

Washoe County District Board of Health Meeting Minutes

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

**Thursday, February 22, 2018
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

1. *Roll Call and Determination of Quorum

Vice Chair Novak called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present:

Dr. John Novak, Vice Chair
Michael Brown
Tom Young
Dr. George Hess
Kristopher Dahir

Members absent: Kitty Jung, Chair
Oscar Delgado

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Chad Westom
Dr. Randall Todd
Catrina Peters

2. *Pledge of Allegiance

Dr. Hess led the pledge to the flag.

3. *Public Comment

As there was no one wishing to speak, Vice Chair Novak closed the public comment period.

4. Approval of Agenda

February 22, 2018

Mr. Brown moved to approve the agenda, for the February 22, 2018, District Board of Health regular meeting. Mr. Dahir seconded the motion which was approved five in favor and none against.

5. Recognitions

A. Years of Service

- i. Genine Rosa, 5 years. Hired 2/25/2013 – AQM

Mr. Dick congratulated Ms. Rosa on her years of service and informed that she is kept quite busy as the engineer in charge of permitting in Air Quality Management.

B. New Hires

- i. Sheila Juskiw, Advanced Practice Registered Nurse, 1/22/2018 – CCHS

Mr. Kutz informed that Ms. Juskiw is the new Advanced Practice Registered Nurse in the Sexual Health Program with twenty-four years of experience as a Nurse Practitioner. He informed that she comes to CCHS from the Minute Clinic at CVS, and that Ms. Juskiw is a native New Yorker who relocated to Nevada eighteen years ago. Mr. Kutz expressed they were excited to have Ms. Juskiw join their team and help implement a new clinic model in Sexual Health.

6. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

- i. January 25, 2018

B. Budget Amendments/Interlocal Agreements

- i. Retroactive approval of Subaward Agreement from the National Association of County and City Health Officials (NACCHO) for the period December 1, 2017 through August 31, 2018 in the total amount of \$8,000 in support of the Environmental Health Services Division (EHS) Food and Drug Administration (FDA) Mentorship Program for Retail Program Standards Grant, IO 11471; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton

- C. Approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of \$100,000 in support of the Recycling and Solid Waste Management Plan program activities for the period April 1, 2018 through December 31, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District. – **(For possible action)**
Staff Representative: Jim English

- D. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2018 – **(For possible action)**
Staff Representative: Anna Heenan

Mr. Dahir moved to accept the Consent Agenda. Dr. Hess seconded the motion which was approved five in favor and none against.

7. *Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

Presented by: Brian Taylor, IHCC Chairman and Sean Applegate, Vice Chairman

Mr. Taylor introduced himself as the Chairman of Inter-Hospital Coordinating Council (IHCC) and expressed his appreciation for being allowed to present the accomplishments of the IHCC at this District Board of Health Meeting. He informed that Mr. Applegate of Northern Nevada Medical Center is Vice Chair of the IHCC and would be along shortly. Mr. Taylor also wished to recognize those present; Secretary Member, Ms. Esp from the Health District, and Drs. Hess and Todd, IHCC Board Members.

Mr. Taylor reminded the Board of his promise made a year ago of the IHCC's plans to focus on the medical needs of the community in 2017. He presented the list of goals decided upon by their Coalition for action in 2017 and informed that most had been achieved with a few due to be completed in early 2018, and that the balance had been rescheduled as goals for 2018.

Mr. Taylor presented the new IHCC logo that had been designed by Ms. Esp, and explained that it represents their medical community involvement and all of the projects that they've worked so hard to accomplish in the last year.

Mr. Taylor reviewed the fifteen exercises conducted in 2017 that ranged from tabletop to full scale, involving all of IHCC's partners working together to prepare for actual feasible incidents that could occur.

Mr. Taylor detailed the trainings that IHCC had provided with the focus on those that were the most beneficial to the local community, and informed their Federal partners had taken notice and designated many members of the IHCC Coalition as subject matter experts in many areas. These members have been consulted by other forming coalitions in the nation, and that they have been called upon to present at national conferences on coalition preparedness and response models. Mr. Taylor stated that the IHCC was featured in the Assistant Secretary for Preparedness and Response Trade Journal as a best practice.

Mr. Taylor informed that the IHCC's focus for 2018 hasn't changed, and spoke of Ms. Conti's presentation at the last DBOH Meeting for future planning guidelines utilizing the Gap Analysis Program. This Program was developed from a federal example by the IHCC who modified it and the mode of implementation in a manner specific to the needs of the community, and use it as a tool for the Coalition to strategically identify areas that require work. Mr. Taylor stated that their Federal partners have asked the IHCC about their modifications and if they could use it as a model for other communities to make the Program regionally specific.

Mr. Taylor informed that the region's Mass Casualty Incident (MCI) Plan is designed for small to medium sized disasters and is one of the best in the nation. He stated that one IHCC project for 2018 involves creating a MCI Plan for large scale and/or multiple location incidents in Washoe County to provide the resilience necessary to manage a disaster of that magnitude. He stated that Ms. Dayton of the Health District and IHCC partners had been working on this plan prior to the Las Vegas incident, and they are working hard to complete it for the approval of the District Board of Health.

Mr. Taylor expressed it is his honor to Chair for the IHCC for one more year, and thanked the District Board of Health for their support of the IHCC; assuring personnel and tools be available to conduct exercises and implement plans that create resiliency to respond to incidents within the community. He noted that Mr. Applegate had joined the meeting and would be the next Chair of the IHCC.

Mr. Dahir expressed his appreciation for the work of the IHCC, and inquired if information is available from this collaboration of hospitals that would benefit the initiative to assist the region's homeless population. Mr. Taylor replied that it was not what they usually do, but that they would do what is right for the community. He stated that this

request would be presented to the IHCC and their partners to discern if they may have information that would help with this issue. Mr. Dahir opined that any information that IHCC could provide would be valuable. Mr. Taylor requested Mr. Dahir to meet with one of the members to advise the types of information he is hoping to obtain and it would be presented in an IHCC meeting.

Dr. Hess stated his reason for involvement in this organization is that, at the time he became a member, it was the only organization of hospitals working together to benefit the community. He informed that it is an organization that works very well at achieving their goals.

Dr. Novak expressed thanks to all those involved with the IHCC for their hard work and many volunteer hours, and stated that they all have done an amazing job in preparing for mass casualty incidents, large and small.

Mr. Taylor stated that he would extend Dr. Novak's thanks to the entire group.

8. *City of Reno motel inspection program.

Presented by: Alex Woodley, Code Enforcement Manager

Mr. Woodley thanked Mr. Dick and the Health District Staff for their assistance in this presentation and their work on the ordinance designed to improve conditions in the area's motels used as long-term rentals. He informed that Washoe County Health District uses the payment of lodging taxes to determine if the property is subject to regulation by the Health District. For tenants remaining beyond twenty days, or ten days for a Nevada resident, the property is not required to collect lodging tax. Therefore, the standards for motel inspection were identified as needing revision to regulate motels used in a manner other than the current regulations for transient lodging are written for.

Mr. Woodley stated that these motels are a large part of the affordable housing inventory because there is no lease, no utilities to pay and no deposit required. Rent amounts range primarily from \$150-225 per week, and motel owners estimate the percentage of senior citizens at approximately fifty percent of the long-term tenants.

Mr. Woodley noted that, while there is a need for more affordable housing, they want to assure the current inventory is safe and healthy for the tenants.

Mr. Woodley informed that the City of Reno does not currently have a classification for motels being used as long-term rentals, and an exact number of motel properties used as such is difficult to obtain because some have been demolished and units can be rented alternatively as transient or long-term. In 2017, Washoe County Human Services assisted with a count of these motel properties, and seventy-five had been identified. Although numbers from a new count in early 2018 were not available at the time of the meeting, Mr. Woodley opined it would be a smaller number due to the demolition of approximately six motels.

Mr. Woodley informed that in 2014, sixty motels rented as long-term housing were identified in the downtown area with 82% of those at sixty years or older and the remainder were forty years or older. The age of the structures along with maintenance issues contribute to poor conditions.

Mr. Woodley stated that the Washoe County Health District focuses on the public health and safety of transient lodging. The City of Reno and Health District inspect for similar criteria and work together on many occasions as a task force when conditions warrant. He related that a provision of the new ordinance would provide for annual, proactive inspection to assure compliance with existing standards, and that the City of Reno's scope of jurisdiction includes not only the housing codes and requirements, but public nuisances and zoning and building codes, as well.

