



**BOARD OF DIRECTORS
REGULAR MEETING
May 26, 2011**

A. CALL TO ORDER:

Chair Ullyot called the meeting to order at 17:47 hours at the City of San Mateo Council Chambers, 330 W. 20th Avenue, San Mateo.

B. ROLL CALL:

On roll call there were present Dan Ullyot, MD, Chair, Helen Galligan, RN, Secretary, Lawrence Cappel, PhD, Treasurer, and Don Newman, MD, past Chair. Also present were: Cheryl Fama, Chief Executive Officer, Colin Coffey, Board Counsel, and Kelly Molloy, District Community Outreach Coordinator. Rick Navarro, MD, Vice-Chair was absent.

C. CONSENT CALENDAR: The Consent Calendar consisting of the Regular Session minutes for April 28, 2011 and the unaudited financials for April 30 were presented.

DIRECTOR NEWMAN MOVED AND DIRECTOR CAPPEL SECONDED THE MOTION TO APPROVE THE CONSENT CALENDAR AS PRESENTED. THE MOTION CARRIED UNANIMOUSLY.

D. ORAL COMMUNICATIONS:

Pat Giorni, Burlingame, took this opportunity to thank the Peninsula Health Care District for its generous contribution to Bike to Work Day 2011. The contribution supplied bicycle pumps for each of the twenty energizer stations that were set up throughout the County. The pumps will be used for this annual event for years to come. They will also be loaned out to the Transportation Alliance to whatever sanctioned bicycle events happen in this County.

E. COMMITTEE REPORTS:

LONG TERM PLANNING: Director Ullyot, Chair:

Chair Ullyot reported on the May 24th meeting. District financial managers from City National Bank (CNB) reported on the investment climate as it affected fixed income strategies and the District's \$5M investment with CNB last November. As of January 1 – April 30 of this year, the portfolio has done well, outperforming LAIF and the San Mateo Co. Pooled Fund. The District's investment consists of fixed income exclusively with short maturities on one end and longer maturities at the other end.

Director Cappel provided an update on the potential of building a long term acute care/acute rehab hospital on District property in partnership with Vibra Healthcare. Based on Vibra's independent construction cost estimates and appraised land values, Vibra determined that it was not financially feasible to build such a facility and make it work and therefore withdrew the proposal.

This led to a more general discussion about the development of District properties and other properties in proximity to the new hospital. The committee agreed that a coherent coordinated plan should be developed, including input from the city zoning and planning authorities.

SUTTER OVERSIGHT/BUILDING COMMITTEE: Director Newman, Chair

Director Newman reported there were no meetings and then commented on the new hospital opening. He stated 110 patients were moved without incident and a child was born in the parking lot.

COMMUNITY HEALTH INVESTMENT, Director Galligan, Chair

Director Galligan stated her report is under New Business and requested to comment then.

F. COMMUNITY EDUCATION: Mr. Robert Merwin, MPHS Quarterly Report

Mr. Merwin provided more information on the hospital opening and move of patients. The move started at 6:30am with a woman delivering in her car in the parking lot of the old building. At 7:00am the Emergency Room entrance of the old hospital was closed and the new one was opened. At 9:40am the last baby was born at Peninsula and at 10:05am the first one was born at the new facility. The first patient, an ICU patient, was admitted to the new ICU at 7:08am. The last patient was admitted at 2:58pm. The team did a fabulous job. There were no incidents at all. One patient shared that as he was moved out of a semi-private room in the old building and moved to his new room he thought "he died and went to heaven". Patients are extremely pleased. There are certain facility "bugs" to deal with such as the pneumatic tube system, some air conditioning problems in the OR and the lab, and that type of thing. At this point, it is very stable and the issues are being worked through.

Chair Ulliyot complimented Mr. Merwin and his staff on the tremendous achievement. From participation on the Building Committee, Director Newman and Chair Ulliyot are aware of all of the planning that went into the move. It was nice that patients could be moved in their beds down the ramp from the old hospital to the new, and it was done magnificently. He referenced the recent tornado in Joplin, MO, where they were given just a few hours to move the patients into the halls and then the tornado came. It pulled IV's out of arms and people out of windows. The tornado experience helps to appreciate the magnitude of the task and the great respect you deserve for what you achieved.

