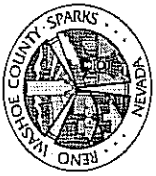


Washoe County



Health District

Washoe County District Board of Health Meeting Minutes March 28, 2013

PRESENT: Mr. Matt Smith, Chairman, Vice Chair Jung, Councilwoman Zadra, Councilwoman Ratti, and Dr. Humphreys

ABSENT: Dr. Furman and Dr. Hess

STAFF:

Joseph P. Iser, District Health Officer
 Kevin Dick, Division Director, Air Quality Management
 Eileen Stickney, Administrative Health Services Officer, AHS
 Robert Sack, Division Director, EHS
 Charlene Albee, Branch Enforcement Chief, AQM
 Lori Cooke, Fiscal Compliance Officer, AHS
 Phil Ulibarri, Public Information Officer, AHS
 Jim Shaffer, Vector Control Coordinator, EHS
 Jim English, Environmental Health Specialist Supervisor, EHS
 Leslie Admirand, Deputy District Attorney
 Peggy F. O'Neill, Recording Secretary

Steve Kutz, Division Director, CCHS
 Randall Todd, DrPH, Division Director, EPHP
 Daniel Inouye, Air Quality Supervisor, AQM
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Steve Fisher, Department Computer Application Specialist, AQM
 Peg Caldwell, Registered Nurse I, EPHP
 Stacey Akurosawa, EMS Coordinator, EPHP
 Catherine Gipe, Licensed Practical Nurse, CCHS
 Janet Smith, Administrative Secretary, AHS
 Wes Rubio, Environmental Health Specialist, EHS

TIME/ ITEM	SUBJECT/AGENDA	DISCUSSION	ACTION
1:03 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 Councilwoman Zadra. Roll call was taken and a quorum noted.	
3.	Public Comment	<p>Chairman Smith stated that the Proposed Fee Schedule will not come for a vote at this meeting, but the District Board of Health will hear any Public Comment on the matter.</p> <p>Aaron West representing NAIOP presented public comment in opposition to the Proposed Fee Schedule with the adoption of a budget which contemplates that fee increase.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Deputy District Attorney Leslie Admirand stated that public comment for certain agenda items could be heard during the presentation of that item.</p> <p>Mike Dillon representing the Builder's Association of Northern Nevada chose to reserve his public comment in opposition to the Proposed Fee Schedule until Agenda Item No. 20.</p>	
4.	<p>Approval/Deletions – Agenda – March 28, 2013</p>	<p>Chairman Smith called for any deletions to the Agenda of the March 28, 2013 DBOH Meeting.</p> <p>It was noted that the February 28, 2013 District Board of Health minutes are not included in the packet and will not be approved today.</p>	<p>Councilwoman Zadra moved, seconded by Dr. Humphreys, that the March 28, 2013, Agenda be approved as revised.</p> <p><u>MOTION CARRIED</u></p>
5.	<p>Approval/Additions/Deletions to the Minutes of the February 11, 2013 Special Meeting</p>	<p>Chairman Smith called for any additions or corrections to the minutes of the February 11, 2013 Special Meeting.</p>	<p>Councilwoman Ratti moved, seconded Dr. Humphreys, that the minutes of the February 11, 2013 Special Meeting be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
6.	<p>Recognitions</p>	<p>Recognitions</p> <p>A. Introduction of new employee(s) – None.</p> <p>B. Promotions – None.</p> <p>C. Years of Service – Catherine Gipe – 20 Years - CCHS</p> <p>D. Recognitions – Janet Smith, Organizational Management (OM) certification from the International Association of Administrative Professionals</p> <p>Retirements</p>	
7.	<p>Proclamations</p>	<p>Proclamations – National Public Health Week – April 1 – 7, 2013</p>	<p>Councilwoman Ratti moved, seconded by Commissioner Jung, to</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
8.	Consent Agenda	<p><u>Consent Agenda:</u> Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p>A. <u>Air Quality Management Cases:</u></p> <ol style="list-style-type: none"> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> a. Margaret Van Dyken – Case No. 1111, NOV 5352, 124 La Rue Drive, Reno, NV 89509 b. Golden Flower Restaurant – Case 1112, NOV 5324, 205 West 5th Street, Reno, NV 89503 c. David Walker – Case 1113, NOV 5325 205 West 5gh Street, Reno, NV 89503 2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None. 3. Recommendation for Variance: None. <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <ol style="list-style-type: none"> 1. Proposed approval of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness for the period January 1, 2012 through December 31, 2014, with funding of \$460,145 per calendar year (reduced from CY12 funding of \$486,542), approve the reduction of PC#70002278, Health Educator II (vacant) from 1.0FTE to 0.49 FTE, in support of the HIV Prevention Grant Program, IO 10013; and authorize the Chairman of the Board to sign. 2. Proposed approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period 	<p>approve the proclamation as presented.</p> <p><u>MOTION CARRIED</u></p>

