rajeev Suri, MD, Professor, Clinical Vascular & Interventional Radiology Director, UT Health; and  
President, Medical/Dental Staff  
Anna Taranova, MD, Deputy Chief Analytics Officer, Innovation and Discovery/Research  
Roberto Villarreal, MD, Senior Vice President/Chief Analytics Officer, University Health  
And other attendees.

**CALL TO ORDER:**

Mr. Adams called the meeting to order at 6:03 pm.

**INVOCATION AND PLEDGE OF ALLEGIANCE:**

Mr. Adams introduced Ms. Anna-Melissa Cavazos, University Health Foundation, for the invocation, and he led the Pledge of Allegiance.

**PUBLIC COMMENT:**           None.

**REPORT FROM UT HEALTH SAN ANTONIO — ROB HROMAS, MD, FOR WILLIAM HENRICH, M.D., PRESIDENT**

**SUMMARY:**                               On behalf of Dr. Henrich, Dr. Rob Hromas greeted the Board and yielded his time to Dr. Scott Jones, Vice Dean for Graduate Medical Education, for a briefing which Dr. Jones described as “beginning efforts” on inclusion and diversity at the Long School of Medicine. Dr. Jones provided a handout identifying some initiatives dating back to September 2018 with the HEAL program (Housestaff Emerging Academy Leaders). He elaborated on each of the programs he identified: GME Program Leader training, ACGME Vice President of Diversity hired, GME Focus Groups, Social Determinants of Health Orientation; Latino Medical Student Association Engagement; Program Administrator Development Sessions; and GME Diversity Fair. In August 2021, the Long School of Medicine will commence a Diversity in Medicine Visiting Elective Scholars Program at which time scholarship in the amount of \$2,000 will be awarded to ten (10) Underrepresented in Medicine (UIM) students to rotate at University Health and UT Health as Fourth Year Medical Students (MSIV) in order to recruit them into a Graduate Medical Education program. This program has received 38 applications. Dr. Jones also provided a breakdown of the medical students and residents by race and ethnicity for the 2020 school year. These efforts are new to the School of Medicine and according to Dr. Jones, are not enough; he welcomed feedback from the Board members. (Handout attached.) Dr. Suri acknowledged the physician leaders present. He reported that on July 1, 2021, more than 280 new resident physicians and fellows will come on board, with orientation taking place both in person and virtually. At the same time, staff will be celebrating the one-year anniversary of the Epic implementation

**RECOMMENDATION:**                   This report was provided for informational purposes only.

**ACTION:**                                 No action was required by the Board of Managers.

**EVALUATION:**                         Dr. Kelley expressed her appreciation for the seriousness and respectful manner in which her inquiry has been handled by UT Health leadership; she speaks as a graduate of the Obstetrics and Gynecology program. She is impressed with the response and reiterated that people do not want to be where there are not others that look like them; they want to be where they feel welcomed, and noted that one limitation of all students is money, it is very expensive and not all students have the support that is needed. Dr. Johnson agreed and stated that the lack of minorities at the Long School of Medicine is not intentional and has a long way to go to become fully diverse. Dr. Jimenez suggested that Dr. Johnson visit with Board member, Ms. Anita Fernandez, as she currently serves on the advisory board of the Institute of Texan Cultures and may have ideas in terms of helpful strategies in reaching Hispanics as early as 9<sup>th</sup> grade. Ms. Fernandez described Dr. Jones’ presentation as quite excellent and is

happy to assist by working with Dr. Hromas and Dr. Jones to accomplish what they have started in terms of diversifying graduate medical education in San Antonio. Dr. Jimenez recommended an excellent article which appeared in Modern Healthcare last summer authored by the Dean of Meharry Medical College regarding the importance of recruiting and training minorities in the next quarter of a century in this nation. He previously recommended the same article to Dr. Henrich and Dr. Hromas. There are over 625 physician residents that rotate through University Hospital.

FOLLOW-UP:

None.

