



Chairman	Kenneth Mattox, M.D.
Chief Executive Officer	Darrell Pile
Vice Chair-Hospital Services	Tom Flanagan
Vice Chair-PreHospital Services	Lon Squyres
Secretary	John Kowalik
Treasurer	Amanda Campos
Member at Large	David Persse, M.D.

SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller and Wharton Counties

Board Meeting Minutes July 17, 2017

CALL TO ORDER

Lon Squyres, Vice Chair Pre-Hospital Services, called the meeting to order at 6:30 pm. The meeting was held at the Harris County Homeland Security and Emergency Management Office in Houston, Texas.

ROLL CALL

John Kowalik, Secretary, called roll and a quorum was established.

WELCOME/OPENING REMARKS

Mr. Squyres welcomed the Board members and shareholders to the meeting. He stated it is an honor to be a part of an organization that is arguably one of the finest collectives of people in healthcare that can work together, and it is good to see everyone come together as a Regional Advisory Council (RAC) on so many issues.

Dr. Kenneth Mattox

BOARD ELECTIONS

A. Confirmation of Board Appointment (terms expiring)

Mr. Kowalik reported today's Board meeting serves as the annual meeting where some of the Board of Director terms expire. Eight (8) terms are expiring as of today. Our bylaws provide that a member will remain in the seat until a replacement is identified. Tonight, we have received the following recommendations from the appropriate nominating authorities:

- Ronald Dille, Austin County EMS
- Lon Squyres, Harris County EMS
- John Kowalik, Wharton County EMS
- Melinda Stephenson, HCA
- Gay Nord, CHI St. Luke's Health System
- Tim Puthoff, Tenet Health System
- Brent Kaziny, M.D., Texas Children's Hospital
- Brett Kinman, Tomball Regional, Hospital Independent #1

Mr. Kowalik requested a motion to accept the recommendations. A motion was made to accept the recommendations; the motion was seconded, and the Board members unanimously carried the motion.

Mr. Kowalik reported there are two (2) vacant positions with no nominations. Any interested parties should forward interest to the CEO. The Board will take this under consideration a future meeting.

- Hospital-At-Large #2
- Community At-Large #2

B. Election of Officers (terms expiring)

Mr. Kowalik reported action is also needed to nominate Board officer positions tonight. Each of the following members have agreed to remain in their respective office:

- Chairman – Kenneth Mattox, M.D.
- Vice Chairman, Pre-Hospital Services – Lon Squyres
- Treasurer – Amanda Campos

Mr. Kowalik requested if there are any nominations from the Board? With no nominations from the Board, he requested a motion to close nominations and vote to approve these three officers. A motion was made to close nominations and vote to approve these three officers, the motion was seconded, and the Board members unanimously carried the motion.

OFFICER REPORTS

A. Chairman's Report

Dr. Kenneth Mattox shared how incredibly proud he is to be a member of SETRAC. The best description he has heard is SETRAC is one of the best examples of getting along among competing high-egos and high-driven organizations yet figuring out how to work together in a positive way. He stated the number of changes that are going to occur within the next three to five years are going to blow our minds. Republican and Democratic parties will look nowhere near what they look like now and our funding sources are drawing up at the state level. The budgets we have created are 100% gone and yet the responsibilities where we have positioned ourselves in stroke, STEMI, trauma, neonates, burns, and disasters are still our responsibility. He stated we may be leaner, but we have been rich in talent, rich in energies, rich in vision, and we have accomplished things that no other population in the United States has done.

B. Vice Chair Hospital Services

No report given.

C. Vice Chair Pre-Hospital Services

Mr. Squyres reported there is going to be a webinar on the State's EMS website (July 31st at 3:00 pm) detailing the new requirement, jurisprudence exam for EMS. Mr. Kowalik requested Chris Collier resend this information out via the SETRAC list serves.

D. Secretary Report

Mr. Kowalik reminded the Board members the RAC was put in charge of the local project grant funds, and SETRAC decided the funds would be best used for an educational EMS training for the region. He reported SETRAC has partnered with the Cy-Fair Fire Department to hold a training class, funded by the local project grant, on July 12th and 13th. The training was a success with 375 to 400 attendees from the regional agencies. The remaining funds will be used to purchase triage tags.