Mr. Merwin said he appreciated the congratulations and wanted to acknowledge Susan Ferrell who has been organizing and planning this for several years. She had done it before and she did a fabulous job. And Kathy Rosia who actually organized the move team and did a phenomenal job. He then addressed Mr. Coffey, stating that a letter will be coming documenting the official start of service date per the Master Agreement as 7:00am on the 15th of May, 2011.

Public Comment: Pat Giorni, Burlingame, told Mr. Merwin that she personally experienced the hospital services before the move and heard staff angst about the move and their perception of the level of support they were getting. Also the EPIC system wasn't really working because every time a nurse came to the bed to plug in records or to retrieve something, she had one of three computers to constantly reboot or bring up the protocol. Thirdly, there is no privacy in the ICU; she asked for behavioral health not to be in ICU if they are going to be conducting psych evaluations. Finally, the food was very disappointing – processed, not fresh.

Mr. Merwin responded "You picked the worst possible time to come in". The move process had started as had the process of changing the food service over to the new building. A temporary food system was in place for those last couple of days. In the new hospital, all ICU rooms are private. He was unaware of why there was a problem with EPIC in the ICU, but that is always a possibility. There are many backup and emergency systems in case the power goes out. There is no question that the staff was anxious. They are starting now to get comfortable with where they are. There is definitely a learning curve to a new building. **Chair Ulliyot** thanked Mr. Merwin for coming.

G. CEO REPORT, Cheryl Fama:

Ms. Fama referenced the summary report distributed with the meeting materials.

A. San Mateo County Special Districts Chapter Meeting:

The May 3rd meeting was the annual meeting and Ms. Fama was one of the presenters. It was a larger than average turn out and the feedback following the presentation indicated that many gained new insight and appreciation of the District's work. [Copies of that presentation were made available.]

Chair Ulliyot commented that he felt it was important that the LAFCO people heard the presentation and asked Ms. Fama to particularize the two or three things that they said brought new information to their attention? **Ms. Fama** responded that she focused on: the distinction between the public health system and the District's mandates- one is the safety net, the other is responsible for all the residents within the District; the relationship with MPHS/Sutter Health; the opportunity to develop the land to the west of the new hospital and the due diligence being brought to the decision making process by the Board; health reform and the leadership role we can play given the quality and credentials of the Directors; and the studies the Board has undertaken on senior housing, acute rehab, and elder dental care. A financial chart was included to emphasize the Board's stewardship and point out that this district gets about half the amount Sequoia gets, and of the \$4M in taxes, half is invested back into the community and half is saved in Board Reserves for future financial obligations.

Chair Ulliyot asked if she had occasion to defend the accumulation of assets so that at the end of 50 years we can acquire the hospital and also respond if there is a paramount default. **Ms. Fama** answered, no; she focused on the Board, the quality of the thinking, the mandate and how it is being carried out now, and the plans for the future.

B. Red Cross Good Neighbor Award

Director Galligan and Ms. Fama attended the Annual Red Cross Volunteer Celebration event. The District received the Good Neighbor award for the help with the Resource and Recovery Center in San Bruno.

C. Hospital Consortium

May's meeting focused on the community needs assessment data collection tools and how the next assessment will be carried out. The 2011 assessment required by the State was done by issuing reports using data regularly collected and available. The next assessment will use primary and secondary research tools. This work is important to the District's responsibility to stay knowledgeable about the health needs and priorities of our community.

8. OLD BUSINESS:

A. Directors and Officers Coverage Recommendations: Director Cappel

Guest presenter: Carl Canaparo, ISU Insurance Services-Pinnacle Brokers

Director Cappel introduced Carl Canaparo, the District's new insurance broker as of Board action at the April meeting stating he will give more professional and contemporary guidance to the insurance needs of the Board.

Mr. Canaparo introduced his colleague, Mike Reeve, who is a Charter Property and Casualty Underwriter (CPCU) for Pinnacle. The firm is based in Walnut Creek and is part of a much larger organization; it is the ninth largest brokerage firm in the country in terms of volume. This makes it large in the market place and plays an important role for a buyer relative to being able to access a myriad of insurance companies. Pinnacle does a broad range of health care coverage including physicians and IPAs; hospital and SNF facilities, and real estate and construction. When Pinnacle looked at the Board's D&O liability policy it was noted that it was written on a health care form that does have certain advantages; however it takes away on the real estate side. Therefore, he is currently working with the Board's carrier, CHUBB, and has posed questions back to the underwriters concerning issues of coverage based on the current and future plans of the Board. If CHUBB comes back with favorable responses, Pinnacle will move forward with CHUBB, if not, he will recommend remarketing the account strictly on the D&O to obtain a broader policy for the Board. The other important component is real estate and development of that property which, in itself, has its own inherent risks. The Board may be a developer, a landlord, an operator and so Mr. Canaparo will be working closely with Ms. Fama to ferret out and discuss whether there is a need to transfer any type of perceived risk to an insurance policy or if there will be any type of risk just purely from a self-funded perspective.

