

Washoe County



Health District

Washoe County District Board of Health Meeting Minutes October 25, 2012

PRESENT: Mr. Matt Smith, Chairman, George Furman, MD; Commissioner Kitty Jung, Vice Chair (departed at 1:50 pm), Councilwoman Ratti, Councilman Gustin (departed at 3:00 pm); Dr. Denis Humphries; and George Furman, MD (arrived at 1:52 pm)

ABSENT: None

STAFF: Joseph P. Iser, District Health Officer
 Robert Sack, Director, Environmental Health Services, Acting DHO
 Daniel Inouye, Acting Division Director, Air Quality Management
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Curtis Splan, DCAS, AHS
 Phil Ulibarri, Public Information Officer
 Bev Bayan, WIC Program Manager, CCHS
 Holly McGee, Public Health Nurse II, CCHS
 Leslie Admirand, Deputy District Attorney

Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness
 Eileen Stickney, Administrative Health Services Officer, AHS
 Lori Cooke, Fiscal Compliance Officer, AHS
 Peg Caldwell, Registered Nurse I, EPHP
 Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP
 Julie Hunter, Senior Air Quality Specialist, AQM
 Peggy F. O'Neill, Recording Secretary

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1:05 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Commissioner Jung. Roll call was taken and a quorum noted.	
3.	Public Comment	No public comment was presented.	
4.	Approval/Deletions – Agenda – October 25, 2012	Chairman Smith called for any deletions to the Agenda of the October 25, 2012 DBOH Meeting.	Jung moved, seconded by Dr. Humphreys, that the October 25, 2012 Agenda be approved as submitted. <u>MOTION CARRIED</u>

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5.	Approval/Deletions – Minutes – Regular Meeting of September 27, 2012 Board Comment	Chairman Smith called for any additions or corrections to the minutes of the September 27, 2012 Regular Meeting.	Councilman Gustin moved, seconded by Dr. Hess, that the minutes of the September 27, 2012, meeting be approved as presented. <u>MOTION CARRIED</u>
6.	Recognitions	Dr. Iser and Chairman Smith recognized Steve Kutz as the newly appointed Division Director for CCHS; made awards for years of service; and the certificate of appreciation to AQM from Envirovolution.	
7.	Proclamations	None.	
8.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <ol style="list-style-type: none"> 1. Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> a. Anchor Concrete, Case No. 1096, Unappealed Citation No. 5305 – Staff reported Citation No. 5305, was issued to Anchor Concrete on September 11, 2012, for demolition of a structure prior to the start date provided on the EPA Notification of Demolition and Renovation form, which is a major violation of Section 030.105 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$5,000.00 be levied as a negotiated fine. 2. Recommendation to Uphold Citation Appealed to the Air Pollution Control Hearing Board: None. 3. Recommendation for Variance: None. <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <ol style="list-style-type: none"> 1. The Board was advised that Staff recommends the approval of amendments totaling an increase of \$3,000 in revenue and expense to 	

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		<p>3. The Board was advised Staff recommends approval of the proposed Grant Program Internal order # TBA) FY 13 Budget.</p> <p>2. The Board was advised Staff recommends approval of Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2012 through December 31, 2012 to increase funding in the amount of \$1,829, bringing total CY 2012 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$292,556.</p> <p>3. The Board was advised Staff recommends approval of the proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2014 in the total amount of \$182,000; approval of budget amendments totaling an increase of \$182,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.</p> <p>4. The Board was advised Staff recommends approval of amendments totaling an increase of \$246,827 in both revenue and expense to the FY 13 Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Federal Grant Program, IO 10713; Approval of Subgrant Amendment #1 Scope of Work for the period July 1, 2012 to June 30, 2013 in support of CDC PHP Program; and if approved authorize the Chairman to execute.</p> <p>D. The Board was advised Staff recommends Retroactive Approval of the Submission of the Accreditation Support Initiative for Public Health Departments to the NACCHO call for Applications.</p>	<p>ACTION ITEMS: (1) Letter to Anchor Concrete regarding fine and due date.</p> <p>Councilwoman Ratti moved, seconded by Councilman Gustin, that the entire Consent Agenda be approved as presented in a single motion.</p> <p><u>MOTION CARRIED</u></p>
9.	Air Pollution Control Hearing Board Cases	None.	
10.	Regional Emergencies Medical Services Authority	<p>A. <u>Review and Acceptance of the Operations and Financial Report – September 2012</u></p> <p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the September 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in September 2012 was 94%, and 97% for non-life threatening calls; within the 8</p>	<p>Councilwoman Ratti moved, seconded by Commissioner Jung, that the Operations and Financial Reports for</p>