**NEW BUSINESS:**

**CONSENT AGENDA – JIM ADAMS, CHAIR**

Mr. Hasslocher pulled the item regarding two appointments to The Center for Health Care Services Board of Trustees, for elaboration.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF MEMBERSHIP AND PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY:

Pursuant to Article III, Section 3.3-1 of the Medical-Dental Staff Bylaws, initial appointments and reappointments to the staff shall be made by the Board of Managers. The Board of Managers shall act on initial appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Executive Committee. The Credentials Committee met on April 26, 2021 and reviewed the credential files of the individuals listed on the attached Credentials Report and the Professional Performance Evaluation Report. In its meeting of May 4, 2021, the Executive Committee of the Medical-Dental Staff approved the credentials report provided to the Board, and in turn, recommends final approval of clinical privileges for the providers on the list presented to the Board of Managers

**CONSIDERATION AND APPROPRIATE ACTION REGARDING MEDICAL-DENTAL STAFF RECOMMENDATIONS FOR PROFESSIONAL PRACTICE EVALUATIONS AND DELINEATION OF PRIVILEGES — RAJEEV SURI, M.D., PRESIDENT, MEDICAL/DENTAL STAFF**

SUMMARY:

As part of continuous quality improvement, and in alignment with The Joint Commission standards, University Health's Professional Staff Services Office monitors the clinical privileges of all privileged providers through the Professional Practice Evaluation process. Professional Practice Evaluation is a process whereby Medical-Dental staff member(s) are evaluated in regards to his/her competency and professional performance. New privileges, results of Peer Review, and assessment of Supervision are all examples of Professional Practice Evaluation. Also in alignment with The Joint Commission standards,

the Professional Staff Services Office maintains Delineation of Privileges (DOP) for the Medical-Dental Staff. The Delineation of Privileges is a process in which the organized Medical-Dental staff evaluates and recommends an individual practitioner be allowed to provide specific patient care services with well-defined training criteria. The Credentials Committee met on April 26, 2021 and reviewed proposed revisions to Delineation of Privilege and the Professional Performance Evaluation Report and forms. In its meeting of May 4, 2021, the Executive Committee of the Medical-Dental Staff approved the Focused/Ongoing Professional Performance Evaluation Report presented to the Board, and recommends approval by the Board of Managers.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING NEW POLICY NO. 2.15  
INTERNAL AUDIT CHARTER — LARRY WALLIS**

**SUMMARY:** The Internal Audit Charter establishes responsibilities and expectations for University Health's new Internal Audit Department. The charter is based on standards from the Institute of Internal Auditors' (IIA) International Professional Practice Framework (IPPF), and provides the Internal Audit function's mission, authority and responsibilities. Internal Audit staff are charged to conform to IIA standards including maintaining independence, conducting periodic risk assessments, developing internal audit work plans, providing engagement reports with results and corrective action plans and undergoing periodic external quality reviews to assure conformance with IIA standards and best practices. The department's role and scope of services are to provide risk-based and objective assurance, advice and insight to assist management in meeting its objectives and fulfilling its responsibilities. This new policy does not have a direct fiscal impact to University Health. Potential indirect fiscal impacts may include cost-saving opportunities identified in conducting internal audits and management advisory service projects. Staff recommends approval of the new Policy No. 2.15, Internal Audit Charter.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING PURCHASING  
ACTIVITIES (SEE ATTACHMENT A) — ANTONIO CARRILLO/TRAVIS SMITH**

**SUMMARY:** A total of 16 contracts with a value of \$28,018,603 are being presented to the Board of Managers during the month of May 2021. The following contracts require approval by the BCHD Board of Managers: 13 consent contracts with a total value of \$15,072,885; and three presented contracts with a total value of \$12,945,718. During the month of May 2021, there were three contracts classified as a Small, Minority, Woman, or Veteran owned Business Enterprises (SMWVBE). The May SMWVBE Status Report reflects items submitted for Board approval.

**CONSENT AGENDA  
RECOMMENDATION:**

Staff recommends approval of the items on the consent agenda as submitted.

CONSENT AGENDA

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Ms. Fernandez, and **PASSED UNANIMOUSLY**.

CONSENT AGENDA

EVALUATION: None.

AGENDA

FOLLOW-UP: None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING TWO APPOINTMENTS TO THE CENTER FOR HEALTH CARE SERVICES BOARD OF TRUSTEES — JIMMY HASSLOCHER, NOMINATING COMMITTEE CHAIR**

SUMMARY: The current Sponsorship Agreement for The Center for Health Care Services between Bexar County and University Health established a Center Board composed of nine (9) Trustees. Commissioners' Court appoints five, one by each Court member on a prescribed schedule that occurs every two years. The Bexar County Hospital District Board of Managers appoints the remaining four (4) trustees, two at a time every other year. The terms of two trustees - Ms. Mary Rose Brown and Judge Polly Jackson Spencer - expire June 30, 2021. Their brief biographies were provided for the Board's review. Mr. Hasslocher noted that both appointees are of very high caliber and extremely knowledgeable of the mental health issues in Bexar County, and their compassion, commitment and presence in our community is of great value to those they serve.

