

## **Washoe County District Board of Health FY20-22 Strategic Planning Retreat Meeting Minutes**

### **Members**

Dr. John Novak, Chair  
Michael D. Brown, Vice Chair  
Marsha Berkgigler  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

**Thursday, November 7, 2019**

**8:30 a.m.**

**(Informal mixer with Board members  
and staff: 8:00 to 8:30 a.m.)**

**Washoe County Administration Complex  
Health District Conference Rooms A & B  
1001 East Ninth Street  
Reno, NV**

### **1. \*Roll Call and Determination of Quorum**

Chair Jung called the meeting to order at 8:31 a.m.  
The following members and staff were present:

Members present: Dr. John Novak, Chair  
Michael Brown, Vice Chair  
Marsha Berkgigler  
Kristopher Dahir (arrived at 8:58 a.m.)  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

Members absent: None

### **Ms. Rogers verified a quorum was present**

Staff Present: Kevin Dick, District Health Officer, ODHO  
Anna Heenan, Administrative Health Services Officer, AHS  
Francisco Vega, Division Director, AQM  
Lisa Lottritz, Division Director, CCHS  
Dr. Randall Todd, Division Director, EPHP  
Jim English, Acting Division Director, EHS  
Dania Reid, Deputy District Attorney  
Catrina Peters, Director of Programs and Projects - ODHO  
Christina Conti, Preparedness and EMS Program Manager, EPHP

### **2. \*Pledge of Allegiance**

Ms. Conti led the pledge to the flag.

### 3. \*Public Comment

#### **Chair Novak opened the public comment period.**

Mr. Church of HomelessSolutionsUSA.org informed that he is retired from the Reno Police Department and headed their homeless program during his tenure and also ran the 501(C)3 Homeless Center. He stated the homeless population living along the Truckee River is a public health emergency because they are drinking the water from the river that is also used as their bathroom. He informed the Health District is responding to multiple complaints that have been filed and are sending letters to the property owners along the river. Mr. Church opined that sending a letter is not enough; there are hundreds of homeless people and they need to be noticed not to drink the water before they become ill.

In regards to the region not meeting attainment of national Ozone standards, Mr. Church urged the Board to support the use of electric vehicles and to address the issue of the classic cars, many of which do not appear to be classic.

Mr. Church opined the area is ready for a light rail system to help reduce Ozone emissions in the region. He provided information to the Board for consideration.

Mr. Pitkin stated street drugs should be legalized by the U.S. government and regulated like alcohol. He opined this would help to break up the cartels and mafia.

Mr. Pitkin cited H.R. 3884 National Emergencies Act and Stafford Act, Title 42 (US Code) 5121 Federal Disaster Assistance for a Housing Emergency, and requested a harm reduction program be established to assist actively practicing drug addicts by creating safe tent cities both regionally and nationally.

#### **Chair Novak closed the public comment period.**

### 4. Approval of Agenda

November 7, 2019

**Mr. Brown moved to approve the agenda for the November 7, 2019 District Board of Health Strategic Planning Retreat. Commissioner Berkbigler seconded the motion which was approved six in favor and none against.**

Chair Novak outlined ground rules for the meeting, informing it would be conducted as more of an informal meeting. He reminded that it is important to stay on topic because of the many items to be considered and that Ms. Peters would be guiding the flow of the meeting.

Chair Novak requested those present to provide their input, stressing that great outcomes can come from the smallest idea. He informed that these ideas would be put into a 'parking lot' for future discussion and possible action.

Chair Novak informed the tentatively scheduled November District Board of Health Meeting would be cancelled by the upcoming item on the agenda. He stated the December DBOH Meeting would be held on December 12<sup>th</sup>. He informed of an important item that would be heard at that meeting and directed Board Members to note their calendars for their attendance.

### 5. Review, Discussion, and Possible Direction to cancel the tentative Washoe County District Board of Health Meeting currently scheduled for November 21, 2019.

Staff Representative: Kevin Dick

Mr. Dick informed that the 2019 Calendar for District Board of Health Meetings had been approved with the November 21<sup>th</sup> meeting scheduled as tentative. He stated that, because there were no pressing issues to be heard, staff recommends the meeting be cancelled.

Mr. Dick informed the item of importance to be heard at the December DBOH meeting is regarding the subaward amendment to an existing grant that was heard at the October DBOH Meeting. He explained the State has decided the item will not be executed as a subaward amendment, but as a new grant.

**Mr. Young moved to cancel the tentatively scheduled November 21<sup>st</sup>, 2019 District Board of Health Meeting. Mr. Brown seconded the motion which was approved six in favor and none against.**

**6. \*Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic priorities and goals of the Washoe County Health District in regards to the Outcomes listed below:**

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY19-21 Strategic Plan
- Identify FY21 Budget Considerations

Mr. Dick provided an overview of what is expected to be accomplished during this meeting in regards to what has been identified as emerging issues and community priorities. He stated there has been great progress made on the existing Strategic Plan, and staff is proposing this plan be refreshed but not completely rebuilt.

While budget considerations for FY21 would be discussed, Mr. Dick explained that it would be a broadly conceptual overview and no final budget decisions would be made at this meeting. He explained the budget direction received from the Board at this meeting would guide staff in preparing the budget that would be brought before the Board at the February 2020 DBOH meeting for their consideration.

**7. \*Introductions, Meeting Outcomes, Discussion Flow, Ground Rules, History of Strategic Plan Development, Behavioral Health Data Profile Update and Recap Core Purpose and Strategic Direction**

Introductions were made around the room.

Mr. Dick reiterated that this meeting is focused around refreshing the existing Strategic Plan and discussions will include which future investments will be appropriate for the Health District. He stated the Board is aware the Health District has accumulated a healthy fund balance and staff believes that necessary investments can be made that are driven by the area's growth and program needs in the community.

Mr. Dick stated that staff are requesting the Board's direction on the priority areas in the Strategic Plan. He informed staff will provide their ideas and proposals to the Board and request the Board to provide input during the presentation for inclusion in the final draft of the Plan that will be presented for their consideration at the December DBOH meeting.

Ms. Peters informed the Board would be hearing from staff on the priority areas of the Strategic Plan and that the goal is to refine and refresh the existing Strategic Plan by removing items that have been completed or are no longer valid and adding new items as appropriate.

Ms. Peters stressed that listening to the Board for their direction is paramount, and directed the group to respectfully allow for all to contribute their ideas. She requested participants to think of strategic and/or operational items for addition to the Plan while focusing on the highest priority items due to budgetary constraints.

Mr. Dick provided the history of the Strategic Plan, beginning with the 2013-14 Fundamental Review of the Health District. The resulting report was presented in 2014 and provided over twenty recommendations on the best path forward to develop as a Health

District.

Councilman Dahir arrived to the meeting at 8:58 a.m.

Mr. Dick informed the DBOH agreed the Health District should implement the recommendations that were designed to ready the Health District to become accredited, noting the Fundamental Review used the accreditation domains in their review. He explained the Health District relied on an implementation plan for several years to implement the suggestions, and, while the community engagement and assessment programming were being expanded, the first comprehensive Community Health Needs Assessment (CHNA) was conducted and a Community Health Improvement Plan (CHIP) developed from those results. That information helped guide the Board in developing a comprehensive Strategic Plan, providing a framework the Health District hadn't had before. Mr. Dick informed this occurred in 2016, and noted the goals that are in place today were established during that time. Since then, he informed the Board and Health District staff have met annually to discuss the Strategic Plan and refresh it.

Mr. Dick explained there are ongoing Public Health Accreditation Board (PHAB) requirements to continue the processes of conducting the CHNA, develop the CHIP and refresh the Strategic Plan.

Mr. Dick informed there will be a new CHNA conducted in the next calendar year as per the three-year schedule. He stated a Washoe County Regional Behavioral Health Profile was compiled by Ms. Redmond, a UNR Masters of Public Health intern who is working with the Health District. He informed the profile has updated information on depression and suicide, substance use, substance use mortality, emergency department encounters, poisonings and deaths by type of opioid, and Adverse Childhood Experiences (ACEs). He provided an overview of the statistics.

Commissioner Berkbigler inquired if there is any known reason why Washoe County's negative statistics are higher than the rest of Nevada. Mr. Dick explained there are theories that include the influence of a gaming community's twenty-four hour lifestyle, but noted Clark County would also have those influences. He stated that Clark County may fare better due to their higher rate of faith based population. Councilman Dahir stated it is a sociological issue; Las Vegas is a large enough community that it breaks into smaller communities while our local region seems to remain as a community at large. He stated the smaller communities provide a better environment of support for those who live there.

In surveys that measure wellbeing and how Reno ranks in comparison Las Vegas, Mr. Dick informed this area typically scores low in terms of purpose people feel in their lives.

Councilman Delgado expressed he would like to see this data by area within this region to determine how best to focus Health District resources.

Chair Novak noted that much of the data shown in the presentation is around opioids, while this area's methamphetamine statistics outpace those of opioids. He stated the east coast has a higher rate of opioid and heroin usage while the highest usage in the western states is meth. He requested to see the statistics separated for better clarity. Mr. Dick informed that one of the slides shown did show the separate statistics of those drugs. He noted that Dr. Knight, Washoe County Medical Examiner, has been advocating for a shift in the federal focus on opioids due to the instance of methamphetamine related deaths in this region outnumbering those caused by opioids. He stated it is somewhat frustrating that funding made available by congress for the drug epidemic is specifically focused on opioids and cannot be expended to mitigate other, more prevalent issues.

In her experience, Dr. Danko informed it is prevalent that persons using opioids also use a

mix of other drugs, including methamphetamines. She stated one issue with treating persons using other typed of drugs is there aren't evidence based medications that can be used such as there are for opioids. Because of the lack of FDA approved medications for other drugs, behavioral and mental health strategies are used. She explained contingency management is also used, noting this requires a tremendous amount of man power to run those programs. Another challenge is the lack of behavioral and mental health care providers which adds to the difficulty in getting treatment for these persons.

Councilmen Dahir and Delgado opined it important to develop language to use in conversations with the State in the effort to have the needs of this community heard and be incorporated in funding parameters for local programs.

Mr. Young suggested other areas with a twenty-four hour lifestyle might be studied to understand how it affects quality of life for the populace that lives there.

Discussion around ways to create more of a neighborhood atmosphere in this region was held as related to the benefit of either faith based or family based activities. Councilman Dahir noted that this concept would potentially create more of a safe environment for people to live and learn in, and family based activities could be supported by the Health District.

Ms. Peters detailed the parking lot list of items to revisit; locating other twenty-four hour communities to compare to this region, and provide statistics from this region that are broken into demographic areas.

## **8. \*Discussion of Strategic Direction of the Health District Over the next 12-24 Months**

Ms. Peters provided an overview of the Strategic Plan Mission, Value Statement and Priorities for those present. She then reviewed the emerging priorities in this community, listing social determinates of health such as housing, homelessness and housing affordability, behavioral health, and the environmental impacts of a growing community and climate change.

Ms. Peters informed these priorities are the same as they were last year, and inquired of the Board if there were any other issues that they would like to prioritize.

Dr. Todd inquired which priority the increasing rates of sexually transmitted diseases would align with in those three priorities. Chair Novak stated it is a national trend and important to address, and would be discussed later in the meeting to determine which priority was the best fit.

1. Healthy Lives
2. Healthy Environment
3. Local Culture of Health
4. Impactful Partnerships
6. Organizational Capacity

Presented by: Goal Champions

Staff spoke to priority areas as outlined in the slide presentation, detailing advances in each of the priority areas and defining needs in their programs that would be reviewed within the financial position discussion in item 9.

## **9. Board Discussion and possible direction on Strategic Priorities & Budget Considerations**

Ms. Heenan informed of the proposal to reorder Priorities 5 (Financial Stability) and 6 (Organizational Capacity) to allow the Financial items to be discussed last without taking them out of order.

### **i. Priority 5. Financial Stability**

Ms. Heenan stated the Health District's focus within the next twelve to twenty-four months would be to update the financial model and to ensure resources are spent where they will have the most impact. She explained that State funding for local Nevada governments is well below the national average at 1.8% of total revenues as compared to 26% nationally; effort will continue to improve the percentage of State funding. She stated there will be continued efforts to identify and implement efficiencies in operation to offset reductions in grant funding and minimize reliance on the County General Fund.

**ii. Current Financial Position and Future Stability**

Regarding the proposal to establish an agreement with the County to adjust the general fund transfer to offset the employee cost of living adjustment that they negotiate, Ms. Heenan informed it will not be pursued at this time due to the Health District's healthy ending fund balance. She stated she would like to keep this proposal in pending status for such a time when the ending fund balance is not as healthy. She detailed the FY19 ending balance and FY20 revenues and expenditures, explaining there is an estimated \$750,000 in the FY21 budget for above base requests.

Ms. Heenan explained the Health District will want to include \$500,000 in the base budget for FY21 one-time expenditures for the benefit to the community. She detailed the \$715,000 in proposed considerations for long term expenditures in staffing and explained the need for each.

Ms. Heenan informed all of these factors will be included in the budget request that will be presented to the Board in February 2020; it will include the forecast model and show that the proposed budget will not require an increase in County funding.

Commissioner Berkbigler expressed she was unsure how the new County Manager, Mr. Eric Brown, would address the budget process, noting he is very budget conscious. She provided information on Mr. Brown's work experience.

Regarding financial forecasts, Commissioner Berkbigler opined the scenario of continued growth is inaccurate and cited her reasoning. Alternatively, in light of Washoe County's poor health outcomes, she stated the Health District has valid arguments for the addition of the proposed new positions. She suggested framing the proposal of the budget requests around the benefit it will provide to the community and the funding that will ultimately be saved.

Mr. Dick expressed appreciation for Commissioner Berkbigler's guidance. He stated the Health District has been fairly conservative with its approach to the budget and investments and that has resulted in the current healthy financial position. He informed that Ms. Heenan will provide the projections in February, noting that she has thoroughly analyzed the financial factors and they support the Health District's capacity to make this investment. He informed the strategy used with this proposed long term investment is coupled with the \$500,000 budget item for one-time expenditures that can be cut if necessary to allow protection for the new positions' funding.

Vice Chair Brown opined that, with the effects of collective bargaining, the State may require local government to assume responsibility and absorb the costs for some services. He opined it beneficial to add the additional positions to be able to respond to the added demands should they materialize.

Councilman Dahir opined it disappointing that the State provides so little funding in comparison to the national average. He requested information on local needs to present to the State, volunteering to open the conversation with them.

Chair Novak requested staff to provide their thoughts on possible initiatives to support within the Strategic Plan.

Ms. Heenan opined it important to reach out to teens and young adults in their early twenties via Instagram and other social media outlets popular with that age group with messaging on how to avoid becoming another sexual health statistic in light of the increasing rate of STDs.

Ms. Gutman inquired if there is a contingency budget in place should the initial budget be rejected by the County Manager. Ms. Heenan informed there is not, and explained the Interlocal Agreement with the County provides for the Health District to ask for support in the event of a financial emergency. Ms. Gutman inquired specifically if the funding for additional positions was not approved, would there be a way to hire a few if not all of the proposed additional positions. Ms. Heenan informed that, in the event of a budget shortfall, identifying efficiencies in services and supplies and reducing work hours for intermittent hourly staff to reduce overhead are the initial steps. She stated there are other strategies that can be employed before full time employee positions would be cut.

Mr. Young suggested asking staff who perform inspections if there is a way to streamline processes to work smarter, not harder. Mr. English informed there have been many steps taken to become more efficient, noting the biggest need at this point is to have technology meet their needs out in the field. He detailed other challenges including internet connections in the region, lengthy travel time to and from inspections due to urban sprawl and the need for additional inspection staff. Mr. English informed if ten percent of the projects come to fruition that are discussed in the land development meetings he is involved in, the workload will be crushing to the Environmental Health Services Division, and possibly Air Quality Management, as well.

At 11:39 a.m., Chair Novak informed the meeting would break for lunch and resume afterward.

Chair Novak resumed the meeting at 12:16 p.m. and thanked Ms. Hilliard for her efforts in providing lunch.

Chair Novak stated that he did not believe the Board needed to take action on the budget proposal at this time. He inquired if any of the other Board members had a different position on the matter, and there were none.

### **iii. Priority Discussion**

- Are priorities as presented appropriate or is there Board direction for adjustments.
- Specific focus areas for investment
- Are there gaps or opportunity for growth

### **iv. Budget Discussion**

- Identify initiatives most critical for long term investment in improving health
- Direction on appropriate long term investments and one time funding
- FY21 Budget Considerations

Staff Representative: Anna Heenan, Kevin Dick

## **10. \*Board Comment**

### **Chair Novak opened the Board comment period.**

Vice Chair Brown inquired if it is possible to add an item to REMSA's monthly report to the Board, specifically the statistics within the franchise area on instances per month that mutual aid responded with REMSA in emergency responses, which agencies provided support

and the number of times assistance was requested and declined. He stated this data would be valuable going into the next legislative session.

Ms. Conti stated that could easily be added to the report as a strategic planning item for the annual review of the Mutual Aid Agreement. Mr. Dick informed there was a provision in the Franchise Agreement that REMSA must provide information requested by the District Health Officer that would allow for this information to be included in their report to the Board. Chair Novak requested Vice Chair Brown to provide Mr. Dick with the details of his request to present to REMSA.

**Chair Novak closed the Board comment period.**

## **12. \*Public Comment**

**Chair Novak opened the public comment period.**

Mr. Pitkin spoke to the 1.8% of the budget provided by the State to local Nevada governments. He informed he had read the Governor's budget for 2021 and stated he was disgusted by the amount of money allotted to Fire, Department of Corrections and Law Enforcement, and opined that crime is great for Nevada. He expressed his disagreement with how funding is allocated and reminded the Board of the funding that had been earmarked for HIV that was provided instead to the Eddy House. He opined those funds should be made available for HIV support without delay.

**Chair Novak closed the public comment period.**

## **13. Adjournment**

**Chair Novak adjourned the meeting at 12:23 p.m.**

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**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, 1001 East 9<sup>th</sup> Street, Building B, Reno, NV 89512, 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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)."



**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](http://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. 9<sup>th</sup> 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.