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	<p>B. <u>Update of REMSA's Community Activities Since September 2012</u></p>	<p>minute zone, it was 93%; within the 15 minute zone, it was 100%; and within the 20 minute zone, it was 100%. Advised the overall average bill for air ambulance service for September 2012 was \$7,829. The overall average bill for ground ambulance services for September 2012 was \$1,022.</p> <p>Mr. Gubbels noted that REMSA is continuing its Homebound Flu program; the Air Races went incredibly well; and Mr. Gubbels acknowledged Mr. Bill Burress who passed away last week.</p>	<p>the Month of September 2012 be accepted as presented.</p> <p><u>MOTION CARRIED</u></p>
11.	<p>Discussion of and Potential Direction to Staff Regarding the August 2012 TriData Emergency Medical Systems Analysis Final Report and other emergency medical systems reports and studies and the October 18, 2012 Concurrent Meeting between the District Board of Health, the Board of County Commissioners, and the Reno City Council. Possible Direction to Staff on Implementation of Recommendations Contained Within the Final Report and Possible Requests to Washoe County, the City of Reno, and the City of Sparks for Assistance in Implementation of Selected Recommendations.</p>	<p>Dr. Iser reported this matter was agendized pursuant to the October 18 Special Meeting of the DBOH, the BCC, and the City of Reno. All of the DBOH members were in attendance, except for Dr. Humphries, who had a conflicting professional meeting. There was long discussion about Dr. Cohen's report and recommendations and some discussion of other reports. REMSA did not appear at the special meeting. A letter from REMSA was read into the record which stated they were waiting on the report which they commissioned separately.</p> <p>In summary, it was decided that there are three main items at issue, which are (1) to fix Dispatch; (2) renegotiate the Franchise Agreement; and (3) EMS authority for oversight, including REMSA, Fire EMS; and EMS Dispatch. There were a whole host of other recommendations within the report, but these three main themes would address the majority of the issues.</p> <p>Dr. Humphreys stated that he had received and reviewed both presentations made at the Special Meeting. Dr. Hess stated that he has a sense of urgency to get this done. Chairman Smith stated that he believes this will take a good bit of time to be accomplished. There are a lot of questions that have to be asked and answered. Ms. Ratti stated that she believes there is a sense of urgency and a need for a process and timeline to move forward. Process and implementation should be set by Staff and brought back to this governing Board. What she heard in the Special Meeting was a call to action to this Board if we are willing to take the lead position in this effort, which does not mean that we define exactly what the solutions look like. Ms. Ratti stated that her recommendation is that the DBOH make a strong statement that should take the lead and look to our partners at the Cities and County (which to her also means the Fire Departments) for their support in creating a transparent system with meaningful oversight, and then leave it with Dr. Iser and the City and County managers for the process. Chairman Smith stated that we need to determine if in fact this Board wants to take on that oversight roll and then have Staff review what steps need to be taken. Councilwoman Ratti stated that she believes the DBOH should take on this roll. Councilman Gustin stated that he believes the credibility</p>	

