

HEALTH CARE ADVISORY BOARD

Meeting Summary

February 11, 2019

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Ellyn Crawford (participating remotely)
Phil Beauchene
Tim Yarboro, MD
Rosanne Rodillo
Dr. Michael Trahos, DO
Ann Zuvekas
Shikha Dixit

STAFF

Sherryn Craig

MEMBERS ABSENT

Carol Washington Mizoguchi

GUESTS

Mary Leary, President and CEO, Mather Lifeways
Joe Zajdel, Senior Vice President, Business Development, Mather Lifeways
Jeff Branch, Senior Vice President, Senior Living and Mather Lifeways Institute on Aging
Michelle Montroy, Assistant Vice President, Development, Regulation & Investment, Mather Lifeways
Logan Bailey-Perkins, Director of Development, Mather Lifeways
Jill Parks, Esquire, Cooley LLP
Dr. Mickey Kim, MD, MBA, Senior Vice President for Research and Commercialization, Inova Translational Medicine Institute (ITMI)
Dr. Suchi Hourigan, Microbiome, ITMI
Franzi Moeckel, MediMap, ITMI
Dr. Kathi Huddleston, ECHO, ITMI
Dominic Bonaiuto, Director of Advocacy and Community Outreach, Inova Health System
Dr. Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Rosalyn Foroobar, Deputy Director for Health Services, Health Department
Joanna Hemmat, Assistant Director, Patient Care Services, Health Department

Call to Order

The meeting was called to order by Marlene Blum at 7:30 pm.

December 10, 2018 Meeting Summary

The meeting summary from December 10, 2018 was revised to correct Inova's stated reserves from \$5.1 billion to \$4.7 billion.

Resolution Honoring Mary Porter

The HCAB unanimously approved a resolution honoring Mary Porter's 15 months of service to the board.

Public Hearing on CDPA/PCA 2011-PR-023-02 and FDP 2011-PR-023-05 to Develop The Mather

Mary Leary, President and CEO, Mather Lifeways; Joe Zajdel, Senior Vice President, Business Development, Mather Lifeways; Jeff Branch, Senior Vice President, Senior Living and Mather Lifeways Institute on Aging; Michelle Montroy, Assistant Vice President, Development, Regulation & Investment, Mather Lifeways; Logan Bailey-Perkins, Director of Development, Mather Lifeways; and Jill Parks, Esquire, Cooley LLP provided an overview of the application to develop The Mather, a Continuing Care Facility (CCF) located at the intersection of Westpark Drive and Westbranch Drive in Tysons Corner in the Providence District.

Based in Evanston, Illinois, Mather Lifeways is a 78-year-old, non-denominational, not-for-profit organization with two life-plan communities in Evanston, Illinois and Tucson, Arizona.

The proposal for The Mather includes 300 age restricted units and an accompanying medical care facility of 16 assisted living apartments, 20 memory care support suites, and 42 private skilled nursing suites. The medical care facility is designed and sized to meet the needs of the residents living in age restricted units within the community who may need health care services as they age in place. Skilled nursing will not be open to the public, and assisted living and memory support may be open to the public short-term. The applicant noted that while some CCFs overdevelop their medical services as a revenue generator for their communities, The Mather will provide only enough health care units to meet the actuarial needs of its residents moving from their age restricted units.

The Mather's medical care units – "Life Centre" – will be located on the 4th and 5th levels of the multistory building. The units will combine individual and group living

elements with multiple neighborhoods, including 10-16 private suites (i.e., bedroom and bath), connected to a communal kitchen, living room, dining room, with access to secure, private outdoor space.

The applicant's market analysis describes a substantial older adult population in Fairfax County: 13% (157,000) who are 65 years and older with a projected growth of 16% through 2024. Mather Lifeways' market tests have also generated 140 refundable \$1,000 deposits since August 2018 for its prospective community.

Mather Lifeways has also received a recommendation from the Health Systems Agency of Northern Virginia (HSANV) and subsequent approval from the State Health Commissioner, vis-à-vis the Certificate of Public Need (COPN), to establish 42 skilled nursing beds.

The proposed site is close to Interstate 495 and other major roadways. The Mather will be located within ¼ mile of the Tysons Corner Metro Station and accessible by regional public transit. Mather Lifeways also plans to provide regularly scheduled transportation services to a variety of local amenities, services and activities, as well as privately scheduled transportation for resident appointments or other needs. Transportation options will be available to all residents, with handicap-accessibility transportation provided.

Mather Lifeways will internally finance the acquisition of the land and other pre-construction costs. Construction financing will be secured through a short-term loan and repaid through entrance fee proceeds received from occupancy of age restricted units as they are released from escrow.

Mather Lifeways' proposed entrance and monthly service fees will vary by unit size and care benefit plan. The Type A Life Care Benefit plan provides residents with unlimited assisted living, memory support, or skilled nursing services while the Type B Life Care Benefit Plan provides residents with 90 days of assisted living memory support, or skilled nursing, with market rate charges for any services used after 90 days.

Mather Lifeways has established a "qualified resident assistance policy" for community residents who are unable to meet their financial obligations for reasons beyond their control. Upon review, if special financial consideration is approved, The Mather will provide partial or complete financial assistance for the residents' Monthly Service Fees, provided the assistance does not jeopardize the community's ability to operate on a sound financial basis.

For residents outside the community, The Mather's development is limited to the actuarially estimated needs of its members who are living in its age-restricted units. To address affordability and to meet the requirements of the newly amended Zoning Ordinance and Comprehensive Plan, the applicant plans to contribute \$3.00 per square foot of the CCF's Gross Floor Area (anticipated amount about \$2 million) for the provision of affordable accommodations prioritized for older adults and/or adults with disabilities within Tysons.

The Mather's medical care facility will be managed by a licensed long-term care administrator. A contracted Medical Director will provide oversight and services to residents. Treatment plans will be developed in connection with licensed physicians based on individualized needs of residents and consistent with all Virginia standards and practices.

Mather Lifeways representatives stated that all staff will comply with state and local licensing and/or certifications required to administer continuum of living services and will participate in ongoing training. Direct care staff will be supervised by a director of nursing who will be a licensed registered nurse (RN).

Memory Support and Assisted Living will have day shift unit managers who are RNs. As residents' acuity levels change, staffing needs will be evaluated and adjusted as needed.

The Mather plans to offer formal training programs including job specific training, compliance, and employee development training for all employees including those who work in the assisted living, memory support and skilled nursing areas of the community. Details of these programs will reflect ongoing licensing requirements for staff, care requirements that are frequently encountered in the medical care facility, and ongoing developments in assisted living, memory support, and skilled nursing care. Training will also include management and leadership development programs to enhance the competencies of managers through the community.

Given that The Mather will be a multi-story high-rise, the applicant explained that assisted living and memory support residents will be located one floor above ground level. An outdoor patio space will also be secured, and while Mather Lifeways does use wander guards to deter elopements, newer technologies are being explored with full implementation planned by 2030.

Mather Lifeways' experience with high-rise developments has led to a close partnership with the fire departments that serve its existing communities. The Mather will have well established policies regarding emergency evacuations, and representatives indicated they would work with the fire department to develop The Mather's evacuation plan and drill its procedures.

With respect to medication administration for The Mather's medical care facility, the applicant stated that all medications will be centrally stored in a locked medication cart and/or in a locked medication room and/or refrigerator. While medications will be provided onsite, they will be administered by a licensed practical nurse or registered nurse, both of whom are licensed to pass medications, according to the resident's physician's orders.

Marlene Blum moved that the Health Care Advisory Board recommend approval of The Mather to the Planning Commission and the Board of Supervisors. Dr. Trahos, DO seconded. The motion passed unanimously.

Inova Translational Medicine Institute Update

Dr. Mickey Kim, MD, MBA, Senior Vice President for Research and Commercialization with Inova Translational Medicine Institute provided an overview ITMI with a particular focus on three programs: Microbiome, MediMap, and ECHO.

Inova partnered with Fairfax County and Inova in 2014 to create an "innovation ecosystem" that extrapolates health innovations that have the ability to improve patient health. The partnership has seeded cutting edge research studies focused on questions about childhood development, rare disorders and chronic diseases, and has attracted other government, academic, and commercial partners.

ITMI's research began with the pre-term birth and congenital abnormality studies. These studies evolved into the Fairfax County Childhood Longitudinal Study, and allowed Inova to compete successfully for a NIH Environmental Influences on Childhood Health Outcome (ECHO) Program grant. In addition to NIH dollars, Inova has established partnerships with Harvard University, the University of North Carolina, and Mount Sinai Hospital in New York. The Childhood Longitudinal Study has cultivated experience and facilitated research in other innovative areas, such as the microbiome. Creating foundational capacity in genomics has enabled the development of practical tools, such as MediMap, which applies genomics to improve patient care. Collectively, Inova's innovation portfolio has expanded its partnerships on the Inova Center for

Personalized Health (ICPH) campus to the Commonwealth of Virginia, the University of Virginia and George Mason University.

Dr. Suchi Hourigan discussed the Microbiome with the theory that the development of the gut microbiome in early life may shape future health. She explained that a community of “bugs” live in the human gut and play an essential role in the development of the immune and metabolic systems. Probiotics and prebiotics, diet, fecal transplants, and vaginal seeding are tools to manipulate the microbiome and potentially improve health.

The Vaginal Seeding Study is the first FDA approved study on the effectiveness of vaginal seeding in babies born by C-Section with over 20 abstracts presented at national conferences and several publications. Academic institutions, such as Johns Hopkins University, philanthropic donors, and commercial partners have expressed significant interest in vaginal seeding research.

Franzi Moeckel discussed Pharmacogenomic testing and Inova’s MediMap. MediMap is a clinician-ordered, genetic test that can help determine the right medication for an individual. Medication categories that are tested include pain, anti-nausea, psychotropics/ADHD, anti-cancer, and cardiovascular.

Pharmacogenomics (PGx) uses genetics to help pick the right drug and the right dose for each patient. Over 8,500 patients were tested in 2018. Seventy-nine percent of adults have at least one result suggesting a medication or dosage change. More than 100 clinicians in various patient care disciplines (e.g., orthopedic surgery, breast cancer surgery, primary care simvastatin, and behavioral health) have been educated on PGx.

Inova’s MediMap pilot study examines the use of PGx testing to improve patient outcomes for breast cancer patients. The goal of the study is to determine the feasibility of implementing perioperative PGx testing to optimize clinical outcomes and perioperative care for patients undergoing interdisciplinary breast cancer care. The study analyzes 25 genes. Of the 50 patients tested, 48 cases have resulted in 51 medication and/or dosage indications. In nearly 60% of surgical cases, a medication or dosage change was recommended. The American Society of Breast Surgeons, NBC4 and Inova’s annual Breast Cancer Symposium have highlighted the study’s findings.

Dr. Kathi Huddleston described the Fairfax Childhood Longitudinal Study and the ECHO Study. The former follows more than 5,000 children from birth to 18 years. The study combines whole genome data, clinical data and parent reported data and incorporates

survey data on nutrition and growth & development. Specific health issues under investigation include autism risk, asthma, and allergies.

Dr. Huddleston stated that nationwide, childhood obesity has nearly tripled in recent years with more than 17% of young people classified as obese. The rate of weight gain in just the first few months of life can be linked to chances of obesity later in life. The prevalence of obesity differs among racial/ethnic groups, with Hispanic children disproportionately affected. Nationally, 15.6% of Hispanic children ages 2 to 5 and 5.2% of non-Hispanic white children are obese. In Fairfax County, ITMI reviewed data on 1-year-olds from the Fairfax Study: 30% of Hispanic children & 13.6% of non-Hispanic white children are obese. Inova is collaborating with the Fairfax County Public School system to see what impact recent increases in recess time for elementary students is having on obesity rates.

The ECHO Study builds upon the work done for the Fairfax Study and along with other team partners (Harvard, UNC, and Mount Sinai NYC), will study the impact of nutrition, environmental factors and genomics on neurocognitive development. According to Inova, every dollar in NIH funding generates double that in economic growth.

In terms of how representative Inova's studies are of the Northern Virginia population, it was reported that there are more than 110 countries for ancestral markers. Patients from all racial, ethnic, income brackets appear motivated to participate. Inova has a high survey return rate of 80-85%.

ITMI does offer unpaid internships, but federal regulation restricts the ability to offer internships to high school students. Inova representatives acknowledged the importance of providing internship opportunities to students of color or from low-income families, and recognized that not compensating interns is a barrier. Dominic Bonaiuto will communicate this issue to Inova staff.

Inova Health System Capital Improvement Plan (CIP)

Dominic Bonaiuto, Director of Advocacy and Community Outreach presented Inova's 2019 Capital Improvement Plan (CIP). Under the terms of the County's lease agreement with Inova, the County must be informed of and review any project which alters service delivery patterns at Fairfax or Mount Vernon Hospitals, or which costs \$1 million or more in 1990 dollars. Using the TURNER Building Cost Index, the project notification threshold has increased 4.5% because of increased private sector development and investment as well as material price increases and is valued at \$2,395,559 in 2018 dollars.

Inova Fairfax Medical Campus

A \$23 million improvement to the campus's sterile processing department will include a 6,000 square foot expansion and the construction of a backup Sterile Process Department. A \$95 million renovation of the campus's 28 operating rooms is also scheduled with construction organized into five phases allowing for 6-8 ORs renovated simultaneously. In total, the OR renovation covers 47,000 square feet and will be completed in 2022.

Inova opened a newly renovated Professional Services Building in July 2018. In addition to the \$97 million refurbishment of the former Women's and Children's Center, renovations were made to the behavioral health, surgical, and administrative floors. The Behavioral Health improvements include 41 psychiatric beds, 15 adolescent psychiatric beds and 25 Comprehensive Addiction Treatment Services (CATS) Program beds. The Ambulatory Surgical Center now includes eight operating rooms, 21 recovery bays and 13 prep bays and will provide surgical backup during the main campus's OR renovation project.

Inova Mount Vernon Hospital

Inova completed \$4.6 million in renovations and modernizations for the hospital's oldest clinical units in Towers A&B, including flooring, tiling, and painting. A new \$4.8 million pharmacy opened, which is now located in what used to be the former ED, thereby doubling the pharmacy's size.

Inova Fair Oaks Hospital

A \$5 million renovation and modernization for the 3rd floor labor and delivery rooms is scheduled to begin in spring 2019. This project will provide more space for patients and improve the workflow area for nurses and physicians.

The Inova Center for Personalized Health (ICPH)

The campus footprint, originally constructed in 1980, includes several buildings that once housed ExxonMobil's headquarters. The ICPH encompasses 1 million square feet on 117 acres of land, but the campus required significant modernization to support Inova's current and future planned uses.

The first building will house the Inova Clinic. The second building is the Dwight and Martha Scar Cancer Institute. The third building will be the Genomics and Bioinformatics Research Institute, a joint venture with the University of Virginia, George Mason University, and the Commonwealth. The Administration Building will house some joint

education programs, virtual health, the Inova Personalized Health Accelerator, Inova Strategic Investments, and administrative offices. Across the street is Building E and includes the conference and wellness center.

Inova Clinic

The Inova Clinic will house multi-disciplinary specialists, VIP 360, Neurosciences, Cardiology, and an inpatient acute rehab center.

Inova Schar Cancer Institute

The \$262 million Inova Schar Cancer Institute is scheduled to open on April 24, 2019. The building will house Medical Oncology, Radiation, Imaging, Proton Therapy, and Life with Cancer. Upon opening, the Institute will have more than 150 cancer care providers in all clinical disciplines, robust collaborations with academic and biotech partners, more than 100 clinical and translational scientists, and education programs for all levels of clinical, research, and cancer care specialists.

A proton center will be adjacent to the institute. Proton therapy is a form of focused radiation that minimizes the exposure of nearby healthy tissue and organs to unnecessary radiation. There are roughly 17 such proton centers across the country with another dozen or more in the pipeline. The treatment originates in a 270 ton cyclotron that's housed in a "bunker" built with 16-foot thick concrete walls.

Genomics and Bioinformatics Research Institute

The Genomics and Bioinformatics Research Institute, the foundation of Inova's Translational Medicine Institute (ITMI), is also located on the ICPH campus and encompasses a \$135 million collaborative research venture between Inova, University of Virginia (UVA), George Mason University (GMU), and the Commonwealth. Partnerships with other Virginia-based universities are in development

Building D Administration

The fourth building will house ITMI, Personalized Health Accelerator, Strategic Investments, and Education Space along with administrative offices.

A Master Plan for the western portion of the ICPH campus is in development. Under consideration are space for UVA, research, workforce housing, and hotel/lodging for

patients receiving treatment. A Community Task Force is reviewing proposals and will make a recommendation to the Board of Supervisors.

At the request of the HCAB, Inova will include capital improvement and investments for Inova Alexandria Hospital (IAH) in future updates. Although IAH is located in the City of Alexandria, the hospital provides care to many County residents.

Dr. Trahos, DO moved that the HCAB send a memo to the BOS with a CIP update. Bill Finerfrock seconded. The motion passed unanimously.

School Health Update

Joanna Hemmat, Assistant Director, Patient Care Services, updated the HCAB on the School Health Program. School health services are provided in close partnership with FCPS.

Fairfax is the largest school district in VA with 197 schools and centers. The Health Department developed a “blended public health model” for school health service delivery. The model uses Public Health Nurses (PHNs) and trained paraprofessional School Health Aides (SHAs) who are supervised by the nurses. A School Health Physician provides medical oversight of the School Health Program.

Each school has a health room staffed during the day with a SHA who follows established protocols to administer medication, provide care for sick and injured students, respond to health emergencies, and conduct hearing and vision screening. Health concerns are referred to PHNs for further action if needed. SHAs monitor school absence data looking for trends that may show increases in Communicable Diseases (CD) among students.

PHNs are assigned 3-5 schools each. Their responsibilities include identifying students with health conditions and coordinating care to support the student in a school setting. This includes developing a health care plan, training school staff, coordinating responses to CD, and promoting overall health and wellness of the school community.

PHNs are assigned to two Centers – Key and Kilmer – due to the higher acuity of these students. These sites do not have a SHA.

School staff collaborate with the PHN and SHA to support students and assure educational needs are met. Staff participate in health procedure training provided by School Health staff every school year.

Parents are a part of this model as well in that they provide information about their child's health status, including signed medical releases for staff to communicate with the child's health care provider.

Under the supervision of PHNs, SHAs effectively manage students who are sick or injured during the school day. The average number of health room visits/school/year was 3,270 (some typical visits include – head bumps, stomach ache, headache, lost teeth). The average number of medication visits/school/year was 1,079 (typical meds include ADD/ADHD medications, inhalers, meds for menstrual cramps/headaches). The average number of health room visits/school/day was 17.

The School Health Program provides services to support students, thereby minimizing interruption to the school day. Consequently, the school health program began tracking the percentage of students who were able to return to class. Eighty-four percent were able to return to class and those that went home usually did so due to illness.

Health room visits can be the first indication of a previously unidentified health need. Some students have frequent visits to the health room and may have vague complaints of stomach ache and headache, which can indicate other issues, either from an untreated health concern to behavioral health issues. SHAs are often the first to note these "red flags" and will notify the PHN who can follow up and assist with referrals and care coordination if needed.

The School Health Program provides services to Medically Fragile Students, which includes both full day and partial day students from 2 ½ years through 21 years of age. The number of Medically Fragile Students has doubled over the last five years. Currently, 55 students are receiving one-on-one skilled nursing services, which are assessed annually by the PHN.

Student health screenings for hearing and vision are mandated by the VA Code for students in kindergarten, 3rd, 7th, and 10th grades and for all students who are new to Fairfax County. The number of vision screenings increased 2% in 2016-2017 (n=68,845). Hearing screenings also increased 2% (n=72,226).

Food Allergies and Asthma are the leading health conditions seen among students in FCPS. FCPS is above the national average with 9.2% of students having food allergies. Nationwide, 7.6% of children have food allergies. FCPS is also above the national

average with 9.5 % of students having asthma. Nationwide, 8.3% of children have asthma.

The third most common health condition is Gastrointestinal, which can include Inflammatory Bowel Disease and Malabsorption.

The School Health Program also provides services to a small proportion of students with diabetes (n=469), but due to the complexity and supports needed (e.g., blood sugar testing and insulin management), students with diabetes require more intensive management by the PHN. (e.g., staff training, care planning, etc.).

Collectively, these health conditions result in a significant amount of training for school staff to support health needs of students in the classroom. Per Federal Mandates from the Department of Education and the Office of Civil Rights (OCR), the Health Department is required to support students' health needs when they are involved in school related extracurricular activities. Nurses trained 28,593 school staff to perform student health procedures in SY 2017-2018.

Nearly one out of three students have an identified health condition and are supported through health care planning, care coordination, and staff training. Students with allergies and at risk of anaphylaxis are the most common. So far less than 1% of these students have had to receive emergency epinephrine – a reflection of the effective training provided by PHNs to school staff.

In 2012, 47,511 students were enrolled with a health condition. In 2017 there were 68,887 students with health conditions, an increase of over 21,000 students. The number of PHNs has not kept pace with the increased demands of managing students w/ health conditions. There is variability in the number of schools and models of service delivery region-wide. The Code of Virginia identifies, but does not require a specific student/nurse ratio. The Code specifies annual targets, such as 1,000 students/1 nurse. The standard ratio recommended by the American Nurses Association (AMA), is 750 students/ 1 nurse. Fairfax currently has a ratio of 3,036 students/1 Nurse.

While the program is able to meet student health needs under its current staffing model, there are still challenges. Establishing health care plans is labor intensive, requiring staff to gather information from parents and health care providers, developing the individualized plan for the student, and organizing and providing staff training. There is an upward trend in students with health conditions and they are increasingly complex. Because all these elements must be in place for students to attend school

safely, this can be a bottleneck. PHNs efficiency to establish health care plans has decreased as the numbers and complexity of students has increased.

To address these challenges, the program has established a goal of 1 nurse to 2000 students. Improving this ratio would allow staff to follow up on other important activities, such as engaging students in health promotion activities and collaborating with schools and the community on activities that can improve the overall health of the student population.

Students are enrolling in school with increasingly complex health needs, such as life threatening allergies, seizure disorders, and diabetes. Technical advances in complex health conditions are challenging to keep up with. There are frequently new medical devices (insulin pumps and feeding pumps, etc.) being used by students that require staff to stay abreast of how to best support the health needs of these students to ensure their full participation in their education. The ability to recruit and retain nurses with experience in school health and public health is difficult as newly hired nurses must quickly gain competencies in supporting complex chronic health conditions in a school setting.

To ensure school health program and practices align with requirements and recommendations from the Federal and State Departments of Education, Office of Civil Rights, as well as best practice recommendations from the CDC and AAP, the Health Department has proposed through this year's County budget process to add 2 PHN III School Health Clinical Specialists to focus on clinical staff development and training needs and program quality improvement. Additionally, the Health Department requested funding for the two remaining PHN staff vacancies.

To achieve a student/nurse ratio of 2000/1, the Health Department has developed a multi-year staffing plan to add 30 additional PHN IIs and management/supervisory support of 4 PHN IIIs and 4 PHN IVs. The total estimated cost of the multi-year plan is \$4.5 million.

Over the past year, the School Health Program has implemented several improvements to increase overall efficiency and effectiveness. Some of these achievements include:

- Increasing efficiencies in Health Care Planning through process improvements, (e.g., Action Plans and standardized care planning).
- Streamlining FCPS staff trainings through the use of technology and electronic platforms for staff.

- Strengthening collaboration with FCPS, Communicable Disease, and School Health to improved Communicable Disease surveillance.
- Collaborating with multi-disciplinary teams to support students with behavioral health concerns (i.e., PHN identifies students/creates list for school staff, support students through a wrap-around approach involving collaboration with Psych, Social Workers, and the PHN)
- Expanding dental screenings in Title 1 schools
- Developing Facebook Live video series with Health Promotion PHNs, FCPS, & FCHD Communication team on topics such as healthy breakfast, physical activity, sleep promotion, etc. along with displays for health fairs and events, cafeteria, etc.)
- Working with the Juvenile Detention Center (JDC) to provide health promotion and wellness oriented sessions during the school day.
- Identifying schools with low immunization compliance and potential barriers to improve immunization status.
- Enhancing BMI surveillance to include surveillance of third grade students & older ages if possible
- Targeting nutrition/physical activity programming with school communities with elevated BMI rates.
- Implementing health promotion efforts to address adolescent health concerns, such as mental health, self-esteem, stress and anxiety
- Conducting tobacco use prevention through education/awareness efforts targeting middle school youth/parents
- Conducting opioid use prevention through awareness and education focused on drug misuse & abuse, proper medication storage & disposal.
- Strengthening service delivery for students with chronic health conditions by adding PHN Clinical Specialists to support increasingly complex staff training needs.
- Advocating for improved staffing to reach 2000 students/PHN

There being no further business, the meeting adjourned at 10:02 pm.