Mr. Kowalik reported there are current issues with fentanyl and fentanyl overdoses. He directed the Board members to information in the Board binders regarding the facts on fentanyl and best practices. Dr. David Persse also gave an update on the situation. Bob Royall will be giving a presentation on this issue at the upcoming Pre-Hospital Committee meeting (Friday, July 21st, 9:30 am to 12:00 pm at TranStar).

Mr. Kowalik announced his department is conducting an interactive stroke lab with PHI and St. Luke's on August 24th, from 9:00 am to 1:00 pm at the Wharton Civic Center. Registration information will be sent out through the list serves and the class is free.

E. Member at Large Report

Dr. Persse reported Houston Fire Department (HFD) has a new Fire Chief and has installed a new command staff as of last week. Assistant Chief Almaguer retired just short of 35 years of service. Former paramedic, Justin Wells, started last Monday as their new Assistant Chief.

F. Treasurer's Report/Financial Update

Donald Morrison directed the Board members to the detailed financial reports in the Board binders reflecting the fourth quarter of 2017. Most of the grants listed have closed. ASPR Ebola have been spent, there is \$32,365 left in HPP which are restricted funds in the indirect cost allocation pool, RAC EMS, Tobacco, and CVD are also spent, and county pass-through is winding down (a few agencies still need to submit their pass-through packages for the current year). As of June 30th, SETRAC cash status is \$242,968 in Frost, \$434,820 in Compass, \$148,000 in savings, and \$440,909 in the investment account.

A deficit is projected for the SETRAC Operating Budget (general fund) this year based on salaries and other expenditures. Mr. Morrison explained this is the result of the RAC/EMS fund from two years ago that was more than \$40,000 less than previous years. As a reminder, this was due to HFD and a few other agencies' total emergency calls were not counted. Wise use of grant funds by senior SETRAC leadership made it possible to push the shortage of grant funds to March of this year. However, all grant funds have been exhausted as of April 1st, and the general fund was used to cover the April salaries and other expenditures mentioned above. Last Monday, Mr. Morrison, Mr. Squyres, and Lori Upton attended a meeting in Austin with the Department of State Health Services (DSHS) staff. The Tobacco funds are going away as the corpus was depleted several years ago, and there are no funds left in the investment fund and with no interest, the fund no longer exists. With the fiscal year starting September 1st, DSHS has come up with enough funds to cover most of the Tobacco grant allocation; however, SETRAC is going to see a shortage of approximately \$62,000. In addition, due to the HFD trauma calls from 2015 that were not counted, SETRAC is also short \$80,000 in the RAC/EMS grant this year. Going forward, SETRAC is facing a tough financial year on the Clinical side. There are general funds that will cover any shortfalls until the next fiscal year. There was discussion regarding a possible ongoing deficit trend and the possibility of having some of the data restored and the HFD runs recognized for this year. Mr. Morrison advised the DSHS staff is recommending affidavits be accepted again for Fiscal Year 16 to cover all EMS trauma runs. He is also working with the HFD IT technician to resolve this issue.

Mr. Morrison directed the Board members to the reports outlining how funds were spent and the approved budgets presented in April.

G. Leadership Report

Darrell Pile directed the Board members to his report in the Board binders. He requested everyone begin thinking about what it is that the RAC does to bring REAL VALUE and what REAL VALUE means to our stakeholders (hospitals, EMS agencies, etc.). SETRAC needs to reassess what it does and how to spend funds more wisely. He plans to bring ideas back to the next meeting on how to raise revenues or reduce expenses. Mr. Pile also requested the Board members be thinking about priorities and what needs to be done as we work to manage our future (i.e. expand IT, add trauma data to our data base, bring our data base in-house, etc.).

Mr. Pile pointed out documentation in his report outlining the SETRAC purpose, Board of Directors, and SETRAC committees/subcommittees. He reviewed the sources and uses of funds with the Board members.

Mr. Pile gave an update on Representative Sarah Davis' bill, the first pro-RAC bill in our history. It was unanimously approved by a committee in the House of Representatives, then moved on as an uncontested bill to a Senate committee, then on to the Administration Committee unanimously approved as an uncontested bill, and finally to the Senate. He then found out that the bill had been intentionally pulled from the stack of bills for approval and was never presented.

Mr. Pile shared the topics the Bylaws Committee will be addressing:

- Referencing bylaws from other organizations to set executive member rollover terms.
- Board membership review to embrace large systems replacing independent members.
- General membership voting: qualifications/process/rules.
- Committee voting: qualifications/voting/rules.
- Committee chair qualifications, terms and election process.
- Review language/expectations that may no longer be squarely applicable.
- "Other" (member feedback encouraged, i.e. mandatory board meeting attendance).