TIME/ ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>January 1, 2013 through December 31, 2013 in the amount of \$80,751 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program, IN 10016; and authorize the Chairman of the Board to sign.</p> <p>3. Ratification of Interlocal Contract (continuation award) between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period July 1, 2013 through June 30, 2015 in the total amount of \$100,000 (not exceeding \$50,000 the first year) in support of the Hazardous Materials Grant Program, IO 10022; and if approved, authorize the Chairman of the Board to execute.</p> <p>4. Ratification of Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the total amount of \$902,000 (\$218,000 per year and a one-time additional payment of \$30,000 payable in fiscal year 2014) for the period July 1, 2013 through June 30, 2017 in support of the Underground Storage Tank (UST) and Leaking Underground Storage Tank (LUST) Program; and if approved, authorize the Chairman of the Board to execute.</p> <p>5. Proposed approval of Notice of Grant Award from the U.S. Department of Health and Human Services, Food and Drug Administration for the period September 12, 2012 through June 30, 2017 in the amount of \$346,500 (\$69,300 per year) in support of the Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO TBD; and approve amendments totaling an increase of \$63,000 in both revenue and expense to the FY 13 VNRFRPS Grant Program, IO TBD.</p> <p>D. <u>Proposed acceptance of the Air Quality Management Division's portion of the Truckee Meadows Regional Plan Annual Report</u></p> <p>E. <u>Proposed acceptance of the Washoe County Health District 2013 Legislative Session Report</u></p>	<p>ACTION ITEMS: Letters to Margaret Van Dyken, Golden Flower Restaurant, and David Walker, regarding fines and due dates.</p> <p>Dr. Humphreys moved, seconded by Councilwoman Ratti, that the Consent Agenda be approved as presented in a single motion.</p> <p>MOTION CARRIED</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
9.	Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.	There were no cases agendized this month.	
10.	<p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Reports for February, 2013; and</p> <p>BOARD COMMENTS</p>	<p>Mr. Jim Gubbels, Vice President of REMSA, reported that the DBOH members have been provided copies of the February 2013 Operations and Financial Reports; overall emergency response times for Priority One compliance was at 91%; the 8-minute zone was 91%; the 15-minute zone was 98%; and the 20-minute zone was 95%. Priority Two compliance was 95%. The overall average bill for air ambulance service to date is \$7,405, and overall average bill for ground ambulance services to date is \$1,027.</p> <p>Dr. Humphreys stated that every month REMSA reports on the comments received from the patients it has treated and or transported. Dr. Humphreys stated that the vast majority of the comments are positive, but questioned Mr. Gubbels about what action is taken for the negative comments. Mr. Gubbels stated that he reviews the comments with Operations staff each month, and supervisors are assigned to follow up on each negative comment and then report back to Mr. Gubbels on a monthly basis. Mr. Gubbels brings those follow up responses with him to the DBOH meetings in case any Board Member would like a report on a specific comment.</p> <p>Councilwoman Ratti stated she has recently received an email regarding helicopter transport when there were no ambulances available. Councilwoman Ratti asked how frequently that occurs. Mr. Gubbels stated that it happens very infrequently, but it did happen on Monday of this week. At that time, REMSA had nine ambulances out in the system, and all nine were active on calls. CareFlight was already launched for a call in Nixon. That call was cancelled for CareFlight so they were in the air coming back. Since this was a Priority One call, we used this helicopter to respond. When that happens, the patient is charged a ground rate and not a helicopter rate.</p> <p>Councilwoman Ratti asked that Mr. Gubbels report at the next meeting how many times that has happened in the last year. Mr. Gubbels reported that CareFlight cannot be requested by an individual citizen; it has to be requested by law enforcement, Fire, or EMS on scene. There are some times when Fire on scene will request a helicopter. Councilwoman Ratti clarified that she wants to know how many times a helicopter was dispatched when a ground</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>B. Update of REMSA's Community Activities Since February, 2013</p>	<p>ambulance was not available. Mr. Gubbels stated he will report on that request.</p> <p>Mr. Gubbels stated that REMSA's current liabilities for the month of January 2013 are \$15 Million and the assets are at \$34 Million. Commissioner Jung stated that is not the information for which she asked. Commissioner Jung would like to know what REMSA's debt payment is per month. Mr. Gubbels stated that he will go back to his CFO and get that information to provide in the reporting in the future.</p> <p>Mr. Gubbels presented REMSA's community service activities since February, 2013.</p>	<p>Councilwoman Ratti moved, seconded by Councilwoman Zadra, to accept the REMSA Operations and Financial Report for February 2013 as presented.</p> <p><u>MOTION CARRIED</u></p>
11.	<p>Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"). Including Recommendations Contained in the TriData Report and Various Other EMS Studies.</p>	<p>Dr. Joseph P. Iser, Washoe County District Health Officer, presented a compilation of activities that have happened in February and March, 2013. At the ongoing Managers' Meetings, attendees continue to go through the recommendations in the TriData Report item by item. Health District Staff has collected comments from all jurisdictions and is compiling those comments.</p> <p>At the February 11 Concurrent Meeting, Mr. Carey and Sheriff Haley provided updates on Dispatch and REMSA discussions. At this meeting, it was agreed that REMSA would be involved in the future meetings of this group.</p> <p>At the February 22 Managers' meeting which included REMSA, the group asked REMSA's position on each of the 38 recommendations. It was an effective meeting. The group was able to establish concurrence or non-concurrence on each of the recommendations in the TriData Report.</p> <p>At the March 6 Managers' meeting, we discussed dispatch issues and additional issues related to recommendations. That process continued at the March 15 meeting.</p> <p>Dr. Iser reported that Staff shared a summary of the TriData Report recommendations dealing with the overarching EMS authority at the March 15 Meeting of the EMS Working Group. Staff was then tasked with developing an operational budget for the EMS authority. Staff is in the process of developing such a budget.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>The group is at a point of coming to a recommendation for potential modifications to the ambulance franchise agreement. Dr. Iser suggested that before these recommendations are used as points of negotiation, they be taken to each political body to have direction on how to proceed.</p> <p>Councilwoman Ratti asked for clarification on the budget being developed, and Dr. Iser confirmed that it is the budget for any oversight agency. It is not the budget implications for every one of those recommendations.</p> <p>Councilwoman Ratti suggested that Dr. Iser clarify that it is the Franchise Agreement that needs to be addressed in slide 4 of his presentation.</p>	
12.	<p>Presentation by Keep Truckee Meadows Beautiful (KTMB) regarding Recycling, Reduction, Reuse, and Illegal Dumping Activities</p>	<p>Ms. Cakiroglu, Executive Director of Keep Truckee Meadows Beautiful (KTMB), presented information about the KTMB recycling, reduction, reuse, and illegal dumping activities. Ms. Cakiroglu thanked the DBOH for its support during the last few years.</p> <p>Mr. Daniel Inouye, Chairman of the Board of KTMB, thanked the DBOH and the Health District for their support, and stated KTMB is dedicated to creating a cleaner and more beautiful region through education and community involvement. The Health District's mission, priorities, and many of its goals align with KTMB programs.</p> <p>On Saturday, April 20, KTMB will be sponsoring an electronics drop off from 9 am to 2 pm. Folks will need to buy a voucher ahead of time for televisions. The vouchers are available for \$10 at Whole Foods or at New To You Computers, which helps to cover the cost of properly recycling them.</p> <p>Councilwoman Ratti congratulated the staff at KTMB for their phenomenal work and this great public/private collaboration.</p>	
13.	<p>PUBLIC HEARING: Proposed approval and adoption of the revisions to "The Washoe County Portion of the Nevada State Implementation Plan to Meet the Sulfur Dioxide Infrastructure SIP Requirements of the Clean Air Act, Section 110(a)(2)."</p>	<p>Mr. Daniel Inouye, Air Quality Monitoring Supervisor, presented on the approval and adoption of the revisions to the Washoe County Portion of the Nevada SIP to meet the SIP requirements of the Clean Air Act (CAA), Section 110(a)(2).</p> <p>Mr. Inouye reported that the EPA establishes health based national ambient air quality standards (NAAQS) for six criteria pollutants, including Sulfur Dioxide (SO₂). When these standards are revised, Section 110(a)(2) requires Air Quality agencies to develop plans demonstrating the ability to implement, maintain, and enforce the standard. In 2010, EPA strengthened the SO₂ and</p>	<p>Councilwoman Ratti moved seconded by Dr. Humphreys, to approve and adopt revisions to "The Washoe County Portion of the Nevada State Implementation Plan to Meet the Sulfur Dioxide Infrastructure SIP</p>

