

MINUTES – APRIL 19, 2021

The Caswell County Board of Commissioners met in regular session at 6:30 p.m. on Monday, April 19, 2021.

Members present: David J. Owen, Chairman, William E. Carter, John D. Dickerson, Nathaniel Hall, Rick McVey, Steve Oestreicher. Also, present: Bryan Miller, County Manager, Brian Ferrell, County Attorney, A.J. Fuqua, Solid Waste Director, Cori Lindsay, Economic Development Director, Thomas Bernard, Tax Director, Jennifer Eastwood, Health Director, and Debra Ferrell representing The Caswell Messenger. Ashley K Powell, Interim Clerk to the Board, recorded the minutes.

Members absent: Jeremiah Jefferies, Vice Chairman.

WELCOME MOMENT OF SILENT PRAYER

Chairman Owen welcomed everyone to the April 19, 2021 Board of Commissioners meeting.

Chairman Owen asked everyone to remember Commissioner Jefferies he is currently in a lot of pain and will be out of commission for a few days. He also asked everyone to remember the young man's family who was involved in the accident this weekend at CoSquare..

PLEDGE OF ALLEGIANCE

The Board of Commissioners and all the guests in the attendance recited the Pledge of Allegiance.

BOARD OF EQUALIZATION AND REVIEW

Commissioner McVey made a motion to enter the Board of Equalization and Review, seconded by Commissioner Carter. The motion carried unanimously.

Interim Clerk to the Board, Mrs., Powell swore in the Board and the Tax Director, Thomas Bernard.

Mr. Bernard stated that he has currently received two appeals and the cutoff date is May 3, 2021 to receive anymore appeals; these appeals will be heard in June. Mr. Ferrell asked Mr. Bernard to state how the process works to file an appeal. Mr. Bernard replied they can contact the Tax Office to get the proper paper work and submit it back to the Tax Office.

Chairman Owen stated the Board will sit in recess until May 3, 2021.

PUBLIC HEARING ECONOMIC DEVELOPMENT INCENTIVE

Mrs. Lindsay read the Public Notice.

Caswell County Board of Commissioners
NOTICE OF PUBLIC HEARING
ECONOMIC DEVELOPMENT INCENTIVE
April 19, 2021 – 6:30pm

Notice is hereby given that the Caswell County Board of Commissioners will hold a remote public hearing at 6:30 p.m. (or as soon thereafter as persons may be heard) on Monday, April 19, 2021, to consider an economic development incentive package for Riverside Furniture Corporation. Caswell County has applied for a \$250,000 Building Reuse grant which requires a \$12,500 local match and a \$150,000 grant from the One North Carolina Fund which requires a \$50,000 local match. Therefore, Caswell County proposes to spend \$62,500 in local funds for this project. Some, or all, of the funds provided by the County will be used for making improvements to the privately owned real property located at 5928 North Highway 87 in the Town of Gibsonville, Caswell County, North Carolina (the "Facility"). The improvements may include structural repairs, improvements, or other renovations to existing at the Facility. The total cost of the investment in real property and/or machinery as part of the project is at least Four Million Nine Hundred Forty-Five Thousand Five Hundred Dollars. The public benefits for this project include stimulating economic activity, retaining existing jobs, creating of approximately 50 new jobs, and stabilizing and increasing the tax base.

This public hearing will occur as an electronic audio/video meeting via Zoom Meeting. Written public comments can also be submitted in advance of the public hearing and will be read into the record of the public hearing. Written public comments can be submitted as follows: (1) by emailing to Cori Lindsay (clindsay@caswellcountync.gov) at least 6 hours prior to the meeting, or (2) mailing your written comment to: Caswell County, Attn: County Manager-Public Comment, PO Box 98, Yanceyville, NC 27379. Written public comments will also be considered if received up to twenty-four hours following the public hearing.

Chairman Owen questioned if there were any public comments regarding this matter. Mr. Miller replied yes.

To have Riverside Furniture Corporation plan to create 50 new jobs and invest \$5.4 million for a warehouse and distribution center is a great opportunity for Caswell County. Thank you to all who are working to make this happen. The state funds and local matching funds should provide good incentives to bring this to a reality. If for some reason the grant requirements are not met, the state has disbursement and claw-back provisions in their agreements that protect them from a loss on investment. There should be similar provisions in our Local Incentive Agreements with the company for the county's \$62,500 in matching funds.

Phil Barfield
910 Melvin Wrenn Rd
Yanceyville, NC

Chairman Owen stated the public hearing will remain open for 24 hours for public comments to be received.

BYHS RENOVATION AND CONSTRUCTION UPDATE

Bill Powell gave a presentation on the BYHS project.



BYSHS REPLACEMENT AND RENOVATIONS PROJECT

CONSTRUCTION PROJECT
REPORT 4-12-2021

REPLACEMENT & RENOVATIONS PROJECT UPDATE

- | | |
|--|--|
| Project budgeted amount | \$ 29,123,510 |
| • June 16, 2020 CT Wilson Construction Contract signed | \$ 23,250,685 |
| • Contingency used CO #1 | \$ 5,847 |
| • Contingency used CO #2 | \$ 66,603 |
| • Contingency used CO #3 | \$ 46,701 and 23 weather days added |
| • Contingency Total used | \$ 119,151 or 11 % of total contingency |
| of \$ 1,107,175 and Project is 57% Complete | |
| • August 2 August 25, 2021 | Schedule Milestone - Completion of Two-Story Bldg. |
| • August 2, 2022 No Change | Schedule Milestone – Total Project Completion |

ADVERSE WEATHER TIME EXTENSION OF 23 DAYS

"In the first seven full months of construction on the Bartlett Yancey Sr. High School Addition, adverse weather has affected project progress and presented measurable delays. To be fair to the contractor and owner, the Supplementary General Conditions of the contract, section 8.3.2.1 includes an adverse weather clause that is to be referenced for measuring said delays. This clause requests the contractor provide a comparison of actual weather data over the course of the project as it relates to the prior 5-year average weather data for the same local climate...."

U.S. Department of Commerce
National Oceanic & Atmospheric Administration
National Environmental Satellite, Data, and Information Service
Current Location: Elev: 635 ft. Lat: 36.3773° N Lon: -79.2550° W
Station: YANCEYVILLE 4 SE, NC US USC00319704



	5 year avg >0.1" Precipitation	2020-2021 Actuals*	# Days Requested	
July	6	6	0	20-Jul
August	8	12	4	20-Aug
September	6	12	6	20-Sep
October	6	6	0	20-Oct
November	4	8	4	20-Nov
December	7	9	2	20-Dec
January	8	8	0	21-Jan
February	7	14	7	21-Feb
			23	TOTAL
*1 day allotted for precipitation >0.1" & <1"; 2 days allotted for precipitation >1".				

