



## MINUTES

**Southern Nevada District Board of Health Meeting**  
330 S. Valley View Boulevard, Las Vegas, Nevada 89107  
Conference Room 2  
**Thursday, February 27, 2014 - 8:30 a.m.**

Bob Beers, Vice Chair, called the meeting of the Southern Nevada District Board of Health to order at 8:34 a.m. in the absence of Chair Woodbury. Annette Bradley, Legal Counsel, confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law.

Annette Bradley noted a quorum was present at the start of the meeting with Members Beers, Crowley, Giunchigliani, Jones, Litman, Marz, Nelson, Noonan and Wagner seated.

**BOARD:** Rod Woodbury, Chair – Councilmember, Boulder City (arrived 8:35 am)  
**(Present)** Bob Beers – Councilmember, City of Las Vegas  
Susan Crowley – At-Large Member, Environmental Specialist  
Chris Giunchigliani - Commissioner, Clark County  
Timothy Jones – At-Large Member, Regulated Business/Industry  
Allan Litman – Councilmember, City of Mesquite  
John Marz - Councilmember, City of Henderson  
Marietta Nelson – At-Large Member, Physician  
Frank Nemec, At-Large Member, Physician (arrived 8:35 am)  
Bill Noonan – At-Large Member, Gaming  
Mary Beth Scow – Commissioner, Clark County (arrived 8:37 am)  
Lois Tarkanian - Councilmember, City of Las Vegas (arrived 8:39 am)  
Wade Wagner - Councilmember, City of North Las Vegas  
Lori Winchell - At-Large Member, Registered Nurse (arrived 8:39 am)

**(Absent)** None

**ALSO PRESENT:** Michael Collins – At-Large Alternate, Registered Nurse  
**(In Audience)** Douglas Dobyne – At-Large Alternate, Regulated Business/Industry  
Kathleen Peterson – At-Large Alternate, Environmental Specialist

**LEGAL COUNSEL:** Annette Bradley, Esq.

**EXECUTIVE SECRETARY:** Joseph Iser, MD, DrPH, MSc, Chief Health Officer

**STAFF:** Heather Anderson-Fintak, Mark Bergholdt, Dennis Campbell, Richard Cichy, Alice Costello, Tammy Cushman, Margarita DeSantos, Rayleen Earney, Cara Evangelista, Andy Glass, Forrest Hasselbauer, Julie Hurd, Amy Irani, Paul Klouse, Chris Mariano, Mindy Meacham, Shirley Oakley, Lorraine Oliver, Mars Patricio, Marisol Perez, Jill Perlstein, Rick Reich, Gloria Reta, Amanda Reichert, Jacqueline Reszetar, Brian Riddle, Joann Rupiper, Jennifer Sizemore, Bonnie Sorenson, Madelyn Sparks, Robert Urzi, Leo Vega, Deb Williams, Dr. Nancy Williams and Valery Klaric and Jacqueline Wells, Recording Secretaries.

**PUBLIC ATTENDANCE:**

<b><u>NAME</u></b>	<b><u>REPRESENTING</u></b>
Paul Giordani	City of Las Vegas
Vicki Gonzalez	KSNV
Ann Markle	Self
Orlando Sanchez	City of Las Vegas
Carols Spann	KSNV

Rod Woodbury, Chair, arrived at 8:35 a.m. and assumed chairmanship of the meeting.

**RECOGNITIONS:**

Dr Iser and Chair Woodbury recognized the following Southern Nevada Health District staff for their accomplishments:

**Amanda Reichert/Jill Perlstein/Madlyn Sparks:** Collaborative work to introduce evidence-based physical activity & nutrition curriculum into local child care centers and encourage the adoption of site-based policies to increase access to healthy foods and physical activity at the centers was recognized in a new **Health Equity Resource guide from CDC: “A Practitioner’s Guide for Advancing Health Equity – Community Strategies for Preventing Chronic Disease”**. SNHD’s work is highlighted on page 64.

<http://www.cdc.gov/healthequityguide/>. Dr. Iser reported the Food and Drug Administration (FDA) is coming out with new standards for labeling food products to enable us to make better choices.

**Mindy Meacham** (with community partners at UNLV): Staff and partners developed and submitted a manuscript on the CPPW Trails Initiative and evaluation findings. In September, the manuscript was accepted for publication in the Journal of Physical Activity and Health. The paper is currently in press and will be published in 2014. Citation: Clark, S., Bungum, T.J., Coker, L., & Meacham, M. (In press.) **Happy Trails: The Effect of a Media Campaign on Urban Trail Use in Southern Nevada. Journal of Physical Activity and Health.**

Nutrition and exercise are some of the most important priorities of any health department. When available Dr. Iser will distribute the information to the board.

**Rayleen Earney:** Recently completed a 48 hour course and achieved **Level 2 Diabetes Career Path Certification from the American Association of Diabetes Educators (AADE).**

Dr. Iser discussed plans to add Service Recognition awards to the agenda acknowledging employee dedication to district.

- I. **PUBLIC COMMENT:** Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. The Chair asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Cara Evangelista, SEIU Chief Steward, General Unit, commented on the SNHD budget review agenda item and the unfortunate results that Dr. Iser presented to employees and expressed employee outrage at the situation. She remarked that employees have faced

and fought against years of poor management and over the last 5-7 years have suffered with management guilty of illegal and unethical behavior, harassment of staff, breaking federal and state labor laws, poor financial decision-making, general incompetence and lying to the board, employees and public. When most of that management staff left the district approximately 1-1/2 years ago, employees had hope in the future. Ms. Evangelista stated during that time, and especially in the last three year union contract, employees agreed to follow other government agencies to scale back to include no COLA for three years, voluntary furloughs, adjusted work schedules for overtime savings, no increase in district healthcare money contribution and freezes in longevity and hiring. Employees are doing more with less, with nurse case managers carrying 50-70 client caseloads, EH inspectors carrying 500-600 permits and disease investigators doing the work of three people. Employees were doing their part in sacrificing and matching other agencies in the county while the previous management was setting the district up to the current situation. Ms. Evangelista stated this is the ultimate slap in the face for employees, now facing lay-offs and asked the board to understand the devastation of this situation. The union made the following requests to Dr. Iser and management:

- Least amount of labor cuts that will not harm the public with lack of services
- Least amount of harm to employees
- No third party contracting or temporary agencies performing the work of the laid off employees
- Equal treatment of position cutting in management to match the front line employees
- Fair treatment of employees
- Fiscally sound decisions in the future

Ms. Evangelista stated that SNHD has the least amount of public health per capita for any high population in the country and cutting back will cause severe harm. The SEIU is acknowledging that management needs to make adjustments and implores both management and the board to make the adjustments in a way that will minimize the impact to the general employees, their livelihood and the public. Ms. Evangelista stated the SEIU is still committed to working with management through this process and asked the board and management to do the best they can in this process. She stated that one can imagine how employees feel in light of what they have been through for five years and believing things were better, to find out previous management actions resulted in this situation.

Chair Woodbury asked if anyone else which to speak and seeing no one else, the Public Comment portion of the meeting was closed.

## II. **ADOPTION OF THE FEBRUARY 27, 2014 AGENDA**

The Chair called for a motion to adopt the agenda for the February 27, 2014 meeting as presented.

*A motion was made by Member Giunchigliani, seconded by Member Crowley and unanimously carried to adopt the February 27, 2014 Board of Health meeting agenda as presented.*

**III. CONSENT AGENDA**

These are matters considered to be routine by the Southern Nevada District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. APPROVE MINUTES/BOARD OF HEALTH MEETING: January 23, 2014 (*for possible action*)**

*A motion was made by Member Beers, seconded by Member Tarkanian and unanimously carried to adopt the Consent Agenda as presented.*

**IV. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing/Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.**

There were no items to be heard.

*A motion was made by Member Jones seconded by Member Crowley and unanimously carried to go into Closed Session at 8:48 am.*

**V. CLOSED SESSION – To Be Held Following the Public Hearings**

Go into closed session pursuant to NRS 241.015(2)(b)(2), to receive information from the Southern Nevada Health District's attorney regarding potential or existing litigation involving matters over which the Board has supervision, control, jurisdiction or advisory power and to deliberate toward a decision on the matter; (*for possible action*)

The Chair reconvened the Open Session at 9:36 a.m.

Members Nelson and Wagner did not return after the closed session

**VI. REPORT/DISCUSSION/ACTION**

Items were taken out of order and renumbered as they occurred at the meeting:

**1. Public Records:**

Heather Anderson-Fintak, SNHD Associate Attorney, presented information regarding public records: She reported the Federal Freedom of Information Act (FOIA) does not apply to a state agency. States were encouraged to enact some form of public record disclosure laws; Nevada's Public Records Law is codified in NRS Chapter 239. The statute broadly provides that all governmental books and

records must be open to the public unless “declared by law to be confidential.” (NRS 239.010)

Purpose of the Public Records Act is to ensure accountability of the government to the public by facilitating public access to vital information about governmental activities. DR Partners v. Board of County Commissioners, 116 Nev.616, 6P.3d 465 (2000)

Ms. Anderson-Fintak reviewed NRS 239.0107 requirements:

- Not later than the end of the **fifth business day** after the date on which the person who has legal custody or control of a public book or record of a governmental entity receives a **written request** from a person to inspect or copy the public book or record, a governmental entity **shall** do one of the following as applicable.
  - Allow the person to inspect or copy the public book or record.
  - If the governmental entity does not have legal custody or control of the public book or record, provide to the person, in writing:
    - Notice of that fact, and
    - The name and address of the governmental entity that has legal custody or control of the public book or record, if known.
- **Except** as otherwise provided in paragraph (d), **if** the governmental entity is unable to make the public book or record available by the end of the fifth business day after the date on which the person who has legal custody or control of the public book or record received the request, provide to the person, in writing:
  - **Notice** of that fact, and
  - A **date and time after which the public book or record will be available** for the person to inspect or copy. If the public book or record is not available to the person to inspect or copy by that date and time, the person may inquire regarding the status of the request.
- **If** the governmental entity **must deny** the person’s request to inspect or copy the public book or record because the public book or record, or part thereof, **is confidential**, provide to the person, **in writing**:
  - **Notice** of that fact, and
  - A **citation to the specific statute or other legal authority** that makes the public book or record, or a part thereof, confidential.
- The provisions of this section must not be construed to prohibit an **oral request** to inspect or copy a public book or record.

**Exceptions to NRS 239:**

- **Privacy**  
Personal Information (names, licenses/applications, etc.  
HIPAA)
- **Proprietary**  
Business Information (limited in scope)

- **Confidential**  
During the course of an investigation  
Otherwise limited by law, e.g., birth and death certificates

**Balancing Test:**

- In 1990 the Nevada Supreme Court construed the public records statute to include a government's duty regarding the "balancing of interests." *Donrey of Nevada v. Bradshaw*, 106 Nev. 630,798 P.2d 199 (1990)
- The Court's analysis suggests a government duty to engage in balancing of interests to ensure sound public policy is exercised in any decision to not disclose a public record regardless of a claim of record confidentiality.

**Public Policy Exception:** "In balancing the interests..., the scales must reflect the fundamental right of a citizen to have access to the public records as contrasted with the incidental right of the agency to be free from unreasonable interference." *DR Partners v. Board of County Commissioners*, 116 Nev. 616,621 (Nev. 2000)

**Costs:** SNHD has the right to charge a reasonable fee in responding to a public records request.

**Costs Approved by State and SNHD Board of Health:**

- \$1\* per page
- First hour of research is free. Subsequent hours of research are \$30 per hour for administrative staff time and \$65 per hour for professional staff time.
- \$10 for CD
- Cost of Mailing
- If cost is more than \$25, payment must be made up front
- Can waive fees
- \*NRS 239.055 lowered per page rate to \$.50 for "extraordinary" requests.

Ms. Anderson-Fintak reported the majority of the time documents are provided within the 5 day period and stated the majority of requests (50%) are solid waste and compliance. Many times the requestor wants to review the documents in person, for which there is no charge. In fiscal year 2014 every deadline was met within the compliance period and she is working toward making records as accessible as possible.

Member Beers asked for figures related to records requests proceeds versus the cost of compliance. Ms. Anderson-Fintak responded that she does not have a figure, but believes the proceeds are not very high. She reported that in many cases the district provides records electronically, adding that the first hour is free to the client (according to policy set by the BOH). SNHD is paying for staff time and if money is collected 5% of the time, it is probably a significant cost to the district. NRS permits charging a reasonable fee and the board could increase the fees and could charge for the first hour.

Ms. Anderson-Fintak reported that since July 1, 2013, 609 records were requested, reiterating that approximately 50% of the requests were solid waste related, but noted record requests run the spectrum. She commented that requests were tracked better over the past year.

Member Giunchigliani stated that under NRS 239 every record is presumed to be public record unless it specifically says it is confidential in the statute or the balancing act could be used. She stated her concern in requesting the records presentation was that SNHD let businesses decide what was proprietary or confidential and did not challenge it and asked why closure plans were confidential in solid waste. Ms. Anderson-Fintak responded that was a program decision. Member Giunchigliani stated that SNHD is responsible for increased record requests because records were not made public and hoped based on this conversation, to take a step back and do the premise, which is the state law that everything is public record unless it specifically listed in the statute as confidential or if someone challenges arguing proprietary. Ms. Anderson-Fintak stated her interpretation of Member Giunchigliani's statement was that SNHD should make records readily available rather than requiring public records requests. Ms. Anderson-Fintak reported that she determines the confidentiality of requests and individual programs would be responsible for making their records accessible. Ms. Bradley stated that since Ms. Anderson-Fintak has been managing the public records program a number of changes have been made to streamline the process making it more efficient, noting that it is a continuing process. Member Giunchigliani stated SNHD is producing items that should have been public in the first place and about 50% of the items are not legally confidential and policy-wise should be made public resulting in fewer public records requests. Ms. Bradley stated they recognize that and the requests received by Ms. Anderson-Fintak are approved when appropriate, and the process Member Giunchigliani is addressing is structuring this programmatically within the division. Ms. Bradley stated the mechanism to get all of these documents has always been public records process and that does not mean it always has to be, but as Ms. Anderson-Fintak is working through the public and medical records program, streamlining and making it more efficient, the issues of how records can be made better available to the staff and public in the fastest way to meet everybody's needs will be addressed. Member Giunchigliani stated that documents should be uploaded to the website and that SNHD has created work that is a barrier to public records and not in compliance with state law by making people go through a public record request rather than deeming them public. Ms. Bradley stated documents are requested and there was no other mechanism within the district for them to get to the records other than a records request, with the exception of what is on the website.

Chair Woodbury summarized that a way to reduce public records requests is to put information on the website and costs will have to be analyzed internally. The point is well taken and should be looked at and if it makes costs effective sense and is not too administratively burdensome, SNHD can start moving in that direction. As a board it is great input that should probably be considered, but the board cannot interpret the statutes and that is the legal department's responsibility. Member Giunchigliani stated she requested the records information to know what SNHD deemed to be confidential and what balancing test the district applied under state law to make it such, and is trying to ensure that all records are public unless they meet the state law. Ms. Anderson-Fintak reported that she reviews requests and determines their confidentiality. Chair Woodbury stated that he believes it is

appropriate to discuss with staff what items they believe should be on the website. Ms. Anderson-Fintak stated that the website would not survive uploading all of the information and is trying to provide the public with appropriate access when they make that request.

Member Beers stated the technology exists and may require redeployment of human resources and the board may want the CHO to come up with a proposal to consider redeploying those resources. He stated SNHD is a high volume operation unlike some of the smaller jurisdictions and staff hours may be regained by automating records and he is interested in knowing why staff thought the closure report was confidential if the records discussion is continued at another time. Member Beers asked if solid waste document requests were driven by competitors requesting information about their competition; Ms. Anderson-Fintak responded that she does not believe that to be the case, although she has seen that occur. The majority of requests are by contractors requesting an environmental assessment of all of the surrounding plots to determine whether or not there are environmental concerns.

Member Crowley agreed that not much of the information on permit applications should be considered business confidential and confidentiality needs to be viewed differently. There are items that a business would like to keep confidential because they are more personally private, but there are business confidential necessities of running the business, recipes and items that truly could be considered business confidential and there is also medical confidentiality. She questioned the procedure used for business confidential requests. Ms. Anderson-Fintak responded that a business must submit a letter identifying the statutes determining its confidentiality under Nevada law. Ms. Anderson-Fintak makes that determination and provides a written response on whether or not that documentation is considered confidential.

Dr. Iser is in agreement with review of records request policies, but noted SNHD is looking at downsizing and he would need time to accomplish this as it would take time to purchase servers and have personnel to accomplish the changes. He reported that storage of records required to be kept for perpetuity occupy 1/3 of the Henderson office space and SNHD is in the process of establishing a plan to scan records to avoid storage costs, which is a priority. He reported plans to hire someone to work with Ms. Bradley managing records in addition to internal policies on records retention. Dr. Iser stated they are two competing priorities. The district has reviewed and determined records that must be kept and purged unneeded records and planned to come up with a records retention plan for old and new records. Member Beers reported encountering agencies that learned that for 1.2 times the cost of either of those two competing projects they can do both and turn out to be substantially the same project. It does not matter whether the server storing images are on the web or not, cost is the same. Dr. Iser was in agreement, stating it is the human power involved with the individual documents and Member Beers stated that costs of taking those boxes down to images are the same internally and externally.

2. **Mandated Services:** Receive information regarding mandated public health services; and direct staff accordingly or take other action deemed appropriate (***for possible action***)



Dr. Iser reviewed the first attempt at a mandated services document that is planned to be used at the Board of Health retreat and stated that Ms. Bradley will be called upon to review items documented as mandates under NRS. He stated good public health has little to do with a mandate, citing the need for financial services, which is not mandated. Division Directors will discuss what is or is not a mandate and discussions will also occur at the retreat. He stated that inspection of Health Clubs and Gyms (page 8), which are low risk and not mandated, will be discontinued at the beginning of the fiscal year, noting they will only be inspected if the facilities include mandated functions such as a pool. Dr. Iser stated that all non-mandated programs will be reviewed, adding there are non-mandated programs that provide benefit to the public and public health and the board will be asked to look at programs and determine needs. Environmental Health has most mandates and there are mandates to track diseases, such as TB, STD's and perform contact investigations that show the benefits of public health. Member Beers asked about vector-borne disease on page 8, with a notation that it is not mandated and then lists NRS and NAC statutes. Dr. Iser responded vector-borne disease is not mandated, but the statutes are references that discuss vector control. He stated that use of "shall" provides a lot of leeway in definition and may not be a mandate. He reiterated that Ms. Bradley will review the NRS regulations noted before the document is finalized. Dr. Iser reported the SNHD vector control program needs bolstered and the district will be looking for a way to fund a larger program next year. Dr. Iser stated the document is not finalized, noting that a program may list items that are vaguely compelling arguments for the control and transmission of disease.

Member Winchell discussed non-mandated vector borne disease stating there are state statutes and asked if the implication is that vector is a state health department responsibility and if the state provide funding to implement some of these regulations. Dr. Iser stated Nevada is a state that gives mandates that are truly unfunded and noted that Emergency Medical Services is an unfunded mandate with no funding source. Programs will be reviewed to discuss how to develop funding sources; vector is one of those programs. Elimination of some services saves the district money, but could result in costing the community much more. Member Winchell stated UMC would be impacted by increased emergency visits and hospitalizations compared to the cost to deal with a vector control program. She questioned if the program is eliminated, would the state be asked to respond when issues arise; Dr. Iser stated it was doubtful. He stated that the only full-fledged vector control program that he is aware of is in Washoe County, Nevada and he would like to match that program here. She asked who would respond to discontinued non-mandated programs; Dr. Iser responded that it is a balancing act that will involve the board when the final budget is presented to them. SNHD will do a balancing act between mandates and good public health. The mandate for immunizations is once a year rather than the actual immunizations provided by SNHD, but cutting that back would jeopardize the health of individuals and the public health of the county. Member Winchell expressed confusion stating that programs have been targeted and layoffs discussed and yet the board is talking about looking at mandated and non-mandated programs like no action has been thought about or pursued. As a board member, she is not aware of anything that has occurred yet, but the union representative presented information that perhaps these discussions have occurred and decisions have been made. Member Winchell asked for clarification of the two different messages and Dr. Iser responded that an unbalanced

budget with a \$5 million deficit will be proposed that cannot be accomplished without cutbacks. He reported the same presentation was made to the board last month that was presented to employees. Dr. Iser, in concert with Division Directors and Program Managers, discussed the budget internally, developed and brought forward potential reductions in their programs. Division reductions were decided by the divisions to determine the best way to cut back protecting staff, public health and district. SNHD cannot continue operating with a deficit budget. The Audit Committee will review the FY 2015 budget and their recommendations will be presented to the Board. Member Winchell stated she is not comfortable making decisions without having the retreat and understanding the national accreditation standards as a public health agency versus mandates and where proposed cutbacks will be made. She would like to have the bigger picture before making decisions on what should be done as a public health department that impacts the community and health risks that may be involved. Dr. Iser stated that time did not permit doing the retreat this month as planned in preparation for the budget discussion and noted that during his five months at SNHD he has been trying to tackle everything that he can. Member Winchell stated that as a member of the Audit Committee she does not feel informed enough to make a decision and asked for the national accreditation standards prior to the Audit Committee Meeting. Dr. Iser responded that he could provide them, but does not believe it makes a difference at this point. He stated that at the time the budget is presented he hopes the questions will be presented and informed the board that many local jurisdictions have lot site of accreditation due to budget constraints, but he is proposing one new position of Accreditation Coordinator. He stated that in some counties in which he was involved there have not been any clinical programs.

Chair Woodbury directed board members to make a request for information. He stated internal discussions have occurred, but no decisions have been made on cuts, and Dr. Iser will present a budget that he preliminarily discussed at the January meeting and will discuss again today. Dr. Iser reiterated that no decisions have been made, but a proposal will be presented in the best interest of SNHD and public health. Member Beers clarified that SNHD has been operating in a deficit for a number of years and Dr. Iser responded affirmatively. He is unsure how many years SNHD has operated in a deficit, but reported that during the last two years there has been a significant deficit and suspects it has occurred for many more years. SNHD will run out of money following the current path and Dr. Iser stated that SNHD had approximately \$26.5 million that could be used to fund a deficit budget and if the district starts out with a deficit budget of \$10.5 million this year before the proposed cuts are made funds would last 2-1/2 years without buying any buildings or doing anything. The only item looked at in the budget is the 2.5% increase and SNHD is entered labor contract negotiations this year. He estimated that in 2-1/2 years the district would lose one half of the staff. Member Beers stated the district is running on savings that will be diminished.