TIME/ ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>Board Comment</p>	<p>this I-SIP demonstrates the Health District's ability to meet these CAA requirements.</p> <p>Chairman Smith opened the matter for public hearing. There being no comments, Chairman Smith closed the public hearing.</p>	<p>Requirements of the CAA, Section 110(a)(2)" and direct Staff to forward it to EPA as an amendment to the Washoe County portion of the Nevada SO₂ State Implementation Plan.</p> <p><u>MOTION CARRIED</u></p>
14.	<p><u>PUBLIC HEARING:</u> Proposed approval and adoption of Amendments to the Public Swimming Pool and Spa Operator Certification Program regulations regarding the term of the Washoe County Health District certificate.</p> <p>Board Comment</p>	<p>Mr. Wes Rubio, Environmental Health Specialist, presented and recommended approval and adoption of the Amendments to the Public Swimming Pool and Spa Operator Certification Regulations. The amendment seeks to extend the renewal process from a three year to a five year process to help benefit the Certified Pool Operators and aligns their time frame with the national certification, making them equal.</p> <p>Chairman Smith opened the matter for public hearing. There being no comments, Chairman Smith closed the public hearing.</p>	<p>Dr. Humphreys moved, seconded by Commissioner Jung, to approve and adopt the Amendments to the Public Swimming Pool and Spa Operator Certification Program Regulations, as presented.</p> <p><u>MOTION CARRIED</u></p>
15.	<p><u>PUBLIC HEARING:</u> Proposed approval and adoption of the Amended Well Construction regulations regarding public well distance.</p> <p>Board Comment</p>	<p>Mr. Dave Boland, Senior Environmental Health Specialist, presented and recommended approval and adoption of the Amended Well Construction Regulations changing a 200 foot setback from public wells to any component of a septic system down to 150 feet. This change will align Health District regulations with state regulations that are at 150 feet now.</p> <p>Chairman Smith opened the matter for public hearing. There being no comments, Chairman Smith closed the public hearing.</p> <p>Councilwoman Ratti commented on how much she appreciates the efforts of Staff to align our certification process and laws with other existing laws. It makes things so much easier on the public when they are trying to navigate the processes.</p>	<p>Councilwoman Ratti moved, seconded by Councilwoman Zadra, to approve and adopt the Well Construction Regulations, as amended.</p> <p><u>MOTION CARRIED</u></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
16.	Future of the Health District Committee – Appointment of Additional Member	<p>Dr. Joseph P. Iser, Washoe County District Health Officer, suggested that in line with the previous dialogue regarding this subcommittee, it was suggested that another elected member of the DBOH be appointed to this Committee.</p> <p>Dr. Iser stated that the goal of this committee is to look at efficiencies and evaluate what the future of the Health District should look like, and where it should be located organizationally five years into the future.</p> <p>With the Chairman's and other members' permission, Dr. Iser will work with this Committee on a timeline and briefing materials. These meetings will be subject to the Nevada Open Meetings Law, so they will be properly noticed.</p>	<p>Councilwoman Ratti moved, seconded by Dr. Humphreys, add Councilwoman Zadra to the Committee.</p> <p><u>MOTION CARRIED</u></p>
17.	Presentation of Community Health Assessment Data Set	<p>Dr. Iser stated that this is the Community Health Assessment (CHA) prepared by St. Mary's Hospital in cooperation with the University of Nevada in Reno. Dr. Iser introduced Mr. Steve Kutz, Division Director of Community and Clinical Health Services, who presented on the Community Health Assessment Data Set, a copy of which was placed on file for the record.</p> <p>Mr. Kutz stated after the presentation that there will be more statewide data available in Version 2.0, which will be released in early 2015. There will be updates to the CHA about every two years.</p> <p>Councilwoman Ratti asked if the data is becoming powerful enough that we can overlay each data set and really look at how to target services to make the most impact for the human level and the areas that are costing the most money because we are not impacting the areas at a preventive level. It seems like we are getting close to convening some of those conversations. We have the potential to do better about using our resources globally. We need to start a community conversation about the impacts of poverty.</p>	
18.	Presentation of Community and Clinical Health Services' Strategic Plan	<p>Steve Kutz, Division Director of Community and Clinical Health Services, presented on the Community and Clinical Health Services' Strategic Plan, a copy of which was placed on file for the record.</p> <p>Councilwoman Ratti stated that she is really pleased with how the strategic planning process is evolving compared to two or three years ago.</p> <p>Councilwoman Ratti questioned Mr. Kutz about how the planning process is going. Mr. Kutz responded that CCHS has done strategic planning for a number of years. It has changed and evolved; CCHS has aligned itself with</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>the Health District and the County to assure that our goals and objectives pertain to our scopes of work.</p> <p>Mr. Kutz then presented personnel and budget changes for CCHS from FY 2008 to FY 2013. Mr. Kutz stated that he believes the County as a whole has shrunk by approximately 30%. CCHS has decreased staffing by 44% since FY 08. CCHS General Fund funding has decreased by approximately 41% in that same time frame. Mr. Kutz then discussed how these staffing and funding reductions have impacted programs and services.</p> <p>Commissioner Jung requested that all future reports be in writing and that these reports be distributed to the Board Members prior to the meeting so that they can be prepared for such presentations.</p> <p>Councilwoman Ratti stated that this is information for which she has been asking for the last three years. This enables policy makers to be able to tell the story to the community of what the impact of the budget cuts are to the Health District. There is a myth out there that the Health District has not taken any hits; she has known that not to be true, but needed this type data to make the case. Councilwoman Ratti would like the same information exactly like Mr. Kutz presented for every division and for the Health District as a whole. Councilwoman Ratti would like to have this information before the next meeting. She believes this information should be readily available and easy to pull together. Forty percent is a huge reduction. Councilwoman Ratti stated that she believes that CCHS has taken the biggest hit in the budget reductions, but she has no idea the relation across the divisions.</p> <p>Mr. Kutz stated that he believes Ms. Stickney included a sheet in the budget book which shows the position eliminations over the last several years. Councilwoman Ratti stated she does appreciate that, but she needs it in a summary format. Councilwoman Zadra requested information on what is actually mandated by state law and the Interlocal Agreement. Commissioner Jung requested additional information to include: (1) what is the mandate; (2) what are we providing to address the mandate; (3) what services are we providing that are not mandated; and (4) justification for services which are not mandated but have been determined to be necessary to public health or no one else provides.</p> <p>Councilwoman Ratti stated that Staff has provided information on mandated services and other services, but it falls short as to ways to scale back our approach to that mandate. We need to look at efficiencies in services that are mandated. Councilwoman Ratti stated that in those first years of significant</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>funding decreases, we focused too much on areas that were not mandated and thereby cut significantly. That was evident in Mr. Kutz's presentation today. CCHS took by far the biggest hit and it was mostly driven by the lack of mandated services; yet as Mr. Kutz stated, prevention is a critical part of what we are doing as a Health District. We need to look at to what level do we need to meet that mandate, or is someone else better suited to provide a service. We are too far along in this year's budget process to address these issues. However, Councilwoman Ratti wants to put us on notice that for next year, we will look at the level of service.</p> <p>Dr. Iser stated that "mandated" does not always equate to "best practices." For instance, it is mandated to do restaurant inspections. How many inspections would best practices provide? Staff will provide that information as well.</p> <p>Dr. Humphreys stated that we need to look at public need and be sure to balance that against what is mandated and what is not mandated. That needs to be a part of the equation.</p>	
19.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for February, 2013	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for February 2013, stating that Staff recommends the Board accept the report.</p>	<p>Dr. Humphreys moved, seconded by Commissioner Jung, to accept the Health Fund Revenue and Expenditure Report for February, 2013.</p> <p><u>MOTION CARRIED</u></p>
20.	Presentation and Possible Approval/Amendments to the Fiscal Year 14 Washoe County Health District Budget, with Revenues Budgeted at \$8,822,703, General Fund Transfer of \$8,723,891, and Expenditures Budgeted at \$18,978,101.	<p>Eileen Stickney, Administrative Health Services Officer, reviewed the FY 14 Budget process to date. Ms. Stickney discussed the decision made to eliminate the three positions that the Health District was hoping to fill and staffing issues that impact the FY 14 Budget. Ms. Stickney reported that the County Finance Department has agreed to those position changes.</p> <p>Ms. Stickney reported that Dr. Iser will present the FY 14 Recommend Budget to the BCC on Monday, April 1. If the DBOH does not agree with FY 14 Budget as recommended, we have held a time slot for appeal to the County Manager.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Ms. Stickney reported that Staff now projects revenues at \$9,165,760; a General Fund Transfer of \$8,373,891; a proposed Opening Fund Balance of \$1,771,396; Expenditures of \$19,185,234; and an Ending Fund Balance of \$125,813.</p> <p>Dr. Iser and Ms. Stickney noted that the numbers that are changing in the Board's packets are on pages 7 and 8. Ms. Stickney also reported that the County's CoCAP charge changed from \$2.5 to \$2.9 Million.</p> <p>Councilwoman Ratti clarified that the numbers in the PowerPoint presentation are the correct numbers. Ms. Stickney stated that this is the presentation that Dr. Iser will make to the BCC on Monday. The County is developing their tentative budgets now as they hear the different requests from each department. Final Budgets are adopted in June.</p> <p>Chairman Smith questioned Ms. Stickney about the increase in the CoCAP charge, and Ms. Stickney reported that the contractor who prepares the IDCRCR figures just completed his report for the County, and County Finance has just notified us of the increase in the charge. Chairman Smith stated we are being charged an additional \$362,000. Ms. Stickney stated that the County also increased the subsidy from \$1 Million to \$1.75 Million.</p> <p>Councilwoman Ratti asked for clarification on how we will handle public comment on this item, and Ms. Admirand stated that Dr. Iser should make his presentation first, and then Chairman Smith can request public comment.</p> <p>Ms. Stickney clarified that the Fee Schedule that will be presented next month at the April regular meeting will have the reduced fees. Ms. Stickney reported that the justifications and methodology for every single fee are included in the orange fee packet that was distributed at the Fee Workshop. Ms. Stickney stated that the packet explains each activity; who is conducting that activity; what is the hourly salary, including fringe, of the person conducting the activity; how long it takes to complete the activity. Then AHS performs the arithmetic calculation of the cost of that activity. Each program certifies who is doing the job and how long it takes. In AHS, we are doing the calculations. There might be opportunities in some of these activities to have lower level staff perform that function, which would be a cost savings, or if the time allowed for performance could be shortened. There is an increase in revenues from our fees in our budget, but not to the level it was originally. Originally, it was roughly 26 or 27% due to an error in how the CoCAP rate was applied to the fees; AHS has restated the correct values, and those Fee Schedules were provided at the Fee Workshop.</p>	

