

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
May 27, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; Councilman Dan Gustin; Commissioner Kitty Jung; Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: George Furman, MD

STAFF: Eileen Coulombe, Acting District Health Officer; Bob Sack, Director, Environmental Health; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Bev Bayan, WIC Program Manager; Steve Fisher, Department Computer Application Specialist; Jeanne Rucker, Environmental Health Specialist Supervisor; Yann Ling-Barnes, Environmental Engineer; Tracie Douglas, Public Information Officer; Curtis Splan, Department Computer Application Specialist; Laurie Griffey, Office Support Specialist; Peg Caldwell, Registered Nurse I; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Mr. Matt Smith, Vice Chairman, District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Ms. Janet Smith, Recording Secretary, advised that Dr. Furman is excused.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – MAY 27, 2010

Chairman Humphreys advised that during item 6. Recognitions Peggy Quinlan, Environmental Health Services and Lilia Sandoval , WIC Program will not be in attendance; that the Resolution

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from the Board of County Commissioners will be read by Commissioner Jung; that item 11. Review and Acceptance of the Monthly Public Health Fund, should read "April" and not March 2010.

**MOTION: Ms. Jung moved, seconded by Mr. Smith, that the agenda for the District Board of Health May 27, 2010 meeting be approved as noted.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – APRIL 22, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the April 22, 2010 meeting.

Ms. Jung advised that there is a typographical error on page 9, the last paragraph, the last word of the fifth line, should be "...on..."; and on page 19 the first line in the third paragraph should read "...NPR today.....available on NPR.org.;....."

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the minutes of the District Board of Health April 22, 2010 meeting be approved, as corrected.
Motion carried unanimously.**

RECOGNITIONS

Chairman Humphreys and Ms. Eileen Coulombe, Acting District Health Officer, presented Certificates of Recognition to Ms. Laurie Griffey for **5 Years-of-Service**; and Ms. Patsy Buxton for **10 Years-of-Service**.

Ms. Jung

Advised that the following Resolution was adopted April 27, 2010, by the Board of County Commissioners. Read in full into the record the Resolution presented to the Health District by the Board of Washoe County Commissioners in Recognition of the Outstanding Efforts of the Staff of the Health District During the H1N1 Outbreak and Their Commitment to Public Health and Protecting the Lives of Washoe County Residents and Visitors.

As the Board of the County Commission elected representative, she appreciated being the Board of Health member during that time, as she was provided excellent information, which she presented to the Commission, including correcting misinformation. Initially she had concerns

regarding the Health District's ability to "meet the challenge"; that she should have "never doubted the Health District's ability; that the Health District performed a Herculean job, which was recognized by the Board of County Commissioners, the State and throughout the nation"

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

Thanked Commissioner Jung for the Resolution, stating "he is pleased to accept the Resolution on behalf of the Health District; that Staff "from every single Division participated in the success of the H1N1 clinics, as did the efforts of the volunteers from the Sheriff's Community Emergency Response Team (CERT) and the District's Medical Reserve Corps (MRC), which made the response possible." Demand for the H1N1 has decreased significantly; therefore, beginning next week the H1N1 will be provided by "appointment only" as are all other immunizations. "On behalf of all those who worked so hard thank you."

Chairman Humphreys commended the efforts of Staff and the volunteers in addressing "the public health scare, the exercises, clinics and team effort of all involved to achieve such a positive result."

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENT

The Board was advised Staff recommends **approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles (DMV) for the DMV Excess Reserve Grant Program (IO 10685) to extend the contract period through June 30, 2011.**

The Board was advised Staff recommends **ratification of the Agreement between the Washoe County Health District and the Carson Valley Medical Center in the amount of \$5,286.49 to transfer medical surge capacity equipment to Carson Valley Medical Center.**

The Board was advised Staff recommends **ratification of the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$3,767.24; and ratification of the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56, to transfer medical surge capacity equipment to Northern Nevada Medical Center.**

The Board was advised Staff recommends **ratification of the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$10,098.02;**

and **ratification** of the **Agreement** between the **Washoe County Health District** and **Saint Mary's Regional Medical Center**, in the amount of **\$7,885.14**, to **transfer medical surge capacity equipment to Saint Mary's Regional Medical Center**.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Incline Village Community Hospital** in the amount of **\$395.06**; and **ratification** of the **Agreement** between the **Washoe County Health District** and **Incline Village Community Hospital** in the amount of **\$6,142.89** to **transfer medical surge capacity equipment to Incline Village Community Hospital**.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Renown Regional Medical Center** in the amount of **\$15,840.56**; and **ratification** of the **Agreement** between the **Washoe County Health District** and **Renown Regional Medical Center** in the amount of **\$10,014.80** to **transfer medical surge capacity equipment to Renown Regional Medical Center**.

The Board was advised that Staff recommends **approval** of the **Grant Program Contract** between **Washoe County** and the **Washoe County Health District** to award **Local Emergency Planning Committee (LEPC) Grant Funding** for the **Hazardous Materials Program** in the amount of **\$12,950** for the period upon approval through June 30, 2011.

The Board was advised that Staff recommends **approval** of the **FY 10 Budget Amendments totaling an increase of \$15,000** in both revenue and expense in support of the **National Association of County and City Officials (NACCHO) ACHIEVE Program Grant budget (IO 10846)**.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that Amendment #1 to the Interlocal Contract; the Agreements with Carson Valley Medical Center; Northern Nevada Medical Center; Saint Mary's Regional Medical Center; Incline Village Community Hospital; Renown Medical Center; the LEPC Grant Program Contract; and the FY 10 Budget Amendments in support of the NACCHO ACHIEVE Program Grant Budget (IO 10846).
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – April 2010

Mr. Jim Gubbels, Vice President of REMSA

The Board members were provided with a copy of the April 2010 Operations and Financial Report; that the emergency response time for life-threatening calls in April was 94% and 97% for non-life threatening calls. The monthly average bill for air ambulance service for April was \$5,836, with a year-to-date average of \$6,512. The monthly average bill for ground ambulance service for April was \$894, with a year-to-date average of \$934.

Dr. Khan

Questioned the number of ground transports for April as compared to the number of transports for the past few years as to whether the numbers are increasing, decreasing or remaining status quo.

In response to Dr. Khan

Mr. Gubbels advised that ground transports have decreased approximately "5% overall for the month of April"; that it is typical to "have these swings and then [transports] will begin to increase in June and July because of tourism traffic." "There were more sick people transported in April 2009."

Dr. Khan

"With the economic down-turn more and more people are not covered by insurance and are; therefore, not accessing care until they are more seriously ill"; that she was questioning if that trend "was reflected in a month-to-month or year-to-year comparison" by REMSA "where people that need transport, who weren't getting care in a timely manner because of lack of access."

In response to Dr. Khan

Mr. Gubbels stated that REMSA has not experienced that trend yet; that currently the decrease "is probably more related to tourism than it is related to health-care benefits at this time."

In response to Ms. Ratti

Regarding the allowable average for ground transport, Mr. Gubbels advised that when the monthly allowable average bill for transport has exceeded the "allowed amount for the year", the REMSA Governing Board will approve an adjustment "to the base and mileage rate." REMSA is closely monitoring the month of May; that REMSA has lowered the base and mileage rate; therefore, the average will be reduced; that through these efforts it is anticipated the allowable average rate of \$922 will be achieved. Should the average allowable be exceeded the amount of overage (i.e., \$1, \$2, \$3, etc.), will be subtracted from next year's allowable average bill. Regarding "averaging high and then adjusting", Mr. Gubbels stated "the majority of the amount is influenced by the mileage; that as more transports are further and further out it increases the average bill; that the average bill is then adjusted through the mileage rate."

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the REMSA Operations and Financial Report for the month of April 2010 be accepted as presented.
Motion carried unanimously.**

B. Update – REMSA's Community Activities Since April 2010

Mr. Gubbels

Mr. Smith apologizes for not being present; however, Dr. Paciorek a physician from Poland is at REMSA for today and tomorrow to review the system; that Dr. Paciorek was here five (5) years ago with a group of foreign physicians sponsored by UNR, for the purpose of touring the University and the medical community. Dr. Paciorek will be studying the operational and Systems Status Management components of REMSA to establish those aspects of the system in his country.

PRESENTATION – APPROVAL – WASHOE COUNTY DISTRICT HEALTH DEPARTMENT'S
FRANCHISE COMPLIANCE REPORT – REGIONAL EMERGENCY MEDICAL SERVICES
AUTHORITY (REMSA) – JULY 1, 2008 THROUGH JUNE 30, 2009

Ms. Coulombe

Introduced Ms. Peg Caldwell, Registered Nurse, advising that Ms. Caldwell is to be commended for her efforts in monitoring and reviewing all of the data necessary to prepare the annual Compliance Report for the Regional Emergency Medical Services Authority (REMSA). The Board members have been provided with a copy of the Health District's annual Franchise Compliance Report for the period of July 1, 2008 through June 30, 2009.

Last month the Board discussed the Health District's and the District Board's "oversight responsibilities" of the REMSA system; that Staff recommends the District Board of Health determine REMSA to be in compliance with 31 of the 31 performance requirements for Fiscal Year 2008/2009, based upon Staff's in-depth analysis and commitment to the oversight role of the District Board of Health.

There are thirty-one (31) Sections within the Franchise Agreement; that Staff has delineated in italics the excerpt, which is pertinent to each Section of the Franchise, to provide the context of compliance. REMSA was in compliance with the requirements stipulated in Section 28. *REMSA's Annual Compliance Report and DHD Monitoring of REMSA*, which requires the District Health Officer to report on REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year; however, the Health District did not present the report by the March meeting; therefore, the Health District was not in compliance. With the approval for funding of the Emergency Medical Services Coordinator position, it is anticipated the Health District will be in compliance with the ninety (90) day reporting requirement.

Ms. Ratti

She would question the finding of compliance for Section 2. *Board Meetings*, as the requirement is for a monthly meeting and the REMSA Governing Board held six (6) meetings during the year; therefore, REMSA was not in compliance with this Section. She is aware it is not always possible to obtain a quorum and perhaps it is not necessary for the REMSA Governing Board to meet "once each calendar month as the standard"; however, the standard of the Franchise is once a month; therefore, she would question if Staff has the flexibility to determine "the spirit/the concept is being met." She has no objection to the REMSA Governing Board not meeting every month; that if it is too difficult to comply with the "once a month" standard rather than indicate compliance with the standard it may be more appropriate to adjust the standard; that she would question Staff's determination of compliance when the REMSA Governing Board conducted six (6) meetings.

In response to Ms. Ratti

Ms. Coulombe advised that the monthly meetings were scheduled and then canceled due to the lack of quorum as noted; that in reviewing the compliance "the intention was to meet"; that (perhaps) the report should have indicated "substantially in compliance."

Ms. Ratti

As Staff and the Board are aware, she has concerns regarding the District Board of Health "providing governance and oversight through this Agreement; therefore, if the [District Board] sets a standard, then that's the standard", and she would question if historically Staff "has had flexibility in interrupting that standard."

In response to Ms. Ratti

Ms. Coulombe advised that "this may be an issue for the Ambulance Service Study Committee (item 16.), to provide direction to Staff."

As to the "flexibility given to Staff to interpret compliance", Ms. Coulombe stated that there is a working group which reviews the compliance of the various Sections; that "she does not have a specific answer such as 26 of the 31 are black and white of being strictly in compliance; that she would have to review that." There is a "standards check-list for reviewing the Sections for compliance"; however, she did not bring that with the Report.

Ms. Ratti

"If the standard is not appropriate (i.e., a monthly meeting), then the standard should be reviewed"; that the question is "is the [District Board holding REMSA to the right standards through the Franchise Agreement." "As she reads it REMSA wouldn't be in compliance of the Franchise Agreement" for conducting the monthly meeting of the Governing Board; that there is the issue of what occurs when REMSA isn't in compliance with the Franchise Agreement.

She would request clarification on the competitive bid process and the periodic competitive bid requirement "of no more than seven (7) years" and "what the difference is or how does that process work for Section 3. *Acknowledgement of REMSA's Past Bid Process* and 5. *Periodic Competitive Bid Requirement No Later Than Seven Years.*"

In response to Ms. Ratti

Ms. Coulombe advised that REMSA has had a market study performed, which has recently been completed, within the required seven (7) year time allotment; that the study will be presented to the REMSA Governing Board for acceptance and then presented to the District Board of Health. Section 5. was read into the record; that the market study has been completed for 2010 and

another one will be necessary in 2017. Section 3. requires either a competitive bid process or the market study; that Section 5. acknowledges that the market study was conducted.

Ms. Ratti

In reference to Section 6. *All Transfers Between Facilities Must Be at the Advanced Life Support Level*; as a member of the Sparks City Council, she would question "the impact to the local service levels, as Sparks has reduced staffing to three firefighters to an engine" and she is aware a firefighter will occasionally accompany the patient in the ambulance; "that she would like to know how often firefighters are accompanying patients in REMSA ambulances to assist cardiac patients, as that would have an impact at the City level."

In response to Ms. Ratti

Mr. Gubbels advised that Section 6. mandates that "all transports are at the Advanced Life Support (ALS) level, which requires "a minimum of a paramedic on each transport; that this includes transfers from nursing homes to a hospital; that REMSA achieves this standard with its own resources; that every unit has a minimum of one (1) paramedic and one (1) Intermediate Emergency Medical Technician (EMT)." Some calls may have two (2) Paramedics on the unit, as one (1) is completing his/her temporary authorization and the Senior Paramedic is supervising the new Paramedic. Regarding an incidence in which a firefighter may accompany the patient during transport, that "if there is a cardiac arrest call in which CPR (cardio-pulmonary resuscitation) is being administered from the scene to the hospital most of the time a firefighter will assist in that effort to the hospital"; however, "it is not a requirement."

Ms. Ratti

Requested clarification of Section 8. *Response Requirement of Eight (8) Minutes 90% of the Time for Life Threatening Calls in the City of Reno and Sparks, and Within Established Time Limits for Specific Areas of the County*. Staff has reviewed the response time zones and concurred REMSA is in compliance with the eight (8) minute response times and the response times for the other time zones; however, the Board members "don't see that information in the Reports"; that she would request information specific to compliance in the other time zones.

In response to Ms. Ratti

Ms. Coulombe advised that Staff reviews calls from within all time zones to ensure REMSA is in compliance with the requirements for all the eight (8), fifteen (15), and twenty (20) minute time

zones. The Franchise Agreement addresses what is reported to the District Board of Health; that Ms. Caldwell reviews the calls to ensure that REMSA is in compliance with the response times in all zones; that when the response times are "not met there is a penalty assessed; that this is a component of the oversight provided by the Health District." Regarding the report on the eight (8) minute response zones, Ms. Coulombe read into the record Section 9 of the Franchise Agreement; that the Health District's oversight as stipulated in the Franchise Agreement addresses "Priority 1 calls, which are those that are life-threatening; that regardless of the time zone the ambulance responds lights and siren."

In response to Ms. Ratti

Regarding the time zone compliance, Mr. Gubbels stated when he presents the percentage for compliance for the month "that percentage includes all Priority 1 transports in the 8-minute zone, all the Priority 1 transports in the 15-minute zone, all the Priority 1 transports in the 20-minute zone and all the Priority 1 transports in the best efforts zones; that this is measured on the overall compliance for all of the zones totally."

Regarding the exemptions "being included" in the average, Ms. Coulombe advised that exemptions are included in the overall response zone compliance report.

In response to Ms. Coulombe

Regarding Ms. Ratti requesting clarification on Sections 2., 3., 6., and 9., Ms. Ratti stated that she "has questions for her own understanding on everything but Section 2"; that "she does not see that REMSA is in compliance and she would request a review of that standard to ensure it is a standard that can be met, as the standard may be too high."

Mr. Gustin

Ms. Ratti "has voiced his concern regarding Section 2., that maybe it is too stringent and it isn't necessary for the [REMSA Governing Board] to meet every month; that Staff should review this and report back to the Board."

In response to Ms. Jung

Regarding "what is a Status 99 under the exemption?", Ms. Coulombe advised that "is the term when an ambulance cannot offload a patient at a hospital because the staff or the facility is unable

to receive that patient"; therefore, REMSA maintains a daily Status 99 report detailing the circumstances. "The ambulance crew should be able to offload the patient at the hospital(s) and return the ambulance service; that that is beyond the control of REMSA. Periodically the Cities will annex an area, which was previously in the County and that area will then become part of Sparks or Reno. Regarding these annexed areas being exempt, Ms. Coulombe advised that annexed areas are not "automatically incorporated into an eight (8) minute time zone." Regarding the "miscellaneous exemption", Ms. Coulombe advised that the miscellaneous exemption occurred on September 16, 2008, and was granted for an off-road response.

Regarding "the penalty account", Ms. Coulombe read Section 10. *Response Time Penalties* into the record, advising that Section 10., stipulates that when an ambulance unit is not in compliance with the response time requirement for a call a penalty is assessed for each minute the response exceeds the time zone requirement; that those funds are deposited into "a separate restricted penalty account and shall be used to help defray the costs of operational or educational matters subject to prior written approval by the District Health Officer; that the Franchise Agreement mandates this account must be solvent." Ms. Coulombe stated that an expenditure of any of the penalty funds (i.e., public seat belt education, bicycle safety, public safety, etc.), must receive prior written approval of the District Health Officer; that these funds "do not go back into REMSA operations, the expenditure of these funds must be specific to public safety education."

Regarding the requirements of Section 30. *Assumption of REMSA Central Facility by a Future Contractor*, Mr. Gubbels advised that REMSA is a Public Utility Model (PUM) Franchise; that in the majority of cities the ambulance service is privately owned and operated; therefore, should the private owner decide to terminate services the owner would "leave taking all the ambulance units, the dispatch center, all of the infrastructure"; however, in this system all of the units, the dispatch center, the entire infrastructure is protected. REMSA is "the Authority and all of the equipment is owned by the Authority"; that REMSA subcontracts for the labor; therefore, if the subcontractor changes, which occurred in 1996 when the national company MedTrans chose not to renew the contract; however, there was absolutely no impact to the community as REMSA owned all the equipment. "This goes back to the competitive bid or the market study"; that because REMSA owned all of the equipment all of the equipment remained with the Authority and REMSA entered into a new contract "with a wholly owned subsidiary to provide the labor; that this protects the community with the equipment remaining with the Authority." Regarding the "liability remaining also", Mr. Gubbels advised that the liability does remain with the Authority it does not go with the contractor."

Ms. Bonnie Drinkwater, Attorney representing REMSA, advised the 1987 Ambulance Study Committee established a Public Utility Model through the development of these 31 Sections of provisions; that it was never the intention of these provisions to "become a contract; however, it

became the Franchise Agreement; that the language is not in contract format." As Mr. Gubbels advised, Section 30., protects the community; that the "liability language provided REMSA, as a brand-new fledgling company could obtain financing to construct the dispatch center, purchase vehicles, etc.; that the protection was for those who provided the money."

Regarding the start date for the new EMS Coordinator, Ms. Coulombe advised that this position was approved by the Finance Department and is in recruitment through Human Resources (HR); that the classification has been updated whereby the position will no longer require a Registered Nurse; that Staff will be completing the "position questionnaire and returning that paperwork to HR." She anticipates having the position filled in July; however, "probably not on July 1st; that the individual will be introduced to the Board and will become very conversant with the parameters of the Franchise Agreement; that she appreciates the Board's foresight in filling that position."

Ms. Ratti

She "appreciates Ms. Drinkwater's explanation that it would be a very different REMSA; that she wants the Committee to review Section 30., "as assuming the assets is great"; however, "assuming the debt may not be great or (perhaps) additional information is necessary. She would request a follow-up on the annexations and explain to her where the authority in the Franchise Agreement is to grant an exemption for annexations."

Ms. Coulombe advised that Staff will report back to the Board with that information.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Washoe County District Health Department's Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA), for July 1, 2008 through June 30, 2009, be approved.
Motion carried unanimously.**

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE REPORT – APRIL 2010

Ms. Coulombe

The Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of April 2010. Reviewed the Report in detail, advising that "in governmental accounting there is a period thirteen (13) – thirteen (13) months to a calendar year, which is the month when the close-out is done; that a majority of the Department's grants are reimbursement

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based; therefore, the reimbursement dollars are reflected in the period 13 report for the expenditures." Staff recommends the Board accept the Report as presented.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the District Health Department's Revenue and Expenditure Report for April 2010 be accepted as presented.

Motion carried unanimously.

UPDATE – FISCAL YEAR 2011 BUDGET

Ms. Coulombe

As Dr. Anderson advised the Board, her presentation of the Health District's Fiscal Year 2011 Budget to the Board of County Commissioners generated questions; that the Board members were provided a copy of the booklet Dr. Anderson provided to the BCC and the County Manager delineating her answers and documentation addressing those questions.

In accordance with Statute the Board of County Commissioners conducted the Public Hearing for review of the FY 11 Budget, which was adopted with revisions to the Authorized Position Control, which clarifies that when positions are authorized those positions are funded.

She has provided the Board members with a copy of the Finance Department's staff report, dated May 17, 2010, which was presented to the Board of County Commissioners, delineating the efforts by all organizations of Washoe County to address the \$24.7 million deficit; that through these efforts the County's deficit has been reduced to \$9.36 million. The County is currently negotiating with the various employee associations; therefore, there are no specific updates regarding possible employee concessions, neither does she have an update regarding the status of the Health Fund.

PUBLIC HEARING – WASHOE COUNTY, NEVADA – 2008 PERIODIC EMISSIONS INVENTORY

- A. Recommendation to Accept and Adopt the Periodic Emissions Inventory for Point, Non-Point and Non-Road Sources for Submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozone (O₃)

1:00 pm: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on April 21, May 10 and 21, 2010, to accept and adopt the Periodic Emissions

Inventory for Point, Non-Point, and Non-Road Sources for submission to the US Environmental Protection Agency (EPA) as an amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozone (O₃).

Ms. Yann Ling-Barnes, Environmental Engineer

She has provided the Board members with a copy of the Summary of the 2008 periodic State Implementation Plan (SIP) emissions inventory for Washoe County, Nevada's; that there are four (4) source categories for which the District "quantifies and calculates": 1) point sources, which are the larger facilities which alone generate a significant amount of emissions; 2) non-point sources, which are smaller facilities which do not emit large enough amounts of pollutants to be classified as point source facilities by EPA; therefore, these sources are 'counted together' as non-point sources and "reported together by pollutants." 3) the non-road sources, which are equipment and vehicles (i.e., off road, construction, mining, etc.); and 4) on-road mobile source emissions; however, Staff will not be reporting on this source in this Summary due to an EPA on-road motor vehicle modeling and procedural change; that EPA will calculate the on-road motor vehicles emissions based on Washoe County activity data (i.e., vehicle miles traveled in Washoe County in 2008); that EPA will provide the information to Washoe County and Staff will incorporate that information within the final report, which will be presented to the District Board at a later time.

Ms. Ling-Barnes reviewed the 2008 Washoe County Top Pollutant Emissions by Source Summary (on-road vehicles not included) of the largest point source types of facilities for Volatile Organic Compounds (VOC), which are the Geothermal Power Plant, printing/rotogravure operations (i.e., RR Donnelly) and the Reno-Tahoe International Airport; that the largest point source types of facilities for Oxides of Nitrogen (NO_x) are the Reno-Tahoe International Airport; printing/rotogravure operations, and the Geothermal Power Plant; that the largest point source types of facilities for Carbon Monoxide (CO) are the Reno-Tahoe International Airport; the Reno/Stead Airport and the Spanish Springs Airport. As the on-road sources are not included in this Emissions Inventory Report, it is important to be aware that noted in the 2005 Emissions Inventory, on-road emissions comprised approximately two-thirds (2/3) of the total Carbon Monoxide (CO) emissions for Washoe County.

In response to Ms. Ratti

Regarding the three (3) largest sources listed for Point Source NO_x comprising 100% of the NO_x emissions in Washoe County, Ms. Ling-Barnes advised that there are four (4) source categories (point, non-point, non-road and on-road); those three (3) are the largest point sources within the point source category alone, not including the other three (3) categories of sources (non-point, non-road, and on-road).

The largest non-point sources for Particulate Matter less than 10 microns in diameter (PM₁₀) are construction, prescribed burnings, mining and quarrying (i.e., sand and gravel operations), and fireplaces; that the largest non-point source for Particulate Matter less than 2.5 microns in diameter (PM_{2.5}) are prescribed burning, construction, fireplaces, and non-certified woodstoves/inserts; that the largest non-point sources for Oxides of Nitrogen (NO_x) are stationary fuel combustion (NG), stationary fuel combustion (distillate oil), stationary fuel combustion (Liquefied Petroleum Gas – LPG/propane); and pellet stoves; that the largest non-point sources for Volatile Organic Compounds (VOC) are Publically Owned Treatment Work (POTW, i.e., sewage treatment facility), fireplaces, consumer/commercial solvents and architectural coating (i.e., paints); and the largest non-point sources for Carbon Monoxide (CO) are prescribed burning, fireplaces, non-certified woodstoves/inserts and wildfires.

Regarding the designation of "point source facility", Ms. Ling-Barnes advised that these facilities located in Washoe County generate in excess of 100 tons per year of pollutants and must be permitted by the Air Quality Management Division to ensure compliance with the US EPA standards.

Regarding the VOC emissions from point sources and those "from everything else", Ms. Ling-Barnes advised that, as this Summary does not include the data from the on-road sources; therefore, it is not possible to quantify that information. However, "a large percentage" is from on-road vehicles/mobile sources and from the larger point facilities; that a percentage is from the non-point source, including painting, commercial and consumer use of solvents (e.g., aerosol sprays, paint thinners, car-refinishers, etc.), which are all volatile and high-emitters.

In response to Mr. Smith

Regarding "on-road sources", Ms. Ling-Barnes advised that those sources are the vehicle miles traveled on highways, freeways, roadways, etc.; that the majority are tail pipe emissions from the vehicles. The dust from the roads is incorporated in "another component of the on-road sources; therefore, it is not included in this portion." There is in excess of 100 tons of on-road dust emissions generated annually; however, as Staff could not provide finalized data specific to the on-road sources, this information was not included in the Summary. Table 9 (page 6 of the Summary), delineates the categories of paved road fugitive emissions, paved road fugitive emissions from sanding and salting for Washoe County's Annual Emissions and the Truckee Meadows Annual Emissions; that the Particulate Matter is "very high in these categories." Due to the revisions of the US EPA on-road motor vehicle modeling and procedures, the EPA will calculate the on-road motor vehicle emissions based on Washoe County's data; that the calculated emissions will be provided to Washoe County approximately two (2) months after the activity data

submittal, which will then be incorporated into the entire emissions inventory; that the Air Quality Management Division will finalize the report to present to the District Board of Health later this year.

The largest non-road sources for Particulate Matter (PM₁₀ and PM_{2.5}) are diesel construction and mining equipment, gasoline lawn and garden equipment (commercial operations), railroad diesel emissions, gasoline pleasure craft, and gasoline recreational equipment; that the largest non-road sources for NO_x are diesel construction and mining equipment; railroad diesel emissions, LPG industrial equipment and diesel commercial equipment; that the largest non-road sources for VOC are gasoline pleasure craft, gasoline lawn and garden equipment (commercial), gasoline recreational equipment, gasoline lawn and garden equipment (residential); that the largest non-road source for CO is gasoline lawn and garden equipment (commercial), gasoline commercial equipment, gasoline lawn and garden equipment (residential) and gasoline pleasure craft.

Dr. Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources for Submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP). There being no one wishing to speak the Public Hearing was closed.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources for submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozon (O₃), be accepted and adopted as presented.
Motion carried unanimously.

DISCUSSION – NEVADA STATE HEALTH DIVISION – WYMAN TEEN OUTREACH PROGRAM (TOP™) PARTNER PROVIDER – REQUEST – SUBMIT APPLICATION – PARTNER – DISTRICT BOARD OF HEALTH CHECKLIST – NEW PROGRAMS AND INITIATIVES

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services

Statistics from the 2009 Youth Risk Behavioral Study (YRBS) were very troubling with a lot of attention to the need for the [Health District] to take this as a call to action"; that the Wyman Teen Outreach Program (TOP™) is proposal at potentially implementing "a Program which would answer that call."

The Nevada State Health Division is in the process of applying for a five (5) year cooperative agreement from the Office of Adolescent Health for **Teenage Pregnancy Prevention: Replication of Evidenced-Based Programs**; that the *Wyman Teen Outreach Program (TOP)* has been selected for replication in a statewide program; that there is \$75 million available through the Office of Adolescent Health; that the State of Nevada has applied for this grant to implement TOP. TOP is a national youth development designated to prevent adolescent problem behaviors self-image, effective life management skills, and achievable goals. The program is directed toward reducing rates of teenage pregnancy, school failure and school suspension all of which contribute to healthier teens and better decision making in adolescents; that this Program "has been in existence in other communities for a long time."

TOP™ is not a regulated or mandated program. The "Ten Essential Services of the National Public Health Performance Standards, 2002", are: #2 Diagnose and investigate health problems and health hazards; #3 Inform, educate, and empower people about health issues; and #4 Mobilize community partnerships to identify and solve health problems.

The applicable District Board of Health Strategic Priorities are: #3 Give people (adolescents) information they need to make healthy choices; #1 Monitor health status and understand health issues facing the community (specifically adolescents); and #2 Protect population from health problems and health hazards. "Unintended teenage pregnancies can lead to and are considered a health problem."

The YBRS data referred to in her Division Director's Reports in February and December 2009, "underscored the need for such a program in the community"; that "the verifiable public health need is: Washoe County's 2008 Teen Birth Rate (preliminary data) was 42.67 per 1,000 are 15-19 year old adolescent females", based on information from the Center for Health Data & Research, Bureau of Health Planning & Statistics at the Nevada State Health Division. Nevada is ranked 2nd in the nation for teen pregnancy rates for girls 15-19 year old (2005), based on information from the January 2010 Report from the National Campaign for Teen and Unintended Pregnancy Prevention. These statistics "may be one of the factors for whether [Nevada] is chosen to receive the grant." Washoe County pregnancy rates "is data which is just not available to the Health District, as it is not collected, nor does the Health District collect this data. There is a formula to determine the teen pregnancy rate; that Staff is hoping to obtain it; however, it is not performed at the County level."

Other verifiable public health concerns are "Very Low Birth Weight" (VLBW); that in Washoe County 1.6% of VLBW infants were born to teenagers 15-19 years of age (Washoe County Vital Statistics – final approval pending); that the number of Washoe County high school students report

having had sexual intercourse has increased by 8.2% (44.3% in 2007 as compared to 52.5% in 2009 - Washoe County Youth Risk Behavior Survey [YRBS] 2009); therefore, "there is a clearly defined need for this Program in the community."

The impact should the Program not be implemented would be "a missed opportunity to participate in a program "really aimed at reducing teen pregnancy and risky youth behaviors as it works on an empowerment model and teaches adolescents how to make better decisions." Community program partners are necessary to successfully implement the program; that the CCHS Division "is interested in being one (1) of those community partners."

The assets the CCHS Division has to accomplish the program are: Staff has the education, experience and expertise "in this area of youth programs in understanding the issues related to teen pregnancy." The Division has "established community partners who would be willing to work in conjunction in this Program; that there is potential linkage to other Health District and County Programs and Services, as included in this Program are community service activities for adolescents." The Health District would be a valuable referral source for teens for the Program.

Other community partners could provide this service; however, the Nevada State Health Division has identified the Health Districts as one of multiple partners for this Program; that other community partners would assist. This Program can be integrated into the curriculum of schools and as an out-of-school program through community-based youth organizations, public health departments and social service agencies. Teens in the Program participate in community service activities which can vary in nature involving the private sector, government agencies and non-profits; therefore, the CCHS Division "will be working a lot with the community partners"; that the assistance of the community partners will be necessary to do the Program."

She has not provided a detailed budget as the State has not received the award; therefore, it would be necessary to know what funding "would be available"; that participation in TOP™ requires "fidelity to the model, which is very specific on staffing levels, number of participants and the activities performed; that these "details will determine the budget if the State is successful." Should the State be successful and the District is advised of the Program requirements and available funding a staffing plan will be developed. Without sustained funding "she has been avoiding permanent Staff"; therefore, the current economic situation and the "type of funding that would be provided for the Grant" would be a consideration for the Staffing Plan; therefore, staffing may include non-permanent employees."

TOP™ has been rigorously tested and is a model-based Program; therefore, incorporated in it "is a very controlled evaluation and outcomes component of the Program"; that participation would require the CCHS Division to comply with the "extensive evaluation and outcomes program." National TOP™ outcome data reported includes: a 53% decrease in teen pregnancy rates; a 52% reduction in school suspensions; a 60% reduction in school drop out rates; and a 60% reduction in course failure; that "these would be good outcomes for the teens in the community."

She would provide updates to the Board in her monthly Division Director Report or "as requested by the Board of Health; that the anticipated outcome or products of this will be "positive impact on area teens enrolled in the Program (the number would be determined based on model requirements and funding) "with hopefully the same amount of success as other models"; that there is a training required to maintain fidelity to the Program; therefore, Staff would become trained and certified in providing the TOP™ program. The District's Program would have "program specific reports in addition to the TOP™ preparing a larger report at an aggregate level; that the District would be included in the collective Program nationwide.

She is requesting the Board's approval in directing Staff to apply to become a Teen Outreach Program (TOP™) provider and implement the Program as a community partner should the State Health Division be selected and funded; that should the State receive the funding the District would have to apply to become a participating Program partner.

In response to Ms. Jung

Regarding the County receiving the funding and "then have the ability to calculate Washoe County teen pregnancy rates", Ms. Brown advised she "doesn't know if that could be accomplished"; that the District would monitor the Program participants and their pregnancy rates; that as the Program would be statewide she would anticipate that the State would have a better ability to identify pregnancy rates.

Ms. Jung

It is important for Washoe County to develop a method for determining "its pregnancy rates to assist in identifying the needs of Washoe County"; that when the rates are identified statewide the rates of Southern Nevada "change the numbers because the population is so much larger." "Knowing the rates for Washoe County would be a good justification for this Program, as the data indicates this Program has reduced the teen pregnancy rates by 53% in other areas"; therefore, "it would be important to know the pregnancy rates for the County."

In response to Ms. Jung

Regarding calculating pregnancy rates, Ms. Brown advised that Ms. Hardie may have additional information; however, "birth rates and abortion rates are used as a standardized method for determining the pregnancy rates." She will obtain the information as "to how it is done, why Washoe County isn't doing it, and what the plan is."

Regarding "to whom Very Low Birth Weight (VLBW) babies are being born with teenagers comprising less than 2% of the County's population", Ms. Brown stated that one of the Health District campaigns is Preconception Health at which causes of VLBW has been discussed. There are various factors resulting in VLBW, including not having access to prenatal care, smoking, drug and alcohol abuse, and other high-risk behaviors; that these risk-behaviors contribute to "lots and lots of long-term health problems."

Ms. Jung

Should the Board direct Staff to pursue this grant and the State Health Division receive the funding, she would recommend the *Ready for Life Committee*, of which she is a member, be contacted as a potential community partner. The *Ready for Life Committee* "addresses high school drop-out rates and getting teens and young adults (24 years and less) involved and connected in the community; that this Committee has great outcomes for taxpayers as these individuals become productive citizens; therefore, "this would be a great community partner resource."

Ms. Brown

As a member of the Youth Development Committee she attended a meeting Monday during which the Strategic Plan to "bring all these programs and services in alignment as the County's high school graduation rate of 50% is completely unacceptable; that this Program would, again, provide a tool to address that, as it is a huge community problem."

Dr. Khan

She "understands the State selected the "TOP™ program, which data indicates has been successful in those areas that have implemented it; that she would question "what other details are unique about this Program, what are the other features about it, "as she doesn't really have a sense of what it is. Programs that are successful in other communities aren't necessarily going to be successful here."

In response to Dr. Khan

Regarding the TOP™ program, Ms. Brown advised that she has provided the Board members with a handout (a copy of which was placed on file for the record) providing an overview of Wyman's TOP™ success stories. There is a list of approximately "twenty (20) rigorously evidenced-based tested programs, which the State and potential stakeholders reviewed to determine what might best match with Washoe County and the State; that Wyman's TOP™ was specifically based on its applicability to what was determined to "meet the need in the community and the State." She had involvement in this Program approximately fifteen (15) years ago at which time it was a school-based program "briefly implemented by the Junior League; that she had attended one (1) of the original trainings. The great thing about the Program is that, while it does address prevention of teen pregnancy and high-risk behaviors, it provides teens, particularly young women, a sense of self-esteem and empowerment to make good choices in all kinds of ways."

Dr. Khan

She is aware there has been some interest "in a school-based component and having more school-based access to services."

In response to Dr. Khan

Regarding the State's plans for the schools, Ms. Brown advised "she would assume the State will do both components of the Program – an in-school component based upon the various school districts' interest and ability to incorporate the Program; however she hasn't been advised and hasn't seen the application, as the application doesn't have to be submitted until June 1, 2010." She anticipates the State is discussing the Program with the school districts as it "has been proven to work well in school and communities; that working collaboratively with the School District "would definitely be a consideration of the CCHS Division." She would "hope the State would do both the community-based and the school-based Program.

Dr. Khan

In reference to Ms. Jung's comments regarding having risk-based behaviors surveillance data specific to Washoe County "would be the ideal"; however, "having every detail down to the local level is very expensive and hard to maintain." She would question "if there is a metropolitan statistical service area which would have subset data of the Behavior Risk Factor Surveillance System (BRFSS) specific to teen pregnancy or risky behaviors of teens; that she would recommend Staff check as that information is available through CDC at this level for two (2) or

three (3) Counties (i.e., Washoe County and Lyon County)." This data may have "some metric the County could review and measure over time."

Ms. Brown

She recently participated in a webinar in which there was a comparison of some of the data at the county level; however, "some of the challenge is it is secondary data and if the data isn't available first-hand the data can't be published; that she will investigate further." The Health District does have the BRFSS data specific to the community and national data, which is readily available and published.

Dr. Khan

The BRFSS data "may have some indicators of high-risk teen behavior, including teen pregnancy.

In response to Ms. Ratti

Regarding if the grant is one (1) year funding or multiple year funding, Ms. Brown advised that the Program is a five (5) year Program; that she anticipates for the first year of the Program the State will implement the planning, training and the establishment of the infrastructure, with the "beginning of the grant for partner perspective would begin 2011 of the school year and then continue for four (4) years beyond that."

In response to Mr. Smith

Regarding what the community portion of the funding would be, Ms. Brown the State would have to be awarded the grant prior to determining funding levels; that "according to the grant, for which the State is applying, there is no requirement for matching funds. The Office of Adolescent Health is not requiring a match for the grant; that Ms. Buxton, Fiscal Compliance Officer has advised her the State will not ask for matching funds.

In response to Chairman Humphreys

Regarding "the State being aware of what the grant amount would be for that five (5) year period", Ms. Brown advised Staff "has been led to believe that it is approximately \$35,000 per year"; however, the actual amount is unknown, as until the State Health Division receives the grant it is not known what the award amounts will be.

Chairman Humphreys

A concern is this Program "being proposed in the middle of budget deliberations and this not being a mandated program", it is necessary to consider "core functions and core programs; that this does fall outside the realm of core functions. It is a tremendous program and there is a considerable need for such program in the community"; however, this is of concern, as it is not known what the budget will be or what the dollar amount will be.

Ms. Brown

She would have to present "any budget" to the Board for approval; that the application would subject to the Health District and the Board of Health's review process; that it isn't mandated; however, "it is germane to public health to fill gaps when it is noted there is a huge needs" in the community. She would be "remiss in her duties if she didn't present these program ideas to the Board, particularly when funding opportunities occur; that she requests direction from the Board as to whether or not to consider this program."

Ms. Ratti

She would support the request with the concept that there would be the available funding with no matching funds; that the Program can be sustained with staffing including the non-permanent employees and the options are favorable; however, should the grant require matching funds and management resources that would present a challenge. She has no objection to applying to become a partner with the provision the Health District reserves the right to withdraw the application for partnership should the requirements be too onerous for the Department.

Ms. Brown

Should the State receive the funding and the Health District is chosen to be a partner, Staff would present the grant to the Board of Health for review and approval; that there has not been a formal Memorandum of Understanding (MOU) presented; that Staff has advised the State of an interest in partnering with the Office of Adolescent Health to provide this Program. There is a "huge need in the community" for this type of Program; that the State was advised there is an internal approval process prior to being presented to the Board of Health for review and approval.

Ms. Ratti

During these current economic conditions "when there are grant opportunities, which don't have a negative impact", then Staff "should be pursuing those; that she would recommend Staff be directed to proceed, with the caveat that "as a program that is not mandated, the ability to provide it must be within the resources of the grant."

In response to Dr. Humphreys

Regarding the challenges of the Division's ability to administer these grants with reduced Staff, Ms. Brown advised that "there are so many programs the [CCHS Division] could be and would like to be providing to address issues in the community"; however, limited finances and staffing prevent this. Staff would develop a program based upon those resources received from this grant and the resources that are available; that there is a definite interest in developing the program based upon the need for it in the community. CCHS Division's Fiscal Compliance Officer would address the administration/management of the grant. Should the Board direct Staff to "proceed in pursuing partnership in this Program", Staff would present the Program budget, the parameters of the Program and the fiscal effects prior to final approval; that Staff is requesting conceptual approval to participate as a partner with the State should the State receive the funding and the CCHS Division "can create a program that is effective with the available resources." Staff "does not want to do all the preparation work and have the Board determine this is not the right direction for Staff to pursue."

Dr. Khan

She would support directing Staff to proceed with the submittal of an application to become a partner with the State should the State be granted the award.

**MOTION: Dr. Khan moved, seconded by Ms. Ratti, that Staff be authorized to submit an application to the Nevada State Health Division to become a provider partner to implement the *Wyman Teen Outreach Program (TOP™)* in Washoe County should the Nevada State Health Division receive the funding and the CCHS Division can develop an effective community program with the resources available.
Motion carried unanimously.**

Ms. Jung

Should the grant process be successful and the CCHS Division has the ability to implement an effective Program, she would request Staff provide the information "as to how much money the Program will save in the long-term through a reduction of teen pregnancies."

ANNUAL REVIEW – POSSIBLE RECOMMENDATION(S) – AMENDMENT(S) – INTERLOCAL AGREEMENT

Chairman Humphreys advised that the Annual Review of the Interlocal Agreement will be continued.

FORMATION – DISTRICT BOARD OF HEALTH AMBULANCE SERVICE STUDY COMMITTEE – APPOINTMENTS

Chairman Humphreys

In March the Board discussed the responsibilities the District Board of Health has specific to the oversight of ambulance services for Washoe County and the development of a Board of Health Committee to review those responsibilities to ensure the Health District is in compliance with those responsibilities. He would request Board approval in appointing Mr. Smith, Ms. Ratti and himself to the Ambulance Service Study Committee.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung that Chairman Humphreys, Mr. Smith and Ms. Ratti be appointed to the District Board of Health's Ambulance Service Study Committee.
Motion carried unanimously.**

Ms. Ratti

She would request information specific to the following for the Ambulance Service Study Committee meeting: a complete copy of the Franchise Agreement; a copy of the market study with information regarding the competitive bidding process; a copy of the REMSA audit and 990; the sampling data utilized by the Health District; and the maps. All are items referenced in the Franchise Agreement.

Chairman Humphreys

A duty of the Health District is to review its oversight responsibilities; therefore, "anything within the purview of those responsibilities will be reviewed; that issues outside the purview of the Health District would not need to be discussed by the Committee." He will review some possible dates for the first Committee meeting and have Staff contact the Committee members.

DISCUSSION – POSSIBLE SELECTION – DISTRICT BOARD OF HEALTH MEMBER – ATTEND – NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH) 2010 CONFERENCE – OMAHA, NEBRASKA – AUGUST 5 – 7, 2010 – APPROVAL OF EXPENDITURES OF TRAVEL FUNDS FOR MEMBER

Chairman Humphreys

Requested that the Board members review their personal calendars to determine availability to attend the National Association of Local Boards of Health Annual Conference, August 5 – 7, 2010 in Omaha, Nebraska and contact Mrs. Smith regarding possible availability to attend. This is a tremendous meeting with valuable information presented; that it is important for the District Board to be represented.

In Response to Chairman Humphreys

Regarding the registration for the NALBOH Conference, Mrs. Smith advised that early registration is open; that she will report back to the Board as to when early registration closes.

PRESENTATION – "JOIN TOGETHER PROGRAM" – COMMUNITY PRESCRIPTION ROUNDUP (CPxR) – PROPER DISPOSAL OF OUT-DATED OVER-THE-COUNTER AND PRESCRIPTION DRUGS

Mr. Kevin Quint, Executive Director, Join Together Northern Nevada

Join Together Northern Nevada's (JTNN) mission is "To build successful partnerships to create healthy, drug free communities"; that substance abuse issues have a lot of stigma in the community, a lot of misunderstanding, and a lot of moral judgments attached to this issue in general." Join Together Northern Nevada (JTNN) is a coalition whose purpose is to disseminate information regarding drugs and alcohol, to develop partnerships, and to mobilize the community, as individuals and organizations. The Board members have been provided with a packet of information, which provides an overview of the activities of JTNN (a copy of which was placed on

file for the record); that the strategy of JTNN is to implement "systems change, including environmental strategies, which is "what the prescription drug program is all about." JTNN conducts "needs assessments, and performs a lot of data collection; that JTNN utilizes the "Strategic Prevention Framework (delineated on page 5), which is a Federal construct of planning. Every other year JTNN develops a drug and alcohol prevention plan (i.e., Comprehensive Community Prevention Plan) for the community; that through this plan JTNN funds various programs; that \$800,000, approximately two-thirds (2/3) of JTNN's budget is utilized in the community to fund evidenced-based prevention and other programs." JTNN provides media support, including a project "*I Am One of Many*", previously known as "*Most of Us*", which is a portable media program utilized at venues addressing underage drinking issues and prescription drug issues (i.e., "I am one of many" who doesn't host underage drinking parties, who locks up my prescription drugs). JTNN collects data, develops comprehensive prevention plans, provides funding, media partnering, and participates in other projects.

The impetus for the "Community Prescription Roundup" program was the death of a local high school boy, who had overdosed on prescription drugs; that at the request of his parents "to prevent another tragedy of this type" JTNN contacted the Reno Police Department, the Sheriff's Office, the District Attorney's Office, area pharmacists, Veteran's Administration, the School District, Truckee Meadows Water Authority, Department of Water Resources, the Health Department and area businesses to support and participate in addressing reducing the amount of (prescription) drugs on the streets. There are concerns of small children "getting into prescription drugs that are not locked away, older children stealing prescription medication, home burglaries in which prescription drugs are stolen. Truckee Meadows Water Authority is concerned regarding the improper disposal of prescription drugs into the water supply; that "this is a very large issue." It was through the efforts of these individuals and agencies that the "Community Prescription Roundup" was developed; that the first one was October 17, 2009, with six (6) site locations; that a photograph in the packet provided depicts three (3) Reno Police Officers at one (1) of the Scolari locations participating in the event; that in excess of 39,000 prescription pills, which equates to 90 pounds, were collected; that this did not include over-the-counter pills which were collected. Only law enforcement officials are authorized to "collect the pills which were delivered to the site locations"; that a number of the medications relinquished were from surviving spouses whose spouse was taking the medication. During the Roundup it was necessary to obtain sharps containers as a number of unused needles were discarded; that the large quantity of over-the-counter medications, which were discarded "was surprising and unanticipated." The second Community Prescription Roundup was April 24, 2010, at five (5) site locations; that very little was delivered to one (1) of the site locations; however, the other four (4) sites combined collected in excess of 93,000 pills, which equates to 188 pounds. JTNN is attempting to collect data specific to "from where are all these drugs coming?"; that JTNN is separating the medications to develop category data for the various medications. The Reno Police Department destroys these medications in its incinerator; that the information on the medication bottles is eliminated (to ensure compliance with HIPAA), and the bottles are recycled when possible."

In response to Ms. Ratti

Regarding the "Community Prescription Roundup", Mr. Qunit advised that currently the intent is to conduct two (2) Roundups per year; that tentatively the next one is planned for October 2010; that there is a "nationwide take-back program scheduled for November, which JTNN may participate in; however, the weather in November could be of concern." JTNN would "like to conceptualize this effort as a more comprehensive program in an effort not to become trendy"; that the implementation of a parental support group that would be unique, without duplicating other efforts, is being discussed. Another effort of JTNN is developing other educational materials, similar to the "I am one of many" magnet, which was presented to the Board; that this is one (1) campaign and the goal is to brand that campaign. Last year JTNN had an ad campaign in the Reno Aces Program; that "all of this is in an effort to develop a broad-base method for educating the public and developing the brand"; that as he indicated, the "Community Prescription Roundup" has quite a number of partnering agencies; that the Attorney General's Office recently contacted him regarding becoming a partner in this effort and (perhaps) implementing a statewide effort. All of this is a coalition/collaborative effort in promoting public education and collecting the data to support the Program.

Chairman Humphreys

He recently became aware of the problem of the disposal of prescription drugs after reading an article about prescription drugs being flushed down the toilet and the concern as to the effect on the water treatment and water quality; that this is a concern for public health.

Mr. Quint

The efforts of JTNN has "great prevention potential, as TMWA has indicated there has been no evidence of prescription medicines in the water; that some communities are reporting certain levels of drugs in the community water system. Instructions on the JTNN website advise "crush don't flush", which is the education information made available in some of the brochures. There have been suggestions of "drop boxes" at the police departments; however, that provides less administrative control; therefore, JTNN will continue to conduct semi-annual "Community Prescription Roundups."

Dr. Khan

Thanked Mr. Quint for his presentation and the efforts of JTNN in educating the public and conducting the prescription roundups; that abuse of prescription and over-the-counter drugs "is a real threat, effecting families and children in the community, with the magnitude of the problem

continuing to increase." The event in which the family recently lost their son is extremely tragic and unfortunately this occurs everyday nationwide; that "among youth today, in addition to the use and abuse of marijuana and alcohol, the abuse of prescription drugs is really hot, with children attending parties where prescription drugs are dumped into a bowl and everyone takes some"; that there is a high potential of a child having an adverse reaction and dying as a result as they don't know what they are taking. National and State data indicates "tremendous increases in unintentional overdoses and death due to these drugs, particularly the opiates." These campaigns have "achieved a lot in increasing the awareness in the community; that she would applaud Mr. Quint and JTNN in leading that effort; that she appreciates it is a multi-agency effort."

Mr. Quint

Treatment providers in the community are indicating there are more and more adolescents seeking treatment for prescription drug abuse, which "wasn't true three to four (3-4) years ago." Methamphetamine, marijuana and opiates remain an issue; that heroin is again becoming an issue; that there is concern that abuse of opiate-based prescription drugs may lead to heroin use; that this is becoming a much larger issue and JTNN is attempting to "consider all of the issues which are occurring."

Chairman Humphreys

Thanked Mr. Quint for his presentation and the efforts of JTNN and the collaborating partners in addressing a very serious public health issue; that this is a very important program.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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.

Dr. Todd

Presented a Certificate of Appreciation, which was received from the federal government for those volunteers, which assisted in the H1N1; that there are individual certificates for each Medical Reserve Corps (MRC) volunteers; that he has been advised that the Community Emergency Response Team (CERT) volunteers will also receive an individual Certificate and commemorative pin with the MRC logo and reads "H1N1 Hero 2009/2010."

B. Director – Community and Clinical Health Services

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

Ms. Brown

Mr. Phil Ulibarri, who was involved in the District's Child Abuse and Neglect Prevention Campaign, participated in the Join Together Northern Nevada efforts, as there have been some methadone-related deaths of children in the community. As noted in her Division Director's Report, the Child Abuse and Neglect Prevention Campaign was not funded and will, therefore, be eliminated. The funding for the Program is being "redirected to other programs with the expectation from the Grants Management Unit is that the campaign activities will be conducted by people in the program." It is unfortunate as data indicates how successful these campaigns have been nationally; that it is known how successful these campaigns have been at the local level; that Mr. Kevin Schiller, Director, Social Services commented on the positive impacts of this Program. This Program will be eliminated as of July 1, 2010; that she would commend Mr. Ulibarri on his "many, many years of hard work in this Program; that she has noted last year's accomplishments of this Program within the last year, through his incredible efforts."

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. District Health Officer

There was no District Health Officer Report this month.

BOARD COMMENT

Ms. Jung

Requested a Staff presentation and strategy specific as to how Washoe County "can establish data on its own teenage pregnancy rates."

Ms. Brown

She will include that information in her Division Director's Report next month.

Ms. Jung

Requested an update regarding the Medical Reserve Corps Program before the Board of Health and to the Board of County Commissioners; that this "would be very timely as the Board of County Commissioners is investigating the liability to the County regarding their service as volunteers." Requested and update and report to the Board of Health regarding the Vector-Borne Diseases Control Program, as there recently "was erroneous information released to the public, including the media; that the Board of County Commissioners are not pleased with what has gone on. It is her understanding that the County did fund the Vector Program 100% according to what the Vector Program had requested and Staff is providing different information; therefore, she requires a full report and investigation into that, which she can then provide to the Board of County Commissioners.

Ms. Ratti

She would thank Councilman Gustin and Councilman Aiazzi, from the City of Reno, for participating in the public relations "City Hall to City Hall Bike to Work" challenge between the Cities of Sparks and Washoe County; that further, she would thank Councilman Gustin for hosting the hot chocolate at Reno City Hall at the completion of the challenge. She would congratulate Washoe County for being the entity with the most participants in the event and community challenge.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

May 27, 2010

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Chairman Humphreys

The Board of County Commissioners have requested a joint meeting with the District Board of Health on either July 13 or 27, 2010, from 9:00 am until 10:00 am; that Ms. Ratti has indicated she is unavailable on July 27, 2010; that he would question the other Board members availability.

It was the consensus of the Board that the majority of the members are available for July 13, 2010.

Directed Mrs. Smith to contact the County Manager's office to advise that July 13, 2010 would be the preferential date for the requested joint meeting.

There being no further business to come before the Board the meeting was adjourned at 3:10 pm.



MARY A. ANDERSON, MD, MPH, FACPM
DISTRICT HEALTH OFFICER, SECRETARY



JANET SMITH
RECORDER