The final agenda was posted on the Department’s website and building entrance at 12:27 pm on January 30, 2018, and on the building entrance at 5:00 pm on January 30, 2018.

**JOINT COMMISSION APPOINTEES PRESENT:** Gary Cox, Brandie Combs, Mike Echelle, Senator A.J. Griffin, Representative Dale Derby, Ann Paul, Erika Lucas, and Bruce Dart

**JOINT COMMISSION APPOINTEES ABSENT:** Jenny Alexopoulos

**JOINT COMMISSION ADVISORS PRESENT:** Tammie Kilpatrick, Myron Coleman, Buffy Heater, Reggie Ivey, Hank Hartsell, Tina Johnson, Phil Maytubby, Priscilla Haynes, Patrick McGough, David Kendrick, Megan Holderness, Derek Pate, and Kristy Bradley

**GUESTS PRESENT:** See Attached List

**STAFF PRESENT:** Bob Jamison, Jackie Shawnee, Chris Portwood, Brendan Hope, Debbie Gallamore, Laura Holmes, and Kay Hulin

**CALL TO ORDER & WELCOME:** Gary Cox, Chair, called the meeting to order at 1:07 pm.

Gary started by welcoming those in attendance and relayed he was looking forward to an interesting meeting. First, he wanted to put some items on the table and address the “elephant in the room” so to speak, regarding some recent myths, misunderstanding and miscommunications. He clarified these were only his views, not those of the Commission, but the issue needed to be addressed because they were working their way through the committees. He felt they were important issues, some of which were a result of comments and discussions with folks out in the counties, and other comments heard in committee meetings and other locales.

1. Local control: this was heard throughout counties statewide - about having the ability to initiate some action, of course in coordination with the central office, at the local level, regarding a balance of resources between the central office and county health departments throughout the state. What is that proper balance? It’s clear that in many of the rural areas of Oklahoma, that balance is just not there. There are not enough resources in some areas to give everyone a basic level of protection in public health services. He thought this was an issue that might be the result of miscommunication — but what we’re really talking about is a proper balance and looking at pushing more resources to all 77 counties.

2. The idea of two Metro Health Departments “gobbling up” surrounding county health departments is not our intent. Rather, we should be working together, and it should be an individual decision based upon the local board of health, local elected officials, and in conjunction with the central office of OSDH. It’s a local control, local issue. Do you want to be a county health department that acts individually; do you want to share services across counties lines in a regional type of operation; or do counties want to get together and create a new entity or district? That’s a local control issue and he was not going to go to a particular county and dictate what must be done. That’s up to the county, their county commissioners and local board of health. His hope was they would work together in order to be efficient in the way they do business, but it’s according to the desire of each county.
3. Several comments have been made regarding whether the system is broken or not; is it just leadership or are there some things that could be improved? In his view, certainly leadership was key. We must have strong, visionary, talented leaders. In addition, he thought the PH system in Oklahoma had pretty much remained unchanged during the last 75 years. However, during that time the healthcare scene changed in America as well as our state, and now we must keep an open mind in looking at how to retain the things that are working well and tweaking those that need modernization or improvement. Resistance to the openness of this idea is not productive to the work of the Joint Commission, because as was mentioned in first meeting, everything the Commission is doing is targeted toward obtaining the very best system and environment for improving public health in Oklahoma. It’s our goal and the charge we’ve been given and the direction we should use in our recommendations.

He thought these were issues that had been strongly discussed, perhaps with some misinformation, but as we move forward we must do it as a unified system that includes OSDH central office, county health departments, and the two metros. We have to be a team and work together cohesively. He thought it had been a long time since that had happened but it’s due time, and he had every confidence that we could move forward and together as a team in order to have a healthier state.

