

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
February 24, 2011

PRESENT: Mr. Matt Smith, Chairman; Amy Khan, MD, Vice Chairman (arrived at 1:10 pm); George Furman, MD; Denis Humphreys, OD; and Councilwoman Julia Ratti

ABSENT: Councilman Dan Gustin and Commissioner Kitty Jung

STAFF: Mary-Ann Brown, Interim District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Kevin Dick, Director, Air Quality Management; Mr. Steve Kutz, RN, MPH, Acting Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Jeanne Rucker, Environmental Health Specialist Supervisor; Noel Bonderson, Air Quality Management Supervisor; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Phil Ulibarri, Public Information Officer; Peg Caldwell, RN; Jim English, Senior Environmental Health Specialist; Isabel Chaidez, Clinical Health Aide; Maria Paredes-Segura, Office Assistant; Betsy Hambleton, Medical Reserve Corps Program Coordinator; Nick Florey, Environmental Health Specialist; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Chairman Smith called the Washoe County District Board of Health Meeting to order, followed by the Pledge of Allegiance led by Councilwoman Julia Ratti, member of the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Councilman Gustin and Commissioner Jung are excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/ DELETIONS – AGENDA – FEBRUARY 24, 2011

Chairman Smith called for any deletions or additions to the agenda.

**MOTION: Ms. Ratti moved, seconded by Dr. Humphreys, that the agenda of the District Board of Health February 28, 2011 meeting be approved as presented.**

**Motion carried unanimously.**

APPROVAL/ADDITONS/CORRECTIONS – MINUTES – JANUARY 27, 2011

Chairman Smith called for any additions or corrections to the minutes of the January 24, 2011 meeting of the District Board of Health.

**MOTION: Ms. Ratti moved, seconded by Dr. Furman, that the minutes of the District Board of Health January 27, 2011 meeting, be approved as received.**

**Motion carried unanimously.**

RECOGNITIONS

Chairman Smith and Ms. Mary-Ann Brown, Interim District Health Officer, presented Certificates of Recognition to Ms. Betsy Hambleton for **5 Years-of-Service**; Ms. Isabel Chaidez for **15 Years-of-Service**; and Ms. Maria Paredes –Segura for **15 Years-of-Service**.

PRESENTATION – ACCEPTANCE – ADOPTION – PROCLAMATION – MARCH 24, 2011 –  
'WORLD TB DAY IN WASHOE COUNTY'

Ms. Brown

Read a Proclamation in full into the record, advising that Staff recommends approval and adoption of the Proclamation (a copy of which was placed in file for the record), proclaiming Thursday, March 24, 2011, as 'World TB Day in Washoe County'.

**MOTION: Dr. Humphreys moved, seconded by Ms. Ratti, that the Proclamation, proclaiming March 24, 2011, as 'World TB Day in Washoe County', be approved and adopted as presented.**

**Motion carried unanimously.**

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – CLARK & SULLIVAN –  
UNAPPEALED NOTICE OV VIOLATION

Staff advised that **Citation No. 4334, Case No. 1061** was issued to **CLARK & SULLIVAN** on January 11, 2011, for the demolition of four (4) houses located at 1127, 1133, 1137, and 1147 Evans Avenue without filing the required Federal Environmental Protection Agency (EPA) National Emissions Standards for Hazardous Air Pollutants (NESHAP) forms with the Air Quality Management Division, in violation of Section 030.105 (National Emissions Standards for Hazardous Air Pollutants – NESHAP) of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised that Clark & Sullivan were advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4334, Case No. 1061 be **upheld** and a fine in the amount of **\$1,000** be levied as a **negotiated settlement** for a **major violation**.

**MOTION:** Dr. Humphreys moved, seconded by Dr. Khan, that Citation No. 4334, Case No. 1061 (Clark & Sullivan), be upheld and a fine in the amount of \$1,000 be levied as a negotiated settlement for a major violation.  
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENT

The Board was advised that Staff recommends **ratification** of the **Interlocal Contract** between the **State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection (NDEP)** and the **Washoe County Health District** in the total amount of **\$150,000 (not exceeding \$75,000 the first year)**, in support of the **Hazardous Materials Grant Program** for the period of July 1, 2011 through June 30, 2013.

The Board was advised that Staff recommends **approval** of **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$83,582 (with \$8,358 or 10% Health District match)** in support of the **Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program**, for the period of February 21, 2011 to August 9, 2011; and **approval** of **amendments totaling an increase of \$83,582** in both revenue and expense to the **FY 11 CDC PHP Federal Grant Program (2008 Carry Forward), IO 10713**.

The Board was advised that Staff recommends **approval** of **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$86,161** in support of the **Epidemiology and Laboratory Capacity (ELC) Grant Program** for the period of January 1, 2011 through December 31, 2011; and **approval** of **budget amendments** with a **net effect of \$0** in the **FY 11 ELC-Grant Program (IO-TBA)**.

The Board was advised that Staff recommends **approval of amendments totaling an increase of \$28,225** in both revenue and expense to the **FY 11 National Association of County and City Health Officials (NACCHO) ACHIEVE Program Grant budget (IO 10846)**; and **approval of payment for "Sponsor an Indicator" in the amount of \$1,000 for the Truckee Meadows Tomorrow (grant-funded).**

The Board was advised that Staff recommends **approval of amendments totaling an increase of \$11,281** in both revenue and expense to the **FY 11 Centers for Disease Control and Prevention (CDC) Public Health Preparedness and Response for Bioterrorism Pan Flu Carry Forward Federal Grant Program (IO 10738).**

The Board was advised that Staff recommends **approval of amendments totaling an increase of \$22,137** in both revenue and expense to the **FY 11 Centers for Disease Control and Prevention (CDC) Public Health Preparedness and Response for Bioterrorism Base Carry Forward Federal Grant Program, IO 10737.**

**MOTION: Dr. Humphreys moved, seconded by Dr. Khan, that the Interlocal Contract; Notices of Subgrant Awards with corresponding budget amendments; and budget amendments be approved as outlined. Motion carried unanimously.**

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

Chairman Smith advised that the monthly REMSA Operations and Financial Report will be continued to the March 24, 2011 meeting.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – JANUARY 2011

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 2011; that Staff recommends the Board accept the Report as presented. "Staff is in the process of reviewing each line item within the Budget for the Estimate to Complete."

**MOTION: Dr. Humphreys moved, seconded by Ms. Ratti, that the District Health Department's Revenue and Expenditure Report for January 2011 be**

**accepted as presented.  
Motion carried unanimously.**

UPDATE – FISCAL YEAR 12 BUDGET

Ms. Brown

Advised last month Staff presented the County's "fiscal targets in regard to the overall County Budget, including the projected \$33.5 million deficit; and the four (4) methods for addressing the deficit." In addition to the \$33.5 million in reductions, the County is anticipating an additional \$23.5 million "in redirects either through the elimination of funding or the transfer of programs from the State to the County during the Legislative Session."

To prepare for this the County is "reviewing how it does business; and is enlisting the assistance of the Organizational Effectiveness Committee (OEC)." She has provided the Board members with the "*Overview of Phase II of the Fundamental Review of Washoe County's Resource Allocation Process*" (a copy of which was placed on file for the record), from the OEC's February 17, 2011 meeting. The document provides an overview of the plan, "as to how the County will review resources and do an allocation process based on the decreases in the resources available." She and Ms. Coulombe attended the last meeting in which contracting with a consultant was discussed; that the Request for Proposal (RFP) for the consultant will be released tomorrow." The specific intent of the consultant will be to thoroughly review "opportunities within the County from a systems perspective to assist in achieving these very specific financial targets."

Through the review of the individual program budgets the Health District, with the assistance of the Division Directors and Program Managers, "has met the first financial target presented" by the County. Based on additional reductions that will have to be determined all programs will be reviewed for efficiencies. Staff anticipates this will be "one of many budgets" which will have to be developed. Staff is "working to be pro-active in anticipating how the District will determine where to make these significant reductions in the next few months."

Ms. Coulombe

Advised the Board members will be receiving the notebooks for the March 3, 2011 Budget meeting; that throughout the year Staff will be providing the members with additional information for these budget notebooks. The notebooks are tabbed by Program; that the 'Strategic Plan' adopted by the Board last month is included in the notebook, as are the per capita information, the State doc, etc.

As Ms. Brown advised, the Health District "has met the initial target"; however, Staff anticipates multiple revisions. The mandated meeting with the jurisdictional Managers, per the Interlocal Agreement, is scheduled for Tuesday, March 1, 2011; that Ms. Brown will present any of the manager's comments to the Board of Health at Thursday's Budget meeting, beginning at 1:00 pm.

The Board thanked Ms. Brown and Ms. Coulombe for the update.

