

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
February 26, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung; and Councilwoman Julia Ratti (arrived at 1:15pm)

ABSENT: Amy Khan, MD

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Andrew Goodrich, Director, Air Quality Management; Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epi and Public Health Preparedness; Mary-Ann Brown, Acting Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant II; Jennifer Stoll-Hadayia, Public Health Program Manager; Nicole Alberti, Health Educator; Debra Barone, Medical Reserve Corps Coordinator; Robin Albrandt, EPHP, Education and Training Coordinator; Steve Fisher, Department Computer Application Specialist; Jeanne Rucker, Environmental Health Services Specialist Supervisor; Tony Macaluso, Senior Environmental Health Services Specialist; Jim English, Environmental Health Services Specialist; Bev Bayan, Women, Infants, Children (WIC) Program Manager; Jackie Munoz, Community Health Aide; Dan Mackie, Public Health Emergency Response Coordinator; Lisa Lottritz, Public Health Nurse; Scott Monsen, Vector-Borne Diseases Prevention Program Coordinator; Candy Hunter, PHN Supervisor; Bryan Wagner, Senior Environmental Health Services Specialist; Cindy Mullen, Advanced Practitioner of Nursing; Pam Carlson, Clinical Office Supervisor; Steve Kutz, PHN Supervisor; Stacy Hardie, PHN Supervisor; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Commissioner Kitty Jung, District Board of Health member.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recorder Secretary, advised that Dr. Khan was excused.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – FEBRUARY 26, 2009

Chairman Humphreys advised that item 5. Approval of the Minutes for the minutes of the Board's meeting of January 22, 2009, will be continued to the Board's March 26, 2009 meeting; that item 11. Public Hearing – Proposed Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management has been withdrawn.

**MOTION: Dr. Furman moved, seconded by Ms. Jung, that the agenda of the February 26, 2009 District Board of Health meeting be approved as amended.**

**Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – STRATEGIC PLANNING SESSION – OCTOBER 9, 2008

Chairman Humphreys called for any additions or deletions to the minutes of the Board of Health's October 9, 2008 Strategic Planning Session.

Dr. Mary Anderson, District Health Officer, advised that the second motion, on page six (6) should be corrected to read: "...leaders in a unified community committed to optimal human and environmental health." Dr. Anderson stated that on page ten (10), line thirteen (13) in the second paragraph should read: "...Federally Qualified Health Centers (FQHC)...", deleting the word "Care".

Mr. Gustin requested clarification on page four (4) regarding Dr. Todd's response to his question specific to "quality of life and physical well being."

Mrs. Smith advised that she will review that section of the minutes and report back to the Board.

**MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the minutes of the Board's October 9, 2008 Strategic Planning Session be approved as amended.**

**Motion carried unanimously.**

RECOGNITIONS

Chairman Humphreys and Dr. Anderson presented a Certificate of Recognition to Ms. Jacqueline "Jackie" Munoz for 5 Years-of-Service.

Chairman Humphreys and Dr. Anderson introduced Ms. Lisa Lottritz, Public Health Nurse, advising that Ms. Lottritz has completed the Excellence in Public Service receiving the Essentials of Management Development Certificate Program; that Ms. Lottritz was also recognized by the Board of County Commissioners for her efforts.

Chairman Humphreys and Dr. Anderson introduced Ms. Nicole Alberti, Health Educator, advising that Ms. Alberti has completed the Excellence in Public Service receiving the Essentials in Personal Effectiveness Certificate Program; that Ms. Alberti was also recognized by the Board of County Commissioners for her efforts.

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

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

Application of **TOM BROWN, Case No. 3-09S (extension of Case Nos. 2-0S, 3-07S and 3-08S)**, for a variance request pertaining to property located at 123 Andrew Lane, Assessor's Parcel No. 017-330-26, from the requirements of Sections 110.010 and 110.020 (Holding Tanks) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, stipulating to the Findings of Fact and subject to the two (2) conditions as outlined.

**MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the SWS Hearing Board recommendation to grant Variance Case No. 3-09S (extension of Case Nos. 2-06S, 3-07S and 3-08S) (Tom Brown), be approved stipulating to the Findings of Fact and subject to the two (2) conditions as outlined. Motion carried unanimously.**

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **ratification** of an **Interlocal Contract** between the **State of Nevada, Department of Health and Human Services Health Division** and the **Washoe**

**County Health District** in the **total amount** of **\$32,039** in support of the **HIV Prevention Fiscal Agent Program** for the period of January 1, 2009 through December 31, 2009 contingent upon approval of the Washoe County Risk Manager and the District Attorney's Office.

The Board was advised that Staff recommends **approval** of **amendments totaling an increase of \$5,000** in both revenue and expenses to the **Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order #TBD)** for the FY 08/09 Budget.

In response to Ms. Jung regarding the necessity of approving an agreement which is for less than \$50,000, Ms. Patsy Buxton, Fiscal Compliance Officer, advised that the approval of item 7.C.1. is for the Interlocal Contract; that it is necessary for the Board of Health to approve interlocal agreements and contracts. Ms. Buxton advised that item 7.C.2. is specific to the budget amendments, which requires Board approval.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$85,229** in support of the **HIV Core Surveillance Program** for the period of January 1, 2009 through December 31, 2009.

In response to Mr. Gustin regarding the \$2,500 adjustment to the Notice of Subgrant Award, Ms. Buxton advised when a budget award is received from the State Staff aligns it with the adopted budget amount in the financial system; therefore, as this "is a calendar award it is necessary to align the additional \$2,500 received in travel authority" with the approved budget. Ms. Buxton stated that currently there is "sufficient budget authority through June 30, 2009, this fiscal year; that in the budget adoption process for fiscal year '10 the \$2,500 budget authority will be included for FY '10, as Staff does not anticipate it will be needed during this fiscal year."

The Board was advised that Staff recommends **approval** of **Notice of Subgrant Award** from the **Nevada State Health Division** in the **total amount** of **\$115,022** in support of the **Sexually Transmitted Disease (STD) Program** for the period of January 1, 2009 through December 31, 2009.

The Board was advised that Staff recommends **approval** of 1) **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division** in the amount of **\$67,723** in support of the **Tuberculosis (TB) Centers for Disease Control (CDC) Prevention Grant Program (IN 10016)** for the period of January 1, 2009 through December 31, 2009; 2) **approval** of

**amendments totaling an increase of \$2 in revenue and expenses to bring the FY 08/09 Tuberculosis Centers for Disease Control (CDC) Prevention Grant Program budget (IN 10016) into alignment with the Subgrant.**

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the Interlocal Contract; the amendments to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program; Notice of Subgrant Awards with the corresponding budget amendments be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.  
Motion carried unanimously.**

#### REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

##### A. Review and Acceptance of the Operations and Financial Report – January 2009

Mr. Jim Gubbels, Vice President, REMSA, advised that the Board members were provided with a copy of the January 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in January 2009 was 92% and 95% for non-life threatening calls, with an overall average response time of five minutes fifty seconds (5:50); and an overall average travel time of four minutes and forty-three seconds (4:43). Mr. Gubbels advised that the monthly average bill for air ambulance service was \$5,969, with a year-to-date average of \$5,957. Mr. Gubbels advised that the monthly average bill for ground ambulance service was \$889, with a year-to-date average of \$878.

In response to Mr. Gustin regarding Care Flight landings at Renown compared to those at Pickett Park, Mr. Gubbels advised that with the completion of the renovations at Renown the main helipad is now on the roof at Renown, which has the capability of landing two (2) helicopters. Mr. Gubbels stated that there are cameras on the roof to allow REMSA Dispatch to monitor and coordinate the landings; that any other helicopters "coming in" at the same time will be coordinated through REMSA Dispatch to ensure safe landings. Mr. Gubbels advised that Care Flight "is based" at the helipad on the ground at Renown in front of the Emergency Room entrance. In response to Mr. Gustin regarding "who lands at Pickett Park", Mr. Gubbels advised that, to his knowledge, the only helicopter still landing at Pickett Park is Mountain Life Flight from Susanville. In response to Mr. Gustin regarding a "weight limitation" on the roof helipad, Mr. Gubbels advised there is a weight limit; that every aircraft used by Care Flight can land on the roof helipad; that a Huey would be "too heavy"; however, the Blackhawk could land on the roof. Mr. Gubbels stated that in the event a larger aircraft was transporting patients the request would be to land at the airport for REMSA ground transportation to the hospital.

**MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the REMSA Operations**

**and Financial Report for January 2009 be accepted as presented.  
Motion carried unanimously.**

B. Update – REMSA'S Community Activities Since December 2008

Mr. Gubbels introduced Mr. Tony Eden, who is "his peer" and the Director of Operations for Emergency Health Services for ground ambulance and medical helicopter service from Nova Scotia, Canada; that Mr. Eden will be attending a coalition meeting here in the community.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE  
REPORT – JANUARY 2009

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of January 2009; that the percentages should approximate 58%. Ms. Coulombe reviewed the Report and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe noted that the amount currently in the Environmental Oversight Account is \$162,696.06.

**MOTION: Ms. Jung moved, seconded by Mr. Smith, that the District Health Department's Revenue and Expenditure Report for January 2009 be accepted as presented.  
Motion carried unanimously.**

PUBLIC HEARING – AMENDMENTS – WASHOE COUNTY DISTRICT BOARD OF HEALTH  
REGULATIONS GOVERNING AIR QUALITY MANAGEMENT – SECTION 030.221 (TEMPORARY  
PERMIT TO OPERATE)

The public hearing for amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 030.221 (Temporary Permit to Operate) was withdrawn from consideration.

PUBLIC HEARING – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS  
GOVERNING SOLID WASTE MANAGEMENT – AMENDMENTS – DELETIONS – ADDITIONS

1:00pm: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on 7, 19, and 27, 2009 to consider the proposed amendments, deletions and

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additions to the Regulations of the Washoe County District Board of Health Governing Solid Waste Management.