COMMENTS – INTERIM COMMISSION PRESTON DOERFLINGER:
Interim Commissioner Preston Doerflinger started by saying the points Gary made were needed for clarity. He expressed his gratitude to the Advisory Committee chairs and members as there has been a tremendous effort put forth in tackling the goal as presented, and this really is a situation that requires all-hands-on-deck. He agreed with Gary’s comment that this is a tremendous opportunity for public health in Oklahoma, and it’s one we don’t want to miss out on. He had already heard some recommendations that he was excited about. Additionally, he also noted there is plenty of conspiracy theory, plenty of people looking for a snake under every rock, but let’s stay focused on the work at hand and avoid unnecessary drama as we work toward the end goal. Thank you to all contributing to the end work product.

COMMENTS AND DISCUSSION FROM JOINT COMMISSION:
Gary invited comments from Joint Commission members.

- Ann Paul, Tulsa Health Department Board Member and Chief Strategy Officer at St. John’s Health System – relayed she had sat in on Budget/Program Advisory Committee meeting earlier today and in listening to the discussion recalled in the first meeting of the Commission, there were several members who recognized there some bad things that happened at OSDH, but that doesn’t mean the remaining people are bad, or there weren’t good things already going on with programs. We should use this as it created an opportunity out of adversity to be able to put together something that will work better and improve the health in our state. She thought everyone involved would agree with that statement.

She was going back through documents provided from the past several weeks, in particular the Corrective Action Report which included the charge to the Joint Commission to “develop a plan of excellence for public health in the state of Oklahoma, and provide guidance as to the proposed FY2019 budget for the Oklahoma Health Department.” She thought we tended to get bogged down in details that become a
hindrance to getting to that goal, and she encouraged each of the committee members to go back and focus on what the Commission is supposed to be doing in our deliverable to the Governor.

Finally, she saw a recurring theme of accountability. One of the issues that keeps coming up is that we don’t currently have systems and resources to be able to know where we’re at. The big hole is on the finance side, with the program/budget advisors discussing this, but she saw this elsewhere as well. We don’t know what we don’t know. We have to have that information so we know what works and what doesn’t. If we keep doing what doesn’t work, then we’re not very smart. We should be taking the resources we’re using for things that don’t work and apply them to things that do work, or that will improve our system. The Data Advisory Committee had some recommendations in that area as well but rather focused on the data side. Regarding the lack of data, there is merit in looking at the organizational design from other state health departments as well as comparing spending revenues and outcomes. The Budget/Program Advisory Committee did touch on this last week in a presentation, and we have to start somewhere, so you go with whatever you can pull together. In one sense, a place to start is looking at the organizational designs of other states because we don’t have more detailed data available.

Where appropriate, we also need to utilize planning and evidence-based decision making about programs and services, which really need to be engaged at the county and/or regional level, with support from the state level, and this would also include stakeholders such as community hospitals, who are often one of the largest employers in the area and who can also provide much support in what our local health departments want to achieve.

• Bruce Dart, Director, Tulsa Health Department – he noted we are starting to hear themes emerge from committees, which is really about staying together. He thanked county staff for the listening sessions he had recently attended in the counties. Our greatest asset is the people on the ground, and our job is to support them and give them the resources to continue that work so we can be great. He wanted there to be no secrets or hidden agendas, but rather to share a goal where every Oklahoman has equal access to health care - don’t let ourselves be divided, we need to come together and keep our eye on the prize, which is being the best we can absolutely be. Let’s not lose sight of the possibilities- we can agree to disagree but collectively we’ll get to the right place.

