

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Members

Kitty Jung, Chair
Julia Ratti, Acting Chair
Neoma Jardon
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

Thursday, October 22, 2015
1:00 p.m.

Washoe County Administration Complex
Health District South Conference Room
1001 East Ninth Street
Reno, NV

1:00 p.m.

1. *Roll Call and Determination of Quorum

Acting Chair Ratti called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Julia Ratti, Acting Chair
Dr. George Hess
Dr. John Novak
David Silverman
Mike Brown
Neoma Jardon

Members absent: Kitty Jung, Chair

Ms. Spinola verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Christina Conti, EMS Program Manager, EPHP
Brittany Dayton, Emergency Medical Services Coordinator, EPHP
Daniel Inouye, Air Quality Supervisor, AQM
Patsy Buxton, Fiscal Compliance Officer, AHS
Linda Gabor, Public Health Nurse Supervisor, CCHS
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Councilmember Jardon led the pledge to the flag.

3. *Public Comment

As there was no one wishing to speak, Acting Chair Ratti closed the public comment period.

4. Approval of Agenda

October 22, 2015

Chief Brown moved to approve the agenda for the October 22, 2015, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved six in favor and none against.

5. Approval of Draft Minutes

September 24, 2015

Dr. Novak moved to approve the minutes of the September 24, 2015 District Board of Health regular meeting as written. Dr. Hess seconded the motion which was approved six in favor and none against.

6. Recognitions

A. Years of Service

1. Linda Gabor, 10 years, 10/24/05 through 10/24/15 – CCHS

Mr. Dick congratulated Ms. Gabor and presented her with a commemorative certificate.

2. Scott Strickler, 10 years, 10/31/05 through 10/31/15 – EHS

Mr. Strickler was not in attendance.

3. Sandi Bridges, 20 years, 10/9/95 through 10/9/15 – EPHP

Ms. Bridges was not in attendance.

B. Retirements

1. Mike Osborn, 20 years, 10/30/95 through 11/2/15 – AQM

Mr. Dick congratulated Mr. Osborn on both 20 years with the County and his retirement. Mr. Dick presented Mr. Osborn with a commemorative certificate and a commemorative clock.

7. Consent Items

A. Budget Amendments/Interlocal Agreements

1. Ratification of Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days

prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.

Staff Representative: Patsy Buxton

2. Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period September 1, 2015 through June 30, 2016 in the total amount of \$135,798.00 in support of the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; Approve amendments totaling an increase of \$118,085 in both revenue and expense to the FY16 the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

- C. Ratification of Sales Agreement between Washoe County Health District and Patagonia Health to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$237,019; for an initial five year term from service effective date with automatic renewal for subsequent one year periods unless Vendor notifies Client in writing at least three months prior to the end of the then current term of its intent not to renew or Client notifies Vendor at least 30 days prior to the end of the then current term of its intent not to renew; and if approved, authorize the Chair to execute the Agreement.

Staff Representative: Steve Kutz

- D. Approve the termination of License Agreement dated January 29, 2003 between the Washoe County District Health Department (Health District) and QS Technologies, Incorporated, now doing business as Netsmart and all subsequent amendments effective December 31, 2015; and if approved authorize the Chair to sign the termination letter.

Staff Representative: Steve Kutz

Councilmember Jardon moved to approve the Consent Agenda as presented. Mr. Silverman seconded the motion which was approved six in favor and none against.

8. PUBLIC HEARING: Air Pollution Control Hearing Board Cases Appealed to the District Board of Health

- A. Recommendation to Deny the Appeal and Uphold Citation No. 5467, Case No. 1174 – Myan Management Group

Staff Representative: Charlene Albee

Acting Chair Ratti opened the public hearing and swore in all staff and members of the audience that intended to provide testimony.

Ms. Albee reviewed the staff report. She noted the Air Pollution Control Hearing Board (APCHB) had upheld the citation written to Myan Management (Myan) based on the fact the determination had been made that the appellants had not followed their own internal asbestos operation and maintenance plan, and had not been able to control the activities that had taken place. Additionally, she noted the fine calculation had acknowledged that the fine had been significantly reduced based on the history of compliance, degree of cooperation received, the corrective action taken and the limited public exposure.

Ms. Albee noted the apartment in question had been vacant, but as there was no evidence regarding who had created the disturbance or when it occurred, there was a period of time where there was a potential of limited public exposure. There almost certainly had been

exposure to any individuals who would have been involved with the incident.

Acting Chair Ratti explained the appellant would be allowed 15 minutes to present their case, public comments would be accepted, limited to three minutes each, the Board would have an opportunity to ask questions, then the discussion would be closed and the Board would vote.

Appellant's Representative Debbie Leonard noted her clients, Myan and the owners of the property, had a history of compliance with asbestos regulations and had no previous violations. During the initial steps of a project to correct a foundation problem, it had been determined that drywall had been disturbed, but there had been no authority given to anyone to disturb it.

Ms. Leonard stated there was no dispute that the impact to public health was negligible or that her clients were willing to pay the fine. She explained the consequences of having a Notice of Violation against the property were very severe, and may include the loan being considered in default, the lender taking possession of the property, or calling in the personal guarantees made by the owners.

Ms. Leonard noted the owners and representatives from Myan were in the audience and available to answer questions. She explained the owners had other apartment buildings that were held in conjunction with equity partners and through conventional loans, and all of the parties would be affected by the action.

Ms. Leonard provided an overview of the case. She explained the building had been constructed in 1977, making it a likely candidate for asbestos-containing materials. The owners had worked with Myan since January of 2014 at the complex in question and for a total of three years elsewhere. She reiterated they were committed to handling asbestos-containing materials in the proper manner, and have an operations and maintenance plan that addresses them. She pointed out that some of the funds expended on asbestos-abatement activities included moving tenants out and putting them up elsewhere during improvement so they were not exposed.

Ms. Leonard explained that standard operating procedure included pre-approving renovations, ensuring an asbestos abatement contractor is ready to come in, and that the maintenance manager has asbestos training. The asbestos abatement contractor has been called in six times for other projects, demonstrating the owner's commitment.

Ms. Leonard explained the work on the apartment in question was planned to be exterior, until it was decided the ceiling should be removed to observe the soundness of the trusses. It was noted that work would need to be performed by the asbestos abatement contractor. When the contractor came out on June 22 to provide an estimate, they did not witness any disturbance to the drywall. Due to scheduling conflicts, another contractor was chosen. They bid the job over the phone and came out to do the work on July 13. A few hours after their arrival, they notified the manager that there had been drywall disturbance and he had contacted Investigator Suzanne Dugger from the Air Quality Management Division.

