

Washoe County



Health District

Washoe County District Board of Health Regular Meeting Minutes October 24, 2013

PRESENT: Chair Matt Smith, Dr. George Hess, Dr. Denis Humphreys, Council Member Ratti, and Council Member Sharon Zadra

ABSENT: Vice Chair Jung and David Silverman

STAFF:

Leslie Admirand, Deputy District Attorney
 Kevin Dick, Interim District Health Officer
 Eileen Stickney, Administrative Health Services Officer, AHS
 Daniel Inouye, Acting Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Randall Todd, DrPH, Division Director, EPHP
 Steve Fisher, Department Computer Application Specialist, AHS
 Bill Flores, Recording Secretary

Patsy Buxton, Fiscal Compliance Officer, AHS
 Erin Dixon, Fiscal Compliance Officer, AHS
 Laurie Griffey, Administrative Assistant I, AHS
 Dennis Cerfoglio, Sr. Air Quality Specialist, AQM
 Julie Hunter, Sr. Air Quality Specialist, AQM

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:04 pm *1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chair Smith called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by Council Member Ratti .	
*3.	Public Comment	None.	
4.	Approval / Deletions – Agenda – October 24, 2013	<p>Chair Smith called for any deletions to the Agenda of the October 24, 2013 DBOH Meeting.</p> <p>Mr. Smith noted that Item No. 15 was continued to this meeting due to Vice Chair Jung’s absence. Since she is not present, he asked if the Board desired to move this item forward to next month.</p> <p>Mr. Sack suggested moving the item as it was intended to be a presentation with an opportunity for Ms. Jung to ask any questions.</p> <p>Dr. Humphreys suggested moving the item to next month’s meeting.</p>	<p>Council Member Ratti moved, seconded by Dr. Hess, that the October 24, 2013 Agenda be approved as amended.</p> <p style="text-align: center;"><u>MOTION CARRIED</u></p>
5.	Approval /	Chair Smith called for any additions or corrections to the Minutes of the September 26, 2013	Dr. Humphreys

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	Additions / Deletions to the Minutes of the September 26, 2013 Regular Meeting	Regular Meeting.	moved, seconded by Council Member Ratti , that the Minutes of the September 26, 2013 Regular Meeting be approved as presented. <u>MOTION CARRIED</u>
*6.	Recognitions	<p>Mr. Dick and Chair Smith made the following recognitions:</p> <ul style="list-style-type: none"> A. Introduction of New Employee(s) – Erin Dixon – Fiscal Compliance Officer – AHS – 10/14/13 B. Years of Service – <ul style="list-style-type: none"> 1. Bonnie Martin – CCHS – 5 years 2. Maribeth Michaud – CCHS – 5 years C. Retirements – <ul style="list-style-type: none"> 1. Peg Caldwell – EMS – 20 years D. Recognitions – <ul style="list-style-type: none"> 1. Curtis Splan – Netsmart “Out of the Box” Award E. 2013 Bike to Work Week Commuter Challenge Awards presented by Truckee Meadows Bicycle Alliance <p>Julie Hunter, on behalf of the Truckee Meadows Bicycle Alliance, presented the 2013 Bike to Work Week Commuter Challenge Awards to Carol Perry of RTC and Debbie Hunter of Lumos & Associates. Four of the six winners were unable to attend the meeting. In a survey about Bike to Work Week, 59% of people who heard about Bike to Work Week heard from their employers. She thinks that it is very important that businesses are getting the word out.</p>	
7.	Proclamations	None.	
8.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <ul style="list-style-type: none"> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ul style="list-style-type: none"> a. Maverik Inc. #475 – Case 1129, NOV 5244 1223 East Prater Way, Sparks, NV 89434 b. Maverik Inc. #477 – Case 1130, NOV 5245 	

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	<p>BOARD COMMENT</p>	<p>11795 Veterans Parkway, Reno, NV 89521</p> <p>c. Joel Becerra Marcias – Case 1132, NOV 5384 6155 Sage Flat Road, Reno, NV 89510</p> <p>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.</p> <p>3. Recommendation for Variance: None.</p> <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> <p>1. Ratification of Amendment #1 to Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative services for the period upon ratification through June 30, 2016; and if approved, authorize the Chairman to execute the Interlocal Agreement</p> <p>2. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, for the period Upon Approval through June 30, 2015 in the total amount of \$186,590 in support of the Comprehensive Tobacco Prevention Program; Approval of amendments totaling a net increase of \$172,769 in both revenue and expenses to the adopted FY 14 Comprehensive Tobacco Prevention Program Grant budget, IO 10418; and if approved, authorize the Chairman of the Board to execute the Notice of Subgrant Award</p> <p>3. Retroactive approval of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, HIV/AIDS Surveillance Program, for the period January 1, 2013 through December 31, 2013 in the amount of \$74,197 in support of the HIV Surveillance Program, IO 10012</p> <p>4. Retroactive approval of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2012 through December 31, 2014, in the amount of \$389,206 (reduced from \$460,145), in support of the HIV Prevention Grant Program, IO 10013</p> <p>Dr. Humphreys requested to pull Item Nos. 8.A.1.a and 8.A.1.b for discussion.</p> <p>Dr. Humphreys asked clarification from staff regarding Item Nos. 8.A.1.a and 8.A.1.b as they</p>	<p>Council Member Zadra moved, seconded by Dr. Humphreys, that the Consent Agenda be approved as presented minus Item Nos. 8.A.1.a and 8.A.1.b to be pulled for discussion.</p> <p><u>MOTION CARRIED</u></p>