.RECOMMENDATION: The Nominating Committee unreservedly recommends the re-appointments of Ms. Mary Rose Brown and Judge Polly Jackson Spencer to the Center's Board of Trustees, for a two year term, effective July 1, 2021 through June 30, 2023.

ACTION: A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION: None.

FOLLOW-UP: None.

At this time, Mr. Adams announced there would be a closed session towards the end of the public meeting this evening.

**ACTION ITEMS:**

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE EXTERNAL AUDITOR'S REPORT ON THE AUDITED FINANCIAL STATEMENTS FOR 2020 — BKD, LLP/JIM ADAMS, CHAIR, AUDIT COMMITTEE**

SUMMARY: Mr. Hurley greeted the Board of Managers and introduced Mr. Chris Clark, Ms. Kim Garza, and Mr. George Castillo with BKD Auditors; as well as Mr. Roe Garrett, Vice President for Corporate Finance; and Mr. Travis Smith, Deputy CFO with University Health. Mr. Hurley reported that the Finance/Audit Committee met with BKD auditors who were engaged to examine the financial statements of University Health. On

Tuesday May 18, 2021, BKD presented the required communication, a draft of the audited financial statements and other documents to the Finance/Audit Committee at which time Mr. Clark informed the committee that University Health’s audit is complete and BKD plans to issue an unmodified or clean opinion. Mr. Hurley yielded the floor to Mr. Chris Clark for a presentation regarding the 2020 financial audit:

- **BKD’s Responsibility and Opinion**
  - ✓ Draft financial statements and related notes are being presented and we are prepared to issue an unmodified opinion
  - ✓ Separate audits of CFHP, the Foundation, the Pension Plan, and OPEB Plan were performed
- **Unmodified opinions were issued on each audit**
  - ✓ BKD had assistance from the staff of Garza-Gonzalez & Associates
- **Accounting Policies and Practices**
  - ✓ Consistent with accounting and industry standards
- **There were no:**
  - ✓ Difficulties encountered by our team when conducting the audit
  - ✓ Disagreements with management
  - ✓ Contentious accounting issues
  - ✓ Consultations with other accountants
- **Material Written Communications:**
  - ✓ Audit communication letter
  - ✓ Management representation letter
  - ✓ We have provided separate communications to the governing boards of CFHP, the Foundation, and Pension and OPEB Trusts
  - ✓ Single audits will be issued at a later date due to delays in guidance from HHS
- **Industry Comparison**

Mr. Clark conducted a comparison among hospital districts in the state of Texas: Bexar County, Dallas County, Harris County, and Moody’s Average (Industry Peers). Categories compared are total assets, total debt, total equity, NPSR+ Supplemental, and total discharges. Bexar County leads its Texas peer group with total assets in the amount of \$3,500,055, total debt in the amount of \$1,038,498, and total equity in the amount of \$1,466,433. NPSR+ Supplemental and total discharges is led by Dallas County at \$1,637, 537 and 45,673, respectively, as compared to Bexar County at \$1,466, 443 and 28,717, respectively. (Excludes non-hospital component units and unrestricted equity only.)
- **Balance Sheets – Mr. Clark summarized University Health’s current assets, noncurrent cash and investments, and current liabilities for the period 2016 through 2020, for comparison purposes. For 2020, current assets are at \$1,113,143; noncurrent cash and investments are \$3,732,511; with a net position of \$3,732,511.**
- **Days Cash on Hand (University Hospital only) for the period 2016 to 2020 for comparison purposes:**

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
University Health	252	252	248	264	273
Hospital Districts	210	205	212	203	203
Moody’s	215	205	210	201	203

▪ Net Days in Accounts Receivable for comparison purposes:

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
University Health	69	77	71	67	69
University Health (w/o CareLink)	58	70	65	61	62
Hospital Districts	55	55	55	55	55
Moody's	48	48	48	46	47

▪ Long-Term Debt to Capitalization

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
University Health	38%	37%	43%	40%	32%
Moody's	32%	36%	33%	35%	39%

▪ Statement of Revenues and Expenses (for comparison purposes):

	<u>2016</u>	<u>2020</u>
Net Patient Service		
Revenue	\$1,238,411	\$1,784,099
Expenses	\$1,503,765	\$2,034,389
Operating Losses	\$(265,354)	\$(250,290)
Property Tax		
Revenue, Net	\$366,930	\$483,377
Provider Relief Fund		
Revenue	-----	\$19,759
Other Revenue (Expense)	\$(19,442)	\$(2,680)
Change in Net Position	\$82,134	\$250,166

▪ Uncompensated Care/Gross Revenue

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Bad Debt	4%	4%	1.5%	3%	3%
Charity Care	24%	24%	25%	25.5%	25%

▪ Property Tax Revenue (Consolidated) – Mr. Clark acknowledged that University Health has the best diversified payer mix for 2020 as compared against its industry peers in Texas, and relies less on property taxes than its peers. Mr. Hernandez noted that, unlike University Health, Dallas, and Harris, Tarrant County does not own an HMO. (El Paso not included in data below, it is a smaller hospital district).

