

**District Clinic Holdings, Inc.  
d.b.a. C.L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Summary Minutes  
12/16/2020**

**Present:** Mike Smith, Chairperson; Irene Figueroa, Secretary; James Elder; John Casey Mullen; Marjorie Etienne; Julia Bullard;

**Excused:** Tammy Jackson-Moore, Treasurer; Melissa Mastrangelo, Vice-Chairperson

**Absent:**

**Staff:** Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Lisa Hogans, Director of Nursing; Dominique Domond, Operations Process Manager; Marisol Miranda, Director of Practice Management; Hector Sanchez, Director of Security Services; Dr. Seneca Harberger, Family Medicine Residency Program Director; Rosella Weymer, AVP, Human Resources; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Relations; Patricia Lavelly, Interim CIO; Shannon Wynn, Administrative Assistant

**Minutes Transcribed By:** Jonathan Dominique

**Meeting Scheduled For** 12:45 PM

**Meeting Began at** 12:55PM

AGENDA ITEM	DISCUSSION	ACTION
<b>1. Call to Order</b>  <b>1A. Roll Call</b>  <b>1B. Affirmation of Mission</b>	Mr. Smith called the meeting to order.  Roll call was taken.  Mr. Smith Read the Affirmation of Mission	<b>The meeting was called to order at 12:55pm</b>
<b>2. Agenda Approval</b>  <b>2A. Additions/Deletions/ Substitutions</b>	Mr. Smith called for an approval of the meeting agenda.	<b>VOTE TAKEN: Mr. Mullen made a motion to approve the agenda. The motion was duly seconded by Ms. Bullard. A vote was</b>

<b>2B. Motion to Approve Agenda Items</b>	The agenda for the December 2020 meeting was approved.	<b>called, and the motion passed unanimously.</b>
<b>3. Awards, Introductions and Presentations</b>	<p><b>Target BP and CCCC Awards</b></p> <p>Sheree Wolliston of the American Heart Association and American Medical Association presented the C.L. Brumback Primary Care Clinics with the Target BP Gold Award for their efforts in addressing the growing burden of high blood pressure in the U.S. The C. L. Brumback Primary Care clinics were also awarded the American Heart Association’s Check Change Control Cholesterol Silver Participant award for their efforts in reducing the risk of heart disease and stroke through improved cholesterol management.</p> <p><b>COVID-19 Dashboards</b></p> <p>Dr. Andric, CMO, provided the board with an update on the COVID-19 testing numbers for the previous 30 days. Dr. Andric also informed the board that the Clinics plan to play a large part in the immunization efforts in our community.</p>	<b>No action necessary.</b>
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>
<b>6. Meeting Minutes</b>  <b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of October 28, 2020	The board decided to table the Meeting minutes of October 28, 2020 until the January 27, 2021 Board meeting.	<b>No action taken.</b>

<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<b>VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b>
<b>7A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> December 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	<b>Receive &amp; File. No further action necessary.</b>
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Receive &amp; File. No further action necessary.</b>
<b>7A-3 Staff Recommends a MOTION TO APPROVE:</b> Suicidal and Distressed-Homicidal Phone Calls Policy	This policy will provide a guideline to the C.L Brumback Primary Care Clinic Staff on appropriate procedure to follow when taking during a distress call.	<b>Motion referenced above, no further action necessary.</b>
<b>7A-4 Staff Recommends a MOTION TO APPROVE:</b> District Cares Program Policy	<p>The Health Care District of Palm Beach County administers the District Cares specialty benefits for eligible patients of the C. L. Brumback Primary Care and Dental Clinics. The specialty benefits are available to uninsured residents of Palm Beach County who do not qualify for any other public assistance health coverage program and who meet income and residency requirements.</p> <p>On September 1, 2020, we made an important change to our program by engaging Community Care Plan (CCP) to serve as the District Cares Program third-party administrator (TPA), providing Plan Contracting, Credentialing and Provider Services.</p> <p>In addition to this change, we hired a Medical Director for the District Cares Program who started with the District on</p>	<b>Motion referenced above, no further action necessary.</b>