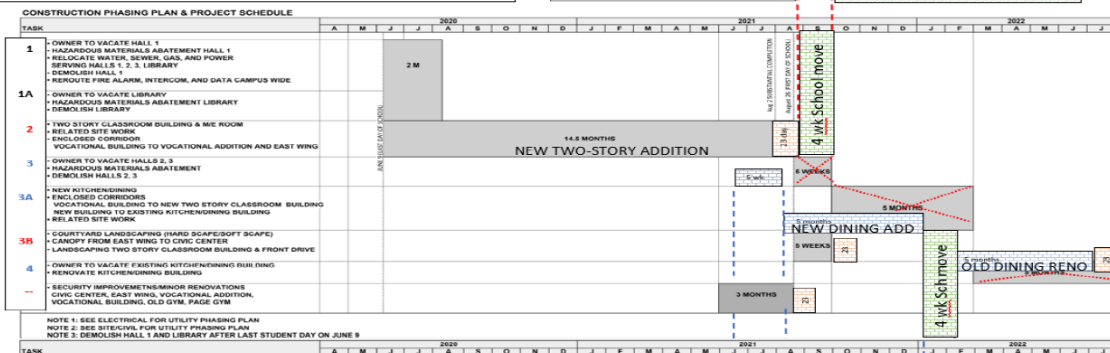
For this Change in Schedule:

A - Task 2 – Two-story building, East/Voc. corridors & site as well as **Task 3B** Courtyard and – Security/minor renovations etc. section of the project schedule's completion date will be revised from August 2 to August 25, 2021, the result of a 23-day adverse weather extension.

BYSHS Bid-Weather Phasing Schedule 3-25-2021

Add 23 weather days – Aug 25th
New GC Substantial Completion

New Phased Student occupancy
of 2 Story Classrooms - Sept 26th



For this Change in Schedule:

B- Task 3, 3A & 4 - Despite Task 2 having a weather delay, by vacating and permitting an early start of demolition (200 & 300 buildings) it allows an early start and early completion of the new dining construction. "Early starts" in turn allow early cafeteria completion/move as well as the renovations of the old dining/kitchen into educational space.

Result of the early 3, 3A, & 4 Task work turnover and start of construction allow the **Total Project Completion date to remain as Aug 2, 2022** and enables contractors to be off-site by fall 2022 student return.

2 months early start if school can vacate Halls 200 & 300 by June 6th (end of school)

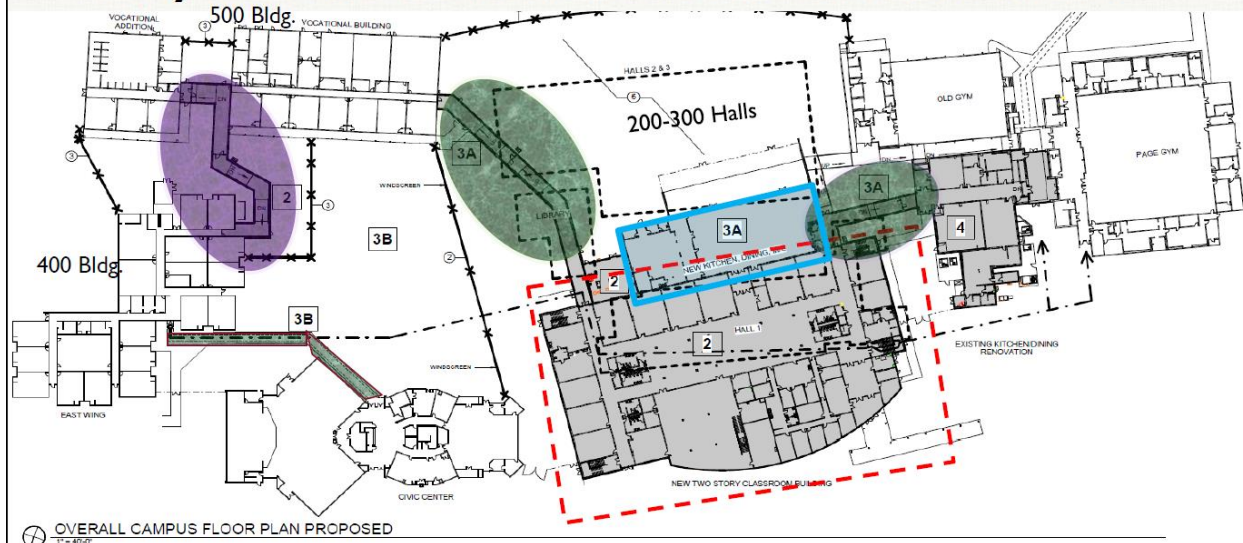
2 months early start of New Dining allows two-month early finish and move by Jan 2022 in lieu of End of Feb. 2022

1 month early start and finish of last phase yields an overall early/on-time completion.

School moves out and sets up new kitchen for food service.

Construction Phasing - Connecting corridors

Today thru end of school and as school returns this fall



PROJECT SCHEDULE ADJUSTMENT RECAP

- | | |
|-------------------------|---------------|
| Project budgeted amount | \$ 29,123,510 |
|-------------------------|---------------|
- June 16, 2020 CT Wilson Construction Contract signed \$ 23,250,685
 - Contingency used CO #1 \$ 5,847
 - Contingency used CO #2 \$ 66,603
 - Contingency used CO #3 \$ 46,701 and 23 weather days added
 - Contingency Total used \$ 119,151 or
- 57 % complete and only used 11% of total Contingency \$ 1,107,175
- ~~Original Contractor schedule August 2 Completion Students occupy August 25th~~
 - Adjusted Contractor schedule August 25, 2021 Students move week of September 26th
 - August 2, 2022 **No Change** Schedule Milestone – Total Project Completion.
 - Early move & demo avoids construction in the fall of 2022 when students return.

LOOKING FORWARD ... MOVE PLANNING

- CONTRACTORS – FURNITURE VENDORS – SCHOOL STAFF – SCHOOL SYSTEM STARTUP FOLKS ARE ALL PLANNING FOR THE NEXT 6 MONTHS OF INTENSE RAPID SHUFFLES & MOVES
- Caswell County Schools in coordination with Bartlett Yancey Sr. High School have already set up committees and work groups to prepare for the smooth school move for the students and are working with:
- Furniture vendors for final selection and release of replacement furniture and sequence of delivery.
- A Senior staff group meets every two weeks until move-in to plan per the schedule.
- District instructional groups meeting as needed to communicate move needs.
- Technology, HS staff, custodial and maintenance a part of those groups.
- The principal, meeting with instructional leads to help coordinate the move within the school. Planning includes packing the 200-300 bldgs. before teachers leave for the summer and rooms layout for the fall.
- Discussion about surplus furniture and other items to be disposed of. (therefore, not moved and discarded later)
- Storage containers needed to temporarily house instructional materials.