University Health	21% or~	\$499,000
Dallas	24% or ~	\$700,000
Harris	24% or ~	\$799,000
Tarrant	38% or ~	\$450,000

▪ Capital Asset Investment - \*2020 includes some Epic Electronic Medical Record costs and Capital Improvements

	<u>Asset Purchases/Depreciation Expense/Moody's</u>
2016	\$75,000 / \$76,000 / \$95,000
2017	\$51,000 / \$76,000 / \$100,000
2018	\$50,000 / \$76,000 / \$98,000
2019	\$100,000 / \$75,000 / \$85,000
2020*	\$200,000+ / \$75,000 / \$90,000

Provider Relief Funds (subject to audit and recoupment)

- March 2020 – President Trump signs the CARES Act into law

- FY 2020 – University Health received \$19.8M of Provider Relief Funds
- Recognized as revenue in 2020 based on existing rules
- FY 2021 – University Health received \$25.1M of Provider Relief Funds
- Will be recognized in 2021 based on existing rules and any new guidance issued
- Rules surrounding use of Provider Relief Funds have changed multiple times
- Providers and Auditors continue to wait on final guidance and reporting requirements

Waiver Extension

- Extension Approved  
On 1/15/21, CMS approved a 10-year extension  
Other directed payment programs were also tentatively approved
- Extension Approval Rescinded  
On 4/16/21, CMS rescinded the extension approval  
Extension was granted under Trump Administration
- What Happened?  
Texas received an exemption from normal public notice and comment process (under claim of public health emergency)  
State undertook a state-level notice and comment process  
CMS claims the exemption request did not establish the request was substantially related to the public health emergency
- What Next?  
HHSC has indicated a request will be submitted consistent with terms approved on 1/15/21 (including 10 year extension)  
Will CMS force material changes to the plan originally approved?  
Pressure to expand Medicaid?

Diversity, Equity & Inclusion – SKY Program

- SKY is a firm wide initiative to emphasize and strengthen diversity and inclusion
- Initial focus has been on gender and ethnic diversity, but goal is to identify and remove cultural barriers and biases that prevent BKDers from maximizing their potential
- New roles have been created to support this program
- Diversity Recruiting Advisor
- Diversity Liaison
- Inclusion & Diversity Manager
- BKD has admitted 7 ethnically diverse partners since June 1, 2019
- Currently, 35 percent of BKD’s Texas practice is ethnically diverse

RECOMMENDATION:

The Audit Committee recommends approval of the 2020 Independent Auditors Report and Financial Statements.

ACTION:

A **MOTION** to approve staff’s recommendation was made by Dr. Kelley, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION:

Mr. Smith asked about BKDs involvement with internal accounting control functions as related to the recent oversight of the contract with ARUP Laboratories, Inc., that was not transferred during University Health’s conversion to the Premier accounting system. Mr. Clark noted



that the internal audit group does not assist in the financial audit. As part of the risk assessment process, BKD considers significant results of any internal audit activity into the organization's overall risk assessment. Mr. Smith would like to ensure that such an oversight will not occur in the future with any other contract. BKD can provide a variety of levels of assistance of overall internal audit programs. BKD often helps organizations look at the overall risk environment, or areas of specific risk, and helps develop an internal audit program to address those risks. BKD has not had such discussion with University Health's internal auditor, however, Mr. Clark will be happy to discuss with Mr. Hurley. Mr. Hurley assured the Board of Managers that controls have been implemented to avoid recurrence of this type of oversight. Dr. Jimenez asked about the possibility of separating financial statistics and trends to track only ambulatory activities for a feeling on how University Health is managing a necessary function, and whether any financial and/or operational improvements can be made. Mr. Hurley replied that this is possible to do internally and he will be happy to provide a report that captures the information requested by Dr. Jimenez. The BKD Audit firm has conducted nine (9) annual external audits for University Health. Dr. Jimenez was very pleased to learn of the BKD'S SKY Program. Ambulatory Services report requested by Dr. Jimenez.