- A. Presentation and Discussion of Proposed Amendments to Sections 010.011 (Alternative Treatment Technology) – Definition; 010.027 (Biohazardous Waste) – Definition; 010.102 (Contaminated) – Definition; 080.005 (General); 080.025 C.3. (Exclusions); 080.075 C., I., J. (Biohazardous Wastes); 080.225 A., D., (Storage); 080.230 B. (Packaging Requirements); 080.320 B.1. (Incineration/Analysis of Ash Product); 080.340 A.1.(b) (Steam Based Disinfection Processes); 080.360 C.1. (Alternative Treatment Technologies//Performance Standards) 080.390A. and B.1., B.2 (Efficacy Testing Protocols); 080.430 A.2. (Operational Plan Required); 080.510 B.1.(b) and (d) (Limited Quantity Transporter Exemption); 080.530 E.2 (Vehicle Requirements); 080.580 A.2.(c) (Biohazardous Waste Transfer Facilities – Application for Permit to Operate);
- B. Presentation and Discussion of Proposed Additions to Sections 080.075 H., K., and L. (Biohazardous Wastes); 080.225 C. (Storage); 080.240 D. (Requirements for Reusable Containers); 080.250 C.1. and 2. (Labeling Requirements); 080.320 C.1., 2., 3., and 4. (Wastes Requiring Incinerations or Approved Thermal Degradation Treatment); 080.340 A.1.(a) (Steam-Based Disinfection Processes); 080.340 C. 1., 2., 3., 4., and 5. (Waste Prohibited from Steam-Based Disinfection); 080.380 A., B., C., D., and Table 1 (Representative Microbial Indicators; 080.390 C., and Table 2 (Efficacy Testing); and
- C. Presentation and Discussion of Proposed Deletions to Sections 080.320 A.5. (Incineration Performance Standards; 080.430 A.4.(a) (Operational Plan Required); 080.530 E.1. (Vehicle Requirements); and 080.540 D. (Containment and Clean-Up Procedures)

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor, advised that the Board members have received a copy of the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management; that her letter to the Board provides a summary.

Ms. Rucker advised that Staff attempts to review and revise Regulations to ensure the Regulations correlate with the "latest in technologies, Best Management Practices (BMP), and any other revisions within the regulated industry." Ms. Rucker advised that the Solid Waste Management Regulations were last revised in March 2006.

Ms. Rucker advised that, in reviewing the Solid Waste Management Regulations, it was the consensus of Staff the bio-hazardous waste treatment standards were too stringent; that the proposed amendments "are more specific" in the definition of "bio-hazardous waste." Ms. Rucker

stated that home generated sharps will no longer be exempt from the requirements of the Regulations, as there is "a large percentage of the population is utilizing injectable drugs for a variety of health reasons and treatments"; that the 'downstream handlers are being greatly impacted by this.' Ms. Rucker stated that currently Incline Village "is the only area addressing this problem"; that Incline Village has a 'mail-back sharps' program sponsored by Incline General Improvement District (IVGID) in cooperation with Waste Management. Ms. Rucker stated that it is the intent to initiate a similar program "for the rest of the County." Ms. Rucker advised that this requirement will become effective as of January 2010.

Ms. Rucker advised that the proposed Section 080.225 C. will "strengthen" the requirements for interim bio-hazardous waste storage; that Section 080.240 D will implement requirements for the use of suction canisters and fluid carts in health care facilities, which were not previously regulated. Ms. Rucker stated that the contents of suction canisters was to allow the contents to solidify prior to treatment by an autoclave; however, once the contents are solidified autoclave treatment is ineffective; that the proposed addition will require incineration of the canisters should the contents be solidified. Ms. Rucker advised that Section 080.250 will require the segregation of chemotherapy waste and pathological waste in the bio-hazardous waste stream and the appropriate labeling on the containers for the segregation; that these wastes are not conducive to autoclave treatment and must be incinerated; therefore, proper labeling will reduce the potential of chemotherapy waste and/or pathological waste being transported for autoclave treatment. Ms. Rucker advised that Section 080.320 C. defines which wastes must be treated by incineration or thermal degradation treatment; that Section 080.340 C stipulates which wastes are prohibited from steam-based disinfection treatment.

Ms. Rucker stated that large component of the proposed amendments is to Section 080.360 C, which enhances the treatment standards for bio-hazardous waste treatment facilities; that Staff is recommending adoption of the requirements of the State and Territorial Association for Alternative Treatment Technologies (STAATT), which is an "internationally recognized standard."

Ms. Rucker advised that proposed amendment to Section 080.430 A.2. requires bio-hazardous waste treatment facilities to monitor for radiological waste; that radiological waste is produced in small quantities in many health care facilities and bio-hazardous waste treatment facilities are not equipped to treat this waste stream. Ms. Rucker stated that currently the only treatment facility within Washoe County does not monitor for radiological waste although this monitoring is an accepted standard.



Ms. Rucker stated that the remaining proposed amendments, additions and deletions are "general housekeeping" measures; that all reference to Section 100 has been deleted as the Regulations "do not have a Section 100."

Ms. Rucker stated that Staff conducted three (3) public workshops, with a total of forty-three (43) individuals attending; that the majority of the comments received were requests for clarification; that there were no disagreements with the intent or the language utilized by Staff. Ms. Rucker stated a few people, who were in attendance, were concerned regarding the application of the Regulations to the use of home-generated sharps. Ms. Rucker stated that Staff completed a Business Impact Statement although "there should be no fiscal impact to any of the regulated industry." Ms. Rucker stated that the majority of the bio-hazardous waste treatment facilities, transporters and transfer stations have already been paying a fee to operate.

Ms. Rucker advised that Staff recommends the Board approve and adopt the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management.

In response to Mr. Gustin regarding what defines a "transporter and the quantities being transported at any given time", Ms. Rucker advised that, with the exception of the small quantity generators, the majority of the transporters are hauling "a bobtail type truck worth of waste at a time." Ms. Rucker stated that previously there were transporters "coming out of California and were hauling 40 foot trailers of medical waste to the treatment facility here." Ms. Rucker stated that currently she is unaware of anyone transporting into Reno to a treatment facility. In response to Mr. Gustin regarding the incineration occurring at the treatment facility, Ms. Rucker advised that Reno/Sparks does not have an incinerator; that Washoe County has an autoclave treatment facility; that medical waste for incineration is currently transported to Texas.

Chairman Humphreys commended Ms. Rucker for an excellent job on the Regulations,

D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management

Chairman Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the proposed amendments, additions and deletions to the Solid Waste Management Regulations. There being no one present wishing to speak the Public Hearing was closed.

**MOTION: Dr. Furman moved, seconded by Ms. Ratti, that the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management, be approved and adopted as outlined.  
Motion carried unanimously.**

In response to Ms. Ratti regarding any planned outreach education specific to the disposal of home-based sharps, Ms. Rucker advised that any time new Regulations are implemented, Staff "makes a concerted effort to conduct public education and outreach activities" to ensure as much of the public as possible is aware of the revisions. Ms. Rucker stated this effort may be accomplished "through the health care providers or directly to the public or a combination of the two (2); that Staff will most definitely do that." Ms. Rucker stated that there will be no enforcement action implemented "against someone who simply doesn't know what the requirement is; that Staff will make the effort to ensure the general public knows what the requirement is."

**PUBLIC HEARING – PRESENTATION – PROPOSED REVISIONS – WASHOE COUNTY HEALTH DISTRICT FEE SCHEDULE**

**1:00pm:** This being the time set in a Notice of Public Hearing, heretofore published in the Reno Gazette on January 19, 21 and 23, 2009, to consider proposed revisions to the District Health Department's Fee Schedule.

Ms. Lori Cooke, Fiscal Compliance Officer, advised that on page three (3) of her report the dates in the first and third sentence should read: "...effective date of July 1, 2007..." and not July 1, 2008.

Ms. Cooke advised that the proposed fees have been calculated consistent with the approved previous methodology based upon the amount of Staff time necessary to complete the service or perform the activity; that upon certifying the accuracy of the time the time is multiplied by the corresponding hourly rate of pay for the employee(s) classification, which does include benefits. Ms. Cooke advised that the divisional indirect cost rate, which is calculated annually, is added to the subtotal; that the total fee is then rounded to the nearest dollar amount. Ms. Cooke stated that "because the fees are calculated utilizing activity levels and actual costs and not as a base fee and applying various indexes (i.e., CPI or an inflationary index) the fee calculations can and often do vary." Ms. Cooke advised that "not all fees increase or decrease in the same cycle (i.e., fees for invasive body decoration establishment will increase while the fees for mobile invasive body decoration calculated at less)."

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Ms. Cooke advised that public workshops were published in the *Reno Gazette Journal* on November 28, December 1 and 3, 2008; that Staff forwarded in excess of 6,300 postcard "notifications to affected permit holders, businesses and other identified stakeholders and members of industry" providing notice of the proposed revisions and notice of public workshops. Ms. Cooke advised that a copy of the notification is included in the packet; that Staff received twenty-five (25) returned notifications, which equates to .83%, which is a "good outreach percentage." Ms. Cooke advised that Staff did not include the notifications list; however, a copy is available for review should anyone request to do so. Ms. Cooke advised that the workshops were conducted on January 7, 2009 at 9:00am; January 9, 2009 at 2:00pm and January 12, 2009 at 5:30pm. Ms. Cooke advised that the proposed Fee Schedule was made available for the attendees; that twenty-six (26) members of the public attended the various workshops. Ms. Cooke stated that in addition to the workshops she received twenty-one (21) inquiries; that she has provided the Board members with a summary of the inquiries and responses.

Ms. Cooke stated that additional information specific to the proposed Fee Schedule for Air Quality and Environmental Health Services, which received the greatest number of inquiries, was posted on the Health Department website via Washoe County on January 21, 2009. Ms. Cooke stated that, in accordance with Nevada Revised Statutes (NRS) 237.090 Business Impact Statements were prepared and are included in the packet.

Ms. Cooke advised that approved revisions to the Fee Schedule will decrease revenues in Fiscal Year 2010 in the anticipated amount of \$222,231 based upon "current activity levels" as it is anticipated that "activity will continue" to decline. Ms. Cooke stated that for Air Quality and Environmental Health Services the "reductions to revenue will exceed the reductions based on the Fee Schedule", which could result in a greater reduction in revenues than the anticipated \$222,231. Ms. Cooke stated that the identified reductions will be "identified" and incorporated in the FY 2010 proposed Budget.