TIME/ ITEM	SUBJECT/ AGENDA	DISCUSSION	ACTION
		<p>In addition, County Finance assisted us in crafting an overview which has all the different fees and an executive summary.</p> <p>AHS Staff met with Commissioner Jung and Sheri Mendez to do our due diligence to explain the adjustments that were made. Ms. Stickney restated that what is now including in our Fee Schedule are our normal Health District fees with Health District Indirect Costs and the County's Indirect. Since we will not be adopting a fee schedule until next month, there will be a short delay in implementation of the capture of the new structure, which may create a shortfall since what we have in the Budget System currently is calculating based on twelve months of projected fee revenue.</p> <p>Commissioner Jung questioned Ms. Stickney about the example she gave on Page 14, Air Quality Management, Indirect Cost Rate – has the Health District always assessed a Health District Indirect Cost Rate? Ms. Stickney reported that the Health District has contracted with Kafoury Armstrong since 1983; the Health District has always captured indirect costs on our fees. Ms. Stickney reported that the rate covered administration in each division.</p> <p>Commissioner Jung stated that the County will no longer subsidize special reserve funds. The County has never recovered or accounted for its internal service departments, so the County could not tell taxpayers or grantors the true cost of services. Evidently, the Health District has been doing this since 1983, so you were ahead of your time for that practice. This recommendation came out of the County's Fundamental Review process.</p> <p>Councilwoman Ratti asked for clarification about the restated version of the Fee Schedule and its accuracy. Councilwoman Ratti clarified that this restatement changed the net impact to our budget and requested information as to whether that change is reflected in the presentation, and Ms. Stickney stated that it is. Councilwoman Ratti asked Ms. Stickney about the other document she has and whether that is provided to the Board; Ms. Stickney said that it is not. Commissioner Jung requested that it [Washoe County Health District – Proposed Fee Analysis – Revised – 3/18/2013] be emailed out to the entire Board.</p> <p>Councilwoman Zadra questioned again where we will identify mandated services versus unmandated services; Interlocal Agreement versus not. Ms. Stickney confirmed that Staff will develop a more comprehensive version to reflect the fees and whether the service is mandated or not. Councilwoman Zadra stated that it was her interpretation from comments made at the Fee Workshop that there are activities occurring that are outside of the Interlocal Agreement, so she would like those identified categorically.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Iser began presenting the FY 14 Recommended Budget as outlined in his presentation, a copy of which is on file for the record. Dr. Iser stated that over the last several years there has been about a 29% reduction in staffing from 205 – 210 down to approximately 150 currently.</p> <p>Dr. Iser stated he had hoped to have an increase in General Fund Transfer and initially requested \$8.7 Million, but was informed today that the General Fund Transfer will be \$8.3 Million. Dr. Iser also reported that throughout the year, Staff has been projecting a \$2.553 Million Overhead allocation from the County, and on Tuesday of this week Staff was informed that the allocation will actually be \$2.914 Million for FY14. Those changes required leadership to make the decision to go ahead and eliminate those additional three positions. This would give the Health Fund a projected FY 14 Ending Fund Balance of approximately \$126,000. Dr. Iser confirmed with County Manager and Finance that they are comfortable with that level of an Ending Fund Balance.</p> <p>Dr. Iser presented regarding the known budget impacts of Sequestration and the Affordable Care Act, and notified the Board that he will update them as soon as more information becomes available.</p> <p>Dr. Iser then presented on the challenges and opportunities which will impact the Health District in FY 14. Dr. Iser stated that this budget is contingent upon passing the fees as presented at the Fee Workshop. If the Board chooses not to implement fully, Staff will have to make more cuts.</p> <p>Councilwoman Ratti stated that with this Proposed Budget, the Health District will be using \$1.65 Million in unsustainable revenue, and she is curious if the projections are realistic or if Staff is actually contemplating a much higher Ending Fund Balance. Dr. Iser stated that the Health Fund has managed with salary savings to maintain a much higher Ending Fund Balance than has been projected; however, that policy is now an issue with the County. The Ending Fund Balance is estimated from filling all of the positions that are funded. Dr. Iser reiterated that he has chosen to not fill some General Fund positions knowing that required CoCAP payment would increase.</p> <p>Councilwoman Ratti stated then that the six positions that are being eliminated were simply eliminated because they were already vacant, but not due to any program evaluation or strategic decision. Dr. Iser stated that a position was lost in the engineering part of EHS. We allowed someone to</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>transfer over. In Vector Control, Staff did an analysis of that position, and Mr. Sack decided it was not necessary to refill that position at this point in time.</p> <p>Councilwoman Ratti asked then how the decision was made to go from a full time FTE to a halftime FTE and a .8 to a 1.0, for a net of approximately a 0.75 position, more or less. Dr. Iser responded that they were chosen by program need. Councilwoman Ratti asked how the decision was made to again cut CCHS when that Division has borne the brunt of the cuts to date. Dr. Iser asked Mr. Kutz to respond to Councilwoman Ratti. Mr. Kutz reported that one of the positions eliminated from CCHS to help meet this budget reduction was a 1.0 PHN that spent 75% of their time in the STD/HIV Program. That program is a far harder program to fill with intermittent hourly (IH) or per diem nursing staff. CCHS has been very fortunate to have retired nurses come back into the programs as IH or per diem. This gave CCHS the opportunity to increase that 0.8 to a 1.0 FTE PHN, which affords us some surge capacity. The IZ program has approximately 20 nurses who are IH per diem that help fill the gaps. So we looked at surge capacity and need, and did decide in November when our 1.0 PHN retired, that we would not fill her position, in part to meet a budget reduction, and also with the implementation of ACA in 2014, the community should have more access to preventative health care services (i.e., IZ, reproductive health, sexual health). So we thought that the 0.2 addition of a nurse who is now 0.8 to be a reasonable request to help meet that gap in our Sexual Health Program.</p> <p>Dr. Iser stated that for the Health Educator, the Health District lost funding in the HIV Program, and therefore, lost the need for the second fulltime Health Educator, but wanted to maintain some capacity. We are always writing for grants. The Board recently approved an IH Health Educator so that we can expand without adding a full time person if we are successful in receiving some of the grants that for which we have applied.</p> <p>Councilwoman Ratti stated that we are adding a fifth and subtracting a half, but the changes in the status in the CoCAP that happened recently (\$362,000) and a decrease in the subsidy of \$250,000, which is very hard to follow since these were not presented in writing, are a net loss of \$610,000, which is not covered by the reduction of .33 of a position. So what adjustments are being made to meet that gap? Dr. Iser stated that was when the decision was made to eliminate the three extra positions. Councilwoman Ratti requested the total income for the fees. Ms. Stickney stated that amount is at Page 7 of the PowerPoint presentation, and Ms. Stickney described the various sources of revenue. The fees are a portion of the \$2.8 Million broken out by Licenses and Permits and Charges for Services.