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		<p>represent a second violation from the same company a year ago. He requested explanation on how they went from the recommended fine to the negotiated fine for both items since it was a repeated violation.</p> <p>Mr. Cerfoglio responded that AQM follows the EPA Region 9 recommendations for their fine sheets. The first fine is usually a minimal fine of anywhere from \$0 to \$1,000. The second fine can go up to anywhere from \$0 to \$2,500. Usually, the third fine goes from \$0 to \$5,000. They can give credit if the company comes into the office and negotiates a settlement, resulting in 25% off the recommended fine. For example, if the recommended fine end up being \$2,500. If they come in and negotiate with staff, and they feel that the company is negotiating on good terms, staff will give them 25% off. This allows them to settle and negotiate a contract without going to the Air Pollution Control Hearing Board. They sign a MOU which is provided to the District Board of Health as part of the consent agenda.</p>	<p>Dr. Humphreys moved, seconded by Council Member Zadra, that Item Nos. 8.A.1.a and 8.A.1.b be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
9.	<p>Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.</p>	<p>1. Recommendation to Uphold Citations Appealed to the Air Pollution Control Hearing Board:</p> <p>a. Rainbow Market #6 – Case 1123, NOV 5326 7590 Colbert Drive, Reno, NV 89511</p> <p>b. Ticor Title of Nevada Inc. – Case 1127, NOV 5280 154 Mary Street, Reno, NV 89509</p> <p>Mr. Cerfoglio clarified that after the citations are written, the companies are given 10 days to contact AQM for a negotiated settlement. When they do not agree with the negotiated settlement, they can appeal to the Air Pollution Control Hearing Board (APCHB) for their consideration. The APCHB made their recommendations to uphold the citations. The cases then come to the District Board of Health with a request to uphold citations.</p>	<p>Dr. Hess moved, seconded by Council Member Ratti, to uphold citations appealed to the Air Pollution Control Hearing Board.</p> <p><u>MOTION CARRIED</u></p>
10.	<p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Reports for September, 2013; and</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that in September, 2013, Priority 1 Compliance was at 93%, and Priority 2 Compliance was at 96%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 93%, the 15-minute zone was at 100%, and the 20-minute zone was at 96%. Looking at the average bill for the month for Care Flight, the average bill was \$8,653, bringing the year-to-date total to \$8,599. On the ground side, the average bill for the month was \$1,063, bringing the year-to-date ground average to \$1,065.</p> <p>Council Member Ratti inquired about the increasing average bill.</p> <p>Mr. Gubbels responded that for the ground side, they are under. For the Care Flight side, they are up. They anticipate that this number will drop over the next couple of months. A lot of these calls were long distance due to the Burning Man event in Gerlach. If it does not, then they will do an adjustment on the loaded mile to ensure that they get closer.</p>	<p>Council Member Ratti moved, seconded by Council Member Zadra, to accept the REMSA Operations and Financial Report for September 2013 as presented.</p> <p><u>MOTION CARRIED</u></p>

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	<p>B. Update of REMSA's Community Activities Since September, 2013</p>	<p>Mr. Gubbels reported on the Sparks Middle School response on Monday. He noted that this was a very tragic event for our community, but all of the community's first responders responded very well to this event. It was very helpful for REMSA that they have the Tactical EMS Team. This team began back in 1997 with their original training done in Toronto, Canada as there was no such training in the United States at that time. This group of employees is trained to work with the SWAT teams. To this day, they still go out and exercise with the SWAT teams on almost monthly events. Normally, in these circumstances, REMSA has to standby out of the area, because police have to ensure that that scene is safe before any rescuers can go in. However, with this elite team, they were able to intervene immediately. They did have one of their tactical medics on duty that day. When they go out on their regular duty calls, they bring all of their protective equipment with them in case there is an event. This particular individual was able to put on his bulletproof vest and the rest of his SWAT gear, jump out of the back on the ambulance, and immediately be with law enforcement. This allowed them to enter much quicker into an unsafe environment, locate the victims, and do security on those victims before the rest of the scene could be secured. With that, they were able to evacuate one of the wounded people within eight minutes of the call of that scene. That probably had some impact on the outcome of that patient. Recalling the theater event in Colorado, they did not have that type of resource within their community, keeping ambulances outside the area until the scene could be secured. It shows us that when events like this do happen, they do have community resources between first responders, law enforcement, and REMSA where they can get in and deal with the situation. They also teach this program for first responders across the country. It is called a Tactical Operational Medical Support (TOMS) course. Law enforcement and paramedics attend this course.</p> <p>Mr. Gubbels also announced that next week REMSA will be announcing their new service through the Healthcare Innovation Award, called the Nurse Helpline. This is a number that injured or sick people can call to get a nurse directly and talk about their medical health problems and get referrals. This is a number that is for minor illnesses and injuries, supported by the grant. In their TV and radio ads, they will stress very strongly that those individuals experiencing an emergency need to call 9-1-1. If it is not an emergency, this is another resource that can be used to obtain guidance through treatment and medical needs. Since it is based at the nursing level, they will be able to help callers assess the non-emergent illness or injury, suggest some personal care guidelines, and triage to the appropriate level of care, such as the necessity to see their doctor or visit an urgent care facility. Part of the referrals they will be conducting is connecting callers with primary care physicians and medical clinics as well as being a resource for key public assistance programs, including Social Services, the Food Bank, and other social resources. If they do confirm at any time during the phone call that it is really an emergent call, that will be referred right back for an emergency ambulance response.</p> <p>Council Member Ratti asked if 2-1-1 was being used as a source for referrals.</p> <p>Mr. Gubbels responded that they have worked with 2-1-1, but they are really locked in to more of a</p>	

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		<p>crisis call situation. They went to a 7-digit number rather than a 3-digit number; all of those 3-digit numbers across the nation, including 9-1-1, 7-1-1, 3-1-1, are locked into national programs, along with the 2-1-1.</p> <p>Ms. Ratti clarified her question by asking if they are using the resource directory that 2-1-1 uses for the resources and referrals so that the community groups do not have to duplicate their efforts.</p> <p>Mr. Gubbels responded in the affirmative.</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>Randall Todd, DrPH, reported that the Board has been provided a table presented within the report that has a couple of errors. Specifically, for Sparks Fire and Sparks PSAP, those boxes should have had x’s in them. That narrows the gaps a little bit. Today, they have x’s in all of those boxes. (Data requested has been provided by fire agencies and PSAPS for April to June). The only problem is that some of those x’s got added a day or so before their statistician left for more lucrative financial opportunities. They are going to be in the process of replacing her as quickly as they can. They had a discussion this morning, in the EMS Working Group, on the data issue. There appears to be a strong interest on the part of the parties around that table in having more complete data to analyze. He had requested three months, some of the entities gave him six months, but they would also like them to expand that data that they get from REMSA to include the data that represent calls that did not result in a transport. Right now, due to how the Franchise works, they are evaluated based on the transported calls. They are trying to compare that data to Fire calls where Fire does not transport. They had some robust discussion on whether or not that data should also include cancelled calls. The Sheriff spoke up and asked if he could provide some financial resources to contract with somebody to get started faster than he might be able to hire a replacement for the statistician. One of his tasks will be to explore options, starting with the University, to see if they have faculty and/or students who might be up to this task and what it would cost to bring them on as a contractor. He thinks that they will be able to move fairly quickly on the statistician position replacement. The list from HR is still considered a viable list since the position was only filled for six months. He believes that there is at least two or three viable candidates on that list. Therefore, he will not have to wait for a job posting and testing process; he can proceed with interviews.</p> <p>Dr. Todd referred to a diagram (filed) which shows the inter-relationship of the various entities. This was presented at the previous EMS Working Group meeting prior to this morning’s meeting. This may look a little confusing, initially, but he believes that it addresses many of the concerns that various stakeholders in this process have had. Concerns have included how they get involvement with some of the elected board members who do not happen to sit on this Board but who still have an interest in seeing how EMS works. Some of the questions that have come up have been more related to the EMS system and not just limited to the Franchise. This expands the oversight. If you start at the bottom left of the diagram, there is REMSA, Fire, and PSAPs. All of those represent key components to the EMS system within the community, and data can and should start to flow up periodically and eventually continuously so that they can provide this Board a better sense of how</p>	