Mr. Pile reported the Perinatal Committee is ready to elect a chair. Two candidates have submitted profiles and the committee is currently reviewing them and will conduct a vote via secret ballot to elect a chair to replace Dr. Toy. There are also openings on the Trauma Committee and Stroke Committee since the chairs have resigned.

Mr. Pile reviewed the emerging topics of interest with the Board members as follows:

- Psychiatric hospital bed capacity and prehospital transfer options/considerations.
- Stroke deep dive by zip code – District 13 (Senator Boris Miles' district).
- Stroke "interventional ready hospitals" evolution (JCAHO).
- SANE hospital responsibilities including screenings and transfer relationships/options.
- Active shooter universal "code" terminology merits (like "code blue").

Venues are being considered for the SETRAC Awards Banquet to be held during the first two weeks of January. Input is encouraged to help set award criteria and application language, create a few "multiple qualifier" awards, identify sources of funding/CMEs, attract media coverage, agree on ticket sales/table purchasing method. The anticipated cost is \$45,000, which was covered at last year's banquet.

Preparedness Report

Ms. Upton directed the Board members to the Preparedness report in the Board binders and gave some highlights as follows:

- SETRAC was awarded the 5-year HPP contract for TSA Q, R, and H. This contract period runs from 2017 through 2022. Even though SETRAC has been awarded the contract and will be the Hospital Preparedness contractor, it does not come with guaranteed funds. This first year is funded and after that SETRAC is waiting to see what the federal government decides through the ASPR program.
- SETRAC is currently planning a full-scale exercise with the DSHS and Federal HHS and ASPR on the air movement of a HCID patient from Oklahoma to Texas and follow up ground transfer to the RETC. This exercise will also simulate a pediatric patient going to Texas Children's West. The date of this exercise is scheduled for September 12-13, 2017.
- SETRAC welcomes a new Emergency Management Coordinator for Special Populations, Hilal Salami. He comes from the Department of State Health Services (DSHS) where he was a planner. His responsibilities include assisting in the coordination and facilitation of the preparedness efforts for the other 17 entities that now fall under the CMS rules (nursing homes, long term care, rehabs, hospice, dialysis centers, etc.). Mr. Salami has contacted over 300 long term care providers within his first week with SETRAC. Since SETRAC is incurring a financial liability with these new entities, the Board members will be looking at the possibility of dues to offset the cost.

- SETRAC was able to work a deal with 3M and a local distributor to purchase new PAPRs for most our facilities by combining the remaining Ebola and HPP funding along with a small Homeland Security funding. These purchases are just arriving at the warehouse and will be distributed through a scheduled drop-off/pick-up process.
- Our first Preparedness Boot Camp was held in Texas City on May 31st. The purpose of the Boot Camp is to assist the new 17 facility-types that now fall under the CMS Emergency Preparedness rules. The Boot Camp was held in partnership with Pearland, Texas City, and Galveston County OEMs. There were 260 attendees from around the state participated and SETRAC has received excellent feedback. The next Boot Camp is scheduled in Liberty County for August 10th. SETRAC is considering charging a small fee to offset the cost associated the Boot Camp.
- Fifteen training classes held within April 2017 - July 2017 with 91 students trained. Most of these were the bio-PPE classes.
- Hurricane Charlie/Operation Tempest (regional/state exercise) was held on June 6th-8th. The exercise included all jurisdictions from all DPS region 2. The RHPC region had 176 agencies signed up to participate in the SETRAC portion of the exercise. This included long term care, hospice, hospitals, EMS, Fire Department, Public Health, and Office of Emergency Management. The participant number is not final, but the count to date shows we had 4500 participants in the exercise.

The exercise was broken out into several days, with specific days dedicated to different operations:

- June 6th – Nursing Homes and Hospice Play/NDMS Full Scale Exercised at Ellington.
- June 7th – Focus on Evacuation of Medical facilities and staging operations.
- June 8th – Focus on Repopulation and Damage Assessment.

- EMTF6 has 89 current EMTF6 partners.
- Atascocita Fire Department, working with EMTF, has developed the Medical Unit Rehab Crew (MUR-C) which is based on lessons-learned from last year's various deployments. This team is unique to Texas and available to provide medical services to any deployed team in Texas.

COMMITTEE REPORTS

A. **Regional Healthcare Preparedness Coalition (RHPC)** – Ms. Upton directed the Board members to the RHPC report in the Board binders and gave some highlights as follows:

- The corridors continue to meet every other month. The results of the recent elections for chairs and co-chairs are as follows:

South:	Jessica Tucker/Christina Hatcher
North:	Ken Jobe/Michael Rankin
Downtown:	Ray Higgins/Amy Lopez
East:	Holly Mitchell/Vicki Tarnow
West:	Toni Carnie/Dena Daniel
- New Discipline Representatives to the RHPC include:

OEM:	Allen Portman
Public Health:	Jennifer Kiger
EMS:	Open

Once the EMS representative position is filled, the RHPC group will meet and select

the next RHPC Chair.

- The Preparedness Symposium is coming up soon (October 11-13). Lisa Spivey has been working overtime to bring in speakers. Currently confirmed are speakers from France, Israel, Chicago, and Thailand along with local speakers.
- A full-scale exercise in February 2018 with DSHS on the distribution of medical countermeasure. Everyone is encouraged to review their internal plans for dispensing medications.
- The SETRAC website has all corridor meeting minutes, approved regional plans and planning templates available under the Preparedness tab.

Ms. Upton reported there are only eight contracts in the state of Texas this year, and SETRAC has become one of the model RACs for the nation. She has recently received calls from different areas around the nation wanting to know how we do exercising, evacuations, RAND tool, how to build a coalition like we have, how do we report these things up, etc.

Dr. Mattox stated this is an asset that could possibly be sold. As we think of the future, think about how this asset would be marketed.

He outlined the following thoughts:

- If someone wanted to come in for two to three days, SETRAC could then charge a fee for this service.
- If disaster can be reduced to eight areas, there may be consolidation and/or expansion of RACs in the state of Texas.
- SETRAC officers and RHPC chairs, when the Thailand officers come for the symposium in Galveston, they may come two weeks earlier to learn how we do all that we do including disaster. We may be calling upon the officers and chairs to participate in a "round table" meeting at SETRAC with these officers from Thailand who are equivalent to Homeland Security or FEMA.

- B. **Perinatal Committee** – Mr. Pile reported on behalf of Dr. Eugene Toy. He directed the Board members to the Perinatal Committee report in the Board binder. The Perinatal Committee created two workgroups that will be working on ways to improve the regional Maternal Mortality rate and the Low-Birth Weight Infant Mortality rate which is very poor in Texas compared to the nation. The groups want to focus on this issue to show that our region will do better than Texas itself.
- C. **Pre-Hospital Committee** – Mr. Kowalik reported they have not yet seen an influx in the participation of private providers that the Board members approved at the April meeting.
- D. **Trauma Committee** – Mr. Eric Bank directed the Board members to the Trauma Committee report in the board binder. He reported Q4 2016 trauma data is included minus two facilities that have an action plan to catch up. There continues to be several centers in pursuit of trauma levels.

Dr. Mattox presented the Trauma Committee with a charge to assure balance in the community. The American College of Surgeons, that developed the trauma center criteria, has spent the last two years addressing the issue of oversupply of trauma centers. There is an increasing problem in some areas (California and Florida being particularly prevalent) of maintaining their skill levels especially if there are new federal dollars available. He requested the Trauma Committee address the issue of the appropriate level of numbers of Code 16 and above.

Discussion ensued regarding SETRAC's jurisdiction of the certificate of need for trauma center levels distribution in our region. Dr. Mattox stated he sees SETRAC having the same kind of effectiveness as on trauma center designation which has a review, and that is a document from the College of Surgeons.

- E. **Pediatric Committee** – Dr. Charles Cox directed the Board members to the Pediatric Committee report in the Board binder. Data has been reported by 29 hospitals in all quarters of 2016. They are in the

process of requesting additional data for their committee. They are also in the process of pursuing review of the ISS patients to validate triage criteria under which they operate. Burn care education is being rolled out to prevent potential dual transfers of burn patients. The airway intervention evaluation tool is being refined to provide feedback to all the providers are pediatric airway intervention.

Dr. Mattox charged the Pediatric Committee with bringing in issues other than trauma in children; such as Ebola and mumps. He also requested the committee check into the benefits and dangers of interosseous.

- F. **Injury Prevention Committee** – Robin Garza directed the Board members to the Injury Prevention Committee report in the board binder. She reported there is a Fall Prevention Workgroup, chaired by Sarah Schwaller, that works under the Injury Prevention Committee. The workgroup has partnered Dr. Stacy Drake, RN and the UT School of Nursing to develop a robust “A Matter of Balance Program”.

The Injury Prevention Committee continues to work with the Harris County Medical Examiner’s Office on the Death by Trauma study. The initial data indicates there is a 97.2% preventability rate so they are looking at opportunities to help improve the care for those patients. Along with Dr. Drake, they are hoping to have data ready for dissemination early next year.

The Injury Prevention Committee will be represented at the 2017 Preparedness Symposium, specifically with the drunk driving simulator and pedal carts.

A webinar sequence will be released soon that will be covering core competency for injury and balance prevention. It will consist of six different webinars free of charge beginning in August through the end of the year. Some of the topics are “Finding, Understanding and Using Injury and Balance Data” and “Power of Policy, Partnership and Press”. These are being presented through the North Carolina Department of Human and Health Resources. This information will be posted on the Injury Prevention webpage.

In collaboration with Trauma, the Injury Prevention Committee developed a Trauma PI course. The first class was held earlier this year. The next course is scheduled for August 29th and is free to RAC members. They have received a request to possibly expand this course into the perinatal area. There is also the opportunity to open it outside of the RAC for a registration fee.

The Injury Prevention Committee has started working on their mission statement and are hoping to have it finalized and ready by the next meeting. The next Injury Prevention Committee meeting is scheduled for August 9th.

Dr. Mattox reported the Injury Prevention Committee, here and across the state in other RACs, received the attention of the Legislature which caught the attention of the Governor making him knowledgeable of this work. Ms. Garza stated there were many people involved in the process of getting the state to recognize and ban distracted driving or driving with the use of a handheld device. This was their fourth time to lobby to the Legislature, to not be one of the only states that does not recognize the dangers, and it was finally passed this year.

Dr. Mattox inquired could the TQIP data assist in trauma prevention and trauma outcomes, and is TQIP going to be as good as NSQIP in comparing individual facilities and outcome data. He asked Ms. Garza if she knows how many trauma centers of all levels are using or plan to use TQIP. Ms. Garza stated she did not have any numbers, but it was mandated as of January 1st, to be a participant in TQIP. All Level I and II facilities that are verified through the American College of Surgeons are now required to be a participant in TQIP. Level III and Level IV facilities are verified through the state and therefore not required to be a participant in TQIP.

- G. **Stop the Bleed Ad Hoc Committee** – Jessica Vickers reported the Stop the Bleed Ad Hoc Committee met on July 13 at the SETRAC offices. They reviewed the findings from the Stop the Bleed focus group to determine how the committee can move forward. The focus group developed a packet that includes the process flow chart.

To date, our region has trained over 200 Stop the Bleed trainers. The committee members are reviewing dates to schedule more instructor classes as the class is in a high demand. Currently, the Emergency Nurses Association, Klein ISD, Kemah Fire Department, and MD Anderson are requesting training for their employees. Memorial Hermann along with Harris Health and Texas Children's are going to train 350 school nurses at Houston ISD this summer. Ms. Vickers directed the Board members to the Stop the Bleed report regarding the 21 entities that have been trained. Harris Health, Clear Lake Regional, and Conroe Regional have kits in their facilities, and Memorial Hermann is awaiting funding.

Ms. Vickers and Eric Bank met with individuals at Intercontinental Airport today to discuss training. They have the funding for kits and are now looking at purchasing kits. Moving forward, TSA is looking at having some of their employees trained as well.

- H. **Cardiac Committee** – Dr. James McCarthy reported the quality data on SETMI in our region continues to be outstanding for presentation directly to hospital. A large gap remains with patients that are transferred from one facility to another requiring PCI, currently less than 50% are treated within standards. When they are treated with fibrinolytic as a private transfer, they are 100% treated within the guidelines. They are pushing strong education efforts out to their transfer facilities and for the accepting facilities to be pushing for the appropriate patient to be treated at the initial site prior to transfer. This way they still get to the right hospital, they still get the right care, but they are given the best options possible.

Dr. McCarthy reported the data is being shared unblinded now. This is a very positive step for the group, and he has not heard any negative feedback. They are going to add information regarding resuscitation and resuscitation centers to give EMS better guidance on which hospitals are really interested and capable of taking care of out-of-hospital cardiac arrests and developing centers of excellence.

