

408

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



FROM: Executive Office


SUBMITTAL DATE:
February 11, 2014

SUBJECT: Health Care Governance Committee (HCGC) and Riverside County Regional Medical Center (RCRMC) monthly financial and operational performance update. Receive and file consultant's report; approve and authorize Memoranda of Understanding between the County, Loma Linda University School of Medicine, University of California Riverside and Western University of Health Science.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and File the reports presented at the Board Workshop;
2. Approve and authorize the Chairman to sign the Memoranda of Understanding between the County and Loma Linda University School of Medicine, University of California, Riverside and Western University of Health Science; and,
3. Direct staff to return with academic affiliation agreements for Board approval.

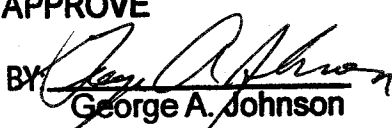
Departmental Concurrence


 Debra Cournoyer
 Deputy County Executive Officer

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$	\$	\$	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	

SOURCE OF FUNDS:	Budget Adjustment:
	For Fiscal Year:

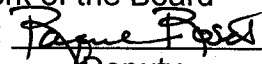
C.E.O. RECOMMENDATION: **APPROVE**

BY: 
 George A. Johnson
 County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Stone, Benoit and Ashley
 Nays: None
 Absent: Tavaglione
 Date: February 25, 2014
 xc: E.O., RCRMC

Kecia Harper-Ihem
 Clerk of the Board
 By: 
 Deputy

Prev. Agn. Ref.: 8/20/13 2-8, 9/23/13 4, 10/22/13 2-24, 11/26/13 2-12, 12/17/13 2-7, 1/28/14 2-5 | **District:** All | **Agenda Number:**

FORM APPROVED BY COUNTY COUNSEL
 BY: 
 NEAL R. KIPNIS
 DATE: 2/11/14

- A-30
- 4/5 Vote
- Positions Added
- Change Order

16-3

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Health Care Governance Committee (HCGC) and Riverside County Regional Medical Center (RCRMC) monthly financial and operational performance update. Receive and file consultant's report; approve and authorize Memoranda of Understanding between the County, Loma Linda University School of Medicine, University of California Riverside and Western University of Health Science

DATE: February 11, 2014

PAGE: 2 of 2

BACKGROUND:

Summary

On November 5, 2013 the Board of Supervisors approved the agreement with Huron Consulting Services, LLC, for implementation of hospital financial and operational performance and health system strategic plan programs. Huron will present their recommendation for an academic affiliation model and highlight some of the financial and operational programs implemented over the past four months. Huron will present an overview and the best approach for Riverside County.

The Executive Office recommends approval of the Memoranda of Understanding (MOU) between the County and each of Loma Linda University School of Medicine (LLUSM), University of California, Riverside School of Medicine (UCR) and Western University of Health Science (WUHS). Approval of the MOUs will commit the parties to working together over the next 90 days to develop specific goals and deadlines for the next two to three years; and, to realize shared commitments and responsibilities. Once completed, the amendments for each of the agreements will be returned to the Board for consideration.

In addition to the information presented by Huron, Riverside County Regional Medical Center (RCRMC) executive management will provide an update on revenue and expenses for the year, the monthly cash position and the budget plan for the current fiscal year as well as the next fiscal year.

Memorandum of Understanding (MOU) between
The County of Riverside, California ("The County")
and
Loma Linda University School of Medicine ("LLUSM")

in support of a Multi-Affiliate Academic Medical Center at
Riverside County Regional Medical Center and its related community clinics

This MOU is intended to identify the shared commitments and responsibilities of
The County and LLUSM ("the Parties") as they work collaboratively toward the mutual
goal of enhancing the health and health care of the citizens of Riverside County through
the integration of clinical care, education, research, and public health.

For its part, LLUSM

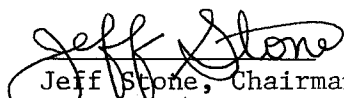
- agrees to develop its faculty and clinical strategy in collaboration with The County in support of the clinical needs of the citizens of Riverside County, with a particular focus on (but not limited to) The County's pediatric clinical programs, with intention to explore the development of a Loma Linda University Children's Hospital within Riverside County Regional Medical Center, and
- commits to partner with The County to ensure that the clinical, education, and research missions are strategically oriented and aligned to foster program growth, financial stability, and optimized health outcomes at both the individual and population levels.

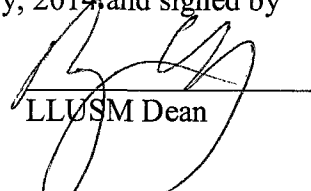
For its part, The County


- agrees to provide access to its inpatient and ambulatory care facilities (both hospital and community based) for LLUSM faculty to deliver care, teach, and do research, particularly population health research, and
- commits to a joint planning process with LLUSM as well as other academic affiliates to ensure both alignment and long-term commitment to agreed upon clinical, education and research roles and role relationships, and
- commits to partner with LLUSM to help ensure that its clinical and academic programs meet the accreditation criteria for both medical student (LCME) and resident education (ACGME).