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Commissioner Jung questioned Ms. Stickney about how much of the proposed fee increase is expected to be recouped in those eleven months. Ms. Stickney stated that originally we were to receive \$680,000, and we reduced 26% out of that number. There was discussion about the impacts of implementing the fee increase later in the fiscal year and the delta of fees available to the Health Fund. Commissioner Jung asked that Ms. Stickney email that information to the Board Members tomorrow.</p> <p>Ms. Stickney suggested to the Board that they could accept this Tentative Budget for Dr. Iser to present to the BCC with the caveat that the fee issue has yet to be determined.</p> <p>Commissioner Jung stated that at the last meeting she asked Staff to come back with some plans for some structural changes and those have not yet been addressed. Commissioner Jung questioned if the Health District budget could be changed throughout the year to address these structural changes, and Ms. Stickney confirmed that it can be changed during the year.</p> <p>Commissioner Jung stated that the District Board of Health has promised the BCC that it will come back with structural changes and efficiencies, and we have not done that. Just holding vacancies and eliminating vacant positions is not enough. Commissioner Jung stated to the Board that it is not unusual for changes to be made to budgets by the BCC and the County Manager at that last presentation. Dr. Iser stated that Staff brings budget amendments and adjustments to the Board throughout the year. Dr. Iser reported that the impact to the budget if Staff is unable to implement the new fees until August is approximately \$50,000. Commissioner Jung restated that her question is, "How much new revenue does the new fee schedule bring into our budget?"</p> <p>There was discussion about the new CoCAP charge of \$2,914,637 Million to the Health Fund and the subsidy of \$1.75 Million; the net charge to the Health Fund being \$1,164,637. Ms. Pam Fine, Fiscal Analyst for Washoe County, confirmed these numbers. Councilwoman Ratti stated this is the impact to the Health Fund ending fund balance and operating budget. Commissioner Jung restated that is why the Health District needs to restructure.</p> <p>Councilwoman Ratti asked if in this meeting today we know the answer of what the difference is between last year's fee schedule and this year's fee schedule. Chairman Smith stated that the initial fee schedule was wrong, and it was recalculated but he does not have those numbers today.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Councilwoman Ratti stated that her point is that we are not trying to make up the entire CoCAP on the back of fees. That is what she wants to clarify.</p> <p>Chairman Smith stated that what concerns him most is the volatility of the imposition of the CoCAP and how neither the DBOH nor the Health District has any control over how it is implemented. Not only has the County implemented an overhead charge (CoCAP); they are simultaneously reducing the General Fund transfer allocation. It's a huge cut to the Health Fund. There is no way the Health District can generate \$3 Million in fees.</p> <p>Dr. Iser stated that in FY 08 the General Fund Transfer was \$10.6 Million before a CoCAP charge of \$2,553,000 or \$13 Million, and now we are down to \$7.3 Million. If you look at the net funding the Health Fund receives in General Fund from the County, we are down about 40% over the last five or six years. We've lost more than that when you consider grant funding also.</p> <p>Commissioner Jung stated that the Health District has other revenue sources, efficiencies, and restructuring that should be explored and implemented. The County as a whole has lost 30% of its budget and 27% of its staff, and has no other funds to go after. Nobody subsidizes the County. That's why County Finance suggested the Health Fund can have such a low Ending Fund Balance, because the Health District would be backed by the County. The County has no one to save it if it can't cover its Expenditures.</p> <p>Councilwoman Ratti suggested that Public Comment be presented at this point. Dr. Iser reported to the Board on the Fee Workshop which was held on March 21. The main concerns were the County's and the Health District's Indirect Costs. Attendees wanted to know: (1) how the IDCs are calculated and how they impact fees; (2) audits of the fee schedule are conducted; (3) differences between the County General Fund and County funding of the Health District, including how the General Fund Transfer from the County to the Health District is determined; (4) there were questions about the creation of the Health District; (5) the formula for the funding by the three jurisdictions; and 6) which services are absolutely necessary to provide. There was also a request from the City of Reno to help them be able to answer questions when customers come to them about the fees that they collect for the Health District.</p> <p>Dr. Iser reported that Staff explained: (1) how the fees were created and calculated; (2) how the County's IDCs were created and calculated; (3) the County's General Fund; (4) the funding for the District; (5) and the budgeting</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>process. There were also questions about the Interlocal Agreement and whether the Health District is operating outside of that agreement.</p> <p>Dr. Iser reported that future areas for review and consideration were (1) a review of efficiencies; (2) looking at all fees and elimination of things we don't need to do; and (3) help the City staff in providing explanations.</p> <p>Councilwoman Zadra added that there was a lot of discussion about duplication of efforts and that should be explored while reviewing for efficiencies.</p> <p>Chairman Smith called for Public Comment:</p> <p>Mr. Mike Dillon, representing the Builders Association of Northern Nevada, thanked Staff and Members of the Board for holding and attending the Workshop at the Builder's Association. Mr. Dillon stated that he is in opposition to the proposed fee increases. He is not familiar with all the fee increases that are being proposed, but with those that relate to community development he is quite familiar. The initial proposal was approximately a 50% increase, and now they are projected at a 30 to 35% increase. Our biggest issue is understanding how we arrive at these numbers. The City of Reno Community Development Department has been directed by the Council to review all their fees over the next nine months or so, and part of those could have the Health District included in those. Each jurisdiction is going through a similar process. Mr. Dillon will be happy to gather fee payers and end users to participate in this process to facilitate review in these very challenging times. The private sector is feeling the same pains as government.</p> <p>Mr. John Krmptic, current president of the Builders Association of Northern Nevada, stated that professionally, he does land use planning and civil engineering. Mr. Krmptic stated that he has never in 15 years had a Health District comment on a variance, zone change, or master plan amendment, so why is there a fee for review? Mr. Krmptic pulled up the City of Reno's Fee Schedule, and there is a \$322 fee for development. What is the Health District's interest in looking at a development agreement that has nothing to do with sanitation, water quality, vector control, nothing. A variance for a single family home regarding a front yard setback; how does that relate to the Health District? It sounds like a trivial amount, but it is \$205 and no one has an explanation for that fee. Ms. Zadra just mentioned Reno's requests and Dr. Iser's comments about the Fee Workshop. Ms. Zadra mentioned duplication of efforts. Please look at why we need that engineering sign off</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>when TMWA has already done a review. Mr. Krmptotic stated he understands methodology, but he's more concerned about rationale for the fees. Please direct your Staff to review for rationale.