RECAP & QUESTIONS

- PROJECT CONTINGENCY AND SCHEDULE UPDATE
- ADVERSE WEATHER TIME EXTENSION OF 23 DAYS
- STUDENT, TEACHER & STAFF SCHEDULE IMPACT DUE TO WEATHER
- LOOKING FORWARD ... MOVE PLANNING
- CONSIDERING THE 23 DAY WEATHER EXTENSION IMPACTS THE STUDENT'S FIRST PHASED MOVE-IN ...
- THE TOTAL PROJECT WILL FINISH ON TIME AND WITHIN THE BUDGET



Commissioner Oestreicher stated that he would like to see if the quality of construction is where it should be and if all required permits are met and up to date. Mr. Powell replied all permits were applied for prior to construction and have been used; then he gave a brief overview on how the weekly inspections go onsite. Mr. Oestreicher requested that in the next presentation that a summary of the weekly inspections, issues, and discrepancies be included.

Commissioner Hall questioned if Mr. Powell could give them an explanation of the \$40,000 plus an \$66,000 change order. Mr. Powell replied that Mr. Miller has a detail list of those change orders and they are available at the Boards inspection. The some of the \$66,000 cost change had a permit allowance and the estimate that was originally received from the Town of Yanceyville for water tap increased by \$20,000. The permit fee allowance could not cover the \$20,000, which left a balance of \$7,557; then he gave a breakdown of the small changes. Commissioner Dickerson stated to Mr. Miller that he would like to see that documentation at a later date. Mr. Miller replied ok. Commissioner Hall questioned who approves change orders. Mr. Miller replied change orders that are within the project budget and are not design changes he approves them; any design changes would come before the Board.

PUBLIC COMMENTS

Commissioners,

Last week Carolina Sunrock showed its true colors. They sued over fifty citizens for exercising their First Amendment constitutional rights to petition the government. Their bullying is intended to intimidate the people to silence them. Imagine a multi-million-dollar company dragging you into court simply because you wanted the Watershed Review Board to do its job. Imagine what the dinner conversation was like the night you got that summons. Imagine trying to go to sleep that night. It's frightening. It was intended to be. Sunrock wants to silence debate, pure and simple. Your recent actions are not much better. You asked voters last fall if they wanted zoning protection against companies like Sunrock. In four precincts a solid majority said yes we do! But you voted to ignore that vote. You said, never mind, we were just kidding. You voted to silence their voices. Sunrock is using the power of its wealth to silence Caswell Citizens. You are using the power of your office to do the same thing. We expect that of outsider like Sunrock who are interested in Caswell because they have free range to take what they want. We have higher expectations of you who we elected to protect us. The people who were sued are your neighbors. The people you voted to ignore are also your neighbors. It's all so shameful. But don't expect people to be quiet. There is too much at stake. More companies will come here after Sunrock because we have no way to stop them. They will also act with disdain for us. They won't care about our streams, our lakes, our groundwater, our roads, our air, our peace of mind. They won't care about our rights. That's why a majority of voters said enough is enough. We will continue to ask for you to protect us. Don't you think we deserve to be heard?

Respectfully

,

JR Clayton
Leasburg, NC

My name is Margaret Hooper and I reside at 11131 South NC Hwy 62 S, Burlington. NC 27217

I am truly concerned about the possibility of our Caswell County Home Health being sold. In January of 2020 I was diagnosed with RSV and was in the hospital for a week. When I returned home I was very weak, on oxygen and had to have help from the Caswell County Home Health. I was blessed with the most wonderful Nurses, Physical Therapist and Aide. A couple of months later I was back in the hospital with diverticulitis for another week and Home Health continued with their services. I truly don't know how I could have done without them. Not only did their visits help me physically but they also help me mentally. You can tell that the employees have a heart and passion for what they do and that is rare this day and time. Our county does not have a lot to offer as far as health care is concerned so please don't take this much needed service away from our people.

Kindest Regards

Lorrie Wrenn, 130 Shady Grove Rd., Providence NC 27315

I sent the following statement to all the commissioners on Friday with only one reply as of 10AM today: I am writing to express my feelings on the sale of the Caswell County Home Health Agency. Has anyone told the Commissioners that of the 85 clients whose care you all want to give to a private-for profit-company, over half are African American/Black and 70% are on Medicaid? They range in age from 8 to 94 years old. As an educated adult, you know that private companies **do not and will not deal with Medicaid patients** - there is no money in caring for them. I am asking that you reconsider selling the Home Health Agency. We need to take care of the poor and needy - that is our God given duty.

Commissioners:

I write to you today to ask that you please reconsider your decision to sell Caswell County Home Health Agency. I feel that this organization is a great asset to the citizens of Caswell County and should be kept operating. Knowing that a local organization can provide in-home care to the residents of this county is a relief as a caretaker, as I had the privilege of utilizing this service for my mother back in October and November 2020. The nursing staff, along with the Home Health Aide and the physical therapist helped me with her care and were very gracious and professional and I feel that because it is a local entity, and the patients are residents the care given is more heart-felt and the people are not “just another number”. As Caswell is very rural, my concern is that a larger corporation would not see the value in caring for these individuals that live in the more non-populated areas of the County, and health care would deteriorate, which would be detrimental. Again, I ask that you please reconsider your decision to sell this wonderful organization!

Sincerely,
Lou Ann Reaves

My name is Cheryl Dabbs Huskey and I reside at 2335 Alvis Boswell Road in Yanceyville NC.
My name is Lori Ribelin Overman and I reside at 1193 Rudd Ridge Road in Yanceyville NC.

We have concerns about the plans of selling Caswell County Home Health. Have you ever had a love one come home from the hospital with a new diagnosis or problem? Were they rushed out of the hospital with no instructions on what to do? Have you ever had an elective surgery and need Physical Therapy in your home after to help you get back to your normal level of functioning? What about after being in the hospital for days needing assistance with a shower or bath? What about the Agoraphobic client that fears to leave their home to go to the doctor? How about the schizophrenic patient that can't go to the doctor to get his medication injection or lab draw? All of the above are examples of what Caswell County Home Health Services provide. The sale of Caswell County Home Health would be detrimental. Caswell is a very rural area. If we are sold some big agency will buy us, move us to another part of the county so that they will be able to service the larger counties that surround us. These private sector home health agencies are only in this for the money. So, what happens to the Medicaid patients or the Medicare Advantage? (Example – United Health Care, Blue Medicare) These patients will not be served. Over half of our caseload have Medicaid insurance. What about the patient that doesn't have a

good home environment? (Example – unclean and bug/rodent infestation) No other agency will provide the care to them that we do. I understand that we do not bring in millions of dollars for this county but what we do bring in goes right back into the county's pocket. We have so many patients that depend on the care that we provide. Not having a hospital in this county, our services are invaluable to our Caswell residents. Working is not only a job, it's a passion. Yes, we know that we could go somewhere else and make more money, but being able to help out your neighbor is priceless. We develop relationships with our clients and some develop into life-long friendships. When we go into our client's home most of them treat us like family. The current news of the possibility of us getting shut down has really affected some of our client's. They are worried about their health care and how they will manage at home without us

Thank you for your time. I hope that you will reconsider keeping our local home health intact so that we can continue to serve the people of Caswell County.