Chair Woodbury asked for further questions regarding mandates and then will move into budget discussions. Member Giunchigliani stated that as a more appropriate picture is gleaned rather than looking at what is mandated are there ways to look at policy that should be taken as a board to go to Carson City to statutorily clean up areas where district time and money should not be spent. Dr. Iser reported plans to develop a legislative agenda that should include items mandated by the state that have no rational reason to be there. Member Beers stated that it would be helpful to

have the amount of money and number of staff associated with the functions listed on the mandated services document and stated there would be money remaining from the allocated tax funds that could be used for non-mandated services. Member Winchell suggested programs could charge fees instead of discontinuing them. Dr. Iser stated the proposed budget does anticipate some increases in revenue and some of the increases result in pushback from the community and if the full fee is not charged to a regulated industry the funds are taken from other programs. Dr. Iser plans to bring forward some moderate fee increases in April and Community Health, Nursing and Environmental Health Divisions have budgeted mild to moderate fee increases and Environmental Health fee increases will be presented to the board in the fall. Member Winchell stated there are multiple county agencies that should share programs and services. Dr. Iser stated that he has contacted Member Winchell for a contact person at UMC for these discussions and plans to discuss partnering with not-for-profit hospitals such as the Veterans' Hospital, UMC, and Nellis Air Force Base and Community Health Center, and possible get cost based reimbursement for some of our clinical services, especially under the Affordable Care Act.

Member Tarkanian reported the City of Las Vegas experienced problems in parks and school areas with unlicensed food vendors and stated that she is referred to SNHD when reporting the problem to code enforcement. Dr. Iser stated there are various codes, such as business license codes, and SNHD does not enforce business licenses. He expressed concern for SNHD food inspectors as some vendors may be a front for illicit services such as drugs and prostitution.

Lori Winchell left at 10:51 a.m.

**3. FY 2015 Budget:** Receive budget information for Fiscal Year 2015; and direct staff accordingly or take other action deemed appropriate (***for possible action***)

Dr. Iser reviewed information regarding the Fiscal Year 2015 budget. He informed the board that during his first month at SNHD he discovered that a deficit existed. His goal is to reduce the deficit by \$5 million, which will result in staff reduction. The final budget, developed program by program within each division, will be presented in March 2014.

Proposed revenue totaled \$40,085,643 with projected expenses of \$66,822,611. Original requests submitted by programs showed little to no change from last year equating to a budget deficit of \$27,566,175 and the addition of \$16,549,291 8010 funding brings the one year deficit to \$11,016,884. Dr. Iser asked Division Directors to project a 20% reduction in 8010 funds and noted that SNHD will actively look for more grants and other sources of revenue. Review of the 20% reduction shows the majority coming from the Administration budget.

He stated the budget had many caveats. The estimated \$16.5 million figure estimated by Clark County will be utilized 8010 funds; funding exceeding that amount will be used to decrease the deficit. The budget does not include internal changes, but does include transfer of staff from funded programs requiring 8010 funds to funded programs that use grant or fee dollars where they may be more utilized and better serve public health. If the district moves forward with the building and pays for

two locations concurrently with the Valley View lease, the result is an increased deficit of \$1 million. SNHD will have to move from the Valley View building by July 1, 2015 and moving costs will be incurred for installation of infrastructure, computer wiring and items of this nature that are not budgeted. Dr. Iser stated that if buildings are purchased a determination will be made regarding financing both buildings or purchasing one and financing one. Addition of these building costs will increase or decrease the budget. SNHD could thoughtfully plan a move to a new location and those costs would be incurred instead of having to urgently move. In 2016 and 2017 the district would no longer be paying \$2 million on the Valley View building and perhaps no longer \$500,000 on Shadow Lane, which houses most SNHD clinical services with the exception of TB and Immunizations. Dr. Iser discussed various financing scenarios using the \$13 million Building Fund and \$2.5 million from the Capital Fund and stated that reserves would not be decimated if financing was secured. Member Giunchigliani stated if the \$13 million is spent for buildings the \$6.5 million could go into the budget because it was her belief that money came from the original \$.035 that should have gone into programs rather than going into that fund. Member Marz asked if there are any other reserve funds besides the Capital Fund; Dr. Iser responded that SNHD has an Enterprise Fund for the laboratory that will be essentially depleted in FY 2015; Building Fund \$13 million and General Fund of \$20 million, which by board action, requires \$10 million to be kept in reserve. In arriving at the \$16.5 million he looked at \$2.5 from the Capital Fund, \$10 million from the General Fund and the \$13 million building fund.

Member Beers asked if Column E (Revenue) represented income from grants, fees, permits and does not include funding from property tax from Clark County; Dr. Iser concurred and stated the figure includes a small increase in some fees implemented July 1, 2014. Dr. Iser reported that Administration contains Finance, IT, Facilities (Maintenance/Security), PIO, HR and Business Group. Member Giunchigliani suggested discussions in the future to address the tax cap as the legislative package is developed. She reported the Democratic and Republican caucuses have formed through Metro Chamber of Commerce and are discussing the Southern Nevada agenda to go to Carson City and board members attending can raise that issue. Dr. Iser also plans to work with the medical society and association, Washoe County and public health entities in the state. Member Beers reported the health subcommittee of the larger bipartisan Southern Nevada caucus is meeting a week from tomorrow and would be a great platform to outline the problem and will forward the information to Dr. Iser. Dr. Iser stated the budget information provided is very broad and specifics will be provided to the Audit Committee and then Board of Health.

Members Marz and Scow left meeting at 11:04 am

Chair Woodbury summarized that much work has been done on the budget with no specific decisions made. There will be great sacrifices by employees and it appears that they have been very cooperative. Department Directors have worked hard to make cuts that are workable and SNHD is still operating at a \$5.6 million deficit and using reserves until other critical decisions are made to right the ship. He stated it is fiscally responsible to look at this long term and hopes the board will look back and say that the right decisions were made. Today's budget information is very preliminary and details will be provided. Board members needing information were asked to make individual requests. Chair Woodbury stated the board feels these discussions should have occurred over the past years and is a surprise to the board

because the budget was never presented in the past that SNHD was deficit spending. Dr. Iser stated that the deficit was budgeted at \$8.6 million and cost savings put into place result in saving at least \$1 million this fiscal year.

