



Washoe County District Board of Health Meeting Minutes

Members Thursday, February 28, 2019

1:00 p.m.

Michael D. Brown, Vice Chair

Oscar Delgado Kristopher Dahir Dr. Reka Danko Marsha Berkbigler Tom Young

Dr. John Novak, Chair

Washoe County Administration Complex Commission Chambers, Building A 1001 East Ninth Street Reno, NV

1. *Roll Call and Determination of Quorum

Chair Novak called the meeting to order at 1:01 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair

Michael Brown, Vice Chair

Kristopher Dahir

Dr. Reka Danko (departed from the meeting at 2:02 p.m.)

Marsha Berkbigler

Tom Young

Members absent: Oscar Delgado

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer

Leslie Admirand, Deputy District Attorney

Charlene Albee Steve Kutz Chad Westom Dr. Randall Todd

Andrea Esp Erin Dixon Christina Conti Nick Florey Rayona LaVoie Catrina Peters

2. *Pledge of Allegiance

Mr. Young led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period.

Mr. Michael Pitkin stated housing is healthcare and informed of the issues he and others have in obtaining housing.

He opined that a majority of therapists and psychiatrists in this area are engaged in drug rehabilitation/prevention via surveillance programs which focuses on patients as addicts, noting that this is not a healthy provider/patient relationship.

Mr. Pitkin stated that persons who admit to certain illegal behaviors are denied housing from one to five years and possibly for their lifetime, and inquired if these persons have civil rights. He requested the Board work to change codes to provide for better access to housing, which would provide for the stability and consistency needed for these persons to heal.

Chair Novak closed the public comment period.

4. Approval of Agenda

February 28, 2019

Mr. Dahir moved to approve the agenda for the February 28, 2019, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved six in favor and none against.

5. Recognitions

- A. Years of Service
 - i. Jacqueline Chaidez, 15 years, Hired 2/3/2004 CCHS
 - Mr. Dick informed that Ms. Chaidez has fifteen years of service in the WIC Program and congratulated her on her service.
 - ii. Brittany Dayton, 5 years, Hired 2/19/2014, EPHP
 - Mr. Dick thanked Ms. Dayton for her five years of service.
 - iii. Latricia Lord, 5 years, Hired 2/24/2014 EHS

Mr. Dick informed Ms. Lord was not in attendance due to her involvement with the EHS Hazard Analysis and Critical Control Points Training, and thanked her for her service.

B. New Hires

i. Prenu Skaria, AmeriCorps VISTA Member, began a one-year assignment with WCHD on 1/22/2019 – CCHS

Mr. Kutz introduced Ms. Skaria, informing that she has had a passion for public health since medical school and working as an internist in India. He stated she holds a Master's Degree in Public Health from Purdue Global University, and that tobacco was one of her topics of research in her Master's Program. He opined her work in smoke-free housing and CCHS' Chronic Disease Program is a great fit for her. He welcomed her to the Washoe County Health District.

C. Shining Star

- i. Rebecca Gonzales
- ii. Latricia Lord
- iii. Lorena Solorio

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Ms. Gonzales and Ms. Lord were not in attendance; Mr. Dick informed they both have three Shining Star Awards.

Mr. Dick introduced Ms. Solorio and informed that she has ten Shining Star Awards and congratulated them all on their exceptional service to the Health District.

- D. Air Pollution Control Hearing Board Service
 - i. Mr. Joseph Serpa, 2/1/1996 2/28/2019, Air Pollution Control Hearing Board Member

Mr. Dick informed that Mr. Serpa has been a loyal member of the Air Pollution Control Hearing Board, stating the members of this Board are members of the community that volunteer their time to hear appeals of enforcement actions and make recommendations to provide waivers as necessary.

Mr. Dick congratulated Mr. Serpa for his service from February of 1996 to February of 2019 and informed he will be presented with a plaque for his twenty-three years of service to the Health District.

6. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

- A. Approval of Draft Minutes
 - i. January 24, 2019
- B. Budget Amendments/Interlocal Agreements
 - i. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,230 (no match required) for the period retroactive to January 1, 2019 through December 31, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Grant Program, IO# 11558 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$102,298 (no match required) for the period March 29, 2019 through March 28, 2020 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11559 and authorize the District Health Officer to execute the Notice of Subaward.
 - Staff Representative: Nancy Kerns Cummins
- iii. Approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. retroactive to January 1, 2019 through June 20, 2019 in the total amount of \$162,855.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Prevention Program IO# 11562; if approved, authorize the Termination of Grant Award between the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the Tobacco Prevention and Control Grant IO#11128 retroactive to December 31, 2018 and authorize the District Health Officer to execute both documents.

Staff Representative: Nancy Kerns Cummins

- C. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-18S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Brian and Lindsay Casci, owners of 630 Hill lane, Washoe County Nevada, Assessor's Parcel Number 038-084-05.
- D. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-19S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Robert Togliatti, owner of 19445 Togliatti Way, Reno Nevada, Assessor's Parcel Number 017-320-20.

Staff Representative: James English

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E. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #2-19S of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Mark and Kathleen Olsen, owners of 5025 Pleasant View Drive, Sparks Nevada 89434, Assessor's Parcel Number 030-204-07.

Staff Representative: James English

- F. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
 - i. Desert Wind Homes LP Case No. 1209, NOV No. 5694 Staff Representative: Charlene Albee
- G. Re-Appointment of Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2018 through December 20, 2021; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2019 through January 26, 2022. Staff Representative: Charlene Albee
- H. Approve Addendum #1 to the Agreement dated October 16, 2018, between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno to extend the terms of the original agreement, including the incorporated attachments, to apply to educational experiences with all colleges or programs of the University and all division of the Health District. Staff Representative: Jennifer Pierce
- I. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2019 Staff Representative: Anna Heenan
- Mr. Young moved to accept the Consent Agenda as presented. Ms. Berkbigler seconded the motion which was approved six in favor and none against.
- 7. *Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments
 Staff Representative: Andrea Esp and Tammy Oliver

Ms. Oliver introduced herself as the Member at Large for the IHCC, and Ms. Esp informed she is the Public Health Emergency Response Coordinator for Washoe County Health District.

Ms. Esp informed this presentation will highlight the accomplishments of the IHCC in the past year and plans for the coming year.

The presentation showed a listing of the IHCC partners, ranging from larger hospitals

such as Renown, to Home Health Dialysis, opining that the breadth of partnerships within the group and its accomplishments are not well understood.

Ms. Esp informed IHCC's first resource and gap analysis was completed to guide plans for accomplishments 2018, and highlighted some of those.

Ms. Esp stated the IHCC was developed in 1994; she informed it has grown significantly in the past few years and the organization has worked to meet grant and accreditation requirements. She explained their focus has been to develop the resiliency of the community, to prepare for the worst-case scenario and make sure IHCC has appropriately planned for residents and visitors, alike.

Ms. Esp outlined the structure and activities of IHCC around attainment of goals set to meet the needs identified in the community.

Ms. Esp informed of exercises conducted to improve the resiliency of the community and ability to respond in the event of a disaster. The no-notice exercises involving Mutual Aid Evacuation Annex IHCC partners, such as REMSA, were for evacuation of inpatient facilities including long term care, Northern Nevada Adult Mental Health Services and hospitals. She explained the patients were "paper patients", and that the exercise involved identifying where these fictitious patients would be moved and the method of transport within a ninety minute time frame.

An Alternate Care Site Plan was drafted last fall to allow for set up of non-healthcare facilities for care of patients in the event of an emergency. Ms. Esp informed of a two week long exercise in April to test this Plan. She stated Washoe County is leading the way nationally in this area of patient care and hopes these efforts will set the model for the rest of the Nation.

Ms. Esp informed of a survey conducted in January to measure partner's satisfaction with IHCC services such as trainings and exercises. She stated the overall response was very positive, noting that any negative feedback is taken seriously and steps are taken to address them.

Mr. Dahir thanked Ms. Esp for her presentation and stated it is impressive to see the region come together so well in times of emergency. He stressed that planning, preparation and the efforts put forth by community partners will enable the community to respond in a unified manner.

Mr. Dahir inquired how the Plan works to allow the jurisdictions to know what is being done in IHCC. Ms. Esp stated Emergency Managers from the jurisdictions are invited to participate and often attend IHCC meetings, and the Council tries to send information back through these Managers to the jurisdictions. She informed IHCC also participates in the Local Emergency Response Commission (LEPC) and information is shared with that group, as well. Ms. Esp explained IHCC meetings are open to anyone wishing to attend.

Chair Novak commended the work of Ms. Esp and the IHCC. He stressed their meetings are very interesting and encouraged the Board Members to attend.

Ms. Esp informed the next meeting is on March 8^{th} at 8:15 a.m. at Northern Nevada Medical Center.

Mr. Dahir requested a schedule of their meetings be shared with the Board.

8. *Presentation: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Staff Representative: Erin Dixon

Ms. Dixon introduced herself as a Health District Public Health Supervisor, informing she had the honor of speaking on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Ms. Dixon informed WIC has ten full time staff members and one intermittent hourly employee, and have one of the most experienced teams in Nevada with a combined 212 years of experience. She informed there are three WIC locations; 9th Street, Moana Lane, and that once per month, staff travel to Incline Village Hospital to serve those residents.

Ms. Dixon explained WIC is a federal program that began in 1972 as a pilot program in response to concern over malnutrition among poverty stricken mothers and young children. By 1974, she informed that WIC had been established in forty states. Ms. Dixon informed it has been proven that one dollar spent in WIC saves three dollars in Medicaid.

Ms. Dixon detailed the health benefits of WIC and informed in the last year their caseload had increased; a monthly unduplicated caseload of 4,476 was the highest month's count. She stated the Health District is not the only WIC provider in Washoe County, informing Community Health Alliance and Intertribal Council of Nevada also provide WIC services.

Ms. Dixon informed there are four main services provided by WIC; information specific to the client's nutritional needs and situation, encourage breastfeeding and offer support and supplies, provide supplemental foods to meet nutritional needs of clients and connect clients to other community resources. She noted WIC does not meet all of the nutritional needs of their clients.

Ms. Dixon explained the eligibility criteria for WIC, noting immigration status or citizenship is not required at this time to receive WIC services, and participation in the WIC Program should not impact a person's ability to receive other services or attain citizenship.

Ms. Dixon highlighted services provided to clients ranging from medical monitoring, nutritional counseling and foods provided, to smoking cessation and online access to complete education.

Ms. Dixon expressed it is fortunate that the State office supports new technology, informing the Nevada Wish Program, an electronic medical records program, has eliminated the paper files and streamlined services. She stated online information and education are available to clients to provide access to individual trainings, choose topics most beneficial to them and complete classes in their own time.

Ms. Dixon stated the WIC Farmer's Market Nutrition Program began in 2016 with the Health District partnering with Minton Family Farms in 2017, to provide WIC clients access to fresh fruits and vegetables. Farmer's markets are held every other week in the County Complex parking lot during the summer from June through September. Staff developed recipes and the State provided thirty dollar coupons to help provide produce for clients. Ms. Dixon informed that six recurring farmer's markets in Washoe County, including the Health District's, participate in the State's program. She noted that staff enjoy access to this farmer's market, as well.

Mr. Dahir inquired how residents are informed of the WIC Program benefits, and Ms. Dixon informed their surveys show most learn of it by word of mouth, although some advertising and outreach have been done.

9. * Regional Emergency Medical Services Advisory Board February Meeting Summary Staff Representative: Christina Conti

Ms. Conti informed there had not been an update on the status of the CAD to CAD system at the February 7th meeting and invited the City of Reno to provide any information that may have developed since then. She stated the five year Strategic Plan included in the Board's packets includes the current goals of the regional committee, noting that if the Board had direction for any change in this Plan, this would be an opportune time to do so by either contacting herself or Ms. Dayton who is lead on this project.

Ms. Conti informed that the staff report contains a memo from Mr. Dick requested by the EMS Advisory Board to update the District Board of Health, as overseer of the interlocal agreement, on the lack of data submission from Reno Fire Department, and informed them the item Mr. Dick just distributed to the Board members was the response that was just received from the City of Reno that had also been requested at the EMS Advisory Board Meeting.

Mr. Dick informed that, when the EMS Advisory Board met at the beginning of February, the Health District had been informed that the City of Reno Fire had still not provided their response data to the EMS Oversight Board. He stated the Health District is now a year behind in getting response data from Reno Fire, which is a part of the interlocal agreement that each of the governing bodies agreed to. He stated the response today from the City of Reno refers to the memo the Health District had been provided in September 2018 informing data would be received within sixty days.

Mr. Dick stated the Health District cannot provide oversight without receiving this data from the City of Reno. He stated Ms. Conti informed of data presented by the City of Reno on their EMS response on several occasions in the last few weeks, which is a point of confusion as to why that data is not made available to the Health District.

Chair Novak directed that this issue be placed on the DBOH Meeting agenda for the next few months until this issue is resolved. He opined it is necessary to have conversations around complying with the provisions of the interlocal agreement, stating the information is vital to emergency planning and response.

Ms. Conti expressed her appreciation to Chair Novak, stating that the EMS Oversight Committee had been working to resolve the issue but had to involve the EMS Advisory Board when they could no longer do their job.

Chair Novak thanked Ms. Conti for following that path of action and stated the DBOH would continue to be involved toward resolution of the issue.

10. Regional Emergency Medical Services Authority

Presented by: Cindy Green

A. Review and Acceptance of the REMSA Operations Report for January, 2019

Ms. Green, Manager of the Education Department and Community Outreach at REMSA, informed she was available to answer questions regarding the January Operations Report.

Mr. Brown moved to accept the REMSA Operations Reports for January 2019. Mr. Dahir seconded the motion which was approved six in favor and none against.

B. *Update of REMSA's Public Relations during January 2019

Ms. Green informed that REMSA has recently announced the achievements and addition of several new employees across the organization, including the appointment of the Clinical Communications Manager as a regional instructor for the International Academy of Emergency Dispatchers and the addition of Deborah Kotrady as the new Clinical Nurse Educator.

Ms. Green stated REMSA's Center for Prehospital Education recently completed a site visit for the re-accreditation of the Paramedic Program. She explained it is a rigorous two-day site visit that takes place after all required documentation has been submitted, wherein students, clinical partners and regional partners are interviewed and the Education Center is completely examined. She expressed her excitement that the site visitors did not find any violations or citations for the Paramedic Program. She informed that, in order to graduate the Paramedic Program and take national registry, the student

has to complete a program that is accredited. Because there were no findings, the site visitors will ask for REMSA's Paramedic Program to be re-accredited for five years.

Ms. Green informed the site visitors stated that they had not had the pleasure of such an easy and well-prepared survey in a very long time and highlighted the commitment, passion and engagement of the entire Education Department, commending them for such an incredible survey.

Mr. Brown congratulated the REMSA Paramedic Program on their accreditation and acknowledged it is a big undertaking, noting that Ms. Green was highly involved in their success.

11. Possible Board approval of continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event.

Staff Representative: Nick Florey

Mr. Florey, Senior Environmental Health Specialist in the Special Events Program for the Health District, informed that Environmental Health Services is seeking the Board's approval for continued implementation of the Tasting Event permitting process. He stated additional detail regarding Tasting Events and permitting criteria were included in the staff report.

Mr. Florey explained that between June 2017 and November 2018, EHS conducted a pilot program to evaluate if staff costs were adequately covered under the Tasting Event permitting method. During this period, he informed that staff time was accounted for in three phases including pre-event planning, operational inspection time and post-event closure. Data collected indicated staff time was approximately equal to the existing Temporary Food Permitting structure, which was the original intent of the development of this permitting method.

Mr. Florey stated EHS staff have reported the permitting method was beneficial based on the single point of contact with the event organizer rather than contacting event participants individually, and it reduced the overall amount of paperwork associated with these types of events. He explained event organizers were given the opportunity to provide feedback on the permitting method and informed the feedback was overwhelmingly positive.

Because of the positive outcomes for both the regulated community and staff, Mr. Florey requested the Board's approval to continue to implement this permitting method until a more permanent fee can be developed.

Mr. Young inquired when this permitting model would be taken to the next step to be implemented. Mr. Florey informed the existing fee structure is being used in this method, and that processes such as time accounting are necessary to develop permanent fees.

Mr. Dick informed the timeframe for the Health District to bring the schedule of fees to the District Board of Health for review, possible adjustment and/or the addition of new fees is in 2020. He explained the last fee revision was done in 2015 and the direction from the Board at that time was to bring the schedule back in five years.

Mr. Dahir expressed his appreciation for staff reaching out to the community to get their opinion of this new process.

Chair Novak inquired if Mr. Young had experience with this type of permitting. Mr. Young informed he had obtained individual permits in the past, but that this method sounds as though it would be a better process.

Ms. Berkbigler moved to approve continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a

larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event. Mr. Brown seconded the motion which was approved six in favor and none against.

12. Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report

Staff Representatives: Rayona LaVoie

Ms. LaVoie informed that this 2018 Community Health Improvement Plan (CHIP) Report covers the Washoe County Health District and community partner's accomplishments in the first six months of CHIP implementation. She stated the Focus Areas included in the CHIP are Housing and Homelessness, Behavioral Health and Physical Activity and Nutrition, and that these were identified in conjunction with Truckee Meadows Healthy Communities (TMHC), a cross sectoral coalition.

Ms. LaVoie explained that each focus area has objectives and related strategies and tactics, and that there are fourteen objectives and thirty-one strategies in the CHIP.

Regarding Housing and Homelessness, Ms. LaVoie stated that ten of twelve strategies had been met, the Enterprise Affordable Housing Regional Strategy has been completed and the Executive Team is working to identify the organization that will implement the Regional Strategy.

Ms. LaVoie detailed the CHIP Housing Committee's work to identify alternative funding models, informed of the Youth Homeless Roadmap that had been developed and of housing initiatives that were submitted as BDRs in the current legislative session.

In Behavioral Health, Ms. LaVoie informed that ten of eleven strategies were met, stating some of the strategies in this focus area mirror those of housing in the effort to support those with a serious mental health illness who also need housing support.

Ms. LaVoie informed the Washoe County Health District had provided \$100,000 in 2018 to support the Signs of Suicide (SOS) Program, which is a nationally recognized, evidence-based suicide prevention program for middle and high school aged students. She stated it has been implemented in four middle schools with just under 1,500 students having watched the video. Of the three hundred students screened afterward; thirty percent screened positive for high risk. Follow up services were provided for those students at that time.

For the Physical Activity and Nutrition Focus Area, seven of eight strategies were met. Ms. LaVoie informed of a four day training that had been organized with 5210 Let's Go! Headquarters in Maine for community partners in Washoe County. This training covered implementation of the 5210 plan in the community in various settings, and subsequent implementation plans were developed by the 5210 Healthy Washoe Team for presentation in work places and youth organizations.

Ms. LaVoie informed a survey will be deployed in conjunction with the Reno and Sparks Chamber of Commerce to assess the community's interest in workplace wellness.

Ms. LaVoie provided an overview of services provided at the two Family Health Festivals that had been held and of continued efforts to improve processes.

Overall, Ms. LaVoie stated great progress had been made with twenty-seven strategies met in the first six months of CHIP implementation. Going forward, she informed strategies and tactics outlined in the CHIP will continue to be implemented and quarterly meetings held to track and report on progress to the Board.

Ms. LaVoie reiterated that this report is a product of six months of collaboration between the Washoe County Health District and over fifty-five community partners dedicated to making Washoe County a healthier community. She thanked the community partners for their contributions and expertise as these accomplishments would not have been possible without them.

Ms. Berkbigler expressed concern of the percentage of students that were assessed as high risk and inquired what is being done to address this issue.

Mr. Dick opined there is not an easy answer to that question, but noted the Health District's funding made possible the continuation of the Signs of Suicide Program, without which the students could not have been screened. He informed of legislation this Session that will strengthen the School District's approach and provide for more education around SOS and screening. While these are positive steps, Mr. Dick stated that these programs provide treatment after the child is experiencing symptoms.

Mr. Dick spoke of the data that shows the impact of Adverse Childhood Experiences (ACEs) and of local data showing correlation between ACEs and adverse behavior such as bullying that those children experience.

Ms. Berkbigler opined that it is extremely important to raise the priority of programs and projects to help these children when considering how to allot budget funding.

Mr. Dahir opined investment in the family unit is the most important priority and promotes positive change.

Mr. Dahir spoke to the homeless portion of the report, and encouraged that committee to attend the CHAB Meeting on April 1st. He stated CHAB is working on a plan for homelessness but want to align with plans in the community for the best impact.

Ms. Berkbigler expressed agreement with Mr. Dahir's comment regarding CHAB, noting they are a committee whose goal is to bring groups together for the benefit of the underprivileged in the community. She opined Mr. Dahir is doing a great job as Chair of CHAB.

Mr. Dick informed Ms. Peters is lead on that workgroup area and will follow up.

Ms. Peters stated she has been attending the CHAB meetings regularly, noting that the Youth Homelessness work started through the CHIP planning process in recognizing there were existing groups doing this work. She informed a group was assembled who researched and engaged those existing groups. Ms. Peters noted it was Reno Area Alliance for the Homeless (RAAH) that pointed out youth had not been included in the objectives.

Ms. Peters informed that a federal HUD grant had been submitted for the youth homelessness objective, but they had not been successful in obtaining those funds. She stated they have heavily engaged those working on the Youth Homelessness issue and opined they are gaining momentum, noting the Youth Homelessness Roadmap lists strategies and names responsibilities as a guideline for progress.

Mr. Dahir agreed there would be a time for Ms. Peters to share the Roadmap with CHAB and stated this issue is not one that can be done by the government alone, but through opening doors for the community to step up and help.

Mr. Dahir moved to accept the 2018-2020 Community Health Improvement Plan Annual Report. Mr. Brown seconded the motion which was approved six in favor and none against.

Dr. Danko departed from the meeting at 2:02 p.m.

13. Presentation and possible acceptance of the semi-annual progress report on the 2018-2021 Strategic Plan.

Staff Representative: Catrina Peters

Ms. Peters, Director of Programs and Projects, stated her report is on the progress of implementing the Strategic Plan within the first six months of FY19.

Ms. Peters informed that 131 of 143 items within the Plan have been achieved or are on

target, and detailed accomplishments in each of the six priorities.

Some of the highlights detailed by Ms. Peters included the expansion of smoke and vape free park policies and outreach events to provide vaccines, the submission of BDRs in the current legislative session for increased per capita funding for public health from the state and for CHIP and Regional Behavioral Health Board items, and the focused efforts of community partners around Housing/Homelessness, Behavioral Health and Nutrition/Physical Activity. She informed the 2018-2020 CHIP had been unveiled at a successful event that honored community partners, and that Ms. Gutman had been hired as the new Government Affairs Liaison for the Health District, enabling the Health District to engage at the legislature and locally on a level that was not previously possible.

Ms. Peters commented on the Signs of Suicide Program covered in Ms. LaVoie's presentation, informing that because the ability for a child to be screened depends on a permission slip being signed by the parent and returned to the school, staff are actively working with the Children's Cabinet who implement the Program, and the School District, to identify opportunities to increase the number of parent permission slips that are returned.

Mr. Young expressed the appreciation of the progress made on the plan in the first six months.

Mr. Dahir inquired of the status on items that had not been achieved. Ms. Peters stated she would be happy to give the detail, informing their tracking system would quickly provide that information, but in general, they are program items not planned to be started in the first six months. She informed these items will continue to be monitored and, if possible, worked to completion within the fiscal year.

Mr. Dahir requested information to be included on items not achieved in reports going forward.

Mr. Young moved to accept the semi-annual progress report on the 2018-2021 Strategic Plan. Ms. Berkbigler seconded the motion which was approved five in favor and none against.

14. Approval of the Fiscal Year 2019-2020 Budget

Staff Representative: Kevin Dick

Mr. Dick expressed thanks to staff who worked to prepare the FY19-20 budget, in particular, to Supervisors and Division Directors who worked with their Fiscal Compliance Officers, and to Ms. Heenan, Administrative Health Services Officer, for compiling the data presented in this report.

Mr. Dick highlighted the Health District's recent accomplishments, and stated there is much work that remains to be done. He explained the budget is framed around funding to continue the twenty-two existing programs within the Health District.

Mr. Dick detailed each program's number of employees, revenues and expenses, and explained the components for the funding of programs. He noted cost recovery has increased in CCHS, helping to fund this Division along with grants received.

Mr. Dick informed budgeted revenues of \$23.5M in FY20 are in excess of the current adopted budget by over \$500,000 or 2.5%, with \$9.5M or 40.5% of the budget coming from the County's General Fund transfer.

Expenditures for FY20 are budgeted at nearly \$24M, an increase of \$450,000 or 1.9% over the current adopted budget. Mr. Dick informed \$500,000 for one-time funding projects is included in that amount. He mentioned this provided an opportunity built into the FY 20 budget similar to the list of one-time funding requests that was presented at the Strategic Planning Retreat in November 2018 for the Board's approval that was then presented to the

BCC for budget augmentation.

Mr. Dick presented a chart showing approximately 78% of the budget is allocated to costs for staff that he opined is the Health District's greatest resource.

Mr. Dick detailed the list of Above Base Requests will be supported through the Health Fund, reiterating the budget had been built on level funding from the County General Fund transfer. The request for two new positions in CCHS were built around the ability to provide more appointments and more comprehensive services, while providing an offset for the expense with an enhancement for cost recovery.

Mr. Dick informed that additional biologicals for the Immunization Program will allow a shingles vaccination to be added to those available at the Health District while also providing a cost recovery aspect for the cost of providing these immunizations.

Mr. Dick stated the one-time funding for anticipated retirements in FY20 was budgeted to cover the cost of the pay out of benefits earned during the retiree's tenure for several anticipated retirements.

The request for flexibility to fund staff through fee-based revenue is based on the decline in restricted grant funding and the increased fee-based revenue resulting from increased activity in both AQM and EHS Divisions.

Mr. Dick informed the ending fund balance projected in the FY20 budget is just under six million dollars, or 25% of the fund balance, and the ending fund balance in FY23 is projected to grow, barring unforeseen expenses. He stated these future year projections do not include the \$500,000 one-time funding projects, but that they could be incorporated if the Health District continues to have a healthy financial position.

Regarding the development of the budget, Mr. Dick explained they were cautious in building a higher level of internal staffing due to the long term investment involved with the continuing cost of living adjustments, healthcare costs, etc., preferring instead to invest in effective partners to support some of the work.

Mr. Dick stated there are some unknowns in the budget at this time, and they are the cost of living adjustments for staff and OPEB healthcare costs for retirees.

Mr. Dick outlined the next steps in the process for budget approval, requesting approval of the District Board of Health for this proposed budget which will then be presented to the Cities and County Managers on March 1st as required by the interlocal agreement. The presentation to the County Senior Management is scheduled for March 8th and an update will be provided to the Board from this meeting at the March 28th DBOH Meeting. He informed the Health District budget goes through the County Manager's office and will be presented to the Board of County Commissioners at their April 23rd meeting as part of the County's budget, at which time the General Fund transfer to the Health District should be finalized. Possible adoption of the budget for the County will be on the agenda of the May 21st BCC Meeting.

Mr. Dick informed that staff recommends the District Board of Health approve the budget. He stated that adjustments will be made as costs become known for COLAs and OPEB, as well as adjustments required as the budget goes through the County process with BCC.

In light of the recent Signs of Suicide (SOS) screening, Mr. Dahir requested the Health District keep the welfare of the community's at-risk youth in mind to assure sufficient funding to help them.

While Mr. Brown agreed with Mr. Dahir's comments; he opined that partnering with other agencies is impactful in the effort to mitigate the causes and effects of the issues for these youth and noted that he has seen this practice implemented within the Health District.

He appreciated the fact that the fiscal health of the Health District has improved steadily within the past four years and that the budget is presented in a comprehendible manner, and expressed he saw no issues with the budget as presented.

Mr. Brown moved to approve the Fiscal Year 2019-2020 Budget. Ms. Berkbigler seconded the motion which was approved five in favor and none against.

Ms. Berkbigler expressed that Health Officer and staff are doing a great job and that she was excited to be on both the Health District and CHAB Boards, opining their work for the health and wellbeing of the community is the most important work going on in the county.

Ms. Berkbigler agreed with Mr. Dahir that, going forward and as possible, it would be good to more heavily support programs such as SOS, while understanding there are so many issues that need to be addressed. She thanked Mr. Dick for all of his work.

Chair Novak stated the Health District and Board have done a tremendous job with the focus of efforts being primarily on the residents of our community. He opined the work on Strategic Planning has refocused efforts and guided next steps, and, in spite of other advancements, feels it is time to focus on the youth of the community and continue efforts on housing.

Chair Novak stated the financial health is much improved from when he and Mr. Brown started on the Board four years ago. He commended Ms. Heenan for putting the information in such a format as to make it comprehendible.

15. Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.

Staff Representative: Kevin Dick

Mr. Dick stated this item may be a good continuation of the discussion around how the Health District could fund initiatives.

Mr. Dick informed the spreadsheet used to track the very large number of bills introduced is to identify for the Board the level of Health District engagement and position. He informed it would be distributed electronically for the ease of viewing all of the comments and text.

Mr. Dick stated he would highlight bills the Health District has been engaged in at the session and a few significant items that will be coming forward.

AB1 is a bill that would eliminate the current air quality management requirement for publishing a public notice in the newspaper three times before actions such as regulation changes can be made. The text of this bill would allow posting on the Health District website and other forms of media more commonly used. Mr. Dick informed the Health District has been working with NDEP and the Committee on a friendly amendment to change language that would remove State requirements that apply to NDEP from local governments. He noted the Health District is in support of this bill and Ms. Albee had provided testimony at the Legislature.

AB76, from the Southern Nevada Regional Behavioral Health Policy Board, was heard on February 27th and is supported by the Health District. Mr. Dick informed Senator Yeager introduced this bill that provides for staffing for the Regional Behavioral Health Policy Boards (RBHPB) to allow for additional tracking and posting of data by the Policy Boards. It removes the requirement for an RBHPB to meet during the Legislative Session.

AB97 is the bill for Public Health funding from the Healthcare Committee based on the work each of the local health authorities had done in promoting public health funding in conjunction with the Nevada Public Health Association. Mr. Dick informed he had the opportunity to introduce this bill on February 18th with Assemblyman Sprinkle, and that it would provide a \$15M appropriation for Public Health with funding to be distributed based

on population to Health Districts. The funds are to be used to support the needs identified in the Community Health Needs Assessment (CHNA), and for Washoe County, the amount would be just over \$2.3M. He stated that would be a good sum of money to invest toward priorities identified in the Community Health Improvement Plan (CHIP) which was developed from the CHNA.

Mr. Dahir inquired where this money would come from, and Mr. Dick informed that has yet to be determined as it is not within the Governor's budget. He stated the Department of Health and Human Services had requested a budget enhancement to support this initiative, but it had not been provided. He informed there will be legislation introduced to incorporate e-cigarettes within the existing tax statute for other tobacco products and expressed hope that bill would be passed to potentially provide a revenue source that could support AB97 and tobacco prevention.

Mr. Dick stated that, even if funding is not achieved this year for Public Health, he was encouraged with the amount of support the bill was given. He informed his opening remarks during testimony before the Committee included a comparison between the amount provided by the state for K-12 education funding versus the amount provided for Public Health; 74% of the national average is invested in K-12 in Nevada. He noted that, if Public Health were funded at that same level of 74% of the national average, the investment would be approximately \$26 per capita instead of the six dollars that is currently invested.

Mr. Dahir opined increased funding for Public Health could help the schools and Mr. Dick agreed, stating that a higher attendance level and improved health would help children learn better.

Mr. Young opined that, for the low level of funding, the Health District does an awfully good job, stating he didn't know how it was accomplished.

Mr. Dick informed the Health District is proposing a few amendments to AB97. One is to include Carson City Health and Human Services in the language to receive a distribution; the other is to amend the bill so the total of unspent funds after the biennium won't all revert to the General Fund, but rather to allow for some accumulation in the Account for Public Health Improvement to occur for emergencies.

AB123 is the immunization bill which would provide for parents to submit their medical or religious exemption from vaccinations to the schools on an annual basis rather than an exemption that is filed once. It would also require the schools to maintain information on the vaccinations and vaccination rates so this information can be used to quickly identify unvaccinated children in the event of an outbreak. Mr. Dick informed that Mr. Kutz provided testimony in support of this bill on February 19th. He informed there had been a large anti-vaccination contingent present, noting that this is now a national focus involving people flying in from around the country to attempt to misinform the legislature.

Mr. Dick opined AB123 to be a positive step, particularly against the backdrop of the Clark County (WA) measles outbreak with sixty-one cases reported last week. He informed it is a multi-million dollar cost for the Public Health response for an outbreak such as this, let alone the effect on children and adults that are impacted.

SB37, a bill from the Marriage and Family Therapists Board, would expand the licensing process to include other services be provided by therapists. Mr. Dick informed Nevada is the only state in the nation to prevent therapists from providing counseling for psychotic disorders, which creates a disincentive to move to and practice in Nevada at the same time Nevada has a shortage of therapists to provide care. He informed it was highly supported at that Committee meeting and that Ms. Gutman provided testimony in support.

SB42 eliminates obsolete provisions for alternative fuels that are in current statute as it

was found that emissions were increased by driving farther to obtain alternative fuels. Mr. Dick noted it is becoming better understood that electric vehicles are a better choice for the vehicles of the future. He informed Ms. Albee had been present to testify in support of this bill and that it was largely supported by that Committee

SB159 is the bill that would remove the requirement of children having to visit the school nurse to use sunscreen and provides for them to use sun hats regardless of the dress code. Mr. Dick informed Ms. Gutman provided testimony in support of this bill.

AB231 is a bill of concern on the smog check program whose text was just received. Mr. Dick informed that comment has not been provided at this time. The bill would exempt all vehicles that were manufactured before 1996 from smog check requirements and is apparently driven by a company that sells tablets used for on-board diagnostic system smog checks. The pre-1996 vehicles don't have the on-board diagnostic systems and comprise approximately ten percent of Washoe County's fleet. He noted Washoe County is right on the edge of Ozone attainment and Clark County is out of attainment, and that this this bill would impact both areas negatively. Mr. Dick stated that the Health District is opposed to this bill and anticipate an approximately \$23,000 negative fiscal impact due to the loss of the fee distributed to the Health District charged at each smog check.

Mr. Dick reminded of this situation mentioned by Mr. Dahir at the last DBOH meeting of the Health District's work to decouple Air Quality Management's revenue from the State smog check program and to have that fee collected at the same time vehicle registration is processed. He stated this would provide for a stable funding source for AQM that is not tied to a particular industry or method of smog check.

AB85 and AB47, both from the Regional Behavioral Health Policy Boards, will be heard on Monday, March 4th. Mr. Dick informed that AB47 is from the Rural Policy Boards and will provide for alternative transportation for patients from the rural communities. He informed that, at this time, people having a behavioral health crisis have only the option of being transported by ambulance or law enforcement to a facility in Washoe County. He stated that this bill would provide for these persons to receive more immediate crisis care and alternative transport that might be in a more caring and less stigmatizing environment. The bill would also provide for case management for continuing care in their area when they can be released back to their community, versus having to move to receive care.

AB85 is from the Northern Regional Behavioral Health Policy Board, Carson City and the Counties surrounding it, and removes destignatizing language from the current statute and provides for better clarification around the legal 2000 hold requirements that are in statute now. Mr. Dick stated the Health District will be supporting those two bills.

Mr. Duarte and Ms. Edwards of the Washoe County Regional Behavioral Health Policy Board are continuing their work on AB66, the bill for Crisis Stabilization Centers. They are working on a set of parameters to develop a sweet spot for better reimbursement within Medicaid and Medicare for a short-term psychiatric hospital and would allow EMS providers to collect Medicare for delivering a patient to that facility. Mr. Dick informed these efforts are to eliminate the \$5M fiscal note that had previously been attached to the bill and support the bill through the Medicaid budget.

Mr. Dick stated this approach of using a Crisis Stabilization Center will allow for rapid turn-around times for law enforcement to drop a patient in minutes versus being delayed for hours at the emergency room, and would also provide for more immediate care to the person in crisis. He informed there would also be significant Medicaid savings by using a Center versus paying emergency room rates. Mr. Dick stated Mr. Duarte had been working with Assemblyman Sprinkle and he has delayed the hearing of this bill to allow Mr. Duarte and

Ms. Edwards to complete their work that will hopefully move this bill forward.

On AB38, the opioid bill, Mr. Brown opined it should be watched closely and potentially suggest language due to the time limit for reporting and the misdemeanor penalty that would be sustained by EMS responders.

Mr. Brown informed that Mr. Dick, District Health Officer, gave a presentation two weeks ago at the beginning of the Session and that he had been fortunate enough to be in the audience. He stated Mr. Dick did an excellent job representing Washoe County and the entire State, and that he had presented an overview of Clark and Washoe Counties and Carson City. He opined it was good to see our District Health Officer's engagement and that it was appreciated.

Mr. Dahir moved to accept the Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session. Ms. Berkbigler seconded the motion which was approved five in favor and none against.

16. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

Ms. Albee wished to provide information on AQM's Strategic Plan Priority 2, addressing the question of the Strategic Plan initiatives that have not been started. She informed AQM had planned to expand its air monitoring network out to Verdi, but that project had to be suspended while working on the relocation of the downtown Reno air monitoring site. She stated that project will be started as soon as possible.

Regarding the Reno 4 site, the Washoe County School District has given AQM a project manager and there has been a management team meeting with the engineer and School District and AQM staff. A preliminary site plan has been set and details are being finalized. Construction for installation of the fence and power is being planned during spring break.

B. Community and Clinical Health Services, Steve Kutz, Director

Divisional Update – WIC Program Update; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

Mr. Kutz stated he had nothing further to add but would be happy to answer any questions.

C. Environmental Health Services, Chad Westom, Director

Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Waste Management, and Inspections.

Mr. Westom stated he had nothing to add to his report, but would be happy to answer any questions the Board might have.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

Program Updates for Communicable Disease, Outbreaks, Invasive Pneumococcal Disease, First Responder Fact Sheets, Outbreak Response Volunteer Training, Hospital Screening Question for Carbapenem-resistant Organisms, Seasonal Influenza Surveillance, Public Health Preparedness, Exercises, Medical Reserve Corps, Inter-

Hospital Coordinating Council, CASPER, Emergency Medical Services, WebEOC Training, Mutual Aid Evacuation Annex (MAEA) Training, EMS Strategic Plan, Emergency Department (ED) Consortium

Regarding the portion of his report under Communicable Disease for Outbreak Response Volunteer Training, Dr. Todd stated it had become apparent additional persons were needed to respond to investigations such as the measles outbreak from last year, and that those persons would need to be trained on HIPPA regulations.

In relation to this and as was mentioned earlier, Dr. Todd stated the count had risen to sixty-five in the measles outbreak in Clark County, Washington.

Dr. Todd informed of the article in the Morbidity and Mortality Weekly Report (MMWR) on last year's measles outbreak in Nevada and Northern California.

Dr. Todd informed the seasonal influenza numbers had peaked in December, declined, and now have gradually risen back to the number of cases in December. He noted that he has never seen so many school aged children with the flu, nor does he recall having seen the number of schools with outbreaks of influenza.

Under Public Health Preparedness, Dr. Todd informed EPHP is getting ready for a CASPER exercise, the acronym standing for Community Assessment for Public Health Emergency Response. This exercise will be held March 12-17, having been preceded by CASPERs held in Carson City and Las Vegas, and that it is a CDC methodology in which teams go into the community to conduct the survey. He stated these surveys can be done either prior to a disaster to prepare for emergency response, or afterward, to help determine needs associated with the disaster.

Chair Novak inquired of the prevalent type of flu in the area. Dr. Todd informed it is predominantly the H1N1 virus in this area with a few cases of H3N2, which is beneficial in light of the increased efficacy of the vaccine on H1N1 over H3N2.

E. Office of the District Health Officer, Kevin Dick, District Health Officer

District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Workforce Development, Open Burning, Land Development and Plan Reviews, Legislative Session, Other Events and Activities and Health District Media Contacts.

Mr. Dick stated Mr. Brown had asked at the last DBOH Meeting for an update on open burning and the Health District's work with the Fire Districts. He informed there had been a meeting on February 25th and Ms. Albee would present the details.

Ms. Albee informed that a workgroup had been organized in the meeting with the Fire Chiefs to begin reviewing the burn code regulations. She presented a map that had been developed during the workgroup's first meeting on February 25th.

Ms. Albee informed regulations currently prohibit any outdoor pile burning from November 1st through the end of February due to the inversion season.

The Know the Code Program was set up to regulate wood combustion in fireplaces and prohibit open burning because, at the time, the region could not sustain the emissions of both of those activities at the same time. Ms. Albee indicated the Truckee Meadows Hydrographic Basin area of the map, informing they have proposed regulations not be changed is this maintenance area and burning will be continue to be prohibited.

Certain areas proposed for regulation change would allow for open burning year around at the discretion of the fire districts and in cooperation with AQM should higher concentrations of particulates become present.

Another area more closely surrounding the Truckee Meadows Hydrographic Basin

would be open to burning during the Know the Code season dependent on the fire district's discretion and the Code; if the Code were yellow or red, burning would be prohibited.

Ms. Albee opined the structure is in place to revise regulations to reflect those ideas, and commented that the feedback has been extremely positive from the fire agencies.

Mr. Dick informed that, with the TMWA interlocal agreement in place for water plan review, the method used in Washoe County for tentative and final map review is the same as the process used in Southern Nevada through Southern Nevada Health District.

Mr. Dick stated the objective for this interlocal agreement was to have Washoe County processing plans in the same manner as Clark County. He informed of a meeting with Mr. Foree, General Manager of TMWA, and Mr. Thomas, Assistant City Manager, City of Reno, in which dissatisfaction was expressed that Washoe County was looking at these maps for the final map certification. Mr. Dick agreed that the Health District would explore the issue to see if there were any additional ways to streamline the process, but informed the Board that the process now is consistent with the process in Southern Nevada and Southern Nevada Health District.

Regarding bills related to the Housing and Homelessness Priority of the CHIP, one of those was the expansion of the 1915(i) Program. This Program is for Medicaid reimbursement for wraparound services for tenancy for the severely mentally ill to provide them the services they need to stay housed, and was included in the Governor's budget.

Mr. Dick stated the Affordable Housing Tax Credits is another of the items the Health District will advocate for through the CHIP, and is one of the first things the Governor announced in his remarks for the State of the State Address.

Mr. Dahir informed that he sits on both the TMWA Board and this District Board of Health, and there is a perception that there may still be inconsistencies in the process and stressed the importance of not adding undue difficulty to the process. He inquired Mr. Dick's opinion as to the status of plan review processes. Mr. Dick stated that, since the Health District is just a few months into the implementation, he suspects there are still some details that need to be improved. He expressed agreement with Mr. Dahir that the goal is to make the process as smooth as possible, and reiterated the Health District has reached consistency with how Southern Nevada Health District approaches this process, but wants to continue to examine and refine.

Mr. Young informed of a meeting he'd had that morning with an engineering group in which they were complementing the Health District and improvements in the water plan processes.

17. *Board Comment

Chair Novak opened the Board comment period.

Chair Novak informed that the NALBOH meeting that he will attend, held in conjunction with NACCHO and ASTHO in Washington DC in early March, will represent the Health Officers, Boards and tribes and other health services. He opined this collaboration will form a cohesive group representing all of Public Health and could possibly provide for additional federal funds for Public Health.

Mr. Dahir requested Chair Novak to inform of his appointments with Congress and to relay information that may be beneficial to speak about in his meetings.

Chair Novak closed the Board comment period.

18. *Public Comment

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

19. Adjournment

Chair Novak adjourned the meeting at 3:16 p.m.

Possible Changes to Agenda Order and Timing: Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

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Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

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City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Downtown Reno Library, 301 S. Center St., Reno, NV

 $Washoe\ County\ Health\ District\ Website\ \underline{www.washoecounty.us/health}\ \ State\ of$

Nevada Website: https://notice.nv.gov

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