Ms. Leonard stated this was the first time anyone was aware of the disturbance as it had not been authorized. The owners authorized the contractor, who was still on site, to do the abatement work as directed by Ms. Dugger. She reiterated the exposure to public health was negligible as it was in an interior wall layer of an empty apartment. She opined it was not a blatant violation.

Ms. Leonard explained the owners and the manager cooperated with Ms. Dugger to work

to determine who was responsible for the action but were unable to do so. Two days later, after the abatement had been completed, the Health District issued two Notices of Violation (NOV). Both were appealed. The Deputy District Attorney notified them that the NOV issued to the owners was only a warning, and that was acceptable to them. However, the NOV issued to Myan clearly stated that it was in regards to a violation, which could trigger the default provisions of the loans.

Ms. Leonard explained the owners were unwilling to suffer the severe consequences of the default actions based on a situation that created only a negligible impact to public health. The Health District offered a mediation process, with the only possible outcome being that the fine would be reduced, which would not change the outcome for the owners. Therefore, they appealed to the Air Pollution Control Hearing Board (APCHB), who indicated they were only reluctantly upholding the violation because they did not feel they had discretion to do anything differently.

Ms. Leonard reiterated they were not attempting to get out of anything. She stated they could voluntarily make a donation in the amount of the fine to the School District. She stated a reduction from an NOV to a warning or dismissal would work for her clients. She opined the Board had the authority to use discretion in their decision.

Acting Chair Ratti called for further public comment and no one responded.

Acting Chair Ratti requested Counsel explain what level of discretion the Board had in terms of options. Deputy District Attorney (DDA) Admirand explained the Board had the option to modify the initial action, as it was governed by the regulations that allow the Board to conduct any hearing, issue any orders or take any other action authorized by the Nevada Revised Statute (NRS). NRS 445(B).450 allows the Board to make efforts to obtain voluntary compliance through warning, conference or other appropriate means. That interpretation comports with general administrative law, which entitles the control officer and the hearing board weight to their findings and decisions, but does not bind this Board to their conclusions. The District Board of Health (DBOH) does have the authority of the initial decision maker just as if they were initially deciding what type of action to take. Therefore, they did have the option to modify the action.

Acting Chair Ratti asked if the APCHB had the same level of discretion. DDA Admirand stated they did but that question was not raised during their hearing.

Acting Chair Ratti opened the discussion to Board questions.

Dr. Hess asked Ms. Albee if she had the actual measurements and calculated surface area of the drywall that was removed. Ms. Albee stated she believed that was included in the staff report. Dr. Hess stated he had not been able to find it and opined the area was approximately 80 square feet. He noted the request from the contractor who had performed work, Advanced Installation, referenced 50 square feet. Ms. Albee explained Advanced Installation was conducting a cleanup, not the abatement. Dr. Hess asked if Ms. Albee knew if it was 50 or 80 square feet and she responded that would be an on-site determination done by the inspector.

Ms. Albee went on to explain that the way the citation was written, the fine was upheld and the NOV was for the notification. Dr. Hess pointed out that Section 030.107 (A)(1), stated that all renovations disturbing regulated asbestos containing materials (RACM) which exceed, in aggregate, more than 160 feet square, 260 lineal feet or 35 cubic feet whichever is most restrictive, and opined this case did not meet that standard. Ms. Albee explained there

were two notification forms, the first is Acknowledgement of Asbestos Assessment, which is required to be submitted prior to disturbance. It serves as local notification of the work. If the square footage exceeds the limits noted in Section 030.107 (A)(1), then an Environmental Protection Agency (EPA) notification, National Emission Standards for Hazardous Air Pollutants (NESHAP), is required. In this case the NESHAP was not required as the footage fell below the thresholds. Ms. Albee stated the Acknowledgement form had not been submitted as required.

Acting Chair Ratti clarified, stating that if any asbestos was to be disturbed it required the local notification, and if it exceeded a certain amount it also required Federal notification. Ms. Albee stated that was correct. Dr. Hess requested he be provided a copy of the regulation at some point in the future.

Mr. Silverman asked if there was a downside to reducing the violation to a warning, given that the consequences to the property owner for potential violation and default triggers seemed to be severe. He pointed out they were not fighting the fine or disputing the events.

Ms. Albee explained that the actions taken by the Air Quality Management Division (AQM) on an enforcement basis were reportable to EPA. If a violation has been documented and an NOV citation issued, any Board action to reduce, dismiss or otherwise alter the action is reported to EPA. They have a review process to see if AQ is fulfilling their delegated obligations. She went on to say that to the best of her knowledge, through Nevada Revised Statutes (NRS) no fine can be collected unless there is an NOV. DDA Admirand confirmed that was correct.

Acting Chair Ratti summarized that point, noting that their options were to either uphold the violation and order the fine be paid, or reduce it to a warning and collect no fine. Ms. Albee stated it could also be dismissed.

Mr. Silverman asked if there were any other creative options. DDA Admirand explained they could uphold the citation and reduce the fine. Mr. Silverman opined the fine was not the issue and DDA Admirand agreed.

Dr. Novak asked if the appellants had any idea how long it had been between the time the disturbance occurred and when it was reported. Ms. Leonard stated her client did not know. Dr. Novak stated that meant there was a possibility it may have been open the entire time. Ms. Leonard acknowledged that was possible. She reiterated that it had not been breached as of June 22, but was by July 13, and no one had reported anything during that time. Dr. Novak asked if he was correct or incorrect in assuming that the management did not enter or view the unit during that time. Ms. Leonard opined that was correct.

Building Owner Joe Kramer reiterated they had had no intention of disturbing the drywall. At the time the contractor had indicated it would be necessary to pull the ceiling down, they had been stopped due to the fact the owners and Myan knew there was likely to be asbestos, and called in the asbestos-abatement contractor. At that point they were reported to AQM. He stated they do everything they can to comply. He reiterated the potential punishment was not equal to the crime and reviewed some of the potential default actions.

Mr. Kramer stated they did not know the exact time that drywall was removed. He reiterated the removal was never planned or intended. Dr. Novak asked if it was possible that it could have been open to the public over that time period. Mr. Kramer stated he did not know.

