



Washoe County District Board of Health Meeting Minutes January 24, 2013

PRESENT: Mr. Matt Smith, Chairman, Councilwoman Ratti, Dr. George Hess, and Dr. George Furman

ABSENT: Commissioner Jung; Councilwoman Zadra; Dr. Denis Humphreys

STAFF:

Joseph P. Iser, District Health Officer
Eileen Stickney, Administrative Health Services Officer, Administrative Health Services

Robert Sack, Division Director, Environmental Health Services

Charlene Albee, Branch Enforcement Chief, AQM
Lori Cooke, Fiscal Compliance Officer, AHS
Phil Ulibarri, Public Information Officer, AHS
Stacey Akurosawa, EMS Coordinator, EPHP
Leslie Admirand, Deputy District Attorney
Peggy F. O'Neill, Recording Secretary

Kevin Dick, Division Director, Air Quality Management
Steve Kutz, Division Director, Community and Clinical Health Services
Randall Todd, DrPH, Division Director, Epidemiology and Public Health Preparedness

Daniel Inouye, Air Quality Supervisor, AQM
Patsy Buxton, Fiscal Compliance Officer, AHS
Steve Fisher, Department Computer Application Specialist, AQM
Peg Caldwell, Registered Nurse I, EPHP
Laurie Griffey, Administrative Assistant I, AHS

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:05 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Dr. Iser. Roll call was taken and a quorum noted.	
3.	Public Comment	No public comment was presented.	
4.	Approval/Deletions – Agenda –January 24, 2013	Chairman Smith called for any deletions to the Agenda of the January 24, 2013 DBOH Meeting. Dr. Iser directed the Board Members to the new layout of the Agenda which models the form of the Board of County Commissioners.	Dr. Hess moved, seconded by Councilwoman Ratti, that the January 24, 2013 Agenda be approved as submitted. <u>MOTION CARRIED</u>

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5.	Approval/Additions/Deletions to the Minutes of the December 6, 2012 Strategic Planning Retreat and December 20, 2012 Regular Meeting	<p>Chairman Smith called for any additions or corrections to the minutes of the December 6, 2012 Strategic Planning Retreat and the December 20, 2012 Regular Meeting.</p> <p>Dr. Furman stated that he should abstain since he was not in attendance at the December 20 meeting; however, Ms. Admirand informed him that his abstention was not required and his vote was needed for the motion to pass.</p>	<p>Councilwoman Ratti moved, seconded by Dr. Hess, that the minutes of the December 6, 2012 Strategic Planning Retreat and the December 20, 2012 Regular Meeting be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
6.	Recognitions	Dr. Iser and Chairman Smith presented the CARES/SART Partner Recognition to the WCHD Sexual Health Program Partnership.	
7.	Election of District Board of Health Chair – 2013 / 2014 Term	Chairman Smith called for nominations for Chairman for the 2013/2014 term.	<p>Dr. Hess moved, seconded by Councilwoman Ratti, that Mr. Smith be re-elected Chairman for the 2013/2014 term.</p> <p><u>MOTION CARRIED</u></p>
8.	Election of District Board of Health Vice Chair – 2013 / 2014 Term	Chairman Smith called for nominations for Vice Chair for the 2013/2014 term.	<p>Chairman Smith moved, seconded by Councilwoman Ratti, that Commissioner Jung be re-elected Vice Chair for the 2013/2014 term.</p> <p><u>MOTION CARRIED</u></p>
9.	Consent Agenda	<p>Dr. Humphreys and Chairman Smith requested that Agenda Item Nos. 8.D and 8.E., respectively, be pulled from the Consent Agenda for discussion.</p> <p><u>A. Air Quality Management Cases:</u></p> <ol style="list-style-type: none"> 1. Unappealed Citations to the Air Pollution Control Hearing Board: 	

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		<p>a. Mustang Market - Case No. 1105, Unappealed Citation No. 5317 – Staff reported Citation No. 5317, was issued to Mustang Market on November 16, 2012, for failure to conduct the required annual performance testing in accordance with Condition No. 4 of Permit to Operate No. G02-0011, which is a major violation of Section 030.2175 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$1,250.00 be levied as a negotiated fine.</p> <p>b. 4 Wheel Parts - Case No. 1106, Unappealed Citation No. 5316 – Staff reported Citation No. 5316, was issued to 4 Wheel Parts on November 13, 2012, for failure to have an asbestos survey performed by a qualified person and submitted to Air Quality for the issuance of an Acknowledgement of Asbestos Assessment prior to demolition/renovation of a commercial facility, which is a major violation of Section 030.105(b)(10) of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$2,500.00 be levied as a negotiated fine.</p> <p>c. Quickie Mart - Case No. 1107, Unappealed Citation No. 5315 – Staff reported Citation No. 5315, was issued to Quickie Mart on November 14, 2012, for failure to conduct the required annual performance testing in accordance with Condition No. 4 of Permit to Operate No. G02-0006, which is a major violation of Section 030.2175 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$1,250.00 be levied as a negotiated fine.</p> <p>d. Preservation Restoration Service – Case No. 1108, Unappealed Citation No. 5318 – Staff reported Citation No. 5318, was issued to Preservation Restoration Service on November 20, 2012, for failure to conduct proper asbestos survey, provide notification to Air Quality, and using improper work practices during removal of asbestos containing materials involved in the demolition/renovation of a commercial facility, which is a major violation of Sections 030.105(B)(10) and 020.107(A), (B), and (C) of the Washoe County DBOH Regulations Governing Air Quality Management. Staff</p>	

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		<p>recommends the citation be upheld and a fine in the amount of \$2,500.00 be levied as a negotiated fine.</p> <p>e. Heavenly Auto Body – Case No. 1109, Unappealed Citation No. 5319 – Staff reported Citation No. 5319, was issued to Heavenly Auto Body on November 29, 2012, for operating an auto body repair facility without a permit to operate, which is a major violation of Section 030.000 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$2,500.00 be levied as a negotiated fine.</p> <p>2. Recommendation to Uphold Citation Appealed to the Air Pollution Control Hearing Board: None.</p> <p>3. Recommendation for Variance: None.</p> <p>B. <u>Sewage, Wastewater & Sanitation Cases</u>: None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements</u>:</p> <p>1. The Board was advised Staff recommends retroactive accept of the Notice of Grant award in the amount of \$125,000 for the period of January 15, 2013 to January 14, 2015 in support of the Robert Wood Johnson Foundation (RWJF) Northern Nevada Shared Services Learning Community grant (IO-TBA); Authorize travel and travel reimbursements for non-County employees (John Packham, PhD, Emily Brown, MPH, CPH, and Peggy O'Neill) in the approximate amount of \$16,400, supported by the grant award; and, if approved, authorize the DBOH Chairman to execute the grant documents; and if approved, direct Finance to make the appropriate budget adjustments.</p> <p>2. The Board was advised Staff recommends approval of amendments totaling an increase of \$62,216 in both revenue and expense to the FY13 Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Affordable Care Act Federal Grant Program, IO 10984; and, if approved, authorize the Chairman to execute.</p>	<p>ACTION ITEMS: (1) Letters to Mustang Market; 4 Wheel Parts; Quickie Mart; Preservation Restoration Services; and Heavenly Auto Body regarding fines and due dates; and (2) Letter to Jim Kenney regarding appointment to Air Pollution Control Hearing Board.</p>

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10.	Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.	<p>D. Staff recommends acceptance of the Washoe County Health District Employee Manual.</p> <p>E. Staff recommends appointment of Jim Kenney to the Air Pollution Control Hearing Board.</p> <p>There were no cases heard this month.</p>	<p>Dr. Hess moved, seconded by Councilwoman Ratti, that the Consent Agenda be approved as presented in a single motion.</p> <p><u>MOTION CARRIED</u></p>
11.	Presentation on the Washoe County Health District's Indirect Cost Allocation Plan Methodology	<p>Mr. Scott Mayne stated that he assists the Health District, Washoe County, Water Resources, District Attorney's office, Social Services, the TMFPD, and others in developing their federally approvable indirect cost rates. Mr. Mayne stated that he began doing this type work in 1979 when he worked for Clark County.</p> <p>Mr. Mayne stated that not everyone in government uses this practice, and of those who do, not everyone uses it well. However, in his opinion, Washoe County practices the concept well and has done it well for many years.</p> <p>Mr. Mayne stated that much of the indirect cost rate for the State of Nevada is direct charged out. Washoe County chooses to leave most of the central service cost in a general service agency type. Indirect costs are those costs that support the actual operating agencies of the County. For example, IT, Human Resources, and the District Attorney's office help and support all of the other departments of the County. Mr. Mayne and staff go through a three month process of identifying a lot of the costs based on federal definition for what is allocable to the operating departments of the County, including the Health District.</p> <p>Mr. Mayne stated that the State of Nevada allocates approximately \$15 Million out in their state-wide cost allocation plan. Washoe County is unique in that it allocates approximately \$43 Million out in its cost allocation plan. That is because there was a personnel assessment for HR at the state level that gets charged to each operating division. There is a charge for the Attorney General's office that gets direct charged to each operating division, and so on. Washoe County has those as a Central Service Cost that they include as an indirect cost instead of a direct cost. So we are dealing with</p>	

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	<p>Board Comments</p>	<p>outside entities and people see what our indirect cost rate is; the cost of administrative cost to general operating costs. Washoe County's is very high because we do this Central Service Cost rather than direct charge, and that goes down to the Health District. The Health District's indirect cost rate was built out of this Central Service allocation at the County level, but it also includes the administrative structure of the Health District, and we are taking it down to the Division level to give each division an individual indirect cost rate. Those rates are based upon federal definitions of what is an administrative indirect cost versus a direct cost.</p> <p>Dr. Hess asked that Mr. Mayne define "direct cost" and "indirect cost." Mr. Mayne stated that indirect costs are those activities that benefit multiple operating units or supervises and assists all operating units of the department. We can go down to lower levels than that, but Mr. Mayne is trying to be general in nature. The County Cost Allocation Plan is approximately 150 pages of calculations. The Health District's Indirect Cost Policy is only about 6 or 7 pages, but it is based upon the County's COWCAP. Mr. Mayne offered to meet with any Board Member who would like a more in depth discussion of the methodology.</p> <p>Dr. Hess stated that he is concerned about how high the Health District's Indirect Cost Rates are, because in his experience in working with grants, there is no way that the federal government, or virtually any grantor, would reimburse at those rates.</p> <p>Mr. Mayne stated that the Health District staff is very educated and does a very good job of separating allowable and unallowable costs as defined by OMB Circular A-87, which is the basis for these calculations. There is also an associated implementation guide. Based on these federal guidelines, Health District staff identifies who is administrative and who is not administrative. Following the federal methodology takes care of these issues in generating the rate. Staff and Mr. Mayne follow those rules in developing the Health District's Indirect Cost Rate. The structure of the Health District determines and affects that rate. The higher than normal rates are a function of the County's accounting system and methodology, which creates an overall higher indirect cost rate. Clark County and the State of Nevada direct charge a great deal of their costs, which creates a lower overall indirect cost rate. The indirect costs are high because you do not pay directly for things like utilities, which is a policy decision by the County. Mr. Mayne reported that Staff has looked at some of these items, such as liability insurance and leases, are now being direct charged, but the two big drivers for the Health District are Facility Management (this location and utilities); IT; and the OPEB</p>	

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		<p>contribution. Mr. Mayne stated that in the last few years, the IRS has required that retiree health benefits be fully funded. Mr. Mayne further stated that in preparation for this presentation, he went back and looked at the COWCAP allocation for the last few years, and in 2003 the County-wide Cost Allocation for the Health District was \$2.5 Million, so the costs of operating have really come down across the board for the County. The OPEB contribution is really driving the COWCAP. Historically, that transfer had run approximately \$4 to \$5 Million per year. In 2011, it was \$14 Million, and 2012 it was \$20 Million. There was a GASB federal accounting requirement a couple years ago that requires government entities to fully fund these obligations. The County is catching up with that requirement. When we look at the \$20 Million for FY 12, that is approximately 40% of the whole indirect cost rate.</p> <p>Chairman Smith asked why the COWCAP is not based on the General Fund Transfer amount, and Mr. Mayne replied that the methodology is to allocate those costs that benefit multiple operating departments and in allocating those costs to the benefitting agency, you are able to on some grants have an indirect cost rate to access more federal funds.</p> <p>Councilwoman Ratti stated that she wanted to be clear that Chairman Smith was talking about the COWCAP, which is separate and distinct from the indirect cost rate. Mr. Mayne clarified that the results of the COWCAP are used as the basis, and he then adds the administrative costs for the Health District on top of the COWCAP to generate the Health District's indirect cost rate. The theory is to identify the actual cost of running government.</p> <p>Chairman Smith asked what amount the Cities annually contribute to the Health Fund, and Councilwoman Ratti replied that at present there is no annual transfer by the Cities to directly fund the Health District; however, when the Health District was originally created, there was a shifting of the tax rate, and when we looked it up last time, the General Fund Transfer from the County is now significantly more than what would be the equivalent of the shift that tax swap. So the County is in a whole lot more than the Cities, and the Cities acknowledge that.</p> <p>Ms. Pam Fine, County Finance, reported that the last time she calculated it (she did not bring the figures with her today) the County portion of what the obligation was of that original tax swap was about \$3.5 Million per year, and obviously the County is funding the Health District more than double that. Sparks was around \$1.5 Million and Reno's was around \$4 Million. Councilwoman Ratti stated this is a recurring question to her, and she would like Ms. Fine to provide that analysis for her.</p>	

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		<p>Dr. Furman stated that the cost per capita for the provision of a health department in Washoe County is twice that of Southern Nevada. Dr. Furman asked Mr. Mayne to comment on that disparity. Mr. Mayne said he could not comment on that. He was not aware of that figure. Dr. Hess stated that he was initially struck by that figure also, but when he looked at SNHD's budget, and then added back in their Air Quality department, the per capita is essentially the same.</p> <p>Mr. Mayne stated that he does not work with the Health District in Southern Nevada. Councilwoman Ratti asked if he is an independent contractor, and Mr. Mayne stated that he is a retired state and county employee; he worked for the County for five years, and he worked for the state for 19 years, and he worked for Clark County for six years.</p> <p>Dr. Iser reported that he has worked in many counties in California, and Cost Allocation is something they have worked with for decades. Dr. Iser reported that his main issue with the COWCAP is the rapidity of its implementation. The Health District is not being given the opportunity to adjust its income to offset the additional expense. At some point that will come in to equilibrium. At the other departments where Dr. Iser has worked, there was one indirect cost rate for the department rather than the divisional rates. Dr. Iser asked why the analysis is taken to the divisional level here, and what are the benefits to that? Mr. Mayne stated that the main benefit is that you are able to show what the true cost of running that division or unit is with a divisional rate. Mr. Mayne further stated that there is a Health District Indirect Rate in the analysis he provided, and the District can use that rate. Mr. Mayne stated that there was an administrative request approximately five years ago to develop divisional rates, and since that time he has also prepared that analysis. It is absolutely appropriate to have a Health District Rate, but you have a choice. Mr. Mayne calculates a Washoe County Indirect Cost Rate. Other departments in the County chose to use one rate. That is a policy decision.</p> <p>Dr. Hess asked Mr. Mayne to explain the difference between the two documents which were provided to him. Mr. Mayne stated that the one document that is approximately 18 pages is the summary pages of the County-wide Cost Allocation Plan ("COWCAP"), and the other document is the Washoe County Health District Indirect Cost Rate Implementation Plan.</p> <p>Dr. Iser stated that his concern is that we have some programs that have no allocation for an indirect rate all the way to the programs in EPHP at 78%. There are administrative personnel in all divisions. For example,</p>	

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		<p>Administrative Health Services has a 0% indirect cost rate. WIC is a specific program in that division, and they have zero cost allocated to them. He believes the disparity is what is concerning to Dr. Hess. Dr. Iser stated that his preference would be to have one indirect cost rate spread across all divisions. Mr. Mayne stated that the Health District has the ability to have one administrative indirect cost rate and still meet federal standards. Mr. Mayne stated that the drawback to utilizing one indirect cost rate is that you may have a division that provides direct service to the public that you may generate rate setting from, and therefore the rate would be smaller. Those that have a small rate may see higher costs associated with having a bloated rate applied to them. Mr. Mayne restated that a single Health District rate would be an appropriate policy if that is the policy decision made.</p> <p>Councilwoman Ratti stated that clearly the OPEB contribution is a significant impact, so that makes perfect sense; however, her concern is that the administrative rate will actually become inflated because of the reduction in staff and the real possibility that Division Directors are doing work that specialist below them performed in the past, but the definition doesn't allow you to split that director into direct and indirect. Mr. Mayne stated that a time study would need to be completed to facilitate accurate recording of the percentage of time attributable to direct services versus administrative functions. Councilwoman Ratti stated that this is the first time she has heard that the Health District may have more flexibility to do a more in-depth study to determine staffing patterns and improve the indirect cost rate. Mr. Mayne stated that this calculation is a tool. If he had a high indirect cost rate, he would be questioning why is my admin rate so high? That is a fair question. Is it that I've got too many chiefs and not enough Indians, or is it the structure and the type of service being provided?</p> <p>Councilwoman Ratti stated that there has been such a dramatic reduction in staffing over a short period of time. We refer to it as the "Swiss cheese in the org chart." The organization took what it could get to balance the budget, and we are only just now reaching the point where the economy is leveling out to where we can look at a restructure for the department because of this reality.</p> <p>Mr. Mayne stated that he believes the District would see a tremendous reduction in its indirect rate if the GABS ruling requiring the OPEB funding were not the reality. Forty (40%) percent of the cost is associated with OPEB, and the cost (COWCAP) in 2013 is actually the allocation that the Health District had in 2003.</p>	

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		<p>Councilwoman Ratti questioned Mr. Mayne about how and when the County began to delve into direct and indirect cost rates and stated that the DBOH has never looked into the indirect cost rate, and Mr. Mayne replied that it was in 2002 when Child Welfare integration occurred, and he came to Washoe County. It was recognized at that point that the County did not have a cost allocation plan. It was identified by County management at that time that the County needed to develop an indirect cost rate so that they could pull in those federal funds for Social Services, etc. It was recognized as a good management tool for calculating the cost of doing business and providing certain services, even though the County did not fully implement these charges out to the operating divisions until the discussions last year. Mr. Mayne stated that he can certainly appreciate the impact of such a "charge" to the Health Fund being implemented rapidly, even though the calculations have been made since 2002.</p> <p>Councilwoman Ratti stated that she really appreciated Mr. Mayne's presentation today because she learned a little something new today. Councilwoman Ratti has been concerned about jumping into the COWCAP on an expense management side and how to spread that out to be able to absorb the costs, but had not deliberated on how we bring down our indirect cost rate by being more proficient at tracking expenses. We have the opportunity to reduce the indirect cost rate being charged by this department by restructuring some of how we account for staffing? Mr. Mayne agreed that is one way to accomplish that goal. Mr. Mayne stated you could consolidate a couple operating units and spread out the administrative costs over those two operating units in one, it may reduce the percentage of the indirect cost rate. Councilwoman Ratti questioned whether it would reduce the COWCAP allocation, and Mr. Mayne stated it would not.</p> <p>Dr. Iser stated that the RWJF CJS Grant has just been implemented, and both Dr. Iser and Ms. O'Neill will allocate portions of their time to the grant. Otherwise, we are administration, but for that program, we will be direct services on the grant. That allocation should reduce our internal cost allocation, and it will save General Fund. Dr. Iser stated that when he was in Nevada County, he allocated his time to at least 12 different programs. Here he did not do that until now.</p> <p>Dr. Iser thanked Mr. Mayne for his presentation today. Dr. Iser stated that from a management perspective, it is his desire to implement a District-wide Indirect Cost Rate. Dr. Iser stated that the District as a whole is looking at efficiencies. We have made the strategic decision to try and keep the Division Directors on General Fund so that they can provide the kind of assistance to</p>	

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		<p>the Legislature that may be necessary that we could not charge to a grant. Those are changes that we can make in the future.</p> <p>Councilwoman Ratti stated that there is a distinction between General Fund and Restricted and indirect rate and direct rate. They are not synonymous. She questioned whether the administrative time to get to a more detailed indirect versus direct allocation of our staff would be of benefit to our constituents, tax payers, or rate payers. The strategic thing might be to not bring down our indirect rate. She is not advocating for that, but how important is it that we get to better allocation of staffing as to direct or indirect?</p> <p>Dr. Hess stated that he has concern about the high rates because of the grant funding issue and competitiveness. Dr. Hess questioned the allowable rate on the PHP grants, and Dr. Todd stated that they allow 15 – 20%. Dr. Iser stated that we are implementing charging all our grants the highest allowable indirect rate. Councilwoman Ratti stated that is precisely her point. If we can only recover 15%, where is the benefit to getting more sophisticated at doing this? Dr. Iser stated that the indirect rate is not as big a concern to him as COWCAP. Dr. Iser questioned Mr. Mayne about his statement that the federal government requires that government entities fully fund OPEB. Dr. Iser stated he does not believe that his true. County Manager Simon advised Dr. Iser that the Board of County Commissioners is considering revising their allocation to OPEB on an annual basis. Possibly Ms. Fine or Mr. Rosen can confirm that, but that was the conversation we had. It is Dr. Iser's understanding that the Board of County Commissioners can choose how much to prefund or currently fund.</p> <p>Mr. Mayne stated that because this was a change in policy based on federal guidelines by GASB, county government entities have been fully funding this cost to the counties or the state historically. Allowances have been given based on a county's ability to pay. Over the years we have seen the historical contribution at \$4 or \$5 Million. Once this decision was made and they had an actuarial adjustment, they started moving toward fully funding. Mr. Mayne does not know when that actuarial full funding will occur, but he does know that the County has been putting in the monies to meet that requirement since this decision and have increased their reimbursement to meet this requirement. Mr. Mayne stated he does believe it is a requirement.</p> <p>Dr. Iser stated that he believes it is a choice of the public entity how much to pre-fund. Councilwoman Ratti stated that she is not an OPEB finance expert, but they went through this exercise at the City of Sparks, and her understanding is that you can "fully fund" but when you choose to put that</p>	

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		<p>money into that "lockbox," then you cannot get it back if your actuarial inputs change for some reason, such as rates changing, or the entity can choose to pay as you go. Sparks looks at a yearly impact which gives them more flexibility to not have that money in a "lockbox." Councilwoman Ratti stated this is a very complex issue for each jurisdiction to decide, but this is the approach that the City of Sparks is taking. In theory, that liability will just grow, and grow, and grow.</p> <p>Dr. Iser stated that he believes one reason the County has such a high credit rating is that they have chosen to fully fund that liability. Dr. Iser further stated that his second concern about COWCAP is the charge for Tech Services. Dr. Iser stated that he believes the Health District is being double charged for Tech Services, because of the amount of support the District receives from its internal DCAS staff. Dr. Iser questioned Mr. Mayne about whether those considerations are made when calculating the COWCAP and whether a credit is possible. Mr. Mayne stated that is a challenge, and it should be a discussion point within the County. Dr. Iser stated that he is beginning to have those discussions with those support departments. Mr. Mayne stated that at this point the policy decision has been to allocate based on the Health District's 250 user IDs.</p> <p>Dr. Furman asked whether it is taken into account the management time and resources used in the oversight of the EMS transport franchise. Mr. Mayne stated that it is not, but it is a valid question and an area for discussion.</p> <p>Ms. Fine reported to the Board on tax allocations from the Cities of Reno and Sparks and Washoe County. Ms. Fine reported that in 1963, there was a tax swap. The Cities both agreed to give up a certain amount of ad valorem tax value to Washoe County to fund the Health District. In 1962/1963, that tax value was \$55,951 from the City of Reno; \$9,335 from the City of Sparks; and \$27,470 from Washoe County. In FY 12/13, those figures are \$2,315,340 from the City of Reno; \$573,780 from the City of Sparks; and \$3,195,428 from Washoe County. If you include the value of the Central Service Costs for the General Fund, the County funded the Health District in the amount of \$8,623,891 in FY13.</p> <p>Councilwoman Ratti stated that to be clear the County funded the Health District at the \$8,623,891 level, with the benefit of tax value set aside for the Health District in the amount of \$6,084,548.</p>	

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12.	<p>Presentation regarding the Prehospital Medical Advisory Committee ("PMAC")</p> <p>Boar Comments</p>	<p>Dr. Joseph Ryan, Chairman, presented to the District Board of Health regarding PMAC's role in our community; how PMAC interacts with the EMS providers in our community; and how public policy impacts the practice of medicine in our community.</p> <p>Dr. Furman questioned Dr. Ryan about the current cost of EMS delivery in our community and what would be the cost if PMAC's vision of EMS delivery is fully implemented. Dr. Ryan stated that he cannot speak to dollars specifically, but he believes we spend too much in areas where we could do better with less money. Dr. Ryan stated he does not believe we need to reproduce Emergency Medical Dispatch and multiple functions within the chain from a call to 911. It is not efficient for us to do that. It is not the best quality care. Right now, trained Emergency Medical Dispatch staff is trained in protocols that offer the best outcomes. You can't do that part-time.</p> <p>Dr. Ryan stated that there are four things supported by science that save people's lives; (1) Continuous, uninterrupted CPR (which trained staff will begin instructing the bystander to commence on their loved one); (2) clearing an obstructed airway when a person can't do it themselves; (3) providing a defibrillator shock; and (4) controlling external hemorrhage. Those are the four things that make a difference to save someone's life. A system that works well would provide that set of skills to the most number of people in the community acting in the public's interest who would provide that service as rapidly as possible. Anything beyond that, while more sophisticated, is also associated with a greater risk of doing it wrong. When someone provides emergency care infrequently, which we all do, because only 7% of people calling 911 have an emergency, and only 3% have a medical emergency, we can't do that well when we don't do it very frequently. Dr. Ryan suggests that we can do better with less if we focus on what the patient needs.</p> <p>Councilwoman Ratti asked Dr. Ryan to introduce "PMAC" and explain to the audience its mission and structure. Dr. Ryan stated that PMAC is a committee that meets on a quarterly basis. PMAC most typically meets at Renown. The people who are on the committee are appointed by the organization that they represent. Each hospital has a standing seat on the committee, along with the medical director for each EMS agency and the fire departments. Dr. Ryan stated that he was appointed by REMSA. We have standing membership from Family Medicine in our community who Dr. Ryan believes is appointed by the Medical Society, and the Urgent Care providers, and for quite a long time there was a representative from the Board of Health, and PMAC believes</p>	

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		<p>that was valuable, so we asked Dr. Iser to be the PMAC representative from the Board of Health.</p> <p>Councilwoman Ratti asked Dr. Ryan if PMAC as an organization has reviewed the TriData recommendations and made any findings, and Dr. Ryan reported that several members of PMAC were part of the Task Force and it has been made available, but PMAC has not formally reviewed it as a group and made recommendations. Councilwoman Ratti asked Dr. Ryan if PMAC anticipates doing that, and Dr. Ryan stated PMAC would if it would be useful to the community and the decisions that need to be made. Dr. Ryan further stated that because PMAC is cross-organizational and different from other healthcare organizations, PMAC does not have the ability to provide quality review of the medical care that is provided. Hospital-based organizations have an umbrella under which those things can be discussed confidentially, so because of PMAC's organizational structure, that protection does not exist within the law. PMAC's recommendation is that that structure be in place across the organizations to improve our ability to deal with the care provided. Dr. Ryan stated that the chairman is elected by the members.</p> <p>Dr. Hess stated that the problems he sees between geography, the multiple jurisdictions, etc., that the TriData report provided a good solution, but it will cost money. The CAD to CAD linkage that we've been discussing is a great solution. Dr. Ryan stated that the majority of 911 calls are for law enforcement. The next largest group of 911 calls is medical. Of those medical calls, 7% are actual emergencies, and only 3% of those calls are life-threatening emergencies. Dr. Ryan stated that the modern dispatch centers that work best are dispatch centers in which specialists manage the major areas (i.e., law enforcement, fire, medical). The initial call taker should only offer (911 – what is your emergency) and then be able to cognitively route to the proper specialist. It is not possible for a generalist to be great at what law enforcement needs while at the same time understanding and doing well with a medical problem.</p>	
13.	<p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Reports for November and December, 2012; and</p>	<p>Mr. Jim Gubbels, Vice President of REMSA, reported that the DBOH members have been provided with a copies of the November and December, 2012 Operations and Financial Reports; overall emergency response times in November for Priority One compliance was at 92%; in the 8-minute zone, it was 92%; for the 15-minute zone, it was 98%; for the 20-minute zone it was</p>	

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		<p>96%. For Priority Two compliance it was 97%.</p> <p>Overall emergency response times in December for Priority One compliance was at 93%; in the 8-minute zone, it was 93%; for the 15-minute zone, it was 100%; for the 20-minute zone it was 96%. For Priority Two compliance it was 96%.</p> <p>Mr. Gubbels advised the overall average bill for air ambulance service to date is \$7,639, and overall average bill for ground ambulance services to date is \$1,026.</p> <p>Dr. Hess stated that he read a recent article in the newspaper about non-natural causes of death speaking to accidents and injury. Dr. Hess stated that he was surprised by the percentages of death related to accidents and injury and questioned if REMSA captures data on causes and what the community is doing to impact this public health problem.</p> <p>Mr. Gubbels discussed the activities of the statewide initiative on Zero Fatalities. Dr. Iser reported that last year the Health District applied for a grant through the CDC which provides a Public Health Prevention Specialist. This year, the Health District is applying for two grants for Specialists, one in Chronic Disease and one for Injury Prevention, and the goal would be to look at in more depth REMSA's data at unintentional injury, suicide, and gunshot wound data.</p> <p>Mr. Gubbels reported that the past President, Patrick Smith, has stepped down from the position, and the Board of Directors of REMSA has offered the position to Mr. Gubbels. Mr. Gubbels has accepted the position. Mr. Gubbels stated that Patrick Smith has put his heart and soul into REMSA over the last 23 years, and REMSA's accomplishments during that time are in great part due to Patrick's hard work. REMSA appreciates and respects what Patrick has done for REMSA. The organizational transition has been a part of REMSA's plan for several years and we have been working on this effort.</p> <p>Mr. Gubbels reported that the Innovation Grant has accepted REMSA's operational plan, and it will move forward as of December 31. All the planning we have done will now be implemented. REMSA has hired 9 internal paramedics. They start their training period on January 8. It will be a 16-month training program, and we are currently in the process of working with our community clinics and partners to look at how they will work within those clinics. We are also now having conversations with the hospitals on how they</p>	<p>Dr. Hess moved, seconded by Councilwoman, to accept the REMSA Operations and Financial Reports for November and December, 2012, as presented.</p> <p><u>MOTION CARRIED</u></p>
	<p>Board Comments:</p> <p>B. Update of REMSA's Community Activities Since October, 2012</p>		

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		<p>will work with them. Mr. Gubbels offered to do a short presentation to the DBOH on the Innovation Grant and how the three integration pieces will be implemented into the community.</p> <p>Chairman Smith asked the Board members if they would like to see that presentation and received consensus.</p> <p>Mr. Gubbels reported that the Fitch and Washko Reports are completed, and they have been delivered to REMSA. The REMSA Board will accept the reports at their next meeting, and then we will deliver them to the Chairman of the District Board of Health.</p> <p>Councilwoman Ratti asked for clarification on the second report, and Mr. Gubbels stated that it is the Washko Report, and that is the name of the consultant, and the Washko Report is the one that goes through the 38 recommendations included in the TriData Report.</p>	
14.	<p>Presentation Regarding 38 Recommendations in the Tri-Data Report; and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other EMS Studies</p>	<p>Dr. Iser presented the EMS timeline since the last meeting of the District Board of Health on November 15.</p> <p>Related Action in January: January 7, 2013 Managers' Meeting, which included Dr. Iser, Dr. Todd, and Ms. Akurosawa, the Fire chiefs, and some deputy city managers and others. What we agreed to do there was to set up a process to look at the 38 recommendations contained in the TriData Report. Ms. Akurosawa has developed a spreadsheet that sets out the 38 recommendations and the Health District's position on those recommendations, a copy of which is in your packet.</p> <p>The next Managers' Meeting was on January 23, 2013. We began going through the individual TriData items to understand all comments from each jurisdiction. In the next month's presentation, Dr. Todd and Dr. Iser will present the Health District's view on those recommendations.</p> <p>Mr. Slaughter was tasked with developing an agenda for the February 11 concurrent meeting. Someone representing Fire will make a presentation on the 38 Recommendations as they relate to REMSA, and the Sheriff will make a presentation on Dispatch, and Dr. Iser volunteered and was tasked with drafting a narrative on what the EMS agency/authority would look like.</p> <p>Dr. Iser asked that Dr. Todd present on the Health District's comments on the 38 Recommendations. Dr. Iser stated that they have received comments</p>	

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		<p>from each Fire jurisdiction also, but are not yet at liberty to share those comments publicly.</p> <p>Councilwoman Ratti asked if Dr. Iser was expecting action on these recommendations today, and Dr. Iser replied only if that is the Board's desire. Councilwoman Ratti stated that without a more in depth review, she is not ready to take action on this report.</p> <p>Dr. Todd reported that his goal is to orient the Board to the document and the process that the group with which Dr. Iser is working is taking.</p> <p>Dr. Hess asked if there is proposed action on the agenda for the February 11th meeting, and Dr. Iser responded that he has not yet seen an agenda, but Mr. Slaughter may discuss with each entity a proposed action to be taken. Dr. Iser stated that he does not believe any action should be taken at the February 11th meeting, but he is not sure the position of each group.</p> <p>Chief Hernandez reported to the Board that at the Managers' and Stakeholders' meeting the group progressed through only about 1/4 of the document, and it is the intent to fully vet the document and get recommendations from each respective political entity and combine the comments into one and submit that to the Board of Health as well as the councils of each entity for comments, recommendations, suggestions, or action.</p> <p>Councilwoman Ratti questioned if that would be done by the 11th and Chief Hernandez stated he did not see how that could be accomplished in that time frame. Dr. Iser stated that part of the February 11th meeting is designed to orient the new members of each governing body to the EMS issues, and Dr. Cohen will present at the concurrent meeting. Chief Hernandez stated that John Slaughter was directed to draft an agenda item to address bringing the new members up to date on the issues, and Councilwoman Ratti stated that is her understanding as well.</p> <p>Dr. Randall Todd presented Agenda Item No. 14 to the Board for their review and oriented the Board to the design and layout of the document. Dr. Todd noted that not every recommendation in the TriData Report was targeted at the REMSA Franchise. Dr. Todd stated that this document was sent out to all of the stakeholders and asked that they put in their comments, concerns, suggestions, or opinions in different colors so that when we went back to the meeting we could then attempt to form consensus on the issues. That is what really got started yesterday. We did not include those comments in this report</p>	

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15.	<p><u>PUBLIC HEARING:</u> Proposed approval and adoption of the revisions to "The Washoe County Portion of the Nevada State Implementation Plan to meet the Nitrogen Dioxide Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)".</p> <p>Board Comment</p>	<p>for you since they are just initial starting points, and there is a lot more discussion that needs to take place. Dr. Iser did want to include the Health District's initial starting position for your review so that if you did have concerns or wish to aim staff in a different direction, you would have the ability to do that.</p> <p>Mr. Daniel Inouye begin a the presentation on the proposed revisions to the Washoe County Portion of the Nevada State Implementation Plan to meet the Nitrogen Dioxide Infrastructure SIP requirements of the Clean Air Act.</p> <p>Ms. Admirand stopped the proceedings based on the temporary loss of a quorum. The meeting was recessed at 2:50 pm.</p> <p>Chairman Smith reconvened the meeting of the District Board of Health at 2:56 pm.</p> <p>Mr. Inouye stated that the EPA establishes health based national ambient air quality standards for six criteria pollutants including Nitrogen Dioxide. The Clean Air Act directs states to address basic requirements to implement, maintain, and enforce these standards. Many of the Clean Air Act elements relate to the general information and authorities that constitute the "infrastructure" of a state's air quality management program. States are required to submit an Infrastructure SIP within three years after promulgation of a new or revised standard.</p> <p>This I-SIP is a summary of current air quality management elements in Washoe County's portion of the Nevada Nitrogen Dioxide SIP. It includes air quality regulations and programs demonstrating the Health District's ability to meet these Clean Air Act requirements.</p> <p>Mr. Inouye reported that if the I-SIP is approved and adopted, it will be submitted to the EPA through the Nevada Division of Environmental Protection as a revision to the Washoe County portion of the Nevada NO₂ SIP.</p> <p>Chairman Smith opened the Public Hearing and called for anyone who wished to speak. No one appeared to speak. Chairman Smith closed the public hearing and reopened the meeting of the District Board of Health.</p> <p>Chairman Smith queried the DBOH for comments or action.</p>	<p>Dr. Hess moved, seconded by Dr. Furman, to approve and adopt the revisions to the Washoe County Portion of the Nevada State Implementation Plan to meet the NO₂ I-SIP requirements of the Clean Air Act.</p> <p>MOTION CARRIED</p>

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16.	<p>PUBLIC HEARING: Proposed approval and adoption of the revisions to "The Washoe County Transportation Conformity Plan."</p> <p>Board Comment</p>	<p>Mr. Inouye presented a staff report regarding the approval and adoption of the revisions to the Washoe County Transportation Conformity Plan. Mr. Inouye reported that the Clean Air Act requires that long and short-range transportation plans prepared by local metropolitan planning organizations (MPO) conform to local air quality SIPs. The RTC of Washoe County is the local MPO. Transportation Conformity SIPs are the federally enforceable plans that ensure this evaluation occurs.</p> <p>The Washoe County Transportation Conformity Plan has been revised to be submitted to the EPA as the Transportation Conformity SIP for Washoe County. The Transportation Conformity Plan details each stakeholder's role and responsibility when transportation conformity analysis is required. Each stakeholder was involved in the development of the document.</p> <p>Chairman Smith opened the Public Hearing and called for anyone who wished to speak. No one appeared to speak. Chairman Smith closed the public hearing and reopened the meeting of the District Board of Health.</p> <p>Chairman Smith queried the DBOH for comments or action.</p>	<p>Councilwoman Ratti moved, seconded by Dr. Hess, Smith, to adopt the revisions to the Washoe County Transportation Conformity Plan, as presented.</p> <p><u>MOTION CARRIED</u></p>
17.	<p>Discussion and Possible Appointment of a Subcommittee to Meet as Needed to Provide Direction to the DBOH and Staff on the Future of the Health District and Its Financial Stability</p>	<p>Chairman Smith stated that he would like to see a subcommittee formed to analyze the long term financial stability of the Health District and options available to it. Chairman Smith stated that Dr. Humphreys has expressed interest in being on such a subcommittee.</p> <p>Councilwoman Ratti asked what the scope of the committee would be, and Dr. Iser responded that since his time at the Health District, the Health District has been under huge amounts of stress primarily related to financial instability, and Dr. Iser would like a subcommittee who would advise the Health District by exploring a variety of options available from grants for funding or reorganization tactics that were referred to in our earlier discussion here today. The subcommittee needs to look at how we can decrease costs, increase revenues, or find other sources of revenues in the long run.</p> <p>Councilwoman Ratti clarified that the subcommittee would not look at any short term budget issues or impede the current budget, and Dr. Iser confirmed that would not be within the scope of the subcommittee. Councilwoman Ratti asked if this subcommittee would look at the organizational structure of the Health District and the authority under which it operates, and Dr. Iser answered in the affirmative.</p>	

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		<p>Councilwoman Ratti stated that if the subcommittee would consider something that would change the structure of the Health District, then we should be thoughtful about the representations from each of the jurisdictions. Should that committee come forward with recommendations that affect the jurisdictions that recommendation would have to be sold to the individual councils since they are delegating their authority to have a health department to this body at this time, Councilwoman Ratti would suggest having the stakeholders on the committee early on to see it turn into something viable rather than an "intellectual exercise."</p> <p>Councilwoman Ratti stated if we are truly interested in doing something significant to the structure of the Health District which includes the governing structure, it is going to have to be a more robust effort than a subcommittee.</p> <p>Chairman Smith stated that at this point we are looking for ideas to really address some issues facing the Health District that could be brought back to the Board, and then if the Board determines they are worth pursuit, then the effort could be stepped up.</p> <p>Councilwoman Ratti asked what the form would be to remain a subcommittee, without a quorum, and Ms. Admirand stated that any subcommittee would be subject to the Open Meeting Law. Ms. Admirand stated that even if they are not taking action, they would be making recommendations to this Board, and it is very clear under the Open Meeting Law that such a committee would be subject to the Open Meeting Law. Dr. Iser then stated that it would require Ms. O'Neill's and Ms. Admirand's attendance also.</p> <p>Dr. Hess stated that for this type exploration that would inhibit discussion, and Councilwoman Ratti stated that it is intended to help keep the public informed. Councilwoman Ratti stated that she would like to be considered, and Councilwoman Ratti recommended again that the other member be one of the elected appointments to the Board. Dr. Iser questioned whether he could ask Commissioner Jung and Councilwoman Zadra if they would like to be on the committee, and Ms. Admirand replied in the affirmative. The action today will be the appointment of Dr. Humphreys and Councilwoman Ratti to this committee.</p> <p>Dr. Iser reported that he has asked each Division within the Health District to appoint someone to support this committee in its exploration.</p>	<p>Chairman Smith moved, seconded by Dr. Hess, to form a committee to explore the financial stability and structure of the Health District and nominated Dr. Humphreys and Councilwoman Ratti as members, with one additional member to be appointed at a subsequent meeting of the DBOH.</p> <p><u>MOTION CARRIED</u></p>

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18.	Presentation, Discussion, and Possible Direction to Staff Regarding the 2013 Legislative Session	<p>Dr. Iser reported that there is nothing new to add at this point other than to inform the Board that a Legislative Update will be a standing item on future agendas. Dr. Iser further reported that there have been multiple requests from the County to look at bills that might have a potential fiscal impact on the Health District.</p> <p>Dr. Iser stated that we will bring a report to the Board each month on the activities staff is tasked with during this process.</p>	
19.	<p>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for December, 2012</p> <p>Board Comments</p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for December 2012, stating that Staff recommends the Board accept the report.</p> <p>Ms. Stickney directed the Board to pool revenue and tire dollars revenue and that both of these are simply timing issues. Staff will be finalizing ETCs as we go into the budget preparation season.</p> <p>Dr. Hess questioned if the grants usually run this far behind in reimbursement, and Ms. Stickney stated that most of the grants work on a reimbursement cycle, and all of them will be balanced in Period 13 prior to close out of the budget year. Dr. Hess questioned the Medicaid billing, and Ms. Stickney reported that the initial application was rejected and staff has resubmitted under new guidelines.</p>	<p>Dr. Hess moved, seconded by Councilwoman Ratti, to accept the Health Fund Revenue and Expenditure Report for December, 2012, as presented.</p> <p><u>MOTION CARRIED</u></p>
20.	Discussion and Possible Direction to Staff Regarding FY 14 Health Fund Budget	<p>Eileen Stickney, Administrative Health Services Officer, presented the budget updates to the Board. Ms. Stickney reported that the County did approve the CIP project to remove the planters from the Lobby.</p> <p>Ms. Stickney also reported that the meetings with program staff and the Division Directors to prepare budgets will begin next week. Staff will present the FY 14 Health Fund Budget to the Board at the Special Budget Meeting on March 7 at 1:00 pm.</p>	
21.	<p><u>Staff Reports and Program Updates</u></p> <p>A. <u>Director – Epidemiology and Public Health Preparedness</u></p>	<p>Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p>	

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		<p>Dr. Todd reported that the influenza year is rather exceptional across the country. Washoe County has not had such an experience to date; week three is the first week that Washoe County as exceeded the threshold, and we seem to be on somewhat of an upward trend. We did not exceed the threshold at all last year.</p> <p>The G2.4 Sydney strain of Norovirus has been in the news quite a bit. We do not yet know if our outbreak was part of the Sydney strain. Testing is still underway.</p>	
	<p><u>B. Director – Community and Clinical Health Services</u></p> <p>Board Comments</p>	<p>Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Mr. Kutz reported the additional influenza vaccine is on order, but we do have vaccine available even with the increase in activity. The Sexual Health Program developed an STD Outbreak Response Plan. We are at Level II (3 cases in a 3 month period) for active Syphilis cases. We have notified the District Health Officer and the State STD Program, and we will meet with the Epidemiology Program tomorrow afternoon to look at data and put together an EPI News to alert our health care community.</p> <p>Dr. Iser reported that he met with Ms. Simon last week, and she asked that the Health District provide influenza vaccine to County employees, and we are working in collaboration to vaccinate the County employees.</p> <p>Mr. Kutz reported that he just met with HR and was told to prepare for approximately 50 immunizations, and Mr. Kutz believes that is something the program can absorb.</p> <p>Dr. Hess stated that looking at the MCAH Program Report he is concerned that the budget has been cut so much. He is curious how that has affected home visitations since the peak in 2006. Dr. Hess also questioned how the program gets its referrals.</p> <p>Mr. Kutz asked Ms. Hunter to come forward and make the presentation on the Home Visitation Program, and Dr. Iser reported that this report is in response to Chairman Smith notifying Dr. Iser last month that Dr. Furman would like a report on the Program.</p>	

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		<p>Chairman Smith stated that what he asked for was an agenda item. Ms. Admirand stated that it is okay to discuss as an update, but no action can be taken on it. If the Chairman would rather have action it can be agendized that way next month or Ms. Hunter can give her presentation today.</p> <p>Dr. Furman stated that he would like it to be agendized as an action item next month. Dr. Furman stated that it is fine with him if Ms. Hunter makes her presentation today, but it might be better to have it next month so that the other board members will have the benefit of the presentation prior to the vote.</p> <p>Dr. Hess asked Ms. Hunter if the report would address the year-to-year statistics he discussed earlier, and if those statistics are available to him for a Medical Society meeting.</p> <p>Ms. Hunter stated that she would be happy to provide for the Board even individual presentations if they would like.</p> <p>Councilwoman Ratti stated that she would like to hold the presentation until the action to afford the other members the benefit of the presentation.</p> <p>Dr. Furman stated that he would like to make some comments. Ms. Admirand recommended that Dr. Furman make all his statements and comments at the time the action will be taken to keep the record complete. Dr. Furman stated that when agendized he will propose that this program be abolished and not funded.</p> <p>Ms. Admirand advised Dr. Furman that the proper time to address his concerns will be under Agenda Item No. 22 – Issues for Future Agenda Items.</p> <p>Mr. Kutz clarified that the Board has the report, and Ms. Hunter will bring the presentation to the February meeting, and the agenda item will be for possible action.</p>	
	C. <u>Director – Environmental Health Services</u>	Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	D. <u>Director – Air Quality Management</u>	Mr. Kevin Dick, Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record.	

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	E. <u>Administrative Health Services Officer</u>	The Administrative Health Services Officer's Reports for this month were addressed in other agenda items.	
	F. <u>District Health Officer</u>	<p>Dr. Iser, District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Dr. Iser reported that the RWJF Shared Services Learning Community Grant has now been funded. Dr. Iser will conduct the first round of meetings with the counties involved in this grant next week. Dr. Iser reported that he will report monthly to the Board on the grant activities.</p>	
22.	Board Comment – Limited to Announcements or Issues for Future Agendas	Dr. Furman stated that he would like to have the Home Visiting Program as an action item on the next agenda. Dr. Furman stated that due to the serious shortfalls in the FY 14 Budget, he believes this program should not be funded further. Dr. Furman stated that this program had been voted on before for elimination and that was not done. Dr. Furman would like it to be addressed again.	
23.	Emergency Items	None.	
24.	Public Comment	No public comment was presented.	
25.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	<p>Councilwoman Ratti moved, seconded by Mr. Smith, that the meeting be adjourned.</p> <p>MOTION CARRIED The meeting was adjourned at 3:21 p.m.</p>

Joseph P. Iser MD, DrPH, MSE

JOSEPH P. ISER, MD, DrPH, MSE
DISTRICT HEALTH OFFICER

Peggy F. O'Neill

PEGGY F. O'NEILL,
RECORDING SECRETARY