PUBLIC HEARING – WASHOE COUNTY DISTRICT HEALTH DEPARTMENT FEE SCHEDULE

1:00 p.m: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on December 7, 8 and 10, 2010, to consider the proposed amendments to the Washoe County District Health Department Fee Schedule.

- A. Presentation and Discussion of Proposed Revisions to the Washoe County Health District's Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction

Ms. Lori Cooke, Fiscal Compliance Officer

Advised the Board members have received a copy of the proposed revisions to the Washoe County Health District Fiscal Year 12 Fee Schedule, with an effective date of July 1, 2011. The Fee Schedule is reviewed annually with the proposed revisions for increases or decreases to the fees presented to the Board for consideration, and is applicable to all Divisions and Programs. The Health District's Fee Schedule was first implemented in Fiscal Year 83, as a result of a review of the Interim Legislative Committee on Local Government and Finance, which approved the

methodology utilized to calculate departmental fees. The Health District "has consistently maintained the approved methodology during the review process; that the methodology was again reviewed in 1996, by the Interim Study Committee through the auspices of Assembly Bill 530, and was reaffirmed. In addition to the Notice of Public Hearing published in the *Reno Gazette Journal*, the Fee Schedule was posted on the Health District's website on December 6, 2010; that in excess of 8200 postcard notifications were mailed to various individuals and businesses, with approximately 12% being returned to the Health District. The majority of the returned notifications were "from the food service handler certification category." The public workshops were January 7, 10, and 13, 2011, with "a total of five (5) members of the public in attendance"; that Staff responded to an additional fifteen (15) questions received either through email, telephone, written correspondence or in-person.

Staff received comments in opposition to the proposed fee increases from Builders Association of Northern Nevada (BANN); John Ascuaga's Nugget; and the proprietor of a small bakery; that comments from effected temporary and special event vendors who attended a workshop "were neutral."

During last year's public hearing there was discussion that the fees specific to Environmental "would more than likely have an increase due to the calculations of the indirect cost rates"; that this is noted on the proposed Fee Schedule; however, "the proposed Fee Schedule for Fiscal Year 12 for Environmental is less than the fees which were being charged in 2007."

The fiscal impact of the proposed Fee Schedule to the FY 12 Budget is anticipated has been included in the budget notebook; therefore, any possible revisions to the Fee Schedule will have to be incorporated after the next week's budget meeting.

Advised Staff recommends the Board approve and adopt the proposed revisions to the Washoe County Health District FY 12 Fee Schedule.

In response to Dr. Khan

Regarding the anticipated revenue decrease with the Community and Clinical Health Services (CCHS) Programs, Ms. Cooke advised "overall the fees in CCHS have declined between 2-12% depending on the Program (i.e., Immunization by approximately 2%)." This is a result of the direct overall costs, as there has been a reduction in Staff; and wages and benefits because of employee concessions; and a reduction of the indirect costs to the Programs.

In response to Dr. Khan, Ms. Brown stated that as CCHS "becomes more efficient the costs and fees decline as the Programs are cost-based."

Ms. Cooke

Stated that the decrease is anticipated; however, "there may not be this decrease"; that Staff has noted in the CCHS Programs "client ability to pay is starting to become an issue and it is being reflected in the actual revenues; that it is anticipated this will continue into next year." Although there is the possibility of revenues increasing, she determines the calculations by reviewing "the history, the trends, and what is anticipated based on the 'number of service units and the cost of those units' resulting in the amount of revenue."

In response to Ms. Ratti

Regarding the indirect rate for Environmental Health Services, Ms. Cooke advised "the indirect rate is calculated every year by an independent contractor, and is a federally approved methodology; that the actual indirect cost rate is applied to the future anticipated (program) costs. Last year EHS had a 'negative indirect rate', as it was part of the two-year carry forward; therefore, with a negative indirect rate of 2% and an administrative rate of 10% EHS had an 8% indirect rate; however, this year EHS does not have the negative 2%." Currently "the actual indirect rate for Environmental Health is a lower indirect rate than that of 2007; that in 2007 it was a total indirect rate of 35% and the proposed Fee Schedule represents 21%. This is a combination of the EHS Division and the Health District; that it does not include the County's indirect rate." The EHS Division "had a large reduction in expenditures"; therefore, "when the reduction in expenditures was realized there was a negative indirect rate, which was a carry forward calculation." The EHS Division has had a reduction in the number of Staff resulting in the existing Staff providing more direct services; therefore, "it took a couple of years" for the reduction in Staff to affect and result in a reduction in the indirect calculation rate.

In response to Ms. Ratti

Regarding there being a "significant increase in fees this year compared to last year" for EHS, Ms. Cooke advised that "generally it results in approximately a 6% increase fee-to-fee"; that the EHS Division experienced "the same reduction in personnel, wage and benefits as the other Divisions. Wages and benefits is calculated by Division; therefore, it will depend upon how the Division is structured, what the actual indirect costs are and how much indirect is calculated as a percentage of the total costs."



Ms. Ratti

Stated the "current process is very good at achieving the objective of ensuring the costs are recovered as indirect cost-recovery, although there is an approximate year lag-time."

Ms. Cooke

Stated that Ms. Ratti is correct; that "in this year's calculations of the indirect cost rate she applied the current wage rates as it is not known what the wages will be for this year; that next year she will apply that year's wage rates."

In response to Ms. Ratti

The process "is effective in accomplishing the objective of cost-recovery", she would question if "in a volatile economy [the process] results in 'some pretty large swings' in rates, Ms. Cooke stated "it would not necessarily result in large increases in rates; that it would depend on how the division is structured; what the total costs are."

In response to Ms. Ratti

Ms. Brown

When a "large decrease in costs is noted within a Division it is reflected in the indirect costs; that increases in those costs result in a larger fluctuation in the indirect rate and higher fees. Stable staffing, and stable costs result in things remaining the same with the indirect costs remain relatively stable."

Ms. Ratti

Stated, "while she trusts the formula, it is difficult to logically explain a 12.49% increase in a category which affects a large sector of the community while there has been a reduction in staffing with 'more and more' efficiencies in local government."

Ms. Cooke

Stated the methodology for calculating the indirect costs is the same as it has been it was adopted; that in reviewing costs of the indirect rate she is aware "since 1999 the indirect rates have been

fluctuating; that the rates change based upon "how many resources are available and how much time and money is actually expended, as Staff has to true-up actuals to what the actuals were anticipated to be. If there is a large unanticipated decrease in the amount of expenditures in a Division, the [decreases] are going to *catch-up*; that this is what occurred in Environmental. For the past two (2) years Environmental experienced hundreds of thousands of dollars in fee decreases", which Staff had to address in the budget, and determine "how to do more with less. In 2007 the indirect rate was 35.87%; that in 2008 it was 30.12%; and in 2009, when the results to the reductions to the indirect cost rates were being noted, it was 13.93%; that in 2010 the indirect rate was 8.54% and for 2011 21.03%. As 'a trend' the EHS Division has gone from 35.87% indirect rate to 21.03%."

Ms. Ratti

Stated she understands "it works well internally for cost recovery, but not so well for providing a steady fee structure to the community."

In response to Ms. Ratti

Ms. Cooke

Stated, it is similar to "how much of an increase there can be in property taxes, it helps when the market goes down; however, those revenues are not recovered when the market goes back up"; that the intent is for stability. Staff applied the approved methodology, which is to be used for calculating the indirect costs; that some governmental entity fees utilize 'what the market will bear'; that the Health District does not, nor does the Health District apply the Consumer Price Index (CPI) to the calculation of fees. The amounts proposed in the Fee Schedule "are the actual costs to the District for providing the service; that there are a number of costs, which are excluded from the indirect rate being applied"; that the Health District pays for those costs. The proposed Fee Schedule is based on the established methodology and parameters utilized previously.

B. Recommendation for Approval and Adoption of the Revisions to the Washoe County Fee Schedule

Chairman Smith 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 Health District FY 12 Fee Schedule.

Mr. Larry Harvey, John Ascuaga's Nugget

Stated he "listened to Staff's financial report, and the Health District is the same as everyone else in town – trying how to figure out how to do more for less." With today's economy most businesses would be requesting for a reduction in fees; that should the Board adopt the proposed fees, the Nugget "has no way to pass on those fees; that there are fewer customers spending less money." The Nugget is questioning if the Health District "can maintain the existing fee structure and live within the means of what the fees bring in now." He understands the position of the Health District; however, the question is "how can we make this work; that this is the question every business in the community is having to ask. It is important to [the Nugget] there are not these increases in fees; that most of the fees, which affect their industry, are 9, 10, 11, and 12%." He acknowledges the Health District's process for determining fees is rationale; however, the proposed increases "are pretty high", and he would request the Health District "maintain the fees as these are extraordinary times." He would request the Board reconsider these fees.