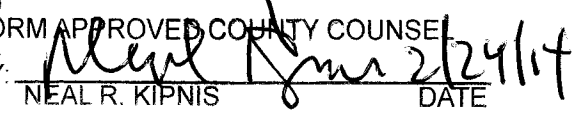
The Parties further mutually agree to work together over the next 90 days to develop addenda to this MOU outlining specific goals and deadlines for the next 2-3 years to realize these shared commitments and responsibilities.

Agreed by both parties on this 25th Day of February, 2014, and signed by


Jeff Stone, Chairman
Riverside County Board of Supervisors


LLUSM Dean

ATTEST:
KECIA HARPER-HEM, CLERK
By 
NEAL R. KIPNIS
DEPUTY

FORM APPROVED COUNTY COUNSEL

NEAL R. KIPNIS DATE 2/24/14

Memorandum of Understanding (MOU) between
The County of Riverside, California ("The County")
and
The University of California, Riverside School of Medicine ("UCR")
in support of a Multi-Affiliate Academic Medical Center at
Riverside County Regional Medical Center and its related community clinics

This MOU is intended to identify the shared commitments and responsibilities of The County and UCR ("the Parties") as they work collaboratively toward the mutual goal of enhancing the health and health care of the residents of Riverside County through the integration of clinical care, education, research, and public health.

For its part, UCR:


- agrees to develop its faculty and clinical strategy in collaboration with The County in support of the clinical needs of the citizens of Riverside County, and
- commits to partner with The County to ensure that the clinical, education, and research missions are strategically oriented and aligned to foster program growth, financial stability, and optimized health outcomes at both the individual and population levels.

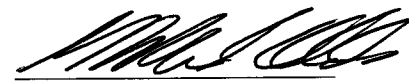
For its part, The County:

- agrees to provide access to its inpatient and ambulatory care facilities (both hospital and community based) for UCR faculty to deliver care, teach, and do research, particularly population health research,
- commits to a joint planning process with UCR as well as other academic affiliates to ensure both alignment and long-term commitment to agreed upon clinical, education and research roles and role relationships, and
- commits to partner with UCR to help ensure that its clinical and academic programs meet the accreditation criteria for both medical student (LCME) and resident education (ACGME).


The Parties further mutually agree to work together over the next 90 days to develop addenda to this MOU outlining specific goals and deadlines for the next 2-3 years to realize these shared commitments and responsibilities.

Agreed by both parties on this 25th Day of February, 2014 and signed by


Jeff Stone, Chairman
Riverside County Board of Supervisors


G. Richard Olds, M.D., Dean
UCR School of Medicine

ATTES:
KECIA HARPER-JHEM, Clerk
BY: 
DEPUTY

FORM APPROVED COUNTY COUNSEL
BY: 
NEAL R. KIPNIS DATE

FEB 25 2014 16-3

Memorandum of Understanding (MOU) between
The County of Riverside, California ("The County")
and
Western University of Health Sciences ("WesternU")

in support of a Multi-Affiliate Academic Medical Center at
Riverside County Regional Medical Center and its related community clinics

This MOU is intended to identify the shared commitments and responsibilities of The County and WesternU ("the Parties") as they work collaboratively toward the mutual goal of enhancing the health and health care of the citizens of Riverside County through the integration of clinical care, education, research, and public health.

For its part, WesternU

- agrees to develop its faculty and clinical strategy in collaboration with The County in support of the clinical needs of the citizens of Riverside County, with a particular focus on (but not limited to) The County's orthopedic and anesthesia clinical programs, and
- commits to partner with The County to ensure that the clinical, education, and research missions are strategically oriented and aligned to foster program growth, financial stability, and optimized health outcomes at both the individual and population levels.

For its part, The County

- agrees to provide access to its inpatient and ambulatory care facilities (both hospital and community based) for WesternU faculty to deliver care, teach, and do research, particularly population health research, and
- commits to a joint planning process with WesternU as well as other academic affiliates to ensure both alignment and long-term commitment to agreed upon clinical, education and research roles and role relationships, and
- commits to partner with WesternU to help ensure that its clinical and academic programs meet AOA accreditation criteria for both medical student and resident education.

The Parties further mutually agree to work together over the next 90 days to develop addenda to this MOU outlining specific goals and deadlines for the next 2-3 years to realize these shared commitments and responsibilities.