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and longevity of the Health District is on the line and that the DBOH should take on this role. He believes it would be a mistake for the DBOH not to take on this roll. Commissioner Jung stated that she echoes Councilman Gustin's and Councilwoman Ratti's statements. This is the DBOH's function and forum and we need to ask our partners if they are going to be willing to renegotiate the franchise. Councilman Gustin stated that he wants to be clear that this is not necessarily a renegotiation but an attempt to determine how our relationship evolves or if it becomes something else. Transparency is the main idea which keeps coming to the forefront. Dr. Humphreys stated that he certainly believes it is the responsibility and duty of the DBOH to fulfill this task and have Dr. Iser and the managers review this and bring back to us their recommendations. Dr. Hess stated that he believes that the DBOH needs to look at this system and that it is within our oversight.

Dr. Iser stated that Mr. Dick Barnard is in the audience and invited him to the podium if he would like to comment. Mr. Barnard stated that he is the Chairman of the Board of REMSA and has been for 20 to 30 years. Mr. Barnard stated that REMSA is more than willing to cooperate, participate, and support Dr. Iser. He agrees with Councilwoman Ratti's statements that we need to take a broad look at EMS and the entirety of the EMS system and develop a coordinated response. This is the kind of detail work that should be accomplished at the Staff level to bring back to the policymaking bodies for their direction, and REMSA will be full participants in this process. REMSA has two different consulting firms. This Board saw a PowerPoint presentation on the dispatch component of the EMS system. There are many other issues that should be on the table, many of which were covered in Dr. Cohen's report, but there are others. If we are going to deal with the EMS system, he believes we should take a comprehensive look at the entire EMS system and all of its components, and REMSA is willing to do that.

Councilwoman Ratti, on behalf of the DBOH, thanked Mr. Barnard for stepping forward and supporting this initiative to improve EMS delivery in our county. Councilwoman Ratti reiterated that one of Dr. Cohen's primary findings was the lack of transparency across the board. She is confident that of the stakeholders are going to move forward in good faith to negotiate the best outcome for our communities. As we discussed at the Special Meeting, she hopes that each jurisdiction will announce that they are supportive of this Board and we will move it forward.

Chairman Smith opened the floor for comment from the public.

Andy Flock, Fire Chief of Sparks Fire, addressed the DBOH. Chief Flock stated that this is one of many studies that have been conducted in the last several years. He was disappointed that REMSA chose not to come to the Special Meeting. He does have concern about REMSA's transparency. Sparks Fire is as transparent as we can be with data and response times, and he will make available to the Board anything and everything at his disposal to make this work easier.

Mike Brown, Fire Chief of the North Lake Tahoe Fire Department, addressed the DBOH. Chief Brown stated that NLTf is a fire protection district governed by a board, and he will take this matter back to his board and discuss it with them for our participation. We are the second ambulance transport provider in Washoe County with fire based EMS. Chief Brown stated that he was the Chairman of the EMS task force that was put together to select the provider for the EMS study. There was broad participation in Washoe County. We have a great system in a lot of respects, but we have grown and our population has grown. He is very pleased to see that we are getting somewhere with this process. We have to do this together. Transparency has to be a priority for relationships to flourish.

Mike Hernandez, Fire Chief for the City of Reno, addressed the DBOH and echoed the statements made by Chief Brown. He will take this recommendation back to the Reno City Council and seek direction for participation in this process. We have to fundamentally agree that our common denominator has to be the citizens that we serve. Any action that we take with respect to the Fire service delivery component in the EMS system has to have that fundamental belief that our mission is to serve our citizens, so we must that seek to enhance the service delivery model and serve them in the quickest way possible and work toward transparency in every aspect of our EMS delivery system.

Charlie Moore, Fire Chief of the Truckee Meadows Fire District, addressed the DBOH and stated that everything that he has seen in the short period of time that he has been here suggests that the relationship between Fire and REMSA is a competitive one lacking trust. It needs to move in the direction of a cooperative relationship and in the best interest of the people that we serve. He echoes the statements made by his peers. He is very anxious to move forward to make the system better. The TMSD wants to be a key player and cooperation will be the key in moving forward.

