REGULAR BI-MONTHLY MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Tuesday, April 21, 2015
2:00 p.m.
Corporate Square, 10th Floor, Conference Room A
4801 N.W. Loop 410
San Antonio, TX 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Ira Smith, Vice Chair
Dianna M. Burns, M.D., Secretary
Roberto L. Jimenez, M.D, Immediate Past Chair
Robert Engberg
Robert Gilbert
James C. Hasslocher

OTHERS PRESENT:

George B. Hernandez, Jr., President/Chief Executive Officer, University Health System+
Bryan Alsip, MD, Executive Vice President/Chief Medical Officer, University Health System
Felix Alvarez, Executive Director, Procurement Services, University Health System
Mark Cammona, President/Chief Executive Officer, Haven for Hope
Ted Day, Senior Vice President, Strategic Planning & Business Development, University Health System
Theresa De La Haya, Senior Vice President, Health Promotion, Clinical Prevention, University Health System – Texas Diabetes Institute
Don Finley, Senior Writer, Corporate Communications Department, University Health System
Reed Hurley, Senior Executive Vice President/Chief Financial Officer, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Reed Hurley, Executive Vice President/Chief Financial Officer, University Health System
Sherry Johnson, Vice President/Integrity & Regulatory Services, University Health System
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Richard Rodriguez, Vice President, Asset and Property Management, University Health System
Allen Strickland, Vice President, Hospital Administration, Fiscal Services, University Health System
Sally Taylor, M.D., Senior Vice President, Chief, Behavior Medicine, University Health System
Mark Webb, Executive Vice President/Chief Operating Officer, University Health System
Peggy O’Hare, San Antonio Express-News
And other attendees.
CALL TO ORDER, WELCOME, AND RECORD OF ATTENDANCE: JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 2:05 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Dr. Robert E. Weston of Northminster Presbyterian Church for the invocation, and he led the pledge of allegiance.

CONSIDERATION AND APPROPRIATE ACTION REGARDING SELECTED PURCHASING ITEMS RELATED TO THE CAPITAL IMPROVEMENT PROJECT:

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT WITH CHESNEY MORALES TO PROVIDE ARCHITECTURAL AND ENGINEERING SERVICES FOR THE EXPANSION OF THE NEONATAL INTENSIVE CARE UNIT (NICU) BY PARTIAL RENOVATION OF THE 5TH FLOOR, RIO TOWER AT UNIVERSITY HOSPITAL.—MARK WEBB

SUMMARY: The CIP Team requested Chesney Morales & Associates to study the potential of providing additional Neonatal Intensive Care Unit (NICU) beds on the 5th floor of the Rio Tower. They have performed a preliminary study under a separate fee arrangement which indicates an expansion to be feasible by having received preliminary input/approval from the Texas Department of State Health Services. Chesney Morales & Associates is one of the firms selected by staff to provide services on an as-needed basis without the issuance of a separate Request for Qualifications. Based on that criteria and the knowledge they have gained about University Hospital, the NICU, and the 5th floor of the Rio Tower, staff recommends that Chesney Morales & Associates be engaged to provide comprehensive Architecture and Engineering Services, to include renovations and enhancements services, for the 10 bed NICU expansion planned for the South Wing of the 5th floor of the Rio Tower, at a cost of $296,980. This is the first piece of a larger NICU expansion plan that will be presented to the board for consideration at a future date. Design concepts will continue to utilize the design theme and architectural vocabulary established with the Sky Tower. The NICU beds added by this project will enhance the ability of the staff to better meet the needs of the NICU program, improve patient care experience, and provide quality outcomes, efficiency, and access by continuing the implementation of the long range Master Facility Plan. Fees for this contract will be paid from capital improvement project funds. Staff will present to the Board a comprehensive plan and budget for the proposed NICU expansion plan at a future Board meeting. Chesney Morales & Associates, Inc. is a 100 percent local, small, and minority owned business enterprise.

RECOMMENDATION: Staff recommends Board of Managers' approval of a contract with Chesney Morales & Associates, Inc., in the amount of $296,950.
**ACTION:** A MOTION to approve staff’s recommendation was made by Mr. Smith, SECONDED by Mr. Haslocher, and PASSED UNANIMOUSLY.

**EVALUATION:** The square footage for the applicable area on the 5th floor is approximately 12,500. Mr. Adams reiterated the Board’s need to review comprehensive plans and budgets prior to any partial project presentations. Further, he clarified that Chesney Morales & Associates will provide design services only, and that the staff will issue a Request for Proposals for construction services. Mr. Engberg suggested that a diagram of the affected areas on the fifth floor would also be helpful.

**FOLLOW-UP:** None.

**CONSIDERATION AND APPROPRIATE ACTION REGARDING ENTERING INTO NEGOTIATIONS TO CONTRACT WITH KAI AS LEAD DESIGN FIRM FOR THE NEW EASTSIDE CLINIC TO INCLUDE A SEPARATE CONTRACT FOR PROGRAMMING SERVICES TO DEFINE THE SCOPE OF DESIGN SERVICES – MARK WEBB**

**SUMMARY:** On December 3, 2014, the Health System issued a Request for Qualifications (RFQ) for design services for the new clinic on the Eastside at 909 Runnels Avenue. This clinic will serve as the prototype for future health system clinics and as such, will need to be expandable to meet the demands of diverse area demographics. Staff received 23 responses from interested design firms. The evaluation criteria included qualifications, general information, project team members and sub-consultants, and representative projects. The response review committee consisted of representatives from Facilities Development and Information Technology, as well as the Senior Vice President of Ambulatory, and the Chief Operating Officer. Mr. Engberg asked if the review committee included nursing or medical representation, which it did not, however, Mr. Webb reported that the Facilities Development representatives include one professional engineer and one licensed architect. Mr. Webb detailed the criteria used to evaluate the firms’ responses in his written report. The KAI submittal included several representative projects that demonstrated their ability to deliver a high quality project meeting/exceeding the established criteria. As part of the project, KAI will provide overall architecture, electrical engineering, and project management. KAI has proposed subcontracting for specified disciplines as indicated below:

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<tr>
<th>Firm</th>
<th>Discipline</th>
<th>SMWVBE Status</th>
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<tbody>
<tr>
<td>KAI</td>
<td>Architecture, Electrical Engineering, Project Management</td>
<td>Local (AABE, SBE)</td>
</tr>
<tr>
<td>BSA LifeStructures</td>
<td>Mechanical Engineering, Plumbing Design, Healthcare Planning</td>
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<tr>
<td>Dillard Architect Group</td>
<td>Architecture, Local Representative</td>
<td>Local (AABE, SBE)</td>
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<td>Intelligent Engineering Services</td>
<td>Civil Engineering</td>
<td>Local (MBE, SBE)</td>
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<td>RSCR, Inc.</td>
<td>Structural Engineering</td>
<td>Local (MBE, SBE)</td>
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<td>Datacom Design Group</td>
<td>Technology and Tele-Health</td>
<td>Local (WBE, SBE)</td>
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<td>RVK Architects</td>
<td>Landscape Architecture</td>
<td>Local</td>
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<td>LCCx</td>
<td>Commissioning</td>
<td>Local (SBE)</td>
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While the KAI team has a strong commitment to the use of SMWVBE and local firms, the final participation levels will be determined as the agreement is negotiated. This project embodies the Triple Aim Plus goals by enhancing the quality of the patient experience and providing access to medical care to the Eastside community.

**Recommendation:**
Staff recommends approval to enter into negotiations with KAI for the design and programming of the new Eastside Clinic at a cost not to exceed $40,000. Once the scope is better defined, staff will determine the appropriate contract value for the full design services, construction administration, and Initial Outfitting and Transition for the new Eastside Clinic.

**Action:**
A motion to approve staff’s recommendation was made by Mr. Gilbert, seconded by Mr. Smith, and passed unanimously.

**Evaluation:**
Dr. Jimenez expressed his preference to solicit consumer input early on in the design process. Consumers must have the opportunity to ask questions, educate the firm about the community, and share their own ideas because firms rarely do such research before they start a job. Discussion ensued and staff agreed to ask KAI to interview consumers and receive input from the community, and nursing/medical providers after design and technical programming, but before schematic design and design development. Mr. Adams and Dr. Burns agreed that community involvement with particular sensitivity to this project is critical. The Board’s goal is to make this new clinic an Eastside community project. Mr. Gilbert asked the staff to help him better understand this process by outlining all of the steps that will be taken in this and similar, future construction projects.

**Follow-up:**
As indicated above.

**Consideration and Appropriate Action Regarding Selected Purchasing Items:**

**Consideration and Appropriate Action Regarding a Contract with Haven for Hope to Support Improved Access to Health Care Services**

**Summary:**
Haven for Hope’s Jail Release Program provides linkage from jail release or diversion from jail directly to Haven for Hope. Once on the campus, individuals participating in this program receive on-site substance abuse and mental health treatment from The Center for Health Care Services and physical health care from CentroMed. Additionally, clients receive employment readiness services and linkages and access to permanent housing. It is anticipated that by providing these health and support service linkages, a potential reduction in preventable emergency department visits and hospital inpatient admissions, addiction and behavioral health relapses, and jail recidivism along with all the associated costs will be seen. In coordination with a larger Bexar County Judicial Services initiative to reduce jail population and provide diversion to treatment, Haven for Hope leadership reached out to the Bexar County Commissioners Court and requested operational funds to support this outreach expansion for those individuals released from the
Bexar County Jail. In turn, a decision was made to divide the support equally between University Health System, The Center for Health Care Services and the County of Bexar, at a cost of $333,333.33 each. These three organizations already share a history of collaboration. The Center for Health Care Services is the largest footprint organization at the Haven for Hope campus providing the majority of addiction and mental health recovery services. University Health System has partnered with Haven for Hope in the creation of the Homeless Assistance Program, an alternative to the CareLink program for people experiencing homelessness. While this program is currently being piloted on a very small scale (before the Health System’s initial investment), the number of enrollees is too small to provide statistically significant quantitative outcome data. Staff reviewed the performance goals set for this program as follows:

1. Number of assessments conducted by Peer Support Specialist (outreach services) = 30/month.
2. Number of enrollments onto the Campus including In House Wellness Program and In House Recovery Program = 10/month (30 percent of those assessed)
3. Number of completions of In House Recovery Program and In House Wellness Program = 50 percent of those enrolled

This expense is included in the 2015 operating budget. This is the first year the Health System will participate in the funding of this program and staff does not have data available on the Return on Investment at this time. Data to assess the financial benefits of the program will be collected during this first year. This program aligns with the Health System’s overall strategic plan to improve access to care and community health. Dr. Taylor provided Haven for Hope’s workforce data composition in her written report.

RECOMMENDATION: Staff recommends Board of Managers’ approval to execute an Agreement with the Haven for Hope in the amount of $333,333.33 in support of this initiative. The term of this agreement is for one year beginning January 1, 2015 through December 31, 2015.

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

EVALUATION: Discussion ensued and the Board members engaged Mr. Mark Carmona, President/CEO, Haven for Hope, in dialogue. Dr. Jimenez initiated the following discussion: The cost per inmate at the Bexar County jail is $250/day as compared to the Haven for Hope which is $24-$39/day. At the present time, approximately 25 percent of the males residing at Haven for Hope have a mental illness. The percentage of women who are homeless with mental illness is higher and is primarily due to incidents of trauma. Once a woman finishes the initial program and is stable, Haven for Hope will provide an array of supportive services, such as housing, for her and her children, if any. There is also a sizeable group of homeless veterans in San Antonio. Currently there are 112 vets residing in the Prospects Court Yard, and 50 on the Transformational Campus, with various discharge statuses. The Veterans’ Administration has representatives on campus at least three times a week.
According to the numbers presented today, after the initial $1 million investment, Mr. Engberg estimates that there will be a total of 60 successful cases at the end of the funding period. The numbers used today are very conservative and are worth tracking because the program is in its initial stages. The data gathered during the first year will help the County provide bond incentives. Once the program is in place, the numbers will be much higher. After individuals complete the jail release program, Haven for Hope will actively follow them for one year to continue some type of after-care. Dr. Taylor expressed confidence that the data exchange between UHS and Haven for Hope for the coming year will shed more light on the numbers.