	<p>November 1, 2020. In her brief time here, Dr. Valena Grbic has been working to establish the best path forward for this program beginning with a policy to guide this important work.</p>	
<p><b>7A-5 Staff Recommends a MOTION TO APPROVE:</b> Proposed Schedule for 2021 Board Meetings</p>	<p>This agenda item provided the Board with the proposed schedule for Board Meetings taking place in the year 2021. The meetings are scheduled for the last Wednesday of every month with some exception for holidays. The board was also informed that the November board meeting will take place on the last Tuesday of the month (11/30/2021); and the December Board meeting will take place on the second Tuesday of the month (12/14/2021).</p>	<p><b>Motion referenced above, no further action necessary.</b></p>
<p><b>8. REGULAR AGENDA</b></p>		
<p><b>8A. EXECUTIVE</b></p>		
<p><b>8A-1. Staff Recommends a MOTION TO APPROVE:</b> Bylaws Update</p>	<p>Ms. Steele provided a general summary of the statement below:</p> <p>This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. Per the Bylaws, all changes must come before the Board at 2 meetings for approval. After approval at this meeting, the same agenda item will come to the Board at the next meeting for final approval.</p> <p>The change, provided below, adds the ability of the Board to take official action at meetings conducted by video conferencing. Currently, the bylaws only specify by telephone. Additionally the change clarifies requirements that must be met for telephone or video conferencing to be used for meetings</p> <p>12.6 Official actions of the Board may be conducted by telephone <u>or video conferencing</u> provided that such meeting complies with the requirements of the Government in the Sunshine Act. <u>For attendance</u></p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the update to the DCHI Bylaws pending the research done on the maximum number of remote members as permitted by law. The motion was duly seconded by Mr. Mr. Elder. A vote was called, and the motion passed unanimously.</b></p>

	<p><u>and voting by telephone or video conferencing:</u></p> <ol style="list-style-type: none"> <li>a. <u>There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing</u></li> <li>b. <u>The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.</u></li> <li>c. <u>No more than two (2) board members may participate in the meeting via telephone or video conferencing.</u></li> <li>d. <u>Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member's comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.</u></li> </ol> <p>Ms. Shahriari further explained that she plans to conduct further research on how the board arrived at the number of two (2) remote board members; and if more than two can participate remotely, what the maximum number of remote participants can be.</p>	
<p><b>8A-2. Receive &amp; File:</b> Community Health Improvement Plan &amp; Community Health Assessment Update</p>	<p>Ms. Steele provided the updates below:</p> <p>The HRSA Compliance Manual requires that the health center completes or updates a needs assessment of the current or proposed population at least once every three years, for the purposes of informing and improving the delivery of health center services. The needs assessment</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>

utilizes the most recently available data for the service area and, if applicable, special populations and addresses the following:

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

The 2020 Palm Beach County Community Health Improvement Plan and Community Health Assessment Update identified three priority areas for the County. Those include:

- Mental and Behavioral Health
- Active Living and Health Lifestyles
- Access to Care and Services

C. L. Brumback Primary Care Clinics Implementation Strategy focuses on three key strategies that address the needs and priority areas of Palm Beach County.

- a. Increase patient awareness on maintaining a healthy and active lifestyle

	<p>b. Continue integrating behavioral health into all service-lines and ensure consistent reporting of social determinants of health (PRAPARE)</p> <p>c. Continue increasing access to care</p> <p>The updated Palm Beach County Community Health Improvement Plan (June 2017 – December 2021) revised June 2020 is included with this agenda item for review.</p>	
<p><b>8B. EXECUTIVE</b></p>		
<p><b>8B-1. Receive &amp; File:</b> Executive Director Informational Update</p>	<p>Dr. Andric provided the following updates to the board:</p> <p>Joel Snook is no longer with the organization. Darcy J. Davis is acting interim Chief Financial Officer.</p> <p>Dr. Ferwerda has made the decision to step down from her Medical Director role. She has returned to her OBGYN role at the Lake Worth clinic and will continue her OB days in Belle Glade clinic as well.</p> <p>As of 11/9/2020, our new FQHC Medical Director is Dr. Charmaine Chibar. Dr. Chibar has served as our Pediatric Services Medical Director, and we have merged these two positions into one.</p> <p>Additionally, we have created a new position of Associate FQHC Medical Director and have promoted Dr. Sandra Warren to this position. Dr. Warren has been our champion of UDS Quality Performance Metrics.</p> <p>Jonathan Dominique has been promoted to the Clinic Quality Analyst to support our clinic quality initiatives.</p> <p>We have also created two new positions to assist with our quality measures including an Outcomes Champion and a Certified Diabetes Care and Education Specialist.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>

Per previous discussions and approval from the Board, we had begun reporting all data for the month that is two months prior to the meeting to give our operations and quality teams time to internally review prior to sharing with the Board. Due to COVID-19 this best practice was lost. We have returned to this practice beginning now by presenting October data.