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		<p>Dr. Iser stated the one reason he believes that this oversight should stay with the District Board of Health is that the Health District's mission is the same as REMSA's and Fire. Dr. Iser stated that he has met with the Fire Chiefs more than once, and they are all on the same footing with that. Dr. Iser stated that it is his clear recommendation that the EMS oversight stay with the Health District.</p> <p>Jim Gubbels, Vice President of REMSA, stated that he has one point of clarity on transparency. He asked that everyone go back and look at the TriData report. He stated that REMSA gave every piece of data that it was asked for, including the CPI data that was requested by TriData. He stated it is very clear throughout that document that REMSA was the one that was able to produce the data and forward it to them.</p> <p>Councilwoman Ratti again thanked everyone for their participation and clarified that she believes the statement in the TriData Report is that the data submitted needs to be compatible and able to match on a consistent basis. We need to build a system of transparency on an operational basis so we don't have to hire a consultant every 3 or 4 years to attempt to match up our data. We need a regular applies to apples comparison.</p> <p>Dr. Hess questioned what the process will be at this point to report to each of the bodies and back to the DBOH.</p> <p>Dr. Iser stated that he would like to be able to present to the BCC and the City Councils on this issue and other issues. Councilwoman Ratti stated that there should be urgency and a timeline; she is not sure that monthly is appropriate, but at a time when more meaningful updates can be delivered. She is more interested in Dr. Iser, Mr. Carey, Mr. Clinger, and Ms. Simon getting into a room to build a process that answers how we communicate, how we make it urgent, and how to we move it forward and come back and tell the DBOH what that looks like so that we ensure that what's happening.</p> <p>Commissioner Jung left the meeting at 1:50 pm and Dr. Furman arrived at approximately 1:52 pm.</p>	<p>Councilwoman Ratti moved, seconded by Commissioner Jung, to direct WCHD Staff to begin work on taking the lead on reviewing and implementing the appropriate recommendations from the recent stakeholder task force working with our partners at the cities and county to bring forth recommendations to the DBOH.</p> <p><u>MOTION CARRIED</u></p>

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12.	Strategic Retreat Planning Discussion	<p>Dr. Iser reported to the DBOH that items to discuss during the Strategic Retreat would be EMS, 2014 Budget, the Community Health Assessment, the Community Health Improvement Plan, and the Strategic Plan with timelines and resources. Last year, we met between Thanksgiving and Christmas. We can select a date now. December 4, 5, 6, or 13th were suggested. Dr. Iser would recommend a half day event with a potluck lunch. Dr. Iser suggested Division Directors and Divisional Supervisors be present. We will poll the Board for their preference of December 6th or 13th.</p>	<p>Action Items: Ms. O'Neill will poll the Board on dates for the Strategic Retreat for either December 6 or 13, 2012.</p>
13.	Review and Acceptance of FY12 Budget Year Closeout Report	<p>Patsy Buxton, Fiscal Compliance Officer, presented a Staff report on the FY 12 Budget Year Closeout. Ms. Buxton recapped the budget and year-end process. Ms. Buxton reported that the Tentative FY12 Health Fund Budget was approved by this Board on March 3, 2011. Staff continually reviews Health Fund revenues and expenditures and adjustments are made in April up until the budget system is locked. At that time, Department presentations to the Board of County Commissioners (BCC) occurs. County Finance is required to submit a tentative budget to the state by April 15. In May, final adjustments are made to expenditures, such as health insurance, workman's comp, equipment services charges, etc. The BCC holds public hearings and then adopts a final budget. The County Finance Department submits the amended final budget to the Department of Taxation by June 30.</p> <p>The first couple of months of the new fiscal year, July and August, are focused on year-end close. During this period of time, final invoices are processed. The memo to the Comptroller's Office is generated, which reflects receivables, deferrals, budget authority to be carried forward from deferrals, all while preparing for the County OMB A-133 Audit.</p> <p>The Comptroller's Office has completed the FY12 Health Fund Review; however, the Comprehensive Financial Annual Report (CAFR) has not yet been released. It is scheduled to be presented to the BCC on November 13. Until this occurs, the information being presented to you today is considered unaudited.</p> <p>Ms. Buxton referred the Board to Attachment A of Agenda Item No. 13, which is the "Unaudited State Doc." This document is modified from what is presented to you in the Tentative Budget. In Column 2, ETC figures have been replaced with Unaudited Financials for the period, and in Column 3, the "Tentative Approved Budget" has been replaced with "Final Approved FY12." The Budgeted Ending Fund Balance for FY 12 was \$1,099,518. The Actual Ending Fund Balance at June 30, 2012, was \$3,916,042. The variance of \$2.8 Million was not unexpected since the BCC approved the FY 12 Budget which incorporated the</p>	