Agreed by both parties on this 25th Day of February, 2014 and signed by

ATTES:
BY *KeCIA Harper-Ihem*
KECIA HARPER-IHEM, Clerk
DEPUTY

Jeff Stone
Jeff Stone, Chairman
Riverside County Board of Supervisors

Gary M. Buselchuck
Provost/COO, WesternU

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis*
NEAL R. KIPNIS DATE 2/24/14

FEB 25 2014 16-3



Riverside County Board of Supervisors Workshop

**Riverside County Regional Medical Center:
Recommended Clinical Academic Affiliation Model**

February 25, 2014

Main Goals for Today's Meeting



- Review Clinical Academic Affiliation Models
- Recommended Clinical Academic Affiliation Model
- Next Steps
 - Approve Memoranda of Understanding

Table of Contents



Topics for Review

1. Current Issues Facing RCRMC's Clinical Academic Affiliation Model
2. Proposed Clinical Affiliation Model
3. Overview of Academic Medical Centers (AMCs)
4. Evaluation Criteria and Key Issues for Proposed Model
5. Other Affiliation Models
6. Next Steps

Current Issues Facing RCRMC's Clinical Academic Affiliation Model



#1 Operational Complexity

- Multiple, but separate contractual agreements
- Interdependency of RCRMC, Loma Linda, UCR, and Western for clinical campus/medical residents
- Publicly owned facility

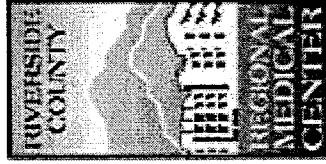
#6 Leverage of Branding

- Current RCRMC use of academic affiliation branding is minimal, potential affiliations have branding value

#2 Alignment of Missions/Goals

- Previous affiliations established under different reimbursement environment for RCRMC
 - Some stakeholders
- missions are broader than RCRMC's:

To provide superior quality health care to Riverside County residents with a special focus on individuals and populations in need.



#5 Decision Making

Flexibility

- Current model lacks integrated strategy, leading to fragmented decision making between RCRMC and its academic partners

#3 Quality of Care

- Academic environment opens physicians to be reviewed by their peers and residents, which can lead to improved quality outcomes
 - Integration of care across services and locations is challenging for both individual and population health care

#4 Financial Implications

- Challenging payor mix
- Providing care for indigent population
- Low Graduate Medical Education (GME) reimbursement, due to a low Medicare population at RCRMC

Key Question: What academic affiliation model will best position RCRMC in the short and long term?

Recommended Clinical Affiliation Model for RCRMC: Strategic Multi-Affiliate Model



Current State

Recommended Model

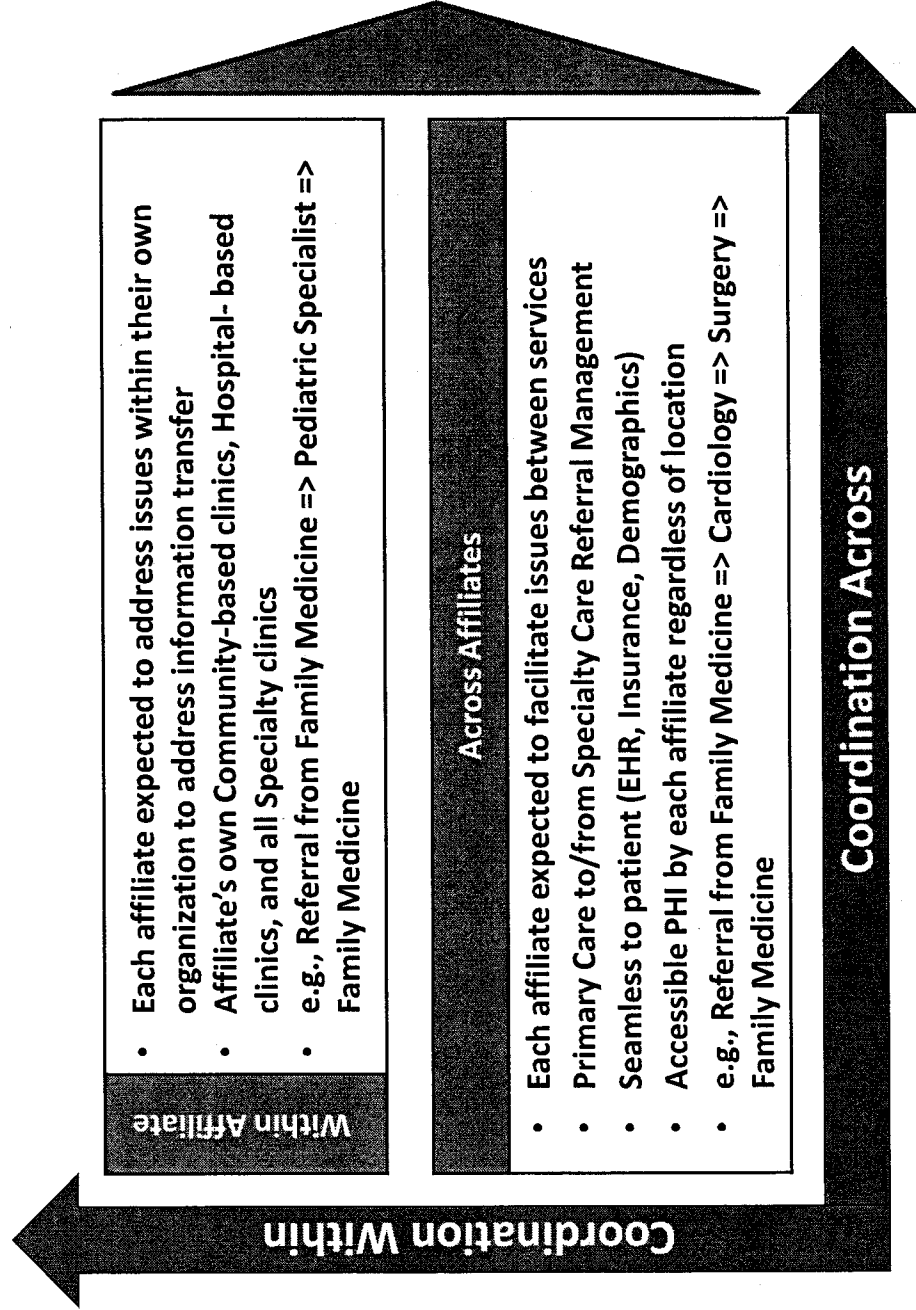
Key Takeaway:
 Mutual agreement and collaboration has been established between
 academic affiliates in order to benefit:
 Riverside County residents, Riverside County Health System, and
 Academic Affiliates