Mr. Steven Duque, Castaway Trash Hauling

Stated Castaway Trash Hauling has reviewed the proposed rates as those relate to solid waste management programs; that Castaway Trash Hauling is in support of the proposed Fee Schedule; that the proposed rate increases are "very nominal and there are no objections to the proposed fees."

Mr. Jess Traver, Builders Association of Northern Nevada (BANN)

Stated BANN is in opposition to the proposed revisions to the Fee Schedule; that BANN has consistently been in opposition with all of the entities regarding fee increases, and supports "reducing rather than increasing fees." As an engineer for thirty (30) years he has been involved in designing and constructing buildings, and regarding the "logic of the calculations – sometimes we get caught-up in the numbers"; that it is the Board of Health's decision to "use common sense as to what those numbers mean to the community and what it is doing." Another agency recommended "increasing impact fees from \$4,000 to \$8,000"; that "the basis for their Capital Improvement Program (CIP) was the demolition of the El Dorado Hotel"; that through discussions with that agency the fee was readjusted." He would request the Fee Schedule be reviewed again to determine "what is really being done; what is being provided, without getting caught-up in the fluctuation, and to make sense in the numbers" being approved. There is currently 80% unemployment in the home building industry, and approximately 50% in the public works and general contracting component of the industry. "A 6% increase in Health District fees puts more people out of business."

Mr. Buzz Harris, Associated General Contractors (AGC)

Stated he represents the 300 members of the Associated General Contractors (AGC); that the AGC has discussed the proposed Fee Schedule with Staff; that AGC's opposition in increasing the fees "is more of the perception; that there are a significant number of people unemployed" in the community. "People who may be considering expanding a business, deciding if a business should continue, or a business determining if it should come to the area" may not if it is noted the fees in the area are increasing during these drastic economic times; that this presents "a very poor perception and (maybe) the lack of consideration on the part of government" when fees increases are proposed.

The AGC understands the rationale of the increased, acknowledging there has to be "staffing levels to provide services, but when fee [increases] are directed at a particular sector, which is a sector that is employing people and putting people back to work, this is not a good time" to be increasing fees.

Chairman Smith

Stated he understands the process, and in reviewing the recommendation "the numbers are good and the process works"; however, "there is no common sense to the proposed increases, which would place this large of a burden on businesses at this time."

Dr. Furman

Stated, he concurs "this is a very difficult situation for an industry that has been hit so hard"; that in Southern Nevada there is a charge to all employees of food service establishments; that would bring in revenue without hurting the industry. He acknowledges the food service industry may oppose such a fee.

Ms. Ratti

Stated she acknowledges the methodology for determining fees "is a rationale, logical process, which is valid when compared to other agencies in which she participates; that she appreciates the review of the Fee Schedule and the methodology is completed on an annual basis." She is aware there "is a tendency among governmental entities to not want to increase fees regardless of the economy as it is not a pleasant task, and the representatives will receive the complaints." The entities then lose funding by continually delaying the process, which results in the scenario of "increasing fees by 25% as it has been delayed for five to ten (5-10) years." She does have to

concur with the comments presented "these are extraordinary times; that while the proposed Fee Schedule is logical and rationale and addresses the needs and costs of the [Health District] it may not necessarily meet the needs of the public in these times."

There "*isn't an across-the-board solution*"; however, she would suggest "taking a step back and further reviewing" the proposed Fee Schedule. There is the need for "an industry by industry assessment and review where there is a significant increase, perhaps where a 3% increase could be accommodated"; that a small incremental increase would not make a difference; however, "a \$4,000 difference could make the difference between someone remaining in business or going out of business."

Stated she is aware Staff conducted public workshops and forwarded notices to all businesses which would be impacted by the proposed fees; however, she would question whether "another month of working with the public in a pro-active approach would help, as public workshops are not always the most pro-active approach to public engagement." Further, she would question what "the dollar impact would be if the {Health District} made no changes this year" to the Fee Schedule.

In response to Ms. Ratti

Ms. Cooke

Stated that "there would not be sufficient time to meet with business representatives" within the month; that she has to provide Tech Services with the information necessary to implement the revisions to the Fee Schedule. Currently there are "only two (2) individuals in Tech Services performing this work; that previously there were four (4); that Tech Services requires a minimum of ninety (90) days to implement the revisions to become effective by July 1<sup>st</sup>." The process for reviewing the data to determine the indirect costs for each Program and developing the Fee Schedule begins in July; that "it is a year long process for her; that this would result in a mid-year process." Further, the three (3) entities, which collect fees on behalf of the District, would have to revise "each one of the applications again"; therefore, "from a timing perspective it is not preferable"; however, Staff "will do what the Board directs. Staff will do what is necessary to present the Fee Schedule"; however, this could delay the July 1<sup>st</sup> implementation date.

In regard to the fiscal impact to the Health District it would be approximately \$200,000 in lost revenue; that Staff "would reverse the revenues from the Budget notebook and would have to complete the necessary adjustments.

Ms. Ratti

Stated Staff's Report does indicate a projected increase in revenues in the amount of \$262,274; therefore, for the Health District "to remain flat" would result in a loss of the revenues.

In response to Ms. Ratti

Ms. Cooke

Stated that it would not be Staff's recommendation to "remain flat on fees"; that Staff is proposing a reduction in the fees for Clinical Health Services, which are based on the actual costs of providing the service; that the Health District is prohibited from charging more than the cost of providing the service. This is a Board decision; however, that would be "her recommendation based on a fiscal perspective."

Regarding the adoption of the "Fee Schedule", Ms. Cooke advised the Board has the authority to modify the Fee Schedule providing specific direction to Staff as which fees should be increased or remain status quo, and which fees would be decreased as recommended.

In response to Ms. Cooke

Ms. Ratti

Questioned if the Board "could approve the portion of the Fee Schedule in which fees are recommended for reduction, and then provide direction to Staff that those fees which are recommended for increase should be reduced."

Ms. Cooke

Stated Staff would "then recalculate the proposed Fee Schedule and present it to the Board indicating "the original proposed and the newly recalculated fees."

Ms. Ratti

Stated she would question the individuals who testified, "if there are specific fee increase which would be particularly detrimental; that has no objections to the more nominal fee increases; that she does not note any "fees that would put someone out of business."

In response to Ms. Ratti

Ms. Cooke

Stated, as Staff was contacted by one of the larger establishments regarding the proposed fee increases, she calculated what the annual fee increase would be and determined the increase would be approximately \$1,000 - \$1,200, depending upon the number of special events in which the facility participated.

Dr. Humphreys

Stated, as has been noted and discussed, "these are difficult times; that, as was mentioned, there is a negative perception" to increasing fees; that a "\$1,000 increase in annual fees for some businesses would be a big impact and for other businesses not as big of an impact. Any increase in fees will have a 'negative impact' on those businesses in operation today regardless of the size of the business. New businesses may have the negative perception on the proposed fees wondering if there will be additional increases next year"; that those statistics are an unknown.

He concurs the process and methodology utilized in preparing the Fee Schedule is logical and good; that he is aware "the process is very time consuming, which he appreciates." He would support a further review as to what the effect would be on the various businesses in the community, while reviewing what the effects would be on the Health District, as the effect to the Health District is very important also." It is necessary to determine "a balance, which is difficult these days"; however, as he stated, "it is very important to determine the effects it would have on all involved."

Dr. Furman

Stated it would be a tremendous burden to conduct the public workshop process again; that he does not know how that would change anything." The Board, Staff and the public "know what the problem is"; therefore, having additional hearings and repeating the process would be a "difficult situation, and he would not recommend that."

Dr. Khan

Stated the Board acknowledges these are difficult times; however, the proven methodology of the calculation process has been approved and adopted by the Board and has been in effect for a number of years.

It was suggested those present representing the industry present comments as to achieving a compromise to the proposed Fee Schedule.

Mr. Buzz Harris, Associated General Contractors (AGC)

Stated the AGC represents "a wide variety of people in the industry (i.e., casinos, restaurants, engineers, lawyers, contractors, etc.); that it would be very difficult for the AGC "to review the fees and attempt to profess what the right fee is or should be. What may be right for the AGC may not be right for another industry."

The AGC does not dispute the methodology and the determination as to the amounts of the fees proposed; that the concern is "these are all businesses that are attempting 'to get by' during these economic times." The Health District Staff "probably knows what is best in the calculation of the fees"; however, as he stated the opinion of the ACG "is that it is the perception of this [proposed increase] at this time to which the AGC is opposed."

"Ms. Ratti's statement that the continued delay of increasing fees results in a much greater increase in those fees in two (2) or three (3) years from now" is accurate; however, the question is "is a particular government industry being saved to take care of things during a time when the private sector does not have the opportunity to prosper. It is the 'big picture' as opposed to" further reviewing these recommendations.

In response to Mr. Harris

Dr. Khan

Stated she appreciates Mr. Harris' comments; however, the Health District has increased efficiencies "to be able to continue providing services; that should the Board not approve the proposed fee increases and make the determination to keep those fees level from last, the Health District will eat those costs. It is a very challenging situation; that as Ms. Cooke stated these activities have to continue; however, it would be without compensation for the cost of doing that."

Mr. Harris

Stated he understands "fees are paid to try and have those services; that he is not recommending eliminating everything and not having those services; that this is a great community and the public should be able to have good services. At the same time proper decisions have to be made taking



things year-by-year; that taking the opportunity to review the recommendations in a year or two (2) years is something that should be considered."

Ms. Ratti

Stated it "is critical to her to advise it will not be possible for government entities to continue to reduce fees and provide services at the same level – governmental entities are not capable of doing it." A reduction in fees is a reduction in the number of employees who provide those services; therefore, those are services which will not be provided, and response times which will be delayed. Governmental entities can no longer indicate "the costs will be *eaten* with agencies continuing to *figure-out* how to provide those services. Service levels will be reduced as a component of the recession."

Ms. Brown

Stated a strategic directive of the Board of Health was the Health District "is responsible for ensuring appropriate fees are charged to maintain services. This is one (1) of the goals and strategic approaches of the Board in regard to the significant decreases the Health District must address in all the various revenue sources." She acknowledges there are conflicting goals for the Board, one (1) being the "concerns with increases in fees to businesses and the other is to ensure essential services provided by the Health District are viable and can be provided."

Chairman Smith

Stated the Board will have to make the determination as to how to address this, as the calculations presented by Staff "are the calculations"; that "is the solution to *cap* fees or review what the industry can manage" when determining fees. The Board must further consider the provision of services by the Health District and how to pay for those services; that he would disagree with the comment that services can be discontinued; that it "has to be *put in* perspective whether that is through implementing a smaller percentage of increase." The increases are reasonable when "it is a good economy"; however, "in a bad economy the proposed fee increases can be shocking." He would concur scheduling additional workshops and hearings would not be practical.

Mr. Harvey, John Ascuaga's Nugget

Advised the Nugget is a member of the AGC and is a general contractor; that "casinos are the equivalent of a small town; that fee increases at the treatment plant are passed on to the businesses"; that the Nugget is "charged numerous fees, which all add up." The Nugget

employees 800 individuals within the food service component of the facility; that previously the Nugget employed 2500 people and now employs 1500; that this is common in the industry. The increased fee for the Nugget would be approximately \$1200 annually; however, the Health District is not the only agency proposing to increase fees, which the Nugget and other casinos pay; that there "have been approximately ten (10) other agencies proposing to increase fees during the past several months. Although the proposed increase may be a small percentage it is adding-up to be quite a lot; that the Nugget is a hotel, has nine (9) restaurants, the banquet facilities, etc." Reiterated, he "understands the position of the Health District; that there are assumptions in the proposal which can be reviewed further; that there have to be concessions; that the Nugget's position is 'it can't take it' and opposes any fee increase(s).

Mr. Traver, Builders Association of Northern Nevada (BANN)

Stated this issue is a "little bigger than the Health District; that a 6% increase on a final map review may only be \$19, which isn't very much; however, it is an increase." The County Building Department's proposed fee increase was rejected by the Board of County Commissioners; that with all of the other regulating "there could soon be a 6% across-the-board increase for all Washoe County" department programs." He would question "how many people does that put out of work; that again, it is a bigger issue of not only the perception, it is a reality of who it will affect – how many people and how many businesses will it affect."

There being no one else wishing to speak either in favor of or in opposition to the proposed Washoe County District Board of Health FY 12 Fee Schedule, the Public Hearing was closed.

Ms. Ratti

Stated she "completely understands the economic development argument component; however, there is an argument regarding "the 30% increase in fees which will be necessary in three (3) years; that there is the argument for stability. She does acknowledge these are extraordinary times, and she would concur with Chairman Smith regarding there needing to be common sense." She does not support "eliminating the proposed increases across-the-board; that she would be interested in a compromise that provides stability to the programs while (perhaps) establishing a cap; however, she wants to know how much the economic impact would be" prior to making a determination. The Health District is "charged by State mandate with providing these services; and therefore, he determination cannot be made not to provide those services anymore. Should the impact [to the Health District be too high] she would not be able to support it"; that she would support continuing the Public Hearing and directing Staff to provide information specific to various scenarios to determine the actual impact."

Chairman Smith

He would concur with Ms. Ratti regarding having Staff review other options and report back to the Board "as to how [the Health District] is going to do this."

Ms. Brown

Stated "what she understands the Board is requesting is for Staff to review potential caps on fee increases and calculate the fiscal impact to the Health District from a budgetary perspective, as a one (1) time deviation from the established process in determining fees. Staff would determine the economic impact and provide an analysis to the Board."

In response to Dr. Khan

Regarding "an overall average increase being requested by the Health District", Ms. Cooke advised it "across-the-board the average increase is 6-8%; that some recommended increases are greater. In reviewing the fiscal impact there are fees that increased substantially; however, those fees had not been charged in four (4) years; therefore, it is not possible to determine the fiscal impacts "as there hasn't been any." She can prepare calculations and provide the Board information specific to "the compromise amount." A fee can represent a \$10 increase; however, there are "2,000 businesses, which would be affected annually; therefore there is a greater impact

Dr. Khan

Stated, "that information is very helpful; that it underscores the complexity of the methodology; that she understands an increased volume [of impacted businesses] could affect the revenues." She would question if it would be possible to consider "approval of the fees as proposed within a limit not to exceed a 5% difference, acknowledging that doesn't address revenues."

Ms. Brown

Stated "the difficulty will be the connection between a *cap* on fees and the effect to the revenues, as the two (2) are not related due to more businesses (i.e., a volume of businesses) being impacted by a fee." The direction of the Board may then be to implement a *cap* and then follow-up to determine how that impacts revenues ensuring there isn't a significant impact to revenues (i.e., a *cap* to the impact to revenues); that "this may provide more guidance to Staff." Staff could review the 5% cap ensuring it doesn't result "in a significant deficit for revenues" should the Board determine "that every fee, which was increased, is maintained at only a 5%" and approving the

proposed decreases as recommended." She would question if the Board's direction is to review a specific reduction or review a *cap* to the fees and then provide a projection as to the impact to revenues.

Ms. Ratti

Stated she appreciates the comments regarding "the perception of any increase to fees, however, it is not possible to accommodate not increasing fees"; that the affect to the Health District's budget "would be too great in context of all the projected reductions in the budget process. She does support "stability; that most businesses are going to accommodate a 2%, 3% increase in fees"; therefore, she "does not want to have to impose a 12%, 15%, 300% fee increase, if that is how the calculations *work-out*"; that she would favor "the common sense approach." She would request information as to the affect there would be to the revenues for the Health District for a 3% or 5% increase to the fees.

In response to Ms. Ratti

Ms. Cooke

Stated she can provide that information to the Board; that "obviously the revenues for the Health District and the impact to the business community will be less."

Ms. Ratti

Stated she "appreciates that the methodology is a system which has worked for decades"; however, as has been stated, "these are extraordinary times"; that during the time period of the approved methodology "there has been nothing like what is currently occurring."

Ms. Cooke

Stated the adherence to the methodology is to ensure there is a proven rationale and justification for the proposed revisions to the Fee Schedule. The presentation allows for "discussion by the Board to determine policy without deviation from the process resulting in the Board to provide direction to Staff."

Ms. Ratti

Stated, "Staff did an excellent job in presenting the information to the Board. The Board now has a policy decision to make", which will require the additional information as discussed.

In response to Chairman Smith

Regarding "CCHS rates decreasing this year and possibly increasing next year", Ms. Cooke stated "that is one (1) of the by-products of utilizing an actual cost methodology." Within CCHS Staff has not noted fluctuations in the immunization pricings; however, that could occur. A hypothetical is "a new drug becomes available, or a vaccine that previously cost \$113 per dose increases to \$132 per dose, etc."

The proposed increases and decreases to the fee are specifically related to the indirect; that the indirect costs are based on: time, and salaries and benefits. Within the Budget notebook Staff "budgeted for all of the concessions that are to be reinstated; however, she did not incorporate the costs associated with reinstatement of the concessions in the fee calculations." As she stated previously there is no CPI or any other indexing costs applied in the calculations of the fees; that the proposed Fee Schedule does "include the average 4% in wage reductions." The wage and benefits of a Staff member who has been in the same position for five (5) or more years is less than it was in 2006; that those reductions are included in the proposed Fee Schedule.

