

Tom Collins
Karl Gustavson
Debra March
Steven Ross
Anita Wood

Commissioner, Clark County Alternate
Councilman, Mesquite Alternate
Councilwoman, Henderson Alternate
Councilman, Las Vegas Alternate
Councilwoman, North Las Vegas Alternate

Staff: Scott Weiss; Angus MacEachern; Glenn Savage; Jennifer Sizemore; Bonnie Sorensen; Jo Alexander; Patricia Armour; Stephanie Bethel; Jerry Boyd; Dennis Campbell; Norine Clark; Alice Costello; Gail Gholson; Joanne Engler; Steve Goode; Mary Hahn; Mary Ellen Harrell; Forrest Hasselbauer; Jane Kopczak; Brian Labus; Eric Lahr; Eddie Larsen; Christina Madison; Ann Markle; Dante Merriweather; Veronica Morata-Nichols; Patricia O'Rourke-Langston; Gwen Osburn; Mars Patricio; Walter Ross; Patricia Rowley; Jane Shunney; Chris Strickland; Vickie Swanson; Leo Vega; Kent Wertz; Deb Williams; Valery Klaric and Shelli Clark, recording secretary

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Joe Barron	Top Dollar
Michael Biel	Kafoury Armstrong and Company
Petya Balova	LEA Engineering
Terrance Capers	CNLV
Chris Darling	A Recycling Solution
Mark Ewanko	Top Dollar
Shaun Gustafson	A Recycling Solution
Insoo Hwang	Top Dollar
Amber Lopez Lasater	SEIU Nevada
Al Martinez	SEIU Nevada
Van Nguyen	USN Pharmacy Student
Dave Peter	SEIU Local 1107
Mark Ricciardi	Fisher and Phillips
Tami Stigger	Bellagio
Rob Tidwell	Republic Services
Chau DangTran	USN Pharmacy Student
Mike Ward	SEIU
David Wendell	Self
Shawn Yoder	Foothill High School Shadow Program

- I. Meeting of the Board of Health as governing body with its attorneys regarding existing/potential litigation – **CLOSED SESSION** pursuant to NRS 241.015.2(b)(2)

A motion was made by Member Eliason to close the meeting for the Board of Health as a governing body to meet with its attorneys regarding existing/potential litigation at 8:33 a.m.; seconded by Member Fairchild and carried unanimously.

CLOSED SESSION

The meeting recessed for the Southern Nevada District Board of Health to meet in Closed Session. Chair Giunchigliani reconvened the open session at 8:46 a.m.

IV. REPORT / DISCUSSION / ACTION

1. Review / Discuss Lanahan v. Southern Nevada Health District; Direction to Staff

A motion was made by Member Eliason to approve the settlement agreement as discussed in the Closed Session; seconded by Member Crowley and was unanimously approved.

II. 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:** 1/28/2010
2. **Approve Payroll / Overtime for Periods:** 12/26/09 – 1/08/10 & 1/09/10 – 1/22/10
3. **Approve Voluntary Furlough Program Reports for Periods:** 12/26/09 – 1/08/10 & 1/09/10 – 1/22/10
4. **Approve Accounts Payable Registers:** #1213: 1/08/10 – 1/13/10; #1214: 1/14/10 – 1/21/10; #1215: 1/22/10 – 1/27/10; #1216: 1/28/10 – 2/04/10
5. **Petition #04-10:** Approval of Amendment Number I to Interlocal Agreement with Clark County on behalf of Clark County Department of Social Service for Additional Funding through February 28, 2010 and Extension of the Agreement through February 28, 2011 to Provide Ryan White Part A Services

Chair Giunchigliani asked if there were any discussion on the items brought forward on the Consent Agenda. Board members asked to trail item #2 for additional discussion. Seeing no further discussion, she called for a motion to approve the Consent Agenda as presented, with item #2 held for discussion.

A motion was made by Member Eliason to approve the Consent Agenda as presented, with item #2 held for discussion; seconded by Member Crowley and was unanimously approved.

2. Approve Payroll / Overtime for Periods: 12/26/09 – 1/08/10 & 1/09/10 – 1/22/10

Scott Weiss, director of administration noted at the January meeting Board members had concern over the amount of overtime paid. Most of the overtime was related to H1N1 activities, including Saturday clinics, strike teams, community events, vaccine management and the like. The overtime paid for each pay period was broken out as follows:

<u>Pay Period</u>	<u>Total Overtime</u>	<u>H1N1-related Activities</u>
11/28/09 – 12/11/09	\$41,230.27	\$36,574.77 (89%)
12/12/09 – 12/25/09	\$47,386	\$37,193 (78%)
12/26/09 – 1/08/10	\$4,689.47	\$1,018 (22%)
1/09/10 – 1/22/10	\$9,991.78	\$4,407 (44%)

Mr. Weiss reported that overtime will continue to decrease as H1N1-related activities become less frequent. Overtime in the Administration area was paid to security, maintenance, IT and finance staff. Security staff at the East Las Vegas, North Las Vegas and Henderson Public

Health Centers report to work one half hour before the clinic opens and remain on site for thirty minutes after the clinic closes – there is not enough security staff to stagger schedules to cover the longer hours needed for security operations.

Mr. Weiss said that currently the district utilizes temporary staffing services provided by Medical Resource Staffing (MRS) to support staff with H1N1 vaccination response, which has enabled front line and professional staff to continue daily operations. Dr. Sands said an expense report can be provided to demonstrate the best use of our H1N1 grant resources. The grant was intended to help both state and local departments administer vaccine and manage the outbreak in the community, realizing that additional assistance would be necessary. MRS personnel both supported and supplemented health district staff during the vaccination surge between October and December; personnel is still being utilized for strike teams in the community, schools and other community events. This support is decreasing as the demand for vaccine decreases; H1N1 vaccine administration is also being integrated into routine clinics. Dr. Sands said the regular flu season approach should be routine again soon.

Mr. Weiss reiterated that H1N1 funding could not be put in the general fund to be used for others purposes or services – it was solely for deliverables of the H1N1 program. All expenses related to H1N1 are tracked. The contract approved at the January Board meeting with Clark County Social Service requires regular reports. The contract was based on outreach and reimbursement is connected to clients seen.

Chair Giunchigliani asked that the reports Mr. Weiss referenced today be scanned and emailed to the Board – Mr. Weiss noted Mrs. Clark will send the information. She also suggested that the payroll/overtime report be expanded to include program/section versus just an employee's name for better clarification. She also asked for a copy of the contract with Medical Resource Staffing and all expenses paid to MRS to date, including a cost-benefit analysis – fees, expenses and hourly breakouts to better indicate who is providing what service for the health district.

A motion was made by Member Eliason to approve the Item #2 on the Consent Agenda as presented; seconded by Member Crowley and was unanimously approved.

Chair Giunchigliani introduced Shawn Yoder from Foothill High School who was shadowing the Commissioner for the day.

III. PUBLIC HEARING / ACTION

1. **Memorandum #01-10:** Application for Approval for A Recycling Solution, LLC to Operate a Solid Waste Management Facility – Materials Recovery Facility (MRF), Located at 2711 Rimbey Street, Las Vegas, NV 89115 (APN 140-17-310-005, 140-17-310-008 & 140-17-302-009)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Kent Wirtz environmental health specialist II, spoke relative to this matter. Mr. Ross said that A Recycling Solution, LLC. has met all requirements for a temporary permit to operate a materials recovery facility (MRF) as specified in Section 4 of the Regulations Governing Temporary Permits to Operate Solid Waste Disposal Sites.

Staff recommends approval based on the conditions as outlined in the memorandum and a final inspection. Shawn Gustafson and Petya Balova, representing A Recycling Solution, LLC were present to answer questions of the Board.

Chair Giunchigliani asked Mr. Gustafson if he understood and is in agreement with the conditions as specified; Mr. Gustafson responded affirmatively.

Mr. Ross reported that staff may grant one six-month extension with the possibility of another extension. He said the facility must provide plans and commence construction immediately for the requisite permits to be issued. Member Crowley noted her concern that by issuing a temporary permit we are allowing operation of a facility outside the bounds of what is required of a fully permitted facility; by allowing issuance of two or three additional temporary permits creates an unlevel playing field and she stressed caution in allowing temporary permits to continue in this matter to ensure all facilities are on the same playing field.

Mr. Ross referenced the Regulations allow for staff to approve one six-month extension; however this particular situation presents a new scenario, which could result in a second extension or a possible variance to come before the Board for consideration. The 'Intent' of the temporary regulations states the purpose is to allow certain types of solid waste disposal sites to operate and generate revenue to keep a company viable for up to six months while working through the Solid Waste Management Authority permitting process.

Member Crowley stated her advocacy for recycling and the need to permit as many recycling facilities as possible, but again stressed caution in establishing processes that are not fair for all interested parties.

Chair Giunchigliani asked staff to review what types of materials constitute waste, particularly solid waste versus construction waste, and determine whether or not they could be segregated as a concrete pad could serve the necessary purpose versus construction of an actual building. Mr. Ross noted that the MRF regulations specify that a building is only required when there is putrescible waste being handled, which is not the case for this particular facility. SNHD is following Clark County's lead for the building requirement. To further clarify this issue he quoted from the Solid Waste Management Authority Regulations Governing Materials Recovery Facilities (MRF) Section 6.1.e:

In areas where putrescible wastes will be received, processed or stored, a covered enclosure with at least three sides, and a concrete or asphalt paved floor that contains drainage controls to control run-off and prevent run-on or the accumulation of standing water [is required].