**8C. CREDENTIALING**

**8C-1. Staff Recommends a MOTION TO APPROVE:**  
 Licensed Independent Practitioner Credentialing and Privileging

The agenda item represents the licensed independent practitioner recommended for credentialing and privileging by the FQHC Medical Director. The LIP listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Secin Santana	Delvis	MD	Family Medicine	Recredentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary

**VOTE TAKEN: Mr. Smith made a motion to approve the Recredentialing and privileging of Dr. Secin Santana as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.**

	<p>source verification. The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process. Delvis Secin Santana, MD joined the West Palm Beach Clinic in 2018 specializing in Family Medicine. She attended the Institute of Medical Sciences of Camaguey and also completed her Residency at the Ramon E. Betances Hospital. Dr. Secin Santana is certified in Family Medicine by The American Board of Family Medicine. She has been in practice for three years and is fluent in Spanish.</p>	
<p><b>8D. OPERATIONS</b></p>		
<p><b>8D-1. Staff Recommends a MOTION TO APPROVE: Operations Reports</b></p>	<p>Dr. Andric presented the board with the following:</p> <p>In October, we had 9,578 visits which is down significantly from last year, and all clinic locations except Mangonia did not reach the same volume of visits as in 2019. Our payer mix for the year to date is at 62% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were met for adult care, OB/GYN, and pediatrics. Telehealth visits continue to fall short of target.</p> <p>Lewis Center, Lantana, Boca, and Lake Worth all hit their target productivity for adult in-person visits. Lewis telehealth visits met target, as well as OB/GYN in-person visits.</p> <p>The No Show rate October was slightly over 24%, which is higher than that in September. The No Show rate for in-person visits for October was just under 69%. In comparison, the year to date No Show rate is also 24%, of which in-person visits making up 86%. Dr. Andric also informed the board on initiatives involving the incoming Director of operations helping to directly addressing and finding ways to better improve on these issues.</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Report as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</b></p>

	<p>Mr. Elder asked if we can track the trend of uninsured patients in the payer mix report. Dr. Andric answered that the uninsured patients can be tracked, but also stressed that when these patients need specialty care, they qualify for district cares. Dr. Andric also explained that because the state of Florida is one of Nineteen states that does not have expanded Medicaid, it has a higher percentage of uninsured patients than some other states that expanded under the affordable care act. Mr. Smith asked how the clinics go about helping patients that might qualify for Medicaid programming qualify for these programs. Dr. Andric informed Mr. Smith that the clinics have financial counselors on staff that help see the patient through the whole process. Mr. Mullen expressed his gratitude to the counselors for helping patients that he has brought in.</p>	
<p><b>8E. Quality</b></p>		
<p><b>8E-1. Staff Recommends a MOTION TO APPROVE Quality Improvement &amp; Quality Assurance (QI/QA) Plan Update</b></p>	<p>Dr. Charmaine Chibar, FQHC Medical Director presented the following:</p> <p>The major changes to the QI/QA Plan are the removal of the Board Member from Quality Council and instead of service-line workgroups, we have created task forces to address clinic operational needs.</p> <p>Per the bylaws, a Board Member not required on Quality Council:</p> <p>11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at</p>	<p><b>VOTE TAKEN: Mr. Elder made a motion to approve the Quality Improvement &amp; Quality Assurance (QI/QA) Plan Update as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b></p>