FOLLOW-UP:

**CONSIDERATION AND APPROPRIATE ACTION REGARDING THE FINANCIAL REPORT FOR APRIL 2021 — REED HURLEY**

SUMMARY:

In April, clinical activity (as measured by inpatient discharges) was down 0.8 percent for the month compared to budget. Community First Health Plans, Inc. (Community First) fully insured membership was up 13.9 percent to budget. On a consolidated basis, gain from operations was \$26.0 million, \$16.8 million better than budget. The consolidated bottom line gain (before financing activity) was \$19.5 million, \$17.1 million better than the budgeted gain of \$2.4 million. Higher supplemental revenues partially offset by lower patient revenue and lower operating expenses resulted in performance better than budget. Community First experienced a bottom line gain of \$4.5 million, which was \$2.9 million better than the budgeted gain of \$1.6 million. Higher premium revenue and operating expense is flat to budget accounting for the positive performance. Debt service revenue was \$6.3 million, \$178,000 higher than budget. Mr. Hurley reviewed notable increases and/or decreases from the December 31, 2020 Consolidated Balance Sheet in detail with the Board of Managers.

RECOMMENDATION:

Staff recommends acceptance of the financial reports subject to audit.

ACTION:

A **MOTION** to approve staff's recommendation was made by Mr. Hasslocher, **SECONDED** by Dr. Jimenez, and **PASSED UNANIMOUSLY**.

EVALUATION:

Mr. Hurley reviewed inpatient volume trends comparing current trends to pre-COVID trends in 2019. Inpatient days fell by 33 percent in April 2020 and are now at 16,007, compared to 15,000 inpatient days in January 2020. The average for 2019 was 16,080. Inpatient discharges are at 2,591 per month, fell by 25 percent in April 2020, compared to 2,900 in January 2020. The average for 2019 inpatient discharges was 2,625 per month. Total surgeries averaged 1,633 per month in 2019.

Currently, they are at 1,779 per month, fell by 53 percent in April 2020 as compared to 1,500 in January 2020. The average for transplant cases in 2019 was 24 per month. They are currently at 48 per month, fell by 55 percent in April 2020, as compared to 20 per month in January 2020. Emergency Department (ED) visits averaged 8,523 per month in 2019. Currently, ED cases are at 8,269, fell by 40 percent in April 2020, as compared to 8,500 in January 2020. There are four different Emergency Rooms at University Hospital:

	2019 Avg	% of Total	% Admitted
Adult	5,733	67	22
Women's	1,184	14	22
Pediatrics	1,046	12	8
Trauma	560	7	40
Total	8,523	100	92

UMA ambulatory clinic visits averaged 41,078 per month in 2019. Currently, they are at 40,024, fell by 35 percent in January 2021 and by 22 percent in April 2020, as compared 40,000 visits in January 2020. Telemedicine and virtual clinic visits were at zero in January 2020, increased by 82.1 percent in April 2020, and have currently decreased by 15.4 percent in April 2021.

FOLLOW-UP:

None.

**INFORMATION ONLY ITEMS:**

**REPORT ON THE 87TH TEXAS LEGISLATIVE SESSION — ANDREW SMITH**

**UNIVERSITY HEALTH FOUNDATION UPDATE — SARA ALGER**

**REPORT ON RECENT RECOGNITIONS AND UPCOMING EVENTS — LENI KIRKMAN**

**UPDATE ON THE WOMEN'S AND CHILDREN'S HOSPITAL AND ASSOCIATED PROJECTS — DON RYDEN**

SUMMARY:

Mr. Adams directed his colleagues' attention to the four (4) informational reports above, and asked them to review on their own time.

RECOMMENDATION:

These report are for informational purposes only.

ACTION:

No action is required by the Board of Managers.

EVALUATION:

None.

FOLLOW-UP:

None.

**CLOSED SESSION:**

Mr. Adams announced this meeting closed to the public at 7:28 p.m., pursuant to TEX. GOV'T CODE, Section 551.074 (Vernon 2004) to evaluate the performance and duties of the President/Chief Executive Officer to include 2021 goals. The following Board members were present: James R. Adams, Chair; Ira Smith, Vice Chairman; Margaret A. Kelley, M.D., Secretary; Roberto Jimenez, M.D., Immediate Past Chairman; Anita Fernández, Member; James C. Hasslocher, Member; and L.P. Buddy Morris, Member. Also present was Mr. George B. Hernández, Jr., President/Chief Executive Officer. After discussion, no action was taken in

closed session, and Mr. Adams announced that the closed meeting ended at 8:10 p.m., and he reconvened the public meeting immediately.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public meeting at 8:11 pm.

---

James R. Adams  
Chair, Board of Managers

---

Margaret A. Kelley, MD.  
Secretary, Board of Managers

---

Sandra D. Garcia, Recording Secretary