Dr. McCarthy congratulated the twenty-three EMS agencies in the SETRAC region that received recognition from the Mission: Lifeline EMS recognition program for their participation in STEMI care. This is an almost threefold increase from last year.

- I. **Stroke Committee** – Dr. Jose Suarez announced this is his last meeting and presentation as he is leaving the Houston area in August to begin his new position as Professor and Director of the Division of Neurocritical Care and co-Director of the Division of Neurological Outcomes at the Johns Hopkins University and Johns Hopkins Hospital. Out of all the things he's done in the past ten years in Houston, he stated that his participation in SETRAC has been the most rewarding for him.

Quarter 1, 2017 Stroke Data was reported by 34 hospitals with all 30 designated stroke centers reporting which gives us 100% compliance. Less ischemic strokes were reported, however there is a higher percentage of patients that were treated with tPA. Over 63% of those patients received tPA within 60 minutes. There is still a significant number of patients that are not treated due to arriving at emergency centers too late. He stated 35 percent of patients are still arriving by private vehicles instead of calling EMS. The Stroke Committee is working on different ways to improve awareness. Dr. Suarez reported that our EMS colleagues are assisting by displaying the FAST message on their ambulances and spreading the word about stroke symptoms to assist with community awareness.

Dr. Suarez reported unblinded Quarter 4 2016 reports have been distributed, and he directed the Board members to pages 7-8 in the Board binders and gave a brief description of the graphs.

A follow up study to the publication from the 2017 International Stroke Conference that is looking to analyze the economic benefit of the high rate of tPA administration seen at SETRAC regional hospitals when compared with hospitals in Texas and across the nation. Based on all the feedback received, the first draft of the manuscript has been reviewed and revisions have been suggested. Once revisions are finalized, the publication will be submitted to multiple journals for publication. Dr. Suarez and Dr. Chethan Rao (CHI Baylor St. Luke's) were able to identify a biostatistician that was able to provide the health economic analysis at no charge. Initial estimates indicate the healthcare cost savings in the millions.

Atascocita Fire Department is partnering with SETRAC, Texas Emergency Care (FSED) and Kingwood Medical Center on a project to improve stroke care by obtaining early definitive differentiation between ischemic and hemorrhagic to facilitate timely tPA administration to ischemic stroke patients and leverage the local Stroke System of Care when early endovascular intervention at a Comprehensive Stroke Center is identified.

SETRAC supported the UTHealth Stomp Out Stroke Festival on May 2017. Dr. Suarez gave special thanks to Mark Price (CyFair VFD) and Karen DuPont (HFD) for volunteering on a Saturday to provide education to 88 girl scouts about first aid, including when to call 911, and to Acadian Ambulance Service for supporting the event by staging an ambulance and full crew at the event to provide onsite medical coverage.

A stroke coordinator boot camp is being finalized. Laura Griffin (HCA Gulf Coast) is leading this project by developing the content and agenda. This will be a two-day boot camp that will uniquely cover content for the entire stroke team.

The SETRAC physician meeting will be held on July 26 at SETRAC beginning at 10:00 am. This meeting will review regional data and research, evolving endovascular trials and how it relates to regional guidelines for stroke patients. Dr. Robert Dickson from Montgomery County Hospital District will present the results of the VISA study which looked at the effectiveness of the STATS tool in helping EMS identify severe strokes.

Catherine Bissell gave a presentation on SETRAC Clinical Initiatives and the value of focus and collaboration (*copy of presentation filed with Board minutes*).

ACTION ITEMS

- A. Prior Meeting Minutes Approval - There being no concerns or issues, the April Board minutes stand approved as circulated.
- B. Financial Report – There being no concerns or issues, the Financial Report stands approved as circulated.
- C. CEO Report – There being no concerns or issues, the CEO Report stands approved as circulated.
- D. Resolutions and/or Other Action Items - No further resolutions and/or action items were presented.

GENERAL DISCUSSION/AUDIENCE Q&A

Mr. Morrison directed the Board members to the Investment Policy in the front of the Board binders and requested review and approval. There was a motion to approve the Investment Policy, the motion was seconded, and the Board members unanimously approved the motion.

ADJOURN

Dr. Mattox adjourned the meeting at 8:55 pm.

John Kowalik, Secretary: _____