	<p>the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.</p>	
<p><b>8E-2. Staff Recommends a MOTION TO APPROVE Quality Report</b></p>	<p>Dr. Charmaine Chibar, FQHC Medical Director presented the following:</p> <p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION &amp; GRIEVANCES</u> For October, 2020 there were 18 complaints and 4 grievances. The Top 5 categories were Care &amp; Treatment, Finance, Communication, Physician Related and Respect Related. The top subcategory with 4 four each were Wait time and Billing Issues. There were also a total of 9 Compliments received across 4 Clinics and clinic administration. The highest number of complaints and grievances came from the West Palm Beach location (5). The highest number compliments came from the Lewis Center (3)</p> <p><u>QUALITY ASSURANCE &amp; IMPROVEMENT</u> Of the 16 UDS Measures: 9 exceeded the HRSA Goal and 7 were short of the HRSA Goal.</p> <p>Adult weight screening, Weight Screening for Children and Adolescents, Tobacco screening, Ischemic Vascular Disease, Depression Screening and Follow-up, Homeless Depression Screening and Follow-up, Coronary Artery Disease, Breast Cancer Screening, HIV Linkage to care, and Dental Sealants have been met.</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the Quality Reports as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b></p>

	<p>Interventions have been initiated for the Uncontrolled Diabetes, Cervical Cancer Screening, Uncontrolled hypertension and Colorectal Cancer Screening measures. The addition of point of care diabetes testing has improved the diabetes measure by approximately 7%. We anticipate further improvement in the next three months.</p> <p>Since a significant portion of our patient encounters are now telemedicine visits we will continue the new processes to provide patients with FIT tests for colorectal cancer screening. Better follow up process for retrieval of medical records for patients who had PAP smears done previously will be designed. We continue working with providers to improve follow up process for patients with uncontrolled medical conditions.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Clinics continue to see an increase in total billable visits since the start of the pandemic with just over 9,200 in the previous month. There is also a noticeable increase in Telemedicine visits as patient and providers accept its use more and more.</p>	
<b>8F. Finance</b>		
<p><b>8F-1. Staff Recommends a MOTION TO APPROVE C. L. Brumback Primary Care Clinics Financial Report – September 2020</b></p>	<p>Jesenia Bruno, Director of Accounting presented the following:</p> <p>The September statements represent the financial performance for the twelve months of the 2020 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was favorable to budget by \$2.4M due to the COVID-19 stimulus funds. Net patient revenue YTD was unfavorable to budget by (\$967k). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Expenses before depreciation were over budget by (\$712k) or (2.7%) due mostly to negative variances in salaries and wages (\$656k), purchased services (\$83k), medical services</p>	<p><b>VOTE TAKEN: Mr. Elder made a motion to approve the September 2020 Financial Report as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b></p>

(\$94k), and repair and maintenance (\$148k). Total YTD net margin was (\$11.7M) compared to budget of (\$13.7M) for a favorable variance of \$1.9M or 14.2%. The Medical clinics total YTD revenue was favorable to budget by \$2.9M, this favorable variance resulted from the additional recognition of HRSA and COVID-19 related grant funding of \$1.9M and unbudgeted incentive payment from Blue Cross Blue Shield of \$557k. Gross patient revenue was under budget by (\$3.2M) or (17.1%), this resulted from reduced clinic operation and closure from mid-March through May. During clinic closure, staff were reassigned to start countywide COVID-19 testing. Total operating expenses of \$23.2M were unfavorable to budget of \$22.1M by (\$1.1M) or (4.8%). This negative variance is mostly related to salaries and wages (\$800k), purchased services (\$74k), medical supplies (\$130k), medical services (\$93k), and repairs and maintenance (\$172k). Purchased services are unfavorable to budget due to higher collection fees from Athena. Medical supplies and medical services are unfavorable to budget due to unanticipated service use and supplies purchases. Repairs and maintenance is unfavorable to budget primarily due to unanticipated Allscripts software maintenance cost. Total YTD net margin of (\$10.3M) was favorable to budget of (\$12.3M) by \$2.0M or 16.4%. The Dental clinics gross patient revenue was unfavorable to budget by (\$1.5M) or (34.8%). Total revenue of \$3.6M was under budget of \$4.1M by (\$441k) or (10.8%) due to reduced services from COVID 19 closures and now social distancing reduced volumes. Total operating expenses of \$4.3M were favorable to budget by \$339k or 7.4% due mainly to positive variances of combined salaries, wages, and benefits \$243k, medical supplies of \$62k, and repairs and maintenance \$24k. Total YTD net margin was (\$1.5M) compared to a budgeted loss of (\$1.4M) for a negative variance of (\$66k). As of September 2020, the Clinics has been awarded \$3.2M in COVID-19 grants from HRSA (\$3.0M) and the CARES Act (\$227K) to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase

	<p>healthcare capacity and staffing levels for COVID-19. The Clinics through August have recognized \$2.4M 3 of the \$3.2M and the remaining monies will be recognized in coming months as the Clinics incur payroll and other expenses related to COVID-19. On the Comparative Statement of Net Position, due from other governments increased by \$782k to \$5.1M, this balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.6M, and \$1.7M respectively for a combined subsidy of \$11.2M.</p>	
<p><b>8F-2. Staff Recommends a MOTION TO APPROVE Budget Fiscal Year 2021</b></p>	<p>Management has provided the fiscal year 2021 proposed budget. The budget includes total expenditures and capital of \$38,874,085, and District support of \$16,775,000.</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the budget for Fiscal Year 2021 as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b></p>
<p><b>8G. Risk</b></p>		
<p><b>8G-1. Staff Recommends a MOTION TO APPROVE PCC Risk Management Plan</b></p>	<p>This risk management plan for C.L. Brumback Primary Care Clinics (CLBPCC) outlines how risk management activities will be performed, recorded, and monitored throughout the fiscal year. The foreseen risks, their probability, and impact will be analyzed with a mitigation plan for each identified risk. The risk management plan will be revised annually, and it describes the risk assessment that will also be conducted annually. An education plan for all CLBPCC is outlined at the end of the document.</p> <p>Risk management is the process for identification, assessment, mitigation, tracking, control, and management of the project's risks. It drives decisions that affect the development of the business capability and management. Risk related activities are addressed monthly as a separate agenda item during the Risk Management/ Patient Safety/ Quality Committee meeting (the Committee). The goal and objectives, scope, program elements, and program functions focus on risk mitigation,</p>	<p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the PCC Risk Management Plan as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b></p>

	<p>patient/staff/visitor safety, and loss reduction to the enterprise.</p> <p>The Committee, chaired by the FQHC Medical Director, includes Clinics Quality Coordinator/ Risk Manager, Senior Management (FQHC Executive Director and Operations Director), Board member representative, Director of Practice Management, Clinical Staff, and Corporate Risk Management. Events will be categorized and scored appropriately in the incident reporting system (RiskQual). Issues or trends identified through the Risk Management program are brought to the appropriate individual or committee for consideration and action. Ongoing aggregated, trended Risk Management data sets are distributed to all departments and committees for inclusion in their Performance Improvement (PI) review activities.</p> <p>CLBPCC will utilize the following eight enterprise risk management (ERM) domains to promote risk mitigation at the clinics, which are operational, Clinical and Patient Safety, Strategic, Financial, Human Capital, Legal &amp; Regulatory, Technology, and Hazard.</p>	
<p><b>9. CMO, VP and Executive Director of Clinical Services Comments</b></p>	<p>Dr. Andric informed the board that the School Nurses (though a different business unit) are working on the front lines in the schools.</p> <p>Dr. Andric informed the board that though we do not know much about the vaccines, the clinics will be ready and waiting for whatever mobilization is required to vaccinate the community.</p>	<p><b>No action necessary.</b></p>
<p><b>10. Board Member Comments</b></p>	<p>Mr. Mullen asked if it is possible that someone could have an immediate reaction to the vaccine, and if so, what are the next steps.</p>	<p><b>No action necessary.</b></p>

	<p>Dr. Andric, explained that minor reactions are common (local pain, general fatigue, etc.) that usually dissipate after 24 hours.</p> <p>Ms. Bullard asked where the decision comes from determining which vaccine is provided. Dr. Andric explained that vaccine acquisition is based on federal response, and it is provided on availability.</p>	
<p><b>12. Establishment of Upcoming Meetings</b></p>	<p><u>January 27, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>February 24, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>March 31, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>April 28, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>May 26, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>June 30, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>July 28, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>August 25, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>September 29, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p> <p><u>October 27, 2021 (HCD Board Room)</u>  <u>12:45pm Board of Directors</u></p>	<p><b>No action necessary.</b></p>

	<u>November 30, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u>	
	<u>December 14, 2021 (HCD Board Room)</u> <u>12:45pm Board of Directors</u>	
<b>13. Motion to Adjourn</b>	There being no further business, the meeting was adjourned at 2:26 PM	<b>VOTE TAKEN: Ms. Mullen made a motion to adjourn. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b>

\*Recording inadvertently not started until just before Agenda Item 3A\*

Minutes Submitted by: Deane Ferguson 1-29-21  
Signature Date