How is the Strategic Multi-Affiliate Model Different than the Current State?



- Affiliations enhance the completion of RCRMC's strategic goals, performance improvement and operational objectives
- Collaborative, interdependent approach with mutually beneficial outcomes
- Bring clear focus to Riverside County's residents' health care management and delivery needs
- Will encourage affiliate to grow clinical programs; keep care costs lower and improve care accessibility & delivery in Riverside County
- Short-term decisions positively impact current state; providing potential longer term partnership opportunities

Coordination Expected Within Organization and Across Affiliates With Focus on Patient Care



Within Affiliate

- Each affiliate expected to address issues within their own organization to address information transfer
- Affiliate's own Community-based clinics, Hospital-based clinics, and all Specialty clinics
- e.g., Referral from Family Medicine => Pediatric Specialist => Family Medicine

Across Affiliates

- Each affiliate expected to facilitate issues between services
- Primary Care to/from Specialty Care Referral Management
- Seamless to patient (EHR, Insurance, Demographics)
- Accessible PHI by each affiliate regardless of location
- e.g., Referral from Family Medicine => Cardiology => Surgery => Family Medicine

Coordination Across

Principal Benefactors of Coordination

- Patients
- Physicians
- Insurers
- Riverside County Health System

Health Consulting
 Health & Behavioral
 Health & Confidential

Definition of an Academic Medical Center (AMC)



Medical Center with one or more of the following:

- a formal affiliation with at least one medical school – the clinical training site for students and residents
- a teaching program with multiple ACGME/AOA approved residencies slots (allopathic/osteopathic)
- formal research portfolios ideally with National Institute of Health (NIH) funding
- physician/providers with faculty appointments who have teaching obligations and/or formal research programs
- medical school department chairs either serve as or appoint the chiefs of service

Issues Facing AMCs Today



Benefits

Synergy of Missions

Affiliate partners(s) advocate your mission and can increase your awareness throughout the community

Quality of Care

Peer review of physicians by peers and students often leads to improved performance¹

Fundraising / GME Reimbursement

Coordinated fundraising efforts and GME reimbursements

Physician Recruitment / Retention

Physicians often reside and practice in the same region where they complete their residency training

Education / Research

Research outcomes can lead to improved population health benefits

Residents provide hospital coverage and teach students

Branding

Affiliate partnerships can strengthen a hospital's name recognition and market position

Challenges

Declining State and Federal Appropriations

State and federal budget cuts are reducing direct appropriations as well as both GME/education and NIH/research support

Mission Subsidization

The above is doubly challenging because the clinical mission has historically subsidized the education and research missions

Moving from Volume to Value

Primary care referrals will increasingly go to value-based providers

Declining Workforce

As the physician workforce continues to decline, the response has been to increase medical school enrollment with minimal consideration for increased residency slots

Source:

¹ Haesler WK. Why we should care about medical education. HMO Magazine.

GME Program Benefits



Graduate Medical Education programs offer many potential benefits for the community and entities involved

Population Health Benefits

- Improved primary and specialty care access for indigent & underserved populations
- Enhanced ability to meet community needs
- Gains in care quality (i.e. coordination of inpatient and outpatient services)

Hospital Benefits

- Additional higher skilled, yet cost-effective in-house coverage
- High acuity case mix provides a robust training environment for residents
- Teaching hospital designation provides reputational benefits

Physician Benefits

- Training programs can serve as a pipeline for recruitment for growing practices or practices facing attrition
- Teaching opportunities can increase the overall professional satisfaction of medical staff