Chair Ulliyot stated he understood D&O coverage was liability coverage, and it is true that the Board is acquiring properties. Let us assume that we own an acute rehab facility and somebody slips and falls and sues the Board, is that within the purview of this coverage or is that a different kind of protection? Would a publically elected director be responsible for a patient who had an injury in a facility that we owned?

Mr. Canaparo answered that D&O is truly for business decisions, not the hands on care; the example given is vicarious liability. Are you liable? Typically no, but that does not prevent you from being sued and then having to dig into a policy or your bank account to defend yourself. D&O doesn't necessarily cover that; in fact there are typically inclusions for medical malpractice for which coverage is obtained through an Errors and Omissions policy. I have reviewed a bit of the Sutter contract that you have with the hospital and, as long as they are solvent, Sutter covers the District for anything that they are responsible for in a suit.

Director Cappel expanded on the question and gave the example of a Board joint venture where the Board is the land holder and are the land holder and "Pat Giorni Inc." builds a hospital on that land and this venture provides a monthly stream of revenue to the District. Someone slips and falls in that hospital, what policy would cover us in that scenario. **Mr. Canaparo** answered there are a few different methodologies. The primary policy, first line of defense, would be the policy that "Pat Giorni Inc." would have for medical malpractice and general liability. Problem? What if the claim is \$10M and Pat has \$1M in coverage? The Board may need to consider looking for protection against vicarious med/mal exposure for that hospital separate and apart from "Pat Giorni Inc." because you are always taking a risk when you are looking for someone else to cover you when you don't know if their limits are completely used up?

Director Cappel stated he was speaking on behalf of himself and then said what he was looking for in a broker that covers the Board for what it is today, as well as, how it will evolve in the future. "As we purchase property, as we develop relationships with other operators, we need a broker who is contemporary who can be with us as we make those changes and be certain when we make those changes the District is adequately covered for any unforeseen circumstance. As long as we have that, then we have a very good team in place."

Mr. Canaparo responded that the Board seems to have a very intelligent CEO who is not afraid to ask questions and Pinnacle is readily available to consult and work with the CEO. Pinnacle's work crosses over

health care, residential and nursing care facilities and sub-acute facilities; his team understands the exposures and can also address issues from the landlord's perspective.

B. Eldercare Dental Care: Proposal to fund Needs Assessment, Director Galligan

Director Galligan introduced this item by referencing the Board's strategic planning process for 2006-2007 in which all reports showed the need for access to dental care and since that time, the need has only become greater. The greatest need is for MediCal adults, hundreds of frail elderly in the institutional settings, and special needs patients. In 2008, Samaritan House established a dental clinic and appointed Dr. Gregory as its medical director. Through his research, he brought Apple Tree Dental to our attention. This is a non-profit model of care for dental needs for those that are poor and may not be getting their needs met within the area. Since then, due to Dr. Gregory's efforts throughout the dental, public health, and general provider communities it seems there is sufficient support for the project to go to the next step. That next step would be a full business planning process that would cover confirmation of the need, determine the available capacity today, the level of support of the formal dental associations, private community dentists and public health leaders through to identifying a clinic location, size and staffing requirements. We are recommending that the planning process be broken into two separate projects: The first phase would be confirming the need, available capacity, practitioner support, and feasibility of establishing a successful Apple Tree model in this community. Today, there is support from Congressman Jackie Speier, the CA Dental Association, SM Dental Association and other organizations. **Recommendation:** To engage the Apple Tree Dental team to conduct a San Mateo County needs assessment and analysis as outline in the Board materials, and to accept their proposed budget of \$50,000 to do the first phase of the study with all out pocket travel and other expenses capped at \$5,000; therefore, the cost of this phase would not exceed \$55,000. The whole business planning process budget is \$150K.