To whom it may concern,

My name is Lindsay Ray and I am writing this email regarding the potential closing of Caswell County Home Health. I was deeply disappointed for our county and the citizens of this county to hear of the potential selling/closing of this amazing service offered to the residents. I have not personally received any care from Caswell County Home Health but I do know of the wonderful reputation and care that they provide. I have family that has received care from this service, as well as family that works for Home Health. Personally knowing the people that work there and the hard work they provide as well as relationships they have acquired during the years of service they have put into this county should show more than enough evidence to save this service Caswell offers. The work they do is not just a paycheck but dedication and love for the citizens and county they work for. This service the county offers would not be the same if sold to a bigger company nor would the level of care be received. If sold to another agency, more than likely the business would move, therefore taking jobs away from Caswell citizens and most agencies don't accept the insurances that the Home Health agency does, so denying people of the care they need to keep them in that transition between home and hospital. The Home Health agency Caswell offers allows people to receive amazing care in the privacy of their own home as well as extra eyes and ears to the doctors if more urgent care is needed. I know that if you take time to read the emails and comments regarding this issue you will see that this service is worth saving. Talk to the people whose lives have been impacted by the loving care they have received and think of the many lives that have been touched or saved thanks to these superb people. If our county is able to save other properties like the landfill, then we can figure out a solution for this crucial business. As elected officials of Caswell County it is your duty to do what is best for the future of this county and listen to the citizens...so listen! Thank you for your time.

Lindsay Ray

Caswell County Board of Commissioners

My name is Teresa Dabbs and I am a life-long resident of Caswell County and have been fortunate to work in the county for almost 35 years. I would like to express my concern over a recent article in the Caswell Messenger as well as a public notice regarding the Caswell County Home Health Program in Caswell County. No, I do not know all of the facts

regarding the operation of this agency, but I do know that this is a valuable service that is provided to the citizens of Caswell County. The past year has been a tough year for everyone due to COVID. All elective surgeries were cancelled which would definitely affect the number of referrals this agency received, resulting in less revenues. Based on the recent article in the Caswell Messenger it appears that the solid waste management had a shortfall of \$350,000 as well and a suggestion was made to use CARES Act funds to pay this shortfall. Would you not consider the same for a health care agency? I just ask that before you make a decision to sell or convey this valuable service that you look at other ways to help keep this service available to our citizens and if there are CARES Act funds available, then please consider the possibility funding this agency's shortfall as well. So many of our citizens depend on this agency to provide health care services to them. Thank you for your service to the citizens of Caswell County and I hope that each of you will consider how valuable Caswell County Home Health Agency is to the citizens of Caswell County when you as you vote on the future of this program.

Teresa Dabbs
140 Dabbs Farm Rd
Yanceyville NC 27379
336-694-3451

BOARD of COUNTY COMMISSIONERS: PUBLIC COMMENT on APRIL 19, 2021
Elin Claggett, Ph.D. residing at 108 Jaye Lane, Providence, NC

An Intent to Sell The Caswell County Home Health Agency has been issued as a means to explore options. Selling is not obligatory. Historically, private Home Health agencies cherry picked patients who had better insurance while Medicaid or Indigent patients were cared for by Public Health. Typically, Medicaid pays for in-home care and Medicare Part B pays 80% of outpatient therapy services. Community Alternative Program allows Medicaid adults and children with disabilities to receive services and equipment so they may remain at home.

Certificates of Need (CON) laws are state regulatory mechanisms that aim to control health care costs by restricting duplicative services within communities, effectively creating a monopoly. Our Home Health Agency has 80 CONS which can be transferred or purchased. This is what's on the table today. There is no other Home Health Agency rooted in Caswell so any sale will go to ONE business outside of the county.

Last year, you spent over \$1,000,000 for Senior Center, Parks & Recreation, and Public Library services which improve mental and physical health. You invested in Co-Square to grow jobs. You paid \$1,600,000 for Detention Center operations which loses an average of \$500,000 yearly. Last month, \$354,000 of Stimulus funding was used to bail out Solid Waste. For all the same reasons, deficits in Home Health could be compensated from CARES ACT and Stimulus dollars.

Currently, the Home Health Agency is running on fumes with the loss of the Home Health Director, staffing changes & years of progressive funding limitations. Hence this Agency now requires an infusion of dollars & a commitment to thrive. The time is now while CARES ACT

and Stimulus funds will be available into 2024. It will cost money & time to hire an experienced home health director, optimize financial systems & breathe life into this agency.

I'm here today to propose an option for you that should be a win-win. You've already discussed paying \$35,000 for consultants to sell our Home Health Agency. My proposal is to hire me at the same \$35,000 for 4 months in the role of administrative consultant to work with the Interim Home Health Director. I'm more than qualified. My background includes a Doctorate in Public Health Administration & over 40 years' experience in health care and management. My goal would be to develop a strategic plan that would stabilize and set a frame work for growth of this agency. *What are some solutions?*

- *Direct marketing to rehabs, outpatient and hospital facilities which requires showing up on their door steps. Engaging in Duke's Bridge Home program is one example.*
- *Developing and utilizing telemedicine to offer mental and behavioral health counseling.*
- *Direct calling of Respiratory and Occupational therapists to establish a pool of PRN therapists, payable at an hourly rate.*
- *Optimizing accreditation ratings and soliciting necessary licensing to expand therapy services.*
- *Training nurses in use of specialized equipment to enhance & expand care.*
- *Maximizing billing and insurance mix is the key to become self supporting.*

To simplify, you can't have an Agency without investing into the program, be it a new Co-Square, Library expansion or trash site development. There are Caswell residents needing home care today. 22% of residents are over 65, 14% under 65 have a disability and 13% under 65 do not have health insurance. For decades, Caswell Co. Home Health Agency has filled in these gaps, enabling residents to live safely at home.

Evaluating Case-Mix annually after you sell CONs does not mean evaluation of the quality of care or critiquing the bills that patients receive. Case Mix refers to billing codes classification for Medicare providers. You won't get a do-over to buy back the CONs or rehire staff once you shut this agency down.

You've spent a year thanking our health care workers and supporting economic development and job creation.

At this point, your choices are (1) to invest significantly in the revitalization and expansion of home health services using CARES ACT and Federal Stimulus funds or (2) sell CONs, dismantle home health service and lay off county employees. This is not a Board of Health decision. The responsibility of this decision to invest or to sell belongs solely to Commissioners. *Want to hear from residents? Here are a few comments on social media this week:*

- *"I was very thankful when you came out when my mom got out of the hospital when she was sick."*
- *"Caswell has so little as it is why would you end something that is clearly trying to help our elderly & sick"*
- *"Home Health has been such a blessing to my family, especially during the COVID pandemic"*
- *"I pray they don't do that!"*

Thank you for your consideration

RECOGNITIONS

Commissioner Carter recognized the Maintenance Department for their hard work on repairing and cleaning up after the accident at CoSquare. He also thanked the Health Department and North Village for working hard on getting everyone vaccinated and the first responders and EMS for their hard work as well.

APPROVAL OF THE AGENDA

Commissioner McVey made a motion to approve the April 19, 2021 agenda, seconded by Commissioner Carter. The motion carried unanimously.

APPROVAL OF THE CONSENT AGENDA

Commissioner Oestreicher made a motion to amend the March 25, 2021 Special Board meeting minutes correcting the wording of incorporation to in cooperation in two paragraphs.

RECESS

The Board took a brief recess.

HOME HEALTH OPERATIONS

A. Resolution

Mrs. Eastwood stated that as you know, within the Public Health General Statutes (130A), there are services that are required to be provided under the supervision of a health director and the local Board of Health. Those mandated services include Environmental Health, Communicable Disease Control, and Vital Records Registration. Outside of that there are services that the local public health agency must either provide, contract for, or certify that they are otherwise available. These are adult health, home health, public health dental, maternal health, child health, family planning, and public health laboratory services. The Health Director and the Board of Health are charged with evaluating our programs on a periodic basis and if we can be assured that these services are being adequately provided within the county we have an obligation, under general statute, to investigate that. From 1988 until about 2014, Home Health was sort of a “cash cow.” In fact, when I came to work for the health department in 2003, home health earned enough revenue to balance the health departments budget and add to fund balance every year. For years, the health department lived off this fund balance, requiring no county appropriation to the department at all. Even in 2009, we carried an unduplicated census somewhere between 200-250 patients. We had a staff of 8 nurses, 1 full time home health tech and one as needed, a full time physical therapist and physical therapy assistant and another PTA who worked as needed, 2

billers, and a processing assistant. Most of our revenue came from Medicare, the only payor source that covers cost. Around 2014, we had a “perfect storm,” of unfortunate circumstances. Any one of those circumstances could have probably been overcome, but all together it created a hole that we have never been able to dig ourselves out of. We lost key staff—three nurses, a physical therapist and a biller. Home Health nursing is very specialized and replacing a home health nurse is not easy. Replacing and training three at the same time required a conscious slowing of admissions. Meanwhile during that year, we also lost our physical therapist. Again, finding a PT willing to work in home health proved to be difficult and during that vacancy we were not able to admit any patients who needed therapy services, which are mostly comprised of those Medicare patients. In Home Health, when you slow or deny admissions, you often lose your relationship with that referral source and they begin making referrals elsewhere. Up until that time, this wouldn’t have been a problem because we were essentially the only game in town. But in 2014 that changed as we began to realize that other agencies were beginning to offer services in Caswell. These other agencies, then and now, “cherry pick” the Medicare patients because as I said Medicare is the only payor that reimburses at a rate that covers the cost of doing business. (A practice we cannot engage in since we are the “safety net” for the county) And finally, this was about the time when we also lost our seasoned biller and decided to outsource billing to the same company that provided our electronic medical record. This would later prove to be a detrimental mistake. Dr. Moore told the Board at that time, “I am not sure where all of this will lead, but it is very clear that the days when our home health agency made significant profits may be over. I do not yet know whether we will need to subsidize these programs in the next fiscal year, but it is a possibility. This board may need to deal with this issue during the budget process. “That is exactly what happened. At that point, the Home Health program began to need the transfusion of county appropriation to survive. Since 2015, between \$200,000-\$250,000 of county appropriate have been allocated to the Home Health program per year. We’ve implemented every cost-saving measure we can. We’ve decreased staffing and we’ve significantly reduced our supply formulary and the way we provide supplies. But, every year our census and our number visits decline. Each year our cost report looks more and more grim. Our unduplicated census over the past few years has hovered around 100. During COVID, it dropped even further. Currently our census is 82 patients, 59 of those are Medicaid. And of those 59, 54 are what we would consider to be low utilization patients. They are residents of group homes who require either monthly blood draw or med administration. These patients are not homebound (though they aren’t required to be through Medicaid) and in essence we do this as a convenience to those group homes. The hope being that when a Medicare patient needs our services we will already have that relationship established, but by definition, these do not technically require Home Health. These patients can be transported by the group home for blood draws and med administration on a monthly basis.

Here are the concerns that the Board of Health and I have:

We have a serious capacity issue. We have no depth of staff in our Home Health program. In March we lost two key members of our staff. Our Director of Nursing retired due to health conditions and our biller took a position in another county department that provided a better opportunity for her. At the same time, other staff members had been vocal about the fact that they were actively looking for other positions or considering retirement. We are a bare bones staff and if we lose any additional staff, our program will not be able to survive no matter what you decide tonight. For years we have had a hard time just getting through staff vacations. Our biller is currently being allowed to help us with billing thanks to the generosity of the other department she transferred to, but this is a short-term solution. Past this fiscal year, I am not sure how we will continue to bill. I have had several health department positions posted for 6 months or more and though we have made offers we have not been able to fill them. Finding a qualified biller is going to be a challenge. If we must train someone, there will definitely be a delay in revenue. In addition, North Carolina is moving forward with Medicaid reform and have no idea what impact that will have on health department revenues, but especially home health revenues. Instead of billing one Medicaid entity, we will now begin to bill five different private health plans. Developing relationships with referral sources is difficult for us. We do not have the marketing budget or staff to compete with the marketing practices of private home health agencies. We have no hospital within our borders, which makes the business of developing those relationships with the many hospital systems discharge planners in surrounding counties almost a full-time job. And, every time we have to pause or reject admissions we go right back to square one and start all over developing that referral relationship.

Options:

The first option is that the Commissioners can decide not to sell. We can continue to provide the level of services we are providing now, with the County's understanding that the scenario may not get any better and may get worse. We will most assuredly need the same level of county funding but will likely need more

The second option is to use the old phrase we have to spend money in order to make money. The county could infuse home health with funding needed to hire a marketing specialist and back-up staff to help cover as needed during vacations, etc. so that we don't have this ebb and flow of admissions. It could require a seasoned home health administrator to act as a consultant and help with strategic development. Staff will need specialized training to bring them current with the latest equipment and procedures that will make us attractive to referral sources. A strategy to make us the home health provider of choice not only with those hospitals in surrounding counties, but with our own medical community, will be necessary. In addition, a commitment from our residents to demand their hometown Home Health Agency is needed. Neither of those can ever be guaranteed. Lastly, the county can proceed with the intent to sell. When I have reached out to other county health directors who have had home health services and sold it, this is the option they recommend. This would obviously impact staff as it would require a reduction in force. If this happens there is a possibility that we could keep one nurse working with our Care Management programs and COVID efforts may provide opportunity for another nurse in our clinic programs. Aside from that there would be a reduction in force for the rest of

the staff. The impact to patients would be that the group homes would need to seek other arrangements for blood draws and medication administration. There are possibilities of others being able to at least administer the meds that we currently administer. The 28 true Home Health patients that we currently serve, will need to be served by whatever company purchase our certificate of need. (by the way only 15 of those 28 are Medicare patients) The Board of Health and I have no objections to any of these scenarios. We cannot in good faith lead you to believe that we can improve our profitability, even with an infusion of funding, there is no guarantee this business can be turned around. Ultimately, this is a decision to be made by the Board of Commissioners. If you decide to sell, the Board of Health respectfully asks to be involved in helping to develop the formal bid so that we can do what the general statute asks of us in assuring that these services are offered at an adequate level. Commissioner McVey questioned Mrs. Eastwood what is the recommendation from the Board of Health. Mrs. Eastwood replied they did not make a recommendation; it is for the Commissioners to decide. Commissioner McVey questioned how much money would it take to keep Home Health operating. Mrs. Eastwood replied to operate at the level we are now, or to turn things around. Commissioner McVey replied to operate at its current state. Mrs. Eastwood replied that they would need to continue the \$250,000 a year and it would probably take more than that. We are going to see a decline in Medicaid revenue and that already barely covers the cost. Commissioner McVey questioned so it could possibly take \$300,000-\$500,000. Mrs. Eastwood replied probably, it could possibly take half a million or more to hire the staff that is needed. Commissioner McVey questioned Mrs. Eastwood if she thought it would get any better in the future. Mrs. Eastwood replied that private companies are currently struggling due to COVID and that it was going to be hard to turn things around due to being in the negative already.

Commissioner Carter questioned Mrs. Eastwood if Home Health has been losing money for the past 4-5 years. Mrs. Eastwood replied yes, since 2014 Home Health has been requiring county appropriations. In the fiscal year 2017 there was a budget short fall of \$350,000, in 2018 \$256,000, in 2019 \$271,000. Currently this year we only budgeted \$171,582 of county appropriation and will have to pull money from another fund balance.

Commissioner Oestreicher questioned Mrs. Eastwood if she could give assessment on how this would have an impact on current usage on home health care and the county population if it was out sourced. Mrs. Eastwood replied in 2009 they had roughly 250 patients and currently have 89 patients. They are obviously getting services elsewhere, the problem is that Medicaid patients don't always get picked up by private agencies because, they are not a good payer source, neither are private insurances. Medicare is the prime payer source and they often get cherry picked. Currently out of our 89 patients only 28 of them are getting true home care services, the other patients are either monthly blood draws or site meds administration. Commissioner Oestreicher questioned if this program was out sourced, they have to provide everyone services regardless of what type of insurance they have. Mrs. Eastwood replied that is the intent, through the bid process we can state those requirements, the Board of Health would like to be involved in this process. Whomever purchases the certificate would have to report that info annually or quarterly, as state health statute we have to certify that those services are available at an adequate level.

Commissioner Dickerson questioned if the certificate is sold and by state law the county has to provide services if we do not provide those services what would be the next step in that matter to hold them accountable. Mrs. Eastwood replied the sale would be reverted. Commissioner Dickerson questioned would the county have to repurchase that certificate. Mr. Miller replied if they are not providing care that is stipulated in the agreement, then the certificate of sale reverts. If they have purchased new buildings, equipment, or had a large expenditure of any kind the county would have to compensate them for that, minus any depreciation cost that maybe associated with the building or equipment. Mr. Dickerson questioned Mrs. Eastwood on her opinion on this matter. Mrs. Eastwood replied she has worked at the Health Department for 18 years and these people are her friends that she works with and does not want them to lose their jobs. The Board of Commissioners has to decide if this is going to be a service that the Health Department is going to offer or if it will be a business. Because if we look at how county tax dollars are spent, this is a hard sell. The public comments that you received tonight are correct they do an amazing job and they are very compassionate. Currently their morale has been low due to COVID and they haven't been able to work together in the office; some have been vocal about leaving. Commissioner Dickerson thanked Mrs. Eastwood for the all information and that if you cannot fill the positions that are vacant that speaks for itself.

Commissioner Oestreicher questioned Mr. Ferrell if the equipment had to be purchased back by the county who would own it. Mr. Ferrell replied the county.

Chairman Owen questioned the County Manager if COVID or Fiscal Recovery Funds be used to fund this program. Mr. Miller replied there is not enough Cares Act money left and the Fiscal Recovery Fund can be used to supplement lost income. The problem here we are using county tax dollars to keep Home Health afloat. Chairman Owen stated and it has to be COVID related losses to use those funds. Mr. Miller replied yes. Then he stated this evening you will find in your agenda packets two items on which we are requesting the board take action. The first item is the resolution declaring the board's intent to sell the Agency, contingent upon the County's receipt of an acceptable proposal for such sale, which complies with the requirements of North Carolina law and is satisfactory to the Board. The resolution also authorizes its health care advisors to prepare and issue a Request for Proposal ("RFP") for the sale of the Agency, which shall include a copy of N.C. Gen. Stat. § 131E-13(d), and if needed, to negotiate and effectuate the sale of the Agency.

The second item is the agreement with the consultant that may be used to broker the sale of the agency. These are the initial steps used to evaluate whether or not the services offered by the Caswell County Home Health Agency are ***"otherwise available" or "appropriately assured"*** as stated in NCGS 130A. The Board of Health has requested that the Board of Commissioners make these determinations or at least explore these options.

It is important to know that this is a 4 stage process and at any time the process may be stopped.

Phase I is to provide notice and adopt a resolution. If the resolution is passed, an RFP will be constructed and issued for proposals to purchase the Caswell County Home Health Agency. That is what is in front of you tonight.

Phase II is to conduct a public hearing on the Resolution of Intent. A public hearing will be noticed in the paper and online. Today's action does not require a public hearing. After the public hearing the board may choose to stop the process or proceed with Phase III.

Phase III the Board receives the proposals to purchase Caswell County Home Health Operations, evaluates those proposals, and schedules a public hearing on those proposals. This is where the Board would gauge whether or not these services would be ***“more appropriately assured by the private sector” and / or “are otherwise available by the private sector”*** as stated in the North Carolina General Statutes. After receiving the proposals, evaluating the proposals, and holding a public hearing, the Board can choose whether to stop the proceedings or proceed with the sale. If the Board chooses to proceed, a letter of intent to sell is sent to the provider with the best proposal as found by the Board of Commissioners.

Phase IV is adopting a resolution approving the sale. To do so, public notice is given again and public access to the Asset Purchase Agreement will be provided, after which the board may choose to adopt the resolution or not approve the sale.

Currently we have at least three private companies providing Home Health services in Caswell other than the Caswell County Home Health Agency. They are Amedydisis, Advanced, and Bayada. Our Home Health Agency current revenue streams are primarily Medicaid and private insurers, which are the lower payers for these types of services with some Medicare patients as well. The payer of choice is Medicare, they pay more on average for these types of services than anyone else. The private companies operating in Caswell take Medicare and some private insurance but choose not to accept Medicaid, Indigent, or sliding scale patients at the same rate the Caswell County Home Health agency is required to take them. We currently provide them with the ability to refuse the referral because we are willing and required to take those patients who genuinely need in home assistance. NCGS 131E-13 (which was included in your agenda packet) requires the successful bidder to:

1. provide the same or similar clinical hospital services to its patients in medical-surgery, obstetrics, pediatrics, outpatient and emergency treatment, including emergency services for the indigent, that the hospital facility provided prior to the lease, sale, or conveyance. These services may be terminated only as prescribed by Certificate of Need Law prescribed in Article 9 of Chapter 131E of the General Statutes, or, if Certificate of Need Law is inapplicable, by review procedure designed to guarantee public participation pursuant to rules adopted by the Secretary of the Department of Health and Human Services.
2. Ensure that indigent care is available to the population of the municipality or area served by the hospital authority at levels related to need, as previously demonstrated and determined mutually by the municipality or hospital authority and the corporation.
3. The corporation shall not enact financial admission policies that have the effect of denying essential medical services or treatment solely because of a patient's immediate inability to pay for the services or treatment.
4. The corporation shall ensure that admission to and services of the facility are available to beneficiaries of governmental reimbursement programs

(Medicaid/Medicare) without discrimination or preference because they are beneficiaries of those programs.

5. The corporation shall prepare an annual report that shows compliance with the requirements of the lease, sale, or conveyance.

The corporation shall further agree that if it fails to substantially comply with these conditions, or if it fails to operate the facility as a community general hospital *open to the general public and free of discrimination based on race, creed, color, sex, or national origin unless relieved of this responsibility by operation of law, or if the corporation dissolves without a successor corporation to carry out the terms and conditions of the lease, agreement of sale, or agreement of conveyance, all ownership or other rights in the hospital facility, including the building, land and equipment associated with the hospital, shall revert to the municipality or hospital authority or successor entity originally conveying the hospital*; provided that any building, land, or equipment associated with the hospital facility that the corporation has constructed or acquired since the sale may revert only upon payment to the corporation of a sum equal to the cost less depreciation of the building, land, or equipment.

Chairman Owen stated there is no doubt that everyone on this Board is not concerned about the citizens of Caswell County. This is just to explore the possibly of selling and we can stop this process at any time. Then he asked the County Manager to read the resolution. Mr. Miller read the Board the resolution as follows:

RESOLUTIONS OF THE CASWELL COUNTY BOARD OF COMMISSIONERS

The following Resolutions were duly adopted by the Caswell County Board of Commissioners (the “Board”), the governing body of Caswell County (the “County”) in a duly called regular meeting on April 19, 2021:

WHEREAS, the County currently owns certain assets, which assets are associated with and utilized in the operation of a Medicare-certified home health agency, Caswell County Home Health Agency (the “Agency”);

WHEREAS, the Board has performed a review of the current home health operational environment in its region, as well as the Agency’s fiscal and operational position, and has examined and considered the prospects for continuing to operate these services as an independent provider in such environment;

WHEREAS, the Board has examined the potential benefits of conveying the Agency to another operator, and believes it is in the best interest of the County and the community to further investigate the opportunities for a sale of the Agency at this time; and

WHEREAS, N.C. Gen. Stat. § 131 E-13(d) sets forth the procedural requirements by which the County must sell or otherwise convey the Agency to a third party; such procedural requirements were promulgated to ensure that all interested parties, including,

without limitation, the members of the general public have the opportunity to comment about a potential sale or conveyance; and pursuant to N.C. Gen. Stat. § 131E-13(d)(1), the Board desires to declare its intent to sell the Agency.

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby declares its intent to sell the Agency, contingent upon the County's receipt of an acceptable proposal for such sale, which complies with the requirements of North Carolina law and is satisfactory to the Board.

BE IT FURTHER RESOLVED, that the Board hereby authorizes its health care advisors to prepare and issue a Request for Proposal ("RFP") for the sale of the Agency, which shall include a copy of N.C. Gen. Stat. § 131E-13(d), and if needed, to negotiate and effectuate the sale of the Agency.

These Resolutions were duly adopted by the Board, effective April 19, 2021, and have been attached to the Minutes of the Board for its duly called meeting on that date.

Commissioner Hall stated that he serves as a member on the Board of Health and he has been aware of the ups and downs of the Home Health Department; tonight, our Health Director gave us an excellent report. Then Commissioner Hall stated that he would like to see more detail work, tonight we have heard several public comments on keeping the Home Health Department and one mentioning on different ways to restructure. But whatever we decide will need some money but looking at the health prospective for the citizens of Caswell County and also the economic development for all of Caswell County. As a Board we need to do all we can to salvage this department and get it back on track, they once had 200 plus patients and we can do that again.

Commissioner Carter made a motion to approve the resolution presented by the County Manager, seconded by Commissioner Dickerson. The motion carried 5-1 with Commissioner Hall voting no.

B. Consultants Contract

Mr. Miller presented the Board with a consultant agreement from Roberts Law, they will handle the sale with Home Health. At a previous meeting the Board requested a not to exceed amount and that amount is \$30,000. The reason for that amount is because the Board could go through the whole process and not sell Home Health and they need to be paid for the services that they provide. Their hourly rate is \$350 but not to exceed \$30,000, if the agency is sold their fee will be \$35,000. Commissioner Oestreicher stated in consideration of Commissioner Hall comment he doesn't want to give up on this agency. Then he questioned the County Manager what additional research that can be put together to help the Board understand before the agency is sold. Mr. Miller replied he would gather this information and look at how other local agencies operate. Commissioner Hall stated this will require money and hard work but we need to do this for the citizens and the county. We need to do all we can to fill these staff vacancies at Home Health. Commissioner McVey stated that he hates to see anyone lose their job and to see this agency go but it has lost a lot of money over the years. We have been dumping money into this agency and it has not gotten any better. If the county decides to put a half a million in to the

agency, what kind of tax increase are we going to have to do to be able to cover the funds for this program. He hopes that Mrs. Eastwood can find the Home Health staff jobs within the Health Department. Commissioner Oestreicher stated he is not suggesting stopping the sell but to look at other possibilities. Mr. Miller stated it would be ideal to have a decision made by July 1, 2021 due to the physical year far as budget. Chairman Owen agreed to go through the process and look at other options as well.