The proposed ordinance would require motel owners to identify their business model and to operate as either a transient or long-term property, to obtain the appropriate business license and comply with the required annual inspection by code enforcement officers of each unit and the exterior of the property as relates to zoning, building and nuisance code requirements. Other requirements would include that clean linen be provided weekly.

Mr. Woodley informed of programs and requirements to help reduce crime and make motels safer and healthier, while minimizing the potential for increased rents to the tenants.

Mr. Dahir inquired how this plan can be implemented without impacting the motel owners to the extent that these rentals would become unavailable and thereby increasing the homeless population. Mr. Woodley informed that there would be time given for the owners to come into compliance with the new ordinance, and that leverage for compliance would range from civil citations to property liens and suspension of the business license. He stressed that, regardless of these impacts, they would work to assure no tenant is displaced for negative consequences levied on the owners.

Mr. Woodley informed that there had been six meetings with the motel owners, two of which were public workshops. He stated there had been some resistance to the proposed ordinance, with the greatest concern being a potential requirement to install kitchenettes in each unit.

Mr. Young expressed that the rents charged per week for these motel units seem to be quite high.

Mr. Dick informed that this presentation is not an action item and so the DBOH could not act on it, but wished to assure Board Members that the Health District would continue to work closely with Mr. Woodley and the City of Reno. He expressed that Mr. Woodley had been a great partner for the Health District longer than Mr. Dick had been with the Health District, and wished to acknowledge Mr. Woodley as the Truckee Meadows Healthy Communities Steering Committee Member representing the City of Reno. Mr. Dick thanked Mr. Woodley for his work and his presentation.

Mr. Dahir inquired of Mr. Dick what the Health District's role is with the City of Reno in the inspection and regulation of motels. Mr. Dick informed that the Health District works closely with the City of Reno and will form a joint task force to inspect properties as needed. He stated that the Health District would not have jurisdiction over a property that is a long-term rental, but would provide public health training support for the City of Reno inspectors.

Mr. Woodley added that neither the Health District nor the City of Reno refuses to respond to a complaint and will include the other entity in the inspection.

Mr. Dahir inquired if the new ordinance would provide the Health District with a broader range of jurisdiction. Mr. Dick informed that the ordinance would not affect the Health District's range of authorities, but would provide for a proactive program for the City of Reno to regulate the non-transient motels.

Dr. Novak stated the City of Reno, Health Department, and Fire and Police Departments comprise a task force when inspection of a property is necessary, and this ordinance will define the parameters under which the property is regulated.

9. PUBLIC HEARING: Presentation, discussion and possible adoption of the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions. – (For possible action)

Staff Representative: Charlene Albee

Ms. Albee informed that the item presented is the final step in the adoption of the proposed regulations to remove the requirement for Phase II vapor recovery on gasoline

dispensing facilities. She stated that the regulations were previously adopted by the District Board of Health in the process of submission to the EPA wherein it was discovered the item had been published only twice when three times is required. She confirmed that the item had since been published three times, had offered workshops again and received no public comment. Ms. Albee noted that the Business Impact Statement had been adopted last month by the DBOH, and that nothing had been changed since the previous adoption.

Vice Chair Novak inquired of Ms. Admirand if this item needed to be acted upon since it is the same information as previously approved. Ms. Admirand confirmed that the Board was required to act on this item.

Vice Chair Novak informed that there was Public Comment for agenda item number 9, Ms. Cathy Brandhorst.

Ms. Brandhorst expressed concern for the local air quality.

Vice Chair Novak closed the public comment period.

Mr. Brown moved to adopt the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions. Mr. Young seconded the motion which was approved five in favor and none against.

10. Regional Emergency Medical Services Authority

Presented by: JW Hodge

A. Review and Acceptance of the REMSA Operations Report for January, 2018 – **(For possible action)**

Mr. Hodge informed that an updated Accounts Receivable Summary had been provided, and was available to answer any questions.

Vice Chair Novak informed that there was Public Comment for agenda item number 10, Ms. Cathy Brandhorst.

Ms. Brandhorst spoke to the benefit of REMSA to the community.

Vice Chair Novak closed the public comment period.

Dr. Hess moved to accept the REMSA Operations Report for January, 2018. Mr. Dahir seconded the motion which was approved five in favor and none against.

B. *Update of REMSA's Public Relations during January, 2018

Mr. Hodge wished to extend thanks to the Chief Brown from REMSA and their regional partners for organizing a trip to Las Vegas to view their communications center and operation. He stated it provided a great perspective for future opportunities.

Mr. Hodge informed of scheduled meetings with Mr. Dow and the regional Fire Chiefs to work toward dispatch and communication improvements.

11. Presentation and possible acceptance of a semi-annual progress report on the 2017-2020 Strategic Plan – (For possible action)

Staff Representative: Christina Peters

Ms. Peters informed that the slight revisions suggested at the November Strategic Planning Retreat had been implemented in the Strategic Plan initiatives, and detailed the changes and progress made in the first half of the current fiscal year.

Regarding the Remote Area Medical (RAM) Event held in September of 2017, Mr. Dahir stressed the importance of devising improved methods of increasing the community's access

to the medical services provided.

Mr. Dick informed that this topic had just been discussed at the last Truckee Meadows Healthy Communities (TMHC) meeting. He noted that the RAM Module involves constraints around the delivery of services and the collection of patient's information which hindered the ability to provide follow up care. Therefore, TMHC's development of the Community Health Improvement Plan will consider the potential for an event similar to that of the RAM Event, but will avoid those constraints and align with the Strategic Plan Priorities.

Mr. Dahir opined that, as the population grows, the medical services provided free of charge at events such as this will be more in need. He requested that the DBOH be kept apprised of event details to allow them to inform their communities.

Mr. Young inquired of Ms. Peters which fiscal goal of the nine reported was not on track. Ms. Peters informed she didn't have the details with her, but that she believed it was around reporting a dollar amount for Quality Improvement projects. She stated that some of the items that show not on track or not achieved is due to the timing of that initiative's reporting cycle.

Mr. Young moved to accept the semi-annual progress report on the 2017-2020 Strategic Plan. Mr. Brown seconded the motion which was approved five in favor and none against.

12. Approval of the Fiscal Year 2018-2019 Budget - (For possible action)

Staff Representative: Kevin Dick

Mr. Dick wished to acknowledge the work of the Divisions with the Health District Fiscal Compliance Officers on budget development and Ms. Heenan's work with FCO's and Divisions to compile this information into the Health District budget. He stated that, while he would present the report, he did not want to purport that he was responsible for the great work that went into this budget that represents what they believe to make the best financial sense moving forward.

Mr. Dick informed he would begin with FY18 accomplishments, review the Health District programs supported by the budget, provide a summary of revenues and expenditures planned for FY19, detail the sources and uses of funds as will be reported to the State, the impact of these recommendations on future fund balances, and end with next steps.

Mr. Dick noted that some of the accomplishments were reviewed in Ms. Peter's report on the Strategic Plan, such as the Health District's application for Accreditation, preparation of the updated Community Health Needs Assessment, identification of priority areas for the new Community Health Improvement Plan, the substantial progress in implementing the Strategic Plan, and continuing to lead the Truckee Meadows Healthy Communities Cross-Sectoral Coalition.

Mr. Dick detailed the twenty-two Health District programs areas identified in and supported by the budget. He noted that the overall budgeted revenues are up 3.1 percent from the FY18 adopted budget and explained the components to the Board.

Mr. Dick then detailed expenditures for the Board which is an increase of approximately 5.1 percent from FY18. He noted that salaries, wages and benefits are the largest expenditures, while services and supplies have increased dramatically due to the expected cost of mosquito abatement.

Mr. Dick reported on the above base requests being made for FY19 including Vector's mosquito abatement program, and new positions including the Health Government Affairs Manager position, Medical Billing Specialist for CCHS, Office Assistant II for AQM, and

the Environmental Health Specialist that is contingent on the agreement with the City of Reno to fund that position. Also proposed is funding for an Intermittent Hourly position to be used for surge capacity across the divisions.

Mr. Dick noted that the increase in biologicals for the Immunization Program is to purchase more vaccine for immunizations, and the expense will be recouped through billing for that service.

Mr. Dick stated that the budget includes funding to support projects under the Community Health Improvement Plan. He explained the budget also includes local support for staff previously supported by grants, now that grant funding is not sufficient to support those staff members.

Mr. Dick informed that the Format of Sources and Use for Funds required to be reported to the State shows the FY18 Approved Budget with an approximate 20% ending fund balance, and that the proposed FY19 Budget includes the expenditure of a portion of that balance to align with the County's recommended end fund balance range of 10-17%. He informed on a priority of the Strategic Plan to develop an agreement with the County to rebase the Health District for the costs of increased wages and benefits that the County negotiates. Mr. Dick opined it isn't likely to be accomplished this year in light of the ending fund balance and the financial state of the County this year, and noted that this budget was calculated with a flat funding transfer from the County with the exception of the request for mosquito abatement costs. All other above base requests would be funded by the Health District.

Mr. Dick presented a financial forecast for the next three years, calculated with a flat funding transfer from the County, and noted that he was working diligently to obtain the previously mentioned agreement with them. He stated it has been his experience that the ending fund balances would be better than presented due to not fully expending the budget during each fiscal year.

Mr. Dick explained the next steps in the budget approval process, with the Board of County Commissioners set to adopt the final budget at their May 15th meeting and the County budget will then be delivered to the Board of Taxation on June 1st.

Mr. Dick stated that staff is recommending the District Board of Health approve the Fiscal Year 2018-2019 Budget, and noted that approving it at this meeting does not prevent adjustments that may be necessary as they work through the process.

Mr. Dick informed that he had been able to present the budget with Ms. Heenan to Councilman Delgado and to Chair Jung in a separate meeting, and, although they were not present at this meeting, they were both in support of the budget. He stated that he and Ms. Heenan would be happy to answer any questions.

Dr. Hess inquired if the Health District had more to do with Accreditation this year. Mr. Dick informed that there was much more to be done. Dr. Hess inquired if it was known how much this process is costing the Health District, and Mr. Dick informed that the initial Accreditation fee of \$21,000 had been paid within the FY17/18 budget and there had been a position established to support initial Accreditation efforts, as well.

Dr. Hess expressed concern of the costs associated with Accreditation, and inquired if there would be a fee charged annually. Mr. Dick confirmed that the annual fee is built into the budget and that it would be the same amount paid upon renewal in five years. Dr. Hess inquired if the cost of Accreditation was worth the benefit. Mr. Dick stated that they had proceeded with approval of the Board, and while there was a cost for the Accreditation process, there was also benefit to the Health District of the Accreditation process. He opined that there had been so much invested in the attainment of Accreditation that it should be

completed.

Mr. Dick informed that it is believed there will be future requirements for Public Health Districts to become accredited to be eligible for federal funding, and noted that the state of Ohio has already passed the requirement that Health Districts be accredited into law.

Ms. Heenan stated she wished to clarify that there was not a deficit forecast for the Health District and explained the details of the expenditures within the budget. She informed that the support for the Community Health Improvement Plan (CHIP) projects was a one-time expenditure and would reduce the ending fund balance to align with the County recommended range, while giving back to the community through the CHIP projects.

Dr. Hess inquired about the forecast budget balance in 2021 being at the bottom limits of ending fund balance, and Ms. Heenan confirmed Mr. Dick's statement that these budget numbers are predicated on the entire budget being spent, which, historically, has not been the case. She informed that there is normally two percent of the budget that is not spent, that the budget is monitored annually and the forecast is projected to be better than it appears.

Mr. Dahir stated he is familiar with budget processes as they are similar to those of the City of Sparks, and understands how the forecast and actual ending fund balances can differ. He opined that Accreditation is a valuable tool in the improvement of the quality of the Health District's function.

Mr. Dahir inquired if the budget was calculated to anticipate the community's growth. Ms. Heenan informed the population is factored into the projections for the revenues. Mr. Dahir agreed with Dr. Hess that it is good to be cautious, but opined that the projected budget was a tool to show the County the result of flat funding, and inquired if Mr. Dick was in agreement.

Mr. Dick agreed that, if the County perceives that the Health District is not in need of compensation for increased wages and benefits, they would continue to expend those funds within the other County departments to the detriment of public health in the community.

Mr. Young inquired the amount budgeted for the Government Affairs Manager. Ms. Heenan informed the amount as \$112,000 for salary and benefits.

Dr. Novak stated that, in regards to Accreditation, the largest sum had been paid from the current year budget and it would be approximately \$8,000 per year thereafter. He informed that several more states are expected to follow Ohio in the requirement of Accreditation, and that it is expected that accredited Health Districts will be given some preferential positioning on federal funding.

Mr. Dahir moved to approve the Washoe County Health District Fiscal Year 2018-2019 Budget as presented. Mr. Brown seconded the motion which was approved five in favor and none against.

13. Authorize the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided. – (For possible action)

Staff Representative: Steve Kutz

Mr. Dick informed this item is proposed in order to streamline the ability to adjust fees charged for services provided in Health District clinics as recommended by entities such as the US Preventative Task Force, Centers for Disease Control and Prevention, etc., without the delay of bringing each adjustment for approval by the District Board of Health. He opined that this would allow the Health District to provide better public health and allow for more timely changes if the Board would allow him to make the fee adjustments. Mr. Dick

informed that the approvals could be included in his monthly report and then would be brought to the Board for approval in the three to five year schedule as previously discussed. He explained that it would also save staff resources for the preparation of a staff report for each item.

Dr. Hess stated he had thought the schedule for fee approval was more frequent than three to five years. Mr. Dick informed the proposal was for his approvals to be detailed in his monthly report to the Board, and would then be brought before the Board as the entire CCHS fee schedule for their approval.

Mr. Kutz opined that this proposal would allow for better usage of staff time as well as in the time spent by the District Board of Health in review of these fee changes. He stated that the example in the report spoke to eight fee changes brought before the Board in the past two years and expressed hope the Board would approve this proposal.

Mr. Dahir inquired why the schedule for review of the CCHS Fee Schedule is three to five years instead of annually. Mr. Dick informed that when the new CCHS Fee Schedule was adopted, it was decided that any adjustments would come back to the Board on a three to five year schedule. This time frame was decided upon because of the decision to adjust these fees for the increase in the Consumer Price Index as projected out for five years, due to the extensive process in the adjustment process.

Dr. Novak stressed that the District Health Officer's monthly report to the Board would detail any increases in fees.

Mr. Kutz confirmed that the adjustments to the fee schedule would only be in response to recommendations and reports through the ACIP and would be recommended by their medical consultant.

Mr. Dahir moved to approve the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided, with the provision that the DHO report on any approvals made in his monthly report to the District Board of Health. Mr. Young seconded the motion which was approved five in favor and none against.

Vice Chair Novak informed that there was Public Comment for agenda item number 13, Ms. Cathy Brandhorst.

Ms. Brandhorst spoke to the services provided by the Health District.

Vice Chair Novak closed the Public Comment Period.

14. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County - (For possible action)

Staff Representative: Leslie Admirand

Ms. Admirand informed that Section 7C of the Interlocal Agreement between the Cities and the County that creates the Health District requires that the Interlocal Agreement be reviewed by the Board each year. She stated that a copy of the current Interlocal Agreement that was approved in 1986 and a copy of the first amendment approved in 1993 are included in each Board Member's packet. She informed that, prior to 1959, the Cities and the County had their own Health Departments that operated independently on separate budgets. In 1959, the Legislature passed a law that would allow them to combine those services and form a

Health District. This was accomplished by the local entities in 1962 with the decision to consolidate certain services, and they entered into an informal, unwritten agreement. In approximately 1972, the parties formalized a written agreement for the Health District. That agreement was amended in 1986 and that is the copy included in the packet.

Mr. Brown informed that he had talked with the City of Reno and a change in management there has prompted them to request a delay in accepting the ILA to allow them time to review the document. He requested this item be tabled until the March District Board of Health Meeting, and Ms. Admirand informed that delay would not be an issue with the annual requirement for review.

Mr. Brown made a motion to table the Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District until the next scheduled District Board of Health Meeting. Mr. Dahir seconded the motion which was approved five in favor and none against.

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

Ms. Albee informed that she did not have anything to add to her report but was available to answer any questions.

B. Community and Clinical Health Services, Steve Kutz, Director

Divisional Update – Health Information Exchange; Data & Metrics; Program Reports

Mr. Kutz presented a video on the Health Information Exchange that was also included in his monthly report. He stated that CCHS was excited to be part of this grant opportunity that the Division of Public and Behavioral Health is putting forward to CMS with the hopes it is funded, as joining in the Health Information Exchange can be quite costly. He opined that it would improve medical records information for their clients and to would benefit other healthcare providers by becoming part of the health information source.

Dr. Novak inquired who would this video be presented to, and Mr. Kutz informed that it was not the Health District's video, but was accessed from a HIE Town Hall Meeting for presentation to DBOH.

C. Environmental Health Services, Chad Westom, Director

EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

Mr. Westom informed that he had nothing to add to his report, but would be glad to answer any questions.

Vice Chair Novak noted that there had been a request to speak on this item. Ms. Admirand confirmed that staff reports are non-action items and the Board does not take public comment on non-action items.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Vice Chair Novak thanked Dr. Todd for a nice presentation to their Rotary Club.

Dr. Todd provided an update to the influenza portion of his report. He informed that for CDC Week 7, the twelve participating sentinel providers reported a percentage of persons seen with influenza like illness (ILI) of 3.1%, which is above the regional baseline of 2.4%. In CDC Week 6, the percentage of visits to U.S. participating sentinel providers due to ILI was 7.5%, above the national baseline of 2.2%. Regionally, the percentage outpatient visits for ILI ranged from 3% to 11.8%. He informed that EPHP had received seven death certificates for Week 7 that listed pneumonia or influenza as a factor contributing to the cause of death. The total number of deaths submitted for Week 7 was 105, or 6.7%. He informed that the total number of deaths registered in Washoe County for the 2017-2018 Influenza Surveillance Season is 177, which reflects an overall P&I ratio of 8.9%.

Dr. Todd informed that this has been a banner year for influenza, and laboratory confirmed cases of influenza with 4,572 total cases, 451 hospitalizations, 183 had been vaccinated, 78 were admitted to the intensive care unit and the total death count is 21. He informed that Washoe County rates of ILI began declining in December 2017 with Influenza A being the most common type, but then rose slightly again, with the type of flu being predominantly Influenza B. He noted that the western states have statistics similar to Nevada, while the ILI rates in states farther east were climbing.

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – FY19 Budget, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Other Events and Activities and Health District Media Contacts.

Mr. Dick informed that Enterprise Community Partners, who is working with Truckee Meadows Healthy Communities and Truckee Meadows Regional Planning Agency (TMRPA) on a Regional Affordable Housing Roadmap, had met with local stakeholders in early February. He stated that they had provided a presentation to the TMRPA Governing Board, and a leadership team had been formed for the Roadmap Project during their visit. Mr. Dick informed the leadership team includes the City and County Managers, the EDawn President, Nevada Housing Division Administrator, the RTC Division Executive Director, the Reno Housing Authority Executive Director, Renown Health CEO and Senator Julia Ratti. During that meeting, Mr. Dick stated that they were able to come to a consensus around a Mission Statement and Values.

Mr. Dick reported that Mr. Tony Ramirez with HUD has been one of the Project Partners in the Affordable Housing initiative, and the Regional Housing and Urban Development Administrator had come to meet with Enterprise during their visit and he had provided public comment at the TMRPA Governing Board Meeting regarding his support for the project.

Mr. Dick stated that the Washoe Regional Behavioral Health Policy Board met for the first time in February, which is a regional board created through AB366 to provide regional input on behavioral health policy to the state. He informed that the Board has a BDR provided to it and that the Legislation requires the Board to meet quarterly.

Mr. Dick informed that Mr. Duarte with Community Health Alliance had been elected as the Chair of the Committee and Ms. Leslie with Washoe County Human Services is providing support for the Board. Another meeting for the Washoe Regional Behavioral Health Policy Board is scheduled for March 12th. He opined the Board is off

to a good start and will be working aggressively to develop recommendations for the BDR.

16. *Board Comment

As related to the recent school shooting and the conversation about mental health, Mr. Dahir inquired if there were actions that could be taken to stem these tragedies. He noted that there may be some movement in Washington DC and fiscal opportunities may be present for the Health District to obtain funding to support initiatives around mental health.

17. *Public Comment

Ms. Brandhorst spoke to the critical function of the Health District in the community.

18. Adjournment

Vice Chair Novak adjourned the meeting at 3:25 p.m.

Possible Changes to Agenda Order and Timing: Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website:

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.