Director Galligan then asked Ms. Fama if Dr. Gregory had secured the rest of the funding. **Ms. Fama** answered no. It was decided to split the proposal into two pieces. This funding request is to confirm that this model can work within this county and state. Once the report is done, and assuming it will confirm our initial findings, then the data will be used approach other funders. The Board's approval to fund the first phase does not imply or obligate the Board to fund the next \$100K.

Q & A

- **Chair Ulyot:** *Will funding come out of Community Investment/grant budget.* **Director Galligan:** No, from a different line item in the operating budget such as consulting.
- **Chair Ulyot:** *Who supports this project?* **Director Galligan** responded, referencing letters that have been received from the San Mateo Dental Coalition, the CDA, Representative Jackie Speier, Assemblyman Jerry Hill, BOS President Carole Groom, Ombudsmen, and the University of Pacific Dental School.
- **Director Cappel:** *Do we have a letter from the county Health Department? The Board of Supervisors?* **Ms. Fama:** Verbally, Dr. Morrow from the Health Department has been very supportive, but neither the Health Department nor the Board has been approached yet.
- **Director Newman:** *Commented that political support is the easy part; how are the neighborhood dentists going to view this?* **Ms. Fama:** That is a key reason for breaking the project into two phases. There must be a critical mass of support from the local providers or else the project has minimal chance for success. In this first phase of the process time will be spent talking to those practicing dentists, surveying dentists, nursing home administrators, and other related providers. It is possible the report will come back with thumbs up. It is also possible that the magnitude of concern and alienation of local dentists will be so compelling that the recommendation is not to proceed.

- **Director Cappel:** *Is this a countywide or just district area study and have we approached the Sequoia Healthcare District (SHD)?* **Ms. Fama:** Countywide because the systems and providers are too interrelated to focus on just within the District's boundaries; and yes, we have spoken to Sequoia leadership and they are very interested in what we learn with this study. SHD funds the Samaritan House Dental program and recently invested millions of dollars to build out and equip dental suites in the new Ravenswood clinic. The SHD questions right now are: how will this integrate with the Samaritan House model? How will this integrate with the Department of Health model? **Director Galligan** noted that the Apple Tree model will be looking at a different population than what Samaritan House treats. Also, the Apple Tree model includes mobile units providing regular, preventative care to frail elderly and that is not currently done by general community dentists.

PUBLIC COMMENTS:

Dr. Rob Rideau, DDS "I am here at the invitation of Dr. Dick Gregory and I am on the Board of the San Mateo County Dental Society, volunteer at Samaritan House, and have worked in nursing homes and convalescent homes, so I am familiar with them to some degree. I do believe there is an access to care issue. There are not many organizations looking at this and I do think it would be worthwhile to have the study. I know Dr. Gregory is very excited about trying to get something going along these lines. Quite frankly, I think the dental community, at least from the Dental Society Board's position, would really like to see a project start to study this, find out what the needs are. I think as dentists we are very concerned with access to care problems and issues, but there is a segment of the dental community that is worried about it competitively to see if this type of clinic is needed. Personally I think there is. I think being able to address and get dentists on board, there has to be a study, there has to be some validation that there is a need. I don't know who is going to fund this, I know the Dental Society board is considering making a donation and feeling like it is something that needs to be done. I would encourage the Board to think favorably about this because the need is there, I think it has been established that the need is there, the how to address that need is yet to be determined. In closing, I would like to say a lot of work has been done to get the study to this point and also to assess what services are currently available by the County and try to coordinate those services. I think there is enough that needs to be learned and help the Peninsula Health Care District make decisions in the future with data and information that would address this issue with a lot more intelligence. Obviously you have questions that you do not have answers for. How are you going to get those answers unless someone steps to the plate and will fund a study to find out what those answers are? One other thing I would just like to mention is that as a volunteer dentist with the Samaritan House and a practicing dentist who has a fee for service practice I really believe that a venture of this nature does not have to be competitive, it does not have to threaten the dentists in the community if it is done right." **Chair Ulliyot** thanked him very much, adding that was very helpful.

Pat Giorni, Burlingame: You know I have followed this project since it began and since there are no public members present that are against it, I want to go on record in saying the public supports it. **Chair Ulliyot** said that is an inference we might not make.

There being no further public comments or questions from the Board, **Chair Ulliyot** called the question.