Commissioner Carter made a motion to hire Roberts Law to handle the sale of the Home Health Agency, seconded by Commissioner Oestreicher. The motion carried 5-1, with Commissioner Hall voting no.

RECESS

The Board took a 5 minute recess.

SOLID WASTE APPROPRIATION

Mr. Miller stated that in your agenda packet an updated data sheet for the request to solid waste. One payment has been made and was not reflected on the previous version. \$294,090 (294,090 - 175,000 already appropriated = \$119,090 remaining) is the amount required to continue our solid waste service with First Piedmont. These are estimated figures based on the number of months remaining using an average of the previous months. Any unused appropriation for hauling services will not be transferred and remain in the Local Fiscal Recovery Fund. We have issued an RFP for solid waste services and will keep the board informed of the results. Due to Covid-19 we have seen an increase in Solid waste over the past year. Due to these increases we have seen the following:

- Increases in the number of pulls and an increase in tipping fees.
- Convenience center usage resulting in increased:
 - Maintenance Costs
 - Compactor Repairs
 - Driveway Gravel

Some locations have had to close early due to the compactor being full and unable to get the location pulled until later in the day or the next morning due to this being an extra pull for that location for the contractor. For the Yanceyville location we have seen an increase for the fuel for our equipment, maintenance and repair to our loaded has increased over the last few months (most repairs have been in house other) We have also seen increases in weight tickets, and maintenance and repair to our scales. Our recycling has increased with our mixed stream and electronics. Our mixed stream recycling that we collect at all locations had increased the fuel for our roll off truck. We have had issues getting someone to take our recycling and seen an increase in the cost of recycling. The cost and availability of getting electronics recycled has also been an issue.

Commissioner Carter stated that at one time Solid Waste had over a million in their budget, then we cut fees in half. Maybe we cut them too low, and here we are now in the hole. Then suggested possibly raising Solid Waste fees. Commissioner McVey stated at one point the fees were reduced to offset taxes. Mr. Miller stated it has been reduced several times over the past 3 years, it has been as high as 89 and low as 39. Commissioner McVey stated the Board needed to decide on an amount and leave it.

Commissioner Carter made a comment that the Providence convenience site stays full and has noticed a lot of out of state residents dumping trash there. Commissioner Dickerson commented that at a previous meeting he had asked that the Sheriff Department be contacted and see if an officer could be sent out to that site and issue tickets to out of state residents and was there any progress made on that. Mr. Miller replied no, he would contact the Sheriff Department.

Commissioner Carter made a motion to pay \$119,090 for Solid Waste out of Local Fiscal Recovery Fund, seconded by Commissioner Oestreicher. The motion carried unanimously.

CONSIDERATION FOR PUBLIC HEARING-RESIDENTS OF PROSPECT HILL

Commissioner McVey stated that this Public Hearing is not just for Prospect Hill residents it is for all South East Caswell residents. He has several citizens reach out to him and they want to be heard. They are aware that this is a non-binding Public Hearing, this hearing is dealing with district zoning. Commissioner Dickerson stated that the citizens have already spoken and voted on this matter, if they wanted district zoning it should have been worded that way on the ballot. He stated he is against bringing it up and spending time and effort on it after the voters have spoken. Commissioner McVey replied he understands, but all they are asking for is to be heard and we owe it to all the residents of Caswell County. Commissioner Oestreicher stated the county already has zoning, Hyco Lake, the Town of Yanceyville and Milton. It was very clear on the count of the vote that the people in South East Caswell wanted zoning and it is essential that we have a curtesy hearing so they can express their concerns. Commissioner Carter stated we have heard their views at a previous meeting.

Commissioner McVey made a motion to have a Public Hearing for the residents of South East Caswell, seconded by Commissioner Oestreicher. The motion carried 4-2, with Commissioner Dickerson and Commissioner Carter voting no.

CLERK TO THE BOARD JOB DESCRIPTION

Chairman Owen referred back to the March 25, 2021 Special Board Meeting minutes that all items that were covered in the meeting or requested where changed and it was only 2 items. The Board needs to remember that the Clerk and the County Manager must work together. Commissioner Dickerson stated that he did not approve of the job title and that Assistant to the County Manager need to be removed. He wants to make sure that the Clerk to the Board can come to the Board and discuss any county issues with out breaking the chain of command. The Board owes it to the county employees and the Clerk to have an ear and to be able to come to the

Board. There are only 4 positions that this Board appoints and this position needs to be like the rest and be able to come to the Board. Chairman Owen stated that he did not see anything in the job posting that stated that the Clerk reports to the County Manager. Commissioner Dickerson stated they will be a county employee so they will report to the County Manager. If the Clerk was to break the chain of command, they would be in fear of losing their job. Chairman Owen stated the Clerk will report directly to this Board. Commissioner Dickerson questioned the County Manager would the Clerk have to follow the chain of command like the other county employees. Mr. Miller replied no, by state statute the Clerk reports to the Board of Commissioners. Commissioner Dickerson stated that everyone needed to be on the same page, this position has a certain amount of independence and he thinks the job title should be changed. Chairman Owen stated just for clarification the County Manager brought the job title up at the Special Meeting and Commissioner Jefferies stated that it needs to stay as it was and nowhere else in the minutes was it stated to be changed. Commissioner Carter stated that there was one thing that need corrected that didn't, where the Clerk is directed by the County Manager to prepare items for meetings and agendas. Chairman Owen replied there are items that the County Manager will give the Clerk and direct the Clerk to add them to the agenda.

Commissioner Dickerson made a motion to remove Assistant to the County Manager from the job title, seconded by Commissioner Carter. The motion failed with a 3-3 vote, with Commissioner Hall, Commissioner Dickerson and Commissioner Carter voting for the change. Commissioner McVey, Commissioner Oestreicher, and Chairman Owen voting against the change.

COUNTY MANAGER'S UPDATES

1. Special Meeting Monday April 26, 2021 at 9:00 a.m.
To consider UDO amendments associated with 160D, Economic Development Incentive, and Closed Session to consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee NCGS 143-318.
(a)(6)
2. Condolences to the family of the young man who lost his life in front of CoSquare in a motorcycle accident. The County has reached out to our insurance carrier to start the process and quotes are being received. CoSquare is open but the common area remains closed.

COMMISSIONERS COMMENTS

Commissioner Hall stated that everyone should be encouraged to take a COVID-19 vaccine and the Health Department has done a great job with clinics. Chairman Owen agreed.

ANNOUNCEMENTS AND UPCOMING EVENTS

There were none.

CLOSED SESSION

Commissioner Carter made a motion to go into closed session, seconded by Commissioner Hall. The motion carried unanimously.

Commissioner Carter made a motion to go out of closed session, seconded by Chairman Owen. The motion carried unanimously.

ADJOURNMENT

Commissioner McVey made a motion to adjourn the April 19, 2021 meeting at 9:38 p.m. seconded by Commissioner Carter. The motion carried unanimously.