In response to Chairman Smith

Regarding reducing fees in CCHS by "no more than 3%", Ms. Cooke advised "to do so would be contrary to the applied methodology, resulting in charging more than it would cost to provide the service."

In response to Chairman Smith

Ms. Leslie Admirand

Advised the Nevada Revised Statute (NRS) prohibits the Health District from charging more than the actual cost of providing the service.

Ms. Cooke

Advised the reductions in CCHS fees are indicative of how the indirect costs fluctuate; that these fees "are *trued-up* to the past two (2) years when there have been reductions." When the Fee Schedule was reviewed every two (2) years, and some fees every four (4) years, there would be "the situation to which Ms. Ratti referred, and there would be large variations in the recommended increases." Some recommended fees increases could be 20%, 30% or 40%, and businesses strongly objected to those large increases, as it "was very difficult for businesses to prepare for that type of increase."

Ms. Ratti

As Ms. Cooke stated, her concern is the implementation of the "larger increase(s) due to continued delays in addressing fee increases"; therefore, she has requested the additional information for "a stabilizing factor" within possible alternatives "as opposed to no increases in fees." She anticipates the economy will stabilize, and the District would then be considering having to implement "those 20%, and 30% fee increases to support mandated services" if the process continues to be delayed.

Ms. Brown

Stated, it is the Board's direction to Staff "to retain the proposed fee decreases for service reflecting actual costs; to prepare a cap alternative at 3% and 5% for those fees proposed to be increased; calculating the impact to Health District revenues based on the 3% and the 5%."

In response to Dr. Khan

Regarding the Board's authority regarding the Fee Schedule, Ms. Admirand advised the Board can approve a portion of the Fee Schedule (i.e., those proposed to be reduced). Should it be the consensus of the Board to modify the proposed increases, she would recommend the Board continue the Public Hearing to the March 24, 2011 meeting.

Dr. Khan

Stated she would support continuing the Public Hearing to next month's meeting with direction to Staff to "re-estimate the fiscal impact to the District with the proposed capping of increases at the 3%, and 5%."

Ms. Cooke

Stated after the Board has determined an increase she will begin working in conjunction with Tech Services to begin implementing the new FY 12 Fee Schedule in the various billing programs."

Chairman Smith

Stated he would request the inclusion of a "50% reduction to the proposed fees and the fiscal impact to the Health District in addition to the 3% and 5% scenarios."

Ms. Coulombe

Stated, when the Board reconsiders the item, Staff would request direction should the Board make a determination to revise the process. As Ms. Cooke indicated, previously the Fee Schedule was reviewed bi-annually and is now reviewed annually to address the concerns such as those expressed by Ms. Ratti.

**MOTION: Ms. Ratti moved, seconded by Dr. Humphreys, to continue the Public Hearing regarding the proposed revisions to the Washoe County Health District's FY 12 Fee Schedule be continued to the Board's March 24, 2011 meeting. It was further ordered that Staff prepare alternatives considering a 3%, and a 5% cap; and a 50% reduction to the proposed fee increases, with an update as to the fiscal impact to the Health District for each alternative.  
Motion carried unanimously.**

Dr. Furman

Stated he would thank the representatives of the businesses for attending today's hearing; that this "is a very difficult situation and do affect the businesses."

PUBLIC HEARING – WASHOE COUNTY DISTRICT BOARD OF HEALTH GOVERNING SOLID WASTE MANAGEMENT

1:00 p.m: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on January 10, 15 and 21, 2011, to consider the approval and adoption of proposed amendments and additions to the Washoe County District Board of Health Regulations Governing Air Quality Management, specific to waste tire management.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

February 24, 2011

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- A. Presentation of Amendments to Section 010.696 (Source Separated Recyclable Material); Section 010.768 (Waste Tire Generator [WTG]); Section 010.772 (Waste Tire Hauler [WTH]); and Section 010.776 (Waste Tire Management Facility [WTMF]);
- B. Presentation of Addition of Sections 085.000 – 085.600, Inclusive (Disposal of Waste Tires)

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor

Advised the Board members have been provided with a copy of the proposed amendments and additions to the Washoe County District Board of Health Regulations Governing Solid Waste Management, specifically waste tire management.

Advised the Health District has regulated and enforced the Regulations for waste tire haulers and waste tire generator for approximately fifteen (15) years; that previously the Health District utilized the Nevada Administrative Code (NAC) for this purpose. During the 2009 Legislative Session "very specific requirements were implemented regarding the disposal of waste tires. Washoe County does not have a "waste tire management facility in Washoe County"; however, "should there be a facility capable of accepting waste tires for processing into fuel or some other reasonable product tires could no longer be disposed of in a landfill." It was the consensus of Staff "it would be in the best interest of the District to incorporate those provisions into the Regulations, including the other provisions within NAC." All of the waste tire haulers, and waste tire generators were notified of the proposed revisions, the workshop and today's Public Hearing; that Staff conducted a public workshop on November 17, 2010, with two (2) members of the public in attendance. One (1) comment from an out-of-state waste tire hauler that is not a permitted facility in Washoe County, "referencing situations, which occur in Oregon"; that a few other questions were received to which Staff responded.

The majority of definitions included in the proposed revisions are currently incorporated in the Regulations; that there are some minor amendments to "a few of the definitions. The majority of the proposed amendments are the additions to the existing Solid Waste Management Regulations.

The Health District currently charges fees for waste tire haulers; therefore there is no fiscal impact to the approval and adoption of the proposed amendments and additions to the Regulations.



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

Ms. Rucker

Advised that Staff recommends the Board approve and adopt the referenced amendments and additions to the Washoe County District Board of Health Regulations Governing Solid Waste Management.

Chairman Smith declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the proposed amendments and additions to the Washoe County District Board of Health Regulations Governing Solid Waste Management, specifically waste tire management. There being no one wishing to speak the Public Hearing was closed.

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

DISCUSSION – POSSIBLE DIRECTION – CONDUCTING OUTSIDE PERFORMANCE AUDIT – DISTRICT HEALTH DEPARTMENT

Chairman Smith

Provided the Board members with a copy of "ideas for an evaluation of the Health District" (a copy of which was placed on file for the record); that the suggestion is to "have an independent performance evaluation from an outside consultant performed." For a number of years the Health District has conducted "self-evaluations resulting in some tension from the other stakeholders." His goal is for the other stakeholders to understand the Health District "is doing a really, really good job, without only hearing it from the Health District; that the stakeholders hear it from outside of the organization."

He isn't sure that the Health District "would be able to afford such a project or if the other Board members are interested in having an independent audit performed." The handout he has provided the Board delineates the various aspects "he believes should be reviewed in an audit; that it would (possibly) assist the Health District in operating more efficiently." Further, it would improve the "public perception that the Health District is doing an excellent job, including the three (3) stakeholders" of the Health District."

In response to Dr. Humphreys

In regard to what the hiring of an outside consultant would cost, Chairman Smith stated he doesn't know what the cost would be; that the discussion is to determine if it is "something the Board wants to do. Ms. Brown indicated Washoe County is considering a similar measure.

In response to Chairman Smith

Ms. Brown

Stated she will be updating the Board in regard to possible independent analysis which is being considered by the County. The County's Organizational Effectiveness Committee (OEC) is releasing a Request for Proposal (RFP) tomorrow with the purpose of having a consultant conduct a fundamental services review on Washoe County. The Health District will be included in this fundamental service review, which will include review "what is being done; how it is being done; then providing recommendations, which may ultimately result in changing how and what the County does." A concern of proceeding with this process is the County's anticipated \$60 million in budget reductions.

There is not "a lot of expertise in this area as other governmental entities are experiencing the same" financial constraints as the Health District and the County are experiencing. The consultant awarded the contract will report to the OEC, which will provide recommendations to the Board of County Commissioners. The OEC is comprised of Chief Executive Officers (CEOs) and business representatives from the community; that "this will be a valuable resource to the County and to the Health District." Advised when the RFP is released she will forward a copy to the Board members.

Dr. Humphreys

Stated "there can be a lot of merit in having an outside evaluation performed depending upon who conducts it; that it has to be performed by the proper individual or entity; however, it can be more objective." In conducting a "self/internal evaluation "the various personalities are involved and the process becomes more subjective." Such a process would "have to depend upon the fiscal feasibility; that it would be of great benefit" to the Health District.

Ms. Brown

Advised currently the Health District does not have to contribute to the cost of the Washoe County external consultant.

Chairman Smith

Stated, an outside performance audit "would carry weight with [the District's] stakeholders.

Dr. Khan

Stated she will review the County's RFP; however, there is the concern "something can be lost when a review is too large; therefore, the Health District may not receive the specific feedback relative to the services provided by the Health District." She appreciates the Health District not having to pay for the review; however, it is important it addresses "what the Health District would want assessed/measured specific to the actual performance in the various divisions and programs."

Dr. Furman

Stated he, too would question "how is this County analysis going to affect the Health District"; that the Health District is unique in that the programs and issues it has are not issues other County Departments have. He would concur with Dr. Khan's comments.

Ms. Ratti

Stated, she "absolutely concurs that an independent performance audit is a helpful tool for any organization; that for twelve (12) years she was an independent contractor performing this type of audit." Based on her professional knowledge "this type of audit is impractical for this organization at this time due to the cost"; that the type of audit referred to by Chairman Smith's handout "would be significantly expensive" to contract; however, more significant is the Health District does not have the budget for "the Staff capacity costs at this time particularly during the budget process, the uncertainty of the Legislature and with an Interim Health Officer." This type of audit requires "10% of the auditor's time and the remaining 90% is performed by the Staff, as it would be Staff obtaining all of the necessary information for the auditor.

A performance audit is not going to achieve "what the Health District did in conducting the organizational restructure." The various entities have been utilizing short-term measures (i.e., savings from retirements); that "what needs to be considered is this is the new reality and this is the new organizational structure to address that reality." The City of Sparks is currently reviewing every position to determine if job assignments and duties have increased or decreased resulting in reclassifications; that reviewing the possibility of outsourcing programs at the City of Sparks required an eight (8) month analysis. Again, this process required a significant amount of staff

time. "At this time the Health District can't afford it; that there isn't the Staff to do it; and the information could not be obtained within the next couple of months when it would be necessary to make decisions."

Any investigation of programs performed by other entities in an effort to eliminate duplication of services will have to be delayed until after the Legislative Session is completed. A number of services currently provided by the State "may no longer be provided by the State by the end of the Legislative Session." The political "environment is changing too rapidly" to have an audit conducted at this time.

Ms. Coulombe

In 2001 the Health District contracted with two (2) external reviewers who conducted "a capacity assessment of all of the programs of the Health District; that Staff has a copy of that assessment available. There was a second process, to which Ms. Ratti referred, which was the "structural review, which was conducted in 2007, in conjunction with representatives of the Board of Health; Staff; and all three (3) jurisdictional entities. Both final documents are on file and available for review.

In response to Ms. Ratti

Regarding the cost of the capacity assessment, Ms. Coulombe stated that she can provide the Board with that information during the Budget meeting should the Board decide to provide direction to Staff.

Dr. Khan

Stated, "it would be helpful for the Board members to review the County's RFP for the countywide review." Further it would be helpful to review the 2001 Capacity Assessment and the results of the 2007 Structural Review Team. She would concur "the County is in a dynamic time; however, she doesn't believe this is a short-term situation; that she believes it will continue for awhile." Should the County assessment not address issues for the Health District it may provide "some key questions that need to be asked; that there is key value in having an independent assessment of the performance capacity, the services delivered and opportunities for improvement." She would recommend the issue be discussed in a few months, as the impacts of the 2011 Legislative Session are unknown.

Ms. Brown

Stated, the Health District "will have to make significant, sweeping changes in the next few months. Ms. Ratti is correct in that it would be very difficult to have an outside audit conducted a plan developed while Staff is preparing the budget." One resource for "more long term would be obtaining accreditation, which would result in the incorporation of best practices for health departments. The County's review process will be of assistance in the "short time line with the accreditation being a much longer process."

Chairman Smith

Stated he would concur "this isn't the best time for have an audit conducted"; that further, he concurs with the Board members that an outside performance audit is of great benefit; and would provide valuable information to the stakeholders of the Health District.

He would request Staff provide the Board with a copy of the Capacity Assessment; and the RFP being released by the County. He would request the Board discuss the feasibility of having an outside performance audit conducted during the October Strategic Planning Retreat.

Ms. Ratti

Stated she supports discussing an outside performance audit for the Health District during the Board's Strategic Planning Retreat; that the Legislative Session will be completed resulting in definitive answers to the financial impact from this Session. The Board of Health will have appointed the new District Health Officer who will have an important role in any type of performance audit.

**MOTION: Ms. Ratti moved, seconded by Dr. Khan, that the feasibility of having an outside performance audit of the District Health Department be conducted be agendized for the Board's October Strategic Planning Retreat; that Staff provide the Board members with a copy of the 2001 Capacity Assessment for review; and a copy of the County's RFP for the fundamental service review.**

**Motion carried unanimously.**

WASHOE COUNTY HEALTH DISTRICT – 2011 LEGISLATIVE BILL TRACKING – DIRECTION TO STAFF

Ms. Brown

The Board members have been provided with a copy of the Health District's Legislative Bill Tracking; that within the first week of the Session Health District Staff reviewed approximately thirty-six (36) Bills. She would encourage the Board members to review the Bill Tracking to become familiar with the Bills which Health District Staff are monitoring; that to-date Staff has "provided very little testimony or presentations." Mr. Dick will be providing a brief update on the Legislative Hearing on a Bill specific to smog checks.

With the assistance of Mr. Gustin and Ms. Ratti she is in the process of scheduling meetings with the Managers of Reno and Sparks at which time she will provide the Managers with a copy of the Health District's Bill Tracking document. The Cities and the County, and various other entities, have a Memorandum of Understanding Agreement to "maintain communication during the Legislative Session." Staff works in conjunction "with the County's Legislative team to remain consistent."

In response to Dr. Khan

Regarding a Bill introduced by Senator Parks specific "to public health function reorganization", Mr. Bob Sack, Director, Environmental Health Services, advised that he conferred with Southern Nevada Health District regarding this Bill. He has been advised it would "attempt to place control of the health district under the auspices of the Board of County Commissioners; that the Bill only affects those counties with a population of 400,000 or greater."

Ms. Brown

Stated with limited staffing, Staff is reviewing only those Bills which would affect the Health District.

In response to Dr. Khan

Regarding the 400,000 population trigger and the current census of Washoe County, Ms. Leslie Admirand, Deputy District Attorney, advised "it is the understanding a Bill will be introduced to increase the current 400,000 population trigger.

Mr. Sack

Advised Washoe County does now have a population of greater than 400,000; however, "for legal purposes the Legislature has to accept the latest census, which has not yet occurred; therefore, the 400,000 population trigger remains in effect.

Ms. Admirand

Advised the new census information will not take effect until July 1, 2011.

Ms. Brown

Stated, "there are 400+ Bills, which would affect the Health District should the Legislature accept the census data."

Mr. Sack

Stated there is "one (1) other Bill associated with the Washoe County and Southern Nevada Health Districts, which, in counties exceeding the 400,000 population trigger, Social Services would be joined with the Health District."

Ms. Ratti

Questioned, if the County is monitoring the legislation specific to the "400,000 population trigger." She is aware "these issues can be *dropped* during a Legislative Session due to the other issues (i.e., re-apportionment, the budget, etc.) during the 120 day Session."

In response to Ms. Ratti

Ms. Brown

Stated there are "the 400+ Bills which would affect the Health District; that there are many more that would affect other County Departments"; therefore, the Health District, the other County Departments, and the County collectively are monitoring Bills and the 400,000 population trigger. "Currently there isn't anything specifically addressing revising the 400,000 population trigger." It was the determination of the County "not to submit any BDRs to the Legislature due to there being

so many issues before the Legislature during this Session." Mr. John Slaughter is present at the Legislature throughout the day "very actively" monitoring Bills for the County.

Mr. Sack

Stated the Legislative Counsel Bureau (LCB) has assured "everyone the 400,000 population trigger will be addressed and adjusted."

In response to Dr. Furman

Regarding the amendment to AB 98 as proposed by the Nevada State Medical Association, Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, advised that he has not been contacted by the Nevada State Medical Association nor has he reviewed that proposed amendment. He has reviewed AB 98, which is "considered model legislation, which is proposed to be incorporated into *Nevada Revised Statutes* (NRS). AB 98 operationalizes the utilization of out-of-state medical volunteers through the 'Emergency System for the Advanced Registration of Volunteer Healthcare Providers' (ESARVHP)." ESARVHP is a database, into which the names of Nevada Medical Reserve Corps Volunteers are entered. Medical Reserve Corps volunteers from other States are entered into similar ESARVHP-compliant database; that it provides a process by which individuals' credentials and licenses are verified. As he interprets the Bill, AB 98 allows volunteers who are registered in ESARVHP would automatically be allowed to provide services within his/her scope of licensure within the State of Nevada, "without the Governor having to use any of his declaratory authorities." The Bill specifically refers to ESARVHP as an acceptable registration system.

The Bill does refer to "liability issues related to the use of these volunteers." He did discuss this Bill with the State; that the State indicated the Bill "didn't better address liability concerns for Nevada's volunteers, which has been an issue with Washoe County's Medical Reserve Corps." In reviewing the Bill he noted "that to address that issue would change the scope of the Bill"; that the Bill addresses "how can out-of-state licensed and vetted volunteers practice within the scope of their out-of-state license in Nevada should an emergency occur and they have to be brought in to assist."

He is not aware of any Bills currently, "which are more comprehensively addressing the civil liability concerns that Washoe County's MRC volunteers have expressed."



Dr. Furman

Stated he will be "making a motion recommending the Health District support the amendments proposed by the Nevada Medical Association" (a copy of which was placed on file for the record). The amendment has been reviewed and received input from "many physicians in Washoe County and Southern Nevada, including the District Health Officer of Southern Nevada. He is proposing support for these amendments, as there will be a hearing on AB 98 Tuesday, March 1<sup>st</sup>; that this Bill is important "as it provides protection to those who volunteer."

In response to Dr. Furman

Ms. Brown

Stated Staff does support AB 98; however, there wasn't any intent to testify; however, should it be the direction of Dr. Furman and the Board Dr. Todd will present testimony.

Dr. Furman

Stated testimony should be presented by Staff during the Hearing.

Dr. Todd

Stated, as submitted there were references to "liability protection"; however, as he stated, it is specific to "the volunteers from other areas outside Nevada. If these amendments are strengthening protection for Nevada volunteers he would be supportive of such an amendment.

Mr. Kevin Dick, Director, Air Quality Management

Advised AB 2, which allows for the elimination of the initial emissions control testing requirements for vehicles issued special license plates (i.e., classic, street rods), is being heard by the Committee on Transportation this afternoon. The Health District has remained neutral on this Bill; however, Staff will be presenting comments specific to providing documentation as to the 2500 mile limitation necessary to obtain an exemption. Staff will be recommending this provision "be strengthened to require odometer readings documenting the vehicle had not been driven in excess of 2500 miles from the previous year. Vehicles driven in excess of 2500 miles will result in greater impact to the air quality of the region.

Staff will utilize this time to educate Legislators as to the revisions to the National Ambient Air Quality Standard (NAAQS) for Ozone; that Staff is aware the revision will be a reduction to the allowable NAAQS for Ozone; however, it is not know what the new Standard will be. The new Standard is to become effective in July.

Advised he has provided the Board members with an update regarding SB 158, which would reduce the frequency of smog checks for new motor vehicles and vehicles which have not previously failed a smog test. Staff opposes passage of this Bill as it would have significant impact to the air quality through the "extension by one year the time period for which new vehicles would not be required to obtain an annual emissions testing (smog test) certificate. Models have demonstrated a vehicle "becomes more out of tune the further amount of time a problem is not addressed; therefore, Staff anticipates further impacts to the air quality should this Bill pass." Further, passage of this Bill would require Washoe County Health District to prepare amendments to the State Implementation Plan (SIP) and the Maintenance Plan. These Plans are based upon the emissions levels anticipated from vehicles required to comply with the Inspection and Maintenance (I/M) Program. The increased emissions from vehicles, which are not tested each year, has the potential of requiring Air Quality Management to implement additional control measures on stationary sources or consumer products to offset those increased emissions. The Health District receives \$1 for every smog check certificate issued; therefore, passage of this Bill would have a fiscal impact to the District; that the District also receives grant funding "from the Excess Reserve, which is in excess of \$1 million after the initial distributions occur." Staff projects this would result in a reduction in funding in the amount of \$360,000 for FY 12 and \$367,000 in FY 13. This would "would greatly impact Air Quality Management's ability to maintain the monitoring system, and planning program to comply with the requirements of US Environmental Protection Agency (EPA).

He proposes the Board of Health oppose SB 158; that the Southern Nevada Air Quality District and the Nevada Division of Environmental Protection (NDEP) are also in opposition to this Bill. The fiscal review from NDEP is the projected loss of \$2 million revenue is one-quarter of its operating budget. The Southern Nevada Air Quality District anticipates the loss of \$1 million in revenue reduction.

Ms. Brown

Stated the goal of Staff is to "be very aware of those Bills, which have the potential of having a significant impact expending Staff's limited resources on the most important Bills."

**MOTION: Dr. Furman moved, seconded by Ms. Ratti, that the February 2011 Legislative Tracking Report be accepted as presented; that the Board support the amendments to AB 98 as proposed by the Nevada State**

**Medical Association, with Staff providing testimony at the Committee Hearing. Further it was ordered that the Board support Staff's opposition to SB 158 as presented.  
Motion carried unanimously.**

PRESENTATION – EXISTING DISTRICT BOARD OF HEALTH COMMITTEE APPOINTMENTS – RE-APPOINTMENTS

Chairman Smith

Advised the Board members have been provided with a current list of the District Board of Health Committee appointments; that he would question if the members have any suggested revisions to the Committees. He would question comments from the members as to any requests for change.

Ms. Ratti

Stated, with the Board in the process of recruiting for a new Health Officer, she would recommend newly appointed Chairman Smith be a member of Personnel and Administration (P/A) Committee, as he will be the member "working most closely with the new District Health Officer." She would prefer Dr. Humphreys remain on the Committee, as he has been the Chair for the P/A Committee. It is important for an elected official to serve on this Committee.

Dr. Khan

Questioned if there prohibit four (4) members serving on a Committee.

In Response to Ms. Ratti

Ms. Admirand

Advise there are no prohibitions limiting the number of members who can be appointed and serve on a Committee; however, it would affect the quorum; that the rationale of three (3) members was to prevent "a tie vote." Currently two (2) members constitute a quorum, with a fourth member a quorum would require three (3) members with a majority vote requiring three (3) members voting in the affirmative or the negative.

Dr. Furman

Stated he has been serving as the Committee liaison between Washoe County Human Resources, the recruiter and the Committee during the recruitment process; that he serves as Washoe County's representative to the Board and to the Committee. He would prefer to remain on the Committee.

**MOTION:** Dr. Khan moved, seconded by Ms. Ratti, that the District Board of Health Committee appointments remain as presented, with the exception that Chairman Smith will be appointed as the fourth member to the Personnel and Administration Committee.  
Motion carried unanimously.

REPORT – FOOD BORNE ILLNESS OUTBREAK REPORT CARD

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

Advised last month the *Center for Science in the Public Interest* issued a "Food Borne Illness Outbreak Report Card for the Nation", regarding "how well the States do or don't do on the investigation of food borne illness outbreaks. By definition a food borne illness outbreak is 'two (2) or more people (cases) who become ill from a common food source'; that with new technology food borne illness outbreak are beyond local in scope." Previously food borne illness outbreaks would be considered "as localized"; however, with "PulseNet typing it can be determined the causative agent is the same as that which is occurring in other regions of the state or nation, or occasionally other regions of the world." Advances in technology do not; however, identify the "common source" of an outbreak; that continues to occur through the "case interview process."

Review the ten (10) year data collection from the *Center for Science in the Public Interest* of food borne illness outbreaks nationwide, advising the first graph depicts the "total number of outbreaks reported and the total number of outbreaks in which the outbreak was solved, resulting in the implicate a pathogen and identify the food source for the pathogen. Not identifying "both was determined as an unsolved food borne illness outbreak." Advised this is "a very difficult definition to achieve as it would depend on how quickly the Health is informed of an outbreak and whether or not there is any food remaining for analysis. The [Health District] may not be able to identify the food source in every outbreak"

Reviewed the methodology utilized to determine the 'grade' received, advising "the more outbreaks reported the better the grade"; therefore, "the fewer outbreaks reported the lower the grade."

The second slide depicts the median number of reported outbreaks per million population between the years 1998 – 2007; that the data indicates Nevada received “an F; however, this is an F Nevada didn’t deserve.” Advised the rationale for the methodology was “a low number of reported outbreaks (probably) didn’t indicate a ‘low number of outbreaks’, but an indication that the surveillance doesn’t work very well.” This resulted in “the States of Oregon and Minnesota, which received a high grade, have strong track records of conducting good epidemiology and outbreak investigation had eight (8) or more outbreaks per one (1) million population. This was then set as the standard benchmark.”

Advised there is the potential of a financial impact to the State due to this ranking, as “people will not want to bring conferences, conventions or relocate a business to ‘*the Outbreak State*’ if there is a concern the attendees could become ill due to Nevada receiving an F.”