• Mike Echelle, Former OSDH County Administrator, St. Francis-Warren Clinic Director – he started by thanking Gary for the clarification. Likewise, he had the opportunity to sit in on the Budget/Program Advisory Committee meetings, and relayed there was much direct discussion about clarification of terms and how we identify and define those terms. He appreciated the time Gary and Bruce had spent talking to county health department staff, and he could report there was much anxiety. He agreed with Dr. Dart’s comments - we have some very talented, dedicated public health people who want to perform good public health, and in order to do this, they need leadership and guidance to understand the core concepts of public health and how to apply those within the community. We’re here not to represent ourselves, but rather the people in rural counties and how they have access to public health programs, access to care...all of the core functions of public health. Some years ago, we downsized because of budget shortfalls, regionalized our guidance programs, and looked at it as a stepping stone as to whether it was successful or not. Did people drive in from those smaller counties to receive services? In his area, it was a challenge for rural people to receive services as there are many dynamics in play for rural families. As we go through this, we need to define what local control is, and he agreed, let’s keep an open mind. He could
take coaching to move forward, but he also wanted to look at the history of where the system worked. He had experienced positive outcomes within the community, all generated from the grassroots level which then went on to receive statewide and in some cases, national recognition. He thought as we move forward, we will all keep an open mind – he appreciated the dialogue he had heard today, and how that information is going to be shared with the Commission, and then what our role is going forward as to how we define public health. Lastly, we’re not here because of systems failure, rather we’re here because of a personnel issue in leadership that went unchecked. If we want to change the system, the key is putting people in place who have strong leadership skills and a mindset that can cultivate public health, so that at the end of the day their staff absolutely believe in public health. He closed by commenting he would certainly keep an open mind as we move forward in defining public health.

Gary thanked everyone for their comments, and he seconded the outstanding work of the committees and thought they would come up with an excellent set of recommendations.

**UPDATES FROM ADVISORY COMMITTEE CHAIRS:**

Data Advisors Committee - David Kendrick, Chair, jointed the meeting by phone, and started his report by recognizing his fellow Committee Members: Becki Moore, MPH Office of Management and Enterprise Services, State HIE Coordinator; Matt Singleton, Office of Management and Enterprise Services; Derek Pate, MPH: Oklahoma State Department of Health; Megan Holderness, MPH, CPH: Oklahoma City County Health Department; and Kelly VanBuskirk, MPH: Tulsa Health Department.

Meetings Occurred on:
- 1/5/2018
- 1/12/2018
- 1/26/2018

Meetings Planned for:
- 2/9/2018: Committee recommendations due to JC 2/12/2018
- 2/23/2018
- 3/9/2018
- 3/23/2018 (need to move)

Progress Report on Focus Deliverables (by 3/1/2018)

1. Regular meeting cadence among OSDH, OCCHD, THD for data exchange
   - To be coordinated by Project Manager once assigned by OMES

2. Data to THD for Early Childhood Program effort
   - Specific data element request shared, OSDH considering
   - Planned meeting with MyHealth about policy

3. Complete interfaces to PHIDDO, PHOCIS, OSIS
   - Project Manager/IT Strategist: Todd Meigs assigned
   - PHIDDO & PHOCIS: “variables-needed” document has been exchanged
   - OSSIS: Implementation guide shared, no date yet for readiness to begin interface work
Note: Red item is corrected (1) other 2 are yellow status because they are stretched efforts to get done in less than two months. We’re on track and hoping to get caught up within the next two weeks.

Progress on Longer Term items (1)

- Vital Statistics data (Births, deaths)
  - Concerned that this data often years out of date at County Health Dept’s
  - Agreement that this should not be the case, data is near real time at OSDH
  - OSDH took immediate action to:
    - Send final 2016 data to THD and OCCHD
    - Send preliminary 2017 data to THD and OCCHD
    - Send preliminary 2018 data to THD and OCCHD
    - And there was much rejoicing!
  - Data from other states on OK residents would need to come from EVVE, a service of National Association for Public Health Statistics and Information Systems (NAPHSIS)
    - Cost is $150,000 per year to maintain up to date death data

Progress on Longer Term items (2)

- 90/10 HIE Funding program from CMS

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Progress on Longer Term Items (3):

- 90/10 HIE funding:
  - Statewide Interoperability Consultant selected
  - Contract signed
  - Kick off meeting scheduled for 2/12/2018 at OMES
Joint Commission on Public Health
Special Meeting Minutes
February 2, 2018 – 1:00 pm Auditorium
NE Regional Health & Wellness Campus
2600 NE 63rd Street
Oklahoma City, OK 73111

• Open questions:
  • Source of State match?
  • How soon can IAPD be submitted?
  • Status of existing funded IAPD projects?