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		<p>impacts of the 2011 Legislative Session and setting the Alternative Service Delivery Planning Reductions at 10%, for which we had to plan. In September 2011, the BCC approved partner reductions, which for the Health Fund equated to \$805,000, 94% of which came from Personnel either as salary savings from vacant positions or from reducing the Standby and Retirement Calculations line item.</p> <p>Although we had a large variance between Budget and Actual, the more important element is the variance between ETCs and Actual. The variance identified on page 2 of Attachment A is \$1.2 Million, of which \$985,356 is Restricted Funds for Deferrals. The remaining \$302,000 is attributable to an increase in revenue and decrease in expenditures. AQM accounted for 74% of that variance with higher than projected revenues due to an increase in permits, dust plans, and development. EHS accounted for 26% of that variance due to an increase in pool permits, vector plans, and special event fees.</p> <p>Ms. Buxton reported that as has been stated before, in Grants, revenue equals expense. There can be variances within the Fund, but it stays within the grant.</p> <p>Ms. Buxton directed the Board to Attachment C, Page 4, FY 12 Operating Expense Variance \$150,221. Every Division came in under their ETCs, with the majority of the variance coming from EHS, mainly due to salary savings.</p> <p>In summary, the financials are reviewed on an ongoing basis. Staff reviews the financials utilizing various methods. Our goal is to reduce any variance as much as possible. It is our intent to bring this information to you after year-end close out every year.</p>	<p>Dr. Humphreys moved, seconded by Dr. Hess, to acknowledge receipt of the FY12 Health Fund Financial Review.</p> <p><u>MOTION CARRIED</u></p>
14.	<p>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for September 2012</p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for September 2012 of FY13, a copy of which was placed on file for the record.</p> <p>Ms. Stickney reported that we are about one-quarter into FY 13, and categorical revenues are tracking as expected. On Expenditures, Overtime is tracking slightly higher than expected due to special events, night time inspections, and outbreak investigations. Software Maintenance is tracking high due to timing of contracts coming due.</p> <p>Dr. Humphreys questioned several line item expenditures, which Ms. Stickney fully addressed. Dr. Hess questioned Revenue variances in the Medicare Clinical Services. Ms. Stickney reported that Staff is working on this item and will bring back a more in depth report for the Board.</p>	<p>Action Items: Bring an in depth report to the DBOH regarding Medicare Clinical Services billing.</p> <p>Dr. Hess moved, seconded by Dr. Humphreys, to accept the Monthly Public Health Fund Revenue and Expenditure Report for September 2012.</p> <p><u>MOTION CARRIED</u></p>

15.

FY14 Budget Update and Possible Direction to Staff

Eileen Stickney, Administrative Health Services Officer, presented the FY14 Budget Update, a copy of which was placed on file for the record.

