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Board of Directors

May 28, 2015

5:30 p.m.

Scott Heyman Conference Room

Approved 7/23/2015

Municipal Representatives: 13

Judy Drake, Town of Ithaca; Rordan Hart, Village of Trumansburg; Kathy Miller, Town of Lansing; Nancy Zahler, Town of Ulysses; Steve Thayer, City of Ithaca; Mack Cook, City of Cortland (arrived at 5:42 p.m.); Alvin Doty, Town of Willet (arrived at 5:42 p.m.); John Fracchia, Town of Caroline; Mary Ann Sumner, Town of Dryden; Laura Shawley, Town of Danby (arrived at 5:45 p.m.); Charles Rankin, Village of Groton; Peter Salton, Village of Cayuga Heights; Brooke Jobin, Tompkins County

Labor Representatives: 2

Phil Vanwormer, 2nd Labor representative; Olivia Hersey, 3rd Labor Representative;

Excused: 5

Scott Weatherby, 1st Labor representative (Chair, Joint Committee on Plan Structure and Design); Michael Murphy, Village of Dryden; Herb Masser, Town of Enfield; Genevieve A. Suits, Village of Homer; Don Scheffler, Town of Groton

Others in attendance:

Don Barber, Executive Director; Steve Locey, Locey & Cahill; Rick Snyder, Tompkins County Finance Director; Ashley Masucci, ProAct; Tim Losty, Beth Miller, Marybeth McCall Excellus, Jerry Mickelson, CDLM

Call to Order

Ms. Drake, Chair, called the meeting to order at 5:30 p.m.

Approval of Minutes – March 26, 2015

It was MOVED by Mr. Fracchia, seconded by Ms. Sumner, and unanimously adopted by voice vote by members present, to approve the minutes of March 26, 2015 as submitted. MINUTES APPROVED.

Changes to the Agenda

A resolution was added to the agenda entitled Acceptance of External Audit Report Performed by Ciaschi, Dietershagen, Little and Mickelson (CDLM).

Chair's Report

Ms. Drake deferred her report to later in the meeting.

Executive Director's Report

Mr. Barber reported municipal wellness committees have been starting up as a result of the resolution that was adopted by the Board of Directors. The Worksite Wellness Coalition is being staffed by the Tompkins County Health Department and includes members from the County, Cornell, Cayuga Medical Center, Ithaca College and others; the Coalition is meeting once a month to share ideas and collaborate with the rollout planned for September. He reported the Consortium has the potential for new members; inquiries have been made by the Town of Cortlandville, Town of Virgil, and the City of Elmira. He is providing them with information and they are interested in moving to the next step.

Mr. Barber said the Consortium has been communicating with the Department of Financial Services about the audit that was performed over a year ago. There were nine action steps of which five are complete, two are in process, and one requires further work. The last one relates to the submission of benefit plans by the Consortium. The reason it takes so long for the State to approve the Consortium's plans is because they have a special software program. Because the Consortium's plans are not submitted through that program the information has to be entered manually at the State and it is a very time-consuming process. Mr. Locey has been working with DFS staff to compile information in a way that will allow the plans to be processed quicker.

He reported a benefit clerk recognition was recently held and clerks are looking to have more of a presence by the Consortium and suggested the Consortium hold a benefit fair for the smaller employers to provide information to employees about plan options.

Mr. Barber announced the next retreat will be June 12th at 9 a.m. The focus of the retreat will be the building of a benefit plan which is the foundation of all activity. He encouraged all Board and committee members to attend. He distributed copies of the 2014 annual report; copies have been sent to all municipal clerks.

Mr. Cook and Mr. Doty arrived at this time.

Mr. Barber reported he and Ms. Drake attended a very informative session of the annual Excellus public sector retreat and learned about wellness programs, medical trends, provider relationships, specialty drugs, and their audit and recovery process.

Chair's Report

Ms. Drake welcomed Mr. Doty and the Town of Willet to the Consortium.

