District Health Department & Home Health Agency
Serving Harrison, Nicholas, Scott & Bourbon County Home Health

MINUTES

WEDCO DISTRICT BOARD OF HEALTH MEETING

Wednesday, September 22, 2021

WEDCO District Health Department
Conference Room

Cynthiana, Kentucky

12:00 P.M.

Judge Alex Barnett, Chairman

Tim Thompson, Vice Chairman

364 Oddville Avenue, Cynthiana, Kentucky
Mail to: P.O. Box 218, Cynthiana 41031 859-234-8750 Toll Free: 866-75WEDCO 859-234-0054 fax
www.wedcohealth.org

Members Present:

Harrison County
Brett Hines, OD
Dr. Derek Clarke

Nicholas County
Judge Steve Hamilton
Becky Reid

Scott County
Jared Hollon, Judge Designee
Dr. Horace Hambrick
Sherrie Taylor, RN
Tim Thompson

Members Absent:

Harrison County
Judge Alex Barnett

Staff and Guests Present: Dr. Crystal Miller, Rachel Kendall, Jennifer Lemmings.

With a roll call showing a quorum present, Tim Thompson called the meeting to order at 12:09 p.m. Tim Thompson asked if everyone had an opportunity to review the minutes.

MOTION #1
Jared Hollon made a motion to approve the board minutes from Wednesday, June 7, 2021. Becky Reid seconded the motion.

Roll Call

Dr. Derek Clarke – Abstained
Jared Hollon – Yes
Judge Steve Hamilton – Yes
Dr. Brett Hines – Yes
Dr. Horace Hambrick - Yes
Sherry Taylor,RN - Yes
Tim Thompson - Yes
Becky Reid – Yes

No further discussion. Motion passed without opposition.

Mr. Thompson asked if there was any old business to discuss. There was no old business brought up for discussion.

Mr. Thompson moved to the consent agenda requiring no board action. Dr. Miller wanted to highlight a few items in that category. She pointed out that we are growing our Syringe Exchange Program from the Community Health Promotion program, in Harrison and Scott counties. A new Health Educator was just hired and she comes to us having done some public health work in a different state. We are excited to have her coming on board.

In Environmental, we have been working on sewer issues in Nicholas County and have been approved for eleven repair projects. All of our staff in Environmental are now fully trained, so they can go out and do septic and food. It has been difficult to complete that training during the Pandemic. There are now three staff fully trained, in addition to Gene Thomas who is still involved on the Preparedness side and will help in Environmental when we need it.

MOTION #2

Jared Hollon made a motion to approve the consent agenda. Dr. Hambrick seconded the motion.

Roll Call

Dr. Derek Clarke – Abstained
Jared Hollon – Yes
Judge Steve Hamilton – Yes
Dr. Brett Hines – Yes
Dr. Horace Hambrick - Yes
Sherry Taylor,RN - Yes
Tim Thompson - Yes
Becky Reid – Yes

No further discussion. Motion was passed without opposition.

The meeting then moved to discuss new business with Dr. Miller reporting on both Clinic and Home Health. For Clinic, we are adjusting clinic schedules each according to the covid demands and how that is influencing our staffing and community needs. It is a challenge to provide testing, vaccines and regular clinical services daily. We are operating Covid testing everyday from 8:00 – 12:00 in Scott and Harrison and on the days that we are open in Nicholas. We are not doing any other general services during that time because the demand is so high. From 1:00 – 4:30 we are offering general services. Also, we are offering vaccines on Wednesday in Harrison, Thursday in Nicholas, and Friday in Scott Counties. We had to make that change because the demand for Covid testing is so great in all counties. This is in part due to other places that were doing testing, but have gotten out of it.

We are looking for an Infectious Disease Nurse. We have not had someone who could deal with specific diseases, not just because of Covid, but also because we have HIV and HepC present in our communities. We have just closed applications so we should have an Infectious Disease Nurse really soon on board to work through all these things that are going on in our communities and be there to connect and educate.

We have given about 25,000 vaccines. We could have given a lot more but the demand has not been there. We are offering all three vaccines. We are offering boosters to immunocompromised individuals. When we have the demand, we have the ability to scale up and scale back down, but we just don't have the demand right now. We expect to have that demand when boosters are approved for general public. We continue to do education and outreach regarding Covid and vaccinations in our communites. We are doing an event in the Ed Davis Community in Scott County because we know they have a lot of vaccine hesitancy with African Americans and have some partnerships with leaders in that community to help assist. We received grant funding to provide some incentives to help us in our efforts to ensure the public has access to vaccination. The data surrounding vaccinations working is clear. We are posting every night about 90-95% of the people in the hospital are unvaccinated. We continue to have a tough time convincing people to get a vaccine. It is still a big challenge. Dr. Miller clarified that the booster shots are for any age 18 and older for Pfizer and Moderna and it is not policed because it states on our paperwork that if a person meets the CDC guidelines they can get the booster. If a patient is told by their physician to get the booster, or if they have been told they are immunocompromised by a physician, then

they are encouraged to come to the health department to get the booster. They can only get a booster shot with the health department for the same Manufacturer of their original vaccine. We match them up. If someone got a Johnson and Johnson vaccine, they cannot get a Moderna or Pfizer booster. There is not guidance for us to mix those. Appointments are not required. It is anticipated that the CDC will be recommending a booster for all who are 65 and older and a booster for those whose vaccine was more than 8 months ago. Johnson and Johnson is working toward getting approval for a booster, but that has not been finalized. It is also anticipated that the age will drop for Pfizer really soon. One challenge for WEDCO is going to be when they drop the vaccine booster to 65 and older, a lot of our long term care facilities are not doing the vaccines because the vaccine management is so heavy. We are going to have to be creative about how we help our long term care facilities. Dr. Miller is hopeful that the larger pharmaceutical companies like Walgreens and CVS will go in and vaccinate that population. That will be a challenge if we don't have that partnership because we don't have the capacity to go out and do that. We can set up vaccine clinics and handle a large amount, but to go into these facilities and take our vaccine with us and manage that is not very easy. Samantha Jones and Dr. Miller have a meeting about that issue next week because we fully expect that is coming and will not be easy to do.

We do have a policy that we need approved. Most of you will remember the days when we went through public health transformation. We must continue to ensure we are doing core public health programs. One of the programs we have been involved in is family planning but that is not true core public health in the sense that we want everybody matched up to a medical home. When someone comes to us that may be pregnant we want to be able to educate them on a variety of things like safe sex and do a pregnancy test. Right now the only way we can do limited family planning services is to put someone on birth control who comes to us thinking they may be pregnant, but in fact aren't. There is a policy in your clinic packet that states our providers are required to give a pregnancy test for any patient that comes in wanting emergency contraception or quick start birth control. If it is negative, then we want to give you the option to start on birth control and match our patients up with a medical home because that is important for care.

MOTION #3

Jared Hollon made a motion to approve the proposed clinic policy regarding pregnancy tests. The motion was seconded by Dr. Clarke.

Roll Call

Dr. Derek Clarke – Yes
Jared Hollon – Yes
Judge Steve Hamilton – Yes
Dr. Brett Hines – Yes
Dr. Horace Hambrick - Yes
Sherry Taylor,RN - Yes
Tim Thompson - Yes
Becky Reid – Yes

No further discussion. Motion was passed.

Dr. Hambrick had some comments to make regarding Covid before leaving the topic. The first comment would be that everyone is aware that we can do monoclonal antibody infusions for children age 12 and up. His practice has sent 6 or 7 children who are in high risk categories for monoclonal antibodies. It is available through the Georgetown Hospital and a pretty seamless process. He had seen someone with diabetes and was overweight who got his antibodies this morning. The hospital is doing a great job doing that service. Children 12 and up, with high risk conditions, can also have that same treatment and it

can be very substantial. Dr. Hambrick also to discuss the acceptance or lack of acceptance about the vaccine and African American communities. He tries to emphasize when he talks to other parents the reason for the lack of acceptance and wariness is because of the history of really bad things that have been done to the African American population by science in the United States in the past. He tried to ensure they understand that they are getting the exact same vaccine that everybody else is getting. Dr. Miller informed that our clinic was in partnership with the NAACP and the Ed Davis Center in hosting events to those populations. WEDCO has advertised this to anyone coming to the Ed Davis Center which reaches a lot of teens of all races, so we are very hopeful that event is well attended and all vaccine clinics we host outside of this one just being focused around with the NAACP because of the work they are doing in Scott County. We have interpreters there for Hispanics, so we really be readily available and prepared to serve in whatever capacity we can. It is just an issue in general to not have the interest. That event will be Friday from 4:00 – 6:00 at the health department in Scott County. Please feel free to share that with those in your office.

Dr. Miller presented the packet for Home Health. This program has been challenging with the way revenue streams flow. There have been many changes with revenue in home health in Dr. Miller's 14 years as a public health director. We used to make most of our money through Medicare but with the requirements, it has become increasingly difficult on the Medicare side and we are now making most of our recenue from Waiver. It is sad that the requirements are so robust and difficult that it continues to deplete us from a staffing issue to try and maintain, We continue to have staffing issues in home health and although that is not new, it has continued through the pandemic. We have always had staffing issues there particularly with our Home Health Aides because of the amount of money they make. For what they make, you can almost go anywhere and make as much. The services and care that our aides provide is hard work and it is difficult to find people committed to that at the amount of money they make. The constant change in requirements on the home health side make it hard to train and keep staff. Weare switching to a new EMR system that Rene feels will be beneficial for our program. We are continuing to adjust to the everchanging environment of home health and doing the best that we can and appreciate the support of the board. We need an approval on the Home Health Policy and Procedures Manual. Each year we are required to have an approval from the board on this manual. There are no changes from last year.

MOTION #4

Dr. Clark made the motion to approve the Home Health Policy and Procedure Manual. The motion was seconded by Becky Reid.

Roll Call

Dr. Derek Clarke – Yes
Jared Hollon – Yes
Judge Steve Hamilton – Yes
Dr. Brett Hines – Yes
Dr. Horace Hambrick - Yes
Sherry Taylor,RN - Yes
Tim Thompson - Yes
Becky Reid – Yes

No further discussion. Motion was passed.

Dr. Miller then began her report to the board. She started by jumping back into Covid and the Infectious Disease Mitigation Policy which was approved by the board on March 9, 2021 . This policy states that if WEDCO reached the point where the data and the science supported requiring vaccines, the policy

approved gaveDr. Miller the authority to make that decision. To this point, Dr. Miller has not done that because she wanted the staff to do their own research, buy in and get the vaccine. We have compliance from most staff and we have brought some people along in our education efforts. We currently have 19 staff members who are not vaccinated. Dr. Miller wanted to add some things to this policy. Dr. Miller is ready to mandate vaccines for staff and wanted to ensure that the board is in support at this time. We have 2 people on the public health side that are not vaccinated. The remaining 17 of our unvaccinated staff are in our Home Health agency. Dr. Miller anticipates we will have a few employees that we will lose, but we have an obligation to our patients and our community to ensure safety while we are providing care in any capacity. Dr. Miller felt she needed to revisit this with the board before moving forward with this mandate. There has been a change to the policy that they will have 45 days to get the vaccine, which will give them a little bit of time. We've offered our Medical Director, Dr. Davis, to sit down with any hesitant staff member and we will do that again. We are also adding to the policy that if you have had the vaccine and are fully vaccinated and get sick with Covid, we will provide sick leave for vaccinated employees contracting Covid. We have not done that since vaccinations have been available. Dr. Miller wants to make this retroactive for the fully vaccinated employees that contracted Covid. If you work at WEDCO, then you follow our mission and you are pro-vaccine. We are going to require vaccination for Covid and also for Flu.Dr. Hambrick supported the mandate. Dr. Clarke shared that at Harrison Memorial there is no mandate at this time because the hospital cannot get employees to stay and the hospital is afraid that they are going to lose many employees to this. Bigger hospitals like UK and Central Baptist can afford to do that and have mandated vaccines but HMH has not because they feel they will not have enough employees and will not be able to replace them, so for now, they are encouraging it but not mandating it at this time. Lifepoint at Georgetown has also taken a stance that they are also not requiring it. It is a very polarized issue. We will roll the policy out to the WEDCO staff today. We fully expect we will lose some staff over this and Dr. Miller accepts that risk because it is the right thing to do and will navigate that as we move along. We are doing a lot of outreach, vaccine and testing is still going on.

In December, our contract with Gravity Diagnostics will end. One of the benefits of us having the first case is that we fell under thae whole testing strategy through the State Department for Public Health. However, the funding for this has been federally allocated and will end December 31, 2021. We will initiate a contract under our agency and unless we find a better alternative, we will stay with Gravity as our processes with them are so efficient. Testing will continue but will be paid out of public health tax dollars beginning in January. WEDCO is hopeful that a new funding stream will be introduced prior to this timeframe for testing. Our patients are younger, sicker, and more are hospitalized. We have lost 87 people across out district since Covid began. Dr. Miller feels strongly that WEDCO's numbers are under reported. We are finding people everyday that are not on our case load because many are tested in some facility and the paperwork does not make it to us. Additionally, the asymptomatic people are not getting tested, so if you count those people and the cases that don't reach us, or are presumed positive, (because we will tell people if you feel like you are positive and you are sick there is no reason to get tested for it if you have been exposed) there are many unreported. Our team has managed over 100 cases per day. They are so dedicated and try hard to wrap around and do everything possible to help the patients and they are tired. We are hopeful that this is beginning to plateau, but if it does not, Dr. Miller has promised the Covid team to get more help. Just in our district we have about 4,000 cases that are not entered in NEDDS. We are reporting those cases locally and you are seeing those cases. But the Governor is pulling his numbers through the NEDDS system which is the disease surveillance system. Those cases aren't on his radar because we don't have the capacity to enter them. We are that backlogged. That's why we tell people to watch the local numbers because the Governor is sharing this stuff but he can only share what is communicated up the chain through our systems and our systems are so antiquated that it

takes so much to enter things so it's not easy. If we've learned anything through this pandemic it's that we have got to increase our infrastructure to be able to manage diseases like this and be able to communicate up and down from local to state to national and back down as well.

Dr. Miller went on to review public health transformation with the board. She had initially planned to do this in March with her "year in review annual report". However, Covid took precendence. Dr. Miller shared slides from the state that represent the core public health model. WEDCO pivoted and made changes to meet core public health guidelines when this was introduced a few years ago. One example was with our family planning services in clinic and those were streamlined. Prior to the pandemic, the state issued a map denoting public health departments that were scheduled to close within a year due to funding and the ongoing pension issues. While WEDCO was not in a detrimental zone, we have continued to plan and make management decisions wisely that keep us viable. In reality, a good public health system is necessary, as we've seen with the Covid pandemic, and we need to continue strategizing and pivoting in our core services model. WEDCO's priority is to respond to our communities needs with population health. We are not here to be a "filler" for primary care or individual patient needs regardless of our want or desire to do so. Our goal must be to continue working toward policies and services that are focused on improving our population's health. Covid has been a good example of why our focus must be on population health. Unfortunately, Kentucky's health behaviors and health outcomes are at the bottom of the Nation's health and that's not new. During our former commissioner, Dr. Howard's tenure, House Bill 129 was passed and is the basic framework for what we should be doing in public health. During his time, Dr. Howard formed several committees. Dr. Miller was on a few of those committees which were made up of directors at the state level and community members to discuss and devise what public health was statutorily required to do. Because of the bankruptcy issue, we need to really look at ourselves and see what do we need to get out of doing. We have already made great strides in evaluating and changing services within our clinic that are no longer core such as family planning and cancer screening. Foundationally we have five focuses: Population Health, Enforcement and Regulation (Environmental enforcement issues), Emergency Preparedness and Response (Covid, flooding, etc), and Disease Control. The reason we are in the syringe exchange program is not because we want to give people syringes to do drugs, it is so that we can connect with them and test them for HIV and Hepatitis C. We have to have an administration infrastructure and through all of that we really work with our communities to do community health assessment, hence the importance behind our accreditation efforts. We also do WIC because WIC is a food supplement issue which is a community need that is federally funded. We do HANDS as a preventive program where we teach parents how to look at the child developmentally, connect them to other programs, get them ready for preschool, and all of the things that are not just individual. Anything we do outside of these things is local public health priority. For example, the Beautiful Minds program. We choose to spend local tax money on the suicide prevention Beautiful Minds program in our district. We do that not because it's public health, but it's something we have data to show a need for in suicide prevention. We partnered with UK and felt like as a board and as an agency that it was good use of our tax money to look at what are these suicides doing to our communities and how can we prevent them. Anything outside of the Core Public Health box will fall into public health priorities that we can decide on; however, everything we do must be related to population health. Any program we undertake must have adequate funding, be evidenced based and we must have an exit strategy that we share with the state. We can do other programs such as diabetes, extended cancer program and school health, as examples, but they are not mandated by the legislature and must be supported by local health tax dollars. If we see a need, like a school health program, and the board wanted to raise taxes and do that, then there is that option.

Mr. Thompson asked about what are we doing that is not core public health and brought up Home Health. Dr. Miller said that Home Health is a good example. When Dr. Miller started at WEDCO 14 years ago, there were 22-23 Home Health Agencies tied to Health Departments.Home Health falls into the category of local health needs and is a board decision to continue as it's not a core public health mandate. When Dr. Howard was commissioner, he framed this up that Health Departments should not be in the business of home health because it grays the lines of individual care and not population health and is not considered public health. Dr. Stack, our current commissioner, has supported Dr. Howard's model and supports that home health is not a program that will be supported by the State Dept for Public Health and wants health departments to stay in line with core public health. Dr. Miller stated that we should not ever expect to receive funding nor retirement assistance tied to home health. Mr. Thompson asked why we are still in home health. Dr. Miller stated that ,any agencies have gotten out of providing home health due to the funding cuts and issues surrounding pension. Dr. Miller went on to say this is a board decision and there seems to be two different schools of thought; 1) the board can stay in it as long as they feel necessary with the understanding that if/when the revenue isn't there, they will have to raise taxes or 2) get out of the service altogether either by closing or selling the agency. There are examples from health depts. who have done both ways. Clark County tried to sell theirs and were unsuccessful because they had no revenue. Although their home health agency is not open, they still hold their certificate of need and can reopen at any time. Franklin County just sold theirs. Unfortunately, many have waited until their agency is no longer viable and they cannot sell. Some have essentially let it "die on the vine" and kept theirs until they no longer made money.Board members spoke up expressing concern about making sure the employees would remain in jobs with Home Health. Mrs. Kendall reported that we are now struggling financially with Home Health and that will be reported at the next board meeting. Medicare revenue used to be one of our largest sources of revenue, but Medicare has changed their payment methodology are no longer that source of revenue. We have had to utilize approximately $500,000 of our reserves in the last few years. We were building reserves in Home Health and now we are having to pull from those reserves.

Mr. Thompson asked what is the benefit to the citizen and what is the benefit to us to continue providing home health? Dr. Miller shared that she was one that wanted to hang on to it, even when Dr. Howard, previous Commissioner because it is a program and service that we are proud of. It was also a no brainer to some degree because we were able to make money with no threat to our funding. But years ago, Medicare was the primary payor and we made lots of money with Medicare. We are lucky we have Rene Rawlins as our Home Health Director of Nursing because she recognizes the shifts in revenue and follows trends to help us tap into those revenue streams. I have no doubt without Rene's leadership that we would have faced tough financial times many years ago. With the pension issue and no support from the State Department, it is a program that is now of concern from a financial standpoint. Ms. Rawlins found how our Waiver program could make money so we switched over to waiver. We haven't always made our decisions around money but you have to have money to keep it open and drive the services and that appears to be what we are having to do to keep this program viable. The private sector, like many things, can do services like home health cheaper simply because of the retirement mandates that we have one us that they do not. With the way the legislature mandated us paying our unfunded liability, thisthis will not be going away. We have a quarterly payment for the unfunded pension liability and also pay into the pension system, so we actually have two retirement payments we have to make annually. Therefore, the risk of us keeping Home Health, for as long as the Board decides, is we will have to pay higher amounts into the retirement system. Many of these places pay employees per visit, so it's difficult for the Health Department to be competitive with employees. This is not a core public health issue, and isn't something that has to be decided right now, but it is a conversation that the Board should have and be thinking about as far as how long we intend to keep home health as long as we hold a certificate of need or do we sell

our certificate of need with the effort to keep staff employed even if not by WEDCO. Dr. Clarke stated the importance of having doctors on board because they will refer patients to home health care and will have their own preferenes about where to refer their patients as there is great competition. Dr. Clarke pointed out that these agencies also have reps sitting and visiting their offices and bringing incentives to get patients referred to them making it very appealing to not refer to WEDCO. Unless we have doctors referring patients to our home health agency, they can refer anywhere so what is the incentive to refer to WEDCO other than we just like the service? The other agencies are advertising, bringing in donuts and other marketing to get the business sent their way. Dr. Miller talked about how we are not doing that because technically we are not allowed to lobby, and we don't have the funding. Ms.Taylor asked about how many employees does Home Health have. We have about 40 employees total, including contracted staff employed by other agencies. Ms. Taylor asked what would happen if we tried to sell it and could not sell it. Dr. Miller stated that we can stay in home health as long as the board feels it is a needed service with the understanding that taxes would have to be raised as we will not receive funding from the State. The way we are staying financially solvent now, is we receive cost settlement every year. There is always the possibility for cost settlement to go away, just as the payors change the pay schedule consistently but there is no discussion of that I am aware of. Regardless of all factors, in order for us to stay in home health once we no longer are financially viable is to be supported by local tax money and that would not be supported by the State Dept due to it not being core public health. The pension issue cripples our ability to do anything outside of core public health because it is a long term financial liability to pay off. Ms.Taylor confirmed that without Home Health we would not get a cost settlement and Dr. Miller confirmed that statement. Mrs. Kendall stated that cost settlement is not guaranteed money. She stated that cost settlement is based on the services we are doing that are Medicaid related for our Waiver program and for our Home Health program. The state and the Medicaid providers look to see what kind of loss we are really taking on and they give us a cushion for that loss. It was about $700,000 we got this year and if we hadn't gotten that in, we would have had a $500,000 deficit.

Mr. Thompson charged Dr. Miller with bringing back the past 5 years of revenue and expenses, and what the needs will be of the agency if we keep it with the demands that are facing us. Mr. Hollon expressed concern that if the cost settlement money was not guaranteed and we did not get that money, we could be financially in trouble. Mrs. Kendall shared that in addition to our regular monthly paymentthat our liability is $1.5 million for us. Mr. Hollon talked about this being a crushing blow if suddenly we did not get the settlement money. Mrs. Kendall stated that we would have to use up our tax dollars to shore up Home Health.

Mr. Thompson asked if our covid team was working extreme hours, could some of those funds help offset that with hiring staff to help them? Dr. Miller talked about that being another unknown right now. We are currently getting some other pots of money but it's specifically tied to testing and disease investigation, but at what point does that end and are we out of Covid, funding ends and will we have to pick local dollars up to fill that gap.

Mr. Thompson asked if he was correct in the assumption that if we keep home health, we may have to raise our tax rate potentially due to all the home health demands. Dr. Miller stated that we should halt the conversation at this point and bring back the data so that the board can consider all options. Dr. Miller asked Mrs. Kendall to do a financial projection over the last five years. Dr. Hambrick wanted this information and wanted to be sure that if we stopped providing this service that private industry could pick up this service for our WEDCO service area. Dr. Miller assured the board that the way a certificate of need works is that they would have to service all counties but the board should take service providers into consideration. Mr. Hollon also wanted more information on the background of the settlement

money, and Dr. Miller stated that we will provide more information at the next meeting for the last five years of all things requested by the board. Before public health transformation, there was no need to address why we still had home health. But now with Covid, the funding, and the pension issue, we have watched this more closely the last couple of years. If we hadn't received cost settlement, we would be in bad shape when looking at home health alone. The question becomes a decision of raising taxes if we can longer make money in home health. This is a large reason why there are only 7 remaining home health agencies out of 23 agencies. Mr. Thompson also stated that if we are selling anything, the timing has to be good too. If we could sell now as opposed to one or two years from now or ten years from now when it's no longer worth anything. Dr. Miller said there are other agencies that have sold as well and she will see if the state would provide her with information on those sales if they have that information. Clark County was not able to sell theirs. The benefit of having that certificate is that they can open back up if that ever comes to fruition.

Mr. Thompson asked if everything else is in line with the public health transformation. Dr. Miller said she and Samantha Jones are making sure they are doing pubic health transformation.

Dr. Miller then moved forward to discuss accreditation. WEDCO has spent $100,000 for staff time on accreditation. There are two aspects WEDCO gained from accreditation; our staff learned a lot regarding our public health beyond the scope of their role, and we were able to hone in and fine tune many of our processes. Since the last board meeting, Terrice May and Dr. Miller talked about reaccreditation and feel that it is worth the effort to try to get reaccredited. Initially, WEDCO did this as we thought funding was tied to accreditation. To date, that has yet to happen. Even if funding does not happen, Dr. Miller feels there is value in this internally and in our communities for us to be accredited and our team to understand what they do. As we move forward with the reaccreditation process, we will keep the board updated.

Due to Covid, we have been fortunate to have some additional funding streams. For the first time, we have the ability to purchase a vehicle with some funding. Currently, we have received $150,000 that we can utilize for a vehicle and some IT upgrades (which we have already been purchasing). This stream of money must be spent by June 2022 so we must make purchases in this fiscal year. We do have an older suburban that we have used to haul trailers, our large sign, and various other things; however, it is aging and not as reliable. Mrs. Kendall reported we need something to haul all of our testing supplies because 3 or 4 staff are stuffing it all into their cars to the testing events. One of the reasons the funding came down is for testing events so this will be wonderful. Mr. Thompson stated it would be nice to have a truck to be able to pull the trailers and be able to put supplies in it but we've been around this once before. Mr. Thompson asked if we could get Dr. Miller a vehicle out of this because this is not tax money. Dr. Miller clarified that this is federal money but not part of our local tax money. Ms. Reid also thought Dr. Miller needs a vehicle. Dr. Miller stated that no, there are no restrictions and that she was excited to be able to purchase vehicles for what we need. We will look on the state price contract and see what we can do, but if we don't spend this money we have to send it back.

Dr. Miller reported that the generator in Nicholas County has been paused for bids to spec it out to let people bid on it. We will be opening that up so companies will be able to bid on doing the work to fit it up with a concrete pad but that is still in progress.

Dr. Miller's evaluation is due and usually the chairman does that. Mr. Thompson is acting chair as the Vice-Chair since the Chair is not here, so he will complete it, but offered to the Board for anyone to provide any information to him in regards to this.

Dr. Miller confirmed that the Board is supportive to get a vehicle or vehicles. Ms. Taylor asked about when we sell the old building, will we have a place we can store the vehicle or vehicles. It was stated that the vehicles would be assigned to employees. Dr. Miller informed that we do have plans to build an outbuilding to house our trailers at our current facility and those plans are in the works. Mrs. Kendall updated on this outbuilding. A location has been selected and the type of building we want to build but that is where we have stopped. Mrs. Kendall had asked for Gene Thomas to help with this project, but that was before COVID started and he is a part time employee and has been recently caring for his dad, so she is waiting until he returns to continue this project.

MOTION #5

Mr. Thompson asked if anyone wanted to make a motion to have one of the vehicles purchased to be set aside for use by Dr. Miller and use that as her vehicle. Jared Hollon made the motion and Dr. Derek Clarke seconded.

Roll Call

Dr. Derek Clarke – Yes
Jared Hollon – Yes
Judge Steve Hamilton – Yes
Dr. Brett Hines – Yes
Dr. Horace Hambrick - Yes
Sherry Taylor – RN - Yes
Tim Thompson - Yes
Becky Reid – Yes

With no further discussion, it was advised that the next board meeting be planned for November.

Meeting was adjourned.

Judge Alex Barnett, Chairman — Date 11/10/21

Dr. Crystal Miller, Secretary — Date 11/10/21