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	<p>BOARD COMMENT</p>	<p>the EMS system is functioning overall. If there are issues discovered out of that data, where there may be a desire for Fire or PSAPs to do something different, the Board does not have a direct line of authority over those parts of the system. There is a horizontal line going in both directions over to the local governing boards. The Board can therefore get it over to the people who can effect desired changes. Likewise, if those governing boards become aware of issues that they would like to suggest that this Board effect changes in working with the Franchise, that can go down the line to REMSA where this Board does have some authority. It also utilizes the existing Prehospital Medical Advisory Committee (PMAC) but enhances that a bit with a broader advisory committee that can have a wider range of stakeholders to provide additional input. This was presented and appeared to be generally well-accepted. They did not receive any negative feedback at this morning's meeting; therefore, he thinks that this appears to be a direction that things are moving.</p> <p>Mr. Dick explained that Dr. Todd referred to "PSAPs" which shows as "Sheriff" on the filed diagram. It will be corrected to display as "PSAPs." Also, regarding the issues Dr. Todd was discussing on concurrence between the District Board of Health and the local government bodies, Mr. Carey, during this morning's working group meeting, suggested that this may be something that we need to be addressing in the interlocal agreement that would establish how that process worked. It would be an interlocal agreement that might attach not just responsibilities on the Health District but some obligations with other governing bodies as well.</p> <p>Dr. Todd continued that the bulk of the remainder of that meeting dealt with taking a look at the TriData recommendations over which consensus had not yet been achieved. Mr. Carey set forth a fairly ambitious continuing agenda to try to move them through that. The other new feature to the EMS Working Group, which he thinks is working extremely well, is the formation of an Executive Committee. It is a group of them who can get together and really push some of these items through. They had a meeting on the date of this working group, they had one other in-between and one this morning. His assessment is that they are making some pretty good headway on achieving consensus about those various recommendations.</p> <p>Council Member Zadra asked who participates in the Executive Committee meetings.</p> <p>Dr. Todd responded that the committee includes Mr. Carey and Mr. Driscoll from Sparks, Mr. Clinger and Mr. Chisel from Reno, Mr. Dick and himself, Mr. Gubbels, and the County and Assistant County Managers.</p> <p>Dr. Hess commented that the University may be a great resource.</p> <p>Dr. Todd responded that he is anxious to take a look. In the future, they hope to see a CAD-to-CAD linkage so that the data are transparent and easily accessible. Currently, they have to clean the data in order to ensure matching of dates and times and the addresses of where the event occurred.</p>	<p><u>NO MOTION</u></p>

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12.	<p>Presentation, Discussion, and Possible Direction to Staff regarding:</p> <ol style="list-style-type: none"> 1) the status and progress of the Regional Business License and Permits Program; 2) continued contract negotiations and financing options with the vendor; 3) development of an interlocal agreement and further research on a regional funding mechanism; and 4) acceptance of the Letter of Intent 	<p>Mr. Dick provided background and acknowledgement in the work that has been conducted to date in looking to secure a software platform that can be used regionally for business licensing and permitting. This initiative came out of the shared services initiative originally looking at business licensing. The Health District has been engaged in this project for about two years now. Mr. Sack, Ms. Albee, and Mr. Fisher have committed numerous hours in working with the committee, across jurisdictions, in identify needs, getting out a RFP, reviewing RFP submittals, spending days with vendor teams in order to review their products, and coming to the point where they have identified Accela as the software vendor that they think can provide the most robust platform to work with regionally. Today, he is seeking Board approval in moving forward in their negotiations with them on a final price. The approach they are taking in working with Accela is to use a cloud-based system that would provide one web portal for customers within the community to be able to go to that website for the business license or permit needs they would have in both Reno and Washoe County. They included Sparks in their committees, but Sparks is not in a position to proceed with implementation right now. However, that opportunity remains open for them, because they are looking at an approach where they use a subscription-based program, paying annually the cost based on the number of users. The system will provide 24-7 access for the community, anytime, anywhere, to be able to either apply for a license or a permit, renew, or get information about where they are in the permit process and who has signed off on various aspects within the process. It has a lot of automation features; people could receive automatic e-mail updates when somebody signs off on a plan that they have submitted. It also provides for billing online which can be integrated into the cash handling system of either Reno or Washoe County. It brings access and usability of the government programs through that web portal. The cost for the implementation is a little over \$1.2 Million. That includes the first year's subscription costs along with a pot of funding that has been allocated on a yearly basis of about \$80,000 to support equipment needs and other maintenance in interfacing with the cloud system. The annual cost for the subscriptions and technology is \$358,000 for the region, the subscriptions representing about \$278,000. The cost for the Health District subscriptions would be about \$70,000. That would cover the people that are on PCs at the Health District as well as inspectors who are out in the field using a tablet device to be able to have access to the system, automatically loading information into the system and being able to access prior inspections and other documents remotely. That would be an annual, recurring cost for the Health District. The other piece of the project is implementation. The implementation costs for the overall project is \$938,560. The Health District is rolled into the Washoe County numbers in the filed report which is part of the \$592,304 for implementation. Tech. Services does have IT project funds to support some of that implementation. The other piece of this that they would like approval to explore is looking at a couple of things on the financing end of this software platform. They have access to a financing program, available through the vendor, which would provide five years of financing to cover the original implementation and the subscription costs that would run about 1.99% on that money. It is an attractive option to consider as a potential financing mechanism. The other piece is to work with Reno and Washoe County to engage the business community in discussions of a technology service fee to support the project. They have calculated this option and found that applying a technology service fee of 4%, for the permits issued by each of the entities, and a business license fee, which needs to be structured a little bit differently due to</p>	

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		<p>the different laws that address these fees of \$8 annually, could cover the cost of implementation for the project. They have not really engaged in outreach to the business community, because they were waiting until they had approval from Reno, Washoe County, and the Board of Health in moving forward on this project. One of the implications of a system like this is that on the annual renewals of the permits, for instance, a business can automatically make their payment and renew online. Currently, they need to visit in-person, go to the counter, and renew their permit. The 4% cost being added on top of the permit fee should result in a savings, because they would not have to have a person spending time coming in-person to renew the permit. Initial discussions with some people at the counter about this idea have been well-received but are anecdotal. This would be a uniform fee across the participating entities. It would be paid into an account that would be established in Washoe County and maintained solely to make payments in support of the software platform. Mr. Dick explained that as provided within the agenda packets, he signed a letter of intent to proceed with this project that was also signed by Mr. Berkich and Mr. Clinger. This item has gone to the Board of County Commissioners and Reno City Council and has been approved by those bodies. In moving forward to implement this project, they also see the need for an interlocal agreement, across those entities, which would formalize their agreement in working together to develop and provide this regional platform.</p> <p>Dr. Humphreys asked in regards to the City of Sparks' inability to join the project at this time, if down the road the City of Sparks makes the decision to move forward, it can happen without too much of a problem.</p> <p>Mr. Dick responded in the affirmative and explained that the City of Sparks in the future could join and pay their subscription costs. They would probably have some other requirements for implementation as far as some of the forms that might need to be developed for them. The way they have approached negotiations with Accela and the way their model works is that the more people subscribing, the lower the subscription rate per person. Sparks, Carson City, Fernley, and even Clark County could join. Accela has agreed that they would even provide a refund of the difference between higher rates paid and the lower subscription rate if Clark County joins. By working together, they are able to realize significant savings in the implementation costs with Reno and Washoe County.</p> <p>Council Member Zadra complemented on the collaborative effort expressed by Mr. Dick and explained that this is the culmination of quite a long effort from the shared services committee that existed until very recently. She expressed appreciation that the County and the cities were committed to moving forward with this project. With the County's involvement, she believes that they are going to have a very efficient process finally.</p> <p>Mr. Sack commented that in spite of what has been said over the past few years regarding acrimony between the different jurisdictions, this project had staff from all of the jurisdictions working very well and efficiently together.</p>	<p>Dr. Hess moved, seconded by Council Dr. Humphreys, to acknowledge the status and progress of the Regional License and Permit Program team and direct staff to continue with vendor contract negotiation and financing, an interlocal agreement, and further research on a regional technology fee mechanism.</p> <p><u>MOTION CARRIED</u></p>

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13.	<p>PUBLIC HEARING: Proposed Approval and Adoption of the Revision to Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.095 (Oxygen Content of Motor Vehicle Fuel)</p>	<p>Mr. Inouye, Acting Division Director of Air Quality Management, noted that the Environmental Protection Agency (EPA) establishes health-based National Ambient Air Quality Standards (NAAQS) for six criteria pollutants including carbon monoxide (CO). In the 1980s and early 1990s, the Truckee Meadows routinely exceeded this standard and was required to develop control strategies, such as an Oxygenated Fuels Program. The Oxyfuel Program, in addition to the Wood Stove and Smog Check programs, has been very successful in reducing carbon monoxide emissions and improving air quality. Last exceedance of the carbon monoxide standard occurred in 1992. In May 2012, the District Board of Health (DBOH) directed staff to evaluate elimination of the Oxyfuel Program. Staff feels that all federal requirements will be met and the CO standard maintained without the Oxyfuel Program for three reasons. First, motor vehicles are the largest source for Winter time CO emissions. As older cars are retired, and replaced with newer, cleaner vehicles, the overall fleet becomes cleaner, reducing CO emissions. Second, federal programs, such as the Energy Independence and Security Act, require renewable fuels, such as ethanol, to be blended into gasoline. Winter time oxygen content of gasoline has been well above the 2.7% by weight required by the current Oxyfuel Regulation. Finally, monitored CO levels have been trending downward for the last 20 years and currently about 70% below the standard. Staff is recommending suspension of DBOH Regulation Governing Air Quality Management Section 040.095. If adopted, this revision will be forwarded to EPA, through the Nevada Division of Environmental Protection as a revision to the Washoe County portion of the Nevada Carbon Monoxide State Implementation Plan. The Oxyfuel Program will remain as a contingency measure in the State Implementation Plan should a violation of the CO standard occur.</p> <p>Dr. Humphreys inquired if this regulation was eliminated if there would be a concern that the CO level might go up again. He added that the three reasons lead him to anticipate no concern.</p> <p>Mr. Inouye responded that that is also their interpretation. For those three programs and the fact that there are federal standards requiring cleaner vehicles as they come off of the production line, they feel confident that the CO standard will be maintained.</p> <p>Chair Smith confirmed that this is a suspension.</p> <p>Ms. Admirand clarified that it would need to come back to the Board, including the notice process, in order to reverse the suspension.</p> <p>Chair Smith confirmed that it is different than eliminating.</p> <p>Mr. Inouye responded in the affirmative and explained that it is on the books and will be in place should they need to look for extra emission reductions. Having it in place as a contingency measure is a Clean Air Act requirement also for CO non-attainment areas.</p> <p>Chair Smith opened the public hearing and asked for any public comment. There was no public comment.</p>	<p>Dr. Hess moved, seconded by Council Member Ratti, to approve the adoption of revisions to the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.095 to suspend the Oxygenated Fuels Regulation.</p> <p>MOTION CARRIED</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for September, 2013	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for September, 2013, stating that Staff recommends the District Board of Health accept the attached report of revenues and expenditures for the health fund for September, 2013. Ms. Stickney pointed out that the matrix has a typo and should show as September rather than August. Additionally, looking at the FY 14 column for Revenues, the total does not look arithmetically correct as the general fund transfer amount is not in the Revenue bottom line total. In the accounting system, on Page 6 under Other Financing Sources, the General Fund Transfer to the County is a “transfer out” not a “revenue.” However, since we look at it as a revenue source, it is in the matrix under revenues.</p> <p>In reviewing the remainder of the report, there are several adjustments that will be noted to ensure we place proper appropriations in the FY 15 budget. For example, in Admin, tracking high is overtime and books and subscriptions. In Air Quality, other expenditures and books and subscriptions. CCHS has contractual and dues. Environmental Health has holiday work that is tracking high. In EPHP, service contracts. We will be looking at these items closely that seem to be a strong variance, but you can overspend and underspend line items as long as you do not go over that bottom line.</p> <p>Council Member Ratti requested clarification in tracking expenditures that the current tracking should be at about 25% for this point in the FY. She noted that it looks like they are relatively in line with last year, with similar percentages that came in, but she does not understand on the general fund transfer why general fund transfer was a revenue item.</p> <p>Ms. Stickney responded that in regards to the general fund transfer, the County did transfer 8%. Last year, they did not have to transfer any funds at this time in the year. In terms of cash flow, they had sufficient cash. At the end of the year, we will get all 12 allotments. In the prior year, we had not had the expenditure of the COWCAP applied at this point in time.</p> <p>Ms. Ratti sought clarification regarding how the expense would be a 25% number and the revenue would only be 8%.</p> <p>Ms. Stickney responded that the entire COWCAP for this year is about \$2.8 Million. We did not get the entire \$2.8 Million as a subsidy, only a portion.</p> <p>Ms. Ratti confirmed that 25% is 25% of the entire COWCAP expense, and 8% is 8% of the entire general fund transfer.</p> <p>Ms. Stickney responded in the affirmative.</p> <p>Ms. Ratti asked if that is a red flag.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Ms. Stickney responded that it is not a red flag at this point. If looking at the bottom line, the Board would like to move that line item out and look at the divisions, we would be happy to make any modifications.</p> <p>Ms. Ratti did not think that was necessary. She requested clarification that we are not really even close to the 25% on the revenue side and if that is normal.</p> <p>Ms. Stickney responded in the affirmative and explained that a lot of our revenues are on grants or on a reimbursement basis, reflecting a timing issue.</p>	<p>Dr. Humphreys moved, seconded by Council Member Ratti, to accept the report as presented.</p> <p><u>MOTION CARRIED</u></p>
*15.	Update on Citation and Enforcement regarding Prevention of Bear Activity within Populated Areas (Continued from Sept. 26, 2013)	During agenda approval, Item No. 4, the Board moved Item No. 15 to their next regular meeting scheduled for November 21, 2013.	<u>NO MOTION</u>
16.	Discussion and Possible Direction to Staff regarding the Annual District Board of Health Strategic Retreat	<p>Mr. Dick commented that the Board is receiving a handout of slides (filed). He explained that they traditionally schedule a Board of Health meeting that is a focused retreat-type meeting over a period of hours to deal with strategic planning. His belief is that they are not very well prepared to undertake significant strategic planning-type work this year with where they are. He anticipates that they will be doing strategic planning work through the next year as they get the results of the fundamental review study together and move forward with the recommendations contained there. He discussed this with the fundamental review team, prior to their visit, inviting any recommendations they may have, and they thought that it would be a great thing for the Board to utilize that strategic planning meeting to use the governance assessment tool that has been developed by CDC with NALBOH. The distributed slides are pulled from a NALBOH presentation on the governance assessment. The title is "Improvement Begins with Y+O=U." Your Governing Entity + Optimal Performance = Unbelievable Results. They pose a series of questions and say that if you would answer "Yes" to any of these questions, then they feel that the governance assessment process is something that would be very productive for the Health Board. "Does your public health governing entity need an orientation into its role and responsibilities?" "Do they want to improve its ability to effectively serve the public health agency and community?" "Do they want to support its public health agency in seeking public health accreditation?" "Does the governing entity believe that individuals and organizations should go through a process of quality improvement?" Mr. Dick believes that the Board's answer would be "Yes" to at least a couple of those questions if not all or most of them. The way the governance assessment works is it is based on the 10 Essential Public Health Services. It focuses on the overall public health system, not just the Health District, but the overall system that is out there. It describes an optimal level of performance. It is an assessment of where people believe the Board of Health is at in its current state compared to the</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>optimal, ideal Board of Health. Boards are not expected to score extremely high when they go through the assessment process, because you are rating yourself against perfection in an ideal world. However, through the results, it is intended to support a process quality improvement. He and Chair Smith spent some time in discussion with the review team. The team felt that it would be a really good time to better prepare the Board for areas where they may want to seek improvement as they respond to recommendations that come in from the fundamental review. There is a slide that shows the 10 Essential Public Health Services. In looking at how the Health Board has engaged in each of those 10 areas, looking at the six functions of public health governance, which are policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight. The goal is then to focus on how well the Board is doing in each of those areas, for that essential public health function, and to consider the Board's actions, not only as it relates to the governance of the Health District, but also as it relates to that overall public health system, including a number and variety of different community partners. The result would be that we would end up identifying in what areas we think we are doing well and in what areas we think that we are not doing so much. It would stimulate a discussion about whether or not that is appropriate and whether we want to do more in some of those other areas or if efforts are being focused correctly. Again, this is to self-assess against a gold standard rather than assessing whether or not a minimum standard is being met. There is a self-assessment tool that is about 50 pages long, and if the Board wants to go this direction, he recommends that the Board Members review that tool. The assessment is expected to be conducted in about two to three hours. He would suggest that a four-hour session be scheduled. He already has somebody that has indicated that they would be willing to help with facilitating this session that is from the State Health Division and has some background in this area.</p> <p>Dr. Hess expressed agreement with most of the presentation except for the 10 Essential Public Health Services. He believes that they are more general governance areas whereas he believes a professional in public health is not going to provide this listing as the 10 essential services.</p> <p>Mr. Dick responded that he believes that these are the 10 essential services as outlined through the national public health performance system. He believes that they are fairly universally embraced.</p> <p>Dr. Hess sought clarification on whether or not a service is to be evaluated or the community is being evaluated.</p> <p>Mr. Dick responded that it does include many things. There is some more specificity within the assessment tool that identifies some different elements under each of them that he thinks might make it easier to understand. The nice things about the generality of the essential services is that it allows them to be applied to what governance is doing as well as to what a state health department may be doing or a local health department.</p> <p>Dr. Hess explained that if they are going to do something like this, it needs to be balanced with</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>what really are the 8 or 10 essential pieces of public health. He added that one could say that epidemiology is evaluation or tracking a community, but he believes that it is within itself an area. He advised that he taught a course in preventive medicine in public health, and he believes that this is not what an academic would say. He continued to offer that possibly this is what a Board would say but explained that he was having trouble with it.</p> <p>Council Member Ratti believes that the trouble Dr. Hess may be having has to do with the very narrow presentation that is being seen here. She recalls at the Board's last strategic planning retreat, or the one before that, that Dr. Iser made a presentation on the 10 essential services. At the time, she explained that it seemed to be far more comprehensive and representative of the things that they are doing in public health. It really is an assessment of the health of the community as a starting point for your strategic planning and everything else that you do. It is not just as simple as evaluating the quality of services; it really is an assessment of the entire community and multiple facets underneath that. She is comfortable in choosing to move forward with this process. She was impressed with the folks from the fundamental review; if they are recommending it, she thinks that it would be a good starting point for them.</p> <p>Mr. Dick clarified that the way the assessment process is setup is that there is an orientation on the essential services. Then, as they go through the assessment, there is an orientation to what that essential service entails.</p> <p>Ms. Ratti responded that what she is trying to say is that the 10 essential services is bigger than just this assessment process. They are pulled from the American Public Health Association (APHA).</p> <p>Dr. Hess explained that he is stuck on this circle. He does not like the way it is presented. He feels that if he had Dr. Iser's presentation, it will make more sense to him. He reiterated that these are not 10 essential services as far as he is concerned.</p> <p>Mr. Dick responded that they are from the APHA and very widely recognized. The circle is sort of the plan, do, check, act wrapped around this process as well.</p> <p>Chair Smith addressed Dr. Hess and explained that inside that circle he understands is not exactly what he is looking for, but when they break those out, singly, he will find everything that he is looking for when they get involved in each one of the ten.</p> <p>Dr. Hess responded that he would do a little research on it and see if he could educate himself.</p> <p>Mr. Smith explained that questions and concerns come out as they dictate what those 10 actually are. He expressed agreement with Mr. Dick's presentation in planning for the strategic retreat. He continued to advise that what they had been doing before was not really a strategic plan, and he thinks that this is the first step.</p>	<p>Dr. Humphreys moved, seconded by Council Member Zadra, to direct staff to move forward with the planning session.</p> <p><u>MOTION CARRIED</u></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Humphreys explained that he feels that since the fundamental review is in progress, they can take that information, once received, and move forward with a strategic planning session. With that in mind, he would like to direct staff to move forward with this planning session.</p>	
17.	Discussion and Consideration of Desired Qualifications for a District Health Officer	<p>Mr. Smith advised that the Board has been provided various documents (filed) as requested by the Board regarding criteria for a District Health Officer. As discussed last month, he feels that Mr. Dick is qualified to sit in this position.</p> <p>Council Member Ratti pointed out that there are two items. The first item, No. 17, is discussion and consideration of the desired qualifications; therefore, she clarified that the Board should talk about the qualifications before talking about any individual. Then, Item No. 18 will be a discussion about the individual. She explained that she reviewed the hiring piece used for the prior recruitment and also researched online, looking at qualifications in other communities, and it was brilliant timing to be able to talk to the District Health Officers from the other jurisdictions, who were here for the fundamental review, in order to talk to them about what they thought the qualifications would be for a District Health Officer. She is comfortable that she has a good understanding at this point.</p> <p>Council Member Zadra recalled the last meeting where she had asked that they take this step not knowing that it had been done previously in the recent past. She walked away with this document, had some time to look at it, and she believes that it is still very topical and a good assessment of the candidate qualifications that best suit this organization.</p> <p>Dr. Hess commented that the document basically says what he had said. The minimum qualifications for this position are a Master's degree in Public Health. Obviously, it is not required by law, but his feeling is that it should be that or the equivalent. He does agree that Mr. Dick has done a great job in a difficult situation, and he certainly meets some of the qualifications. He talked to the folks that were here about the possibility of filling in some of the gaps through continuing education and other activities.</p> <p>Ms. Ratti thinks the document says what she said too, making reference to the first paragraph regarding qualifications, "an effective and proven public administrator with exceptional leadership and management skills...leadership through vision, engagement and a focus on mission will be necessary in addressing a changing landscape." She thinks that they have had a lot of conversation about what she believes this district needs as an effective and proven public administrator with exceptional leadership and management skills. She thinks that is the central point. With regard to the minimum qualifications, it says, "Master's degree in Public Administration and a minimum of five years of progressively responsible management experience OR an equivalent combination of education and experience." When they wrote this, they left that relatively vague and left that door, specifically and intentionally, because there could be an equivalency of years of experience that compensated for a lack of formal education.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Humphreys requested clarification, per their last meeting, that there was no degree qualification for the District Health Officer.</p> <p>Ms. Admirand responded in the affirmative.</p>	<u>NO MOTION</u>
18.	<p>Consideration and Possible Appointment of Kevin Dick as District Health Officer, including Possible Discussion of Salary, authorizing Staff and Human Resources to Negotiate a Contract with Mr. Dick for Board Approval, or Possible Direction to Proceed with Recruitment of a District Health Officer</p>	<p>Council Member Ratti commented that she is a big fan of the work that Mr. Dick has done to date. She believes from her experience at the City of Sparks that giving the opportunity for people within your department to move into the highest levels of leadership is not always the case, but if you can make it happen, is the best thing for the morale of the organization. In Sparks, they have had tremendous success promoting internal candidates over and over again. They know their city, they know their community, and they know their sometimes challenging structural and political environments, and they still choose to stand up and desire to take on the job. She commends them, including her City Manager, Fire Chief, and Police Chief. She is in favor of moving forward to appoint Mr. Dick as the permanent Director. She feels that what they are doing at this point is to start negotiation of a contract for approval of both parties.</p> <p>Council Member Zadra provided two reference points that result in her comfort level as well. First, two years ago, when the City of Reno was looking to replace its City Manager, they had gone through a national search and had a couple of interims, one of which they named as the permanent, which did not last very long for the very reasons that Ms. Ratti described, the ugly political nature of the position. That person just decided that they were much better at other things. They were then presented with the opportunity to hire their current City Manager where there was discussion at the time that he did not have the credentials that you get within municipal management and the full breadth of experience in all of their operating areas. However, he had the skills that they recognized immediately and needed foremost, including the financial and planning side. The City Council was eager to recognize the general management skills, and she believes that he has proven himself to be a tremendous asset to the City and their community. That gives her comfort. She has hired a lot of people in her career; you can either find the one that is going to be a leader of a division, knowing absolutely everything about it, and hoping that they will still give autonomy and authority to their department heads, or you can find someone who is just a very good administrator and leader who seeks the best qualified people to head up the departments without insecurity of perhaps one outshining him in a particular operating area. The second reference point, when they were meeting with the fundamental review team, the three of them shared their experiences of who the best administrators have been in the departments they have been involved. It was a good leader, not someone who necessarily had the public health administrator degree or a MD degree. They also had her remember that they are evaluating right now exactly what the Board asked them to come do, their operating areas. They provided assurance that the areas that are performing to goal and hitting on all cylinders are the departments that Kevin has previously held responsibility before taking on this role. That gave some real affirmation to the opportunity.