Councilmember Jardon noted she had not seen any exhibits showing time stamps

covering the time that Advanced Installations entered the apartment and when Myan was contacted. Ms. Leonard explained there were not time stamps but there had been testimony in front of the APCHB by the property manager Mr. McCain that he had provided access to the workers, and it was approximately two hours later that their superintendent came to him and told him that he had contacted the Health District because they had found the breach.

Councilmember Jardon opined the violation would likely also affect future funding opportunities. Ms. Leonard acknowledged that was a concern. Councilmember Jardon asked if she was correct in stating that the Board's action will be reported to the EPA and they would review the case and make a decision as to whether or not that action was appropriate. Ms. Albee stated the EPA conducts a review of all AQ actions on a semi-annual basis. Any red flags warrant a more thorough review, and a significant issue could trigger an audit. Councilmember Jardon asked if they would consider the appellant's historical performance. Ms. Albee stated they would, and that is also considered in the calculation of the fine amount. She noted the fine had been reduced by 60 percent from the original starting point.

Ms. Albee explained AQ was following Federal regulations that they were delegated to enforce in cases where there is not a known person that created the situation. They work with the party responsible for the property, consistent with other similar violations.

Dr. Hess reiterated he did not feel there was a violation of the rule. The pre-notice was not referenced in Section 030. He opined there should just be a warning. Ms. Albee read the governing regulation into the record, stating:

Section 030.107 is the Hazardous Air Pollutants, Section A is Asbestos Sampling and Notification. It says no permit for the demolition or for the renovation of any NESHAP-regulated facility, and she added a NESHAP-regulated facility is four or more living units or any commercial space, may be issued by any public agency within the Health District until such time as an asbestos survey, conducted by a person qualified to make such a survey, is made on the premises. No potential asbestos-containing materials may be disturbed until such a survey is performed. The person performing the survey must possess U.S. EPA AHERA certification. The survey must be completed to the satisfaction of the Control Officer or additional samples may be required. A complete, signed copy of an asbestos survey report must be filed at the Washoe County District Health Department and an "Asbestos Acknowledgment Form" obtained before any permit for demolition or renovation, as noted above, is issued. Failure to conduct an asbestos survey, or obtain a completed "Asbestos Assessment Acknowledgement Form", may result in a citation or other enforcement action

Acting Chair Ratti summarized, noting there was a disturbance prior to the issue of a permit. Ms. Albee clarified it was prior to a survey being performed. Acting Chair Ratti asked how they would know when it was required to get an asbestos assessment. Ms. Albee stated it was in the presence of materials that may potentially contain asbestos. Work to be done outside that does not touch the building does not have any potential to disturb asbestos-containing material. Acting Chair Ratti opined the assessments of the owner and management had been reasonable and Ms. Albee agreed.

Acting Chair Ratti asked Ms. Albee if she was alluding to the fact the written procedures had not been followed and Ms. Albee noted that was correct. In the manual the owners are

required to generate their own work activity permit which allows them to control the operations happening in the facility. During the APCHB, it had been acknowledged that one had not been generated for the project.

Mr. Kramer stated they do have a plan and do follow it. He reiterated they did not generate a permit plan for the wall because they were unaware of the disturbance.

Acting Chair Ratti opined there had been compelling testimony about the owner's financial situation, and she was clear about their concern. She noted that was not actually relevant to the Board, it was not something that they could consider. She explained her standpoint was to try to be fair to all appellants in a similar situation, so if an egregious violation was heard and they also used financing as their defense, that would not be enough for her to change her opinion of the violation. While she empathized, she did not feel that fact was relevant.

Acting Chair Ratti went on to say that what she did feel was relevant was the past actions of the appellant in how they deal with asbestos. She opined that is something that the District can regulate and it was something that Counsel had referred to as perhaps extenuating circumstances. They cannot influence the contractual relationships that a party enters into with their financing partners.

Mr. Silverman stated he agreed that the Board's job is not to make a decision based on consequences to the appellant. He noted it was important to consider the nature of the violation. He reiterated it had been stated that the effects had been negligible. There was no question it was a violation but at what level. He had earlier asked the question regarding potential options in hopes that in the future there would be a way to uphold the policies, ordinances and laws while not damaging businesses who are behaving in a proactive manner, such as the appellants. He agreed that if the violation was egregious, the consequences would not matter. He stated he was inclined to move to dismiss. He would have preferred to reduce but that was apparently not an option.

Dr. Novak suggested the owners be given a warning as there was a violation, which is not being contested. He reiterated his concern with the response from the management company, as they had not conducted any type of inspection of the facility over a three-week period. They should have known about the problem and been more proactive. The area was not secured and it is unknown how many people may have been exposed. He supported the fine and violation being levied against the management company, and the owners getting a warning. He agreed that perhaps in the future another type of notification that does not include the term violation could be developed. He noted the owners have done work in the past and had taken the correct actions.

Chief Brown opined staff did an excellent job working within the boundaries of codes, ordinances and laws, and the decisions they had to make were difficult. He sympathized with the issues and opined there was always a solution. He reiterated there was a violation and an NOV. He stated he stood by staff's decisions and actions and would support their recommendation, and would make a decision with the rest of the Board after all discussion was complete.

Dr. Hess stated he stood in opposition to finding them in violation. He opined that it was not a serious violation. It did not meet any of the criteria described earlier, as the square footage appeared to be less than what was required to trigger a notice.

Councilmember Jardon stated she had heard the appellant say they could live with a

warning. She viewed it as clear culpability on some part but there was neither an egregious nor repetitious history. Her opinion was that the penalty should be minor rather than severe. She stated she would be supportive of a warning.

Acting Chair Ratti stated she felt there was evidence of effort to comply. Track record and history were important. She agreed with Chief Brown in regards to supporting staff, but the process exists so there can be discretion. She had heard testimony that let her know they had made every effort to comply, and when they found they were not in compliance they acted. While a mistake was made and that needed to be considered, she supported a warning as well.

Mr. Silverman stated he was prepared to make that recommendation.

Mr. Silverman moved to reduce the violation to a warning, and encourage the Board to consider how to handle something like this in the future, to still receive the fine, and not cause detrimental challenges to a non-egregious violation. Dr. Hess seconded the motion.

Acting Chair Ratti opined the item was not agendaized for the second portion of his request, so perhaps he could restate.

Mr. Silverman moved to change the violation to a warning. Councilmember Jardon seconded the motion. The motion passed six in favor and none against.

9. PUBLIC HEARING: Adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the PM_{2.5} Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2).”

Staff Representative: Charlene Albee

Ms. Albee explained the report was the result of the US EPA setting the national ambient air quality standards. Part of the process is to be sure the delegated programs have the infrastructure in place to enforce regulations, come up with plans, and work to meet and attain the standard. She introduced Mr. Inouye, Branch Chief of the Monitoring and Planning Section.

Mr. Inouye explained EPA establishes health-based air quality standards for six criteria of pollutants including fine particulate matter, or PM_{2.5}. The Infrastructure SIP (ISIP) is a summary of air quality regulations and programs demonstrating the ability to meet the clean air requirements set by the EPA in 2012.

Mr. Inouye stated no comments had been received since the comment period began on September 21. Staff recommended adoption.

Acting Chair Ratti opened the public hearing. Seeing that no one wished to testify, she initiated Board discussion.

Dr. Hess noted there had been previous discussions about EPA imposing a new standard of 70 parts per million and this documents referenced a different measure. Mr. Inouye reiterated that EPA establishes standards for different pollutants and the ISIP specifically referenced fine particulate matter, specific to an annual average versus a 24-hour standard.

Dr. Hess asked if ozone was measured the same way. Mr. Inouye replied that ozone has an eight-hour standard that has been revised three times. Earlier in the month it had been strengthened to 70 parts per billion. An ISIP is required for each pollutant in each averaging time.

Dr. Novak moved to adopt the Washoe County Portion of the Nevada State Implementation Plan to Meet the PM_{2.5} Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2). Dr. Hess seconded the motion which was approved six in favor and none against.

10. PUBLIC HEARING: Proposed approval and adoption of revisions to the Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division; and if approved, authorize CCHS to increase fees yearly using the Consumer Price Index (CPI) for the Western Region.

Staff Representatives: Steve Kutz and Patsy Buxton

Ms. Buxton presented the staff report. She noted previous revisions had been approved in 2013 and the Fundamental Review had recommended fee schedules be updated every three to five years and should reflect the full cost of service provision, including a proportional share of infrastructure support. This is the first fee schedule that utilizes the Resource-Based Relative Value System (RBRVS) methodology. Ms. Buxton explained RBRVS is supported by the Federal government and allows better opportunity to identify efficiencies and better understand cost relative to service delivery.

Ms. Buxton explained CCHS management was utilizing RBRVS as a management tool to evaluate and identify services with higher costs and ones that are used often but have a low relative value. Alternative code utilization methods are underway. Average rates for similar services provided in the community were reviewed to help decide if the District's costs were reasonable. In many cases they are lower, but in some they are higher. If they were higher, the community average was used. She provided specific examples.

Ms. Buxton explained it had been discovered that it is not feasible or practical to put programs with case management disease investigation activities into a clinic services model, so some adjustments were made to the Tuberculosis (TB) and Sexually Transmitted Disease (STD) program fees.

Dr. Hess asked Ms. Buxton if she had utilized a relative value unit (RVU), because some of the fees seemed fine and others out of line. He noted a Medicare unit was \$36. Ms. Buxton noted the RVU was based on a service code type, so they were different. The conversion factor is 35.8228. Dr. Hess asked if that was dollars and Ms. Buxton replied it was.

Dr. Hess indicated he had conducted some research, and reiterated some of the fees did not calculate correctly using the \$36 unit, which was close to what Ms. Buxton was using. Ms. Buxton explained the fees were based on 2014 rates.

Mr. Kutz noted that the Immunization program would be utilizing a schedule of discounts for the administration of immunization fees for privately purchased vaccines. It had been discovered that other agencies providing vaccines did so on a sliding fee scale. This action is expected to save staff time and effort as well as providing consistency within CCHS.

Mr. Kutz noted the schedule of discounts has sufficient proportional increments so that inability to pay is never a barrier to pay in CCHS. The discounts are based on income, family size, and ability to pay.

Mr. Kutz stated that in addition to approving and adopting the revisions to the fee schedule, staff was requesting the Board to authorize CCHS to increase fees yearly using the Western Region CPI, until the fees are updated again in the next three to five years. He explained AQM and Environmental Health Services (EHS) would be making the same

request when their fees were presented in December. If the fees are approved, they will take effect January 1, 2016.

Mr. Kutz stated staff would continue to review cost and utilization data and analyze the impact of implementing the schedule of discounts in the Immunization program.

Acting Chair Ratti opened the public hearing, and asked when the fees were last raised. Mr. Kutz stated they were last approved on April 25, 2013 and went into effect July 1, 2013. Acting Chair Ratti noted that would mean a time period of two and a half years since they had last changed.

Acting Chair Ratti asked for confirmation that this was an entirely new process. Mr. Kutz acknowledged that previously the fees had been based on direct costs and now they were using a nationally-recognized and nationally-approved methodology, which better captured true costs.

Acting Chair Ratti asked Mr. Dick if a different methodology was being used for this division because it is for health care, as opposed to the other divisions. He stated that was correct.

Dr. Hess asked questions about two specific fees, suggesting they may be overpriced in relation to the amount of time and effort required to perform the procedures. Mr. Kutz explained they were based on utilization data gathered from the clinic and compared against community averages.

Dr. Hess asked how many providers had been utilized to determine averages and Mr. Kutz stated it had been four. Dr. Hess noted provider reluctance to disclose charges was the reason he had asked about RVUs, as that would provide a good ballpark figure. Mr. Kutz suggested they review the process with him after the meeting.

Acting Chair Ratti requested an explanation of Mr. Christie's role in the process. Mr. Kutz explained Mr. Christie was a resource made available through the Title X program, Office of Population Affairs. He worked with them to provide the RBRVS methodology. Parts of the process had been used in the past for Family Planning, but the full transition was not made at that time.

Mr. Kutz went on to explain that CCHS had contacted Mr. Christie regarding creating worksheets for the other clinical programs, which were received. Staff entered the data with Mr. Christie's recommendations, and the compilation resulted in the proposed fees.

Acting Chair Ratti requested an explanation of how the process evolved, why it was considered more valid than previous processes and how it was determined the fees were appropriate. Mr. Kutz opined the methodology standardizes the way the fees are calculated, which mirrors the process of many other agencies. When comparing to community averages, the proposed prices were generally similar. He reiterated that there will be a schedule of discounts, so that no one will be denied for inability to pay.

Acting Chair Ratti asked who pays for most of the medical care provided and asked if it was known what percentage of clients are subsidized. Mr. Kutz stated that information was not immediately available. Support is provided by grants, the Health fund, the percentage collected at checkout, donations, and third-party payer reimbursement.

Acting Chair Ratti noted there was a possibility for significant revenue increase, particularly due to the increase in third-party payer reimbursement. Mr. Kutz explained the impact to the clients would be negligible, but higher billing meant a higher percentage would

be reimbursed by the insurance companies. Mr. Kutz explained the discount schedule and payment request process.

Dr. Novak noted the approval included annual CPI adjustments and revisions, and a full update in January of 2021. Mr. Kutz explained that was a proposal for the presentation of the results of the next full update of the fee schedule. Dr. Novak noted it concerned him to wait five years, as most businesses conduct annual reviews. He preferred that the fees be brought back to the Board in the next two to three years, because CPI may not cover medical costs over five years, particularly in light of the anticipated population increase.

Mr. Kutz reiterated the Fundamental Review recommendation was to develop a fee structure that remains stable and consistent for three to five years. Mr. Dick suggested the fees be monitored and brought back to the Board if staff feels it is important to do so or if the Board provides that direction. Dr. Novak asked how staff would know if the fees continued to be appropriate if reviews were not conducted. Mr. Kutz stated it could be reviewed annually and adjustments requested if cost changes are significant. Dr. Novak stated an annual review would be fine.

Acting Chair Ratti pointed out she had been the one pushing for a three- to five-year fee schedule due to the amount of staff time and effort that goes into fee revisions. For businesses working to establish a budget, dramatic changes from year to year does not create a stable business environment. She acknowledged that medical costs are increasing rapidly, and supported the idea of staff conducting an annual review and returning to the Board every three to five years with a full update. Staff would still have the ability to request Board review for other adjustments in the meantime.

Chief Brown asked if the CPI to be used was the Medical CPI. Mr. Kutz explained that it had been decided to use the Western Region CPI to maintain consistency throughout the Health District. Acting Chair Ratti opined that was another good reason to review the fees annually at the staff level.

Chief Brown moved to accept staff's recommendation to adopt the proposed revision to the Health District fee schedule, specific to the Community and Clinical Health Services (CCHS) division, and authorize the CCHS to increase the fees yearly using the Consumer Price Index of the Western Region. Dr. Novak seconded the motion which was approved six in favor and none against.

11. Review, discussion, and adoption of the Business Impact Statement regarding a proposed revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, with a finding that the proposed Regional Technology Fee does not impose a direct and significant economic burden on a business; or does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regional Technology Fee for November 19, 2015 at 1:00 pm.

Staff Representative: Charlene Albee

Ms. Albee explained a seven-year average of permit and license fees had been utilized to calculate the fees that would be charged to help cover the costs of Accela regional permitting and licensing maintenance fees. The methodology was approved by the Oversight Committee, consisting of the County and City managers and the District Health Officer. It was determined the fees would cover the Health District costs, to include annual maintenance, as well as necessary hardware and software upgrades.

Ms. Albee explained staff had reached out to local associations and provided individual presentations, and every effort had been made to be as transparent as possible. The general consensus is that no one likes new fees, but the business partners acknowledge the fact that it was something they had asked for, as they had wanted the ability to conduct more business online. One concern expressed was that they did not want the money to go into a general fund. They were assured these would be dedicated to the Accela program. The fee is built into the system, allowing easy annual analysis. The percentage can be adjusted with respect to the level of revenue being collected.

Ms. Albee noted the most important concern the community expressed was that the fees not be assessed until the system goes live, and they were assured that would be the case.

The Business Impact Statement was compiled jointly by the parties and would be presented to all governing bodies, with the exception of the City of Reno, who had adopted the tech fee as part of their budget. The City of Sparks and Washoe County had postponed adoption until they could analyze impact to their enterprise funds and fees.

[At 2:45 p.m. Dr. Novak left the meeting.]

Acting Chair Ratti explained the Board needed to adopt the Business Impact Statement so that the fee hearing could be held on November 19.

Dr. Hess moved to accept the business impact statement. Mr. Silverman seconded the motion. Acting Chair Ratti asked Counsel if the language for the motion contained in the staff report needed to be referenced. DDA Admirand stated the language did not need to be used, the Business Impact Statement just needed to be considered. She opined the motion made by Dr. Hess acknowledged that it was, but opined he could modify it if he wished.

Dr. Hess moved to approve and adopt the business impact statement as outlined. Mr. Silverman, as the second, accepted the change. The motion was approved five in favor and none against, Dr. Novak not being present for the vote.

[At 2:47 p.m. Dr. Novak returned to the meeting.]

12. Discussion and possible reappointment of Louis S. Test to the REMSA Board of Directors as the Member of the Legal Profession District Board of Health Appointed Representative.
Staff Representative: Christina Conti

Ms. Conti reviewed the staff report. Mr. Test noted he had been on the REMSA Board for a number of years and had participated in the development of the original franchise agreement. He opined his role was a fiduciary for the citizens. He was happy to see that communication was becoming more open.

Chief Brown moved to reappoint Mr. Test to the REMSA Board. Dr. Novak seconded the motion which was approved six in favor and none against.

Acting Chair Ratti thanked Mr. Test for his service and comments regarding open communication. She noted the DBOH would like to continue to work with the REMSA Board to make changes within the limits of the franchise.

13. Presentation, discussion and possible approval of the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA franchise agreement, effective November 1, 2015 contingent upon EMS Advisory Board approval.
Staff Representative: Brittany Dayton

Ms. Dayton noted the original staff report had been updated as a result of a meeting with

the regional partners on October 16. The change involved staff recommendation for a tiered implementation process if the Board approved the Omegas.

Ms. Dayton explained the tiered response plan would mean that REMSA would no longer be sending ambulances to Omega calls, which are defined by the Emergency Medical Dispatch (EMD) process as low-acuity, non-emergent calls. REMSA has approved 52 Omega determinants for which they would not send an ambulance. The tiered response means that if REMSA does not send an ambulance, Fire will cancel if they learn it is an Omega call while they are in route. If Fire arrives on scene of an Omega call, they will radio REMSA's dispatch and request an ambulance to come to release them from the scene, and REMSA will send one as though it were a Priority 3 call.

Ms. Dayton explained the response was tiered because once the outstanding concerns were addressed; Fire will be using a one-page form to release from scene. It will be used if Fire makes patient contact and gets verbal consent from REMSA's Emergency Communications nurse.

Ms. Dayton noted that typically the plan and process would have already been presented for approval to the Emergency Medical Services Advisory Board (EMSAB), but due to scheduling issues, that would occur on October 23. This was why her staff report approval request was contingent on EMSAB approval.

Ms. Dayton stated REMSA had presented the Omega protocol to the EMSAB in June, and that Board had directed staff to work with the regional partners, which they had done. The EMSAB is aware of those efforts but has yet to approve the process.

Acting Chair Ratti asked what happens to the person if neither REMSA nor Fire will come to their aid when they call. Ms. Dayton stated the call would be transferred to the Nurse Healthline, and an alternative pathway which provides better resources for them will be provided for their complaint. The calls are prioritized through the EMD process which is overseen by the International Academy of Emergency Dispatch (IAED).

Dr. Hess asked if an ambulance could be dispatched during the time the nurse was talking to the caller and Ms. Dayton stated it could. She pointed out that if the patient requests an ambulance one will be sent.

Chief Brown expressed concern that the Board was going to make a decision for the region about how the 911 system was going to change. He noted the determination of the emergency would be done through a dispatch center at the ambulance service, not the Public Safety Answering Point (PSAP). He supported the Omega process. He asked if the other agencies that had been queried about their process had been dispatched out of one center or did they also transfer calls to the ambulance service. Ms. Dayton opined one of the three utilized the same structure as Washoe County and the other two had a single dispatch center.

Acting Chair Ratti, to provide a reminder for the Board members, initiated a discussion about the current process. Ms. Dayton explained a 911 call, based on the location, would go to one of three PSAPs. They determine the kind of assistance needed and if it is medical, they transfer the call to REMSA for EMD and full medical questioning and then prioritize the call.

Acting Chair Ratti added that the PSAP also dispatches Fire based on the initial information. She summarized, stating in this case, Fire is dispatched then the call is transferred to REMSA, who makes the determination it is not necessary to dispatch. She expressed concern that Fire was answering calls and REMSA was not.

Ms. Dayton stated that once the determination was made, REMSA dispatch would use simulcast to announce that it is an Omega call, and that is how Fire would know to cancel. Acting Chair Ratti summarized, adding that when Fire is notified, they can make their choice based on their governing body and their guidance on whether or not they are going to proceed or return.

Acting Chair Ratti stated it was unfortunate that EMSAB had not been able to meet and discuss the topic yet. She would feel much more comfortable if they had decided on it, as the City Manager of Sparks is a member and he would have had the opportunity to tell her about how the city feels about this relatively significant change.

Ms. Conti noted regional Emergency Medical Services (EMS) partners were in the audience and suggested they may be able to speak from their city's point of view. Acting Chair Ratti clarified she would like to understand the urgency of the issue and Ms. Conti explained a delay would hamper efforts to compile statistics.

Dr. Novak stated he would feel more comfortable knowing where the legal issues stood prior to the Board making any decisions. Ms. Dayton explained a form was under review by the attorneys. The tiered process would allow them time to finalize review and create additional indemnification agreements or potentially have REMSA add the Fire agencies to their policies as additional insured. The initial tier of the proposal included REMSA sending an ambulance to release Fire if requested.

Dr. Hess opined it was premature to approve the Omegas prior to EMSAB taking action and stated he would prefer to table it to the next meeting.

Acting Chair Ratti agreed it was a bit premature for the Board to make the decision. She noted the franchise agreement process had taken six years and expressed that she was pleased it had resulted in the opportunity to explore issues such as the one being addressed. She opined another month would not make a substantial difference in the outcome. She noted the issue that needed to be addressed with Spark's leaders prior to a decision being made would be the perceived change in customer service.

Dr. Hess moved to table the item. Chief Brown seconded the motion.

DDA Admirand explained a date certain did not need to be set, Acting Chair Ratti added that they could bring it back for discussion when they were ready to do so.

Ms. Dayton asked if the Board preferred that all legal agreements be finalized prior to bringing the item back. Acting Chair Ratti deferred the question to the EMSAB so they could provide guidance. Dr. Novak agreed.

Ms. Conti explained the reason for requesting the clarification was that the item had been presented to the Board so that they would have the option of approving the overall concept and EMSAB would be responsible for approving the process. She stated it would be left with EMSAB's decision.

Acting Chair Ratti suggested the approved determinants be sent to all Board members.

The motion was approved six in favor and none against.

Councilmember Jardon stated she would need to leave and requested any matters that required her attention be promoted on the agenda. Acting Chair Ratti opined the District Health Officer review was one of the more important issues that needed to be handled as a Board, and requested Item 19 be promoted to be heard next. DDA Admirand stated that action was allowed.

19. Annual Performance Evaluation of District Health Officer, to include Discussion of the Evaluation Results and Possible Approval of the Board's Recommendation, and Consideration and Possible Approval of Compensation and Benefits
Presented by Acting Chair Ratti

Mr. Dick noted that at the last meeting the Board had approved the survey to be distributed, as well as the list of recipients. When the survey was sent out, it included the link and a list of his accomplishments. A compilation of the survey results had been provided to the Board members, as well as his Certificate of Participation demonstrating successful participation in an Epidemiology course provided by the Centers for Disease Control as suggested by Dr. Hess. He offered to read the list of goals the Board had set for him during his previous review.

Councilmember Jardon requested a breakdown of how many and who the respondents were, and Mr. Dick reviewed them for her. The list included Board members, Division Directors, outside agencies such as the City and County Managers, as well as the State Department of Health and Human Services, the university, and members of other community organizations that the Health District works with. Councilmember Jardon asked how many requests had been sent and Mr. Dick stated there had been 30.

Acting Chair Ratti observed that the overall results were positive. Members indicated they would appreciate a review of the recommended goals. Acting Chair Ratti listed the eight goals, which are as follows:

1. Work on continuous quality improvement
2. Continuing education in public health
3. Using social media for emergency communication
4. Changing the culture of the Health District to focus on the future
5. A strategic plan review
6. Rework of the fee process
7. Transparent EMS data
8. Improve, continue and foster the relationship with the County

Dr. Novak opined Mr. Dick was doing well in all areas. Acting Chair Ratti stated she was pleased with the progress made in all areas. She noted for the record one member had stated it was good, two others provided a thumbs up.

Councilmember Jardon noted good numbers on Facebook. Acting Chair Ratti asked if social media was being used for emergencies. Mr. Dick stated it was.

Acting Chair Ratti stated she had been immensely pleased with the direction of the Health District since the Board had made the decision to hire Mr. Dick. She reiterated she was pleased with the progress in the eight areas suggested by the Board, as well as the list of accomplishments.

Acting Chair Ratti went on to say she was not completely comfortable with the evaluation process. She opined the Board may need more support from the Human Resources staff in terms of providing more structure such as a staff report and supporting material in advance of the meeting, rather than the process being guided entirely by the Chair. Regardless of that, she stated she was completely comfortable with the Health

Officer's performance.

Acting Chair Ratti noted the agenda item included consideration and possible approval of compensation and benefits, and stated she was unclear as to what the Board was being asked to do. Mr. Dick stated Laurie Griffey had provided Chair Jung with some information. The discussion was about compensation adjustment that was separate from a cost of living adjustment (COLA). He explained County procedure for positions that had not yet hit the top of their salary range for the position were typically provided a five percent merit increase if their review was satisfactory or better. Chair Jung had supported the increase.

Councilmember Jardon asked what the historical increases had been and Mr. Dick replied he was provided five percent at the last review. He had disclosed to Chair Jung that while that was the practice for other employees under the labor agreement, he was not part of that so it was not legally binding to the Board or to him. Councilmember Jardon asked if that would be above or including COLA. Mr. Dick stated it would be five percent above the COLA, which was three percent.

Acting Chair Ratti noted labor groups had agreements, middle management was covered by resolutions, and upper level managers are subject to Board discretion. She stated the same guidelines used for employees are typically followed in these cases. She noted a three percent COLA had been approved at the last meeting, which had been delayed due to labor negotiations, so was retroactive to July 1. Under discussion was the opportunity to separately consider a merit increase of any amount they considered appropriate, although five percent is what is done for division heads in the County.

Councilmember Jardon stated what she was struggling with, unrelated to performance, had to do with making a decision consistent with practices used to provide merits for individuals in similar positions. She indicated she was working to understand how they could justify five percent in addition to the three percent already approved.

Acting Chair Ratti noted it had always been interesting to her that they represented and often behaved as an independent district, and yet in many ways they function as a department of the County. She stated to be consistent with the County made more sense to her than to be consistent with peer bodies, and that had been their past practice.

Mr. Silverman opined the COLA and merit should be evaluated separately, but perhaps they should be considered together in terms of a reasonable increase percentage that included factors such as County consistency and available budget. He stated he did not understand all the factors well enough to be able to vote in favor or against.

Acting Chair Ratti asked Ms. Heenan if the COLA and merit increases had been factored into the budget. Ms. Heenan explained merit increases were added automatically for all employees who are not at the top of the pay scale. Dr. Hess asked if all employees had received an eight percent raise and Ms. Heenan replied that would only occur for a handful of employees, as most have been on the job long enough that they were already at the top of their pay scales.

Councilmember Jardon asked if the three percent COLA and five percent merits were paid through the depth of the recession. Ms. Heenan explained the five percent merit remained, but not only did COLA not occur, but the County decreased pay during that time. Acting Chair Ratti noted that during the Great Recession, the City of Sparks hired very few new employees, so the number of merit increases was minimal. It was noted that the employees of the different jurisdictions had made concessions.

Councilmember Jardon asked if the item could be postponed and opined she would appreciate Chair Jung's input on the discussion as she was not comfortable making a decision without a deeper level of historical information. Ms. Heenan noted it takes three to five years to get to the top of the pay scale. Although it sounds like a large sum, it is bringing the pay that an employee is receiving that is earning the experience through the years up equal to those that have been employed long enough to have already received it.

Mr. Silverman moved to table the item. Dr. Hess seconded the motion.

Acting Chair Ratti requested Mr. Silverman reconsider, as there was a difference between table and continue, which she explained. Mr. Silverman moved to continue. Acting Chair Ratti noted he would need to rescind his original motion, which Mr. Silverman did, and Dr. Hess agreed to.

Mr. Silverman moved to continue the item to the following meeting. Dr. Hess seconded the motion.

Councilmember Jardon emphasized that she did not wish for the action to reflect it had anything to do with Mr. Dick's performance. It was simply about her comfort level. Acting Chair Ratti agreed and suggested they needed a bit more time to digest all of the information, and it would be helpful if Chair Jung were present.

The motion passed six in favor and none against.

[Councilmember Jardon left the meeting at 3:29 p.m.]

14. Regional Emergency Medical Services Authority

Presented by Kevin Romero

A. Review and Acceptance of the REMSA Operations Reports for September, 2015

Mr. Romero reviewed the staff report. He noted he had met with Dr. Hess regarding his concerns about their customer service report numbers. The comment card distribution percentage had been increased from 20 to 40 in an effort to increase the input received from transported patients.

Dr. Novak expressed his concern that the responses were trending in a less-than-favorable direction. He suggested it may be due to the time of year or the reduced number of responses. Mr. Romero reiterated the number of requests for comments had been substantially reduced and opined that, when that was expanded, there would be a more complete picture.

Dr. Novak moved to accept the report as presented. Chief Brown seconded the motion which was approved five in favor and none against.

*B. Update of REMSA's Community Activities during September, 2015

Mr. Romero reviewed the report, noting REMSA would be sharing population health outcome data with the Board in November. He invited the members to accompany a Community Health Paramedic on a home visit to better understand the process and Omegas.

The Centers for Disease Control (CDC) had evaluated St. Mary's and REMSA on their Ebola readiness plan and provided them with great praise on the capabilities in the area.

15. Acknowledge receipt of the Health District Fund Financial Review for September Fiscal Year 2016

Staff Representative: Anna Heenan

Ms. Heenan reviewed the report, noting a revenue increase due to charges for services.

The cash balance was equivalent to one month's expenses.

Mr. Silverman moved to accept the report as presented. Dr. Hess seconded the motion which was approved five in favor and none against.

16. Discussion and potential direction to the District Health Officer to utilize two or more hours of staff time to monitor the implementation of the special event EMS mandates and report back to the Board so that the Board may receive regular updates on how the implementation is proceeding through the local jurisdictions. [Ratti]

Acting Chair Ratti noted any item requested by a Board member that required staff to work on something outside their normal tasks requires that the Board agree it was worth pursuing. She pointed out she had made the request and had since had the opportunity to obtain the information she needed and no longer felt it was necessary to proceed with the request.

No action was taken.

17. Discussion and potential Board consensus to approve casting one vote on behalf of the Board to nominate Dr. Novak for an At-Large position on the National Association of Local Boards of Health (NALBOH) Board and to cast one vote for a second At-Large position on the ballot.

Staff Representative: Kevin Dick

Dr. Hess pointed out the action was to elect, not nominate. Acting Chair Ratti acknowledged that was correct and restated the item title with that change. She explained it had been clarified that the Board as a whole was entitled to one vote, so it was necessary for them to agree to support Dr. Novak and to agree which candidate they would support for the second position on the ballot.

Chief Brown moved that the Board support Dr. Novak and Andrew Quanstrom for the two positions. Dr. Hess seconded the motion which was approved five in favor and none against.

18. Review, discussion and possible direction to staff regarding a five-year plan for recurring Board and Health District significant activities, to include Legislative policy and activities, Community Health Needs Assessment, Community Health Improvement Plan, Strategic Planning, Budgeting, and Governance Self-Assessment. [Ratti]

Staff Representative: Kevin Dick

Acting Chair Ratti explained the item had come out of the last meeting in an attempt to enter into a cycle that allows the Board to participate in its governance role but also is set up so that staff can spread the work out over a number of years.

Mr. Dick stated the development of the schedule had been a useful exercise for him. He had spoken with Chair Jung about the five-year plan and the proposal to conduct a governance assessment in 2016. He explained the National Association of County and City Health Officials (NACCHO) grant to support the strategic planning had been received, so the assessment would be conducted in Year 4, accommodating the strategic planning grant deadline.

Mr. Dick noted that both the Board and the District significant activities supporting the Board actions had been presented on the schedule.

Dr. Novak reiterated his concern with fees only being reviewed every five years. He

opined it should occur after two years because the entire District was undergoing changes to fiscal review and analysis. If it appeared to be working at that time, a five-year cycle could be considered.

Mr. Dick explained the schedule had been compiled that way so that business owners could have some certainty about costs over a period of years. He acknowledged the earlier discussion regarding fees for clinical services and suggested the proposed schedule identify that it referred to fees for EHS and AQM. He noted those fees required a much higher level of involvement with the stakeholders and the community. He opined the direction provided by the Fundamental Review was to set them correctly and then to leave them as they are for some time.

Acting Chair Ratti noted she had been advocating for stable fees for a number of years. She stated businesses set their fees based on what the market can bear, and they build their financial model based on that. Government does not have the flexibility to set fees according to market rate; it must be based on activities. Studying them too often results in swings, and the business community looks for steady fees they can rely on. She pointed out that the Board had the discretion to request review of the fees at any time within that five-year time span.

Dr. Novak opined that the last review of fees had utilized a tremendous amount of staff time and effort across all divisions, and had developed specific methodologies for the process as opposed to utilizing educated guesses. He reiterated he would like to see a review conducted in two years to be sure the approach was successful.

Acting Chair Ratti stated she had watched staff expend that much effort every year for the last five years and opined that level of effort did not make sense every year. Dr. Novak agreed. Mr. Sack stated that feedback from the community had been consistent in the request for stable fees. He noted the Board would have another opportunity to review the issue when the business impact statement for the fees was presented to them in November.

Acting Chair Ratti pointed out that if they adopted the schedule, that did not mean they did not retain the discretion to change any of it at any time. She stated she was pleased it had provided the opportunity for staff to consider the logic behind each step throughout the cyclical process.

Mr. Dick noted that, based on the constraints of the NACCHO funding, the strategic plan retreat would presumably be held in the spring. He opined it should be scheduled for a full day, with the opportunity of reduction. Acting Chair Ratti stated she would not be able to attend the proposed day in March, but felt it was acceptable for the event to proceed without her presence if that date worked for the others. Dr. Hess opined her experience was too valuable for her not to be there. Mr. Dick agreed. The members agreed to schedule the retreat for April 14.

No action was taken.

At 3:55 p.m., Acting Chair Ratti stated it would be necessary for her to leave the meeting. Chief Brown offered to take over as Acting Chair.

20. *Staff Reports and Program Updates

- A. Air Quality Management, Charlene Albee, Director
Program Update, Divisional Update, Program Reports

Ms. Albee stated she had nothing to add to the report but was available to answer questions.

B. Community and Clinical Health Services, Steve Kutz, Director
Chronic Disease Prevention Program (CDPP), Divisional Update, Program Reports

Mr. Kutz presented a video regarding smoke-free housing properties and explained the program had resulted in over 1,000 individuals who were positively impacted. He noted that as of August 1, UNR was officially a smoke-free campus.

Mr. Silverman asked if the properties referenced in the video were smoke-free within the facility or on the grounds. Ms. Gabor stated she did not have an absolute answer, but opined that the properties provided different options. She noted concerns about shared space and distance, as smoke can enter a living space through unsealed openings in walls and floors.

Mr. Kutz noted Washoe County two-year-olds had an immunization rate of 77 percent in 2014 and explained the methodology for the compilation of the data.

Mr. Kutz thanked the Board for approving the Patagonia contract and the termination of Netsmart.

C. Environmental Health Services, Bob Sack, Director
EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease and EHS Inspections / Permits / Plan Review

Mr. Sack stated he had nothing to add to the report but was available to answer questions.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd stated the Norovirus outbreak had grown to 19 schools, one private school and some daycare centers, bringing the total facility count to 23. Currently there were 1,567 cases. He stated the number is not expected to increase substantially as the surveillance approach will be slightly altered while still managing the outbreak.

Dr. Todd explained an outbreak within a facility was typically brought under control within a week and a half to two weeks. Some of the schools had experienced ongoing activity for more than a month, but they are larger schools so measures are more difficult to implement.

Ms. Gabor stated she had received an answer to Mr. Silverman's question, and most of the facilities allowed smoking outdoors or in designated areas.

E. Office of the District Health Officer, Kevin Dick, District Health Officer
Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Fees, Other Events and Activities and Health District Media Contacts

Mr. Dick noted the TMHC Family Health Festival had been held on October 21 and he had been informed that it was very successful. They were planned to be held quarterly in different locations.

Mr. Dick stated a TMHC breakfast forum would be held November 4, to provide an update on activities and to hear from a speaker from Oakland who would be discussing the similar activities being conducted there.

21. *Board Comment

Mr. Dick proposed an item that, for future NALBOH elections, the Board considers designating the Chair to make the decision and cast the vote.

22. Emergency Items

None.

23. *Public Comment

Mr. Kutz reminded the Board that flu shots were available to any interested members.

Ms. Spinola noted the November and December meetings would be held on the third Thursdays rather than the fourth.

24. Adjournment

At 4:09 p.m., Dr. Novak moved to adjourn. Dr. Hess seconded the motion which was approved six in favor and none against.

Respectfully submitted,



Kevin Dick, District Health Officer
Secretary to the District Board of Health



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on November 19, 2015.