Member Winchell suggested looking to the federal level as money is available to revamp or build buildings in rural areas and also suggested looking at federal grants and loans for capital and construction of health facilities. Member Giunchigliani reported federal tax dollars are available and Nevada requested only one million. She stated that approximately \$300 million was left on the table due to not taking advantage of the funds. She added that SNHD should look at community financing grants and federal tax credits. Member Giunchigliani reported that fourteen inspector positions were approved and inquired whether they were hired. Dr. Iser stated this occurred prior to his arrival and he was unaware of this and reported five new EHS I positions are proposed; Ms. Reszetar concurred that the positions are ready for recruitment. Dr. Iser reported the last EH fee increase occurred about 5 years ago and fees are underfunded. He reported the indirect (overhead rate) is generally still funded out of Administration and the district needs to start putting the indirect into the programs to charge through fees or grants for some of those costs.

Member Litman left meeting at 11:14 am

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action.

Member Noonan reported that Nevada Restaurant Association NRA members are being lobbied on a legislative proposal brought forward by former SNHD employees requesting input into changes in inspection credential requirements and asked the Board's opinion of this proposal. Dr. Iser stated that former EH employees will propose legislation that would allow them and their firm to perform inspections that the district would have to accept as true inspections and the SNHD fee would be offset by the fee given to the other firm. Dr. Iser stated that he is suspicious of how good those inspections will be. He reported experience with the FDA where regulated firms would hire a company to do a mock inspection to aid in preparation for the actual inspection, which would be worthwhile if it assisted them to get an A on their next SNHD inspection, but he is not in favor of giving up district regulatory authority. Dr. Iser responded to a question regarding the Food Risk presentation stating it looks at the risk and compliance history of a regulated firm and the proposal under discussion would not do that and would substitute the district's inspection for a firm's inspection. She suggested that food inspections should focus on the health side rather than other things that may be more subjective; Dr. Iser responded the district is in the process of implementing standardization with the goal being little to no variability in inspections.

**VIII. HEALTH OFFICER & STAFF REPORTS**

CHO Comments:

- Dr. Iser reported attending a Medical Society meeting last night where Mayor Goodman discussed the medical district. Dr. Iser spoke about disparity in state funding for public health throughout the country.
- Dr. Iser discussed the potential impact to the Southern Nevada Public Health Lab (SNPHL) associated with Project Neon through noise, vibration and dust and the need to identify ways to avoid any damage to the lab. He mentioned exploration of the possibility to secure federal funding to create a new lab in another location. SNPHL is a Biolevel 3 laboratory required for the BioWatch and City Readiness programs; the only one within hundreds of miles. Closure of SNPHL would require sending laboratory work to northern Nevada or contracting with other states. Member Tarkanian reported that if a home or business location is taken by the state financial reimbursement is provided and may qualify for relocation funds. Member Giunchigliani suggested contacting the Director of NDOT sooner than later; Dr. Iser will work with Members Tarkanian and Giunchigliani for assistance. Dr. Iser stated the SNPHL has the capability for testing anthrax and noted the public does not want a laboratory of this level in their neighborhoods.
- Dr. Iser will resume meet and greets with community leaders and agencies with plans to meet with hospitals, community health centers and many others.

**Updates – Compliance with Audit Findings/Grant Time Recording:** Dr. Iser prefaced the presentation stating that is the response to audit findings discussed at the Audit Committee Meeting and at a subsequent board meeting and will provide an update to the entire board.

Andy Glass, Director of Administration, presented the Response to the Schedule of Audit Findings and Questioned Costs for FY Ending June 30, 2013 (updated January 21, 2014). He reported that corrections were implemented in nine of the fourteen items. The two repeat findings from the previous year concerning the accounting of time spent on grants by employees were implemented. Implementation of correction to the four remaining items will occur in April and one will be completed by the fourth quarter of this year. Mr. Glass opened for questions. Member Beers asked if time tracking software was purchased; Mr. Glass responded that a new policy was established and current software is being used to track the time. Dr. Iser added that time is double checked by a Human Resource employee to ensure accuracy. Member Beers suggested the use of frequency set software that has a built-in capability to turn time into invoices and requested a report showing billing capability, which he noted appears to be part of district plan. Mr. Glass responded affirmatively and the district is looking to include going beyond grants and clinical programs, in particular. Time can be recorded electronically as well as on paper and still have that paper trail and SNHD has gone through a very exhaustive policy to record every minute an employee is spending is recorded on paper.

AF & QC Number	AUDIT RECOMMENDATION	SNHD RESPONSE	TARGET DATE	PROGRESS / COMMENTS
2013-001	The month-end and year-end financial reporting processes should be modified to require the finance department to obtain the monthly physical inventory count	A policy and system will be developed which includes monthly physical inventory counts and Financial Services will reconcile and ensure that	April 2014	