Dr. Todd reviewed the food borne illness specific to Nevada, advising the graphs depict the number of reported outbreaks between 1998 through 2007, with sixteen (16) outbreaks reported in 2004; and then a “sharp decrease in reported cases, which continued through 2007.” He reviewed the data and determined “it resulted in an average of less than two (2) outbreaks per million population.” He is aware that Staff conducts “more outbreak investigations than this in Washoe County, maintaining an outbreak data inventory since 2004. Presented graphs depicting “data overlay of Washoe County since 2004, advising he applied the same methodology to Washoe County, which would have resulted in Washoe County being an ‘A’ State, if Washoe County were a State.” He reviewed “what would have occurred to the State of Nevada’s grade had Washoe County’s outbreaks been included in the data, which would have resulted in Nevada receiving a ‘D’.” This overlay doesn’t include Clark County’s outbreak data; that had Clark County’s data been included the State would have received a ‘B’ or perhaps an ‘A’, as there are a large number of outbreaks in Clark County.”

The “question then became why wasn’t Washoe and Clark County data reported, as both Counties were investigating and reporting these outbreaks; however, it was noted the information was not being entered into the CDC database after 2005.” It was determined the State quit entering the information into the CDC database in 2005. In 2008, when reviewing the 2007 data Staff noted Washoe County’s information was not being entered into the CDC database; therefore, Staff requested and received direct authorization to the CDC database and Staff began entering the data in for Washoe County.

Advised that utilizing the methodology for determining the grade, Dr. Todd presented a graph overlay of Washoe County data through 2010, advising that Washoe County would “again receive an ‘A’; that the State would receive a ‘D’ if no outbreaks were reported.

To improve Nevada's grade it will be necessary to report the outbreak investigations conducted to the CDC database; that as he stated, Washoe County has been reporting this data since 2008. The Carson City Health District began reporting outbreak data to CDC at approximately the same time; however, Clark County did not report its data. The only data being reported by the State were those outbreaks "which included multiple states." Washoe County Health District "encouraged other jurisdictions to report their data; that the State has recently committed to reporting data; that this should result in an improvement in Nevada's grade. Washoe County will continue to conduct thorough disease surveillance and outbreak activities.

Dr. Khan

Stated, she "recalls the State Health Officer questioning whether the State should be participating in the National Disease Surveillance System; that as the CDC assignee she was very concerned about the lapse in reporting." She would question the expectation of States reporting to the National Disease Surveillance System, as she considered the reporting as "an essential component of public health practice and one in which States would be expected to participate."

In response to Dr. Khan

Dr. Todd

A large amount of national/federal reporting is not "a matter of law, it is an issue that the majority of States always participate; that reportable data is entered every week, which provides the data for the *Morbidity and Mortality Weekly Report* (MMWR). It becomes immediately obvious is a State's data is missing from the MMWR." The error of omission becomes obvious regarding the Influenza Surveillance; that Staff receives a weekly federal report on national Influenza Surveillance depicting the data on a national map. Occasionally Nevada is depicted in white, which indicates Nevada's information was not reported for the week; that occasionally this was a technological problem that gets corrected in the following week. "It is immediately evident when there has been a lapse in the reporting; that it isn't always immediate obvious in the analysis reporting that Nevada's data has not been submitted. It was only through reviewing a report Staff became aware that Washoe County and Nevada's data was not being reported; that this lapse in reporting results in Nevada receiving the 'F'."

Dr. Khan

The CDC has assigned Epidemiologists to Nevada due to the national concern that Nevada "is a vulnerable State in not having the epidemiological capacity to respond to mass bio-terrorism events or natural occurring events." She is concerned "that with the current economic conditions the State

Health Division may choose to further limit or compromise the reporting functions. Further, this is a concern that Nevada continues to be vulnerable to any serious epidemiological threat or public health disaster."

Dr. Todd

Stated, he would concur with Dr. Khan; that after the most recent statewide epidemiological meeting there is now a willingness to ensure the State's efforts improve. To conduct a thorough investigation and obtaining results, which are not reported to the national database can result in a publication such as the *Center for Science in the Public Interest* reporting "Nevada is not doing a good job."

The Board thanked Dr. Todd for his report.

VOLUNTEER AGREEMENT – MEDICAL INDIVIDUALS – MEDICAL RESERVE CORPS (MRC) – PROVISION OF LIABILITY COVERAGE

Ms. Brown advised Ms. Jung requested Mr. John Sherman of Washoe County be present to discuss the issue of liability coverage for Medical Reserve Corps volunteers; however, due to Ms. Jung not being present this item will be continued to the March 24, 2011 meeting. She did meet with Mr. Sherman, Ms. Admirand and Risk Management to discuss a "possible agreement in terms of how does [the Health District] create a robust Medical Reserve Corps (MRC) while addressing the liability concerns of the County. Progress has been achieved, with a tentative solution acceptable to everyone. She did confirm this with Ms. Jung and Staff will present the progress report at the March meeting.

STATUS OF ACCREDITATION PROCESS – STATE AND LOCAL HEALTH DEPARTMENTS

Ms. Brown

Advised the Board has discussed accreditation of the District Board of Health; that she investigated the current status of the accreditation process for the State and local health departments. "There currently is a two-pronged approach occurring with the grant; that one (1) is a position at the State in the Office of Epidemiology." The State is investigating assigning and staff member who would be responsible for investigating the "State being accredited as a public health entity." Within the next two (2) weeks an announcement will be posted for a position with the Nevada Public Health

Foundation for a "Performance Improvement Manager, who will be the technical advisor to the local health districts in the accreditation process." This would be a resource to the Washoe County Health District to prepare an analysis to determine "how close the Health District is in being ready to pursue accreditation." As the Board is aware, Carson City was a Beta test site for the accreditation process; that the Health District "will learn from the results of Carson City's process that the preparation can be very valuable in improving the organization." The goal is the Performance Improvement Manager will be available to all of the health districts to provide technical assistance as the district prepare for the accreditation process." When this individual has been hired she will advise the Board as to how Staff anticipates "being able to work with the individual." This process is "all grant-funded at no cost to the Health District."

The Board thanked Ms. Brown for the update.

#### STAFF REPORTS AND PROGRAM UPDATES

##### A. Director, Epidemiology and Public Health Preparedness

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

##### B. Acting Director, Community and Clinical Health Services

Mr. Steve Kutz, Acting Division Director, Community and Clinical Health Services, presented his monthly Acting Division Director Report, a copy of which was placed on file for the record.

##### C. Director, Environmental Health Services

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



E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. Interim District Health Officer

Ms. Mary-Ann Brown, Interim District Health Officer, presented her Interim District Health Officer's Report, a copy of which was placed on file for the record.

Ms. Brown

As mentioned during the Budget update, she will be meeting with the colleges in the County to discuss "how can services be provided differently. She will be meeting with the County Departments which provide service to the construction industry to discuss possible duplication of services and how the Departments can work more effectively together. She will be meeting with Social Services to discuss in regard to the Health District's loss of services (i.e., the home visiting program); and how and what the opportunities may be to work in conjunction with Social Services. All of these meetings "align with the concept of working more collaboratively operationally to address how departments are to overcome the upcoming financial challenges."

The County's Multi-Stakeholders Task Force, to which she was appointed, scheduled its first meeting today conflicting with the District Board of Health meeting; that twice she questioned the date and time of that meeting; however, it was not changed. She requested Ms. Akurosawa, EMS Coordinator, attend the meeting as the Health District's representative.

In response to Dr. Khan

Regarding those meetings conflicting with the Board of Health meeting, Ms. Brown advised that additional meeting dates for the EMS Stakeholders Task Force have not yet been scheduled; therefore, she is hopeful there will not be another meeting schedule conflict.

Dr. Khan

Stated, in reviewing the FTE graphs provided in Ms. Brown's report, she would be interested in the "feasibility of creating a bar chart for the Budget meeting", delineating "what portion was from the local cost center as compared to the grant funding."

Ms. Brown

Stated Ms. Lori Cooke, Fiscal Compliance Officer "did a phenomenal job in developing these graphs; that the information is in response to a question by the Board as "to how many FTEs does the Health District have?" These graphs depict how many FTEs the Health District has and how many it previously had and the changes in each of the Divisions. Ms. Cooke has indicated she will be able to provide this information to the Board during the Budget meeting.

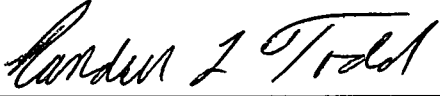
Ms. Brown

Stated in her handout "Committee on Appropriations", she underlined the proposed reductions to the President's Budget by the Committee on Appropriations; that those underlined have either a direct or indirect impact to Health District programs.

BOARD COMMENTS

There were no comments presented by the Board members.

There being no further business to come before the Board, the meeting was adjourned at 3:50 pm.

*for*  
  
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MARY-ANN BROWN, RN, MSN  
INTERIM DISTRICT HEALTH OFFICER/SECRETARY

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