Mr. Gilbert is interested in the long term data because he is concerned staff will return and ask the Board for additional funds before the funding period is over. Is it possible to divert individuals prior to incarceration? There are two intercept points at which this can happen. First, when the individual is approached on the street, if the arresting officer has any indication that he has a mental illness, he will be taken in for treatment. The second point is at central magistration when the judge must decide to divert or incarcerate. At that point if there’s a program available at Haven for Hope for homeless people, these individuals can be diverted there.

Mr. Smith asked about the total number of such encounters for the prior year. Mr. Carmona shared data he received for one six month period in 2014, during which it was reported that there were 550 individuals with mental illness who met the criteria for diversion and were in the Bexar County jail. At this time, County leaders are exploring the feasibility of requiring the completion of a jail release program as a condition of the bond, which would serve as motivation for the individuals to enroll in, and complete the program.

**FOLLOW-UP:** Mr. Adams and Mr. Hasslocher agreed that unity among the three funding entities in this regard is extremely important, as are the metrics, end results, follow through, and accountability. The staff must assure that this program is managed in the most economical way. Dr. Jimenez reminded the staff that the strategy in Texas is to shift these types of costs to the county tax payers. Mr. Gilbert reiterated his interest in reviewing long term data, especially with the veteran population. Board members thanked Mr. Carmona for his work at the Haven for Hope.

**CONSIDERATION AND APPROPRIATE ACTION TO AMEND THE LEASE AGREEMENT WITH COLDWATER FARMS, INC., P & R ALMOND ORCHARDS, INC., THOMAS-CATTANI, INC., FERDOSH NANKANI & DENISE DYCK, D/B/A WESTSIDE PROFESSIONAL BUILDING FOR THE RELOCATION OF THE REFUGEE CLINIC**

**SUMMARY:** The Bexar County Refugee Resettlement Program is a community-based service provided in partnership with Catholic Charities of San Antonio. The program coincides with the Health System’s Triple Aim Plus initiative to efficiently provide access to high-quality patient centered and compassionate care. All Refugee children are provided access to
the required wellness exams and vaccinations so they may attend school. In July of 2014, staff re-located the Refugee program from the UFHC-North to a non-owned Health System site, the Westside Professional Building at 700 S. Zarzamora, across the street from the Texas Diabetes Institute, where Refugee patients can easily access the TDI lab which is necessary in light of the services provided. The Health System is budgeted to see over 750 Refugees during the funding period September 2014 through August 2015. All services will be reimbursed by Medicaid or the DSHS grant funds. The new proposed clinic area, on the second floor of the Westside Professional Building is double the size of the current clinic space. The current space is 1,335 square feet and will expand to 2,650 square feet. DSHS has approved a budget to allow the relocation of the clinic; therefore all relocation expenses will be paid by DSHS. The current annual cost to lease space is $20,028 or $1,669 per month ($15 per square foot). The base rent per square foot for the new space will remain at $15 for the first four years and increase to $15.50 in year 5. The annual lease expense for the new space will be $39,750 annually for the first four years and $41,075 for year five. Total lease expense for the five year term is $200,075 ($15.10 per square foot). The original term of the lease is May 1, 2014 through May 31, 2019 and will now be extended through March 31, 2020. The property management company will allow the Health System to move into the larger space without penalty and has agreed to paint the new area at no additional cost. Additionally, language is included in the lease agreement to acknowledge budgetary constraints; this lease is contingent upon federal funding, which allows the Health System to immediately terminate the lease without penalty if funding for the program ceases. Only those clients who are registered with Catholic Charities are provided services through the Refugee clinic.

RECOMMENDATION: Staff recommends Board of Managers’ approval to amend the current lease agreement with Coldwater Farms, Inc., P & R Almond Orchards, Inc., Thomas-Cattani, Inc., Ferdosh Nankani & Denise Dyck, d/b/a Westside Professional Building for the relocation of the Refugee Clinic.

ACTION: A MOTION to approve staff’s recommendation was made by Mr. Smith SECONDED by Mr. Hasslocher, and PASSED UNANIMOUSLY.