Data Team’s Upcoming Work:
1. Review existing IAPD and progress
2. Participate in Consultant kick-off to planning
3. Continue work on FOCUS efforts for 3/1/2018
4. Complete recommendations for JC by 2/12/2018

Questions: Gary noted he and Bruce and others had brought this data issue to Commissioner Doerflinger’s attention at their first meeting and asked for help, and he moved it to the top of his priority list. This is something that could really help us move health along in Oklahoma. He noted to Dr. Kendrick that this live data would be provided to the two metro health departments, and obviously to the State Health Department, but noted the county health departments would like to have this data as well. Dr. Kendrick responded affirmatively.

UPCOMING DEADLINES
February 12th: Committee Draft Recommendations Due
February 16th: Consideration of Draft Recommendations by Joint Commission and Possible Joint Commission Vote on Proposed Recommendations
February 16th: Circulate Draft Recommendations for Comment to Tri-Boards, OSDH Central Office and County Employees, and Other Interested Parties
February 23rd: Joint Commission Vote on Proposed Recommendations
March 1st: Deadline for Submission of Recommendations to Governor

Gary noted the upcoming deadlines for discussion purposes. Draft recommendations are due on February 12th and will be circulated as noted above. Given the tight time constraints, he asked if the time period worked for those involved. Hearing no objections, Gary noted we would continue to stick with this schedule.

FUTURE MEETINGS
February 16, 2018
February 23, 2018

Gary reported he had received comments from several organizations, and given the tight time frame, if there are additional issues to look at, could we have a forum to come together and have additional discussion. Interim Commissioner Doerflinger noted his agreement and responded the committee work won’t end with the recommendation to the Governor, and he would like to see a mechanism for it to continue as well.

Gary relayed to members to get in contact with Kay to make any suggested changes to the January 19th minutes.
Legislative/Legal Advisors Committee – Tammie Kilpatrick, Chair, started by noting as was reported at their last meeting, the Committee continues to develop a foundation for recommendations and how they can help to implement those through legal/legislative process. As part of that foundation work, her group decided one of the key points was a general understanding of what public health is, so efforts have been focused on putting together a one-page talking sheet, which given the approval of the Commission, could be distributed to key entities.

Tammie then introduced Buffy Heater, who was integral in this effort, to provide some background. Buffy started by relaying she was honored to be the spokesperson for today. This infographic was put together by a broad group of bright minds coming together and looking at information the Advisory Committee had put forth and try to identify misconceptions when defining public health. They had reached out to public health information officers from the central office and two metros, as well as all regional county health administrators to talk through the misconceptions and definition of public health. Through a series of calls there was a healthy exchange of information. Today she wanted to share some key misconceptions identified by the group:

- Public health was not only for the sick and poor, but was for the entire community and the importance that public health played an instrumental role in the prevention of disease and in our individual health;
- Public health is oftentimes not looked to at as a foundational lead in health initiatives across the state. Public health plays a very important role in convening, partnering, and coordinating policies across the state.
- Key definitions of public health that helped shape the Infographic - Good health is good business. The ties between economy, health and productivity are an interconnected loop.
- Public health system works based on the needs of local communities. The system that works in Southeastern Oklahoma is different from Oklahoma City and other places. Health care is local and the communities have their own needs.
- Publish health surpasses individual interests. Public health is for the greater good of all.

Organizationally speaking, the group resonated with the Four P’s of public health: Protect, Prevent, Promote and Partner. This infographic really presents a unified message, along with a few data points, however the takeaway for the audience is the bottom line statement. Kudos to the group for the wealth of work that went into this document, and props to Jackie Shawnee and OCCHD for being the minds and artists behind this document.
Tammy relayed this was indeed a well-done, collaborative effort. How do we intend to use the document at this point? She referenced the Public Health Handout Distribution List, and said this list was by no means all-inclusive, but she thought they would be some of the best voices to carry this message on our behalf throughout the state.