</p> <p>Mr. Larry Harvey, John Ascuaga's Nugget, stated that all of the large hotel/casinos in the area have the same concerns as he will present today. About a year ago, he presented public comment on a fee increase. His perception from a business process is that he appreciates all the work done in Health District. We do a lot of work with the Health District with restaurants, pools, hotel rooms, and we have a good working relationship, and anytime we have had an issue, we have always been able to resolve it. Dr. Iser has personally resolved a few issues for us. Last year there was presented a fee increase that was about 30 or 35% also. The public stated at that time that there is real concern about such a large increase. To have such a large increase is very difficult to manage. We do contracts for conventions three to five years out, and to have such swings in fees is very difficult to manage. Mr. Harvey discussed the previous year's workshop that he attended. He said no Board Members were present, and there was only one Health District employee present. They were there basically to receive comments and relay them to the Board. That was not what we expected as a workshop. We thought there would be listening, and that the business community would be able to give input; and that from our input maybe a change would happen. Mr. Harvey stated that the industry has had a 40% drop in the gaming revenue in this town. We have cut 40% in our employee base in the last five years. The Nugget has to deliver the same service level with fewer pieces. We can't pass along expenses so easily either. Technology has helped us a lot. We have to make it work, and our customer service scores are just as high as they have always been. That takes a lot of work and effort. Such a large change in fee structure is hard to absorb. We and our association will be involved in all future workshops.</p> <p>Ms. Lea Tauchen, Retail Association of Nevada, stated that the association represents the grocers, chain drug stores, big box stores, and hundreds of restaurants and small business in Reno, Sparks, and Washoe County. They are all responsible for paying in to these fees for permits and services. We are very concerned about the Board approving a budget before the funding mechanism is in place, and that the process for looking at these fees and discussing them was going to be heard at next month's meeting. We are appreciative of the Staff's time that they took to have the workshop and the information that was provided there. We will not be able to support the 30+% fee increase that has been discussed. We will return to the next meeting as</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>well. We are looking for any potential or opportunity for reducing or eliminating some of these permits and service fees.</p> <p>Mr. Tray Abney, representing the Chamber of Reno/Sparks and Northern Nevada, and echoed all the comments made by prior public comment speakers. The 30% increase on most of the fees is quite alarming. Mr. Harvey mentioned the 10-15% increase that occurred approximately two years ago. Mr. Harvey's point about stability is well taken. Business needs stability to plan out for success. We recommend frankly that the Health District follow the City of Reno's lead. The City is now going through every single one of its fees and activities that it charges to determine the need and necessity. He understands mandated services and the need to review those along with those that are not mandated. The business community understands that in a civil society you have to pay for things. If we are not paying enough for services and it takes a month or more to get a permit, that affects our economic development as well. But, it also affects economic development efforts if it becomes ever more expensive year after year to come set up shop and hire people. We oppose 30% in a fell swoop increase. We recommend a complete review of every fee that is charged and every activity that the Health District performs.</p> <p>Chairman Smith called for further public comment; there being none, he closed the public comment.</p> <p>Councilwoman Zadra stated that we do need to be looking at all the fees, and that is the intent behind her request for determining what is mandated and what is within the Interlocal and what is left over. Councilwoman Zadra stated she also wants to know the flexibility in changing the budget if the Board adopts a budget today, can changes be implemented later?</p> <p>Chairman Smith stated that the Board needs to approve a budget for Dr. Iser to present to the Board of County Commissioners. Staff will have the opportunity to meet with the County Manager and make suggested changes. Chairman Smith would like to attend that meeting on the fees himself. The increase in the CoCAP allocation is one item for discussion. He does not want to increase fees 30%. There should be incremental increases if we decide to raise fees.</p> <p>Ms. Stickney stated that Staff is preparing a fee schedule at different tiered levels. Ms. Stickney stated that the Division Directors certify the time and the activities, and Administrative Health Services prepares methodology. Ms.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Stickney stated that the public and the Board want to hear more about what is the rationale for each of the activities.</p> <p>Chairman Smith stated that we need to find out what it takes to complete a certain task and determine if we are still efficient at it. Chairman Smith stated that the time has come for these reviews to be conducted to make sure that the Health District is efficient at its mission. We will review the mandates also.</p> <p>Councilwoman Ratti stated that there are different windows we need to look at: (1) Short Term; (2) Medium Term; and (3) Longer Term. Through this rather confusing process, we [the Board] have thrown out all kinds of different direction to Staff. Some of which is an extensive amount of work, and some of which is a very small amount of work that can be turned around in a month. We have a budget process timeline that we need to work within which technically is today if we are following the budget process as it is laid out. There are processes that have been put on the table such as a fundamental review, which is a fabulous process, and the County has done a very nice of job throughout the entire County system. Doing things such as having stakeholder groups that provide meaningful input on a regular basis is vital. It should not be a one off event. To Mr. Harvey's point, part of the reason there is disconnect and a lack of authenticity with working with the Health District is because it is a one of process rather than an ongoing relationship. Those are big things. A fundamental review if we hold it to the County's standard had a third party reviewer and a relatively significant contract to bring people in and look at every process and help the team find those efficiencies. That will not happen for this year's budget cycle. We have in our Budget Books at Tab 6 the Mandated Matrix. We have already done some of the mandate work, but not anywhere near to the level that was discussed here by the Board today. Again, that will not happen before the budget needs to be completed for the July 1 budget cycle.</p> <p>Councilwoman Ratti stated that she has been incredibly frustrated with the budget process for the last several years, because she thinks these things do need to happen, but they are bigger than what we can do today. So, if we are going to give any direction today, we are going to have to figure out what we are going to do with this mess and this corner that we have been backed into as a Board with the fee question not being answered in time for the budget process timeline, since we have to approve a budget today.</p> <p>Councilwoman Ratti stated that she is one hundred percent behind a Fundamental Review. We need to look at efficiencies of service; at every</p>	<p>Councilwoman Ratti moved, seconded by Dr. Humphreys, to approve the Budget with the note that the Board has not been able to complete the review of the fee structure, and that the budget as presented includes the significant increase. It is our intent as the Board prior to final approval of the Budget to</p>