	sheets from all locations, which should be used as the basis for the monthly entry to adjust inventory.	correct count totals are uploaded to the financial systems.		
2013-002	As part of the month-end and year-end financial reporting process, all contracts and agreements executed during the period should be reviewed by the finance department to ensure they are properly accounted for and disclosed in the District's financial statements	All contracts and agreements will be reviewed for proper accounting treatment prior to being posted.	December 2013	Implemented.
2013-003	As part of the month-end and year-end financial reporting process, expenditures related to capital assets should be reviewed by personnel familiar with the capitalization policy to ensure they are accounted for in accordance therewith.	All invoices will be reviewed for proper classification and proper accounting treatment prior to being posted.	December 2013	Implemented.
2013-004	As required by OMB Circular A-87, employees that charge time to grants should do so based on actual hours spent working on grant-related activities.	Current timekeeping policies and procedures will be modified and implemented to address the proper recording of time for grant-related activities as required by OMB Circular A-87.	Pay Period ending March 14, 2014	
2013-005	We recommend that a formal procedure be put in place to determine and document how certain benefits should be allocated, and that the methodology developed equitably allocates the cost of compensated absences such as annual leave, sick leave, holidays, and other similar benefits to all related activities, including activities related to federal grant programs.	Current timekeeping policies will be modified and implemented to address the proper recording of time for grant-related activities as required by OMB Circular A-87. The compensated absences portion of the fringe benefits, such as annual leave, sick leave, and holiday pay will be allocated in the same proportion as the actual time that is spent in the grant.	Pay Period ending March 14, 2014	
2013-006	We recommend that policies and procedures be designed and implemented requiring that analyses be prepared and reviewed periodically (no less frequently than annually) to verify that program income is used to finance the non-federal share of the scope of the project or to further program objectives.	Policies and procedures will be implemented to require that analyses are performed on a monthly basis to verify that program income is used to finance the non-federal share of the scope of the project or to further program objectives.	April 2014	
2013-007	We recommend that policies and procedure be designed and implemented requiring that all sub awards be reviewed to determine whether the Transparency Act is applicable, and if so, that the required information is submitted timely.	Policies and procedures will be implemented to require that all sub-awards subject to the Transparency Act are reported to <a href="http://www.fsr.gov">http://www.fsr.gov</a> in accordance with the reporting requirements of the Transparency Act.	April 2014	
2013-008	We recommend that formal sub recipient monitoring policies be drafted and adopted. The	Formal sub-recipient monitoring policy shall be adopted. The policies will	April 2014	

	<p>policies should include risk-based guidance on which sub recipients should be tested and the various procedures to be performed to provide reasonable assurance that sub award documentation and sub recipient activities are in compliance with the requirements of the applicable grants.</p>	<p>include risk-based guidance on which sub-recipients would be tested and the various procedures to be performed in order to provide reasonable assurance that sub recipients are maintaining compliance with the requirements of the various grants.</p>		
2013-009	<p>End-of-year progress reports should be submitted timely and report the most up to date expenditure numbers available at the time of submission is required to be filed.</p>	<p>SNHD will use the most up to date expenditure numbers for the report at the time of submission.</p>	<p>November 2013</p>	<p>Implemented.</p>
2013-010	<p>A formal review and approval process should be designed and implemented related to ARRA 1512 reports, assigning at least one individual the responsibility of reviewing and approving ARRA 1512 reports and requiring review and approval to be documented in the form of signature.</p>	<p>There was a formal review and approval process implemented related to ARRA 1512 reports and a Project Coordinator had the responsibility of reviewing and approving ARRA 1512 reports. Due to the ending of CPPW grant, the services of the Project Coordinator were terminated effective April 30, 2013. In the event that similar grants will be received by SNHD in the future, a formal review and approval process will be put in place and a Project Coordinator will be assigned the responsibility of reviewing and approving ARRA 1512 as well as documenting the process performed in the form of a signature.</p>	<p>When similar grant is awarded to SNHD.</p>	
2013-011	<p>We recommend grant accountants follow current policy and that management review grant accountants sign-off in their review of disbursements.</p>	<p>Management will make sure the Grant Accountants follow current policy and sign-off their review of disbursements.</p>	<p>November, 2013</p>	<p>Implemented.</p>
2013-012	<p>Property records should be reviewed at least quarterly by those charged with compliance to verify that the required information has been documented, and that the documented information is up-to-date (e.g., the condition of the equipment).</p>	<p>Property records shall reflect all information required by the grant agreement.</p>	<p>December 2013</p>	<p>Implemented.</p>
2013-013	<p>We recommend that a checklist be developed using the criteria delineated in Circular A-133 §.210, and implemented to assist in the determination of vendors versus sub recipients.</p>	<p>A checklist has been developed using the criteria delineated in Circular A-133 §.210 and implemented to assist in the determination of vendors versus sub-recipients.</p>	<p>December 2013</p>	<p>Implemented.</p>
2013-014	<p>The review and approval process related to the</p>	<p>SEFA will be prepared by Grant Accountant; reviewed by</p>	<p>4<sup>th</sup> Quarter, FYE 6.30.14</p>	



	preparation of the SEFA should be redesigned to provide better assurance that the SEFA is complete and accurate.	Accounting Supervisor; and approved by Financial Services Manager before submission to the requesting party.		
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Member Tarkanian left at 11:41 am

**Temporary Recycling Permits** – Dennis Campbell, Environmental Health Manager - Environmental Compliance, presented information on the handling of temporary recycling permits. He stated that a number of questions have arisen regarding the permitting of Solid Waste Management Facilities and provided information regarding the process used by SNHD. He stated that as the solid waste management authority for Clark County SNHD has to issue permits for any facility handling solid waste, landfills, transfer stations, recycling centers and those types of facilities. He cited Nevada state regulations:

**Permit Process to Operate Solid Waste Management Facilities**

**NAC 444.6405 Permit to operate disposal site: Requirement; exemptions; application. (NRS 444.560)**

1. Except as otherwise provided in subsection 2, the owner or operator of a disposal site must obtain a permit to operate the site from the appropriate solid waste management authority.

**NAC 444.6405 Permit to operate disposal site: Requirement; exemptions; application. (NRS 444.560)**

2. The owner or operator of a proposed disposal site must obtain the permit before the construction or operation of that site. An application for the permit must be submitted at least 180 days before the anticipated start of construction, to allow sufficient time for the review and issuance of the permit.

The Environmental Compliance Section issues two types of Solid Waste Management Permits, Temporary and Permanent.