DIRECTOR GALLIGAN MOVED AND DIRECTOR CAPPEL SECONDED THE MOTION TO APPROVE THE PROPOSAL TO ENGAGE APPLE TREE DENTAL TO CONDUCT A SAN MATEO COUNTY NEEDS ASSESSMENT TO ANALYZE THE LOCAL DENTAL CARE ENVIRONMENT WITH A FOCUS ON ACCESS, SENIORS AND SPECIAL NEEDS RESIDENTS. THE TOTAL COST FOR THIS PROJECT IS NOT TO EXCEED \$55K, INCLUSIVE OF TRAVEL EXPENSES. THE MOTION CARRIED UNANIMOUSLY.

C. Assisted living/memory care project: Aegis Senior Living Term Sheet

Director Cappel reported that the Board's negotiating team has been working with Aegis since late March to develop the detailed Development and Management agreements from the approved Term Sheet. This is basically for the District to build and be the sole owner of a 97-bed assisted living and memory care facility on its land at 1600 Trousdale. A group out of Seattle, Aegis Living, would be the developer and operator of the project. All data that we have looked at and the studies have indicated that it is a prime location for such a facility, there is a great need for such a facility and we would like to recommend that we move forward on the development with this project.

Chair Ulliyot asked if this required action. **Director Cappel** said yes and asked Ms. Fama to comment. She reported that the proposed Term Sheet before the Board now was the same as was presented, discussed and recommended for approval in Closed Session on March 24th. In the Regular Meeting of the Board immediately following that closed session, the specific term sheet did not get presented for action. It is before the Board now for public comment and approval.

Director Galligan asked if Aegis will pay rent. **Director Cappel**: No, the District will own the land and the building; Aegis will receive an operator fee. He added that given this structure, there should be revenue coming to the District if certain criteria and benchmarks are met along the way. So in lieu of rent, it is an investment opportunity for the District.

Director Galligan questioned the Termination and Performance Fee structure proposed and the thinking behind the terms. **Director Cappel**: We are going into this with a long term commitment to each other. There is a structure for the performance fee built in; if they meet certain benchmarks, they get so much and we get so much. If one day the Board decides we want to terminate this relationship and we want someone else to run the facility, then these terms require the District to pay them a Termination fee the equivalent of 50% of the performance fees earned during the previous five years. As long as things are going well, we are really not at risk for anything. But, if we decide to change the deal, we need to pay them something for their investment, time, operations, and use of the Aegis name. Is it a realistic amount of money? I think it is a standard amount of money. **Director Newman** noted that if they do something wrong, there are other clauses in the Terms that deal with it.

There being no further discussion, **Chair Ulliyot** called the question.

DIRECTOR CAPPEL MOVED AND DIRECTOR NEWMAN SECONDED THE MOTION TO APPROVE THE PHCD AND AEGIS PARTNERSHIP TERM SHEET AS PRESENTED AND TO MOVE FORWARD WITH COMPLETING THE DEVELOPMENT AND MANAGEMENT AGREEMENTS. THE MOTION CARRIED UNANIMOUSLY.

D. Strategic Plan 2011-2016, Chair Ulliyot

Chair Ulliyot complimented Emily Hall, Olive Grove Consulting, for her facilitation at the retreat. He referenced materials in the Board packet. The District's previous 2006-2010 strategic plan covered a different period for the District's existence. In that period the District achieved its goals which included establishing independence from MPHS. We now have office and staff independence and that gives us greater effectiveness and autonomy. The environment for the next five year strategic plan is impacted by a number of changes. The District no longer owns a District hospital; we are just the landlord and correspondingly have a more diminished role in hospital operations than when we owned the hospital. There is also been a severe recession which economists date from December 2009 to June 2010 with a slow, protracted recovery which has caused the District to lose money; Lehman fund and decreased interest income - and that is new. The District Board has heightened stature in the community based on

our leadership and influence, compared with previous Boards; and we have recently had a very effective Board, all important environmental issues going forward. Goals and highlights that came out of the retreat include:

1. There was consensus to acquire and develop properties on or near District land toward a comprehensive health campus in Burlingame.
2. We want to continue to expand our health education outreach and I think our education portion of our monthly meetings have been useful and I think we all wanted to see those extended. Perhaps many of the Board reaching out and writing pieces or continuing to influence the discussion.
3. We were hoping to enlarge our oversight role in MPHS operations
4. There was some talk about succession planning for the Board, the Board committees and the staff.