Public Health Handout Distribution List:

- All county health department administrators
- CEOs of major corporations in Oklahoma City and Tulsa
- Certified Healthy Program Applicants
- Chambers of Commerce
- Community/Public Health students at institutions of higher education
- OHIP executive committee and full team members
- OK HHS Cabinet membership
- OK Primary Care Association
- Oklahoma Academy of Family Physicians
- Oklahoma Hospital Association
- Oklahoma Osteopathic Association
- Oklahoma Public Health Association
• Oklahoma State Medical Association
• Pathways to Health
• Tribal Nations and IHS (through representatives on TPH advisory committee and inter-tribal health board)
• Turning Point
• Wellness Now

Tammie noted the Committee welcomed any suggested additions/changes. Initial inroads have already been made with some groups as to how they can assist us. Their hope was that we could start with this educational piece then move to more of a coalition that puts forward priorities as decided by the Joint Commission. Today, her committee was looking for the approval to move forward with the work done to date.

Erika Lucas responded the committee had done a great job in putting this piece together and it speaks well to people who already understand the problem, but how do you reach the naysayers or those who don’t understand how much we’re paying to be reactive as opposed to preventive? What does it mean to me in my pocket, as a business owner? There are many statistics out there that say as a business owner, this is how much we pay in insurance, or as an individual, that is related to poor health outcomes and how much are we spending as a result. We will have to do this in particular with economic developers, business owners, and legislators. She thought the committee had done a great job and these were just suggestions on her part.

Gary thanked the Advisory Committee for their hard work, and gave special recognition to Daltyn Moeckel for her fantastic graphic work.

Budget/Program Advisors Committee – Patrick McGough and Reggie Ivey, Co-Chairs
Reggie recognized his committee for their spirited, honest, and sometimes painful dialogue in order to come forward with the recommendations presented today. He emphasized these were preliminary recommendations with work still to be done. There are ninety-four recommendations coming from the committee, including consideration of information from town hall listening sessions that were conducted across the state. Lastly, the committee reviewed information submitted from the online portal. (See attached draft handout entitled Preliminary Recommendations from the Budget/Program Advisory Committee to the Joint Commission). He gave special credit to Ann Paul for her help in defining recommendation roles for all ninety-four recommendations.

Recommendation Roles:
• Policy (includes legislative and definitional)
• Accountability (includes governance, transparency, measurement, how we know we are doing what we should be doing, accounting of what we have done)
• Development (includes organizational, future thinking, “to-do list”)
• Community Engagement

Recommendation Themes:
1. Funding Transparency
2. New Accounting and Billing System
3. Zero-based Budgeting
4. Adoption of Core Public Health Services
5. Decentralization / County Autonomy / Align Regions Programmatically
6. Public/Private Partnerships
7. Accountability Metric
8. Poorly Performing Counties
9. Health Equity
10. Joint Governing Council
11. Quality Improvement
12. Per capita Public Health Spending

Reggie relayed there were certain words that seemed to trigger discussion within the committee, and noted some additional wordsmithing was needed relating to the Recommendation Themes.

Budget Recommendations:
- Develop a transparent budgeting and financial system that identifies all funding (federal state, and local) allocations received and disbursed through the Oklahoma State Department of Health, in addition to the following:
- Define how categorical funds are determined for core public health services in each county;
- Provide monthly reports on fiscal year revenue and expenditures of all state appropriations by department or program (In alignment with the Corrective Action Report);
- Develop a process to engage stakeholders in program funding decisions;
- Create a format to share budget and financial data information to stakeholders (i.e. Oklahoma State Board of Health, County Administrators, Legislators and the general public).

New Accounting and Billing System: Identify resources to improve or replace the current billing and financial management system to improve: insurance billing, relevant and real time budget reporting, cost benefit analysis, and ROI.

Patrick relayed his appreciation to those wearing red today in recognition of cardiovascular disease. Next, he noted immense appreciation to their committee for the hard work being put forth, and referenced Mike Echelle’s comments that there had been some very intense discussions, and he appreciated the honesty and thought the committee would come forward with some wonderful recommendations. He and Reggie both saw this was a tremendous opportunity to improve health for every citizen in Oklahoma.