Treasurer's Report

Mr. Snyder reported on the first quarter financial filing and said the total assets were \$17.1 million which is an increase over last year's first quarter by 11.2%. The liabilities were \$4.6 million which compares to \$3.5 million in 2014. The capital and surplus was \$12.5 million compared to \$10.9 million in 2014. This represents an increase of 14.8%. The total liabilities, capital, and surplus equal \$17.2 million. The total revenue at the end of the first quarter was \$9.4 million, compared to last year's first quarter revenue of \$9.2 million (increase of 2.4%). Expenditures for the first quarter of 2015 were \$7.8 million compared to \$4.3 million in the first quarter of 2014. This large discrepancy is due to the way Excellus was billing last year. The net total income was \$1.6 million compared to \$4.8 million 2014. This figure is also distorted to

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the timing of payments. The change in the fund balance was \$1.6 million and is due to the income received in the first quarter.

Mr. Locey reported income was up in April by slightly over \$400,000; an update to the financial document will be sent out to Board members.

Report of Audit and Finance Committee

**RESOLUTION NO. 005-2015 - AMENDMENT TO RESOLUTION NO. 018-2014,
RESOLUTION NO. 001-2015, AND RESOLUTION NO. 004-
2015 – AMENDING RECERTIFICATION PROCESS
TIMELINE**
(Changes to Resolution No. 1 of 2015 are in bold)

MOVED by Mr. Thayer, seconded by Mr. Hart, and unanimously adopted by voice vote by members present.

RESOLVED, on recommendation of the Finance and Audit Committee, the Board of Directors hereby approves the 2014/2015 Recertification Plan including forms and guidelines for verification of spouse and/or dependent status for all contracts, active and retired, of the Consortium,

RESOLVED, further, That the municipal partners will be instructed and expected to execute the same verification process for consistency of results and will report such results to the Consortium,

RESOLVED, further, That the verification process will begin on November 1, 2014 with an amnesty period until February 28, 2015 for those participants without the additional collective bargaining step for the removal of any ineligible spouse and/or dependents without penalty and therefore eligible for COBRA,

RESOLVED, further, That for those participants and contracts with the additional collective bargaining step, the amnesty period for those contracts covered by the impact bargaining process, the amnesty period will continue until two (2) months after the collective bargaining process on dependent certification has been ratified, and

RESOLVED, further That any ineligible covered lives discovered after February 28, 2015, or two months after impact bargaining ratification for those affected contracts may be subject to reimbursement of premium paid by the employer since the change in status or January 1, 2011 whichever is later and the ineligible person will not be eligible for COBRA,

RESOLVED, further, That any dependent of an employee or retiree for which no verification information has been submitted will be terminated on **November 1, 2015** and the member will be invoiced for that coverage since January 1, 2011 and the employee/retiree and their spouse and/or dependents will not be eligible for COBRA,

RESOLVED, further, That the Recertification Plan provides an appeals process from May 1 through **December 31, 2015** that will be administered by the Appeals Committee.”

RESOLUTION NO. 006-2015 – ACCEPTANCE OF MEDICAL CLAIMS AUDIT REPORT

MOVED by Mr. Thayer, seconded by Mr. Rankin, and unanimously adopted by voice vote by members present.

Mr. Barber said the audit was performed as a result of recommendations that came out of the New York State Department of Financial Services audit. BMI was selected through an RFP process; they have a software program that runs the aggregate for claims to look for inconsistencies. They identified 30 areas where discrepancies were found and some were easy to remedy. Benefit changes will need to be made to reflect some discrepancies and Excellus has made a software change that will correct many of them. He said by adoption of this resolution the Board is accepting the report and is recognizing that the Audit and Finance Committee will come back with findings and recommendations that will also need to be filed with the Department of Financial Services.

Ms. Hersey expressed concern with the full report, stating there was one area within the full report where information that could potentially lead to the identification of an individual and asked that this information be redacted from the report. Mr. Barber will follow-up on this.

WHEREAS, the New York State Department of Financial Services, during its most recent audit recommended that the Consortium conduct periodic medical claims audits, and

WHEREAS, by Resolution No. 004 of 2014 the Board of Directors charged the Audit Committee with making a recommendation to select a qualified professional firm to perform a medical claims audit as part of their fiduciary responsibility to conduct periodic medical claims audits to ensure the medical claims are paid by Excellus are in accordance with the benefit plan documents, Federal and State Laws, Rules, and Regulations, and industry standard practices, and

WHEREAS, after a review of responses to a Request for Proposals the Audit Committee engaged the firm of BMI to perform an audit of the Consortium’s medical claims, and

WHEREAS, BMI has completed the medical claims audit and presented the final report to the Audit and Finance Committee, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors accepts the final audit report presented by BMI on 2014 Medical Claims.

* * * * *

Presentation of External Audit

Mr. Mickelson said he was pleased to see the Consortium’s first annual report and said this represents the progress and success of the Consortium. He said the purpose of the Audit is the affirm Consortium’s financial information is accurate and consistent with the JURAT report before it is filed with the State. In 2014 there was an equity gain of \$6.8 million and takes into consideration the claims liability that was reflected in the equity section of the report. The Consortium has a very strong financial position and continues to have consistent revenues over expenses. During the process they looked at internal controls related to all of the processes and transactions and found no instances of material weaknesses or instances of non-compliance.

Mr. Thayer, Chair, said the Committee continues to work on items including reviewing the results of the medical claims audit, reviewing the fund balance policy for the Consortium,

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developing a process for a prescription drug claims audit, 2016 budget preparation, and continues a review of metal plans.

**RESOLUTION NO. 007-2015 - ACCEPTANCE OF EXTERNAL AUDIT REPORT
PERFORMED BY CIASCHI, DIETERSHAGEN, LITTLE AND
MICKELSON (CDLM)**

MOVED by Mr. Thayer, seconded by Mr. Fracchia, and unanimously adopted by voice vote by members present.

WHEREAS, the Board of Directors entered into a contract for auditing services with Ciaschi, Dietershagen, Little and Mickelson (CDLM), for the purpose of conducting an external audit of the Consortium's financial records for fiscal year 2014, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the 2014 external audit report prepared and presented to the Board of Directors by Ciaschi, Dietershagen, Little and Mickelson (CDLM) is hereby accepted.

Report from the Municipal Cooperative Agreement Review Committee

Mr. Fracchia, Chair, provided highlights of changes that have been considered and are being recommended by the Committee. He noted many of the changes are language clarifications and reference specific parts of State law. Highlights include:

Section A.2: Clarifies the current membership of the Consortium and counties that are eligible to join;

Section C.6: Allows participation at a meeting by electronic communication as long as there is visual contact;

Section F.1: Recommends including the Secretary on the Executive Committee and adds language designating the Secretary retain custody of all Consortium documents;

Section V.2: Expands and clarified who would be covered under the dispute resolution process; and

Section X.2: Amends to remove inclusion of each participant's resolution as part of the agreement and to instead, have those resolutions on file.

Ms. Drake noted the Consortium's attorney has reviewed and provided input into this process and the draft document has been submitted to the Department of Financial Services.

Ms. Zahler said there have been mixed responses to the issue of voting by electronic means and questioned this change in the agreement. Ms. Drake said the Consortium's attorney has reviewed this and it is acceptable as long as there is an audio and a visual of the member. It was noted that members are encouraged to physically attend meetings. Mr. Barber said the Board could adopt an attendance policy but would not recommend including language in the MCA. Mr. Salton said he would not support an attendance policy.

There was discussion concerning the change to allow only counties contiguous to Tompkins County become participants. Mr. Salton was not supportive of restricting membership in the current fiscal climate. Mr. Locey explained that the best way for the Consortium to be effective is to have all participants possess the same characteristics. Once you begin moving too far away a lot of different influences come into play that could potentially make one participant very different. Mr. Fracchia also noted the difficulty that would arise in the governance if the membership became too large. It was stated that if the Board wished to

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include a municipality in the future that is not within one of the contiguous counties the Board could amend the agreement at that time.

MOTION NO. 005-2015 – ACCEPT AMENDMENTS TO MUNICIPAL COOPERATIVE AGREEMENT

MOVED by Mr. Fracchia, seconded by Mr. Salton, and unanimously adopted by voice vote by members present.

* * * * *

Report from the Joint Committee on Plan Structure and Design

Mrs. Shawley, Vice Chair, reported at the last meeting the Committee reviewed information on the Bronze metal level plan. A vote by the Committee on recommending the addition of the plan to the Consortium’s menu of plan offering was 12 in favor and 11 opposed. The Committee will continue looking at other metal level plans.

RESOLUTION NO. 008-2015 - RESOLUTION TO ADOPT THE “BRONZE PLAN”

MOVED by Mrs. Shawley, seconded by Ms. Sumner. A voice vote resulted as follows: Ayes – 19, Noes – 1 (Hersey). RESOLUTION ADOPTED.

Mr. Locey said the rate for 2015 for an individual is \$315.26 and \$819.67 for family coverage. He also noted it is the first plan the Consortium will make available in its menu of options that will be eligible to have a health savings account. It is the equivalent of a high deductible plan and satisfies the minimum requirement for the employer shared responsibility.

It was MOVED by Mr. Vanwormer, seconded by Mr. Fracchia, and unanimously adopted by voice vote by members present, to delete the “or greater than” in the second Resolved. MOTION CARRIED.

Ms. Zahler questioned why members of the Committee opposed the adoption of this plan. Ms. Hersey said one of the common themes at the meeting by labor was that this is a very high deductible plan and does not constitute insurance. From her perspective as a labor representative it is too great of a risk to support.

Ms. Sumner stated that Ms. Hersey’s points are well-taken; however, the diversity of needs across municipalities are vast. She spoke of a former employer and said it covered the high deductible and saved a lot of money.

Ms. Zahler asked if other plans would have the option of having a health savings account. Mr. Locey explained that a plan must meet the definition of a high deductible plan to qualify to have a health savings account. It is a very strict definition within the Affordable Care Act.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (Consortium) is a self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued on October 1, 2010 in accordance with the provisions of Article 47 of the New York State Health Insurance Law, and

WHEREAS, the Consortium’s consultant, Locey and Cahill, LLC and medical claims administrator, Excellus BlueCross BlueShield, have collaboratively developed the “Greater

Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan” which is consistent with and meets the standards for Bronze level benefit plans as defined by the Patient Protection and Affordable Care Act, and

WHEREAS the “Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan” will have an Actuarial Value as defined by the Patient Protection and Affordable Care Act equal to an overall plan benefit for the average participant of 60%, and

WHEREAS, the Joint Committee on Plan Structure and Design and the Audit and Finance Committee have reviewed the details of the “GTCMHIC Standard Bronze Plan” and supports the addition of this Plan to the Consortiums menu of plan offerings, and

WHEREAS, the addition of this Plan or other metal level Plans of coverage will not diminish, alter, or eliminate any current medical or prescription drug plans offered by the Consortium, and

WHEREAS, comparable benefit plans are available to the Consortium’s Participating Municipalities either through the Patient Protection and Affordable Care Act Health Insurance Exchange or on the private health insurance marketplace, and

WHEREAS, several Participating Municipalities in the Consortium are seeking plan designs consistent with the metal levels of coverage as defined by the Patient Protection and Affordable Care Act, now therefore be it

RESOLVED, on recommendation of the Joint Committee on Plan Structure and Design and the Audit and Finance Committees, That the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors adopts the “Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan” for inclusion in the Greater Tompkins County Municipal Health Insurance Consortium’s available benefit plan menu to be effective as soon as practicable,

RESOLVED, further, the Consortium Board of Directors requires that Said Actuarial Value be calculated annually by the rating and underwriting department at Excellus BlueCross BlueShield or an independent actuarial firm using the Actuarial Value Calculator developed by the Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) which was implemented in accordance with the Patient Protection and Affordable Care Act. If such calculator is no longer available or in use, the Consortium will have an independent Actuary develop the Actuarial Value of the health insurance plan on an annual basis. In either case, it is the intent that the result will represent an empirical estimate of the Actuarial Value calculated in a manner that provides a close approximation to the actual average spending by a wide range of consumers in a standard population and that said Actuarial Value will be equal to 60% within an acceptable deviation of + or – 2%,

RESOLVED, further, That the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors directs the Executive Director to coordinate the development of procedures necessary to coordinate the logistics of making changes to the “Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan” which will occur no more frequently than once annually on January 1st of the year in question and that those procedures will become effective when approved by the Consortium Board of Directors.

Presentation of 2014 Excellus Utilization Report

Mr. Losty reviewed the Health Management Report for the period January 2, 2014 thru December 31, 2014 and paid through March 31, 2015.

During the review the following points were noted in changes from 2013:

- The average number of contracts was 2,270 in 2014 (0% change)
- The average number of members was 5,015 (-1%)
- The plan cost was up 2%
- The member cost was up 5%
- The total cost was up 1%
- The cost per contract per year was up 2%
- The plan cost per member per month was up by 3%
- The total cost per member per year was up 3%

Over the past four years, the plan cost per contract has increased by an average of 3% per year, which is well below healthcare trends of 7-9% annually.

The Consortium vs. a comparison population showed a plan cost per contract per year being 24% higher. This was 30% in 2012, so the plan is slowly getting closer to the comparison. The member cost per contract per year was 31% lower. Pharmacy plan costs increased from \$1,337 to \$12,421.

Mr. Losty reviewed cost distributions:

During the period 11% of members had claims of \$0; the comparison population was 17%. 4% of the population had claims greater than \$25,000; the comparison population was 4%. It was noted that 17% of members incurred 77% of the plan costs. The general rule is that 20% of the members incur 80% of the costs.

There were 16 claimants who had claims over \$100,000, compared to 21 in 2013. Four members had claims over \$200,000. Utilization highlights contained in the report included:

- Inpatient admissions were 76 (1% decrease);
- Average length of stay was 4.8 days (4% decrease);
- Physician office visits were 4,624 (1% decrease);
- Emergency room visits was 227 (5% increase)
- Urgent Care visits were 2975, an increase from 2317 in 2013

Mr. Losty noted the following:

- Plan Costs for the 2014 calendar year rose by 2%. Costs have been below trend each year for the past four years.
- Member cost share is substantially less than members in a similar industry. Slight increase to member cost share will assist in keeping plan costs down. The Platinum plan will be more closely aligned with comparison population.

Ms. McCall said it is her job to review high cost claimants and to make sure there are adequate networks available and that care and utilization management is in place. There are a lot of controls in place and Excellus is always looking for places where services are being overused or not used correctly. They also have software that looks for billing errors and are working with other organizations to look for innovative ways to deliver health care. They also

have issued a request for proposals for a vendor to deliver telemedicine. She said the Consortium has great participation in chronic care management, well child, and preventive screenings.

A copy of the full report will be placed on the Consortium website.

Resolution No. – Authorization to Hire Facilitator from Tompkins Cortland Community College to Guide the Consortium to Establish a Wellness Mission Statement, Vision Statement, Objectives, and Tag Line

MOVED by Mr. Cook, seconded by M. Fracchia.

Mr. Cook said the Committee has been very active and has looked at a wide array of endeavors it would like to pursue and is finding that they need direction from the Board on what direction it should move in. He said it would help the Committee if the Board had a mission statement that it could operate under.

He explained that in discussions of how a mission statement could be developed the Committee felt it would be better to have an outside facilitator who could direct the process. They felt if they could have help instituting Smart Work management into the process it would be better able to move forward. Questions arose as to how Tompkins Cortland Community College was selected as the recommended facilitator. Mr. Cook explained that a Committee member has experience working with the Smart Work program offered through the College and has had success.

Mr. Barber said the facilitator is a process person as opposed to being technically knowledgeable about health care. Mr. Salton said wellness is always a great goal but needed clarification on what the goal of this resolution is. Mr. Barber explained how throughout the process the Committee has looked at the communication it has, particularly with members. When rolling out a wellness program there needs to be an overall mission and vision established to focus on and use as a marketing tool. He said it would be appropriate for the Consortium to also go through a mission and vision statement process to determine what direction it is going.

There was confusion over the language of the resolution and whether the purpose was to create a mission and vision statement for the Consortium as a whole or only the Committee. Some members felt the Consortium should have a mission and vision statement before the Committee establishes one. Ms. Drake suggested it may be time to redesign the Consortium's logo as well.

Ms. Sumner spoke in support of authorizing the Committee to pursue the development of a wellness mission statement that could be presented the Board for adoption. Ms. Zahler said there are a couple of steps that have been alluded to but are not addressed in the resolution. To have sharp objectives is good but methods that are likely to be effective to help you achieve your objectives are also important. Once the effective methods are figured out that is when you begin discussing marketing. She thinks this is heading in a great direction but thinks there are steps that are missing.

Mr. Fracchia said this is a big topic and sees the Committee struggling. A facilitator would help the Committee focus its efforts to develop a mission, develop goals and objectives, and it could then be present to the Board for adoption.

Mr. Salton said he would prefer to have a facilitator develop an overall branding of the Consortium rather than just a piece.

Ms. Drake said she has experience working with the Smart Program; however, it has been used in departments that had procedures that were already developed. She said she is having a hard time connecting what is needed by this Committee to a Smart Work program. She sees the Committee needing more of a facilitator to get the Committee organized on what its goals would be.

Some members of the Committee felt the language contained in the resolution was too broad and didn't focus solely on the Committee.

Ms. Hersey said the Committee is advisory to the Consortium and thinks the wellness vision has to come from the Board of Directors. She thinks it has to be bigger than just the Committee to develop a wellness program that will have meaning to the entire Consortium.

Mr. Cook said the Committee meets on the third Wednesday of each month at 1:30 p.m.

It was MOVED by Mr. Salton, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present, to refer the resolution back to Committee. MOTION CARRIED.

The wording contained in the proposed resolution was as follows:

WHEREAS, in 2013 the Consortium established a committee called the Owing Your Own Health (OYOH) Committee to review the merits of incorporating a wellness component into the Consortium's recommended programming, and

WHEREAS, the OYOH Committee is comprised of Consortium members, community experts, and representatives from Excellus, ProAct, and Cayuga Area Preferred to include a wide range of perspectives and expertise, and

WHEREAS, the OYOH has reviewed several methods of establishing budget-conscious programs targeted to reduce costs and maintain and develop healthy insureds, and

WHEREAS, the OYOH Committee wishes to offer a formal directive to the Consortium Board of Directors by establishing a wellness mission statement, vision statement, objectives, and a tag line, and hire a facilitator from Tompkins Cortland Community College to solidify those benchmarks, now therefore be it

RESOLVED, on recommendation of the Owing Your Own Health Committee, That the Board of Directors authorizes the retention of a facilitator to develop a Consortium mission statement that incorporates wellness, a vision statement for the Owing Your Own Health Committee containing goals and measurable objectives, and a tagline,

RESOLVED, further, That the Chair of the Board of Directors is hereby authorized to sign an agreement with Tompkins Cortland Community College for an amount not to exceed \$1,300 to facilitate the Committee's requests listed above.

* * * * *

Ethics Complaint

Ms. Drake said the Executive Committee has met and reviewed all of the information that was presented. She asked Mr. Cook if he wished to address the Board on any of the material. Mr. Cook did not wish to comment at this time but stated he may wish to at some point in the future. Ms. Drake said the Committee went through the process and produced recommendations that were provided in the agenda packet.

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**MOTION NO 006-2015 - ACCEPTANCE OF EXECUTIVE COMMITTEE RECOMMENDATION
ON ETHICS COMPLAINT**

MOVED by Ms. Drake, seconded by Mr. Hart, and unanimously adopted by voice vote by members present.

Mr. Salton cautioned against restricting anyone's freedom of speech rights. He said there can be lively debate in which someone's voice is raised that could be interpreted as being discourteous.

RESOLVED, That the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) Board of Directors accepts in its entirety the GTCMHIC Executive Committee's recommendations regarding the March 23, 2015 ethics complaint filed by Mr. Weatherby,

RESOLVED, further, That all GTCMHIC Directors and Committee Members are expected to uphold the highest standards of decorum, courtesy, and civil behavior at all times.

Adjournment

On motion the meeting adjourned at 7:22 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk