

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
January 22, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung (arrived at 1:20pm); Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epi-Public Health Preparedness; Mary-Ann Brown, Acting Director, Community and Clinical Health Services; Steve Kutz, Public Health Nursing Supervisor; Debra Barone, Medical Reserve Corps Coordinator; Doug Coulter, PE, Senior Registered Engineer; Steve Fisher, Department Computer Application Specialist; Candy Hunter, Public Health Nursing Supervisor; Joyce Minter, Public Health Nurse; Pam Carlson, Clinical Office Supervisor; Jennifer Stoll-Hadayia, Public Health Program Manager; Jennifer Howell, Sexual Health Program Coordinator; Nicole Alberti, Public Health Educator; Katie Tanner, Advanced Practitioner of Nursing; Maria Magana, Office Support Specialist; Isabel Chaidez, Community Health Aide; Kelli Seals, Health Educator; Tina Burton, Plans/Permits Application Aide; Jeff Whitesides, Public Health Preparedness Manager; Scott Monsen, Vector-Borne Diseases Coordinator; Judy Davis, Public Information Officer; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:00p, Chairman Humphreys called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Dr. George Furman, Board of Health member. Chairman Humphreys introduced Sparks City Councilwoman Julia Ratti, advising that Ms. Ratti is the new City of Sparks elected official appointed to the District Board of Health.

Later in the meeting, Chairman Humphreys introduced Commissioner Kitty Jung, advising that Ms. Jung is the new Board of County Commissioners' elected official appointed to the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – JANUARY 22, 2009

Chairman Humphreys advised that item 18. Update and Possible Acceptance of Staff's January 2009 Legislative Session will be reviewed following item 7. Consent Agenda.

MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the agenda of the January 22, 2009 District Board of Health meeting be approved as amended.

Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – DECEMBER 18, 2008

Chairman Humphreys called for any additions or deletions to the minutes of the District Board of Health's meeting of December 18, 2008.

MOTION: Dr. Khan moved, seconded by Mr. Smith, that the minutes of the December 18, 2008 District Board of Health meeting be approved as received.

Motion carried unanimously.

RECOGNITIONS

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Ms. Joyce Minter for **15 Years-of-Service**; and Ms. Christina "Tina" Burton for **20 Years-of-Service**. Dr. Anderson advised that a Certificate of Recognition will be presented to Ms. Connie Campbell for 15 Years-of-Service; that Ms. Jeanette O'Brien's Certificate of Recognition for **20 Years-of-Service** and her Certificate of Retirement will be mailed to her.

Dr. Anderson introduced Ms. Jennifer Howell, Sexual Health Program Coordinator, advising that Ms. Howell has been selected as a NACCHO HIV/STI Peer Technical Advisor; that Ms. Howell's name will be added to the database of advisors "matching her expertise and experiences to local health department colleagues seeking assistance and advice in HIV/STI prevention activities." Dr. Anderson stated that "there is quite a significance to Ms. Howell being chosen." Dr. Anderson

stated that Ms. Howell engaged in a competitive national selection process and was selected based upon her expertise and decade of experience, including at the District Health Department, in the "sexual health field" and HIV education. Dr. Anderson reviewed Ms. Howell's involvement in community partnerships advising that Ms. Howell is a Certified Public Health Outreach Specialist; that Ms. Howell's name will be added to the NACCHO database as a Peer Advisor for Sexual Health to be "matched with other health department colleagues for her expertise." Dr. Anderson advised that Ms. Howell "was one (1) of only seven (7) nationally chosen to serve in this role; that he appointment not only brings national recognition to Ms. Howell but to the Washoe County Health District as well."

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

The Board was advised that Staff and the Sewage, Wastewater and Sanitation Hearing Board recommend **approval** of the following Sewage, Wastewater and Sanitation variance request:

Application of **ROBERT SADER, Case No. 1-09S (extension of Case No. 5-06S and 1-08S)**, for a variance request pertaining to property located at 19440 Annie Lane, Assessor's Parcel No. 017-320-23, from the requirements of Sections 110.010 and 110.020 (Holding Tanks) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, **stipulating to the Findings of Fact and subject to the two (2) conditions as outlined.**

MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the SWS Hearing Board recommendation to grant Variance Case No. 1-09S (extension of Case No. 5-06S and 1-08S) (Robert Sader), be approved, stipulating to the Findings of Fact and subject to the two (2) conditions as outlined. Motion carried unanimously.

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

The Board was advised that Staff and the Sewage, Wastewater and Sanitation Hearing Board recommend **approval** of the following Sewage, Wastewater and Sanitation variance request:

Application of **RICHARD AND SHARON HADSELL, Case No. 2-09S**, for a variance request pertaining to property located at 315 Lincoln Highway, Wadsworth, Assessor's Parcel No. 084-220-44 from the requirements of Section 040.020 (Areas and Location of On-Site Sewage Disposal Systems), Table 1 (Minimum Lot Size According to Slope Over Disposal Area) of the Washoe

County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, stipulating to the Findings of Fact and subject to the four (4) conditions as outlined.

MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the SWS Hearing Board recommendation to grant Variance Case No. 2-09 (Richard and Sharon Hadsell), be approved, stipulating to the Findings of Fact and subject to the four (4) conditions as outlined.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends ratification of Amendment #1 to the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District on behalf of the Washoe County District Health Department in the total amount of \$212,500 (\$20,000 increase for State Fiscal Year 2009) in support of the Safe Drinking Water Act (SDWA) Grant Program for the period of October 1, 2006 through June 30, 2009; and approval of amendments totaling an increase of \$20,000 in revenue and expense to the SDWA Grant Program (Internal Order #10017) FY 08/09 Budget; and authorize the creation of an on-call Licensed Engineer Intermittent Hourly position (PC #TBD).

The Board was advised that Staff recommends ratification of an Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP) and the Washoe County Health District in the total amount of \$150,000 in support of the Hazardous Materials Grant Program for the period July 1, 2009 through June 30, 2011, contingent upon the approval of the Washoe County Risk Manager and the District Attorney.

The Board was advised that Staff recommends acceptance of the Subgrant Amendment #4 from the Nevada State Health Division in the amount of \$107,188 in support of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.

MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the Amendment #1 to the Interlocal Contract with the corresponding budget amendment and creation of an on-call Licensed Engineer Intermittent Hourly (PC #TBD); the Interlocal Contract; and the Subgrant Amendment #4 be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.
Motion carried unanimously.

UPDATE – POSSIBLE ACCEPTANCE – JANUARY REPORT – 2009 LEGISLATIVE SESSION

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised that the Board has been provided with a copy of the Health District's Legislative Team report for January 2009; that this is a status report of the priorities and process approved by the Board at the December 2008 meeting. Ms. Stoll-Hadayia advised that participating Staff members are in the process of completing his/her Lobbyist registration and Bill Tracking subscription requests; that these individuals are beginning to review pre-filed Bills. Ms. Stoll-Hadayia advised that participating Staff completed the Washoe County Government Affairs training; however, no requests to review Bills have been received; however, Staff is in the process of developing "the structure to do so." Ms. Stoll-Hadayia stated that the 2009 Session begins February 2, 2009; therefore, at the February meeting Staff will provide a review of the Bills, which are being monitored.

Ms. Ratti advised that the Human Services Network will be conducting an advocacy training on January 30, 2009, followed by a question and answer session with the Director of Health and Human Services Mr. Mike Wilden.

MOTION: Ms. Ratti moved, seconded by Chairman Furman, that Staff's January Report for the 2009 Legislative Session be accepted as presented. Motion carried unanimously.

A. Recommendation for the Board to Promote and Support the State Legislative Efforts (for the Expansion of the Good Samaritan Act), Which Provides Immunity for Volunteers Who Are Involved in Exercises, Preparation Activities and Responses to Local and Statewide Disasters

Dr. Randall Todd, Director, Epi and Public Health Preparedness, noted that last month the Board discussed a *Letter to the Editor* from Dr. Gabriel Bonnet regarding "no health care providers being available for deployment in Washoe County"; however, the District Health Department's MRC (Medical Reserve Corps) Program currently has 77 volunteers recruited. Dr. Todd stated the credentials of these individuals have been reviewed and verified, which includes a background check with the Sheriff's Office; that these individual are in "various stages of completing the required training" and are ready for deployment should an emergency occur. Dr. Todd stated currently the Health Department cannot deploy these individuals "in any type of full-scale operational exercise" due to issues related to workers' compensation and liability. Dr. Todd stated Staff "completely shares Dr. Bonnet's concerns" regarding this issue; however, that the Health Department does have "a viable MRC Program and continues to recruit new volunteers." Dr. Todd stated that, as he advised, the MRC Program currently has 77 volunteers; that per the national guidelines the Health District is "supposed to have 59", which the Department "has exceeded"; however, it is the consensus of Staff the national guideline "is much too low." Dr. Todd stated that the Health District deployed 170 non-MRC volunteers during the recent POD (Points of Dispensing) exercise for "half a shift in one (1) POD"; therefore, were it to become necessary to

deploy ten (10) PODS, which "is a real possibility" it would require 1700 volunteers for one (1) shift and it would be necessary to have a minimum of "three (3) shifts per day for two (2) days"; that this would require "in the thousands of volunteers not in the hundreds." Dr. Todd reiterated that Staff "completely share Dr. Bonnet's concerns; that Dr. Bonnet will be providing information regarding some legislative initiatives, which may eliminate "some of the barriers the Health District is facing" on expanded training of volunteers through participation in full-scale operational exercises.

Dr. Gabriel Bonnet stated that last week he shared his concerns with the Board of County Commissioners regarding the status of the Medical Reserve Corps (MRC) in Washoe County; that the MRC was established within Washoe County in 2006. Dr. Bonnet advised that President Bush established the national MCR immediately after 9-11 for the purpose of developing a "local cadre of health professionals to provide services to the community should a disaster occur or should health professionals be needed for community service at various times (i.e., immunization clinics)." Dr. Bonnet stated there have been several health professionals, who have indicated an interest in serving in the MRC; however, Washoe County Administration has mandated all volunteers execute a "Hold Harmless Agreement" (a copy of which was placed on file for the record), which stipulates that volunteers will release Washoe County of any liability should "a mishap occur as a result of their service." Dr. Bonnet stated that this has resulted in medical professionals being reluctant to volunteer his/her services; that as Dr. Todd indicated there are 77 medical professionals involved in the MRC; however, "technically none of the individuals are deployable at this time unless there is a State-declared emergency." Dr. Bonnet stated that this restriction places "all the citizens of Washoe County at risk"; that this mandate has health professionals questioning "whether or not they want to be involved at all, including participating in a major disaster, as the legal framework has cast a shadow on the participation of medical professionals."

Dr. Bonnet stated that a high percentage of the medical professionals interested in participating in the MRC are retired and therefore, no longer have mal-practice insurance; that the medical professionals could be "held liable as the result of their service to the community." Dr. Bonnet stated that medical professionals "do not want to give up their life savings because they volunteered for the Medical Reserve Corps." Dr. Bonnet stated he has been advised that, "from a legal" perspective the hold Harmless Agreement (probably) has no legitimacy, with the only result being a hesitancy by medical professionals to participate in MCR.

Dr. Bonnet stated he has been advised that currently there are five (5) physicians and seventeen (17) nurses enrolled in the Washoe County MRC with non-professional individuals comprising the majority of the MRC. Dr. Bonnet stated that five (5) physicians and seventeen (17) nurses volunteering does not equate to the number of licensed medical professionals, which would be necessary for "an active Medical Reserve Corps." Dr. Bonnet stated that under this existing requirement these volunteers have not had the "opportunity to participate in any type of hands-on

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exercises", as the County has restricted volunteer participation until such time as it is determined how to address the concerns regarding the "Hold Harmless Agreement."

Dr. Bonnet stated that there is proposed legislation to expand the parameters of the Good Samaritan Act to ensure health professionals, who are participating in any type of disaster relief, including training exercises, are protected from liability, with the exception of "malicious activity." Dr. Bonnet stated he would request that the Board of Health support this legislation (NRS 45.505). Dr. Bonnet stated he has been advised that the BDR is in the process of being printed and is not yet formally available. Dr. Bonnet stated that "there is greater liability for the County should there not be an adequate cadre of health professionals" to respond and assist in emergencies due "to this Hold Harmless Agreement."

Dr. Furman stated the "Hold Harmless" agreement affects physicians, nurses, optometrists, veterinarians, etc.; that this could include "contractors, who have performed a lot of services during disasters". Dr. Furman stated that individuals who volunteer to assist should not be held liable; that volunteers for the MRC, who have been approved should not be required to execute a Hold Harmless Agreement.

Dr. Bonnet stated that last week the State Board of Nursing amended its licensing requirements to now offer a free State license for any nurse who volunteers his/her time, without compensation, to organizations such as the District's Medical Reserve Corps (MRC). Dr. Bonnet stated that the State Medical Board will be considering similar action, as the State Medical Board supports providing free licenses for those physicians who volunteer for any type of disaster relief. Dr. Bonnet stated the language will stipulate that "physicians, who are participating in a disaster relief organization (whether governmental or not-for-profit organization) he/she will be able to obtain a free license for volunteer services. Dr. Bonnet stated that this is "important, as in a disaster it will be the young retired health professional population, who will most likely come to the assistance" of the community.

Ms. Jung stated that Dr. Bonnet presented this information to the Board of County Commissioners; that she directed staff to investigate Risk Management's position on this issue and requested that the District Attorney's Office review the Hold Harmless Agreement regarding what would discourage volunteers from participating. Ms. Jung stated that the Board of County Commissioners will be reviewing this issue, also.

In response to Mr. Smith regarding federal activation of the MRC, Dr. Todd stated that the MRCs are locally organized; therefore, would not be activated by a federal "call-out as it is a local decision

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to have the MRC respond. Dr. Todd stated the District's MRC works in conjunction with the State Health Division to ensure the local MRC volunteers, who may be amendable to accepting "an out of jurisdiction deployment are registered in the national Emergency System for the Advanced Registration of Volunteer Healthcare Providers (ESAR-VHP); that these individuals could then respond at a local, state, regional or national level.

Mr. Smith questioned if those individuals, who indicate an interest in out of jurisdictions are exempt from the Hold Harmless Agreement.

In response to Mr. Smith, Dr. Todd stated that Staff has recently reviewed the State of Nevada's equivalent document, which "appears to provide blanket protection for both workers' compensation and liability." Dr. Todd stated if the District's MRC volunteers were being deployed "under the auspices of the State" there wouldn't be an issue with the Hold Harmless Agreement; however, as Dr. Bonnet indicated, within the current structure of the Washoe County MRC volunteers would have to have executed a Hold Harmless Agreement. Dr. Todd stated Staff shares the concerns of Dr. Bonnet and Dr. Furman that the Hold Harmless Agreement "presents a big problem" for the District's MRC.

In response to Mr. Smith regarding whether the County amending its requirement for a Hold Harmless would address the concerns expressed, Dr. Bonnet stated Washoe County amending this requirement "would assist somewhat." Dr. Bonnet advised that Clark County and the Carson City Health Department purchased indemnification coverage for the MRC volunteers, which is the "ideal scenario to provide protection" for volunteers with the exception of the State "improving State Law" to provide protection for volunteers. Dr. Bonnet stated the State Medical Board is working in conjunction with Senators Reid and Ensign for the development of federal legislation to provide liability coverage for the MRC, as the MRC was established as a "quasi-federal organization" delegating responsibility to the local communities to develop local MRCs. Dr. Bonnet stated that should an individual be "working under the auspices of MRC there should be some type of federal umbrella" for the protection of these individuals.

In response to Dr. Khan regarding the MRC responding to a "pandemic scenario", Dr. Todd stated that a "pandemic scenario is a good example"; that, should it be necessary, the Public Health Preparedness Division is mandated to provide medication or vaccine to 100% of Washoe County's population within a forty-eight (48) hour period of time – start to finish. Dr. Todd stated that that would be a "huge task to accomplish." Dr. Todd stated that the MRC could be deployed to staff isolation and quarantine centers; alternative care sites; that "there are many potential deployments locally for this type of asset in the community."

MOTION: Dr. Khan moved, seconded by Dr. Furman, that the District Board of

Health support the effort to adopt Legislation for the expansion of the Good Samaritan Act, which provides immunity for volunteers who are involved in exercises, preparation activities and responses to local and statewide disasters.

Motion carried unanimously.

Ms. Ratti requested Staff investigate the language utilized by Clark County and the Carson City Health Department regarding the purchase of indemnification for volunteers and any associated costs for consideration by the Board.

In response to Ms. Ratti, Dr. Todd stated that Staff will review the language utilized by Clark County and the Carson City Health Department and will discuss it with legal counsel as to the acceptability; that the cost to purchase indemnification for volunteers would be "the other issue."

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – November and December 2008

Mr. Jim Gubbels, Vice President, REMSA, advised that the Board members were provided with a copy of the November 2008 Operations and Financial Report; that the emergency response time for life-threatening calls in November was 93% and 97% for non-life threatening calls, with an overall average response time of five minutes and thirty-seven seconds (5:37); and an overall average travel time of four minutes and thirty-three seconds (4:33). Mr. Gubbels advised that the monthly average bill for air ambulance service was \$5,964, with a year-to-date average of \$6,034. Mr. Gubbels advised that the monthly average bill for ground ambulance service was \$883, with a year-to-date average of \$873.

In response to Mr. Gustin regarding concerns expressed in the customer service questions specific to the placement of an Intra-venous (IV) line, Mr. Gubbels stated that all negative comments or concerns are reviewed; that when a comment is received regarding an IV the comments if forwarded to the Director of Education. Mr. Gubbels stated that she will review the comments "to ensure there are no trends with new and existing staff"; that currently REMSA does "have more students out-in-the-field"; that if an IV comment is received from a new employee the employee is "reviewed for his/her competency." Mr. Gubbels stated that IVs are an invasive procedure; that it is similar when to a blood draw in which 'sometimes you'll bruise and other times you won't.' Mr. Gubbels stated that the urgency of the situation will dictate whether an IV can be inserted on-scene

or if it is necessary to immediately transport the patient and thus have to insert the IV enroute; however, as he stated, all comments are reviewed.

In response to Ms. Ratti regarding "staging ambulances" in various areas (i.e., Spanish Springs), Mr. Gubbels advised that REMSA operates on a "System Status Management Plan" in which ambulances are relocated throughout the system throughout the day. Mr. Gubbels stated this is based upon "the time of day and the status level of the system"; that if one unit is responding to a call the other units are repositioned to the areas of the highest call volume. Mr. Gubbels stated that there are some "permanent post" locations and others which are 'street side postings', which are chosen due to the location (i.e., the Costco parking lot, as it is adjacent to major arterials and the freeway). Mr. Gubbels stated that REMSA utilizes a Computer Aided Dispatch (CAD) to determine the best locations for easy access response.

Mr. Gubbels stated that he would invite Ms. Ratti to tour the system, which provides REMSA the opportunity to "explain how the high performance system works."

MOTION: Mr. Gustin moved, seconded by Dr. Khan, that the REMSA Operations and Financial Report for November 2008 be accepted as presented. Motion carried unanimously.

Mr. Gubbels advised that the Board members were provided with a copy of the December 2008 Operations and Financial Report; that the emergency response time for life-threatening calls in December 2008 was 92% and 94% for non-life threatening calls, with an overall average response time of five minutes (5:00); and an overall average travel time of three minutes fifty-two seconds (3:52). Mr. Gubbels advised that the monthly average bill for air ambulance was \$5,596, with a year-to-date average of \$5,956. Mr. Gubbels advised that the monthly average bill for ground ambulance service was \$891, with a year-to-date average of \$876.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the REMSA Operations and Financial Report for December 2008 be accepted as presented. Motion carried unanimously.

B. Update of REMSA's Community Activities Since December 2008

Dr. Anderson advised that in her District Health Officer's Report, Item 20.F., she noted that the District Board of Health's Scholarship has reached the endowment level; that she would recognize REMSA's contribution, which, with the matching contribution, assisted in achieving that endowment level for the scholarship.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE REPORT – DECEMBER 2008

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of December 2008. Ms. Coulombe reviewed the Report and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe invited Ms. Ratti and Ms. Jung to meet with her for a more in-depth orientation to the Health Fund.

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the District Health Department's Revenue and Expenditure Report for December 2008 be accepted as presented.
Motion carried unanimously.**

WASHOE COUNTY HEALTH DISTRICT VACANCY UPDATE

Ms. Coulombe advised that the Board members have been provided with a Health District Vacancy Update; that the Report delineates the number of permanent full-time and permanent part-time positions; that the vacancies equates to 11% percent for the Health District. Ms. Coulombe stated that since January 2007 the Health District "has been consistently tracking at approximately 9% of authorized positions." Ms. Coulombe stated that the vacancy rate does not include the number of positions which were abolished within the Department; that the County has advised that it is "tacking consistent with the unemployment of approximately a 5.2% vacancy rate last year"; that currently the County "is tracking at an approximate 7.6% rate."

Ms. Coulombe advised that the Board will be provided with Staff's prioritization of the Department's vacant positions after "the completed results of the incentive requests which have not yet been finalized."

In response to Ms. Ratti regarding the vacant positions, which are 100% grant funded, Ms. Coulombe advised that it is determined by the grant; that an example is the Administrative Secretary Supervisor position in Air Quality Management, which is 70% local funding and 30% grant-funded; that currently "a number of duties" associated with this position "have been redeployed to other Staff." Ms. Coulombe stated that Staff "would always maximize the reimbursement of the grant as there may be other positions on a grant and save the money within local funding." Ms. Coulombe advised that should a position be 100% grant-funded there is an appeal process through the County.

In response to Ms. Ratti regarding appealing the Public Health Emergency Response Coordinator position, which is 100% grant-funded, Ms. Coulombe advised that there was discussion specific to reclassifying this position "to substitute for a position within the ASPR Grant"; that the Board of County Commissioners directed this request be resubmitted." Ms. Coulombe stated that this position will be reviewed and "probably not appealed as an Emergency Response Coordinator."

In response to Ms. Ratti, Dr. Todd advised the vacant Public Health Emergency Response Coordinator occurred due a reduction on the Federal CDC (Centers for Disease Control) Grant; therefore, for a year there were insufficient funds for the position in which the incumbent had retired. Dr. Todd stated that the position has remained vacant; however, currently there is funding through the ASPR (Assistant Secretary for Preparedness and Response) Grant; that, although ASPR Grant funding is "oriented more for hospital preparedness", the Health District received monies which would allow for the funding of a public health position, functioning "more as a liaison with the hospital community." Dr. Todd stated that a position of this type "has been badly needed for a number of years"; however, there was no funding for such a position. Dr. Todd further stated that the funding included items "needed by the Medical Examiner (ME) for surge capacity"; that currently the ME's Office is very limited in its ability to respond to a mass-fatality incident. Dr. Todd stated that the Board of Health approved acceptance of the Grant, which was forwarded to the Board of County Commissioners (BCC) for approval. Dr. Todd stated that due to the concerns of the BCC regarding "a new position", Staff is investigating the feasibility of utilizing the Emergency Response Coordinator position, for which there isn't sufficient CDC funding to fill, and in conjunction with the ASPR Grant, assist in funding a new position, who would be responsible for coordinating with "the hospital community." Dr. Todd stated that any recommendation will have to be reviewed by the County's Job Evaluation Committee (JEC); that any recommendation would subsequently have to be approved by the Board of County Commissioners.

The Board thanked Staff for the update.

UPDATE – ORGANIZATIONAL OPTIMIZATION – PLAN FOR RESTRUCTURING – WASHOE COUNTY HEALTH DISTRICT

Dr. Anderson advised that the Board members have been provided with a print-out of the Organizational Optimization – Plan for Restructuring of the Washoe County Health District presentation. Dr. Anderson stated that the Organizational Optimization is the implementation of the findings of the Structural Review Team (SRT), to address the financial 'short-fall' of the Department. Dr. Anderson advised that Dr. Todd will review the presentation delineating how the Department is currently benefiting from this review process in becoming more strategic.

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Dr. Todd stated that last year the Health Department "went through" a structural review process" by the Structural Review Team (SRT), comprised of representatives the Board of Health (Dr. Furman and Dr. Khan); members of the Health Department (Dr. Anderson and the Division Directors); Washoe County and the Cities of Sparks and Reno.

Dr. Todd stated that the in 2007 the Health Department experienced a "cash flow" problem resulting in the Board of County Commissioners having to approve a \$650,000 bridge loan to the Department; that the bridge loan resulted in a reduction of the District's budget authority in FY '08 by the \$650,000. Dr. Todd stated in addition to the impact of the \$650,000 bridge loan to the budget authority the Department was directed to further reduce the District's FY '08 budget. Dr. Todd stated that "this is difficult when 80% of the budget is personnel"; that the services offered by the Health District are personnel supported programs "which compounded the problem."

Dr. Todd stated that, as the Board members are aware, the current problems are: 1) the nationwide economic crisis; and 2) the countywide directive to further reduce expenditures; that these conditions resulted in the Board and Staff discussing departmental programs, specifically those which are man-dated versus non-mandated; and the programs which are grant-funded or fee supported as compared to those programs supported by the County general fund.

Dr. Todd reviewed the "fundamental assumptions" of the SRT (Structural Review Team): 1) minimal duplication of effort; that "optimizing" the Department required elimination of duplication of effort; 2) delineation of the duties of the District Health Officer; 3) the centralizing of administrative functions in administration; 4) direct services to be within the 'functional' division; 5) administrative support would be necessary for each functional division; and 6) Divisions should be "sized and organized" to avoid the necessity of an Assistant Division Director. Dr. Todd stated that the goal was to develop a smaller department within the "organizational optimization" as delineated. Dr. Todd stated that, to achieve optimization it was determined the Department could "obtain additional revenues", which is unlikely; or decrease the size of the organization to reduce the Department's budget.

Dr. Todd stated attaining the goal of a smaller organization will require programmatic reductions based upon: mandates; core functions and essential services of public health; and the public demand and expectation of services to determine "which programs the Department does or does not offer." Dr. Todd stated the SRT process recommended "optimizing the structure of the organization", which would be determined through the "fundamental assumptions" as reviewed; through strategic vacancy management; and "possibly through accelerated attrition (i.e., the County's offer of early retirement to employees)." Dr. Todd stated therefore, the two (2) methods

for creating a smaller organization are: 1) programmatic reductions; and 2) organizational optimization.

Dr. Todd stated that the discussion at the Board's Strategic Planning Session was the Health Department's programs should be determined by: 1) mandates; 2) core functions and essential services of public health; and 3) the public demands and expectations for services; that these three (3) items would "be the drivers for services the Health Department did or did not offer." Dr. Todd stated during the discussions of the SRT, it was determined the second method for creating a smaller organization is through "optimization of the structure of the organization." Dr. Todd stated that this would be achieved through: 1) the fundamental assumptions previously reviewed; 2) strategic vacancy management and 3) (possibly) accelerated attrition; that the County is offering incentives for early retirement, which would result in "accelerating attrition."

Dr. Todd reviewed the organizational structure of "each division" prior to the implementation of the SRT process; the goal statement "at the end of the SRT process"; the "proposed organizational structural of each division" to achieve the goal; and the current organizational structure of each division.

Dr. Anderson stated that there were two (2) positions, which were to be eliminated or "down-graded"; however, the incumbents in these positions requested authorization for incentives for early retirement. Dr. Anderson stated that the SRT process of organizational optimization made the decision about these two (2) positions "a much easier process to reconcile."

Dr. Humphreys stated, "in reviewing the Organizational Optimization" chart, it can be noted "there are real efficiencies built into the system along with the direction including cost-efficiency"; that he would commend the efforts of Staff and the SRT."

The Board thanked Staff for the update.

PRESENTATION – APPROVAL – FY 08/09 MID-YEAR SPENDING REDUCTION PLAN

Dr. Anderson stated that the Board members have been provided with a copy of the FY 08/09 Mid-Year Spending Reductions; that, as the Board was advised, the Health District was directed to reduce the Department's expenditures by 2.55% for a total of approximately \$254,000; that the Board directed Staff to utilize the savings from the reduction(s) of the Community and Clinical

Health Services (CCHS) Division Home Visiting Program towards achieving the 2.55% reduction. Dr. Anderson stated that there is an Administrative Assistant 1 and a Payroll Personnel Clerk position, which are vacant within the Administrative Health Services (AHS) Division; that the savings from these vacancies will be utilized to further achieve that 2.55% reduction. Dr. Anderson stated that the reductions within the Home Visiting Nurses Program and the vacancies within CCHS prevented the Health District "from having to alter any additional positions or to layoff" any personnel. Dr. Anderson stated that this allows the Department the opportunity to review the incentive requests, which have been submitted.

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the FY 08/09 Mid-Year Spending Reduction Plan, be accepted as presented.
Motion carried unanimously.**

PUBLIC HEALTH NURSING UPDATE

A. Public Health Nurse Assignments

Ms. Mary-Ann Brown, Acting Division Director, Community and Clinical Health Services (CCHS), advised that per the request of the Board she has provided an outline of the current Public Health Nurses (PHN) Program Assignments within the CCHS Division. Ms. Brown reviewed the PHN assignments, advising the chart includes the number of positions within each "Budget Authority"; the "Actual" number within each Program for FY 07/08 and FY 08/09; and the projected number of PHNs in each Program as of January 2009, which is prior to any possible "reductions from the incentive packages" being offered. Ms. Brown stated that, as of January 1, 2009, the CCHS Division has a total of 16.88 FTE PHN positions for "public nurse functions."

Ms. Brown stated that there is an emphasis on "those programs which are mandated and a decrease of resource allocations to those programs which are non-mandated." Ms. Brown stated that previously the CCHS Division utilized a "decentralized approach in which PHNs would be available for a multiple of programs where the program need was greatest"; however, "this only works well if there is a pool of resources to be applied." Ms. Brown stated that when resources are reduced it becomes necessary to become "more centralized to the program"; that this "is what has been done – the Nurses will have primary assignments; that Staff will not maintain competencies in multiple programs so Nurses will be very targeted to the programs they have been assigned." Ms. Brown stated that this process would be varied should there be "some type of outbreak or an extreme need in one program or another."

Dr. Khan stated she noted the "0.61 Nurse position in the Family Planning Program for FY 07/08 and then none for FY 08/09.

In response to Dr. Khan, Ms. Brown advised the Family Planning Clinic is staffed by Advanced Practitioners of Nursing (APN); that previously a Public Health Nurse would provide "part of the care provided"; however, CCHS has completely restructured how care is provided" in Family Planning." In response to Dr. Khan regarding other nursing services, Ms. Brown stated that there are three (3) APNS in Family Planning; that noted in the organizational chart "support personnel are Staff members who are providing direct services and direct care to individual clients or populations; that not all their work is clerical in nature, as in other divisions." In response to Dr. Khan regarding the Board members "not seeing the full picture", Ms. Brown stated that the request was specific to Public Health Nurse positions; however, Staff can develop a chart delineating "all of nursing, APNs, and Disease Investigation Specialists."

Dr. Khan stated that, although the Board requested the information specific to the Public Health Nurses, it would be helpful for the Board to have an overview of the "full scope of nursing services" within the Department.

B. Recommendation to Consider Plan for Significant Restructuring of the Public Health Visiting Nurse Program

Dr. Furman read a statement into the record in full, advising that during the Structural Review Team (SRT) process, the County Budget Director requested the CCHS Division to provide information specific to "cost per client and cost per visit for the non-mandated health services." Dr. Furman stated that this request for information "went to the Board of County Commissioners in 2008"; that "to this date he has not seen the CCHS Division comply with this request."

Chairman Furman stated that Ms. Brown's report indicates "there were 2,068 activities in fiscal year 2008"; that activities "are comprised of visits and phone calls", which equates to "approximately 188 per Nurse per year for the activities (nurses and phone calls). Dr. Furman stated that this "is the equivalent of one (1) per working day" therefore, "the Nurses in the Visitation Program see an average of approximately one (1) client per day; that the direct and indirect costs are over \$700 per visit." Dr. Furman stated that the Health Department is "experiencing a short-fall in funding"; therefore, "in this point in time he is not disposed to vote for the continuance, restoration, revision, or addition of any non-mandated programs until such time as the Board sees the entire Health Department's budget proposal and better understand the effect on mandated programs and the effect on the community."

Ms. Brown stated that she is willing to review "what was presented in the past about visits and costs; that as discussed at previous Board meetings, public health nurses activities are also engaging in community capacity, working with other organizations, collaborations – a whole list of

activities the Nurses do beyond just the home visiting." Ms. Brown stated that, as she advised earlier, "those nurses are also deployed to other programs as needed to staff those programs." Ms. Brown stated that "she doesn't want to not be in compliance with the request that's been made"; therefore, she will conduct "more fiscal analysis than what was done in the past."

Ms. Brown advised that she is presenting two (2) options: the complete elimination of the Public Health Visiting Nursing Program. Ms. Brown stated that Washoe County has a record of "poor maternal and child health outcomes; that it is obvious "those health indicators are only going to decrease in this economic downturn." Ms. Brown stated that "families will continue to have severe challenges in accessing affordable health care and successfully parenting their children." Ms. Brown stated that, as Staff "anticipates the elimination of Public Health Visiting Nursing she has had many people in the community approach her regarding their grave concerns about losing this resource." Ms. Brown stated the individual expressing the most concern "is the Director of Washoe County Social Services, who clearly supports retaining some public health visiting nursing services for those most vulnerable clients, which the Health Department is a part of serving." Ms. Brown stated that "there is clearly a documented need by the evidence of the high risk health indicators: poor access to health care; high infant mortality rate, exceeded only by the Country's infant mortality rate which is 42 of all nations, which is reflective of the health care system." Ms. Brown stated that Washoe County has a high rate of premature births; that of the 806 premature births in Washoe County 10% are to teenage mothers; that Washoe County "faces challenges as it relates to teen pregnancy." Ms. Brown stated that 8.03% of all births in Washoe County are low birth weight; that "all of these (factors) contribute to costs and the mortality and morbidity of the citizens of Washoe County." Ms. Brown stated there is "no other agency in Washoe County that does public health home visiting." Ms. Brown stated that the economic downturn and the lack of resources within the community has resulted "impacted the clients the Health Department serves." Ms. Brown advised that Maxims Service for Pediatric Home Visiting recently closed; therefore, there is only one (1) home health agency which provides services to pediatric patients; however, this agency "only services patients under contract with Saint Mary's." Ms. Brown stated that "when infants are discharged to the community from the hospital there is no one to provide service or care to them at home"; therefore, "if families and infants are unable to remain in their homes they will clog-up the facilities and the acute environment, including Child Protective Services (CPS), Kids Kottage, etc.

Ms. Brown stated that "it was helpful for her to understand the scope and history of public health nursing for the Health Department. Ms. Brown advised that public health nursing has been in existence since 1938, who "have always focused on those most at risk in our community and provided a safety net." Ms. Brown advised that in 2008 with a decrease in resources assigned to public health nursing the Health Department retained two (2) elements of the Visiting Nurse Program. Ms. Brown stated that the CCHS Division receives approximately 348 new referrals; that currently the CCHS Division has 486 individual cases open for service. Ms. Brown stated that the

types of services CCHS offers are "education, assessment (i.e., assuring proper growth & development), prenatal education (issues which affect a family's ability to care for their children). Ms. Brown stated that the second element is the *Healthy Moms Healthy Babies* Program; that this Program "has grant funding associated with it"; that it is a four (4) year Program with the Pregnancy Center for early access for sustained prenatal care and follow-up for women with no health insurance. Ms. Brown stated that Staff's Home Visiting Program was for "high risk" clients, "which included all of the elements previously referenced: assessment of health, referrals and follow-up for identifying problems, particularly and including abuse and neglectful parenting, which has an entire cadre of complications associated with it." Ms. Brown stated that due to our high rates of "low birth weight there is an essential need to monitor failure to thrive infants or are at-risk, or are in the low-birth rate category."

Ms. Brown stated that one (1) option is to completely eliminate this Program, as it is not mandated; that she "clearly understands the Board's intent to focus resources on mandated programs." Ms. Brown stated that she has noted "some of the impacts of eliminating this Program, which would be an increase in fetal and infant morbidity and mortality based upon not being able to ensure that safety net access for those families in the community." Ms. Brown stated that "there is a whole list of very severe impacts to the elimination of this Program, which she hears from the community at-large routinely now that they realize the Program is to be eliminated."

Ms. Ratti stated that Dr. Todd reviewed the SRT 'optimization process' with the goal of a smaller organization and programmatic reduction specific to mandates, core functions, essentials of public health and public demands and expectations; and that she did read last month's minutes. Ms. Ratti stated she understands the emphasis on mandates; however, there are the other components of core functions and essentials of public health and public demands and expectations; that she would question "where Ms. Brown believes these services fall within that matrix." Ms. Ratti stated that her second question would be "in the SRT process, are those listed in order of priority or are all three (3) equal programmatic functions which should be considered when discussing optimization of the organization."

In response to Ms. Ratti, Ms. Brown advised that the Home Visiting Nurse Program is not a mandated service for the District Health Department to provide; that "clearly it has been demonstrated the community has a documented need for this type of service; that it is defined as a core function of public health." In response to Ms. Ratti regarding the Program being considered a "public demand or expectation", Ms. Brown stated that whether the program is "public demand or expected" is subjective; however, as she stated, comments she has received indicate "that this is viewed as an important public service." In response to Ms. Ratti regarding the SRT process, Ms. Brown stated that she did not participate in that process; however, she is aware "that weight was given to those programs which are mandated" in the scoring system.

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In response to Ms. Ratti, Dr. Khan stated that, as a member of the SRT, the "functions" of the Home Visiting Nurse Program are "a core function of public health as it relates to the 'assurance role'; that in instances when the Health District is unable to assure the protection of the public or assure the delivery of services where needed that is a role where public health department does fit in." Dr. Khan stated that in "situations where the Health Department is unable to assure the protection of the public or assure the delivery of the services where needed that is a role where the public health department does fit in." Dr. Khan stated that during the discussion of the SRT "priority was definitely 'mandated items' with the understanding, relative to core functions and essential services, the consensus was the Health Department would collaborate "with partners in the community, where appropriate" to assist in "building that bridge to ensure services are delivered." Dr. Khan stated that last month the Board did discuss total elimination of the Program; however, "as evidenced in some of the data presented today there is a situation wherein the Health Department cannot completely assure that services are being delivered where needed", which does place a portion of the public at-risk."

Dr. Khan stated that she does appreciate the information from Staff regarding "what other safety net(s) are available in the community to pick-up" these services to address the need in the community should the Health Department completely eliminate that program. Dr. Khan stated that this information "was very germane; that she appreciates the emphasis on the mandated portion"; however, "there is the issue of an unmet need in which the Department cannot appropriately assure that those services are going to be delivered."

Ms. Brown stated that, as discussed, option one (1) is the complete elimination of the Program; that the second option is the recommendation to maintain "a small core function of Public Health Visiting Nursing." Ms. Brown stated that she has provided a review of the possible second option, including the program costs associated with four (4) FTE PHN positions for the Program; that this would include the grant component; however, "this would depend upon available resources and the Board's interest in providing this level of service." Ms. Brown stated that the model as delineated is the provision of home visitation services for approximately 600 families; that the information includes the salaries/incentives, and benefits and the grant component of the Healthy Moms Healthy Babies Program." Ms. Brown stated that Staff "would be providing safety net services to these vulnerable patients only" through referral sources, first from Washoe County Child Protective Services (CPS), local hospitals, WIC, the Pregnancy Center and other health clinics and community agencies which provide services to these high-risk clients. Ms. Brown reviewed the "client selection criteria for qualifying for home visiting services"; that the services are for "medically fragile infants and children" as defined (i.e., premature, congenital disorders or special health-care needs, low birth weight, etc.); that consideration is also given to "failure to thrive, acute or chronic health problems, pre-natal or parenting adults with conditions affecting their parenting capacity; that this is a huge need, where the family is lacking a medical home" being the "safety net to the family finding those resources or prior to finding those resources." Ms. Brown stated that there is a

large number of teen births in the community; that these parents and children “are the most vulnerable and at-risk.” Ms. Brown stated that these services are also for those parents, who “may be developmentally delayed or there are issues of domestic violence or drug addiction” all of which “impacts their ability to be safe parents.”

Ms. Brown stated that Staff has reviewed “the volume of and those services which are provided and the cost per unit of service from a business-minded perspective”; that Staff would propose “levels of intensity of service.” Ms. Brown advised that the first level of service would be “consultation as sometimes it only takes one (1) or two (2) calls to direct a family to the appropriate resources.” Ms. Brown stated that Staff could provide services to approximately 600 families, with 3400 basic encounters; that these would include “telephone consultations to intensive home visiting as defined.” Ms. Brown stated that her report includes the “performance measures, which would be monitored to ensure that the care the clients are receiving has its intended outcome.”

Ms. Brown stated that to increase the Board members’ “understanding of the types of clients who receive services” she has provided the Board members with copies of “case studies” of clients who have received services from the CCHS Home Visiting Nursing Program.

Dr. Khan stated that Ms. Brown’s proposal indicates “a significant improvement in the efficiency of the services offered in this Program. Dr. Khan stated that while the Board is mindful of the unmet services and the need, the Board has also been very careful in scrutinizing and supportive of the efficiencies” and has requested and promoted a more effective delivery of care. Dr. Khan stated that the proposal “is a more robust level of services for the resources invested than what has historically” occurred; that she “would like Ms. Brown to comment on that.”

In response to Dr. Khan, Ms. Brown stated that in meeting with community partners (i.e., Social Services), Staff emphasized that CCHS “has a very precious, very scarce resource, which needs to be applied very targetedly”; that further, it was necessary to review Staff’s “own productivity.” Ms. Brown stated that Dr. Furman’s comments were specific to “how many visits and costs per visit”; therefore, Staff applied “a business model to what was previously a client-centered model” to assure “this very precious resource is applied efficiently and effectively to those most vulnerable in only providing that safety net.” Ms. Brown stated that Staff “will no longer follow a patient who doesn’t clearly have an identified medical need in which Staff would need to intercede”; therefore, “some of the cases will be brief”; that those with a “more need will have an extended involvement” based upon the “three (3) levels.”

Ms. Brown stated that, as the Division Director for these services, she "would prefer to eliminate support personnel, supervisors, management rather than these very important individuals who actually touch citizens in our community and impact their health both individually and as families and a community."

Ms. Brown reviewed the cases, which she has "defined by the level of services Staff provides and the benefit of cost savings through the provision of services and interventions performed by Staff"; that this provides an overview of the "very important work the Nurses do in the community." Ms. Brown advised that Staff's interventions have prevented the expense of hospital visits; therefore, there is a "return on the investment in savings to the system." Ms. Brown stated that should the Program be unable to support four (4) Nurses in the Program, Staff will adjust with three (3) Nurses, providing services to "less clients who are at greater high-risk"; that "it will make a difference."

Ms. Brown advised that the two (2) options are eliminating the Program or "focusing on efficiently providing services to a high-risk population."

Chairman Humphreys stated that Ms. Brown has "demonstrated the public health need for this Program and the benefit(s) this Program has to the public"; that he would request comments from the Board.

Dr. Furman stated that the emphasis on "the safety net and taking care of high-risk patients"; that, as an obstetrician/gynecologist "he believes in nurses seeing patients"; however, "he does not believe that Public Health Nurses are fully qualified to follow patients in the home for high-risk obstetrical care." Dr. Furman stated that care should be provided by "Certified Nurse Practitioners, who have certification in obstetrics and gynecology"; that, further, this "requires supervision by an obstetrician/gynecologist, who signs-off on the charts." Dr. Furman stated that the implication is Staff "is providing high-risk obstetrical care in the home; that this cannot be done"; that he is not negating "the good the Program does"; however, what must be "emphasized is getting these patients into programs." Dr. Furman stated that low income patients should be referred to and enrolled in Medicaid; that "in all of his years of practice he was always able" to locate services for people." Dr. Furman stated that he concurs "these patients need to be seen by specialists when they are high-risk"; that there hasn't been "the emphasis on that aspect of this"; that the educational aspect of the Program has not been emphasized; that he began the "very first educational program for parents in Reno." Dr. Furman stated the individuals, to whom Staff referred, "should be attending classes and being seen by specialists"; that these individuals "need to be followed from the beginning by those able to take care of high-risk patients."

In response to Dr. Furman, Ms. Brown advised that in this context "high-risk" does not pertain to "obstetrically or clinically high-risk"; that these individuals are "at high-risk for abuse and neglect and not getting access to service and care." Ms. Brown stated that Staff is not providing "clinical obstetrical care"; that Staff is providing assistance to "accessing the type of health care" to which Dr. Furman is referring (i.e., pre-natal care, obstetrical services, Medicaid, etc.). Ms. Brown stated that the Public Health Nurses "do not work beyond the scope of practice"; that the scope of practice for Public Health Nurses is "very defined; that Staff is not doing obstetrical clinical care" during home visits. Ms. Brown stated that the role of the Public Health Nurse is "assessment, education and referral", which is the role of public health; and assuring these individuals have access to those services identified by Dr. Furman.

Ms. Ratti stated that the role of the Public Health Nurse is "case management, to connect the client(s), who are at-risk for negative outcomes, which are not necessarily medical outcomes, to the appropriate services." Ms. Ratti stated that a challenge in the community is "not enough services"; therefore, there are "case managers attempting to connect clients to services, which either don't exist or for which there are waiting lists." Ms. Ratti stated that the "challenge to providers is what happens when there are no services available which will meet the needs." Ms. Ratti stated that currently there is "a crisis with Medicaid and doctors not being willing to accept Medicaid patients anymore due to the reimbursement rates." Ms. Ratti stated that she would concur with Dr. Furman regarding the "efficiency"; that in reviewing the budget (page 4) and number of clients served (page 5), she calculated approximately \$134.41 per visit.

Ms. Brown stated that she estimated \$700 budgeted "per case" or approximately "\$120 per encounter"; that, as she advised, some "cases would be more intense than others – a lengthy home visit as compared to a phone call. Ms. Brown stated that this "is not an inexpensive service"; that the difference is "in paying now or down the road." Ms. Brown stated that "the intent is to attempt to combat some of the health issues, which are related to education (i.e., developmental growth, nutrition, etc), which will "help prevent future (medical) complications, and not only the education as to where to obtain services." Ms. Brown stated that "so many of these patients lack a basic understanding of how to avoid health complications"; that Staff is "case managing but in a very focused way in those areas in which Staff has expertise." Ms. Brown stated that the work Public Health Nurses perform is "systems related."

Ms. Ratti stated that, too often, the "targeted clients" of resource centers are not the ones accessing the services of the resource centers; that rather "they are the ones least at risk." Ms. Ratti stated that the "ones who need services are the ones who need to be encouraged by case managers and educators to obtain that education."

Ms. Brown stated that the Public Health Nurses "learn a lot when they step through the front door versus a clinical office setting; that this helps guide" the interaction with the clients in identifying the resources which the client(s) would require.

Ms. Ratti stated she further concurs with Dr. Furman "in that at this point in time the County isn't requesting any additional reductions for this budget; that the budget process for the next fiscal year is beginning"; therefore, there is no justification in eliminating a program "when – a) the Department has not been asked to make any mid-year financial reductions at this time; and b) without reviewing it in the context of the overall budgeting process." Ms. Ratti stated she would suggest the Program "be left as is with the reduced scope, which has already been achieved."

In response to Ms. Ratti regarding achieving the reductions, Ms. Brown advised that CCHS has "not replaced nurses when they leave and reassignments"; that "when a Nurse leaves from a mandated Program she" reassigns a Nurse from a non-mandated Program to the vacancy in the mandated Program.

Dr. Khan stated that Ms. Brown's report indicates the Home Visiting Nurse Program will have approximately 600 contacts which equates to 150 contacts per Nurse; that this is a substantial increase.

In response to Dr. Khan, Ms. Candy Hunter, Public Health Nursing Supervisor, advised that she and Ms. Brown reviewed national standards for home visiting programs, which is approximately 12-15; that it was the consensus Staff could conduct a number of the consultations by telephone "and count those." Ms. Hunter advised that the telephone consultations are "more cost efficient"; that there is "a turn-over" rate among clients; therefore, the Nurses may have 150 contacts in a year; however, "at any given time it may be 50-75" clients. Ms. Hunter advised that Staff's proposal "is very ambitious"; however, it is the consensus of Staff "it can be done."

Dr. Khan stated that she commends Staff's efforts to increase the telephone consultations; however, there was a vote at last month's meeting to eliminate the Home Visiting Nursing Program by June 30, 2009. Dr. Khan stated that she would therefore, question "what the Board's action might be."

In response to Dr. Khan, Chairman Humphreys advised that last month the Board's motion was "for Staff to develop a plan for the elimination of the Program and to present that Plan to the Board should it be necessary to eliminate the Program." Chairman Humphreys stated, as discussed, it is

necessary to review the Budget in its entirety, emphasizing the mandated versus the non-mandated program; that it also necessary to review the vacancy prioritization, which of those vacant positions are critical and need to be filled, which would be a component of the budget." Chairman Humphreys stated that it will be necessary to review possible efficiencies for the mandated programs for cost-savings. Chairman Humphreys stated that the Board has discussed the "efficiencies which need to be incorporated into the (Visiting Home Nursing) Program; that he concurs with Dr. Furman that "there is a lot of efficiency that needs to be incorporated into this Program." Chairman Humphreys stated that after the budget process is completed, the mandated programs are funded, the implementation of efficiencies, and critical vacancies are filled, then the Board can review "what funding is available for this type of Program." Chairman Humphreys stated he and the Board have concurred as to the "public health priority" of this Program; that rather than make a decision at this time he would recommend the Board wait until the other issues he referenced have been determined.

In response to Chairman Humphreys, Ms. Brown stated that, as documented in her report, the CCHS Division "is in the decreasing position mode"; that she is reassigning positions from the non-mandated programs. In response to Dr. Khan regarding the proposed efficiencies in the Home Visiting Nursing Program, Staff has eliminated previous "collaborative activities (i.e., meetings and participating in community initiatives, etc.). Ms. Brown stated that the collaborative efforts/community initiatives "are important work but not a priority."

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Home Visiting Nursing Program be maintained "as is" until such time as it can reconsidered after completion of the budget process.

Mr. Gustin stated the Board's motion in December was "to develop a plan to completely eliminate the Program by June 30, 2009 if absolutely necessary to do so"; therefore, he would question the intent of this motion based upon the Board's action in December.

In response to Mr. Gustin, Dr. Khan stated that today's motion allows for reconsideration of the elimination of the Home Visiting Nursing Program; that it may be necessary to amend or rescind last month's motion to include the possible further discussion of this Program after the budget process is completed.

Ms. Leslie Admirand, Deputy District Attorney, advised that the language for this item on today's agenda allows for reconsideration of last month's motion.

In response to Mr. Gustin regarding the budget process and when this Program may be reconsidered, Ms. Coulombe advised that the fiscal staff will be meeting with the Department's Program Managers in the next two (2) weeks to review budget proposals, estimates to complete, incentives, etc. Ms. Coulombe stated that currently the County's "budget system is not open" to Staff; therefore, Staff will be entering all the information manually; therefore, Staff may have information at a "macro-level." Ms. Coulombe stated that the District Board of Health's annual budget meeting is tentatively scheduled for March 12, 2009; that based upon reports the economy continues to decline; therefore, the expectation is there will be further reductions. Ms. Coulombe stated that she has taken notes "regarding the mandates, filling the positions, prioritizing the vacancies"; that as she stated, Staff can present an update to the Board at the February meeting. Ms. Coulombe stated that the "key budget dates are April 15th for the filing of the tentative budget; a finalized budget has to be completed by June 1st."

Mr. Smith stated that the intent of the motion last month was to address the possibility of a \$1 million reduction to the Department's budget; therefore, rather than 'piece meal' reductions from each and every program any further directed budget reductions would be achieved through this Program, as it is non-mandated; that should there be funding remaining after the budget process was completed the Program would be reconsidered. Mr. Smith stated that he would question 'why the Board would want to reconsider that motion unless it is the consensus of the Board to reconsider the entire Health Department to determine if budget reductions should be made elsewhere.' Mr. Smith stated that "there is a big chance the Health Department will have to take a big chunk out of the Budget next year."

Ms. Ratti stated that "she is not comfortable having one Program take the hit without considering all of the efficiencies in all programs across the board should a significant reduction be necessary." Ms. Ratti stated that she understands the prioritization of mandated programs; however, all programs should be optimized through comprehensive reviews of all programs"; therefore, she would wait on the elimination of a program before it is necessary.

Chairman Humphreys stated that last month's motion regarding elimination of the Program did specify "if absolutely necessary to do so"; that currently the Board does not have the information as to whether or not it is absolutely necessary to do so. Chairman Humphreys stated that he would request direction from Staff as to "is it necessary to do so"; that should it become necessary the Board will "know prior to June 30, 2009." Chairman Humphreys stated that prior to the Board receiving this information it is difficult to make a decision to the specifics of this Program at which time the Board can make the determination as to the necessity.

Mr. Gustin stated that he would concur with Chairman Humphreys; that Staff will “not know much more in February regarding the Budget than what is known now”; that an informed decision cannot be made about this Program until after the budget process is complete, with the acknowledgement that this Program may be eliminated or reduced. Mr. Gustin stated that he would support the motion with the acknowledgements he presented.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Home Visiting Nursing Program be maintained “as is” until such time as it can reconsidered after completion of the budget process.
Motion carried unanimously.**

The Board recessed at 3:10pm and reconvened at 3:20pm.

DISCUSSION – ACCEPTANCE – REVIEW PROCESS – ALL NEWLY PROPOSED PROGRAMS/INITIATIVES – PRESENTATION – DISTRICT BOARD OF HEALTH

Dr. Anderson advised that the Board members have been provided with a copy of the “*District Board of Health Goals and Operational Objectives – A Checklist for New Programs or Initiatives*” (a copy of which was placed on file for the record). Dr. Anderson stated that she has presented the goals and operational objectives, which were adopted by the District Board of Health at the October 23, 2008 meeting, in a simplified format. Dr. Anderson reviewed the adopted goals of the Board of Health, advising that the goals are in the order of priority; that she has provided the “exact wording as adopted by the Board.” Dr. Anderson reviewed the six (6) Operational Objectives, which were adopted by the Board; that again, she provided the exact wording of the Board of Health. Dr. Anderson stated that the Board directed Staff to “develop a method for reviewing new programs and to provide a comprehensive overview of the program prior to presentation to the Board.” Dr. Anderson stated that to achieve this directive, Staff developed a “checklist” to determine the necessity of a program or proposal; that the checklist includes four questions: 1) does the Health Department need this; 2) can the Health Department do it; 3) how much will it cost; and 4) how will success be measured.

Dr. Anderson stated that to determine if ‘a program is needed’, Staff would review and determine 1) identify statute or regulation which mandates the program; 2) identify which of the “Ten Essential Services” will be addressed; 3) List the DBOH priority relative to the program; 4) describe the verifiable public health need; and 5) describe the impact if the program is not implemented.

Dr. Anderson stated that to determine if the Health Department ‘can do this’, Staff would review and determine 1) identify assets to accomplish program; 2) could other community partners

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provide the service (list community partners with capability); 3) would other community partners assist (list community partners who will participate).

Dr. Anderson stated that to determine 'how much will it cost', Staff would review and provide 1) a detailed budget identifying the source of funding listing any match requirements, identify personnel assets necessary, and list proposed equipment purchases; and 2) list any associated subcontracts with the name of the entity, deliverables, period of service and cost of service.

Dr. Anderson stated that to determine 'how will success be measured', Staff will review and determine 1) an evaluation process listing performance measures used and indicating frequency of reporting to the District Board of Health; and 2) list outcomes or products that will result, e.g., improved statistics in a public health indicator, documenting produced or public use and scientific paper published.

Dr. Anderson stated that the Board may consider approving and adopting the checklist to aid in the review process for all newly proposed programs/initiatives presented to the District Board of Health; or may consider adopting the checklist as amended.

Ms. Jung commended Dr. Anderson on the checklist; that the checklist establishes a deliberative process in determining "if a program is worth the grant"; that she appreciates how the District Board's goals and objectives were utilized to develop a process.

Mr. Gustin stated that he would concur with Ms. Jung as to the checklist. Mr. Gustin stated that the proposed checklist provides the criteria "in a decision process"; however, "the human aspects" should also be considered.

In response to Mr. Gustin, Dr. Anderson stated the "human aspect is a gap" in the document; however, it could be addressed with the addition of 'the public expectation' of a service being provided, which is a Board of Health priority.

Mr. Gustin stated that "the measurement of success" could address that 'human aspect' to which he referred; that he, too, would commend Dr. Anderson on the checklist.

In response to Mr. Gustin, Ms. Ratti stated that his concern could be addressed on page 5 "Do We Need This?"; that "prevention is rarely quantifiable." In response to Dr. Anderson regarding additional language, Ms. Ratti stated that additional language wouldn't be necessary as "what the public expects is not always helpful in determining the appropriate course of action"; that identification as one of the 'Ten Essential Services' then it is verifiable public need based upon the data.

Mr. Gustin stated that he would support adopting the checklist and then discuss it again at a future date, as he cannot stipulate "what may or may not be relevant to add to or delete from the document."

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the "checklist" process for all newly proposed programs/initiatives for presentation to the District Board of Health be approved and adopted as presented. Motion carried unanimously.

Chairman Humphreys stated that the "benefit to public health" is what the Board would "want to consider; that the measurement of success" would include the "impact to public health."

PRESENTATION – POSSIBLE ACCEPTANCE – ROBERT WOOD JOHNSON GRANT PROPOSALS

Dr. Anderson stated that Ms. Stoll-Hadayia has requested to present a new program for the Board's consideration; that Ms. Stoll-Hadayia utilized the goals and operational objectives as adopted by the Board. Dr. Anderson stated that Ms. Stoll-Hadayia did not have the benefit of the newly approved "checklist"; therefore, not each and every question may be addressed.

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised the CCHS Division is requesting approval of to apply for a new revenue source for the Health District through the submission of an intent proposal to the Robert Wood Johnson Foundation for the *Healthy Kids Healthy Communities* initiative to address childhood obesity. Ms. Stoll-Hadayia advised that this would be a new foundation grant funding source for the Health District; however, "the activity would not be new, as Staff focuses on chronic disease prevention." Ms. Stoll-Hadayia stated the Health Department has a chronic disease prevention program and childhood obesity is a priority.

Ms. Stoll-Hadayia advised that the Board members have been provided with a copy of the operational objectives for the proposed program. Ms. Stoll-Hadayia advised that this would be a

four (4) year grant, in the amount of \$90,000 per year with a match requirement; that Staff has delineated in the report "how the Department will meet the match" that the grant does allow for the collection of indirect costs. Ms. Stoll-Hadayia stated that the grant would not establish any new positions; however, it may "replace grant monies in chronic disease" that have the potential of being eliminated; or it could relieve local funding through a Staff reassignment should it be required due to additional budget reductions." Ms. Stoll-Hadayia stated that this is "not a direct service grant"; that the intent is to support policy and environmental changes, which are known to be "the most efficient, equitable, effective" methods for achieving "broad-based population level change in health status."

Ms. Stoll-Hadayia stated that the proposal "addresses a significant need" in the community – childhood obesity; that she provided the Board members with a copy of the Epi-News produced by Staff, which delineates the "first reliable, very accurate data on overweight and obesity among school children in Washoe County." Ms. Stoll-Hadayia stated that "there were some surprising and alarming results for those involved in chronic disease"; that Washoe County's rates for overweight and obesity among school children are "higher than that of the nation". Ms. Stoll-Hadayia stated that the chronic disease program is "at a cross-roads for childhood obesity"; and that it is important "to intervene now in ways which will have sustainable, long-term population-wide change so that it may be possible to begin reversing those trends and increase the percentage of school age children who are at a healthy weight."

Ms. Stoll-Hadayia stated that Staff is requesting the Board's authorization to "submit a proposal of interest to the Foundation"; that there is another "stage to the application process in which Staff would be invited to submit a full proposal; and that there could be another decision at that time." Ms. Stoll-Hadayia stated that, should the District be selected for funding there would be additional discussion regarding acceptance of the funding. Ms. Stoll-Hadayia stated that the proposal of interest with preliminary activities is due by February 3, 2009. In response to Chairman Humphreys regarding the process, Ms. Stoll-Hadayia stated that this is the first stage in the grant application process and includes the submission of preliminary information to the Foundation. Ms. Stoll-Hadayia stated that the Foundation will review the preliminary proposals and then select those which will be eligible for the secondary process of submitting a full application. Ms. Stoll-Hadayia stated that should the Health District be selected, Staff would review the possibility of proceeding with the second phase of submittal of the application.

Ms. Jung stated that she would "fully support the proposal"; that Ms. Stoll-Hadayia has addressed the issues of the checklist. Ms. Jung stated that this could perhaps be a collaborative effort with the City of Reno *Park Pals* Program in which a healthy lunch is provided to participants; that the City of Sparks has other programs, which could possibly be part of a collaborative effort. Ms. Jung

stated that funding from the Robert Wood Johnson Foundation "would be a big deal"; that she would urge Staff and the Board "to work diligently to secure this grant."

Dr. Furman stated obesity among school age children is a problem in the community; that Dr. Richard Carmona, the former Surgeon General conducted a site visit of the Health Department and advised that addressing obesity was his highest priority. Dr. Furman presented a copy of the Robert Wood Johnson Foundation's "*Healthy Kids, Healthy Communities*" overview (a copy of which was placed on file for the record). Dr. Furman stated he has concerns regarding the proposal; that in reviewing the information he noted "half of the money is going to fifteen (15) states; that there will be sixty (60) grants awarded and Nevada isn't one of them." Dr. Furman stated that a stipulation is to "have 50% match of the award for the entire grant period"; that the selection criteria are very specific regarding "engage leaders and influential community members" while Staff proposes "to establish an alliance with a diverse group of non-traditional policy making partners to serve as an advisory board." Dr. Furman reiterated that the criteria are very specific regarding "identifying a diverse array of partners, organizations or agencies (i.e., influential stakeholders and key decision makers), who have clearly defined roles and experience working with and on behalf of communities at high-risk for obesity." Dr. Furman stated that Staff's grant proposal "does not address this; that the information provided to the Board is not consistent with what the Robert Wood Johnson Foundation wants." Dr. Furman stated that the application, as presented, will not be successful; that the entities "providing resources for the in-kind grant match are going to have to be listed."

Dr. Furman questioned if Ms. Stoll-Hadayia would be the "project director" for this program, Ms. Stoll-Hadayia stated she would serve in that capacity as a component of the in-kind match. Ms. Stoll-Hadayia further stated that the attached budget outlines how the 50% match will be met; that the match can be a combination of in-kind Staff time, partner time, and cash; that in the first year, the match requirement would be met by the Health District through a combination of a cash amount and in-kind services. Ms. Stoll-Hadayia stated that during the bidders' workshops attended by Staff, Staff was advised it has "quite a few options as to how to meet that 50% match in future years." Ms. Stoll-Hadayia stated in the second year "it is the Foundation's expectation, that once the partners are on-board", any activities, in which they engage and the time associated with those activities can be calculated as a portion of the match. Ms. Stoll-Hadayia stated Staff does not anticipate that the full-match commitment would be necessary from the Health District in the long-term due to the ability to utilize match from partners." "it would not require a commitment from the Health District long-term because of the ability to utilize match from partners." In response to Dr. Furman regarding "guaranteeing the in-kind", Ms. Stoll-Hadayia stated that in subsequent years, Staff would have to guarantee "the in-kind from partners more extensively." Ms. Stoll-Hadayia stated that "in the extended RFP (Requests for Proposal), letters of support must indicate the partners commitment to the in-kind contribution." Ms. Stoll-Hadayia stated that obtaining those commitments would be a component of the process, in which Staff will engage pending the Board's

direction. Ms. Stoll-Hadayia stated the partners, who have been identified, are those who "have the authority to do something very key to this grant, which is to revise transportation, parks and recreation and food systems in Washoe County; those people who influence policy and environmental decisions (i.e., city and county planners, the retail association, which works with the fast food companies and where unhealthy fast foods are placed for purchase by students, the school district, which can implement 'open or closed campus' policies, which addresses students leaving campus to purchase unhealthy foods)." Ms. Stoll-Hadayia advised that she did not provide a list of potential in-kind partners; however, she can provide the list of partners with whom Staff is in contact; that the partners letters of support will "have to state, in writing, an in-kind commitment."

Mr. Smith stated that he appreciates the information provided by Dr. Furman; that it is good information for Staff and the Board to have.

MOTION: Ms. Jung moved, seconded by Mr. Smith, that Staff be directed to Initiate the process for applying for the grant proposals from the Robert Wood Johnson Foundation, as outlined.

Dr. Khan stated that she is "a tireless advocate of chronic disease prevention" and she would concur "that obesity" is one of the leading causes of chronic disease; however, "there will be issues with competition for these funds as there are areas of greater need"; that Nevada is not among the top-ranking states in which childhood obesity is at its greatest. Dr. Khan stated that when the County, the Department and the Board are discussing budget cuts and potential program elimination she has concerns regarding the proposal. Dr. Khan stated that not discounting Staff's proposal and the potential benefits, she would question "if it is enough"; that should the District be awarded funding she "is unsure if the effort would be enough to address the epidemic of obesity." Dr. Khan stated she would concur regarding the role environment and policy has in the problem of obesity; however, she would question "if this is the right time to apply for this in view of the other fiscal priorities at this time." Dr. Khan stated that "this may not be the time" for implementing a new program, which will require resources, when the Department and Board have to consider reducing resources.

In response to Ms. Ratti regarding the grant being for policy changes or for measurable outcomes, Ms. Stoll-Hadayia advised that "the short-term expectation of the grant is to develop policy changes, with the expectation that those changes do lead to improved outcomes over time;" that this is based on public health theory connecting policy change to behavior change Ms. Stoll-Hadayia advised that four (4) years (the grant cycle) "is not enough time to fully demonstrate" a measurable decline in obesity rates; that "it takes time for those policies to have that affect"; however, should the District receive grant funding, Staff will measure Body Mass Index (BMI) for the individuals impacted by the policy changes achieved through this grant in an effort to demonstrate the impact. Ms. Stoll-Hadayia stated that the School District does maintain BMI on all

school aged children, which allows for the monitoring of BMI on a community-level; that, as she stated, Staff would be "measuring BMI at specific intervention sites where Staff was able to change a policy." Ms. Stoll-Hadayia stated that these measurements would "be good for Staff's evaluation and program performance improvement."

Ms. Ratti stated that she participated in a Robert Wood Johnson Foundation grant procedure previously; that in that process there were "learning groups" to allow participants to be aware of what other States were doing; that she would question if that process is a component of this grant.

In response to Ms. Ratti, Ms. Stoll-Hadayia stated that she is not aware of a "learning groups" component of this grant, as there currently is not "a lot of information" available as "to what happens if the Department is selected." Ms. Stoll-Hadayia stated that the Robert Wood Johnson Foundation has funded similar initiatives in the past; that, as Staff was "conceptualizing the framework" of the program to provide the Board, Staff reviewed the previously funded programs within communities which are comparable in size and composition as Washoe County to determine "what worked for them and attempting to build on those best practices." Ms. Stoll-Hadayia stated she would anticipate that based upon the Foundation's "intense level of technical assistance to all of the grantees" there would be these other opportunities.

Dr. Anderson stated that there is the potential of the loss of other sources of chronic disease funding (i.e., tobacco funding); therefore, Staff is attempting to identify methods of "continuing to make an impact in the realm of chronic disease" prevention. Dr. Anderson stated that the Robert Wood Johnson Foundation grant provides a method for doing so; that the grant is "not a huge amount of money" for addressing obesity in Washoe County; however, "when approached at a policy level the chances of it making a difference are greater than if approached at a one on one level of direct effort."

**MOTION: Ms. Jung moved, seconded by Mr. Smith, that Staff be directed to initiate the process for applying for the grant proposals from the Robert Wood Johnson Foundation, as outlined.
Motion carried unanimously.**

PRESENTATION – DISCUSSION – ACCEPTANCE – FIRST ANNUAL CHRONIC DISEASE REPORT

Ms. Brown advised that the Board members have been provided with a copy of the first Washoe County Health District Chronic Disease Report (a copy of which was placed on file for the record); that the Report provides a summary of primary risk factors and select chronic health conditions.

Ms. Brown stated that it is a compilation of all the county data organized according to the leading indicators of chronic disease; that the intent is for the Report to "serve as a resource for health care providers, clinical practitioners and other organizations to use to improve the health of Washoe County residents. Ms. Brown stated she would recommend the Board member and Staff "spend time analyzing the condition of chronic disease and the major risk factors in the terms of health or lack of health within the County."

Ms. Brown stated that the development of the Chronic Disease Report was "a team effort, including Ms. Kelli Seals, the Chronic Disease Team, Ms. Sharon Clodfelter, District Health Department Statistician, with editing by Dr. Todd and Dr. Anderson. Ms. Brown stated that the Report emphasizes the impact of chronic disease in the community; that, further it "underscores the importance of some of the key initiative/programs, particularly tobacco prevention and control and the populations these programs target, and the "need to address chronic disease prevention." Ms. Brown stated that one of the functions of public health is to educate the public as to key health issues; that reports such as the Chronic Disease Report emphasize what the existing health problems are in the community. Ms. Brown stated that the Board members were provided with a copy of an article which designates Reno as the "number 1 drinking town"; that drinking is one of the leading contributors to chronic disease. Ms. Brown stated that the article provided Staff the opportunity to provide information "that chronic disease and risk factors are an issue for the community."

Ms. Brown reiterated that the Chronic Disease Report will be utilized as a guiding resource in the development of programs and the emphasis on the Chronic Disease Program; that she would recommend the Board accept the first annual Report.

Ms. Jung stated that the CDC's ranking has a lot to do with how honest people are in different regions and a willingness to be upfront about risk behaviors.

In response to Ms. Jung, Ms. Brown advised that the article did provide an opportunity for Staff to discuss chronic disease in the community; that "it is a message people read and it does fulfill the function of getting key health messages out to the public."

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the first Annual Chronic Disease in Washoe County: A Summary Report of Primary Risk Factors and Select Chronic Health Conditions, be accepted as presented. Motion carried unanimously.

Ms. Ratti stated that she would commend Staff for the concentrated effort and hard work in developing this Report.

PRESENTATION – ACCEPTANCE – FAMILY PLANNING CLINIC TRANSITION PLAN

Ms. Brown advised that per the direction of the Board, the CCHS Division has been analyzing the Family Planning Clinic and other Programs; that through these analysis Staff have identified and achieved efficiencies in several Programs. Ms. Brown stated that one of the efficiencies identified was to decrease the “reliance on local funding to support the Family Planning Clinic.”

Ms. Brown stated that the Board’s direction was to develop a plan to transition the Family Planning Clinic to a community provider. Ms. Brown stated that Staff has been reviewing the feasibility of transferring the Family Planning Clinic to the community; that she has provided the Board members with a copy of “a detailed report” of Staff’s findings.

Ms. Brown stated that for a community agency to assume the Title X Grant funding for the provision of family planning services, it will be necessary for said agency to apply for and receive approval for the Title X Grant funding for Family Planning Services to continue within the community. Ms. Brown stated that, once the decision is made by the Health Department “to not apply for Title X Grant funding and to close the Clinic, the implication is that someone will have to apply for those funds and be successful” in receiving the Grant funding. Ms. Brown stated that it is of vital importance to Staff in determining a plan for transition that there must be the assurance of a viable candidate to apply for and receive Title X Grant funding to continue a Family Planning Services Program in the community.

Ms. Brown stated that, as delineated in her report, there is a “documented need for family planning services in the community”, specifically for women living at or below the poverty level; that national statistics indicate “one-half of all pregnancies are unplanned.” Ms. Brown stated that the greatest number of “unplanned pregnancies occur in women at the poverty level”; that Nevada “ranks number one in various” categories “or in the top 2, 3 or 4 as it relates to teenage pregnancy rates.” Ms. Brown stated that “according to the Use Risk Behavior Survey” 44.3% of students in Washoe County high schools admit to being sexually active.

Ms. Brown reviewed the various services currently provided in the Department’s Family Planning Clinic, advising that there is an educational component associated with the client visits in which information is provided regarding “being sexually responsible and encouraging individuals to seek

healthy and stable relationships, particularly young people, to delay sex and encouraging the use of contraceptives until ready and willing to be a parent." Ms. Brown stated that the Department is the recipient of Title V Grant funding for the provision of "some minor illness treatment" in the Teen Health Mall.

Ms. Brown advised that the number of clients served in the Family Planning Clinic in FY '07/08 was 4,173 for a total of 9,084 visits. Ms. Brown advised that the Health District has been providing a Family Planning Clinic since the 1960s; that the Health District has received Title X program funding for family planning services since the 1970s. Ms. Brown advised that in 1991, as a result of a community assessment, the Health District began the Teen Health Mall, which focuses on minor treatments and family planning services to adolescents.

Ms. Brown stated that Title X "is a very complex grant to administer with lengthy guidelines and very specific requirements as to how the clinic is operated in order to receive funding." Ms. Brown stated that she has provided the Board members with a complete overview of Title X funding in the attachment "Title X 101" (a copy of which was placed on file for the record). Ms. Brown advised that the purpose of Title X funding is "to remove any financial barriers to a woman receiving family planning services"; that this is an important aspect of the Program, as there are individuals and agencies willing to provide services; however, there are fees for these services as the individuals and agencies "have financial requirements;" that Title X "removes that fiscal requirement." Ms. Brown stated that Title X Grant funding further allows the "federal protection to provide family planning services to adolescents without parental consent;" that the protection of the Title X protection is the only method by which those family planning services can be offered.

Ms. Brown advised that Staff has reviewed options as to how to transition the Family Planning Clinic Program services to another agency within the community; that Staff has delineated four (4) options to complete the transition and the "implication to those options." Ms. Brown reviewed the four (4) options: 1) Relinquishment of Title X funding prior to the end of the fiscal cycle with the 30-day termination of contract notification; 2) transferring the remaining 2.5 years of the 5 year grant to another agency willing to accept the grant; 3) completion of the budget cycle with a termination of services as of July 1, 2009 and the subsequent impacts of each option; and 4) Washoe County Health District's Family Planning Clinic complete the 5-year grant cycle with termination as of June 30, 2011, which delineates the transition plan for family planning services. Ms. Brown stated that option four (4) would be Staff's recommendation to assure a continuation of Title X Family Planning Services within the community. Ms. Brown stated that option four (4) provides Staff the opportunity to work with community providers, who may be interested in assuming management of Title X Grant funding for the provision of Family Planning services, ensuring a successful application process to receive Title X funding.

Ms. Brown stated that there may be the opportunity to work in conjunction with community agencies, which have indicated an interest in assuming the Title X Grant funding, whereby the agencies would apply for Subgrant funding through the Health District, providing an overview of the requirements associated with assuming the responsibilities of the "grantee rather than a delegate responsibility." Ms. Brown stated that she has provided the Board members with a possible "Family Planning Clinic Transition Timeline" for such a transition. Ms. Brown stated that Staff have identified four (4) potential community stakeholders who have indicated an interest: 1) Health Access Washoe County (HAWC); 2) Renown; 3) University of Nevada (UNR) and 4) Planned Parenthood. Ms. Brown stated that Staff is in the process of educating these four (4) stakeholders regarding "what it means to operate a Title X Grant in its full scope"; that Staff has developed four (4) areas of education for these stakeholders including the attachment "Title X 101"; the fiscal and management responsibilities and program requirements. Ms. Brown stated that the Subgrant process would allow the chosen agency "to have the opportunity to operate the Program with the assistance and guidance of Staff, as the grantee and the agency would be the delegate." Ms. Brown stated that upon completion of this process, Staff would develop a comprehensive plan for the closure of the Health District's Family Planning Clinic and the transfer of services to the new grantee. Ms. Brown stated that Staff would provide assistance in the application process, as the Health District has been preparing the grant applications for approximately forty (40) years. Ms. Brown stated it is the consensus of Staff that the recommendation is the "preferred plan" for the transition of Family Planning Services to another stakeholder in the community; that the plan would "assure the greatest chance of success in maintaining Title X services in the community."

Dr. Furman stated that he has met with the director of the Pregnancy Center, who has Title X experience; that the director arranged a meeting between him and the Vice President of Renown; that the Pregnancy Center has indicated to him there is room capacity and a willingness to assume the Title X Grant within thirty (30) days. Dr. Furman stated that Planned Parenthood has extensive experience; that Planned Parenthood "has more experience than local health departments"; that Planned Parenthood would not require "a lot of help" in accepting Title X Grant funding. Dr. Furman stated that he conferred with Region IX; that Ms. Brown is correct in advising that Region IX "cannot guarantee that Title X Grant funds would remain in the community"; however, he did stress that it is the goal "the funds remain within the community."

Ms. Brown stated that Staff has met with representatives of Renown, HAWC, Planned Parenthood and have a meeting scheduled with UNR; that these agencies have requested additional information specific to "what the full scope of the grant" would require. Ms. Brown stated that, although Planned Parenthood has some experience with Title X Grant funding, there are fiscal issues regarding the administration of "such a large grant" and the implications to the "way in which they provide services." Ms. Brown stated that Staff "has a series of meetings" scheduled with Renown who has indicated an interest, "as has HAWC"; that Staff is attempting to ensure "that if

this is the direction of the Board Staff utilize its forty (40) years of experience and assure the community is successful in securing Title X funding for the community.”

In response to Ms. Jung regarding other areas in which Family Planning Service Clinics being operated by private providers, Ms. Brown stated that Ms. Stacy Hardie, Family Planning Services Clinic Supervisor, is attending a District Region IX meeting today; that Ms. Hardie has been directed to “ask that question.” Ms. Brown stated that there are different models of Family Planning Service Clinics “across the country;” that in California there are “more regional providers of Title X services”, in which one entity is the grant recipient who subgrants funding to multiple providers (i.e., Planned Parenthood); however, these involve “huge dollar amounts which can be divided up.” Ms. Brown advised that Washoe County's grant is approximately \$700,000, which is declining; therefore, Washoe County's is a different model. Ms. Brown stated that she is unaware of a hospital managing a Title X Grant for Family Planning; that one of the issues discussed with Renown are the fiscal requirements of the Grant.

In response to Ms. Jung regarding another agency “not being ready or willing” to assume the management of the Title X Family Planning Grant funds, Ms. Brown stated that Staff would request direction from the Board. Ms. Brown stated that should it be the direction of the Board to transition the Program and not apply for the Title X Grant funding, Staff's proposal is to ensure the continuation of Title X Grant funding in the community through assisting the agency applying for the Grant with the grant writing process, review the scope of the Program to ensure the agency “is ready and that agency would be successful”; however, as she stated “there would be no guarantees.”

Ms. Jung questioned if it would be possible to approve Staff's recommendation regarding the transition of the Family Planning Services Clinic Program, as outlined, with the caveat that Staff report to the Board “as to the preparedness of an agency or that an agency does not have the means or the will to do this”, thus allowing the Health Department to apply. Ms. Jung stated that her concern is “losing the funding entirely”; that she has no objection “to the philosophy of getting government out of family planning when there is a Planned Parenthood or HAWC, or any agency, which can do it better;” however, “to put the region in a position of losing this funding would be dev

Ms. Brown stated that in discussing the plan to transition the services to another provider, Staff has maintained the concept of “what will assure the greatest success at retaining those services in the community.” Ms. Brown stated that “that is why Staff is recommending this approach, to ensure” any agency assuming the management of the grant is fully aware of what the grant entails; that Staff would then provide assistance in writing the grant application.

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Dr. Khan commended Staff for presenting the various options; that she would question if the Board would consider reviewing the model, with which she is familiar in California, which is "the central administrative recipient role which subcontracts portions of the grant." Dr. Khan stated that she is aware the District's grant is "not a lot of money"; however, she would question if this is a feasible option with the intent that no later than June 30, 2011 to fully transfer the administration of that grant to another agency. Dr. Khan stated that the obstacles and parameters of option 2 could be achieved.

In response to Dr. Khan, Ms. Brown stated that option 2 could be done; that option 2 does ensure that the grant funds would remain within the community for the remaining period of the grant cycle; however, Region IX has indicated that relinquishing the grant is a "fairly complex process." Ms. Brown stated that it would be necessary to determine "the right partner, acknowledge the assets and liability transfer; and there is a lot of legal proceedings." Ms. Brown stated that Staff can further review the parameters of option 2; that it would require "a mutual agreement." In response to Dr. Khan regarding the District's current subcontract, Ms. Brown advised that the District subcontracts with Planned Parenthood for an educational component; that the other subcontract is with Children's Cabinet Incline for the provision of clinic services. Ms. Brown stated the District functions as the grantee and Planned Parenthood and Children's Cabinet Incline are delegates of the District.

Mr. Gustin stated he would recommend that Staff continue the process with the possible partners and work in conjunction with Dr. Furman to investigate the feasibility of transitioning these services to a community agency as discussed.

Dr. Furman stated that Renown requested additional information specific to the fiscal components of the Title X Grant funding; that he is willing to work in conjunction with Staff on transitioning the Title X Grant funding for the Family Services Program.

Mr. Gustin stated he would concur with Ms. Jung "that the community cannot afford to lose this Title X Grant funding"; that should Renown have the room capacity, is willing and capable of assuming the administration of the Title X Grant funding Staff should "make that the emphasis" and achieve this "relatively soon."

In response to Mr. Gustin, Ms. Brown stated that HAWC has indicated it has "the capacity and a willingness" to assume administration of the Title X Grant; that it wouldn't be a Health District determination, rather the decision would be that of Region IX. Ms. Brown stated that the most viable candidate will be the agency "who understands the scope of the grant, is aware of all of the

responsibilities and successfully present that in a grant” and receive the award. Ms. Brown stated that Staff has scheduled a series of meetings with all interested agencies to review all of the aspects, including the fiscal impacts, of the grant; that in achieving this Staff “will have met the goal.”

In response to Ms. Ratti regarding a competitive process to identify the best provider, Ms. Brown stated that the Subgrants issued by the Department is an example of that “very competitive process”; that it is an “entirely objective subgranting process.”

Ms. Ratti stated that whichever agency applies for the Title X Grant funding, her concern would be that each agency had an equal opportunity.

Ms. Brown stated that she has been advised that identifying “a successor of interest” is a “complex entailed legalistic process”; that it is not defined as a competitive process as “one agency has identified another willing agency which will accept” the grant.

In response to Ms. Brown, Ms. Leslie Admirand, Deputy District Attorney, advised that she would have to review the parameters of the process for identifying “a successor of interest” should that be the Board’s determination.

Ms. Ratti stated that the direction was to “explore transitioning the Family Planning Clinic”; however, “option 5” would be for the Health District to continue to provide Family Planning Services. Ms. Ratti stated that she would question the pros and cons of retaining the Clinic versus transitioning the services to another agency.

In response to Ms. Ratti, Dr. Furman stated that the Health District would save approximately \$500,000 in local funding through transitioning the Family Planning Clinic to another agency. Dr. Furman stated that previously the District was receiving “a match” of funds in addition to the \$700,000 from the grant; that last year the Board reduced the local funding request to approximately \$400,000.

Ms. Ratti stated that “option 6” would be to continue providing the Family Planning Services Clinic with a commitment of only a 10% match of general funds. Ms. Ratti stated that she would question “why option 6” isn’t being considered.

In response to Ms. Ratti, Dr. Khan stated that "option 6" would be a viable consideration; that with the recent "technical assistance" provided to Staff by Region IX for efficiencies, she would anticipate the local contribution would continue to be reduced. Dr. Khan stated an issue is, should the Department transition the Family Planning Services Program to another agency, that agency "is unlikely to contribute one-half million dollars to the Program"; therefore, there "would still be a reduction in that level of service." Dr. Khan stated that "question that remains is, given the District's experience and the definitive improvements and efficiencies, is there a reason why the District wouldn't transition?" Dr. Khan stated that the Board's direction was to "explore the option of transitioning the Program with the intent to do so"; however, "it may merit some further discussion." Dr. Khan stated she is aware there has been "some discussion of this issue by the Board of County Commissioners"; however, she would question "what their interest is in having the Program eliminated from the County."

In response to Dr. Khan, Ms. Brown stated that Mr. Humke, County Commissioner, responded on behalf of the Board of Health when this issue was discussed; that the question was specific to "transitioning this Program" and Commissioner Humke stated "there were viable partners and the District was moving forward." Ms. Brown stated that Commissioner Weber's direction was to report back to the Commission "what the plan of transition was"; that Dr. Anderson received that request; that she had advised Dr. Anderson that it would be inappropriate to present it to the Board of County Commissioners when she had not yet presented the options to the Board of Health.

Ms. Jung stated that the Board of County Commissioners has the "ministerial duty" of endorsing what the Board of Health has recommended; however, the Board of County Commissioners has been discussing this issue. Ms. Jung stated that she would support deferring any action on this item to allow for review of possible 'other options' as discussed; that she will provide an update to the Board of County Commissioners regarding the Family Planning Services Program. Ms. Jung stated that her concern is "moving too fast would have a deleterious effect on the community."

Ms. Brown stated that Staff "has worked very hard to determine what the options are with the Region and expending a lot of time reviewing capacity with the community partners." Ms. Brown stated that it is the consensus there are some "potentially viable partners in the community interested"; however, in discussion with Region IX it was noted that all of the options "present some sort of risk."

MOTION: Ms. Jung moved that a determination of an option for the transition of the Family Planning Clinic be continued to allow for a further review of the various options presented. It was further ordered that legal counsel investigate the "successor of interest" option to determine what that option would entail.

Motion carried unanimously.

In the discussion that followed, Dr. Humphreys stated that the Board has discussed mandated versus non-mandated services programs, including the Family Planning Clinic Program. Dr. Humphreys stated that the previous match on the Family Planning Grant was 50/50; that the Board directed Staff to initiate reductions in the local matching funds to achieve the more appropriate 90/10 division of funding. Dr. Humphreys stated that providing information to the Board members specific to cost-efficiencies in this Program "is critical", as after addressing the mandated programs there will be a "certain amount of funds to be utilized for the non-mandated programs. Dr. Humphreys stated that the Family Planning Clinic "would be one of the considerations for that funding."

In response to Dr. Humphreys, Ms. Brown stated should the Department not achieve the 90/10 division of funding through proposed incentive retirements, it would be necessary "to lay off Staff as it is a very distinctive skill set." Ms. Brown stated that Staff has achieved efficiencies through realigning Staff and transferring Staff to other positions; that should it be necessary Staff would investigate reassigning Staff as another option.

Ms. Coulombe stated that the funding for the Program is achieved electronically; that "it is a draw-down process"; that the District is prohibited "from having more than three (3) days Federal cash available" at any time. Ms. Coulombe stated that; therefore, as the grantee, this would be the determination of the District.

In response to Dr. Khan regarding any noted increases in revenues in the Clinic subsequent to the restructuring and pricing of the Clinic, Ms. Coulombe advised Staff has not specifically reviewed that information; however, Staff can review the revenues from the Clinic and report back to the Board.

Ms. Jung was excused at 4:35pm.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epi and Public Health Preparedness

Dr. Randall Todd, Director, Epi and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Dr. Todd advised that subsequent to his report there have been media segments specific to an outbreak of salmonella associated with peanut butter products; however, the "primary linkage has been to a commercial product, which is not sold directly to consumers; however, additional data indicates this product has been used in some peanut butter crackers that are sold directly to consumers." Dr. Todd stated that CDC's most recent update indicates this incidence of salmonella Type imirium "has accumulated 486 cases to-date, from 43 different states; that 22% of the cases have resulted in hospitalization and six (6) have died." Dr. Todd stated that to-date there are "five (5) or six (6) cases in Nevada"; that he is aware of one (1) case in Washoe County, which was diagnosed in October; that the last nationally reported case was on January 8, 2009.

B. Director – Community and Clinical Health Services

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

Ms. Brown advised that she has copies of the closing summary report on the Washoe County School District Tuberculosis (TB) investigation, should any of the Board members request a copy.

C. Director – Environmental Health Services

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

Mr. Sack stated that the Board members have been provided with a copy of the NALBOH booklet "*Vector Control Strategies for Local Boards of Health*" (a copy of which was placed on file for the record). Mr. Sack advised that the methodologies noted in the booklet are the control strategies of the District's Vector-Borne Diseases Control Program.

In response to Ms. Ratti regarding the reduction of plastic water bottles, Dr. Anderson stated that she, as the Health Officer, purchases the water for the Board of Health members. Dr. Anderson stated that "there are competing opinions on the use of plastic water bottles and the necessity of various detergents and water to wash other receptacles utilized to hold the water and the effect on groundwater." Dr. Anderson stated that further, there are "issues regarding the sanitary conditions of those containers, which people use and don't wash very often." Dr. Anderson stated that she "can appreciate it if individual members wish to bring their own water."

D. Director – Air Quality Management

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

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record.

Ms. Coulombe advised that at the Board members have been provided with a copy of the Inter-Hospital Coordinating Council (IHCC) list of accomplishments for calendar year 2008. Ms. Coulombe advised that at the annual breakfast meeting on January 9, 2009, Dr. Furman was recognized and honored with a plaque "for his untiring championing of the Inter-Hospital Coordinating Council"; that Dr. Furman is to be commended for all of his support.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly Health Officer's Report, a copy of which was placed on file for the record.

Dr. Anderson stated that, as noted in her Report, the District Board of Health Scholarship has been endowed; that the endowment has been updated at the Division of Health Sciences, University of Nevada Reno (UNR).

Ms. Ratti stated that she would commend the individual who providing the matching funds allowing the District Board of Health Public Health Scholarship to become endowed.

BOARD COMMENT

Dr. Humphreys announced that the National Association of Local Board's of Health (NALBOH) Annual meeting will be July 1 – 3, 2009, in Philadelphia, Pennsylvania; that should any member be interested in attending to contact Dr. Anderson.

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Dr. Humphreys stated that previously the Health Department offered immunizations five (5) days per week; that currently the Immunization (IZ) Clinic offers immunizations three (3) days per week; that he would request a report on the history of the IZ Clinic, the staffing at that time, the current staffing, a cost comparison between then and now, a comparison of the number of immunizations administered per day on the five (5) day per week cycle versus the three (3) day per week cycle.

Dr. Humphreys stated that currently the tentative date for the District Board of Health's 2010 Budget meeting is scheduled for March 12, 2009; that, if possible, he would request Staff provide a finalized date for that meeting at next month's February 26, 2009 meeting.

There being no further business to come before the Board, the meeting was adjourned at 4:50pm.



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



JANET SMITH
RECORDER