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Humphreys added that he has also been impressed with the work that Kevin has done; more importantly, he feels that they need to look outside this Board. He has spoken with some staff members and some community partners, and they share that same feeling as well. The Board sees the end results of what he has done, but they see the ongoing, daily work that he is doing and has done. To hear that support from community partners and staff gives him a real positive feeling. He would be in favor of making this permanent appointment as well.</p> <p>Chair Smith added that he sits in a pretty unique position here as he works within Washoe County, City of Reno, and City of Sparks. He has been on the Board for quite a few years, and he checks, as Chairman, with City Managers and people that Kevin communicates with. Looking at the process of the REMSA negotiations, the work he has done with the City of Reno and the City of Sparks, he has received absolute accolades for Mr. Dick's work so far. He sat in the County Manager's application pick last week, and there were about three people who came up to him and said that they are hoping that this all goes through with Mr. Dick getting the job. Mr. Smith is passionate about this; it is the best he has seen here. He really wants this organization to move forward, and he believes that Mr. Dick is perfectly qualified and has everything it takes to get it done.</p> <p>Mr. Dick commented that he is honored by the confidence that the majority of the Board placed in him. He does understand Dr. Hess' concerns, and they have spoken regarding those. He is confident that while he did not support him, due to his concerns, there is nothing personal, and they can have a good working relationship moving forward. In fact, he will be requesting that Dr. Hess assist him with these responsibilities, particularly in their outreach and engagement with the medical community. He added that he would not be willing to accept this appointment if he did not have the confidence in the team here at the Health District with the expertise and leadership within the divisions with the capabilities of staff to support him in this role.</p> <p>Dr. Hess commented that during the fundamental review he talked with the reviewers, and he asked them to suggest some things that Kevin could do to learn about areas where there are weaknesses through continuing education. He advised that he feels really uncomfortable about it, but he is glad that they have Dr. Todd here and the folks in clinical services. He would hope that they could get some direction from them and assist Mr. Dick in filling in some of those gaps.</p> <p>Ms. Ratti commented that she would like to broaden that, because she hears the valid concern but thinks it is bigger than any one individual. During the turndown in the economy, budgets had to be cut very tight, and one of things that got sacrificed was training. It is not just this position; she knows that in the City of Sparks they have employees across the board whose certifications are lapsing without having the ability to get the required continuing education. Every individual in every organization hopefully strives to improve their understanding and become better at their job. She is unclear how the Health District's training and education budgets have fared. When the fundamental review team comes back, she would like there to be an assessment of where the entire team is missing the boat on education. There is also a generation coming out of the workforce with years</p>	<p>Council Member Ratti moved, seconded by Dr. Humphreys, to authorize the Board Chair, with the support of Staff and Human Resources, to negotiate a contract with Mr. Dick for Board approval to appoint him as District Health Officer.</p> <p>Ayes: Smith, Humphreys, Ratti, and Zadra</p> <p>Opposed: Hess</p> <p><u>MOTION PASSED</u></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		and years of experience. If that can be added to the fundamental review or looked at as part of the overall succession planning, she would like to see this broadened across the District.	
*19.	<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. He pointed out an item under Public Health Preparedness and Collaboration on the second page. He explained that he has talked before about the potential need for mass dispensing in the event of a pandemic or bioterror attack. The federal guidance on planning for these is that they have to be able to get to everybody within the community within 48 hours from the decision to go forward. In counting visitors, that is starting to get close to half of a million people, which is a daunting task. One of the methodologies that they have been working on to address that is the concept of not only their own points of dispensing but also partnering with other entities in the community to do points of dispensing. If a company can take care of their own staff and their staff's families, those are people that do not have to get in line at the public points of dispensing. He felt that it was particularly noteworthy that this past month they had collaboration between his division (EPHP), the Community & Clinical Health Services Division (CCHS), and the Reno, Sparks, and Truckee Meadows Fire Agencies, and they were successful in getting 182 EMTs trained in delivery of vaccinations. That will be tremendously helpful in not only them taking care of fellow firefighters and firefighter staff families but also some of the other city and county employees that they may be able to assist as well as being able to add additional capacity to public POD sites. He was impressed with his staff's ability to get that number of EMTs trained, and they look forward to continued collaboration with fire partners.</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. He commented that on page two of four of his division report, the menu labeling article in the newspaper was published a week late. It was not October 16th. It was in yesterday's paper, October 23rd. They are excited that it was in the newspaper as planned. Under Divisional Updates, on the Insight program, the Board saw Mr. Splan receive his award from Netsmart. They are very excited about that. He and Stacy Hardie, one of the CCHS program managers, managing family planning and sexual health programs, presented together at Netsmart. The attendees were very impressed with the level of partnership and cooperation on both the technical and clinical nursing side. That is typically not something that is seen far and wide. It definitely has not been seen at the conference. They were somewhat rather unique in that and look forward to perhaps more unusual presentations at the Netsmart Conference in the future. On page three, under Sexual Health, they talked about the impact from the federal government shutdown as they lost their public health associates for a few weeks, and they did return to work. They are very pleased to have them back, because they add a lot of value to their division.</p> <p>Council Member Zadra asked about the Affordable Care Act enrollment and the major hiccups experienced nationwide and within Nevada. She wanted to know where Mr. Kutz sees that going</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>and what impacts may be realized.</p> <p>Mr. Kutz responded that it will be a challenge to get as many people enrolled in affordable care as they had hoped. On the Health District's end, there are some glitches causing impact in regards to a couple agencies in town that have Enrollment Assisters and Enrollment Navigators planned to get someone on site here. They are still waiting for their final approval and go to launch these people in the community. They have one person enrolled in the Certified Application Counselor Program. It takes about 20 hours of training and then testing and certification in order to obtain a badge from the Nevada Department of Insurance that allows them to talk with clients in order to help enroll them in affordable care. If he was asked a year ago, his thought was that affordable care was going to be great for the community, because people with access to healthcare generally have better health outcomes. That is what they want. He was thinking that it would shrink or possibly eliminate some of their clinical services programs. When he was at Title X, the funding agency for family planning programs across the United States, they said that public health agencies need to rethink that. It is going to be an opportunity for more people to access services. When he and Ms. Hardie came back from the training this last Summer, there was an article in the newspaper that talked about the lack of providers in Nevada, particularly in Northern Nevada, to provide healthcare services. Therefore, as more people get enrolled in Affordable Care, he thinks that they may see more people seeking services. He is working on another collaborative effort with the staff from Administrative Health Services, Ms. Stickney's staff, to execute the contracts so that they can receive reimbursement for the services that they are already providing but receiving little to no reimbursement. He sees it as a great opportunity for the Health District.</p> <p>Dr. Hess commented that it is really important, because there is no copay for preventative services. He asked if they are figuring out Medicaid in order to get paid for those folks as well.</p> <p>Mr. Kutz responded that they have had some issues in getting their reimbursement claims to Medicaid. Ms. Buxton and Mr. Splan recently worked out some of the bugs in the system from Insight that allows them to electronically bill Medicaid. She did just report this morning, in their Insight Work Group, where they meet weekly and have various strike teams working on many aspects of the database, that she did just receive some reimbursements, while fairly small amounts, and has another stack to submit. Therefore, they are submitting claims and getting reimbursement.</p> <p>Council Member Ratti commented that she just had the opportunity to get a report out at one of the earliest assessments about what was happening when people were trying to interact with the exchange, and she thinks everyone knew that there would be some glitches with a major system going online. She also thinks that the most challenging clients would probably show up first, because they are the folks that have been most desperate for insurance. One of the interesting things that they reported out was that a major cause of the slowdown was the amount of people who were crying, because they had been waiting for healthcare insurance for so long that they were in dire straits. The social work aspect of the call as opposed to the enrollment aspect was</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>dramatically slowing down the system. She hears that, and she hears victory. These are people who really need help. The most vulnerable and expensive are going to show up first. Some work does have to be done to ensure that some of the healthy, young folks get on there in order to make sure it works, but there was so much need in this community.</p> <p>Mr. Kutz commented that so much of the population that they serve in their reproductive health program and in their sexual health program, as well as immunizations, are the vulnerable, young adult population who think that they are young and healthy and do not need insurance. Those are exactly the ones that they would like to get into the system now, working on the preventative health aspect as Dr. Hess had mentioned, rather than costing the health system so much money later on. Another interesting point is that it was expected to be quite the learning curve for a large portion of the population across the United States, because so many individuals do not even know how to use insurance. They are simply used to going to an emergency room.</p> <p>Dr. Humphreys commented that as Ms. Zadra mentioned, they have all heard on the news what a challenge it has been for people to access the system. In the State of Nevada, he believes people are fortunate that the State has done a very good job with the Silver State Health Insurance Exchange. It is his understanding that the residents of Nevada can access that directly and not have to go through the federal system that has created such a problem with people.</p> <p>Mr. Kutz responded in the affirmative and commented that on the Nevada Silver State Health Insurance Exchange, the public portal is called Nevada Health Link. The public goes through there, inputs various information about themselves and family members, and it will tell them who qualifies for Medicaid, if a child qualifies for the State Children's Health Insurance Program (SCHIP), also known as Nevada Check Up, and the options for another person to buy insurance through one of the qualified health plans. Nevada has gone above and beyond what is expected of minimum access. Rather than getting three different bills and trying to figure out the overall cost, they will take all of the various plans and then provide one cost and he believes one bill on a monthly basis.</p>	
	<p>C. <u>Director, Environmental Health Services</u></p>	<p>Mr. Robert Sack, Division Director, Environmental Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record. He added that for the past several years, they have been working with the State Health Division on adopting a uniform food code that is based on national FDA standards. The State just had their version of it approved by the State Board of Health. His division has been working with it to make some minor changes to mirror enforcement and permitting, and they are close to being able to take it out to stakeholders. It is a huge regulation, and there will be a lot more information about it in the upcoming months. It is a great step forward, while quite complicated, that is going to allow those food service operators, who know what they are doing, a lot more latitude on providing some updated methods of cooking and handling food, allowing them better inspections as well.</p> <p>He also added that they are going to be looking into regulations for hotels and motels. The weekly motels are making their jobs very difficult with a lot of defects and problems that they are</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>experiencing, along with a high number of changes of ownership. They are closing a lot of rooms. The regulations that are in place are state regulations; the District Board of Health does have the ability to adopt their own. They are very old regulations and mostly geared to the larger hotel properties. They are going to need some work that addresses these weekly motels, because they are the only thing that truly keeps these places from just being true slums. Nobody else is typically able to get into those rooms on some frequency.</p> <p>Dr. Humphreys asked if they sometimes have to have law enforcement accompany them on inspections.</p> <p>Mr. Sack responded that they have not typically except when law enforcement has received numerous calls. In that case, there will be a joint inspection scheduled with law enforcement, code enforcement, business license, building, and them (EHS), going in at the same time to inspect every aspect of a hotel. There are times that they wish they did. They had an employee that was offered a cash bribe at one of these hotels a couple weeks ago in an attempt to make these violations go away. They did direct that employee to report the incident directly to the Sparks Police Department, and it is currently under investigation. In general, he does not feel the need as his staff does a good job of protecting themselves. They are not carrying guns; however, police officers think they should for some of the places they go. They develop that skillset for working in those environments, and when they truly feel that they have a public safety issue, they do involve the police. The police agencies have been pretty good at supporting them.</p> <p>Council Member Zadra encouraged continued work with Alex Woodley with the City of Reno. They recently reassigned and redefined some of his responsibilities, giving him a lot more authority to be able to take on some of these kinds of situations.</p> <p>Mr. Sack responded that each of the agencies has seen pieces of this with these hotels. They are very old and very tough to work with, because a lot of the people living there are living there permanently. This makes it more difficult to get access into to their rooms, and it is not just the property owner's responsibility, some of it involves the people who are living there and how they are living. However, those rooms still need to have some minimum safety standards.</p> <p>Council Member Ratti asked if they are working with Washoe County Social Services.</p> <p>Mr. Sack responded that they typically do not do a lot with the hotels. If there are children involved, they can get involved. Also, if somebody needs adult services assistance, they try and get them involved, but there are not a lot of resources there for these people.</p> <p>Ms. Ratti commented that part of the concern is that the community has a lack of affordable housing. This is the default affordable housing system. While they have done a fabulous job of building affordable housing for seniors in the last five years, they have built zero family and low-income housing for other populations. If they go in with a strong health, shut-it-down approach,</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		then there are impacts on the shelter and so forth. Therefore, she would like to talk about this issue during Item No. 20.	
	D. <u>Acting Director, Air Quality Management</u>	Mr. Daniel 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.	
	E. <u>Administrative Health Services Officer</u>	Ms. Eileen Stickney, Administrative Health Services Officer, presented the monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record. She noted that per the earlier discussion regarding core public health functions, she pulled the report from Amy J. Khan, MD, MPH, for a presentation that was provided to the Board in 2002 (filed). She also provided Dr. Hess the APHA website as a reference.	
	F. <u>Interim District Health Officer and Health District Updates</u>	<p>Mr. Kevin Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Mr. Dick commented that the initial fundamental review site visit took place on October 17th and 18th, after this report was written. The review team was kept very busy on a very challenging schedule of meetings every hour that often ran a little longer. They met with the leadership through the supervisor level within the Health District. He expressed appreciation to the Board Members for taking the time to meet with the review team. The review team also met with an employee group, they met with state agency partners, public health stakeholders, stakeholders from the business community, and the County and City Managers. Unfortunately, they were here at the same time as the County Manager interviews; our representative, John Slaughter, was not able to meet with them but will do something to catch up with them over the phone. Both he and everybody that he has talked to were very impressed with the team. They told him and the Division Directors that they were very impressed with how forthcoming everybody was with providing them with information and having a really positive and constructive approach toward the fundamental review. They did not get the feeling that anybody was holding back or being defensive in this process. They appreciated that everybody was right away working together as a team to try to get the best outcome out of this project. Staff is going to be very busy over the next few weeks, going through the self-assessment process to provide that information back to the review team. Additionally, they are also going to be identifying performance measures that are being used within the programs or that they think they might consider using. Ms. Stickney will be busy compiling a lot of financial information for them in the public health uniform data system format (PHUND\$) that one of the review team members had helped to develop. He thinks that they have had a real good start to the fundamental review; the review team will be back on November 12th and 13th. Then, they will be working to develop their report and recommendations that they will provide back to the Health District as an initial draft at the end of January and provide a briefing and discussion with the Board at the February meeting.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
*20.	Board Comment – Limited to Announcements or Issues for Future Agendas	<p>Council Member Ratti requested that on a future agenda, not necessarily next month’s agenda, as she believes it is bigger than just the Health District and nearing the holiday season, she would like a discussion regarding affordable housing.</p> <p>Chair Smith announced that he met with the new Board Member, David Silverman, and he is excited to join the Board. Unfortunately, before he was appointed, he had a meeting scheduled on this date in Las Vegas. He is going to be a great Board Member, and he is anxious to meet everyone and work with staff. He has already setup some dates to speak with the Division Directors.</p>	
21.	Emergency Items	None.	
*22.	Public Comment (limited to three (3) minutes per person). No action may be taken.	None.	
23.	Adjournment	There being no further business to come before the Board, the meeting was adjourned.	<p>Council Member Zadra moved, seconded by Council Member Ratti, that the meeting be adjourned.</p> <p>MOTION CARRIED The meeting was adjourned at 3:20 p.m.</p>

KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER

WILLIAM FLORES,
RECORDING SECRETARY