Ms. Cooke advised that for Community and Clinical Health Services, revenue reductions "may be less than what has been calculated" due to the variations among "what the fee is, what the payer category is and what the collection rate is (i.e., a procedure fee that has been reduced from \$50 to \$40 and a client who can only pay \$25 and continues to pay the \$25)" will result in the Department "not having a decline in revenue."

Ms. Cooke stated that Staff has prepared the Fee Schedule to "the extent possible" to correlate with the full cost of performing the activity; that the Board of Health has the authority to "approve, deny, modify or revise the proposed" revisions to the District Health Department Fee Schedule.

Ms. Cooke advised that Staff recommends the Board approve and adopt the proposed revisions to the District Health Department Fee Schedule as presented.

In response to Chairman Humphreys regarding Staff reviewing the fees, Ms. Cooke advised that historically the Fee Schedule was reviewed bi-annually; however, a recommendation of the Structural Review Team (SRT) was to review the Fee Schedule on an annual basis to be more current with increasing costs.

In response to Ms. Jung regarding the vasectomy counseling, Ms. Cooke advised that the Health Department provides vasectomy counseling services and refers clients to another service for the procedure.

Ms. Jung stated she would question the cost of IUD insertion being less than the vasectomy counseling; that offering vasectomies "should be cheaper and more easily available" than the insertion of IUDs.

In response to Ms. Jung, Ms Mary-Ann Brown, Acting Director, Community and Clinical Health Services, advised that the vasectomy fee is for the nurse-client counseling and the referral for the procedure; that the procedure is contracted to physician groups in the community.

In response to Ms. Jung regarding the number of vasectomy counseling sessions annually, Ms. Stacy Hardie, Public Health Nursing Supervisor, advised that the CCHS Division conducts 20-30 client vasectomy counseling sessions per year. In response to Ms. Jung regarding the number of IUD insertions, Ms. Hardie advised that currently there are very few IUD insertion procedures occurring due to the cost of the IUDs; that the CCHS Division works in conjunction with the Mirena Foundation and (usually) receives approximately sixty (60) IUDs annually from the Foundation. Ms. Hardie stated that these IUDs are for women "who financially qualify"; that the program purchased twenty (20) for this year; that these are "probably the only IUDs the CCHS Division will have available this year." In response to Ms. Jung regarding a "campaign to encourage men to take advantage of the vasectomy" services, Ms. Hardie advised the \$90 fee is for the counseling services only; that the counseling is "to prepare the client" for the procedure. Ms. Hardie stated that the counseling includes a review of the Federal Consent form, as mandated by Title X; that she reviews the pre-op and post-op instructions. Ms. Hardie stated that there is a mandated thirty (30) day waiting period after the counseling session prior to the procedure. In response to Ms. Jung regarding payment for the procedure, Ms. Hardie stated that the procedures are paid by the Health Department at a cost of \$375 per procedure.

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Ms. Jung stated that the vasectomy counseling is \$90 with the cost of the IUD insertion at \$58; that "the social costs should be completely opposite"; that "it should be cheaper for a man to get a vasectomy than for a woman to have an IUD – or comparable." Ms. Jung stated that "when considering the absenteeism and/or non-paying fathers, in the future the Health Department should look at Best Practices and reduce the costs and 'encourage' that procedure for men who might be considering it."

In response to Ms. Jung, Ms. Hardie advised that the \$58 fee is for the insertion procedure and does not pay for the IUD; that the IUDs from the Mirena Foundation "are a \$400 product, which are donated to the Health Department"; that the Paraguards are approximately \$200 per unit. In response to Ms. Jung regarding payment of the IUD, Ms. Hardie advised that the Health Department does not charge for the donated IUDs. In response to Ms. Jung regarding 'outreach efforts', Ms. Hardie advised that 'flyers' are distributed through local community organizations affiliated with lower-income populations; that information regarding the availability of vasectomies is posted on the Department's website.

In response to Mr. Smith regarding the \$90 vasectomy counseling fee, Ms. Hardie advised that the counseling fee is standard; however, as a Title X Program service there is a sliding fee schedule for those who are unable to pay all or a portion of the fee. Ms. Hardie stated that if an individual seeking services "is at or below the poverty level the individual will be asked for a donation."

Mr. Smith stated that the vasectomy counseling and procedure cost the Department "hundreds of dollars more than the IUD insertion"; that he would concur with Ms. Jung's comments "that the costs of the two (2) procedures isn't comparable." In response to Mr. Smith, Ms. Hardie advised that a vasectomy is a permanent method of sterilization whereas and IUD is a temporary method of birth control.

Ms. Ratti stated Staff advised there is an established methodology for each fee based upon the actual cost for delivery of the service; that, per Staff's discussion, "it is her understanding" there are also services for which graduated fees are charged based upon grant funding. Ms. Ratti questioned if the only services, which have a graduated pay scale, are those associated with grant funding.

In response to Ms. Ratti, Ms. Cooke advised the Department's Immunization Program is an example – that when the Department receives vaccine from the State the individual(s) receiving the immunization are charged an administrative fee only and are not charged for the vaccine; that should the vaccine be "private pay" then the individual(s) receiving the immunization would pay for

the vaccine and the administrative fee for the service. Ms. Cooke stated that "if there is a way to reduce the cost for the end user due to donations or grant funding then that is calculated into the fee; that an example is - fees in the Environmental Health Services Division are calculated on 'time and indirect costs'; however, fees for Community and Clinical Health Services are calculated differently due to the CCHS Division receiving "direct supplies associated with the provision" of specific services. Ms. Cooke stated that there are direct supplies associated with the operation of the Immunization Clinic (i.e., syringes, band aids, cotton swabs, gloves, etc.) all of which are calculated into the fee; however, should the clinic receive a "donation of \$500 worth of band aids" the cost of those band-aids would not be calculated into the fee. Ms. Cooke stated that all fees are calculated utilizing the approved methodology; however, "how the fees are applied within the CCHS Division there are sliding scale fees based on income." Ms. Cooke stated that the Fee Schedule is based upon what it actually costs to provide the service; however, "that is not actually what is always received or assessed to the client." In response to Ms. Ratti as to the recommendation to decrease a number of the fees, Ms. Cooke advised the indirect rate, which is calculated annually, has decreased. Ms. Cooke stated that the indirect cost rate is a "federally approved calculation method"; that previously the County has utilized the services of Mr. Scott Mean to determine the indirect cost rate; however, the County Comptroller will now be responsible for determining the indirect cost rate. Ms. Cooke stated that in the EHS Division there have been fewer requests for services and due to limited Staff resources it has been necessary to implement measures to address service level restrictions; therefore, the expenditures have been reduced as have the projected revenues.

Ms. Hardie advised that in regard to how costs are reduced for services for those unable to pay, Title X Program services allow for "a zero pay category or donation only category for poverty level clients."

Chairman Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the proposed revisions to the Washoe County District Health Department Fee Schedule.

A. Food Bank of Northern Nevada's Request for Exemption from the Fee for the Annual Permit to Operate the Kids' Café Program

Ms. Cooke advised that the Board members have received a request from the Food Bank of Northern Nevada requesting an exemption from the fees for the Annual Permit to Operate the *Kids' Café Program*.

Ms. Jung questioned why the Food Bank submitted such a request as the enclosed letter of 2000 indicates the Board of Health granted the Program a permanent exemption.

In response to Ms. Jung, Ms. Cooke advised that an inquiry was received from the Food Bank of Northern Nevada as to affect the proposed Fee Schedule would have regarding the exemption granted by the Board of Health in 2000. Ms. Cooke stated Staff was advised that there can be reconsideration of the "permanent exemption" as "it is a new Board of Health membership with a new Health Officer; therefore, to be consistent with other exemption requests Staff presented the request to the Board."

**MOTION:** Ms. Ratti moved, seconded by Mr. Smith, that the request of the Northern Nevada Food Bank for a continuation of the exemption from the fee for the Annual Permit to Operate the *Kids' Café Program*, be approved.  
Motion carried unanimously.

B. Washoe County Social Services' Request for Exemption from the Fees for the Annual Permit to Operate the *Kids' Kottage* Support Kitchen and for Childcare Inspections

Ms. Cooke advised that a request has been received from Washoe County Social Services for exemption from the fees for the Annual Permits to Operate the *Kids' Kottage* support kitchen and from the childcare inspections.

**MOTION:** Ms. Jung moved, seconded by Ms. Ratti, that the request of the Washoe County Social Services for an exemption from the fees for the Annual Permits to Operate the *Kids' Kottage* support kitchen and from childcare inspections be approved.  
Motion carried unanimously.

C. Recommendation for Approval and Adoption of the Proposed Revisions to the Washoe County Health District Fee Schedule

Mr. Pete Allen, President of Environmental Services Ltd., stated that he is a food service consultant and educator, which he "has done for the last 19 years." Mr. Allen stated that the proposed fee for Food Protection Manager Educator Recertification for instructors is \$699; that he fully supports the Certified Food Protection Manager (CFPM) program; however, he would question the necessity of requiring an annual or "even bi-annual" review of the curricula for the consultants teaching the Certified Food Protection Manager courses. Mr. Allen stated that he concurs it is necessary to review the curricula of the individuals conducting the training; that Staff recently conducted a five (5) hour audit of his training curriculum; however, his program is reviewed approximately "every four (4) years." Mr. Allen stated that during the nineteen (19) years he has been teaching the courses "he has not had any problems" when his program is reviewed. Mr. Allen stated that he

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attended the workshop and is aware of the methodology for calculating all of the proposed revisions to the fees and has no objection to the methodology; however, the recommended fee "is excessive as it approximately triples the current fee." Mr. Allen stated that two (2) years ago when the fees were reviewed he objected to the proposed increase at that time; that Staff concurred with him that the proposed fee was excessive at that time. Mr. Allen stated that "local businesses are struggling with the same realities" of the economy as the Health Department.