EVALUATION: Comprehensive evaluations are provided under this program and include TB testing, HIV, vision, cholesterol screening, and immunizations. The individuals and families served have been officially designated as Refugees by the U.S. Office of Refugee Resettlement. The Health System’s Refugee Clinic sees approximately 52 patients/day or 900/year, (2-3 three families in the clinic at any given time). Refugees receive temporary Medicaid for eight months to cover the costs of any follow-up clinical services. Dr. Burns expressed concern about current space needs and future clinic projections; the patient care space described today seems inadequate. She noted there is also a requirement to maintain special designated vaccine refrigerators in the clinic. The Health System must have the infrastructure in place to support such a program, if there is such a need. The resettlement of refugees is a national issue, with many of the northern states having closed their doors to them. Once their temporary Medicaid privileges expire, these Refugees will become CareLink members if they stay in Bexar County. The concern remains
that Texas has the highest percentage of uninsured people. Mr. Adams reiterated the need to look beyond the eight-month funding period. As for the clinic location at 700 S. Zarzamora, Mr. Gilbert asked if the staff had researched any other buildings or sites that might be better equipped. At the present time, Refugees reside all around the city and Catholic Charities is supportive of the Zarzamora location. This is the best location at this time for this program, however Mr. Smith expressed disappointment that the Board was not provided with alternatives to the current location. Discussion ensued regarding transportation and translation services, which are also provided by Catholic Charities. The State of Texas funds the Refugee Resettlement program for Catholic Charities and the Health System is a sub-grantee. Staff will work closely with both agencies through the concerns raised by the Board today.

FOLLOW-UP: As indicated above.

CONSIDERATION AND APPROPRIATE ACTION FOR RENEWAL OF AN AGREEMENT WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO FOR PEDIATRIC OTOLARYNGOLOGY SERVICES

SUMMARY: In August 2013, the Board of Managers approved a contract with UTHSCSA to support the recruitment and retention of a Pediatric ENT physician. This is a request to renew the existing agreement with UTHSCSA to provide urgent and emergent call coverage on pediatric cases with ENT support needs for the Lead Pediatric ENT Physician. This coverage and on-going patient care support is critical to the overall success of the pediatric program at the Health System. Currently, UTHSCSA does not have a sufficient number of specialized providers to support unique pediatric ENT services and additional recruitment efforts are underway to support the increased pediatric activity at University Hospital. The retention of this Pediatric Ear Nose and Throat attending physician enables continuity of care and expanded call coverage capability for providing specialized pediatric ENT services in the community. This coverage and on-going patient care support is critical to the overall success of the pediatric program at University Health System. The proposed renewal agreement with UTHSCSA for the retention of a Pediatric ENT attending physician agreement will be on a two academic year basis, renewable beginning on or about September 3, 2015. The anticipated average annual outlay for this contract over the two-year period is $200,000, net of collections. This is inclusive of the additional support to bring compensation up to the Association of American Medical Colleges (AAMC) median salary plus compensation for call coverage and medical director services. This renewal is a component of the overall pediatric ENT services required to support Health System activities, but additional physician services and call coverage and will be required and brought to the Board of Managers for approval as contracts are negotiated.

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

RECOMMENDATION: Staff recommends Board of Managers’ approval of a renewal agreement with UTHSCSA for Pediatric Otolaryngology Services in the average
amount of annual outlay for this contract over a two-year period of $200,000, net of collections.

EVALUATION: None.

FOLLOW-UP: None.

CONSIDERATION AND APPROPRIATE ACTION REGARDING A CONTRACT
FOR PROFESSIONAL AND ADMINISTRATIVE SERVICES WITH THE UNIVERSITY
OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 2015 ANNUAL
OPERATING AGREEMENT

SUMMARY: The Health System compensates UTHCSA for (1) administrative management of the residency programs, (2) administrative/medical direction; (3) patient care services personnel, (4) housestaff malpractice insurance and (5) Community Medicine Associates malpractice insurance through two Annual Operating Agreements. Performance expectations are agreed upon and included in the agreement and payments made pursuant to these agreements are based on time sheets submitted to and verified by the leadership of the departments being served. The negotiated 2015 Annual Operating Agreements total $13,865,910 compared to the 2014 agreements of $13,604,739, an increase of $261,171 or 1.9%. The Annual Operating Agreements represent two distinct areas of services: Medical Director Services and General Services:

- Medical Director Services are budgeted at $5,124,768 and consists of 18.5 FTEs versus $4,742,849 and 17.5 FTEs in 2014. New Medical Director positions for Inpatient Dialysis, MICU II, Pediatric Transplant Surgery and Hyperbaric Wound Care make up the bulk of this increase.
- General Services are budgeted at $8,741,142 and consists of 76.5 FTEs vs. $8,861,890 and 79.5 FTEs in 2014:
  - Administrative Management of the Residency Programs is budgeted at $625,000 vs. $1,000,000 in 2014. This reduction is based on budget parameters.
  - House Staff Medical Malpractice Insurance is budgeted at $665,672, which is equal to the 2014 agreement.
  - Community Medicine Associates Malpractice Insurance is budgeted at $61,135 and is equal to the 2014 agreement.

Mr. Strickland described the duties and responsibilities of the various Medical Directors and general services personnel in his written report. The formal process for selection and discharge of medical directors was reviewed in detail by Dr. Alsip. The total of UHS contracts with UTHSCSA for the coming year, including the Annual Operating Agreement is approximately $144,000,000. Other contracts with UTHSCSA for an array of clinical services for 2015 include:

- Bexar County Clinical Services Agreement for direct patient care and call coverage at University Hospital, Robert B. Green and TDI facilities at $100,000,000 annually.
- Primary and specialty clinical care provided to CareLink members at $21,000,000 annually.
- Sponsored Care for urgent and emergent clinical care to
unfunded patients at $2,300,000 annually.

- Dental, oral and maxillofacial surgery and prosthetic services for CareLink members, and oral surgical call coverage at University Hospital. The annual total of these two contracts is $1,100,000 annually.
- Prosthetic and orthotic appliances and services to CareLink members and unfunded patients at $500,000 annually.
- Other miscellaneous contracts UTHSCSA for a variety of services with annual spends of approximately $5,000,000.

**ACTION:** A MOTION to approve staff’s recommendation was made by Mr. Smith with the stipulation that staff will develop metrics for alignment measures with UTHSCSA as soon as possible. The MOTION was SECONDED by Mr. Gilbert.

**RECOMMENDATION:** Staff recommends Board of Managers’ approval to execute the 2015 Annual Operating Agreement for Medical Director Services and General Services with The University of Texas Health Science Center at San Antonio in the combined amount not to exceed $13,865,910.

**EVALUATION:** Mr. Adams asked for the status of contract alignment measures. It was his expectation that the staff would be further along in negotiating incentives and accountability measurements with UTHSCSA. The Health System has recently retained The Chartis Group to conduct a rigorous analysis of the UTHSCSA Department of Pathology contract. The template tying incentives to performance measures for other contracts will be modeled after the pathology analysis, which staff expects to present to the Board in September 2015. Staff is making a concerted effort to review each individual contract and working with the appropriate service line leader and department.

**FOLLOW-UP:** As indicated above.

**CLOSED MEETING:**

Mr. Adams announced the public meeting closed at 4:01 p.m., pursuant to TEX. GOV’T CODE, Section 551.085 (Vernon 2004) to receive information on and/or deliberate regarding pricing or financial planning information relating to a bid or negotiation for the arrangement or provision of services or product lines to another person if disclosure of the information would give advantage to competitors of the hospital district. The following Board members were present: James Adams, Ira Smith, Dr. Dianna M. Burns, Dr. Roberto Jimenez, Robert Engberg, James C. Hasslocher and Mr. Gilbert. The following staff members were also present: George B. Hernandez, Ted Day, Mark Webb, Reed Hurley, Dr. Bryan Alsip, and Michael Hernandez. During the closed meeting, no action was taken. Mr. Adams announced the closed meeting ended at 4:09 p.m. and he reconvened the public meeting.

**ADJOURNMENT:**

There being no further business, Mr. Adams adjourned the public Board meeting at 4:10 p.m.

James R. Adams
Chair, Board of Managers

Dianna M. Burns, M.D.
Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary