



Michigan Local Public Health Accreditation Commission Meeting
Minutes – Approved
January 12, 2017
Michigan Public Health Institute Interactive Learning Center

INTRODUCTIONS/TELECONFERENCE ROLL CALL

COMMISSION: Sean Dunleavy, Betty Kellenberger, Kathy Forzley (dialed in), Sue Moran (Chair), Lisa Stefanovsky (dialed in), Marcus Cheatham (dialed in), Sarah Lyon-Callo, Dan Hale, Bruce Bragg (dialed in), Kevin Besey

GUESTS: Jessie Jones, Erin Madden, Hannah Scott, Sophia Hines, Jeremy Hoeh, Debra Tews, Rachel Melody, Dana DeBruyn (dialed in), Nick Derusha (dialed in)

Meeting convened at 9:33 AM.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Moran opened the meeting with the announcement that Evelyn Kolbe has passed away. Evelyn was a great supporter and a conscientious member of the Commission who will be greatly missed. Her passing opens up a place in the Commission, so procedures will be followed to appoint her replacement. Jessie Jones informed the Commission that they are in the process of naming Evelyn's replacement, as well as others for four commission seats currently open. The four open spots are replacing Carrie Monosmith (retired), Mike Mortimore (retired), the vacant position from MDHHS, and the vacant Commissioner position.

Moran announced that Family Health Services has hired a Bureau Director, Lynette Biery. Family Health Services is the Bureau that oversees all maternal/child health programs, WIC, and the immunization division, among others. Biery is a Certified Physician's Assistant with a Master's in Epidemiology. Biery has a wealth of experience in maternal/child health, as well as in research studies and project management. Biery's name is currently being recommended to fill the seat previously held by the MCH Director. Biery will attend the next Commission meeting, pending her approval.

Moran announced that the governor has signed an executive order creating the Public Health Advisory Commission. The Public Health Advisory Commission has begun meeting, and will meet several times over the course of January, February, and March, with a report to the governor by April 1st. The charge to the Public Health Advisory Commission is to make recommendations to the governor in terms of the best ways to strengthen public health, in particular the organization of public health, both within State government and within and across State agencies, and as it relates to State and local public health relationships. A few members of the Accreditation Commission also serve on the Public Health Advisory Commission, including Sue Moran, Kathy Forzley, and Kevin Besey.

Moran introduced Sophia Hines. Hines works for Moran in the Public Health Administration and assists with many of the tasks in running an Administration of their size. Moran welcomes Sophia to the Commission to see the process of local public health Accreditation.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed the agenda. Hale motioned for approval of the agenda, Kellenberger supported, and the motion carried unanimously.

VICE CHAIR APPOINTMENT – ALL MEMBERS

The Commission requires either nominations for Vice Chair or a reaffirmation of the current Vice Chair appointment. Jones requested nominations from the Commission. Moran confirmed that Marcus Cheatham is currently the Vice Chair, and, according to Commission bylaws, may be nominated to continue. Cheatham confirmed that he was willing to continue as Vice Chair. Stefanovsky motioned to nominate Cheatham, Kellenberger supported, and the nomination carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The commission reviewed the minutes from the September 2016 meeting. Kellenberger motioned for approval, Lyon-Callo supported, and the motion carried unanimously.

CYCLE SPREADSHEET/ACCREDITATION STATUS RECOMMENDATIONS – JESSIE JONES

Jones briefly reviewed Cycle 6 spreadsheet. The Local Health Departments (LHDs) in grey have been awarded Accreditation for Cycle 6, those in blue are ready to be recommended for Accreditation, those in green are still in the Corrective Plan of Action (CPA) process, and those in red are also still in the CPA process, but are within 90 days of their 1-year Approval date. Two LHDs are in critical (red) status: Sanilac County Health Department and Detroit Health Department. Jones informed the Commission that they would be discussing Sanilac today, and that Detroit is working to correct its CPAs with follow-up visits.

Jones presented an update on Van Buren-Cass District Health Department. The Van Buren-Cass District Health Department On-Site Review occurred in October 2015. The On-Site Review resulted in three missed indicators in Food Service and Children's Special Health Care Services. Van Buren-Cass District Health Department did not participate in the Quality Improvement Supplement (QIS). They did not have any repeat missed indicators between Cycles 5 and 6. Van Buren-Cass District Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation. Hale motioned to recommend Van Buren-Cass for Accreditation, Kellenberger supported, and the motion carried unanimously.

Next, Jones presented an update on District Health Department #4. The District Health Department #4 On-Site Review occurred in November 2015. The On-Site Review resulted in 13 missed indicators in Immunization, Family Planning, and Children's Special Health Care Services. The CPAs have been fully implemented. District Health Department #4 did not participate in the QIS. They had two repeat missed indicators between Cycles 5 and 6, both in Children's Special Health Care Services. District Health Department #4 has completed all Accreditation requirements and is ready to be recommended for Accreditation. Cheatham motioned to recommend District Health Department #4 for Accreditation, Kellenberger supported, and the motion carried unanimously.

Jones then presented an update on Bay County Health Department. The Bay County Health Department On-Site Review occurred in November 2015. The On-Site Review resulted in four missed indicators in Onsite Wastewater Treatment Management, Family Planning, and Children's Special Health Care Services. Bay County Health Department participated in the QIS, meeting eight of the nine indicators. They did not have any repeat missed indicators between Cycles 5 and 6. Bay County Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation with Commendation. Kellenberger motioned to recommend Bay for Accreditation with Commendation, Hale supported, and the motion carried unanimously.

Hale requested clarification about the comparison chart of missed indicators between Cycles 5 and 6. Jones provided an explanation of the chart.

Next, Jones presented an update on District Health Department #2. The District Health Department #2 On-Site Review occurred in February 2016. The On-Site Review resulted in three missed indicators in Family Planning and Children's Special Health Care Services. District Health Department #2 participated in the QIS, meeting nine out of the nine indicators. They did not have any repeat missed indicators between Cycles 5 and 6. District Health Department #2 has completed all Accreditation requirements and is ready to be recommended for Accreditation with Commendation. Hale motioned to recommend District Health Department #2 for Accreditation with Commendation, Kellenberger supported, and the motion carried unanimously.

Jones then presented an update on Western Upper Peninsula Health Department. The Western UP Health Department occurred in August 2016. The On-Site Review resulted in six missed indicators in Immunization and Children's Special Health Care Services. Western UP Health Department participated in the QIS, meeting nine out of the nine indicators. They had two repeat missed indicators between Cycles 5 and 6. Western UP Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation. Kellenberger motioned to recommend Western UP Health Department for Accreditation, Hale supported, and the motion carried unanimously.

Jones then presented an update on Kent County Health Department. The Kent County Health Department On-Site Review occurred in August 2016. The On-Site Review resulted in no missed indicators. Kent County Health Department participated in the QIS, meeting nine out of the nine indicators. They had no repeat missed indicators between Cycles 5 and 6. Kent County Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation with Commendation. Forzley motioned to recommend Kent County Health Department for Accreditation with Commendation, Cheatham supported, and the motion carried unanimously.

Next, Jones presented an update on Allegan County Health Department. The Allegan County Health Department On-Site Review occurred in September 2016. The On-Site Review resulted in four missed indicators in Children's Special Health Care Services. Allegan County Health Department participated in the QIS, meeting nine out of the nine indicators. They had no repeat missed indicators between Cycles 5 and 6. Allegan County Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation with Commendation. Kellenberger motioned to recommend Allegan County Health Department for Accreditation with Commendation, Hale supported, and the motion carried unanimously.

Jones then presented an update on Dickinson-Iron District Health Department. The Dickinson-Iron District Health Department On-Site Review occurred in October 2016. The On-Site Review resulted in five missed indicators in Immunization and Children's Special Health Care Services. Dickinson-Iron District Health Department did not participate in the QIS. They had two repeat missed indicators between Cycles 5 and 6. Dickinson-Iron District Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation. Lyon-Callo motioned to recommend Dickinson-Iron District Health Department for Accreditation, Kellenberger supported, and the motion carried unanimously.

Lastly, Jones presented an update on Jackson County Health Department. The Jackson County Health Department On-Site Review occurred in October 2016. The On-Site Review resulted in two missed indicators in Children's Special Health Care Services. Jackson County Health Department did not participate in the QIS. They had no repeat missed indicators between Cycles 5 and 6. Jackson County Health Department has completed all Accreditation requirements and is ready to be recommended for Accreditation. Hale motioned to recommend Jackson County Health Department for Accreditation, Lyon-Callo supported, and the motion carried unanimously.

Moran asked Jones if there is a maximum amount of time in which a health department must implement the Corrective Plan of Action. Jones stated that health departments have a year after the date of their On-Site Review to complete their CPAs. As an example, Jones cited Van Buren-Cass District Health Department, which had until October 2016 to fully implement the CPAs from its October 2015 On-Site Review.

Tews asked Jones to describe the criteria for Accreditation versus Accreditation with Commendation. Jones explained that Accredited status is conferred on a health department when it has met all of the minimum program requirements (MPRs) and indicators for all of the programs that it participates in. The health department can meet these MPRs at the time of the On-Site Review or afterwards through the Corrective Plan of Action process. The health department that achieves Accreditation with Commendation has to meet 95% cumulatively of the indicators in the first eight sections in the Accreditation program, which include the mandated services and the Powers and Duties section. The health department cannot miss more than two indicators in each of the eight sections. The health department cannot have any repeat missed indicators in between Accreditation Cycles. The health department also has to participate in and pass the QIS, which is the only optional part of the Accreditation process.

Besey asked if the Accreditation status notification letters contain all three director signatures. Jones said that the Accreditation certificates are signed by all three directors, but only the MDHHS Director signs the letters. Jones stated that there has also been a request for district health departments to receive copies of their certificates for each of their regional offices.

UPDATE OF CORRECTIVE PLAN OF ACTION STATUS – JESSIE JONES

Jones presented an update on Benzie-Leelanau District Health Department. The Benzie-Leelanau District Health Department On-Site Review occurred in September 2016. The On-Site Review resulted in three missed indicators: one in Immunization, one in Onsite Wastewater Treatment Management, and one in Children's Special Health Care Services. There is currently one CPA for Onsite Wastewater still in the process of being implemented. Benzie-Leelanau District Health Department did not participate in the QIS. They had no repeat missed indicators between Cycles 5 and 6.

Next, Jones presented an update on Berrien County Health Department. The Berrien County Health Department On-Site Review occurred at the end of October 2016. The On-Site Review resulted in three missed indicators: one in Food Service and two in Children's Special Health Care Services. There is currently one CPA for Food Service still in the process of being implemented. Berrien County Health Department did not participate in the QIS. They had no repeat missed indicators between Cycles 5 and 6.

Lyon-Callo asked for clarification on Food Service MPR 8 from the previous Accreditation Cycle. Jones explained that Food Service MPR 8 for the current Cycle was formerly MPR 12.

FULL ACCREDITATION NOTIFICATION LETTERS – JESSIE JONES

Since last Commission meeting in September 2016, MPHI drafted and sent out the Accreditation Notification Letters for Health Department of Northwest Michigan, Shiawassee County Health Department, and Washtenaw County Public Health Department.

ACCREDITATION DATA REPORTS – JESSIE JONES

Jones presented the Cycle 6 Missed Indicator by Frequency report and provided a list of the indicators most commonly missed by LHDs. The most frequently missed indicators for Cycle 6 to date are: Children's Special Health Care Services Indicators 4.4, 3.5, and 3.2.

Cheatham noted that Children's Special Health Care Services (CSHCS) is a program in which LHDs frequently miss indicators, but do not tend to struggle with the completion of their CPAs. Forzley questioned whether there was anything the Commission could do to clarify why these indicators are missed so often, and then provide some general technical assistance training, possibly at a Michigan Association for Local Public Health (MALPH) meeting. Forzley remarked that, as this is a recurring issue, it may be time to assist and be more proactive. Moran recalled a discussion among MALPH membership

and CSHCS staff regarding the frequency of these missed indicators. Jones stated that CSHCS has created a toolkit to assist LHDs with CSHCS indicators. Jones, Orlando Todd, and Megan Swain are also going to meet with CSHCS staff in the near future to discuss the recurring issue. Jones stated that CSHCS Indicator 4.4 regards including a family line phone number on all LHD documentation given to clients, and Indicator 3.5 regards timely submission of CPBC reporting documentation. Forzley remarked that this refers to a large quantity of documentation, and details such as the family line number are often overlooked. The Commission will anticipate the results of the meeting with CSHCS staff.

Next, Jones presented the Quality Improvement Supplement (QIS) Missed Indicators Report. 16 out of 32 (50%) of the health departments reviewed to date in Cycle 6 have participated in the QIS. For those LHDs that have On-Site Reviews approaching, two out of three are participating in the QIS. Moran asked what was the most frequently missed indicator in the QIS. Jones states that this is not included in the report. No participating health department has missed more than two indicators on the QIS (LHDs must pass seven out of the nine indicators to pass the QIS). Moran stated that QIS is an area where LHDs can receive technical assistance from the Office of Performance Improvement and Management, which Tews will discuss during her report to the Commission (see below).

Lastly, Jones presented the Review Evaluation Summary report. Jones stated that at the 2016 Reviewer's and Managers meeting, suggestions were gathered for increasing participation in the evaluations by health departments.

MEETING NATIONAL STANDARDS: CAPACITY BUILDING – DEBRA TEWS

Tews presented an update on efforts to advance Public Health Accreditation Board (PHAB) Accreditation readiness among Michigan local health departments. Today's presentation focused on the mini-grant and technical assistance (TA) opportunities currently available to LHDs.

Since 2013, OPIM has provided both mini-grants and TA to LHDs to advance quality improvement (QI), performance management (PM), and Accreditation readiness. In this context, Accreditation readiness refers to national standards. However, the Michigan QIS needed for Accreditation with Commendation mirrors the PHAB Accreditation standards, specifically PHAB Domain 9. Therefore, when LHDs complete the QIS, they are making a big step towards national Accreditation standards as well.

Last year, nine LHDs received technical assistance opportunities in performance management, workforce development, strategic planning, and other topics. Three health departments also received mini-grants to address these and other topics. Recently, OPIM conducted a survey for LHDs receiving technical assistance to understand their level of satisfaction with the TA bank. The survey results were largely positive, with responses indicating that the TA bank should continue, and that there were specific areas in which the LHDs would like to receive TA. OPIM will continue to offer TA and mini-grants, in addition to the Michigan Network for Accreditation Coordinators (MI-NAC).

MI-NAC's goal is to provide a collaborative, peer-to-peer network for Michigan's local health departments to share ideas and resources to advance quality improvement, performance management, and PHAB Accreditation readiness. OPIM acts as a convener and facilitator, the LHDs and Tribal health departments leading conversations on topics selected by the group. MI-NAC membership is now at 55 individuals across the State. The last call was held in December 2016, and the next call will be held this March. As an example of how MI-NAC meetings are run Tews cited December's conference call, in which Anne Barna, from the Barry-Eaton District Health Department, led a conversation about document selection to meet PHAB standards. Barry-Eaton had just recently been Accredited by PHAB, joining Central Michigan District Health Department, Kent County Health Department, Mid-Michigan District Health Department, District Health Department #10, and Washtenaw County Public Health Department. OPIM has provided support and TA to each of the six nationally Accredited LHDs in Michigan, and will continue to provide support to local and Tribal health departments to meet these national standards.

OPIM also worked with MPHI to conduct a survey of local and Tribal health departments on the types of support and TA needed for PHAB Accreditation readiness. The consensus was that health departments want assistance with: performance management measures, goals, and objectives; workforce development assessment and planning; quality improvement efforts and; branding strategies. Branding strategies specifically originates from PHAB standards that require that health departments have organizational branding strategies, which is potentially new work for some Michigan LHDs.

OPIM is also doing similar work at the State level for the Population Health Administration. Tews presented the PHAB Accreditation readiness video with the Commission. This video, created by OPIM and MPHI, provides the fundamentals of the national PHAB Accreditation program. Its target audience is local health department staff, boards of health, boards of commissioners, and others. The video covers the seven steps of national Accreditation, the 12 Domains, and tips for staff to help their health departments become nationally Accredited.

The Commission viewed the PHAB video. Several members of the Commission commended OPIM/MPHI on the quality of the video. Besey noted the suggestions on document control in the video and related them to changes in food processing documentation standards. He suggested sharing strategies on these standards. Tews noted that documentation is a struggle for many local and tribal health departments.

The anonymous survey referenced earlier indicates that several health departments, at least half of total respondents, are actively seeking PHAB Accreditation readiness, with only a small number of respondents stating that they did not intend to apply. Besey asked if MDHHS is seeking PHAB standards. Tews noted that MDHHS is still working towards standards, and will be able to channel resources back to PHAB readiness in the future.

Tews stated that OPIM is also working on workforce development plan tools for LHDs, as is required for PHAB Accreditation, in addition to a health assessment and improvement plan, strategic plan, quality improvement plan, performance management system, and an organizational branding strategy. In the recent survey, LHDs cited workforce development plan as a particular point of need.

Hines asked if the renewal process is as lengthy as the initial Accreditation process. Tews stated that PHAB is currently working to define the renewal process. This process will not be as long; the same standards must be met, but PHAB will look at the factors differently for re-Accreditation. Jones noted that the renewal process will require more narratives versus documentation. Melody stated that PHAB's re-Accreditation standards and measures will be released the week of January 23rd.

Cheatham asked if Tews had seen the Michigan Department of Agriculture and Rural Development's (MDARD) Fundamental Map. Cheatham explained that this document is MDARD's attempt to understand its organization and supervision. It does not fit current PHAB standards, but serves as an important innovation, and Cheatham encouraged OPIM to study it as some LHDs have been doing. Besey noted that MDARD is moving away from a traditional performance management system and into a bi-weekly supervision model, which is meant to lead to faster corrections to work and processes. MDARD is moving to this system in March 2017. Tews asks if this switch will roll up into higher strategic planning systems, mission, vision, and values, and objectives. Besey confirmed that it will, and both internal and external objectives will be included. A portion of the objectives will be included in the MiResults dashboard.

ACCREDITATION ENHANCEMENT COMMITTEE – ORLANDO TODD

Orlando Todd was unable to attend today's meeting. Jones stated that the last Committee activity was the strategic planning meeting and standards review. Jones presented an update on the standards review process, in which programs can revise their minimum program requirements and measurement standards between Accreditation Cycles. This process has been begun for Cycle 7, and State level programs have begun making revisions. These revisions, facilitated via Local Health Services, require involvement and buy-in at the local level. Jon Gonzalez with Local Health Services has assembled a State-wide group to

review the drafts of proposed program revisions. This review will begin in March, and the programs will have until the end of April to address or implement feedback. In May the revisions will be approved by MALPH and submitted to the MDHHS director for final approval. All of the documentation reflecting these revisions will be set by June.

Moran mentioned that this round of revisions will focus on integrating QI into health department processes. Feedback shows that over time these standards have shifted into "Yes/No" type documentation, and that their focus should be expanded to assist the organizations in their overall performance and management.

The Accreditation Enhancement Committee is a group of health officers that have met with MDHHS to discuss local public health Accreditation and how to identify ways to prioritize and strengthen capacity within local public health departments. The Committee has had one strategic planning meeting to date, and has scheduled a follow-up meeting later this month. The facilitator for the Committee is Janet Olszewski who is a former director of the Department of Community Health, and is currently with the Michigan Health Endowment Fund.

Follow up will come in March regarding the Enhancement Committee findings. Forzley stated that the strategic planning process that the committee undertook was valuable in creating a broader look at the value of Accreditation and what can be accomplished through the program. Forzley and Stefanovsky both expressed that they were encouraged by early impressions of the committee.

SANILAC COUNTY HEALTH DEPARTMENT UPDATE

Moran asked asked Hoeh to provide an update on Sanilac County Health Department's CPA process.

Hoeh reported that Sanilac had asked for an extension on their CPA prior to the one-year approval date. MDEQ has been working with Sanilac staff. However, there is concern that, due to staffing issues, Sanilac may not be able to meet the extended deadline. Sanilac is currently working on updating its policies and procedures as part of implementing the CPA. MDEQ continues to ask for updates and provide resources.

Moran asked if Sanilac was about to fill the available sanitarian positions. Hoeh reported that Sanilac's most senior sanitarian (with approximately eight months' experience), has left for a new position, and Sanilac is now down to two sanitarians. Cheatham noted that a sanitarian with less than 18 months of experience can be a liability.

Forzley stated that the last time the Commission met, Carrie Monosmith defined the situation as a crisis that will require more than just "hand holding" to resolve the issues. Monosmith had suggested that it was time to consider having the State departments assist with support for adequate wages so that Sanilac can retain its sanitarians. Monosmith suggested that the State departments could work with Sanilac to speak to their Board about the critical need for funding for competitive wages. If not, Sanilac County Health Department may not be Accredited. Forzley asked if there had been any further conversation about further steps to assist Sanilac.

Dunleavy stated that Todd and Gonzalez have visited, as have the Food Service program staff. Both Local Health Services and Food Service were working to address competitive wages and vehicle access for the sanitarians. In addition to shifting funds through the State agencies, the Food Service program has also finished training a new food sanitarian. However, wages for sanitarians in Sanilac County Health Department average \$4-5 less than the average wage for the Thumb area. The Food Service program has been working very closely with Sanilac.

Hoeh stated that his staff has provided information to Gonzalez, who is working on comparison numbers to present to the Sanilac Health Officer and governing board. Hoeh was not aware of what actions have taken place to date.

Dunleavy stated that Food Service offered to speak to the board, but feedback from Sanilac indicated that it may not help in this situation.

Moran stated that the Commission will wait for an update on Sanilac's status from Todd, Gonzalez, and possibly Forzley.

Jones stated that Sanilac's extension was approved through this January. Hoeh confirmed that this extension was supposed to demonstrate 90 days of compliance with the full CPA. However, the programs involved have not received evidence of this compliance to date. Besey inquired about the process in place when a health department fails to renew its Accreditation.

Tews informed the Commission that if a health department fails its renewal process, it triggers an administrative compliance order, which provides a mechanism for the three State agencies to intervene and work with the LHD. This is a concrete document with specified steps. If the compliance order process does not yield improvements, a court order is filed. This court order has been successfully used in the past not only to connect the LHD with technical assistance, but to attract the attention of the local governing entity. MDEQ last used this process with Van Buren-Cass District Health Department. Jones also referenced the "boilerplate" document mentioned in the last Commission meeting.

Besey suggested that a multi-agency coordination may be helpful in assisting Sanilac if they fail to implement the CPA.

Derusha stated that Luce-Mackinac-Alger-Schoolcraft District Health Department was in this position after the first Accreditation Cycle, and that it may have documentation on the court order and consent agreement, including specifics to meet requirements.

Forzley asked who would sign the compliance order. Tews stated that they will need to study past evidence to confirm if it is the health officer or the governing board. Forzley suggested that it may be advantageous to have both entities sign the order to indicate agreement and collaboration.

Jones inquired what the Not Accredited status designation process looks like. Tews explained that the Accreditation Commission makes a recommendation for Not Accredited status. However, the consent agreement happens outside of the Accreditation process, as the recommendation is the endpoint of the Accreditation process. The consent agreement is then conducted via the State agency. Moran then asked if, in Sanilac's situation, the consent order would be processed by MDEQ. Besey and Tews explained that all three State agencies would be involved, with MDEQ leading the process.

Moran asked if Sanilac is automatically Not Accredited if they don't meet the conditions of the CPA, or if the decision has to be brought to the Commission. Tews confirmed that the decision goes to the Commission, and Jones explained that this vote can be completed between Commission meetings via a voting sheet. Tews also stated that, should Sanilac fail to renew, it will retain its Not Accredited status for three years until Accreditation Cycle 7.

NEW BUSINESS/OTHER ITEMS – ALL MEMBERS

Hale noted that Detroit Health Department is also currently in critical status. Jones and Dunleavy confirmed that the Food Service program will be on-site at Detroit Health Department next week to follow up on Detroit's CPAs. Besey's staff have been consulting with Detroit on its structure and staff, with excellent cooperation from Dr. El-Sayed and Detroit's staff. Detroit currently has 4 missed indicators in Food Service, all of which have been accepted with further action required. Hale inquired if there was any reason to believe Detroit would be in the same situation as Sanilac, and Dunleavy stated that they did not believe so based on the resources and support that have been provided to implement the CPA.

With no additional items to discuss, Moran moved to adjourn the meeting, Kellenberger seconded, and the motion carried unanimously.

Meeting adjourned at 10:56 AM.