TIME/ ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>single fee and confirming what's going on is necessary; looking at the mandates and looking at it from a scale of how much of that do we really need to do; and looking at whether if there is somebody else who can do it; however, to do that well is at least a year long process. Councilwoman Ratti asked what happens if we don't approve a budget today, and Deputy District Attorney Admirand responded that the Board is required in the Interlocal Agreement to approve a Tentative Budget under the timeline set by the County. If the Board does not approve your Tentative Budget, the County has to go forward. Councilwoman Ratti stated the County will then provide one for us. So since there is no clarity that says what that budget has to look like, Councilwoman Ratti suggested that since she has not been satisfied with the clarity of the numbers presented today regardless of the fee structure, she would suggest that the Board approve the budget with a note, and the note is that the we have not been able to complete a review of the fee structure, and that the budget as presented includes this significant increase. It is intent of the Board prior to final approval to review those assumptions and make the budget balance based on whatever the Board does with the fee structure.</p> <p>Ms. Admirand suggested that further direction to Staff be made under Agenda Item No. 22 - Board Comment – Limited to Announcements or Issues for Future Agendas.</p>	<p>review those assumptions and deliver a balanced budget based on whatever the Board does with the fee structure.</p> <p>Dr. Humphreys seconded with a comment that it is a "Tentative Budget" meaning that it is a starting point and that we can modify it from that point and he respects public comment as we move forward in this process with a Tentative Budget with a note.</p> <p>MOTION CARRIED</p>
21.	<p><u>Staff Reports and Program Updates</u></p> <p>A. <u>Director – Epidemiology and Public Health Preparedness</u></p>	<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>B. <u>Director – Community and Clinical Health Services</u></p>	<p>Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p>	
	<p>C. <u>Director – Environmental Health Services</u></p>	<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>D. <u>Director – Air Quality Management</u></p>	<p>Mr. Kevin Dick, Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Mr. Dick elaborated on the Transportation Conformity Plan referenced in his report. Mr. Dick stated that Staff is working with the RTC on their 2035 Long Range Transportation Plan. Staff has completed its analysis of the air quality impacts of their proposed plans over the next 20 years, and they conform to our Motor Vehicles Emissions budgets. The Transportation Conformity Review, which is an interagency process, should conclude this week, and we expect the plan to move forward smoothly. The plan should be presented to the Board of RTC on April 19.</p>	
	E. <u>Administrative Health Services Officer</u>	The Administrative Health Services Officer's Reports for this month were addressed in other agenda items.	
	F. <u>District Health Officer</u>	Dr. Iser, District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record. Dr. Iser directed the Board Members to the attachments included in with his report.	
22.	Board Comment – Limited to Announcements or Issues for Future Agendas	<p>Councilwoman Ratti stated that in terms of future direction, she directed the Board to Tab 6 in their Budget Books, which is the Mandated Matrix. She stated that the Mandated Matrix is at a high-level, and she would like the document to evolve to include both a mandate reference and rationale of some sort to get it down to the fee schedule level. It gets to our ability to tell the story; it's the how, but not the why. We need to know what it would take to do some of these things.</p> <p>Councilwoman Ratti stated that the second common tone and call she heard today was the need for the fundamental review process. This process would include mandates, efficiencies, community needs; sustainability; Ending Fund Balance policy, etc. The CoCAP continues to grow. If we are going to be held to meeting that standard, we are going to have to figure out how to operate more and more efficiently.</p> <p>Councilwoman Ratti stated that the City of Sparks is doing an employee driven process called "Project Pie" which examines how these processes can be done more efficiently. What services are essential from a top up and bottom down look. The Sparks City Manager has been leading efforts for the last four years and taking different looks at what services are essential. Staff needs to come back to the Board with what would that look like. She does not expect it to happen overnight. It needs to take place during the year, but it must happen prior to the next budget cycle.</p>	