Mr. Allen presented a copy of Section 015 (Food Manager Training and Certification) (a copy of which was placed on file for the record) of the Washoe County District Board of Health's Regulations Governing Food Establishments; advising that the function of food educators and consultants addresses "the intent" of these Regulations. Mr. Allen stated that the food certification training courses were previously taught by the Health Department and are now taught by private consultants; therefore, the consultants "work in concert with the Division of Environmental Health" in improving the education of members in the food service industry to reduce the incidences of foodborne illnesses in Washoe County. Mr. Allen stated that he would request the Board reconsider the proposed fee for the recertification of Certified Food Protection Manager Instructors. In response to Mr. Gustin as to how often Instructors are recertified, Mr. Allen advised that the recertification is every five (5) years.

Mr. Gustin stated that the current fee is \$242 to the proposed \$699 for a five (5) year certification; that Mr. Allen's contention is "that this is too much of an increase?"

In response to Mr. Gustin, Mr. Allen stated that he "isn't questioning" the methodology for determining the proposed fees based upon the "number of hours" necessary to perform the service; that he is questioning whether it is "necessary to conduct a review of the classes of the established instructors every two (2) years."

In response to Mr. Gustin regarding the "recertification cycle" every five (5) years for instructors, Mr. Bob Sack, Director, Environmental Health Services, advised that Mr. Allen's comment regarding the "instructors being a unique position is accurate." Mr. Sack advised that the instructor's recertification "is the only one on a five (5) year cycle"; that during the five (5) year period Staff will review the instructors teaching methods and curricula twice. Mr. Sack stated that currently there are approximately twenty (20) instructors; that the Regulations Governing Food Establishment specifies the parameters of what Staff is to review. Mr. Sack stated that currently Staff is in the process of "a major revising" of the Regulations Governing Food Establishments; that it is the intent of Staff to meet with the instructors in May 2009 to discuss "the appropriate level of Health Department oversight" for instructors. Mr. Sack stated that, in reviewing efficiencies for the EHS Division, it is the consensus of Staff that it may not be necessary to provide this level of



oversight for the instructors. Mr. Sack stated that he would recommend the Board of Health not increase the instructor fee at this time and direct Staff to work in conjunction with the instructors to present "an appropriate oversight level" for instructors. Mr. Sack stated that the current level of oversight for the instructors is "not necessary"; that it is necessary for Staff to expend that additional time conducting actual inspections of food service facilities. Mr. Sack stated that the current recommendation for the fee increase is due to the Board of Health having "reduced the recommended fee for instructors" every time that it has been presented to the Board.

Mr. Gustin stated that he concurs this is a very important aspect of the Food Safety Program in the Department; that he is aware the instructors "are very capable"; that it is "vital to the community that there are people trained" in food safety. Mr. Gustin stated that, again, he would concur the people relied upon to provide the training don't require the supervision. Mr. Gustin stated that he would support the recertification fee for instructors remaining the same "for now" until Staff meets with the instructors to discuss the oversight and a fair and equitable fee and report back to the Board in May.

Dr. Furman stated that he, too, would concur with Mr. Sack and Mr. Gustin regarding no change to the fee. Dr. Furman stated that he is aware there was opposition to requiring every food handler to have a health card and pay a fee, similar to what is required in Las Vegas.

In response to Dr. Furman, Mr. Sack stated that it is the consensus of Staff that it is more effective to require the managers of every food establishment to be a Certified Food Protection Manager than issuing a health card to each food worker.

Mr. Gustin stated that when Staff conducts an inspection each permitted food establishment is required to have a Certified Food Protection Manager on-site or the facility is down-graded in the inspection.

There being no one else wishing to speak either in favor of or in opposition to the proposed Fee Schedule for the Washoe County District Health Department, the Public Hearing was closed.

**MOTION: Mr. Gustin moved, seconded by Dr. Furman that the Fee Schedule of the Washoe County Health Department, be approved and adopted as outlined, with the exception of the Recertification Fee for Food Protection Manager Instructors, which will remain at the current \$242.  
Motion carried unanimously.**

PUBLIC HEALTH NURSING UPDATE

Ms. Brown advised that per the request of the Board, she has provided the Board members with a list of the program assignments for all nursing staff. Ms. Brown advised that the first graph delineates all nursing positions within the Department; that the other four (4) graphs delineates the various categories of nurses within the Community and Clinical Health Services Division.

Chairman Humphreys stated that the Board had requested this information to have during the budgeting process.

Ms. Brown stated that the information provides "an historical perspective" specific to the number of FTEs "from a budget authority standpoint, to what was actually expended, and what is projected moving forward." Ms. Brown stated that "it is then easily recognizable as to the programs which have had a decrease in nursing personnel, primarily home visiting."

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the report of all Nurse assignments within the Community and Clinical Health Services Division be accepted as presented.  
Motion carried unanimously.**

WASHOE COUNTY HEALTH DISTRICT VACANCY PRIORITIZATIONS AND VACANY UPDATE

Ms. Coulombe stated that "consistently since January 2007 the Health District has had a 9-11% vacancy rate and on several occasions have updated the Board as to specific classifications of those vacancies;" that the Department has continued those vacancies to "balance the budget." Ms. Coulombe stated that in February 22, 2007 the cost reduction strategy "was holding five (5) specific positions dark; that the County did not have a freeze nor was the County requiring eliminations; that the County had added thirty (30) days to the hiring process; however, internally, to balance the Health Fund the Department maintained those five (5) positions vacant." Ms. Coulombe stated that, additionally, some Staff of the Health Department did LWOP (leave without pay), there was no overtime, standby or call back time permitted; and only essential purchasing was approved. Ms. Coulombe advised that the Board of County Commissioners approved a bridge loan for the Department, which was repaid in thirty-three (33) days; that a condition of the loan was for the Health Department to conduct a structural review process; that currently the County is addressing structural issues. Ms. Coulombe advised that the Health Department's structural review process was initiated on June 2, 2007 and was completed in January 2008, having held fourteen (14) meetings. Ms. Coulombe advised that the Structural Review Team (SRT) conducted "a fundamental review of all departmental programs, the mandated programs, the non-mandated programs and the service levels of the programs, the program performance measures, the drivers,

the activities, and SWOT analysis. Ms. Coulombe advised that a five (5) year financial history was prepared "across the programs" to determine variances within the line items in FY '04 through FY '08.

Ms. Coulombe stated that in March 2008, the Department again reviewed "the organization to address an additional 5% reduction"; that the District Board of Health conducted its Strategic Retreat on October 9, 2008, during which the Board and Staff reviewed the programs and the vacancies. Ms. Coulombe advised that at the November 20, 2008 meeting, Staff presented a copy of the document of mandated levels, which includes the vacancies; that she has that document with her today should the Board have any questions.

Ms. Coulombe stated that when Staff has been reporting as to the departmental vacancies, Staff has been reporting in which the Divisions and programs in which the vacancies occur; however, Staff had not conducted a prioritization. Ms. Coulombe stated Staff had further advised the Board that upon completion of the review and approval of the employee incentives offered by the County Staff would present the prioritization of the vacancies. Ms. Coulombe stated the incentives offer has become "an on-going process"; therefore, it was necessary to proceed with the vacancy prioritization. Ms. Coulombe advised Staff is requesting direction from the Board regarding the vacancy prioritizations.

Ms. Coulombe stated she referenced the October 2008 issue of the GFOA (Government Finance Officers Association) Journal, which read: "Temporary downturns that are reasonably anticipated to last less than two to three (2-3) years, can be weathered by using reserves, hiring freezes. Using these tactics to address structural deficits can actually worsen the problem." Ms. Coulombe stated "we have hit the 2-3 year marker utilizing vacancies."

Ms. Coulombe stated although to the amount of the tax transfer is not set, the vacancies will have an impact to the budget; therefore, Staff is requesting direction from the Board "regarding how to address the vacancy." Ms. Coulombe stated that in January Staff presented the vacancies per Division; that this document presents the vacancies based upon the Division Director's determination of the priorities. Ms. Coulombe stated that the document presented to the Board is to provide an overview of "what the current vacancies are." Ms. Coulombe provided an overview of the vacancy prioritization document and the impacts of maintaining those vacancies, advising that the numbers at the far left indicate the consensus of Staff as to the priority of the vacancy; that the Public Health Preparedness Emergency Response Coordinator position was not assigned a number as it is 100% grant funded. Ms. Coulombe stated that Staff would request direction from the Board regarding the Department's vacant positions at the budget preparation process..

Mr. Smith questioned whether the vacancy prioritization document is an information document which indicates the existing vacancies within the Department or whether these are the vacancies which should be addressed.

In response to Mr. Smith, Dr. Anderson advised that the document "prioritizes the need for filling these different positions" that should funds become available which would allow the Health Department to hire individuals for these positions the 1, 2, 3... order is what the members of the Leadership Team established; however, this prioritization order could change as circumstances change. Dr. Anderson stated that the prioritization presented today "is a snap shot in time" that it is an analysis determined by the Team "as a whole as a priority of what should be restored" when financial conditions allow.

Ms. Coulombe stated that Staff had not previously prioritized the vacant positions; that as Dr. Anderson stated, the prioritization list is the Department's current status; however, the employee incentives, which have been offered and are being negotiated, could result in a reorganization of the vacancy prioritization.

In response to Mr. Smith regarding which of the vacant positions are mandated, Ms. Coulombe advised it is the "functions" within the programs which are mandated; that the matrix previously provided to the Board delineates which programs are mandated. Ms. Coulombe stated that Staff has been implementing various efficiencies to address the vacancies; that there are two (2) "data points" to consider regarding the prioritization of the vacancies: "what is going to be the 'hard number to hit' and what will be the outcome of the incentives." Ms. Coulombe stated that Staff does not have that information.

In response to Mr. Smith regarding the number 1 priority being listed is the Epidemiology and Public Health Preparedness (EPHP) Epidemiologist position, Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, stated that the "mandates" don't stipulate "an Epidemiologist position"; that the mandate stipulates the performance of specific functions. Dr. Todd stated that the functions of the Epidemiologist "do not fall in the non-mandated" parameters of that position." Dr. Todd stated that he listed what he considered the consequences of maintaining this position "dark"; that the Department will still try to comply with the mandates; however, there may be delays in performing investigations of reportable disease(s) and the activities of Staff to control those disease(s). Dr. Todd stated that the vacant Department Computer Application Specialist (DCAS) position is not a mandated position; however, there are various components of mandated programs which require the expertise of a DCAS; that without that position there may be delays in complying with mandates.

Mr. Smith stated that, as a Board member, and acknowledging there will (probably) be additional budget reductions for the Department, he would stress that it is vital the Department continues to comply with the mandated requirements.

Dr. Furman stated that he would concur with Mr. Smith; that the Board and Staff have established a prioritization list; that it was important for Staff to develop the prioritization of the vacant positions listing the possible impacts of being unable to fill those positions. Dr. Furman stated this list indicating the importance of each position will "be important in preparing for the budget;" that Staff "is doing their job in addressing" these issues. Dr. Furman stated he "would thank the Division Directors" for this first vacancy prioritization list.

Ms. Ratti stated that she would concur with Dr. Furman regarding Staff's efforts to develop the vacancy prioritization list providing a perspective on what the consequences will be for not being able to fill these vacancies. Ms. Ratti stated that this overview provides the Board with the information necessary to make the determinations in the budgeting process.

In response to Ms. Ratti, Ms. Coulombe advised that the data points are: 1) knowing the Health District's budget authority; and 2) the results of the employee incentives being offered. Ms. Coulombe stated that, utilizing the matrix the Board adopted during the November 20, 2008 meeting and review staffing levels "in terms of mandates." Ms. Coulombe stated the document delineates the function, the priority levels (3, 2, 1), the responsible cost center, mandated or non-mandated, program description and purpose, specific statutory authority, etc. Ms. Coulombe stated that after the Strategic Planning Session Staff reviewed the data to validate the information specific to approved funding (i.e., grant or local), vacancies, etc. Ms. Coulombe stated that from the discussion, it is the consensus of the Board that once the Department's budget authority is known, and Staff has determined "what the estimates to complete are", with the projections of revenues and adjustments the directive is to ensure the mandated programs "have the appropriate level of staffing to achieve the mandates." Ms. Coulombe stated that, as previously discussed, mandated programs are to be reviewed for efficiencies and where improvements can be achieved; that non-mandated programs and vacancies will be given consideration as funding allows.

Ms. Ratti stated that the vacancy prioritization document provides her necessary information; that an issue for her will be "what will be the necessary personnel for the mandated programs", as there is the concern of "a mandated service versus a Public Health Nurse position, while not mandated, may be needed." Ms. Ratti questioned if Staff has the information specific to "the absolute core" which the Department would have to have for the provision of the mandated services.

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In response to Ms. Ratti, Ms. Coulombe advised that mandated programs "do not get a skate"; that Staff has been reviewing mandated programs to ensure efficiencies. Ms. Coulombe advised that during the budget presentation Staff does provide an overview of program performance measures and the staffing complement of each program. Ms. Coulombe advised that Staff will provide the information necessary to "make the tough decisions." Ms. Coulombe advised that she will review the FY 2010 budget update and calendar during her Administrative Health Services Officer Report.

Mr. Smith requested the vacancy prioritization document and the Public Health Fund and Program Services Matrix (presented to the Board as item 12. during the November 20, 2008 meeting), be included in the budget packet.

Chairman Humphreys stated that the Board's discussions have been consistent with previous discussions and previous direction to the Board; that the vacancy prioritization provides additional information, which will assist the Board in the decision making process of the "next couple of months." Chairman Humphreys stated that, as requested, Staff will provide the Board with updated information for the upcoming budget process, including the results of the approved employee incentives.

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the Washoe County Health District's Vacancy Prioritization and Vacancy Impact report be accepted as presented.  
Motion carried unanimously.**

ENDORSEMENT – PROCLAMATION – STATE OF NEVADA – RECOGNITION – WORLD TUBERCULOSIS DAY – MARCH 24, 2009

Ms. Candy Hunter, Public Health Nursing Supervisor, Program Manager for the Tuberculosis (TB) Clinic, advised that the Board members have been provided with a copy of the Proclamation from Nevada Governor Jim Gibbon, declaring March 24, 2009 as "World Tuberculosis Day" (the original was placed on file for the record). Ms. Hunter advised that Staff recommends the Board endorse the Governor's Proclamation in recognition of World TB Day; that the Proclamation "celebrates the victories in TB prevention and control while acknowledging the on-going challenges." Ms. Hunter advised that Washoe County has "been a low incidence area for TB, with a case rate of approximately 2.5 per 100,000, which is a reduction from approximately five (5) per 100,000." Ms. Hunter stated that there is approximately 9 million cases of TB worldwide; that in a "global economy" a number of these individuals come to the United States; therefore continual vigilance is required. Ms. Hunter advised that the TB Clinic has implemented measures to ensure the Health Department is monitoring for TB in the community. Ms. Hunter presented an informational brochure on the facts of TB.

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the Proclamation of Governor Gibbons in recognition of March 24, 2009, as World Tuberculosis (TB) Day, be endorsed.  
Motion carried unanimously.**

The Board recessed at 2:40pm and reconvened at 2:50pm.

UPDATE – POSSIBLE ACCEPTANCE – STAFF’S FEBRUARY REPORT – 2009 LEGISLATIVE SESSION

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised that the Board members have been provided with a copy of the Department’s Legislative Team Report for the month of February (a copy of which was placed on file). Ms. Stoll-Hadayia advised that subsequent to the preparation of the Report the Team has included additional Bills to the tracking document. Ms. Stoll-Hadayia advised that Government Affairs requested the Health Department evaluate SB 126 which pertains to the reuse of gray water; and SB 137 which pertains to the placement of recycling containers. Ms. Stoll-Hadayia reviewed the additional Bills, which have relevance to the Board-approved departmental and divisional legislative priorities, and were not included in Staff’s report: AB 213 which pertains to the establishment of the cancer drug donation program; AB 191 which would “reauthorize the collection of height and weight data among school children to assess the obesity levels”; SB 60 which pertains to the disposition of property related to methamphetamine crimes; and SB 159 which is the Senate Bill specific to the cancer drug donation program.

Ms. Stoll-Hadayia advised that Staff is monitoring two (2) additional BDRs: BDR 697 which is a Resolution to establish a statewide physical education coordinator; and BDR 1214 which pertains to “the reversion of \$851,000 from the Fund for a Healthy Nevada to the State General Fund, which is a ‘clean-up’ from the Special Session in January.”

In response to Chairman Humphreys regarding Staff’s process for presenting information to the Board of Health specific to legislative issues, Ms. Stoll-Hadayia advised that the Department’s Legislative Matrix is forwarded to all Board members via email every Friday. Ms. Stoll-Hadayia advised that the matrix includes an evaluation of all the Bills being monitored, a review of the Department’s recommended position and Staff’s intent to testify if applicable. Ms. Stoll-Hadayia advised that the matrix “is the real time mechanism for briefing Board members on Staff’s position on a Bill prior to any testimony or any other type of action.” Ms. Stoll-Hadayia stated that this is the format which was used by the Board and Staff during the 2007 Session, and which was approved

by the Board at the December 2008 meeting for use during the 2009 Session. Ms. Stoll-Hadayia advised that, in accordance with that process, Staff has not provided any testimony on any Bill prior to the notification being forwarded to the Board members in the matrix.

In response to Chairman Humphreys regarding the communications process with the other lobbying teams of the County, Ms. Stoll-Hadayia advised that Washoe County Government Affairs has requested the Departments communicate with GA through "uploading the Department's Bills positions to Washoe Bills, which is the County's electronic tracking matrix and is on the Internet; that the upload occurs concurrently when Staff updates the matrix." Ms. Stoll-Hadayia stated that the goal is to have the Health Department's "positions and intent to testify consistent with Washoe County Bills to the matrix provided to the Board of Health members." Ms. Stoll-Hadayia stated that secondly an email notification is forwarded to all members of the GA team any time Staff will be present in Carson City; that the Department's Legislative Team has complied with both expectations since the beginning of the Session. Ms. Stoll-Hadayia advised that the Washoe Bills are updated regularly whenever the matrix is updated; that the update includes an evaluation, a fiscal assessment, position and intent to testify (if any). Ms. Stoll-Hadayia stated that she advises Government Affairs twenty-four (24) hours in advance (via email) "any time she plans on being in Carson City; that should Staff be presenting any testimony the testimony is provided twenty-four (24) hours in advance also." Ms. Stoll-Hadayia stated that when she is in Carson City she locates the members of the Government Affairs group "to touch base when possible"; that otherwise she and members of the Government Affairs group text message or email each other. In response to Chairman Humphreys regarding notification of the GA group, Ms. Stoll-Hadayia stated that, as a Lobbyist, "her preference is one (1) day prior notification." Ms. Stoll-Hadayia stated that to-date she has only provided testimony on one (1) Bill; that she conferred "with Washoe County Government Affairs prior to that hearing." Ms. Stoll-Hadayia stated she and the Legislative Team will continue to utilize this matrix as approved by the Board for 2007 and 2009. In response to Ms. Jung regarding the definition of "testify", Ms. Stoll-Hadayia stated the categories of the Department's matrix "match the categories within Washoe Bills"; that the County matrix has a category "testify – yes or no"; therefore, from the "beginning of the analysis" Staff indicates whether there is an interest to testify or not. Ms. Stoll-Hadayia stated that should it be Staff's intent to testify the individual providing testimony must be identified; that further, Staff indicates the name of the individual who provided the expertise specific to the Bill. Ms. Stoll-Hadayia stated that "testify" indicates testimony will be provided either through a written report or oral testimony during the hearing of a Bill.

Ms. Jung stated that it should be noted within the matrix whether Staff will be providing written or verbal testimony or both.



In response to Ms. Ratti regarding notification to the Board members should "the media or Northern Nevada Legislators express a special interest in a Bill", Ms. Stoll-Hadayia stated that "she will do her best" or request those with the expertise among Staff to provide such notification. In response to Ms. Stoll-Hadayia as how to notify the Board, Ms. Ratti advised that the emails received from the Public Information Officer would be effective.

Dr. Anderson stated that, as the last State and Local Health officials' meeting, it was the consensus that the Districts "be as coordinated as possible in the approach utilized among the public health entities." Dr. Anderson stated she would request that, to assist in the coordination of efforts among the Washoe County Health District, the Southern Nevada Health District, the State and the Carson City Health Department, Staff forward the weekly matrix updates to one individual at the State, Carson City and the Southern Nevada Health District.

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the Health Department's February 2009 State Legislative Session Activities Report be accepted as updated.**

**Motion carried unanimously.**

UPDATE - CONSIDERATION – INDEMNIFICATION COVERAGE – MEDICAL RESERVE CORPS (MRC) VOLUNTEERS

Dr. Todd stated that, pursuant to last month discussion and at the Board's direction he met with Ms. Admirand, Deputy District Attorney and Washoe County Risk Management regarding concerns specific to the County's Hold Harmless and indemnification agreement the County has been requiring volunteers to execute. Dr. Todd stated that the Hold Harmless and indemnification agreement is "particularly problematic for the medically-oriented volunteers" as these individuals "would be waiving any rights to sue the County should they become injured even if it could be demonstrated that it was the fault of the County." Dr. Todd stated of greater concern was language which stipulated that "through any action or inaction on their part and the County was sued" these individuals would have to utilize their own resources "in defense of the County." Dr. Todd stated that the "action or inaction" component did not include language specific to "willful or negligent misconduct"; that the individual's action "could be entirely appropriate; therefore, a volunteer in the medical field "could be sued for doing the right thing or for not doing the wrong thing."

Dr. Todd stated that during the discussion with Washoe County Risk Management and Ms. Admirand, it was the consensus that the Public Health Preparedness Program would purchase liability insurance for the medically trained volunteers in the Medical Reserve Corps (MRC). Dr. Todd stated that there are liability insurance policies available which are specific to MRCs, thus, transferring the risk, which the County is concerned about, to a third party insurer. Dr. Todd stated

that the County Hold Harmless and indemnification document will be substantially revised to delete the verbiage which was "particularly objectionable to the medical volunteers." Dr. Todd stated that, once finalized, this should resolve the "situation to everyone's satisfaction."

In response to Ms. Jung regarding notifying Dr. Bonnet, Ms. Debra Barone, Medical Reserve Corps Coordinator, advised that she has left a message for Dr. Bonnet; however, Staff has not yet received a return call.

Ms. Jung stated that Dr. Bonnet has been emailing her; that Staff could also email him as to the status of his concerns.

Dr. Todd stated that it is the consensus of Staff Dr. Bonnet will "find this solution to be very acceptable."

Chairman Humphreys stated that volunteers, including those within the medical field, are an important aspect of the MRC, which has been greatly promoted by the federal government; therefore, it is necessary the volunteers receive the necessary support.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that Staff's report regarding indemnification insurance for Medical Reserve Corps (MRC) volunteers, be accepted as presented.**

**Motion carried unanimously.**

#### PRESENTATION – ACCEPTANCE – FAMILY PLANNING CLINIC TRANSITION OPTIONS REPORT

Ms. Brown advised that the Board members have been provided with a copy of the follow-up Family Planning Program Transition Options Report (a copy of which was placed on file), as discussed at last month's meeting. Ms. Brown stated that last month Staff presented the following options for the transition of the Family Planning Program: 1) relinquish Title X funding prior to the end of the fiscal cycle; 2) completion of the budget cycle with a termination of services as of June 30, 2009; 3) completion of the grant funding cycle which ends June 30, 2012; that the Washoe County Health District would not apply for the next competitive grant cycle; however, Staff would provide technical assistance for other interested community providers. Ms. Brown stated that, as discussed, there are "potential impacts" to any of the options presented.

Ms. Brown stated that per the direction of the Board, she and Dr. Furman did confer with representatives of Renown Medical Center to discuss Title X funding and the possibility of assuming the Title X Family Planning Program.

Ms. Brown stated that the Board requested additional information specific to the "successor of interest", which is the option of transferring the remaining 2.5 years of the five (5) year grant to another accepting agency." Ms. Brown advised that the mechanism for the transfer of the grant "is a legal procedure, which requires assuming all organizational responsibilities, including the (program's) assets and liabilities." Ms. Brown stated that it further requires the preparation of an agreement.

Ms. Leslie Admirand, Deputy District Attorney, advised that she researched the "successor of interest" and conferred with the Grants Administrator for Health and Human Services as to the feasibility of this option. Ms. Admirand stated that she was advised that the "application process for successor of interest is a possibility for the Health District." Ms. Admirand advised that the "successor of interest process is one in which a third party non-profit organization assumes all of the rights and obligations to the District's grant incidental to acquisition of the District's assets involved in the performance of that grant." Ms. Admirand stated that "it is a program acquisition by a non-profit organization"; that the non-profit organization would have to comply with all Title X requirements for a grantee and would have to comply with the scope of work agreed upon by the Health District. Ms. Admirand stated that the "successor of interest" option would require prior approval by the Operations Division of Grants Management for Health and Human Services; that to acquire that approval the Health District would be required to submit a detailed completed and executed packet of documentation between the Health District and the non-profit organization assuming the grant. Ms. Admirand advised that the documentation would have to include Board resolutions from the Health District and the non-profit organization, legal opinions from counsel as to the legality of the transfer, financial status reports, progress reports, non-profit scope of work for the project. Ms. Admirand stated that additionally it would be necessary to include an executed copy of the contract or the Memorandum of Agreement (MOA) that the District would have as a non-profit organization; the Articles of Incorporation of the non-profit organization considering assuming the grant documenting the organization is in "good standing."

Ms. Admirand advised that upon submission of the application and documentation packet the Health and Human Services would review the documentation; however, the submission of the application "does not guarantee approval"; therefore, there is the possibility HHS may deny the District's application for transfer.

Ms. Brown advised that the process reviewed by Ms. Admirand would not include "any competitive process or analysis of how the "successor of interest" would be chosen"; therefore, it would be necessary to develop a separate process, or utilize an existing competitive process to choose the successor, should it be the determination of the Board to initiate a more competitive method for those agencies interested in assuming the Title X Family Planning Program.

Ms. Brown stated that second option was to continue the provision of Family Planning services at the District Health Department Clinic with a reduction in local funding to the minimum required 10% match. Ms. Brown stated that a reduction in local funding would require the preparation of a detailed budget with the reduction of approximately \$427,757 to the existing budget. Ms. Brown stated that this would require the reduction of a Patient Care Team consisting of one (1) Advanced Practitioner of Nursing, one (1) Community Health Aide and one (1) Office Assistant; that further, it would require the elimination of an Office Assistant and a 0.5 FTE Licensed Practical Nurse. Ms. Brown stated that the sub-grants to the community would be restricted resulting in the elimination of family planning services in Incline Village and a decrease in educational services offered to adolescents. Ms. Brown stated that it would be necessary to implement an approximate 25% decrease in the number of family planning clients, with a total financial reduction of \$1,048,756, which includes the previous decrease of \$620,999. Ms. Brown stated that these are estimated amounts, as Staff would have to prepare a detailed budget to determine the exact impacts based upon this option.

Ms. Brown stated that the Board requested information specific to how other regions and States administer Title X services; that for clarification the "grantee" is the recipient of Title X funding from the Federal Government; and the "delegate" receives funding from the "grantee." Ms. Brown stated that several states provide Title X services is through a Family Planning Administrative Council, with the grantee being a private, non-profit agency which administers Title X funds throughout the state. Ms. Brown stated that funding is provided on a competitive basis to clinical service providers or delegates throughout the state. Ms. Brown stated that two (2) examples of this model are the Los Angeles Regional Family Planning Council and the Arizona Family Planning Council; that examples of where services are then provided are Planned Parenthood, Federally Qualified Health Centers (FQHC); Public Health Departments; State University sponsored clinics and private clinics. Ms. Brown stated that in addition to providing fund administration, these Councils are responsible for program oversight and ensuring that funded agencies are in compliance with Title X Guidelines; that the grantee may also provide technical and programmatic assistance to funded agencies. Ms. Brown stated that for Washoe County this option would require a non-profit agency that would be willing to apply for Title X funding for family planning services; that this type of administrative program is "at a State or region-wide level; that Staff would work in collaboration with Title X providers statewide to establish such a model.

Ms. Brown stated that other states have administered the Title X funding through the State Health Department (i.e., Hawaii); that the State Health Department is the grantee and administers the funding on a competitive basis. Ms. Brown advised that this model is similar to the Family Planning Council in funding administration; however, in this model the State distributes the funds and the individual providers manage the "scope of service programs." Ms. Brown stated that option would be feasible, as the Washoe County Health District issues subgrants through the program to the community; that this model would result in the discontinuation of the Health Department's Family Planning Clinic and would subgrant to other providers within the community. Ms. Brown advised that the costs associated with administering the grant would have to be determined, as the Health Department would be subgranting the services and would not be providing any direct services.

Ms. Brown stated that the final option is the model utilized by the Health Department; that the Health Department is the grantee and provides all of the various clinical services while subgranting funds to community delegate agencies; that this is similar to the programs of Clark County, the Nevada State Health Division and Planned Parenthood of Utah. Ms. Brown stated that the Health Department has two (2) subgrantees – one which provides clinical services in Incline Village; and the Planned Parenthood Mar Monte, which provides the educational component.

Ms. Brown stated that Staff's recommendation is to have the Washoe County Health District complete the five (5) year grant cycle whereby the Department would continue to provide family planning services through June 30, 2012. Ms. Brown stated that this allows Staff the opportunity to plan for the transition ensuring clients will continue to receive services; that the Title X Family Planning Program would then be transitioned to another community agency. Ms. Brown stated that this could be achieved "with a decrease in the budget to the 90/10 percentage between now and then." Ms. Brown stated that Staff will adhere to the Board's direction; that Staff has been discussing these options with the community partners "who are interested in partnering to ensure family planning services are retained in the community."

Ms. Ratti stated that she would commend Ms. Brown for responding to the Board's questions; however, she would request a further review of the option of the Health Department "maintaining a small and affordable family planning program as one of the four (4) options." Ms. Ratti stated that in discussing the transition options she would advocate 'not transitioning' the program as one of the option possibilities.

In response to Ms. Ratti, Ms. Brown stated that the second option was for maintaining a level of family planning services at the Health Department with a reduction in Staff and the level of services provided to achieve the 90/10% grant/local funding split.

Dr. Furman stated that he would not support maintaining the Family Planning Clinic until June 30, 2012; that there are other viable options for the program. Dr. Furman stated that the Health Department has the option of transitioning the program to another community agency; that the Board "should not decide today to keep this Program open." Dr. Furman stated that to maintain this Program until June 30, 2012, with the financial considerations, would be "wrong move at this time."

Ms. Brown stated that, although the final determination has been postponed, Staff continues to "maintain an active relationship with all the agencies (i.e., Planned Parenthood, Renown, UNR in the community which may be interested in either receiving the Subgrants or the larger grant for the clinic." Ms. Brown stated that Staff has continued to confer with these agencies to "educate them about Title X"; that should transitioning be the direction of the Board "Staff has diligently been working with those partners to assure these agencies are ready and understand the responsibilities and complexities of the grant."

Mr. Gustin questioned if Dr. Furman's recommendation is to begin preparing for the transition and the "successor of interest" process as outlined by Ms. Brown and Ms. Admirand.

In response to Mr. Gustin, Dr. Furman stated it has been his recommendation "since 2007" that the Health Department's Family Planning Clinic be transitioned to another community agency; "that he has not changed his position on that." Dr. Furman stated that the transition has been delayed.

Mr. Gustin stated that a final decision has to be determined; that he would question if the Board should direct Staff to initiate the "successor of interest" transition, as that process has specific criteria which involves more than "just transitioning the program."

In response to Mr. Gustin, Ms. Brown stated that the process would depend upon which option the Board chooses; that should the Board select the "successor of interest" option, which would be initiated prior to the end of the Department's currently grant cycle, the process would be that as delineated by Ms. Admirand. Ms. Brown stated that she would anticipate this would also require the development of a competitive bidding process to choose the successor. In response to Mr. Gustin regarding whether this process has to be completed prior to June 30, 2009, Ms. Brown advised that should the direct the transition of the Family Planning Program utilizing the "successor of interest" option "the more time Staff has to conduct a competitive selection process and the more time Staff has to prepare" the documentation the more complete the analysis process will be. Ms. Brown stated that, as Ms. Admirand advised, the Grants Management Division of Health and Human Services may not accept the application process as requested. Ms. Brown advised that

prior to submitting the application for consideration of a "successor of interest" Staff will have to have completed the competitive bidding process and have an 'identified successor.' Ms. Brown stated that should Division of Grants Management for Health and Human Services approve the application request Staff would initiate the transition to the "successor of interest."

In response to Mr. Gustin regarding "a time frame for completion", Ms. Admirand stated that "there isn't a specific time frame for completing this process; that Health and Human Services recommends the application be submitted months in advance of any type of acceptance and transition. Ms. Admirand stated that she can contact the Grants Manager to possibly determine a more exact time frame.

In response to Mr. Gustin regarding the time required to compile the application and corresponding documentation, Ms. Admirand stated that she would anticipate the application and corresponding documentation could not be completed prior to May.

Ms. Brown stated that there would be "dual processes – 1) identifying the selection process for the "successor of interest"; and 2) preparation of all of the required documentation and application for submittal to the Grants Management Division of Health and Human Services, including information specific to the assets and liabilities. Ms. Brown stated that should the application be approved by HHS there would be the transition process, which would include "everything purchased with Title X funding that has not been fully depreciated would have to transferred to the "successor of interest" agency"; therefore, Staff would have to review all financials; that the "successor of interest" agency would "also have to assume all liabilities and the scope of work"; that "all of this would have to be clearly defined; that all of this information "is what Health and Human Services would review." Ms. Brown stated that this entire process would have to be completed for transferring of the program prior to the end of the grant cycle to the organization select via a competitive/fair process.

Mr. Gustin stated that he would estimate the process could "take up to six (6) months, which would affect the FY '09/10 budget, which the Board "is trying to avoid."

Dr. Furman stated that "this is what he has been trying to avoid for some time"; that that is why he has been proposing elimination of the Program to allow another agency to assume responsibility for the program. Dr. Furman stated that "this still can be done."

Mr. Gustin stated that, while acknowledging Dr. Furman's comments specific "to the efficiencies and the thoroughness with which Dr. Furman wants this accomplished"; however, it is necessary

that it be "counterbalanced with the time frame and how soon it can be achieved." Mr. Gustin stated he would estimate that this is "at least a sixty (60) day process."

In response to Mr. Gustin, Ms. Admirand advised that with the competitive process to determine a "non-profit successor of interest" and then negotiating the contract and support documentation to submit with the application request would require more than a month to complete.

Dr. Furman stated that he would estimate the initial phase to prepare for a transition to a "successor of interest" would require a minimum of two (2) months.

Chairman Humphreys stated there would "obviously be a lot of work to make this happen" with a majority of the work having to be performed by the Department's fiscal officers; that currently the financial Staff is "quite busy" and he would question the availability of the financial Staff to perform this review.

In response to Chairman Humphreys, Ms. Brown stated that the effort would require Administrative Health Services Staff in conjunction with CCHS Staff to review the existing grant and compile all of the information necessary to complete the process. Ms. Brown stated that the first of the process would be to prepare documentation specific to which agency would be selected as the "successor of interest" and then preparing the packet documentation for application to HHS; that should approval be granted by HHS it would be necessary to "dismantle the Health Department's Clinic, transferring all the clients and ensuring there is a continuation of service"; that the Health Department's Clinic has been in existence for forty (40) years. Ms. Brown stated that it is necessary to be aware "of the complexity" of the process to complete such a transition. In response to Ms. Jung regarding the possibility of Health and Human Services denying the application for transfer, Ms. Brown stated that the Program would remain with the Health Department; that a different method of transitioning would have to be considered.

Mr. Smith stated that it is important the Board is discussing these options now; however, when the Budget is presented to the Board he would anticipate the Department would not be able to support the Family Planning Program with any more than the 10% match. Mr. Smith stated that he is aware this would require a reduction in services; therefore, it is necessary the Board review "what services can be provided." Mr. Smith stated that from the discussions which have occurred, Renown Hospital or one of the other agencies, which have indicated an interest as the "successor of interest", would have the ability to "provide more services than the Health Department will be able to provide based upon the budget reductions the Health Department will have." Mr. Smith stated that, "rather than make a decision today, once the budget is presented, it will have to be



determined what is best for the community"; that "it may be that the best thing to do" will be to transition the Program to Renown or another agency." Mr. Smith stated that it is a matter of "what's best for the public"; that "if the Health Department can only afford the 10% (match) then it would not be providing the best services."

In response to Mr. Smith, Ms. Brown stated that she would concur; that further, "she would not want to continue with a Program which the Board" does not fully endorse. Ms. Brown stated that family planning services "is vital for the community"; therefore, it would be better for the Program to be managed by an agency "that believes in the mission and will support and provide resources towards family planning."

Ms. Jung was excused at 3:30pm.

Ms. Ratti stated she would concur with Mr. Smith that a decision should not be made until after the budget is presented to determine "which is the best option to pursue"; that as the grantee of the Title X Family Planning funds it is the responsibility of the Board to demonstrate due diligence in reviewing the options to determine if there would be more efficiencies through another provider. Ms. Ratti stated that "she appreciate Dr. Furman being ahead of this issue; that she appreciates the fact that the Clinic may not have been as efficient as it should have been"; however, she is aware "the Clinic has taken the steps to become more efficient and has dramatically reduced the cost per patient in providing services." Ms. Ratti stated that she is not convinced any other agency in the community could provide a more efficient level of service than the Health Department. Ms. Ratti stated that she is concerned "about the assumption that any other agency, in this climate, would contribute any more than the 10% match", as no agency, "either in the public or private sector has any extra money at this time." Ms. Ratti stated that the question "becomes – who provides the best service and who does it more efficiently, and if the answer is not the Health Department, the issue becomes one of the best method for transition." Ms. Ratti stated that "it all starts with the budget and whether the Health District can contribute more than the 10% match."

Dr. Furman stated that he has requested Staff receive clarification from Region IX specific to the 10% match; that he has not received information regarding whether other organizations provide in excess of a 10% match. Dr. Furman stated that he has reviewed the Title X requirements and would question whether all of the organizations provide the 10% match.

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In response to Dr. Furman, Ms. Admirand advised that she has discussed this issue with Ms. Buxton; that some of the regulations for Title X funding require or have a "ceiling of a 10% match" for the grantee. Ms. Admirand stated that she is unaware whether these are the same parameters for any program in existence prior to 1975, which the Family Planning Clinic was. Ms. Admirand stated that Title X stipulates the Program "shall be funded 90% from the Title X Federal Grant with a 10% ceiling match from the grantee." In response to Ms. Ratti regarding the "ceiling" amount, Ms. Admirand stated that the "ceiling" amount would be the maximum which can be provided.

Ms. Brown stated she has been advised that the 10% is "the most that can be requested, which is the amount (Region IX) has requested in the past."

Ms. Patsy Buxton, Fiscal Compliance Officer, advised that the Code of Federal Regulations (CFR) specific to the Family Planning Program; that 59 Part 7 B, reads: "The Secretary shall determine the amount any award on the basis of his estimates on the sum necessary for the performance of the project. No grant may be made for less than 90% of the projects costs as so estimated unless the grant is to be made for a project which was supported under Section 1001 for less than 90% of its costs in Fiscal Year 1975. In that case the grant shall not be for less than the percentage of costs covered by the Grant in Fiscal Year 1975." Ms. Buxton stated that Part 7. C reads: "No grant may be made for an amount equal to 100% of the project's estimated costs." Ms. Buxton stated that the practice has been "when applying" for the Grant to indicate a 10% match, although the Department "contributes more than that."

Ms. Ratti stated that the requirements do not stipulate the 10% match; that it has been "an executive resolution; that it is what the executive chooses to do"; therefore, she would request written opinion from Region IX as to "is that their expectation as to is that what makes it competitive?" Ms. Ratti stated should the Board determine to implement the "successor of interest" option and the successor doesn't include the 10% match and the application is rejected all of "Staff's work would have been for naught." Ms. Ratti stated that all of the potential partners or "successors of interest" have to aware it will be necessary for the organization to provide a 10% match prior to agreeing to do this.

Ms. Brown stated that the Board is requesting a "formal response" specific to "what is the requirement for a formal match – 10% or other."

Chairman Humphreys stated that this issue has been "an on-going discussion"; that he appreciates the efforts of Staff in presenting information specific to the various options available for the continuation of a family planning program in the community. Chairman Humphreys stated the

Board is requesting no determination until such time as the budget document for FY '09/10 has been presented to allow for a more informed decision.

Ms. Brown stated that she will request a formal opinion specific to the 10% and Staff will continue to work with the community partnering agencies which have expressed an interest in assuming the Title X funding to provide additional information specific to the financial responsibilities associated with the Title X Grant.

Chairman Humphreys stated that it is necessary to be as prepared as possible should it be the determination of the Board to transition the Family Planning Program through the "successor of interest" option.

Ms. Coulombe stated that during the FY '10 budget preparation Staff will indicate the 90/10 level of funding for the Family Planning Program for the Board's information.

Chairman Humphreys stated as Ms. Brown and her Staff continue to work with the community partnering agencies, it is important that the Board "work through Ms. Brown in this effort." Chairman Humphreys stated it is vital that any agency interested in providing the family planning services be aware of all that the Title X funding entails and that all receive the same information from the Health Department. Chairman Humphreys stated that a "successor of interest" would be a competitive process; therefore, it is important that the Board members "work through Ms. Brown in this process."

**MOTION: Ms. Ratti moved, seconded by Ms. Gustin, that the Family Planning Program transition options report be accepted as presented.  
Motion carried unanimously.**

#### IMMUNIZATION PROGRAM UPDATE

Ms. Brown stated that the Board requested an update regarding the Immunization Program, which is a mandated program; that it is a Program "that has a tremendous impact on public health and is also undergoing radical revisions from a funding perspective." Ms. Brown stated that she has provided the Board with a summary of the Department's Immunization Program; that there are two (2) primary aspects of the Department's Immunization Program: 1) the actual administration of immunizations; and 2) working to increase community capacity infrastructure and improving the immunization rates at the community level. Ms. Brown stated that the Health Department has "activities and resources dedicated to both of these efforts." Ms. Brown stated that the CDC Grant,

which the Department currently receives, supports approximately two (2) FTEs, who "are engaged in supporting that community infrastructure component."

Ms. Brown stated that the Health Department has noted the number of immunizations administered and the number of clients served at the Health Department "have remained consistent", while noting an increase at the community level by other providers in the number of immunizations administered.

Ms. Brown stated that her report contains a detailed analysis of the activities in which CCHS is engaged; that in 2008 the Clinic was restructured through the implementation of "an appointment only clinic" versus the previous walk-in for services clinic. Ms. Brown stated that there is approximately 95 appointments each day the Clinic is open (Monday, Wednesday, Friday), with an approximate 70-79% "show rate", which allows time slots available for clients "who show up without making an appointment." Ms. Brown stated that there has been a noted improvement in "the level of satisfaction" from the clients served. Ms. Brown stated the telephone system "is antiquated", which "remains troublesome" for both Staff and the clients; however, the appointment scheduling has been determined to "be a more customer friendly approach to providing immunizations." Ms. Brown advised that the appointment system has enabled Staff to "achieve greater efficiencies"; that it now takes a Nurse "twelve (12) minutes to complete an immunization appointment"; that this does not include the clerical services for the Clinic. Ms. Brown stated that the efficiencies were created through establishing the appointment system and partnering the Clerical Staff with the Clinical Staff. Ms. Brown stated that Staff continues to work on efficiencies.

Ms. Brown stated that there have been numerous discussion regarding the State of Nevada transitioning to a Vaccines for Children (VFC) only State from the previous Universal Coverage State; that this will result in vaccine being provided from the State for only those individuals who qualify. Ms. Brown stated this results in "an additional burden on providers outside of the Health District to purchase and maintain the vaccine"; that the Health Department has noted less of a dramatic impact than was anticipated. Ms. Brown stated that approximately 4% of the clients requesting services at the Health Department and are advised of the cost "are opting to check with their private providers"; that Staff is further noting "a greater number of clients identifying that they are VCF eligible, which allows Staff to utilize the State purchased vaccine. Ms. Brown stated that "the community as a whole is working diligently to respond to this change both at the community partner and State level"; that the Health Department has been a component of this process.

Ms. Brown stated that Staff has been very "efficient in how immunizations are administered in the Clinic" and in the Health Department's role "in expanding the community's infrastructure and ability" to address "their responsibilities in providing immunizations." Ms. Brown stated that the Health

Department Immunization Program has created "good partnerships and are continuing to review methods to improve efficiencies." Ms. Brown stated that the Board questioned "why the clinic isn't open five (5) days a week"; that the Health Department does provide immunizations five (5) days a week; however, immunizations are only provided in the Clinic the three (3) days a week." Ms. Brown stated that the other two (2) days immunizations are provided to "at risk populations in the community through the *Kids to Seniors Komer*" and through partnering with the School District. Ms. Brown stated that Staff is currently participating in a trial clinic at Hug High School; that Staff "anticipates starting providing immunizations on Tuesdays and Thursdays at the WIC Clinic." Ms. Brown reiterated that Staff is providing immunizations five (5) days a week; that the immunizations "are just not all in the Clinic."

Mr. Gustin stated that Nevada ranks 50<sup>th</sup> in the nation for immunizations; however, there is no data specific to Washoe County; that he and Ms. Jung would question "why and if it is necessary to track" Washoe County data.

In response to Mr. Gustin, Ms. Brown stated there is data available through WebIZ and the immunizations which are administered at the District Health Department and through partnering agencies; however, it isn't consistent as not all immunizations are documented by private providers.

Dr. Anderson stated that the use of the WebIZ system is not universally employed by all practitioners; that there are barriers to access to the system; therefore, providers may administer immunizations which are not "entered into the electronic system."

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the Immunization Program Report be accepted as presented.  
Motion carried unanimously.**

DISCUSSION – SELECTION – DISTRICT BOARD OF HEALTH MEMBER – ATTEND –  
NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH) CONFERENCE –  
APPROVAL OF EXPENDITURES – TRAVEL FUNDS

Chairman Humphreys advised that Ms. Jung indicated an interest in attending the National Association of Local Boards of Health (NALBOH) Conference in Philadelphia, Pennsylvania from July 1 – 3, 2009; that it is necessary for the Board to approve Ms. Jung as the representative of the District Board and to approve her travel expenses.

**MOTION: Chairman Humphreys moved, seconded by Dr. Furman, that Ms. Jung be the Washoe County District Board of Health's representative to the**

**National Association of Local Boards of Health (NALBOH) Conference;  
and that the travel expenses to Philadelphia, Pennsylvania be approved.  
Motion carried unanimously.**

PRESENTATION – REPORT – POINTS OF DISPENSING (POD) ROTARY FLU SHOT DAY –  
OCTOBER 25, 2008

Due to time constraints the presentation of the POD event was continued to the Board's March 26, 2009 meeting.

STAFF REPORTS

A. Director – Epi and Public Health Preparedness

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

B. Director – Community and Clinical Health Services

There was no Division Director Report for the Community and Clinical Health Services Division this month.

C. Director – Environmental Health Services

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

D. Director – Air Quality Management

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

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Mr. Gustin advised that the Reno City Council took formal action regarding the asbestos-related problems at the Zanzibar motel.

Mr. Goodrich thanked Mr. Gustin for the update.

E. Administrative Health Services Officer

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

Ms. Coulombe advised that she has provided the Board members with two (2) documents, which were distributed to the Board of County Commissioners (copies of which were placed on file for the record). Ms. Coulombe stated one is the confirmation of appointments to the Budget Policy Committee, dated February 22, 2009; that the second document is the tentative budget calendar. Ms. Coulombe thanked for the Board "for being accommodating"; that the Board's budget meeting has been scheduled for Thursday, April 9, 2009 at 1:00pm; however, Staff will provide "a high level update at the March meeting."

F. District Health Officer

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

BOARD COMMENT

Mr. Gustin stated that he has observed various food carts operating on Wells Avenue; that he would question the legality of those carts.

In response to Mr. Gustin, Mr. Sack advised that Staff has been investigating various food carts, which are operating without being inspected or permitted; that he will provide an update to the Board next month in his Division Director's Report.

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Ms. Ratti stated that she would thank Dr. Anderson, Ms. Brown and other Staff members for attending the Human Services Network Awards Breakfast on Tuesday; that there were two (2) health-related awards presented – the Administrator-of-the-Year Award was presented to Dr. Mike Rodolico of the Health Access Washoe County (HAWC) Clinic and the Agency-of-the-Year Award was presented to the Access to Healthcare Network. Ms. Ratti advised that both agencies are “collaborative in nature and both have been successful, in part due to the efforts of the Health District partnering in that collaboration.” Ms. Ratti stated she would publically commend both recipient agencies and the Health Department for assisting in the collaboration with those agencies.

Dr. Furman advised that Staff has received questions specific to “the efforts of retaining employees and economics, which will be included on a future agenda.”

Ms. Coulombe advised that Mr. Smith did provide her with that list of questions; that Staff will address those questions.

There being no further business to come before the Board, the meeting was adjourned at 4:00pm.

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

  
\_\_\_\_\_  
JANET SMITH  
RECORDER