Ms. Stickney reported that included in the Board packet is a PowerPoint presentation that outlines the FY 14 Planning and Budgeting Calendar and the Three-year Department Business Plans. This year, the County is requiring that all Departments prepare a three-year business plan by November 2. Staff is working to complete this project. The Budget Office created a template and pre-populated the Expense portion of the template, but Staff must forecast the Revenues for the plan. This financial data does not represent the actual budget; this is for planning purposes, and the data is based on preliminary assumptions for strategic planning. This information will be presented to the BCC in December. The BCC had requested a three-year budget plan, and this meets that requirement.

As new Revenue and Expenditure data becomes available, these numbers will be updated. The County is also projecting that they may have some additional revenues available, so they created an opportunity to address any investments that could be made to increase efficiency and productivity, reduce costs, and increase revenues. The Health District has two such projects under consideration; one is to improve service delivery to the public in Vital Statistics and the clinic by making improvements to the lobby by removing the planters and changing the work flow of the clinic; and the other is to purchase some enhancements for the Electronic Medical Records (EMR) modules in CCHS.

For our actual FY 14 budget request, Staff will be meeting with the Division Directors and program managers in January and February. Ms. Stickney proposed that the Health Fund Budget meeting be on March 7, 2012, at 1:00 pm. The required ILA managers meeting will be scheduled for March 4, 5, or 6.

The proposed FY14 General Fund Transfer is projected to be \$7,623,891. This represents a reduction to the COWCAP subsidy. The FY13 subsidy was \$2 Million; the proposed FY 14 COWCAP subsidy is \$1 Million, so in essence we will have \$1.5 Million budget impact from COWCAP.

Ms. Stickney directed the Board to the Preliminary Budget sheet placed at their seats which reflect FY 13 OFB, ETC Rev, Gen Fund Transfer, ETC Exp; and End Fund Balance, as well as projected FY 14 OFB, Revenues, General Fund Transfers and Expenditures, and an FY 14 Budget Deficit of \$1.7 Million dollars. Ms. Stickney emphasized that these are simply projections at this time, and emphasized that Expenditures are projected high at this time. We know there will be salary savings and that we can implement some other cost saving

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measures such as indirect costs on grants, but the Health Fund is facing a significant shortfall. It is critical that Staff receive direction before January in order to develop budget-balancing measures that are sustainable and close the \$1.7 Million gap.

Dr. Humphreys stated that the Health District was fortunate to have a significant Ending Fund Balance over the last several years, but it appears there has been a significant shortfall for FY 13 and projected for FY 14. We must look at this picture pretty closely.

Ms. Stickney stated that she knows the Health District and DBOH have some difficult decisions to make regarding our services, and Staff still has work to do on fee projections, but we know that increasing fees and implementing the indirect on grants will not close this gap.

Dr. Hess questioned Staff about how many positions are being held open at this time, and Ms. Stickney responded 7 – 8. Dr. Iser directed the Board to the copy of an email he placed at their seats today. The email is directed to all Health District Staff and notified Staff of these dire circumstances. The problem is General Fund. Grant funded positions can go forward, but General Fund positions cannot. If the Health District has to go to layoffs, this would decrease the number of layoffs required. This could mean another 15 – 25 layoffs. Staff will come forward with a 30% increase in fees; however, if the Board chooses not to implement an increase in fees that will simply mean more layoffs in General Fund positions.

Dr. Iser stated that, in his opinion, the problem really lies in the implementation of the COWCAP. FY 13 was the first year that it was charged to the Health Fund, and it cost the Fund \$550,000. In FY 14, COWCAP will cost \$1.5 Million out of our General Fund Budget, and then in FY 15, with full implementation, COWCAP will cost the Health Fund the full \$2.55 Million. This difficult prognosis does not even take in to account if the federal government goes forward with sequestration. It will be devastating to all public entities. We are also projecting that our federal grants will decrease in the future. Staff believes that the only path forward is to increase our fees and take the COWCAP off the grants, successfully applying for new grants, and trying to work with the County to decrease our cost allocation. Dr. Iser asked for the DBOH's support in attempting to negotiate with the County to decrease the Health District's cost allocation.