TIME/ ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Councilwoman Zadra requested a presentation on the City of Reno's fundamental review process so that we can determine if it is something we can buy into as a Board. Fundamentally, the end game is: what are we doing, what's necessary, and what can we do better.</p> <p>Councilwoman Ratti said we are behind the curve. We've had a leadership transition, and there are a lot of good reasons, but the Board needs to get better information to make better decisions about the budget and operationally.</p> <p>Chairman Smith stated that the Finance Department of the City of Reno is developing a list of questions about duplicity of services and determining whether the Health District should be doing a task also or not. Chairman Smith asked that the City of Sparks participate in the same type analysis.</p> <p>Chairman Smith stated that the Board should review one division at a time and determine: (1) what are the mandates; (2) are we doing the mandates; and (3) to what level are we doing the mandate. We will go through one division at a time. We can take a couple months on each division.</p> <p>Dr. Iser stated that we will make a plan to begin that process in May or April.</p> <p>Chairman Smith wants to meet with Dr. Iser and Ms. Simon to discuss some of the issues facing the Health District. Staff will arrange such a meeting.</p> <p>Councilwoman Ratti requested that when Staff brings back the long range plan, the Board should consider a third-party consultant for such review. She knows it is expensive, but believes it is important.</p> <p>Dr. Iser suggested that that topic be discussed with Ms. Simon at the meeting with Chairman Smith. Dr. Iser also noted that any changes in the fees at the April meeting will require program changes. None of the additional \$329,000 in CoCAP is included in the proposed fee structure to date.</p>	
23.	Emergency Items	None.	
24.	Public Comment	No public comment was presented.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
25.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	<p>Councilwoman Ratti, moved, seconded by Chairman Smith, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 4:24 p.m.</p>


KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER


PEGGY F. O'NEILL,
RECORDING SECRETARY