**Temporary Permits:** The purpose of the regulations: To allow certain types of solid waste management facilities to operate and generate revenue to keep a company viable for up to six months while working through the permanent permitting process. Temporary Permit regulations only apply to Recycling Centers, C&D Waste Short Term Storage Bin Facilities, Public Storage Bin Facilities and other solid waste management facilities that have a low potential to create risks to public health. These regulations do not apply to Landfills, Transfer Stations or Material Recovery Facilities and are not able to apply for a temporary permit because they have a greater impact on the environment than the other types of facilities. The regulations were developed in 2009 at the request of industry to allow for them to begin operations quicker and amended in 2011. On January 26<sup>th</sup>, 2012, the BOH approved an expedited approval process that waived the requirement of bringing Temporary Permit applications to the Board of Health for approval, which eliminated the requirement for a public workshop and public hearing reducing the permitting process by at least 30 days. The major delay in the temporary and permanent permit process is the requirement for financial assurance that ensures money is available for the solid waste management authority to provide oversight of the

facility if it is closed or abandoned. Mr. Campbell reviewed the required documents and process for application for a temporary permit and noted that when an application is submitted it is reviewed within a 21 day time period and provides timelines for the applicant to provide missing information. Upon resubmission there is a fourteen day maximum for SNHD to review. When an application is complete SNHD publishes a public notice and fact sheet on the SNHD website and in local newspapers that the application is considered for approval and at that time the actual application is posted on the website for access and review. The Environmental Health Director has the ability to waive the requirement of taking certain Temporary Permit applications to the Board of Health. Mr. Campbell stated application can be made for a second Temporary Permit and then must move on to the Permanent Permit.

Member Giunchigliani left at 11:42 am

**Permanent Permit:** Based on the experience with Temporary Permit review process, in August 2012 the Board of Health approved a similar process waiving the requirement to bring Permanent Permit applications before them for approval. Public notice and fact sheet are posted on SNHD website and in local newspapers and a copy of the permit application is posted on the SNHD website for public review and comment. Applications involving landfills are presented to the Board of Health as they could be controversial and time consuming. The Environmental Health Director has the ability to waive taking Permanent Permit applications to the Board of Health based on required criteria. Mr. Campbell noted that the one exception to the process is that a public workshop is still conducted to solicit public comments on applications for solid waste management facilities. Mr. Campbell noted that issues that cannot be resolved with applications or conflict exists the application are presented to the Board of Health for approval, which has not occurred recently.

Member Tarkanian returned to the meeting at 11:44 am.

**Building Update:** Dr. Iser reported in addition to the buildings discussed earlier the district is looking at potential lease space at the Cities of Las Vegas and North Las Vegas. The Mesquite lease ends and Dr. Iser reported discussions were held with Member Litman and the Mesquite City Manager regarding their assistance in finding space for SNHD at a minimal cost, rather than leasing a building. The district continues to look at existing leases and renegotiation of rental costs. He stated the Cities of Las Vegas and North Las Vegas may be a good option for semi-permanent space reported that negotiations with North Las Vegas are for seven years; discussions with Las Vegas just began and he also hoped for several years.

Dr. Iser stated that Covington Cross and 400 Shadow Lane continue to be building options and the district is negotiating with those property owners to reduce their prices. He reported the properties may be under appraised and the board would have to weigh paying over appraised value with not having to move and having a building that the district does not have to build out and having a medical office building housing all SNHD clinics (400 Shadow) with some space remaining. Some of the Shadow Lane space is currently leased and SNHD plans to review the leases and would receive the lease income. The building would house all of nursing and relocating the TB clinic would cost upwards of \$200,000 to install the requirements such as air flow. Dr. Iser stated the district would save money if a collaboration with another institution having negative air pressure and located close to our clients. He will negotiate with the two building owners

and take their offers into consideration and reported that SNHD is working with a real estate agent to identify space and is openly looking at other spaces. Member Tarkanian asked if there were plans to construct a new building at 625 Shadow Lane; Dr. Iser responded that a new building was unaffordable to build on that site. Dr. Iser met with Betsy Fretwell and Scott Adams, City of Las Vegas, and viewed space at the Developmental Services Building located at 333 N. Rancho Dr., for 7000 sq. ft. of a 12,000 sq. ft. floor. The space looked satisfactory, but parking is a problem and it may not accommodate all of the EH employees. Dr. Iser will present a more formal proposal at the April meeting.

**Influenza Update:** Dr. Iser reported eighteen deaths occurred to date, which is double last year's figure and stated that it appears to be a normal influenza year. Influenza deaths involved younger people similar to the H1N1 Outbreak in 2009.

Member Noonan left meeting at 11:56 am.

**Director of Community Health:** Dr. Iser reported extending an offer to a candidate to fill the position vacated by Dr. Tom Coleman. A formal announcement will be forthcoming upon receiving a signed acceptance.

**Board of Health Retreat:** Dr. Iser reported that in anticipation of the length of today's Board of Health meeting he decided to move the retreat. At-Large Member recruitment may result in a change of board members this year and he asked the board for their input in scheduling the retreat in July or August. Chair Woodbury suggested looking at the fall due to vacations and Dr. Iser suggested scheduling for September 25, 2014. Member Jones suggested including legislative items. Dr. Iser stated that during the legislative sessions he provides a list of legislative items and recommends working with the Nevada State Medical Association, public health organizations in the state, county and cities and creating a legislative agenda that can be supported by everyone.

**IX. INFORMATIONAL ITEMS**

**1. Chief Health Officer and Administration**  
A. Monthly Activity Report – January 2014

**2. Community Health:**  
A. Monthly Activity Report - January 2014

**3. Environmental Health:**  
A. Monthly Activity Report - January 2014

**4. Clinics and Nursing:**  
A. Monthly Activity Report - January 2014

**X. PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board

wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Chair Woodbury asked if anyone else wished to speak during Public Comment and seeing no one closed the Public Comment portion of the meeting

**XI. ADJOURNMENT**

The Chair adjourned the meeting at 12:01pm

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Joseph P. Iser, MD, DrPH, MSc  
Chief Health Officer/Executive Secretary

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