Chair Ulliyot invited comments from the Directors.

Director Cappel said he would like additional time to digest the summary report included in the meeting materials. **Ms. Fama** commented of the draft document that was distributed, describing it as a summary of the ideas heard during the retreat with a first stab at how that discussion might influence the stated goals and objectives in the new plan. The purpose of including this early draft was to stimulate further discussion on priorities and focus going forward, to solicit public comment, and help get to the final product. **Chair Ulliyot** asked that staff make sure these documents are available to the public

9. NEW BUSINESS –

A. RN Loan Forgiveness Program: Funding for Academic Year 11-12

Director Galligan reported that the District received Loan requests from five new candidates and renewals from two students. All new candidates were interviewed; four are going to USF, and some are in the graduate program. The total of requests for FY 2012 is \$28K. This is information. No action required.

B. CHNU-OB Program: Recommendation to hold grant period to the original 3-year approval:

Director Galligan briefly reviewed the history of this grant. In November 2008, the Board unanimously approved making \$1,097,000 of support available to serve 900 women living in the district. There was slowness in putting together the structure to launch the program and once up, utilization has been very low. We have not received timely reports about what is going on. Since July 2009 through May 2011 only \$129,000 of the grant has been issued: \$50K for medical director recruitment and \$79,000 paid into the start-up fund for withdrawals for the first quarter's projected number of deliveries. To date, only 17 women have accessed this fund. Therefore, I plan to write to the grant "owners" to inform them that we will not be extending the grant period beyond June 30, 2012 – the end of the original grant period. They are free to reapply. We don't want to hold our grant budget hostage any more. This is for information and Board discussion as the letter will be communicating a strong position to the county, MPHS and Health Plan of San Mateo. **Chair Ulliyot** asked if the District already gave them the money. **Director Galligan** said just the \$129,000. **Chair Ulliyot** summarized the apparent consensus that it is better to be clear rather than wish washy and have them think the money is available in perpetuity; it was agreed to have Director Galligan and Ms. Fama craft and send a letter.

C. Proposed Budget for FY 2011-2012:

Director Cappel called attention to the proposed budget for fiscal year 2011-2012 that was distributed in the meeting materials. It was developed after a lengthy working session by the CEO, Accountant and I. I have reviewed the backup detailed reports and the assumptions used to drive the budget. He highlighted the following:

1. **Total Funds Received** is budgeted at \$6.2M which is \$370K less than was budgeted for the current year. This year's Funds Received are anticipated to fall short of current year's budget due to a decrease in tax contributions and slight decline in rents. We budgeted about \$6.5M for this current fiscal year and we estimate the actual receipt will be approximately \$6M - \$6.1M.
2. **Funds Used** is up a bit due to more activity in areas such as strategic planning, real estate & legal activities, other consulting.
3. **Transfer to Board Designated Fund for Paramount Default:** Even with this decline in revenues, increase in expenses, and conservative approach, we expect to hit the reserve fund growth target.

In summary he added that he thinks there may be more revenue coming in, but it is not signed, sealed and delivered so it is not counted in this budget; he stated it is conservative on expenses, but it is better to be conservative than not. Director Cappel recommended approval of the budget as submitted. There were no questions or public comment.

DIRECTOR CAPPEL MOVED AND DIRECTOR NEWMAN SECONDED THE MOTION ACCEPT THE BUDGET AS PRESENTED. THE MOTION CARRIED UNANIMOUSLY.

D. Purchase of 430 N. El Camino, San Mateo:

Ms. Fama: With the authority given by the Board at its January 14 Closed Session, this property has been purchased for the District. It is fully leased by one tenant for two years with two five year renewals. It is providing close to a 7% return on investment as compared to LAIF at 0.55%. It is zoned for medical/dental, is located near public transportation and opens up a potential in the future.

10. CORRESPONDENCE/MEDIA

Ms. Fama highlighted Chair Ullyot's response to Supervisor Groom and called attention to the Daily Journal OpEd by Ms. Giorni and the Senior Focus quarterly report – noting, the quality of the report and information on the anticipated impact of government funding cuts.

11. ADJOURNMENT:

There being no further business, the meeting was adjourned by Chair Ullyot at 19:45 hours.

By:

Kelly Molloy, Community Outreach Coordinator

Approved:

Helen C. Galligan, Secretary

Daniel J. Ullyot, M.D., Chair