Zero-based Budgeting: Implement a Zero-based Budgeting process (In alignment with the Corrective Action Report)
Foundational Public Health Services Model

Identify the funding streams that align with the Foundational Public Health Services Model and determine a formula to appropriate public health funds by region, using the foundational areas and capabilities to improve health outcomes throughout Oklahoma.

Program Recommendations:
Adoption of Core Public Health Services:

- Adopt the Foundational Public Health Services Model and ensure programming and budgets align with the foundational areas and capabilities while developing and maintaining, at a minimum, a quarterly evaluation (i.e. expenditures, revenue, etc.).
- Additionally, utilize accountability metrics to measure and track the progress of the Foundational Public Health Services to ensure annual ROI.

Decentralization/County Autonomy/Align Regions Programmatically

- Divide the Oklahoma State Department of Health (OSDH) into program/service regions, that are in accordance with the Foundational Public Health Services, and decentralize service offerings to regions and counties where appropriate.
- Additionally, it is recommended that local public health authorities (i.e. Regional Administrators, County Commissioners, etc.) have the flexibility to determine the best method to implement the foundational capabilities/programs and to utilize Ad Valorem tax revenue to meet each county’s unique needs.
- The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.
Public/Private Partnerships: Recommend that all 68 county health departments under the jurisdiction of the OSDH conduct an environmental health program/services scan to identify opportunities to reduce duplication, develop public/private partnerships, and consider co-locating programs/services to create comprehensive, holistic service in each community.

Poorly Performing Counties: Develop a strategic plan for those counties that consistently perform poorly on health indicators and assessments, utilizing research and evidence-based practice to employ targeted interventions, technical support and resources to those counties that contribute most to Oklahoma’s poor health ranking.

Accountability Metric:
- Recommend that OSDH develop and establish a public health evaluation system grounded in evidence-based practice and research.
- Develop and maintain a quarterly evaluation system of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) establishing a statewide health needs assessment and strategic plan with an evaluation component for each county and region.

Health Equity: Develop a Healthy Equity office that focuses on the Social Determinants of Health and ensures the social factors that impact health outcomes are a central discussion in all public health planning while exploring how to incorporate broad services like Trauma Informed Care, which has led to health improvements in states with a similar urban/rural mix as Oklahoma.

Joint Governing Council: Create a Joint Governing Council to review health data, plan health initiatives, prioritize services, develop private/public partnerships, evaluate outcomes, and review per capita public health spending in each county. This Council would consist of the State Commissioner of Health, Regional Administrators, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department.

Quality Improvement: Ensure that Quality Improvement is used intentionally by OSDH, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Per Capita Public Health Spending:
Implement per capita funding that is weighted in favor of sparsely populated counties that have fewer resources, by providing sufficient state funding to support implementation of adopted foundational services, programs, and capabilities.

Patrick noted the model being looked at was intended to get enough resources, shared resources or whatever is needed, to the smaller, sparsely populated counties, in order to keep them up to the minimal standard that every health department delivers to the community. That’s the goal of the per capita public health spending. He did report there was one or two committee members who were not in support and wanted it noted for the record.
Next Steps. Reggie concluded the committee would have about two weeks to review all recommendations and give input to wordsmithing before presenting a final document to the Commission. They are currently meeting every Friday at 10:00 am.

Gary closed by relaying his appreciation to all committees for their ongoing hard work.

**JOINT COUNCIL ADVISORS GROUP MEETINGS**

Legislative / Legal Advisors—Meeting Today After Adjournment of Joint Commission (Board Room, OCCHD)

Budget / Program Advisors – Meeting at 10:00 am Today (Board Room, OCCHD)

Data Advisors – Meeting on Fridays at 1:00 pm when the Joint Commission is Not Meeting (via Conference Call and at OCCHD)

Adjourn at 2:17 pm.

Respectfully submitted:

[Signature]
Gary Cox, JD, Chairman

[Signature]
Kay Hulin, Recording Secretary