Economic Benefits

- Medicare reimbursement & higher professional fees
- Lower clinical coverage costs (Residents vs. Physicians or Physician Assistants)
- Residents are more likely to practice in the area where they trained: over past 5 years, 103 residents who trained at RCRMC now practice medicine in Riverside County ¹
- Lower recruiting costs

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¹ Source: RCRMC GME Office

Evaluation Criteria and Key Issues for Strategic Multi-Affiliate Model



Evaluation Criteria	Considerations	Key Benefits / Challenges
1. Operational Complexity	How difficult will the proposed model be to implement relative to timing, operational, legal, financial, employee, and accreditation concerns?	RCRMC must proactively manage its strategy with UCR, Loma Linda, and Western
2. Mission Alignment	Is there mutual commitment to a population based health focus that meets the needs of all Riverside County residents?	Leverage existing partners and tie into County mission of providing quality care to residents of Riverside County
3. Quality of Care	How will changes in affiliations support or challenge delivery of high quality care?	Maintain current relationships with Loma Linda, Western University, and UCR to provide high quality care with improved focus towards community / population health care needs
4. Financial Implications	How will the academic affiliations lead to improved financial performance?	Multi-affiliate model limits financial commitments and risks; RCRMC must set expectations for business development and growth with partners
5. Decision-making Flexibility	How can RCRMC keep future options open as internal/external circumstances evolve?	Already have a level of familiarity with existing process and protocols, allowing for flexibility as future circumstances change
6. Leverage Branding	How will RCRMC be able to leverage the brand(s) for maximum benefit?	Existing partners have strong clinical and academic brands that can be advantageous to RCRMC

Affiliation Models Not Selected



<i>Academic Affiliation Models Not Selected</i>			
Single Affiliate	Consortium Affiliation	Joint Powers Authority	Asset Acquisition

Next Steps



- Approve Memoranda of Understanding
- Delegate the Development of Implementation Plans
- Next Progress Update by June 30, 2014



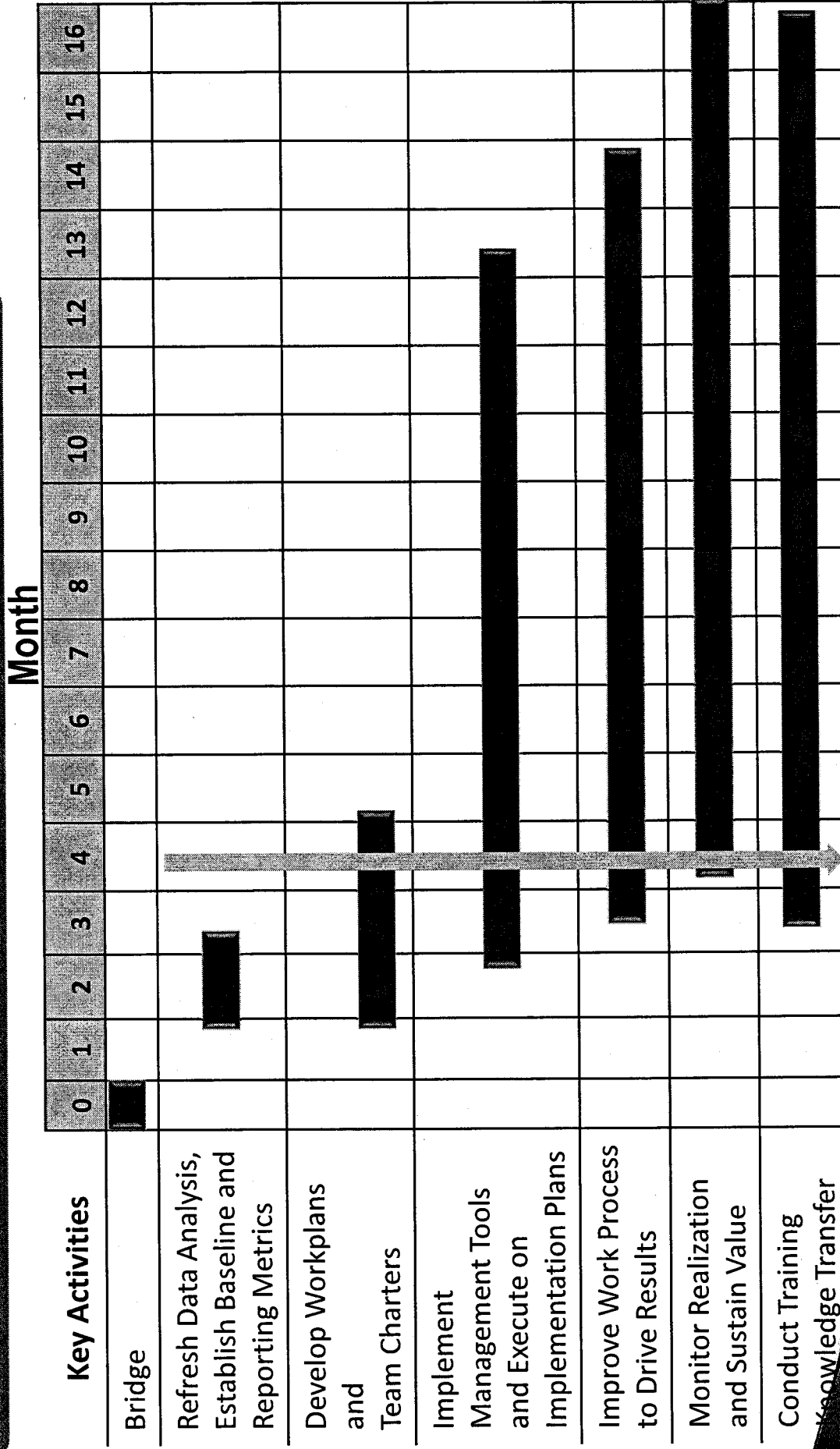
Board of Supervisors Engagement Update

February 25th, 2014

Agenda

- Implementation Timeline
- Activity Highlights
- Financial Benefit “Big Board”
- Benefit Projection
- RCRMC 2014 Revenue & Expenses
- Cash Position
- Budget Plan

Overview: Implementation Timeline



We are here

Activity Highlights



Non-Labor

- Reinstitution of 340B pricing program: previously RCRMC was purchasing at WAC pricing; by registering RCRMC, Arlington and Neighborhood Pharmacies, RCRMC is now able to purchase under the 340B drug purchase program producing product savings of up to \$9.5M
- \$3M optimized outpatient drug product selection based on nominal pricing and generic product availability
- Renegotiation of blood products and services pricing with Lifestream for expense reduction of \$413k annually.

Labor

- 140+ RCRMC managers and supervisors have completed productivity management training focused on tools and strategies designed to more closely align staffing levels with a variable demand
- Completed and implemented redesigned position review process; process focuses on hiring decisions based on objective metrics enabling comprehensive management of new hire, back-fill and attrition-related labor expense

Activity Highlights



HR

- Decreasing hiring cycle time - Identified process improvements that will result in reduction of time-to-fill for open positions by 45 days therefore decreasing reliance on premium labor expense (OT and Agency)

Revenue Cycle

- Established new processes to improve billing and collection of insurance claims improving timely filing

Financial Benefit – “Big Board”

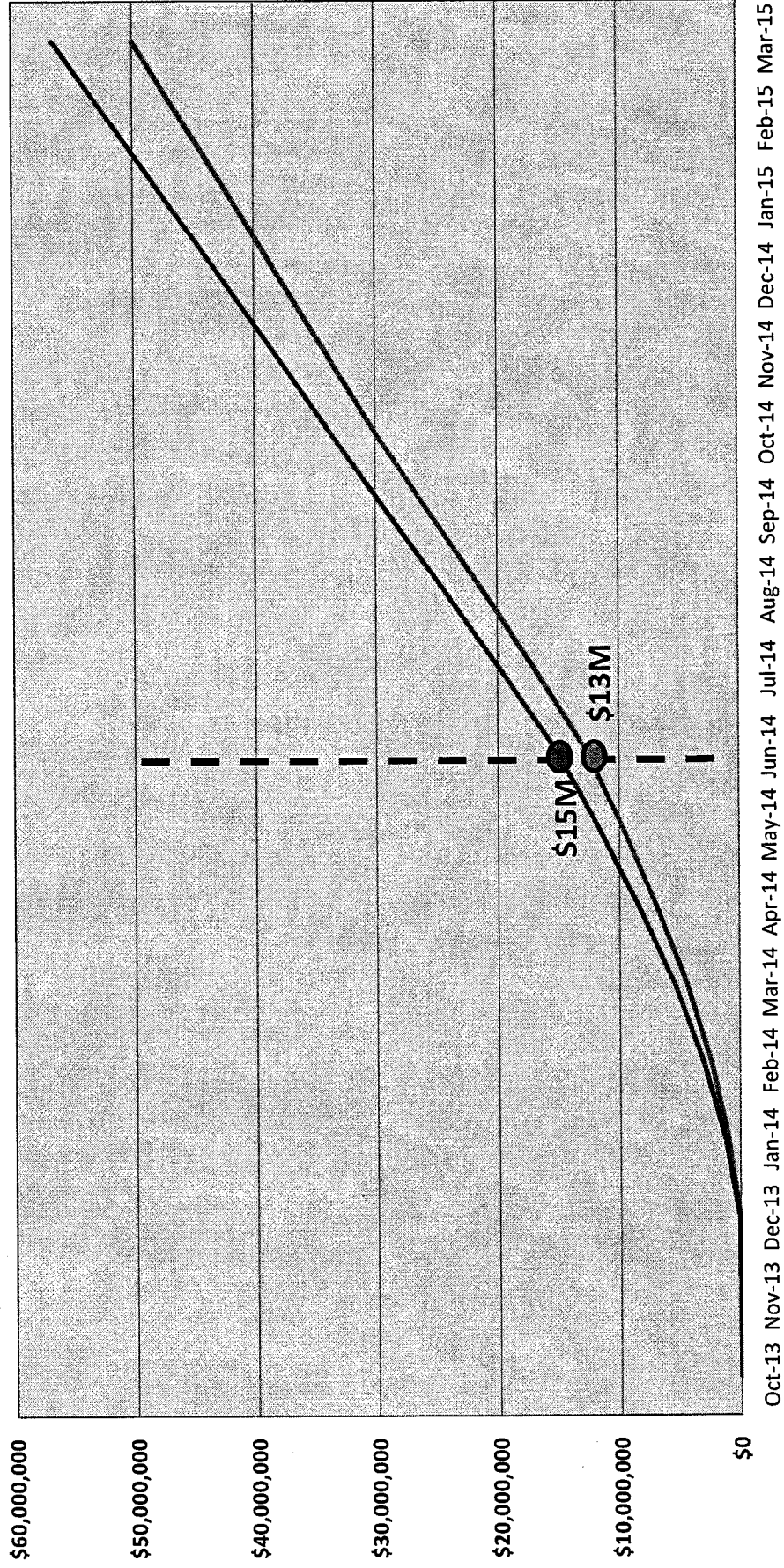


Initiative	Annual Benefit			
	Low	Mid	High	Implemented
Non-Labor	\$ 13,185,000	\$16,630,000	\$20,075,000	\$22,024,681
Labor	\$ 8,948,000	\$11,017,000	\$13,086,000	\$10,835,899
HR	\$ 4,000,000	\$ 5,500,000	\$ 7,000,000	\$2,803,900
Ambulatory Physician Solutions	\$ 9,600,000	\$11,300,000	\$13,000,000	
Revenue Cycle	\$ 5,000,000	\$ 6,000,000	\$ 7,000,000	\$5,000,000
CDI	\$ 650,000	\$ 675,000	\$ 700,000	
Clinical Operations	\$ 3,600,000	\$ 4,400,000	\$ 5,200,000	
Total Recurring	\$ 44,983,000	\$55,522,000	\$66,061,000	\$40,664,480
RC ICB	\$6,000,000	\$7,000,000	\$8,000,000	\$7,000,000
Total Benefit	\$50,983,000	\$62,522,000	\$74,061,000	\$13,584,451

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Benefit Projection

Total Cumulative Benefit



* Includes One-Time Benefit

— Current Projection (mid-range)

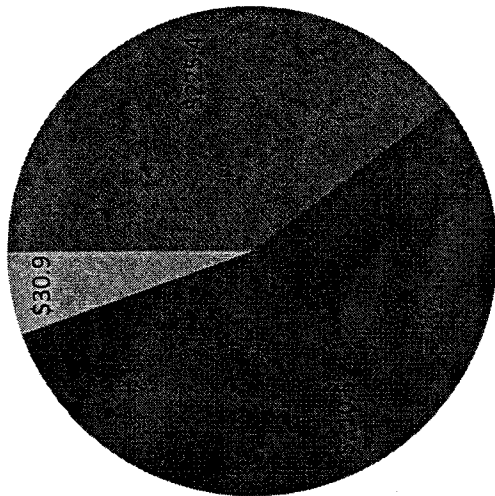
— Initial Projection (mid-range)

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RRCRMC 2014 Revenue and Expenses



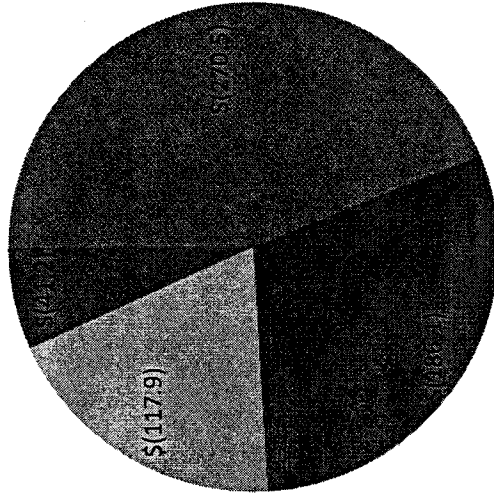
Revenue



- Revenue from Patients:
- Supplemental Payments State:
- Other Revenue:

\$566.8 million

Expenses

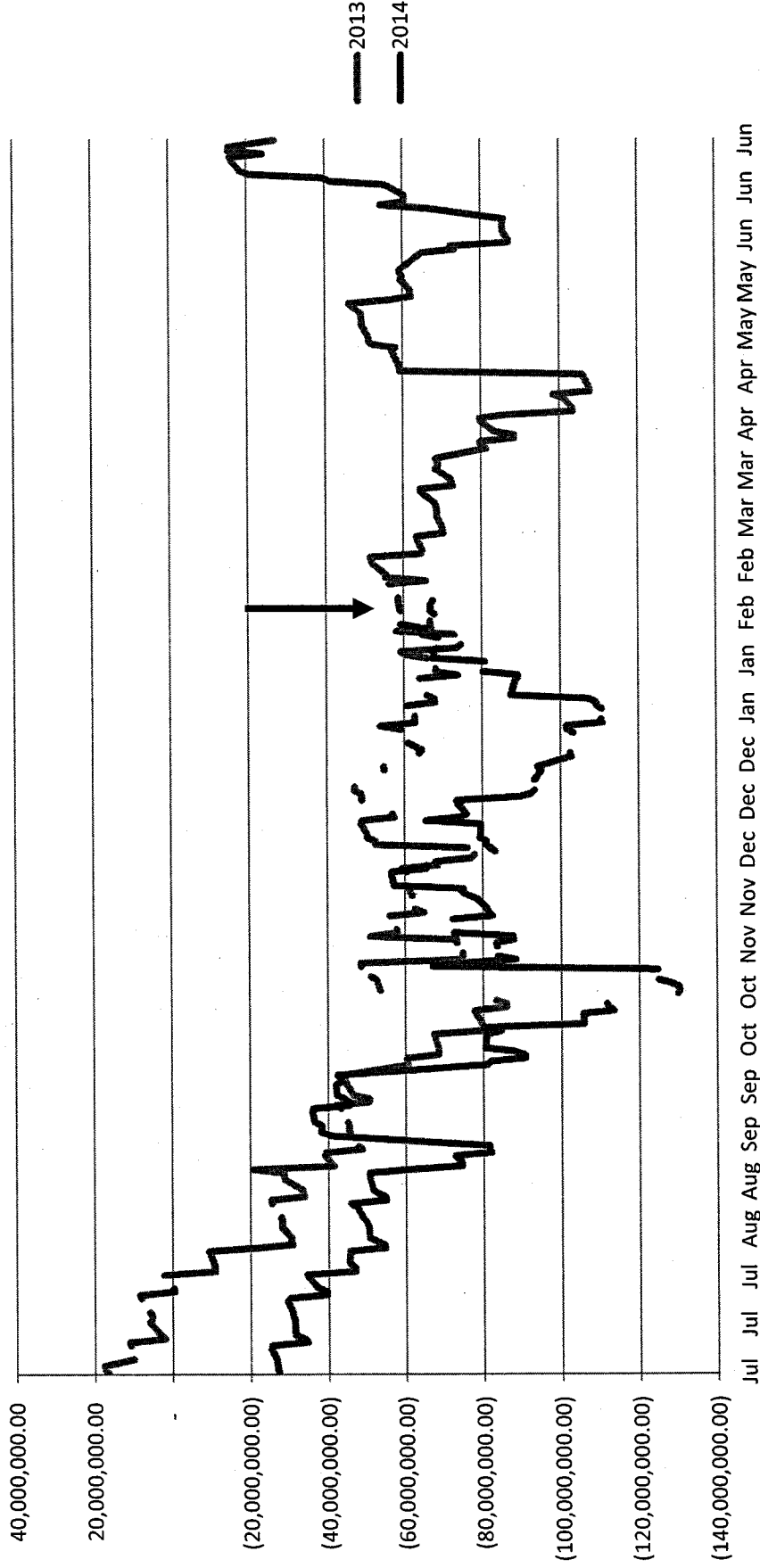


- Salaries + Benefits
- Services + Supplies
- Waivers
- Other

\$615.7 million

Budget shortfall \$48.9 million

Daily Cash Position



Fiscal Year 2013 vs. Fiscal Year 2014

Monthly Cash Position



	Cash Projection August 2013	Cash Projection January 2014	Change
Revenue from Patients	\$213.8	\$225.4	\$11.5
Supplemental Payment State	\$308.2	\$310.5	\$2.4
Other Revenue	\$24.1	\$30.9	\$6.8
TOAL CASH IN	\$546.1M	\$566.8M	\$20.7M
Expenses	(\$602.2)	(\$615.7)	(\$13.5)
Cash Beginning	(\$27.1)	(\$27.1)	-
Cash Change from Operations	(\$56.1)	(\$48.9)	\$7.2
Cash June 30, 2014	(\$83.2)	(\$76.0)	\$7.2

Budget Plan



Current Yr.	
Operations	(\$48.9M)
Huron and RCRMC Effect	\$13.0M
TOTAL	(\$35.9M)

Next Yr.	
Carry Over	(\$35.9M)
FY 14/15 Negotiated Increases	(\$ 9.6M)
Huron and RCRMC Effect	\$47.5M
Assumed State Take-Back	(\$16M)
TOTAL	(\$ 14M)



Reinvesting OUR FUTURE

**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Brad Gilbert

Address: IEHP
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: _____

Date: _____ **Agenda #** _____

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

BOARD RULES

Requests to Address Board on "Agenda" Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

Requests to Address Board on items that are "NOT" on the Agenda:

Notwithstanding any other provisions of these rules, member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES.

Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please insure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman may result in removal from the Board Chambers by Sheriff Deputies.