Councilwoman Ratti stated that in light of all the factors, the TriData recommendations may be too costly to our community to fully implement at this

time, which is another reason for Staff's review to see if maybe we start with limited oversight, and build up to that projected cost. Chairman Smith asked if the Cities had implemented a cost allocation, and both Councilwoman Ratti and Councilman Gustin replied no. Councilman Gustin stated it is his belief that if the community wants the Health District to survive and service the number of people they need to service, both Cities are going to have look at their funding for the Health District. It will be far less expensive for both Cities to allocate funds to the Health District than it will be to have to fund their own health entity. We have to take a strong look at the priority lists that need to be funded.

Councilwoman Ratti stated that she does not disagree with what Councilman Gustin just stated, but the whole tax equity discussion that is happening in legislative committees now, will hit during the legislative session because it is bigger than any one local issue, and Councilwoman Ratti pledged to advocate at the local level for public health where is an opportunity to change the health outcomes.

Chairman Smith questioned the equity of living within the city limits and payment of county taxes yet not receiving county services. Councilwoman Ratti responded that there is an ongoing, decades-long argument regarding what is a municipal service and what is a county service. If you look at the County's budget, you believe that you are not getting your fair share of the tax pie, which is a very complex distribution formula and equally difficult to articulate, and if you look at the municipal budget, you believe that you are not getting your fair share of the tax pie. And as is the case with most issues, there is truth around both scenarios. But on the Sparks City Council there are three members who regularly say when this topic is discussed that Sparks is getting double taxed, and it is just not that simple. It has to all be laid out and determined how much benefit are we getting from the Health District, Social Services, Senior Services, and when that is all put into the mix, are the residents of Reno and Sparks getting their fair share, because the unincorporated residents are getting their roads, their fire, their police, and that's the extra part the County gets. Smart people are looking at this and have not yet determined how you figure out what is fair. However, she does agree with Councilman Gustin. Fernley is in the middle of lawsuits over this issue and has won the first battle by surviving the Motion to Dismiss.

Dr. Iser questions if we have to go forward with layoffs, where will they come from and how will they affect us? Our General Fund dollars are distributed over Environmental Health Services, Administrative Health Services, and a significant portion of Air Quality; all of TB is covered under General Fund; MCH visitation; Family Planning; and so a good portion of Community and Clinical Health

Action Items:

- (1) Staff will project how much additional revenue will be available to the Health District if fees are increased by the COWCAP rate;**
- (2) Staff will analyze the grants to see how much General Fund savings are available if cost allocation is charged to each grant;**
- (3) Staff will firm up budget number projections as much as possible;**
- and (4) Staff will**

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		<p>Services is also General Fund. We will need direction on the DBOH's priorities. Dr. Iser also stated that this \$1.7 Million deficit does not include any carry over or Ending Fund Balance as the Board has stated they would like the Health Fund to have. Having a \$600,000 EFB makes our deficit \$2.3 Million.</p> <p>Councilwoman Ratti asked if by December Staff would be able to: (1) firm up budget number projections as much as possible; and (2) lay out all of our options with their impacts so that we give an opportunity for advocates to get involved and speak to the importance of each of these areas. That's how we get the Cities, County, and Legislature involved.</p> <p>Dr. Iser confirmed with Ms. Cooke and Ms. Buxton that the calculations for increasing fees and the review of the grants to see what we can legally charge the grants in cost allocation, and those impacts, will be complete by the date of the Strategic Planning Retreat. Dr. Iser also confirmed that we will also have preliminary discussions within the Leadership Team about areas to cut and make those recommendations to the DBOH at that time.</p> <p>Ms. Stickney stated she has reviewed how to present this data to the Board since Staff needs the information on the front end, and in 2003, the Health District had to prioritize and look at the program areas, and we broke some of the programs out into the activities. Ms. Stickney will work with Dr. Iser and the Division Directors to bring that to the Board at the Strategic Planning Retreat.</p>	<p>create an outline of all options available to the DBOH, all by the date of the Strategic Planning Retreat in early December, 2012.</p> <p>Dr. Hess moved, seconded by Councilwoman Ratti, to accept the FY14 Budget Update as presented; direct Staff to bring as much relevant data as they can, including financial data and impacts to programs, to the Strategic Planning Retreat; and to set the Special Meeting for FY14 Budget Review for March 7, 2013.</p> <p><u>MOTION CARRIED</u></p>
16.	A. <u>Director – Epidemiology and Public Health Preparedness</u>	<p>Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Dr. Todd reported that in relation to the gastrointestinal outbreak reported in his staff report, the CDC has returned results for two strains of norovirus and sapovirus. We are implementing enhanced exclusion criteria District-wide. Handouts have been developed to help clarify the enhanced exclusion criteria. This has been an unusually long outbreak, and we are still investigating why it has not yet returned to baseline. There are over 400 cases attributable to this outbreak, and it is wearing on staff in EPHP and EHS.</p>	
	B. <u>Director – Community and Clinical Health Services</u>	<p>Mr. Steve Kutz, Director, Community and Clinical Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p>	

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C.	<u>Director – Environmental Health Services</u>	<p>Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>The City of Sparks has drained the D'Andrea pond, and the mosquito season has come to a close. The City of Reno is having discussions regarding the waste franchise and EHS staff is actively involved. A major component is that it will result in a single stream recycling for our residents. Mr. Sack noted that this is a franchise review, and the Health District has no oversight role in the franchise, but our regulations work hand in hand with the franchise agreement. They are separate agreements in the county, each city, and Incline Village. The City of Reno is trying to resolve the issue prior to the seating of the new council. Councilman Gustin excused himself from the meeting at 3:00 pm.</p>	
D.	<u>Director – Air Quality Management</u>	<p>Mr. Dan Inouye, Acting Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>On Tuesday, October 30, 2012, AQM will be hosting a press conference and ribbon cutting on the Electric Vehicle Charging System, and we will be rolling out a new brand for AQM which will be "Keep it Clean."</p> <p>Thursday, November 1, will be the beginning of our new Green, Yellow, Red Burn Code season.</p> <p>The Reno News & Review will publish a 12-page insert highlighting AQM.</p>	
E.	<u>Administrative Health Services Officer</u>	<p>There was no Administrative Health Services Officer's Report for this month.</p>	
F.	<u>District Health Officer</u>	<p>Dr. Iser, District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Our evaluations are again up above the self-imposed guideline of 85%. We just recently heard that the Health District was not successful in obtaining the NACCHO Accreditation Support grant. The RWJF Shared Services grant should announce next month. With the budget issue that we have and since we did not get the NACCHO grant, we will not be as proactive in attempting to implement accreditation strategies. We will continue to look at how we can make small</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
17.	Board Comment	<p>steps forward. The Public Health Accreditation Board (PHAB) lists the standards that are required.</p> <p>Reno City council terms are effective immediately. New council members will be sworn in on the November 14th.</p> <p>Dr. Furman stated that he was approached by the Executive Director of the State of Nevada Board on Ethics who would like to present to the District Board of Health. Dr. Furman will give the contact information to Chairman Smith.</p> <p>No public comment was presented.</p>	
18.	Public Comment		
19.	Motion to Adjourn	<p>There being no further business to come before the Board, the meeting was adjourned.</p>	<p>Dr. Humphries, moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 3:07 p.m.</p>


JOSEPH P. ISER, MD, DrPH, MSc
DISTRICT HEALTH OFFICER


PEGGY F. O'NEILL,
RECORDING SECRETARY