

Washoe County



Health District

**Washoe County District Board of Health  
Meeting Minutes  
April 25, 2013**

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

**ABSENT:** Commissioner Jung (appeared telephonically during portions of the meeting)

**STAFF:**

Joseph P. Iser, District Health Officer  
 Kevin Dick, Division Director, AQM  
 Eileen Stickney, Administrative Health Services Officer, AHS  
 Robert Sack, Division Director, EHS  
 Heather Holmstadt, PHI, EPHP  
 Megan McKinlay, PHI, EPHP  
 Nicole Alberti, Health Educator I, EPHP  
 Jennifer Howell, Program Coordinator, CCHS  
 Jim Shaffer, Environmental Health Specialist, EHS  
 Christina Conti, Public Health Preparedness Coordinator, EPHP  
 Wes Rubio, Environmental Health Specialist, EHS  
 Charlene Albee, Branch Enforcement Chief, AQM  
 Lori Cooke, Fiscal Compliance Officer, AHS  
 Leslie Admirand, Deputy District Attorney  
 Peggy F. O'Neill, Recording Secretary

Steve Kutz, Division Director, CCHS  
 Randall Todd, DrPH, Division Director  
 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  
 Stacey Akurosawa, EMS Coordinator, EPHP  
 Jim English, Environmental Health Specialist Supervisor, EHS  
 Susanne Paulson, Epidemiologist, EPHP  
 Lei Chen, Senior Epidemiologist, EPHP  
 Cindy Hawks, Office Support Specialist, EPHP  
 Jeff Whitesides, Public Health Preparedness Manager, EPHP  
 Beverly Bayan, WIC Program Manager, AHS

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
1:08 pm 1, 2	<b>Called to Order, Pledge of Allegiance and Roll Call</b>	<b>Chairman Smith</b> called the meeting to order, followed by the Pledge of Allegiance led by <b>Dr. Humphreys</b> . Roll call was taken and a quorum noted.
3.	<b>Public Comment</b>	Ms. Susanne Paulson, individually and representative of certain Health District employees, presented public comment in support of Dr. Joseph Iser and his leadership skills and abilities and the progress the Health District has made under his leadership.  Gerold Dermid Gray presented public comment regarding public health and how Dr. Joseph Iser inspired him to pursue his career in public health and how supportive Dr. Iser has been of the School of Community Health Sciences at UNR. Dr. Iser has mentored Mr. Gray's students and has presented to several of his classes. Mr. Gray asked that the Board not allow Dr. Iser to tender his resignation today.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
4.	<b>Approval/Deletions – Agenda – April 25, 2013</b>	<p><b>Chairman Smith</b> called for any deletions to the Agenda of the April 25, 2013 DBOH Meeting.</p> <p><b>Chairman Smith</b> stated that Agenda Item Nos. 16 and 18 will be pulled today. Agenda Item No. 17 will be heard during Recognitions [Agenda Item No. 6]. After Agenda Item No. 8, we will go to the Fee Item [No. 13], and then Item No. 15, which is the Home Visitation Program.</p> <p><b>Councilwoman Ratti</b>, moved, seconded by <b>Dr. Humphreys</b>, that the April 25, 2013, Agenda be approved as revised.</p> <p><b><u>MOTION CARRIED</u></b></p>
5.	<b>Approval/Additions/Deletions to the Minutes of the February 28, 2013 Regular Meeting</b>	<p><b>Chairman Smith</b> called for any additions or corrections to the minutes of the February 28, 2013 Regular Meeting.</p> <p><b>Councilwoman Ratti</b>, moved, seconded by <b>Dr. Humphreys</b>, that the minutes of the February 28, 2013 Special Meeting be approved as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
6.	<b>Recognitions</b>	<p>Recognitions</p> <p>A. Introduction of new employee(s) – <b>Kyra Morgan – EPHP - Statistician</b></p> <p>B. Promotions – None</p> <p>C. Years of Service</p> <ol style="list-style-type: none"> <li>1. <b>Denis Cerfoglio – AQM - 25 years</b></li> <li>2. <b>Peg Caldwell – EPHP – 20 years</b></li> <li>3. <b>Dave Orozco – EHS – 20 years</b></li> <li>4. <b>Daniel Inouye – AQM – 15 years</b></li> </ol> <p>D. Recognitions -</p> <ol style="list-style-type: none"> <li>1. <b>Medical Interpreter Certification – Maria Magana</b></li> <li>2. <b>Jordan Wagner was recognized for his work at the Health District and published work in the Journal of Environmental Health</b></li> </ol> <p>E. Retirements – None</p>
7.	<b>Proclamations</b>	<p><b>Proclamation</b> – May 2013 is designated as “National Bike Month” and “Bicycle Safety Month,” the week of April 29 – May 3, 2013, is designated as “National Air Quality Awareness Week,” and May 11-17, 2013, is designated as “Bike to Work, School, and Fun” throughout Washoe County.</p> <p><b>Dr. Hess</b>, moved, seconded by <b>Councilwoman Zadra</b>, that the Proclamation be approved as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		Meeting adjourned at 1:27pm to accommodate Commissioner Jung's telephonic appearance.
8.	Consent Agenda	<p>Meeting resumed at 1:32 pm with Commissioner Jung in attendance telephonically at the beginning of the Consent Agenda.</p> <p><b>Consent Agenda:</b> Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p>A. <b><u>Air Quality Management Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> <li>a. <b>Pioneer Meadows Development – Case 1114, NOV 5376</b> Wingfield Hills Drive &amp; Rolling Meadows Drive</li> </ol> </li> <li>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. <b>None</b></li> <li>3. Recommendation for Variance: <b>None</b></li> </ol> <p>B. <b><u>Sewage, Wastewater &amp; Sanitation Cases:</u></b> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board. <b>None</b></p> <p>C. <b><u>Budget Amendments / Interlocal Agreements:</u></b></p> <ol style="list-style-type: none"> <li>1. Proposed approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, HIV/AIDS Surveillance Program, for the period January 1, 2013 through September 30, 2013 in the amount of \$58,284 in support of the HIV Surveillance Program, IO 10012; and authorize the Chairman of the Board to sign.</li> <li>2. Proposed approval of Purchase of Six Gift Cards in the Total Amount of \$1,500 utilizing Air Quality Management Division, DMV Excess Reserve Grant Funds (IO 11001) to Present to Local Washoe County Schools for Participation in National Bike to School Day Rack Em Up at School Event.</li> <li>3. Proposed ratification of Cooperative Agreement for Services to the Kids' to Senior's Korner Programs in the total amount of \$50,000 (\$0 for Washoe County Health District). The Cooperative Agreement for Services to the Kid's to Senior's Korner Program is a multi-agency agreement between the City of Reno Police Department, Catholic Charities of Northern Nevada, Washoe County Sheriff's Office, Washoe County Department of Social Services, Washoe County Health District (District), and Washoe County Department of Senior Services, for the period upon approval with automatic annual renewal unless terminated or changed in accordance with the terms of the agreement, and, if approved, authorize the Chairman to execute the Cooperative Agreement.</li> </ol>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>4. Proposed ratification of Agreement between the Washoe County Health District and Regent Care Center of Reno in the amount of \$1,295.00 to transfer fatality management equipment to Regent Care Center of Reno; and, if approved, authorize the Chairman to execute Agreement.</p> <p>5. Proposed ratification of Agreement between the Washoe County Health District and Hearthstone of Northern Nevada in the amount of \$1,295.00 to transfer fatality management equipment to Hearthstone of Northern Nevada; and, if approved, authorize the Chairman to execute Agreement.</p> <p>6. Proposed ratification of Agreement between the Washoe County Health District and Life Care Center of Reno in the amount of \$1,295.00 to transfer fatality management equipment to Life Care Center of Reno; and, if approved, authorize the Chairman to execute Agreement.</p> <p>7. Proposed ratification of Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2015, in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and, if approved, authorize the Chairman to execute.</p> <p>8. Proposed ratification of Intrastate Interlocal Contract Between the State of Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the total amount of \$872,000 (\$218,000 per year) for the period July 1, 2013 to June 30, 2017 in support of the Underground Storage Tank (UST) and Leaking Underground Storage Tank (LUST) Program; and, if approved, authorize the Chairman to execute.</p> <p>9. Proposed approval of Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period March 29, 2013 through March 28, 2014 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010.</p> <p>D. <b><u>Acceptance of the “2012/2013 Oxygenated Fuels Program for Washoe County” Report</u></b></p> <p>E. <b><u>Acceptance of the Washoe County Health District 2013 Legislative Session Report</u></b></p> <p><b>Councilwoman Ratti</b> moved, seconded by <b>Councilwoman Zadra</b>, that the Consent Agenda be approved as presented in a single motion.</p> <p><b><u>MOTION CARRIED</u></b></p> <p><b><u>ACTION ITEMS:</u></b> Letter to Pioneer Meadows Development regarding fine and due date.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
13.	<p><b>PUBLIC HEARING:</b>  <b>Proposed approval and adoption of revisions to the Health District Fee Schedule, specific to:</b>  <b>(a) Administrative Health Services Division; (b) Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management; (c) Community and Clinical Health Services Division; and (d) Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe</b></p>	<p>Ms. Lori Cooke, Fiscal Compliance Officer, referred the Board Members to the additional reports placed at their chairs. Ms. Cooke stated that in the packet is the Proposed Fee Schedule, with revisions, and a proposed effective date of July 1, 2013. Ms. Cooke discussed the implementation process if the fees are approved.</p> <p>Ms. Cooke stated that the Proposed Fee Schedule was prepared utilizing the methodology described in the packet. Ms. Cooke reported on the Fee Workshop which was held on March 21, 2013, which was properly noticed and publicized. Ms. Cooke reported on the comments which have been received from the public and business community, copies of which were included in the Board's packet.</p> <p>Ms. Cooke reported that the Washoe County Indirect Cost Allocation Rate (WC IDCR) has been applied to the Proposed Fees, as well as the Health District Indirect Cost Rate (HD IDCR). The WC IDCR has been applied in the same manner as the HD IDCR. As requested by the Board, Division level data is provided.</p> <p>Ms. Cooke stated that the Proposed Fee Schedule was prepared utilizing the same methodology as prior years, with the addition of the WC IDCR, but the WC IDCR does not represent the full \$2.5 Million that the Health District was assessed for FY 13. It was applied by calculating the corresponding rates to each division.</p> <p><b>Councilwoman Ratti</b> clarified that it is just the FY 13 CoCAP [WC IDCR], but nothing from the FY 14 allocation, and Ms. Cooke confirmed that understanding. The fees are not bearing the entirety of the CoCAP, but the CoCAP is included at the rates for 2013. Ms. Cooke stated that the CoCAP cost for 2014 will be \$2.89 Million.</p> <p>Ms. Cooke stated that the estimated amount of revenue related to the WC IDCR if 100% is implemented is \$374,178, not including CCHS because of their sliding scale and inability to pay procedures.</p> <p>Ms. Cooke stated that the Board may implement any proportion of the Fee Schedule, but Staff recommends that the DBOH approve the Health District Fee Schedule at the full cost recovery rates, as presented.</p> <p><b>Dr. Hess</b> stated that it would be helpful to have identifying footers on each of the documents to help identify them. <b>Dr. Hess</b> stated he appreciated the various percentages presented to help with his decision-making.</p> <p><b>Councilwoman Ratti</b> stated that she would appreciate the identifying footers also.</p> <p>Eileen Stickney, Administrative Health Services Officer, reported that if the Board chooses to implement full cost recovery, the Health Fund Ending Fund Balance would be \$276,032. If adopted at 50%, there would be a reduction of \$185,344 leaving an EFB of \$90,688; if the Board chooses not to implement any WC IDCR recovery, we would reduce the revenues by \$374,178, which would then leave an Ending Fund Balance of (\$98,146). That is the fiscal impact for the fee portion of the Budget presentation.</p> <p><b>Councilwoman Ratti</b> restated the fiscal impacts addressed by Ms. Stickney for confirmation, and asked Ms. Stickney if County Finance has stated a percentage of expenditures that it will accept as an Ending Fund Balance, and Ms. Stickney replied that they had not. <b>Councilwoman Ratti</b> asked Dr. Iser if there had been discussions with the County</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
	<p><b>County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction</b></p>	<p>about the Ending Fund Balance, and Dr. Iser stated that in his discussions with Ms. Simon, Ms. Mendez, and Ms. Fine, the previously reported Ending Fund Balance of \$150,000 was acceptable to the County.</p> <p><b>Councilwoman Zadra</b> asked if any of the analysis she has asked for repeatedly has been done. We need to do a thorough assessment regarding the validity of some of the services today versus years ago; is the Health District the proper authority for conducting some of the services; are there duplication of efforts in the community; should we be contracting some services. Where is that analysis? <b>Councilwoman Zadra</b> stated that she was not expecting a vote on fee increases until that analysis was complete.</p> <p>Ms. Stickney suggested that Mr. Dick and Mr. Sack would be the best to address those questions. She does not believe that analysis has been done at this point.</p> <p>Kevin Dick, Director, Air Quality Management Division, reported that in the Proposed Fee Schedule packet, there is a brief narrative that addresses the requirements of the Clean Air Act and describes the requirements of NRS 445(B).500 that assigns those responsibilities to the Air Quality Management Division as the local air quality control agency. Mr. Dick stated that he identified and explained the three fees that are not mandated, but every other fee and service which AQM performs is mandated under the Federal Clean Air Act.</p> <p><b>Councilwoman Zadra</b> stated that she did read that summary, but what she is looking for is a more detailed analysis reviewing processes to determine if we should be providing certain services just because we always have done things in that manner; do we still need to do it; is it outside of our scope; duplication of efforts; that is the kind of detail she wants to see.</p> <p>Mr. Dick stated that he is not aware that Staff committed to do that prior to this meeting. His understanding is that we were going to outline what is or is not mandated. During the last leadership meeting, we discussed holding public forums to begin addressing the issues with the community. However, for AQM, the services provided are specifically delegated to Air Quality. Mr. Dick also stated that that analysis has been conducted for Air Quality.</p> <p><b>Chairman Smith</b> stated that what has been discussed is for each Division to take up to three months to review their mandates, programs, and services. <b>Chairman Smith</b> stated he did not remember it being tied to this meeting.</p> <p><b>Councilwoman Ratti</b> stated that she certainly has a definite recollection of the dialogue regarding this type review and the public comment about how the Health District has done a nice job of describing the methodology behind the fees, but the rationale for each fee and service is the piece that is missing. <b>Councilwoman Ratti</b> would like to see that analysis beside each fee in the Proposed Schedule of Fees. However, she believes that what is really being discussed is a comprehensive Fundamental Review of the Health District and its activities. There is no way to do this quickly, and <b>Councilwoman Ratti</b> believes that we should contract with a third party for such a review. <b>Councilwoman Ratti</b> believes we should take our time and do it well so that the process will have long lasting benefits to the Health District. The scopes of work across each division are so different, that will be the only effective way to take on this task. Dr. Iser stated that a Fundamental Review was proposed under Agenda Item No. 16, but that Item was pulled by <b>Chairman Smith</b>.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Dr. Humphreys</b> stated that it was clear to him through public comment that the community is concerned about duplication of services and fees for services performed by both the cities and the county, and the Health District should consult with the entities to determine whether there is duplication of efforts.</p> <p>Mr. Bob Sack, Director, Environmental Health Services Division, reported that the vast majority of services provided by EHS and the fees charged for those services are either mandated by statute or by Board of Health regulation. There are a few categories such as Vector Control which are not mandated by state law, but are required because of action by the District Board of Health. Food Service Managers are not mandated under the Food Service Program, so the whole Food Service Certification program is not mandated, and we have committed to the instructors that we are going to take a hard look at what oversight should be in that area given the evolution at the national level of the food managers certification process. Mr. Sack also reported that there is no duplication of efforts or fees as to the services which Environmental Health Services performs. There may be a few areas where we could consolidate services with another agency, but he is not aware of any areas where EHS is charging a fee for a service which another agency could or would do. The statutes governing the services are fairly specific to public health and the health authority. Mr. Sack stated that we work very hard with Community Development since our resources are very limited, so if there is overlap, it is because the EHS is required to do the service.</p> <p><b>Councilwoman Zadra</b> stated the example she heard in the Fee Workshop was that there was an engineering review by TMWA, yet it still required engineering review by the Health District. Mr. Sack reported that EHS is required by state and federal law to oversee the implementation of the Safe Drinking Water Act. TMWA is an entity which is regulated by the Health District. They are required to have an engineer stamp their construction plans, but EHS is still required to review those plans as the regulatory body. We do have an agreement with TMWA on minor projects. We agreed on a process to use for small permits which allows internal review and no submission to us for review; TMWA has committed to reviewing and documenting the review in a prescribed fashion and now just report to us on those minor projects. That efficiency has been developed in the last few years. State law requires the plans be reviewed by the health authority.</p> <p>Mr. Sack reported that TMWA engineers are certifying that the design complies with the law, and then as the regulatory body, we are required to review the plans also. Mr. Sack compared it to a building permit with architectural review and regulatory oversight.</p> <p><b>Councilwoman Ratti</b> stated that she does believe those efforts at efficiency are being made, but the Board does not receive the information to be able to articulate it for the public. <b>Councilwoman Ratti</b> stated that she is sure there is a story for every fee. This is again why the need for a comprehensive fundamental review is so important. She is concerned that without that review, Staff and the Board will be put into the position of addressing the squeaky wheels rather than all the others who do not have a natural advocacy base. Mr. Sack stated that EHS Staff is willing to participate in a fundamental review process.</p> <p><b>Councilwoman Ratti</b> suggested that the Board hear public comment at this point. Chairman Smith called for public comment.</p> <p>Mr. Alan Cook, Assistant Executive Chef with John Ascuaga's Nugget, stated that he is an inspector with Food Protection Management. Mr. Cook stated that at the February 28 meeting it was suggested that those of us who instruct</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
	<p><b>PUBLIC COMMENT</b></p>	<p>in food safety in the community should not be charged a fee at all. We perform a service for the community and for the Health District. The inspectors actually generate revenue for the Health District. According to the Health District's records, inspectors certified 1,800 individuals in food protection management who pay their ServSafe certification fees. Mr. Cook stated that he believes this is a duplication of efforts. Mr. Cook also stated that he also noticed the proposed fee increases for bars and restaurants, and with the economy the way it is, bars and restaurants in Washoe County should not be charged higher fees.</p> <p>Lost telephonic attendance of <b>Commissioner Jung</b> at 2:00 pm.</p> <p>Mr. Pete Allen, Food Service Manager Instructor, directed the Board Members to the recent correspondence between him and the Food Service Manager Program Staff and Administrative Health Services Staff regarding the imposition of higher fees. Mr. Allen stated to the Board that there have been studies reflecting the decrease in food borne illnesses and decreased instances of critical items on inspection sheets. Mr. Allen stated that he has been an instructor in Washoe County for 23 years. Mr. Allen stated that he and Mr. Cook have been appearing before this Board for the last 10 years in opposition to these fee increases. Mr. Allen stated that in prior years, the Board has found that these fees were not justified and directed Staff to review the methods and rationale. Here we are again with another fee increase. In meetings with the Food Program staff, Mr. Bryan Wagner has expressed his support of elimination of the fee. If the County was teaching these classes themselves, it would be very costly to the County. Mr. Allen also stated that no other jurisdictions in Nevada or California charge a fee for this service. He also called the National Restaurant Association and obtained information on the way other jurisdictions handle this category of service. He is advocating for the rejection of this fee increase.</p> <p><b>Dr. Hess</b> questioned Mr. Allen about how the other jurisdictions then ensure ongoing quality from the instructors, and Mr. Allen stated he does not know if they have an ongoing audit program. It is a very rigorous program initially. <b>Dr. Hess</b> stated he would assume that the fee is to cover the cost of keeping track of the instructor; he equated it to the medical board and doctors.</p> <p>Ms. Debora Aragon, Culinary Instructor, stated that she was trained in food safety by the Department of Labor prior to any program being in place in Washoe County. She has sat on committees who develop food safety regulations. This is a service to the community. We are now regulated by the National Restaurant Association. We are not making a whole lot of money; we are simply supplying a service to the community.</p> <p>Lea Tauchen, Retail Association of Nevada, stated that the Association represents the grocers, big box stores, and hundreds of restaurants and small businesses in Washoe County. She is here to express the concern about a 30% to 50% increase in fees without any value added for our members, especially as many are still suffering from the economic downturn. We are also concerned that increasing costs will deter or slow new business development. We would like to participate in any future meetings which evaluate and assess the need for these services. We need to keep these fees from rising.</p> <p>Mr. Michael Dillon, Executive Director, Builder's Association of Northern Nevada, stated that the Association is in opposition to any fee increase. He is unclear as to the process today. At last month's meeting, we were directed not to</p>



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>address the fee issue under the Budget item which seemed like a tactic since we have to consider both expenses and revenue, and now you are being told by Finance that you are forced into this position to make a decision which, to him, is absolutely insane. He stated that last year, businesses incurred a 15% increase in fees, and he has concerns over the assumptions made for fees related to Community Development. We participated in the Fee Workshop at the Builder's Association; however, it has been suggested that there needs to be more in depth meetings on the rationale for some of these fees. Mr. Dillon stated that he is familiar with the TMWA review and fee that was used as an example earlier. He believes there needs to be a more in depth conversation on those fees. Industry stakeholders need to be involved in the review process like the City of Reno is doing. We would also like to include the City of Sparks and Washoe County.</p> <p>Debra McKenna Fancher, Instructor for Raley's Family of Food Stores, is here to express Raley's dissatisfaction with the proposed fee increase. Although Raley's pays the fee on her behalf, she was surprised to learn that there is a County fee since they pay an instructor fee nationally also.</p> <p>Katherine Jacobi, President of the Nevada Restaurant Association, thanked the Food Program Staff for meeting with the Instructors. The Association requests that the Board consider the elimination of these fees. They have consulted with the National Restaurant Association and could find no other agency or department in the nation charging such a fee. There are some departments that charge the initial training fee, but no ongoing fee. They have 62 trainers in the program, and only the 27 trainers from Washoe County are being charged an additional fee. Many of the other states and departments have won awards for safety and program excellence, so there does not seem to be any correlation between safety and ongoing fees for instructors. The National Restaurant Association has a full auditing team. There are 15 people on that team right now. They do secret audits nationwide. They also check audit inspectors by pass rates and any cheating allegations.</p> <p>Fred Turnier, City of Reno Community Development Director, stated that on February 28, 2013, the City submitted a letter to the DBOH explaining the City's concern about the proposed fee increases. We participated in the Health District Fee Workshop and appreciate that time and effort. At the Workshop, we received the packet of the Proposed Fees that are before you today. Since then we have reviewed the fees, and we have a couple questions and comments on behalf of Community Development. We recognize the need for cost recovery; we fully understand that effort and necessity. In Reno's Community Development Department, we have an enterprise fund which is a cost recovery organization for building. Our revenues have to match up to our expenses. Over the years, we have had some tough choices to make. One of the choices we have made is to examine our activities to see if we can do things more efficiently, and possibly ask ourselves if an activity can be performed more efficiently by another agency. Is it required that we do it? One example is that in the past, we would have people check each project to see if lighting was spilling off the project onto another property. Now, we require the developer to submit a photometric plan to demonstrate to the City that light will not spill off to the property. For vector issues, we are requiring that the developer have their landscape architect submit plans which reflect no overspray, and then if there are overspray issues, Code Enforcement will address the code violation. Specifically, we are concerned because we deal with 22,000 business owners, contractors, and developers in northern Nevada. We actually collect fees for the Health District, and staff is tasked with answering questions about those fees. We have met with Health District staff regarding the asbestos notification, and that has helped us to be able to explain that issue. We would ask that Health District Staff work with the City to explore the development review and vector fees. Mr. Turnier submitted a fee schedule to the Board for its review.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Chairman Smith</b> closed the public comment.</p> <p>Bob Sack reported that the Food Manager Certification program was started 20 years ago. This was one of the first programs in the country. It was designed to put Food Managers in restaurants that were trained in food safety. EHS staff taught the program for quite a while, and simultaneously the outside instructors increased their capacity. Within about 10 – 13 years, we decided the instructors were filling the need, and EHS staff was no longer needed to do actual training. EHS still had oversight over minimum qualifications and auditing classes. The fee that you see is representative of those elements. There are now national certifications. We agree it is now time to review what we do in this program and how we provide oversight. However, at this point, it is still in our Food Safety Regulations. We are willing to take a hard look at the program, and we have started that review process.</p> <p><b>Councilwoman Ratti</b> asked for confirmation that even if Staff was ready to say today that the fee should be abolished, the Health District regulations governing the Food Program would have to be revised, and Mr. Sack answered in the affirmative. <b>Councilwoman Ratti</b> clarified for the record that no additional materials were given to the Board today relative to the Proposed Fee Schedule item. She stated that the only agenda item augmented with materials today was the Budget agenda item which was a spreadsheet on different scenarios for the Health Fund Ending Fund Balance based upon implementation of various percentages of the proposed fee increases. <b>Councilwoman Ratti</b> stated that Mr. Dillon and others have pointed out that the Board is now between a rock and a hard place. The County is implementing a recommendation from its fundamental review which will enable it to supply sustainable services. She supports that. The other jurisdictions are doing the same analysis. So, the significant driving factor in this year's proposed fee increase is the CoCAP allocation. If you remove the CoCAP allocation, some of the fees go down. So, whatever we do today needs to be tied to an absolute demand for a fundamental review of why we charge each of these fees in cooperation with our partners.</p> <p><b>Councilwoman Ratti</b> stated that during the prior year's fee increase discussion, her understanding of the rationale for the raising of the fees was that a new director was more diligent in how we track things. That was her interpretation of the information that was given. She stated for the record at that time that it is not fair to ask the public to absorb a dramatic increase because we are doing a better job at tracking our expenses this year. <b>Councilwoman Ratti</b> feels the same way for this fee increase. She does not believe it is fair to ask the public to absorb this significant an increase in a one year period just because the County and the Health District are doing business differently. However, she also believes that the Health District has to recover its costs, or we will be reducing services to the people who need them most. Today, if I don't vote for fees, I'm voting against the Home Visitation Program; I'm voting against really important work that the Health District does. She would suggest a compromise. She would be willing to support a fee schedule with 50% of the CoCAP applied to the fees. She did a quick analysis across a handful of fees, and what you end up with is an approximate 5-20% fee increase. If the Board does not agree, she would suggest a 25% CoCAP recovery be applied to fees. We would at least be moving toward full cost recovery, which is the goal of the County. We should phase that in over a number of years. She agrees to this fee increase only with a comprehensive fundamental review of not how we calculate the fee, but why we are offering the service tied to that fee.</p> <p>Dr. Iser stated that the current fee proposal does not include the CoCAP that the Health District will be paying next year so we are always in arrears. <b>Councilwoman Ratti</b> stated that her hope is that the fundamental review process will locate some efficiencies that will create some savings. In that review, we will look at mandates to see if we need to be</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>performing services to the level we are now. She also believes we should do a fundamental process and fee review every three years with a tiered implementation of any fee increase so that it is not burdensome for the public and Staff. The business community needs that stability and predictable future. The public understands the cost of doing business.</p> <p><b>Chairman Smith</b> stated that there is no way that the Health District can recover the full \$2.9 Million CoCAP allocation. The only way to effect change is to talk with the County Commissioners and see if they will limit the allocation as it is impossible for the Health District to generate that revenue. <b>Chairman Smith</b> is in agreement about implementation of the 50% CoCAP allocation for the Proposed Fee Schedule.</p> <p><b>Councilwoman Zadra</b> asked for a review of the budget timeline, and she is curious because at this point we have only had one Fee Workshop with the public and business owners. Ms. Stickney verified that understanding. Ms. Stickney addressed the timeline for <b>Councilwoman Zadra</b>. Ms. Stickney reported that the budget system is open to AHS Staff in January. AHS Staff meet with the Division Directors and Program Managers to calculate the data. Staff then presents a preliminary Budget to the DBOH in early March. The District Health Officer then presents the preliminary budget to the BCC the first week of April. The Tentative Budget is then filed by the County by April 15. The final budget is due June 1; however, in a Legislative year, changes can be made up to June 30. Ms. Stickney stated that right now we have a balanced budget if the Board implements the Fee Proposal at 100% IDCR. If the Board elects to do some variation of the fees, we will have to do some type of adjustment. We are required to submit a balanced budget. The Health District process is done. We are already late, and they have been very accommodating. Ms. Stickney would recommend that the Board make a decision today. <b>Councilwoman Zadra</b> asked about the flexibility. Ms. Pam Fine stated that as far as the County is concerned, the Health Fund FY 14 Budget is done. On May 20, the BCC will hold public hearings, and County Finance Staff will have to file that final budget doc by June 1. Staff had to file the Tentative Budget Doc by April 15. <b>Councilwoman Zadra</b> asked, then what is the compelling reason to adopt a fee schedule today? What type of discretion does the Board have after the budget has been submitted? Ms. Fine reported that the Board will have the discretion to reallocate funds within the budget as submitted to date. <b>Councilwoman Zadra</b> stated then that there is no compelling reason to adopt a revised fee schedule today.</p> <p>Dr. Iser pointed out that it does take some time to implement any new fees, so if they will be implemented by July 1<sup>st</sup>, the new fee schedule would need to be approved today. Ms. Stickney reported that as Ms. Fine stated, the FY 14 Budget is adopted, and the County has committed the Transfer amount; that amount is firm, but our Tentative Budget was calculated on a Proposed Fee Scheduled capturing a 100% IDCR [WC and HD] recovery. If the Board chooses not to implement that fee structure, it will impact the Health Fund Ending Fund Balance, and we will have to balance. We will have to make adjustments to balance.</p> <p><b>Councilwoman Zadra</b> stated her point is that the one Fee Workshop at the Builder's Association is not sufficient to engage the community to make these decisions and give them the opportunity review any proposed fee schedule. She would have preferred to see more community engagement and review prior to implementation of any new fee structure. She believes we owe more due diligence to our community. She believes there should be one more community meeting prior to implementation of any new fee structure.</p> <p><b>Councilwoman Ratti</b> appreciates <b>Councilwoman Zadra's</b> line of questioning. It presented an entirely different picture of the budget process than she was aware. The compelling reason now for Fee Schedule determination is that every</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>month we delay approval will delay implementation, which then delays receipt of those revenues. Every month that goes by, we will be missing that month's fee increase. <b>Councilwoman Ratti</b> believes it is most prudent to focus on the end game, and the end game here will be the fundamental review, which will address the concerns of the public. I'm more interested in the full scale fundamental review.</p> <p>Ms. Stickney reported that the Fee Workshop was properly noticed in the Reno-Gazette Journal; Staff issued a press release; mailed out over 8,000 flyers to our fee payers; and posted notices on our website.</p> <p><b>Councilwoman Ratti</b> stated in defense of Staff, the economy changed so rapidly, the resources have not been available to do a fundamental review. However, to be somewhat critical, public noticing is the minimum requirement of the law. It takes community outreach and engagement which is distinct from a minimum noticing. We have done that in the past; I don't know why it was not done this time. We understand the methodology, but we do not know the rationale. She would be willing to hold off on implementation of a revised fee schedule, but she does not believe that postponement will add clarity to the issues. <b>Councilwoman Ratti</b> stated that what she has heard from public comment on this item is that the community would like the fundamental review. The community wants to know why we are implementing these fees and whether there is a better way to implement them. That, we cannot get to in a short period of time; we either need to go with no action [maintain status quo] or impose a smaller percentage of increase. Whatever we decide to do, it will take a full year for the fundamental process to be complete. Respecting our constituents, I believe the conversation [fundamental review] will be best had with a third party since we have had questions about transparency. She wants to be sure that the public has the benefit of that third party review in this process.</p> <p>Ms. Stickney stated that she is pleased that the methodology has been well articulated. She stated that the rationale is developed by each division. The Division Directors have oversight over the rationale. <b>Chairman Smith</b> questioned whether the public has the ability to seek a variance for any Health District fees, and Ms. Stickney stated that if there are particular fees in question, the Board has the authority to adjust any one of those fees to the level it believes is prudent. Chairman Smith stated there are specific groups represented here today who are concerned about specific fees. Is there a mechanism in place for those individuals or business to come forward and attempt to negotiate a fee? Ms. Stickney replied that if the Board gives that direction, a certain area of fees could be reviewed, or they could simply stay flat.</p> <p>Ms. Stickney questioned whether the Board was choosing to delegate authority to the Division Directors to have the prerogative to waive fees. <b>Councilwoman Ratti</b> stated that she could not support that policy because it would have the potential to become arbitrary and capricious. We need to make a decision today. We need to move forward on the fundamental review and bring in a third party to help our Staff during this review. We can certainly review certain areas first [Certified Food Instructors]. We need third party expertise with a project manager who will help our Staff be successful.</p> <p>Dr. Iser reported to the Board that if the Board raises no fees, including the CoCAP, there will be an approximate \$300,000 impact to our budget. If you implement less than 50% cost recovery, we will not have the dollars to hire a third party to do that fundamental review.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Dr. Humphreys</b> stated that it is imperative the Health District have a comprehensive fundamental review. He understands that implementing a portion of the cost recovery is arbitrary, but the effect on our budget is not arbitrary. <b>Dr. Humphreys</b> would be open to looking at a percentage increase rather than 100% cost recovery.</p> <p><b>Councilwoman Ratti</b> stated that she is frustrated again by the confusing nature of the numbers. Dr. Iser's statement just surprised her again. Ms. Ratti stated that after reading the entire Staff report and the handout today, that these were the bottom line impacts to the budget. However, she now believes that they are not, and what is not outlined is the "if we do nothing" scenario.</p> <p>Lori Cooke, Fiscal Compliance Officer, directed <b>Councilwoman Ratti</b> to page 4 of the Staff Report. If we talk about net increase or decrease if we did nothing, the impact will be (\$417,050); the \$374,178 is the impact if you do not implement any portion of the CoCAP recovery. The Health District's IDCR is a total of \$42,872. <b>Councilwoman Ratti</b> stated that if we did status quo some of these new fees or significantly large increases would not happen until we have the fundamental review. That is the difference between doing nothing and zero percent CoCAP recovery.</p> <p>Kevin Dick, Director, Air Quality Management Division, stated that if we do nothing, not only would those increases not take effect, but other things such as the CPI adjustment to our air pollution emissions fee would not take effect. We are also trying to cost recover for our wood stove certificates which we have not recovered in the past, so the status quo would have fiscal impact.</p> <p><b>Dr. Hess</b> restated his motion for the record. <b>Councilwoman Ratti</b> restated she had seconded the motion for discussion purposes. <b>Councilwoman Zadra</b> questioned if the Board would be able to change the fee structure mid-budget year. <b>Chairman Smith</b> stated that the Board can take that action if they so desire. Ms. Stickney affirmed that to be the case, and that Staff would have to balance the budget again. <b>Councilwoman Ratti</b> stated that the practical application of getting the updates into the computer system to actually apply a new fee structure is a driving factor, along with noticing the community.</p> <p>Fred Turnier, Director, Community Development for the City of Reno, stated that if this motion is approved, he has been directed by the City Council of Reno to review the fees that they collect on behalf of other entities, including the Washoe County Health District. The time frame is very aggressive; the review needs to be completed within the next six months, so he will be reaching out to the Division Directors of the Washoe County Health District.</p> <p>Bob Sack, Director of Environmental Health Services Division, stated that the City is collecting fees for us as a convenience for customers. There is no requirement that they do that for us. If it becomes a problem for the City, we are more than able and willing to speak with those customers and answer questions. Those fees are collected by the City at the City's request to make it more convenient for customers. We are more than happy to participate in any discussions about fee justification, but there is no requirement that they collect fees for us. Frankly, if it is a problem, we are more than happy to collect the fees ourselves. In the past, when we have an area that we did not need to participate in, we have directed staff and the City to not collect such fee, and then addressed it in a future fee schedule to eliminate it. We won't continue to collect a fee if we have no purpose to collect same and providing the service attached to that fee.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Dr. Humphreys</b> commended the City of Reno for partnering with the Health District to make that convenience available for the citizens.</p> <p><b>Councilwoman Ratti</b> stated that, understanding it will have budget impacts that the Board will have to address in Agenda Item No. 15, she is not comfortable with the 50% CoCAP recovery at the conclusion of this conversation because she believes it needs to be phased in to give the business community stability. She is also not comfortable with leaving it at the status quo, so she is withdrawing her second to <b>Dr. Hess's</b> motion, and makes another motion, exactly the same as Dr. Hess's motion except to implement 25% IDCR [CoCAP] recovery.</p> <p><b>Chairman Smith</b> questioned what the budget impact of 25% IDCR would be, and Dr. Iser stated it would be leave the Health Fund with an approximate EFB of (\$4,000).</p> <p>Ms. Admirand noted that <b>Dr. Hess's</b> motion is still on the table, and <b>Dr. Hess</b> withdrew his motion.</p> <p><b>Dr. Hess</b> moved (<b>WITHDRAWN</b>), seconded by <b>Councilwoman Ratti</b>, to approve and adopt a 50% IDCR Fee Schedule, as presented, along with a comprehensive Fundamental Review of the Washoe County Health District. (<b>SECOND WITHDRAWN</b>)</p> <p><b>Councilwoman Ratti</b> moved, seconded by <b>Councilwoman Zadra</b>, to approve and adopt a 25% IDCR Fee Schedule, as presented, along with a comprehensive Fundamental Review of the Washoe County Health District.</p> <p><b><u>MOTION CARRIED</u></b></p> <p>Ms. Stickney expressed her appreciation for Ms. Cooke's work on the fee proposal agenda item.</p>
15.	<p><b>Presentation, Discussion, and Possible Direction to Staff regarding the Maternal, Child and Adolescent Health Program</b></p>	<p>Steve Kutz, Director, Community and Clinical Health Services Division, acknowledged Ms. Candy Hunter as the author of the Staff Report on the MCAH Program. The Board will be impressed with Ms. Hunter's presentation today.</p> <p>Mr. Kutz stated that our MCAH Program does deal with individual families, but it is a public health program and targets the neediest in our community. We move families forward in our community one family at a time; when one family moves forward, it impacts our community. Mr. Kutz believes this is a critically important program, and Ms. Hunter's presentation will impart that information.</p> <p>Ms. Candy Hunter made the presentation on the WCHD MCAH Program, a copy of which was placed on file for the record. Ms. Hunter stated that the target population for this program is very high risk. Ms. Hunter stated that this is a non-mandated program, but the funding is less than 2% the WCHD Budget, which amounts to less than \$1.00 per capita for our county. The program is also supported by grant funding.</p> <p>Ms. Hunter reported that the Program's service contraction in 2008 required a very thoughtful process. Staff presented to the Board in January and February of 2009, and subsequently in April of 2009 there was a lengthy discussion and the</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
	<p><b>PUBLIC COMMENT:</b></p>	<p>motion at that time was that the funding to the MCAH program would be reduced by 50% of the proposed funding, which left the program at an approximate \$400,000 funding level that it is still in place today. This reduction also helped Department avoid layoffs at that time. Family Planning was also reduced at that time. Ms. Hunter has available information to share about individual productivity and accountability data for each nurse.</p> <p>Ms. Hunter continued the presentation on the vital services that are provided through the program. The program nurses are a tremendous asset to the community. 2,200 children come to Washoe County's ER Departments month, and program staff is able to prevent many admissions.</p> <p>Ms. Hunter invited any of the DBOH members to attend a home visit with any of the nursing staff. She suggested that such a visit will inform the Board about how significant the home environment is; much more so that what is seen in a clinical setting.</p> <p><b>Chairman Smith</b> opened the public comment on this agenda item.</p> <p>Jeanne Marsh, Children's Services Division Director for the Washoe County Department of Social Services, stated that she is here to confirm how important it is for Social Services to have this program available to it. She stated that they do not make as many referrals as they used to due to capacity issues. We have to be very selective with the referrals that they do. Our primary referrals are for infants who are born after exposure primarily to marijuana use. These are babies that do not meet the threshold for a CPS investigation, but we know that the risk is extremely high and we are very concerned about health of that baby.</p> <p>Social Services Staff is not allowed to enter a home if it does not meet certain statutory criteria. By the referral to the Home Visiting Program, the nurses are able to engage a parent in a manner that we cannot. They will not interact with Social Services staff in the manner as they will the Home Visitation Program staff. The nurses are able to educate the parent about the critical needs of those babies.</p> <p>Ms. Marsh stated that another area that Social Services depends on MCAH staff is the Child Fatality Review Committee. We meet on a monthly basis and review every child fatality in our area. We rely on the expertise of the Public Health Nurses to help us understand the trends and for information about the narcotics that are being used today. Without their participation, it would lessen the credibility of the Child Fatality Review Committee. Ms. Marsh stated that she and her staff are social workers. As social workers, our expertise is in assessing child safety and family functioning. We rely heavily on the Public Health Nurses to help us understand the medical aspect of our jobs.</p> <p>Ms. Marsh thanked the Board for their time and expressed her hope that her few words today demonstrate the significant collaboration and contribution that public health makes to CPS.</p> <p>Ashley Blakely, Nurse Manager of the Neonatal Intensive Care Unit at Renown Medical Center, provided written comment for the record. Dr. Iser read Ms. Blakely's comments into the record. Ms. Blakely stated that many patients they treat are underserved. The MCAH program allows us to continue to assess the needs of this population after hospital discharge. Many of the patients have complex medical / psycho-social needs requiring referrals to other health care providers and services. The only way to promote MCAH is to continue this program.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>Debbie LaBalch, Nurse Manager of the Postpartum Unit at Renown Medical Center, stated that we have a large number of young, underinsured patients in our area, and these patients benefit greatly from the MCAH Program. This program is able to pick up lack of follow up care that would have been missed if the program were not in place. This lack of follow up would result in many more emergency room visits which are much more expensive in the long run.</p> <p><b>Chairman Smith</b> stated that the Home Visitation Program is not a program that is mandated, but a program which the Board of Health has chosen to fund in the past. <b>Dr. Furman</b> had requested that this item be agendized, so he will turn the floor over to <b>Dr. Furman</b>.</p> <p><b>Dr. Furman</b> stated that he wants to thank the public that has written letters or submitted comments. The MCAH Program is not a mandated program, and that is why he wanted to have this presentation. <b>Dr. Furman</b> read into the record several studies which have reviewed maternal and child health programs nationally. <b>Dr. Furman</b> stated the studies reflect that the vast majority of these programs only impact a very small percentage of the population, and that is why he believes the Health District should not be spending our very limited resources on these type programs.</p> <p><b>Councilwoman Ratti</b> thanked <b>Dr. Furman</b> for his research and asked what his goal is in agendizing this program for review. <b>Councilwoman Ratti</b> stated that she will support a fundamental review of the program, but does not believe any one program should be singled out for review at this time. <b>Councilwoman Ratti</b> stated that as a Board Member, <b>Dr. Furman</b> has the right to request this presentation, and she respects that right. However, the remainder of the Board Members should have the right to equal information to make any decision.</p> <p><b>Councilwoman Ratti</b> stated that she supports a fundamental review of all Health District programs, but she does not support picking out one program and piece mealing the fundamental review of that program with one board member having your version of information and the rest of us not having access to similar information. <b>Councilwoman Ratti</b> asked <b>Dr. Furman</b> if there is an action that he is seeking, and <b>Dr. Furman</b> stated that a fundamental review of the program is what he is seeking also. <b>Councilwoman Ratti</b> restated that the fundamental review process will be agendized for the next Board meeting.</p> <p><b>Chairman Smith</b> asked the Board if they would like to take action on the matter or not, and <b>Dr. Humphreys</b> stated that he believes the board comments have expressed the need for the fundamental review so there is no need for further action today.</p>
10.	<p><b><u>Regional Emergency Medical Services Authority:</u></b></p> <p>A. Review and Acceptance of the Operations and Financial Reports for March, 2013; and</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that the DBOH members have been provided copies of the March 2013 Operations and Financial Reports; overall emergency response times 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 100%. For Priority Two compliance it was 97%. Advised the overall average bill for air ambulance service to date is \$7,350, and overall average bill for ground ambulance services to date is \$1,027.</p>



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
	B. Update of REMSA's Community Activities Since March, 2013	<p><b>Dr. Hess</b> asked Mr. Gubbels about REMSA's collection rate on billings with indigent and Medicaid billing, and Mr. Gubbels responded that it is a little less than 50% overall. Mr. Gubbels presented REMSA's community service activities since March 2013. <b>Dr. Humphreys</b> expressed his appreciation to Mr. Gubbels for his report. <b>Dr. Furman</b> congratulated REMSA again on receiving the innovation grant. <b>Dr. Furman</b> suggested that there might be a possibility of implementing some type of Home Visitation program through that grant. Mr. Gubbels stated that he will be sharing updates on the grant as the program progresses.</p> <p><b>Councilwoman Ratti</b> moved, seconded by <b>Dr. Humphreys</b>, to accept the REMSA Operations and Financial Report for March 2013 as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
11.	<b>Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other EMS Studies.</b>	<p>Dr. Joseph Iser, District Health Officer, presented the EMS update. Dr. Iser stated that attached to the Staff Report is a letter from the City Managers and the County Manager to REMSA related to their expectations. This letter was discussed at the REMSA Board Meeting last Friday.</p> <p><b>Councilwoman Ratti</b> asked Mr. Gubbels when the Board might expect REMSA's response to that letter, and Mr. Gubbels stated that it was delivered and discussed at the April 19 REMSA board meeting, and a response will be forthcoming.</p> <p><b>Councilwoman Zadra</b> moved, seconded by <b>Dr. Hess</b>, to accept the EMS update, as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
12.	<b>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for March, 2013</b>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for March 2013, stating that Staff recommends the Board accept the report.</p> <p><b>Dr. Humphreys</b>, moved, seconded by <b>Councilwoman Zadra</b>, to accept the Revenue and Expenditure Report for March, 2013, as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
14.	<b>Update and status report on Fiscal Year 14 Budget and possible direction to staff</b>	<p>Eileen Stickney, Administrative Health Services Officer, presented the FY 14 Budget update. Ms. Stickney reported that Staff has provided to the Board Members the updated "State Doc" for review. The white copy is for the Members' budget books, but the orange sheet is provided to show the differences in outcomes based on the fee scenarios provided. Ms. Stickney reported that this document reflects all the different changes that have been reported to the Board for this budget cycle. This is the bottom line for FY 14. The State Doc reflects that with 100% WC IDCR, the EFB would have been \$276,032. However, since the Board has chosen to implement a 25% WC IDCR, based on a quick review and calculation, the EFB will be approximately (\$4,000).</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>Ms. Stickney reported that during the break, she spoke with Ms. Fine, and as far as the County is concerned, the Health Fund FY 14 Budget is adopted and is balanced, and the Health District can manage the variance created by the approved Fee Schedule within the Health District process. The County will not need additional item back. Come July 1, we know we will be going in with a budget deficit, and we can manage that internally.</p> <p><b>Councilwoman Ratti</b> confirmed understanding that Ms. Stickney is not asking for guidance or direction from the Board at this point to close the deficit, and Ms. Stickney confirmed that is the case. We can manage this deficit as we would any other budget program or variance that was not coming in as expected. Ms. Stickney reported that Staff should have a good sense of how to close the gap by August and will report to the Board at that time. The fundamental review process may also affect the decision making.</p> <p><b>Dr. Hess</b> moved, seconded by <b>Councilwoman Zadra</b>, to accept the FY 14 Budget update as presented.</p> <p><b><u>MOTION CARRIED</u></b></p> <p><b>The District Board of Health Recessed at 4:03 pm.</b></p>
16.	<p><b>Consideration of contracting with an appropriate national organization for a public health fundamental review of the Washoe County Health District, with a proposed budget of \$80,000</b></p>	<div data-bbox="911 829 1703 987" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>This item was pulled from the Agenda by <b>Chairman Smith</b> under Agenda Item No. 4 – Approval / Deletions to Agenda for the April 25, 2013 Meeting.</p> </div>
17.	<p><b>Presentation by Jordan Wagner re publication in Journal of Environmental Health</b></p>	<div data-bbox="911 1122 1703 1224" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>This item was heard under the Recognitions portion of the Agenda.</p> </div>
18.	<p><b>Presentation of Environmental Health Services Division Strategic Plan</b></p>	<div data-bbox="911 1295 1703 1438" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>This item was pulled from the Agenda by <b>Chairman Smith</b> under Agenda Item No. 4 – Approval / Deletions to Agenda for the April 25, 2013 Meeting.</p> </div>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
19.	<p><b>Action on amendment to employment agreement, settlement agreement and/or separation agreement between District Board of Health and District Health Officer</b></p>	<p><b>Chairman Smith</b> reconvened the District Board of Health at 4:08 pm with <b>Commissioner Jung</b> in attendance telephonically.</p> <p><b>Chairman Smith</b> stated that he and Dr. Iser have agreed to the Separation Agreement which was placed on the record today. <b>Chairman Smith</b> stated there were a few issues which concerned him, as well as Dr. Iser's health. <b>Chairman Smith</b> stated that he is looking for Dr. Iser's letter of resignation, and the Board Members will have to vote to accept Dr. Iser's resignation. <b>Chairman Smith</b> turned the floor over to Dr. Iser.</p> <p>Dr. Iser thanked <b>Chairman Smith</b> for the opportunity to speak on this issue. Dr. Iser stated that these issues are deeply personal. Dr. Iser reported on medical issues that are impacting his health. Dr. Iser discussed the range of diagnoses proposed by his physician in December. In January, Dr. Iser underwent certain testing that indicated a diagnosis on the non-malignant side of the scale, but further testing was necessary. Dr. Iser stated that throughout this process, he discussed these issues with <b>Chairman Smith</b>. Dr. Iser stated that he has also discussed these issues with <b>Dr. Hess</b>.</p> <p>Dr. Iser stated that at his regularly scheduled monthly meeting with <b>Chairman Smith</b> on April 10, he advised <b>Chairman Smith</b> that he would need to take a few weeks off in May and June to deal with some medical issues and to attend the birth of a new grandson expected in June. <b>Chairman Smith</b> discussed with him then the option of resigning in order to let the Health District move on, and Dr. Iser agreed. Therefore, Dr. Iser is submitting his resignation today to honor that agreement. Dr. Iser wished his Staff and the Health District well. It has been his distinct honor to work with the finest people he has ever known. Dr. Iser then read into the record an email he had received today from Katy Simon.</p> <p>Dr. Iser stated to his staff: "Do your good work and always stand up for public health." Dr. Iser tendered his resignation as of close of business today, April 25, 2013.</p> <p>Ms. Admirand asked that the Board now hear public comment on this item.</p> <p><b>Chairman Smith</b> opened the item for public comment. [There were four attendees who filled out cards for the Agenda item who were unable to stay the entire length of the meeting and therefore did not make public comment.]</p> <p>Ellen Clark, Washoe County Chief Medical Examiner and Coroner, stated that she appreciates the opportunity to address the Board. She was alarmed to hear about this item on the agenda. Dr. Clark stated that Dr. Iser is one of the finest leaders and professionals that she has had the opportunity to work with, and Dr. Clark apprised the Board of some of the projects Dr. Iser has commanded and overseen in corroboration with her department. Dr. Clark commends Dr. Iser to the Board as a fantastic ambassador for the District Board of Health, the County, and the community.</p> <p>Jennifer Howell thanked the Board for the opportunity to speak. Ms. Howell stated that in her 13 years at the Health District, she has never experienced the leadership that Dr. Iser has brought to Health District. He has broken down silos and made such an impact on public health in our community. She asked that the Board not accept Dr. Iser's resignation.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Chairman Smith</b> stated that there are six other cards submitted in support of Dr. Iser, who did not request to speak.</p> <p><b>Dr. Hess</b> stated that he was shocked when <b>Chairman Smith</b> called him about two weeks ago and stated that this might be a possibility, and then Dr. Iser emailed him about taking a leave of absence. <b>Dr. Hess</b> asked that Chairman Smith reconsider accepting Dr. Iser's resignation. <b>Dr. Hess</b> stated that Dr. Iser should be allowed to take appropriate leaves of absence. <b>Dr. Hess</b> read a statement into the record regarding his belief that Dr. Iser has been an excellent representative for public health.</p> <p>Ms. Admirand asked that <b>Chairman Smith</b> read some of the remaining comments into the record.</p> <p><b>Chairman Smith</b> read into the record a letter of support for Dr. Iser from John Packham, Director of the Nevada Public Health Foundation, a copy of which was placed on file for the record.</p> <p><b>Councilwoman Ratti</b> read into the record a letter of support for Dr. Iser from Emily Brown, MPH, CPH, a copy of which was placed on file for the record.</p> <p><b>Dr. Humphreys</b> read into the record a letter of support for Dr. Iser from Carla Fells, Executive Director of the Washoe County Employee's Association, a copy of which was placed on file for the record.</p> <p><b>Chairman Smith</b> read into the record a letter of dissent from Stacey Akurosawa to Carla Fells regarding Dr. Iser's tenure as the District Health Officer.</p> <p><b>Dr. Humphreys</b> stated that he believes it is important to look at all the employees and leaders from various aspects of public health across our community as we make this decision. We must keep those things in mind as well.</p> <p><b>Chairman Smith</b> called for a vote on the Separation Agreement to which he and Dr. Iser have agreed. <b>Chairman Smith</b> stated that he believes Dr. Iser is one of the smartest guys when it comes to public health. His knowledge is immense.</p> <p><b>Dr. Hess</b> requested clarification on the options available to the Board today. Ms. Admirand stated that the item today is acceptance or amendment to the Separation Agreement, and Dr. Iser's resignation is contingent upon acceptance of the Separation Agreement.</p> <p><b>Dr. Furman</b> moved, seconded by <b>Councilwoman Ratti</b>, to accept the Separation Agreement and the resignation of Dr. Iser.</p> <p><b>Dr. Hess</b> stated his dissatisfaction in the process and being boxed in to a decision in this manner. He questioned if a vote could be taken on accepting Dr. Iser's resignation, and Ms. Admirand replied negatively, that the item is agendaized as action on the Separation Agreement. <b>Dr. Hess</b> stated this could be a personnel session, and Ms. Admirand stated it is not a personnel session; it was not agendaized as a personnel session, and that these were issues that were discussed between Dr. Iser and Chairman Smith, and this is the agreement they negotiated to handle this matter.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Councilwoman Zadra</b> stated that due to her short tenure on the Board, she has not had an adequate opportunity to evaluate a reason for a Separation Agreement. <b>Councilwoman Zadra</b> questioned Ms. Admirand if she could recuse herself. She is not as informed as the rest of the Board. Ms. Admirand stated that the opportunity to recuse yourself is governed under the Government Ethics Standards, which require the party to have a conflict of interest. Ms. Admirand does not believe that a conflict of interest exists, so she suggested <b>Councilwoman Zadra</b> use her best judgment or abstain.</p> <p><b>Dr. Humphreys</b> asked Dr. Iser if he had agreed to this Separation Agreement, and Dr. Iser affirmed that he did participate in the negotiations.</p> <p><b>Dr. Hess</b> stated that if he understands the process, if the Board accepts this Separation Agreement, Dr. Iser's resignation will be effective today. <b>Dr. Hess</b> stated he believes that makes for a difficult transition and it would be better to have Dr. Iser available to make a smoother transition. Chairman Smith stated that was the agreement, but Dr. Iser has stated he would be available by phone if he was needed. <b>Dr. Hess</b> stated this is "bull****," and asked that the record reflect his comment.</p> <p><b>Dr. Humphreys</b> questioned Dr. Iser if the developed and discussed terms are agreeable to him, and Dr. Iser confirmed this. <b>Chairman Smith</b> called for a vote on the motion, and Dr. Iser asked for a roll call vote.</p> <p><b><u>ROLL CALL VOTE:</u></b></p> <p><b>Chairman Smith: Yes</b>  <b>Dr. Hess: Abstain</b>  <b>Dr. Humphreys: No</b>  <b>Dr. Furman: Yes</b>  <b>Councilwoman Ratti: Yes</b>  <b>Councilwoman Zadra: Abstain for the reasons identified</b>  <b>Commissioner Jung: Yes</b></p> <p><b><u>MOTION PASSED</u></b></p> <p>After the motion passed, Dr. Iser asked to be excused. <b>Dr. Hess</b> asked Dr. Iser if he had a recommendation for an Interim or Acting Health Officer, and Dr. Iser responded that <b>Chairman Smith</b> will direct that appointment.</p> <p>Dr. Iser thanked his Staff and this Board for allowing him to serve the public. <b>Chairman Smith</b> wished him well.</p>
20.	<b>Possible action to appoint acting or interim district health officer</b>	<p><b>Chairman Smith</b> stated that he has thought this over and would like to appoint Mr. Kevin Dick, and Mr. Dick has agreed to accept such an appointment. <b>Chairman Smith</b> informed the audience that none of the Division Directors had contacted him. He contacted Mr. Dick. <b>Chairman Smith</b> would like to have the appointment for at least six months before a decision is made to pursue an active recruitment.</p>

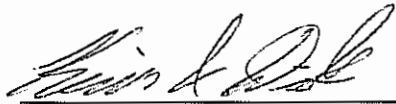
TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p><b>Dr. Hess</b> suggested there might be other possibilities. <b>Dr. Hess</b> would like information about Mr. Dick's credentials. He would like to see his curriculum vitae.</p> <p>Mr. Dick reported to the Board that he has a Bachelors of Science Degree from Cornell University and the Engineering College in Geology. <b>Dr. Hess</b> asked Mr. Dick if he has a public health degree, and Mr. Dick responded that he does not. <b>Dr. Hess</b> stated he believes that the other Division Directors should at least be given some consideration.</p> <p><b>Chairman Smith</b> stated that he is not close minded about the appointment, but he worked closely with Mr. Dick on the fee and budget issues while Dr. Iser was out of town, and he was impressed with Mr. Dick's performance.</p> <p>Ms. Stickney stated that she has been with the Health District for over 20 years and in public health for about 30. She fully supports the decision made by the Chairman. Ms. Stickney believes that Mr. Dick possesses the essential leadership traits that it takes to address the upcoming challenges. He has a business background. He came in and turned around a division that had some personnel issues, and she fully supports his appointment.</p> <p><b>Dr. Hess</b> stated that while he respects Mr. Dick's credentials and background, he is extremely nervous about appointing anyone to this position without a public health degree. <b>Dr. Hess</b> stated that the reason the French failed in 1881 in finishing the Panama Canal, is because they did not recognize the disease problems associated with tropics and experienced 22,000 deaths. The Americans went in and performed mosquito abatement and enhanced sanitation and safe drinking water and finished the Canal. He is extremely nervous making this decision for six months. He would rather make an appointment for a month.</p> <p>Mr. Dick stated that Chairman Smith contacted him and asked if he would be willing to serve as Interim District Health Officer. Mr. Dick told him he would be willing to serve if that is what the Board wanted. Mr. Dick stated that he completely defers to the Board. He stated that he came to the Health District to manage Air Quality, and he will not be offended at all if the Board chooses someone else, but if the Board does pick him, he is willing to serve.</p> <p><b>Dr. Furman</b> stated that he believes Mr. Dick does a fine job, and the Board can always ask to bring it up before the six months if we choose. <b>Chairman Smith</b> and Ms. Admirand agreed with <b>Dr. Furman</b>.</p> <p><b>Councilwoman Ratti</b> stated that she understands and respects Dr. Hess's very serious concerns and his distress over the challenges that lie ahead. She stated that no one person will have all the assets needed by the Health District. What we need is someone who can deploy a team. <b>Councilwoman Ratti</b> stated that she assumes based on the quality of the people who work for the Health District and the division heads that they are going to work together so that the public health needs of Washoe County are addressed.</p> <p><b>Dr. Humphreys</b> moved, seconded by <b>Councilwoman Ratti</b>, to appoint Kevin Dick Interim District Health Officer.</p> <p><b>Councilwoman Zadra</b> stated that she heard no qualifier in that motion, so the term would be open ended. <b>Councilwoman Ratti</b> stated that is correct; she does not see the need to define that term at this moment. What is</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
		<p>necessary is to stabilize the Health District right now. The appointment can be addressed at any future meeting. <b>Councilwoman Zadra</b> stated that this points back clearly to the fundamental review that should have looked at operations from the top down. So when are we going to come back to Item No. 16 and initiate that review of our operations.</p> <p><b>Chairman Smith</b> stated that Mr. Dick had asked that he pull the item because he has some different ideas, but we can certainly put it back on the agenda.</p> <p><b>Chairman Smith</b> called for the vote:</p> <p><b>Chairman Smith: Yes</b>  <b>Dr. Humphreys: Yes</b>  <b>Dr. Furman: Yes</b>  <b>Councilwoman Ratti: Yes</b>  <b>Councilwoman Zadra: Yes</b>  <b>Commissioner Jung: Yes</b>  <b>Dr. Hess - No</b></p> <p><b><u>MOTION PASSED</u></b></p>
21.	<p><b>Possible action to approve independent contractor agreement with physician to serve as medical director for District Board of Health</b></p>	<p>Ms. Admirand informed the Board that at this point they do not need to take action on this item. There needs to be medical supervision over all the clinical programs that require medical assessment. We do have agreements in place with independent contractor physicians for all of these programs, except for Communicable Diseases. She has discussed this with Mr. Kutz, and they will negotiate a contract for this program for approval by the Interim District Health Officer. So no action is necessary on this item.</p>
22.	<p><b><u>Staff Reports and Program Updates</u></b></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> <p>Dr. Todd stated that he has one update to his report. The one incident of Lymphocytic Choriomeningitis has been confirmed by the laboratory as negative.</p>

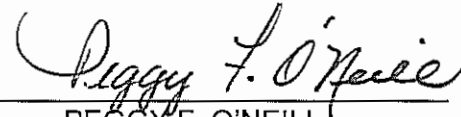
TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
	B. <u>Director – Community and Clinical Health Services</u>	Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director’s Report, a copy of which was placed on file for the record.
	C. <u>Director – Environmental Health Services</u>	Mr. Robert Sack, Director, Environmental Health Services, stated that he did not present a staff report in contemplation of presenting a lengthy presentation on Environmental Health. Staff has been working on the potential communicable disease with the Epi Team.
	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.  Mr. Dick reported that included in his report is the historical AQM budget and staffing data and impacts that Councilwoman Ratti had requested after Mr. Kutz’s presentation on CCHS.
	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>	Dr. Iser, District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.  <b>Dr. Furman</b> read into the record an article published by NALBOH which he believes has bearing on the RWJF grant. It is very complex to try to implement cross-jurisdictional sharing arrangements.  <b>Councilwoman Ratti</b> stated that the RWJF grant project is not yet concluded, and the Board approved a sub-committee to review structural issues for the Health District. <b>Councilwoman Ratti</b> believes that would be the appropriate environment to discuss the findings of grant project.
23.	<b>Board Comment – Limited to Announcements or Issues for Future Agendas</b>	None.
24.	<b>Emergency Items</b>	None.
25.	<b>Public Comment</b>	Phil Ulibarri pointed out items of interest in the “Bike to Work” week events.



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION
26.	Motion to Adjourn	<p>There being no further business to come before the Board, the meeting was adjourned.</p> <p><b>Dr. Humphreys</b> moved, seconded by <b>Councilwoman Ratti</b>, to adjourn the meeting.</p> <p>The meeting was adjourned at 5:03 pm.</p> <p><b><u>MOTION CARRIED</u></b></p>



KEVIN DICK  
INTERIM DISTRICT HEALTH OFFICER



PEGGY F. O'NEILL,  
RECORDING SECRETARY