Title 30 requires buildings for MRFs and additional discussion between Clark County and SNHD staff will yield a better understanding of the building requirements for MRFs. It is important to have consistency across the board.

Member Weekly expressed his appreciation for the conditions outlined in the memorandum as well as the fact that the permit is temporary pending compliance with all conditions. He would like to limit the number of extensions offered during the life of the temporary permit. Mr. Ross pointed out that condition #5 stipulates: "issuance of a permanent permit is conditional upon a building design and constructed in accordance with Clark County including the requirements for a Materials Recovery Facility in Title 30, Land Use Planning final action of application number DR-0757-09 and the Clark County Building Department."

Chair Giunchigliani asked each jurisdiction to provide a representative to discuss the Title Codes and ensure consistency across the county for all agencies, including business license, animal control and code enforcement, and as a means to improve efficiencies.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

A motion was made by Member Crowley to approve the application with the conditions as outlined; seconded by Member Strickland and carried unanimously.

2. **Memorandum #03-10:** Application for Approval for Top Dollar Recycling, LLC to Operate a Solid Waste Management Facility – Recycling Center, Located at 3417 Losee Road, North Las Vegas, NV 89030 (APN 139-11-701-008 & 139-11-701-009)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Dante Merriweather, environmental health specialist II, spoke relative to this matter. Mr. Ross said that Top Dollar Recycling, LLC has met all requirements for a temporary permit to operate a recycling center as specified in Section 4 of the Regulations Governing Temporary Permits to Operate Solid Waste Disposal Sites.

Staff recommends approval based on conditions as outlined in the memorandum and a final inspection. Joe Barron, Mark Ewanko and Insoo Hwang were present to answer questions of the Board.

Chair Giunchigliani asked the parties if they understood and were in agreement with the conditions as specified; Mr. Barron responded affirmatively.

The bundles of recyclable materials will be taken to Long Beach and Singapore as there are no businesses in Clark County that accept these materials for recycling – most recyclers in town do in fact export to other states. Board members suggested that we should encourage small businesses to accept materials as a new business venture to bring additional monies to Clark County and save business owners' money on exporting and shipping costs.

Mr. Ross noted that a table of facilities versus recyclable materials handled will be provided to the Board and updated continuously. One of the final market destinations here in the valley is for waste tires.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

A motion was made by Member Crowley to approve the application with the conditions as outlined; seconded by Member Fairchild and carried unanimously.

Member Crowley suggested that information be placed on the website for the public to know what recycling opportunities are available, including permitted facilities and materials accepted. Dennis Campbell, solid waste and compliance manager, stated that a list of permitted facilities is available under Solid Waste & Compliance currently on the district's website, and is broken down by facility, however it does not specify what is recycled (<http://www.southernnevadahealthdistrict.org/solid-waste/permit-disposal-fac.php>). There is also a link to the NDEP website, who has a chart depicting all

companies and what can be recycled (<http://www.southernnevadahealthdistrict.org/solid-waste/links.php>).

3. Memorandum #07-10: Revision to *Regulations Governing the Sanitation of Food Establishments 2010*, Section 3-502.13 and Erratum Revisions

Dr. Sands requested to continue this item to the March 25th Board of Health meeting. Staff has found some small errors in the regulations which could change interpretation or meaning – a public workshop is scheduled to review the necessary changes. The information requested by Mr. Stokes at the January meeting has been incorporated into the regulations.

4. ~~Memorandum #05-10:~~ Adoption of the Proposed Regulations Governing the Management of Waste Tires *Continued to the March 25, 2010 Board of Health meeting*

Staff is continuing to work with the public to finalize the proposed regulations and this item will come forward at the March 25th meeting as well.

Member Ruscigno left the meeting due to other obligations.

IV. REPORT / DISCUSSION / ACTION

2. Petition #05-10: Approval of the Establishment of the Environmental Health Division as an Enterprise Fund

Scott Weiss, director of administration, Glenn Savage, director of administration and Michael Biel of Kafoury, Armstrong & Company – the external audit company, were present to address this item.

Chair Giunchigliani noted for the record that she felt it best not to take action of this item at this time; however she would like to have discussion regardless. Currently Environmental Health is fee-driven and this proposal would make them 100% fee-funded.

Mr. Weiss said the 100% fee-funded term is more from a definition-perspective. If public health issues arise a transfer of funds from the district's general fund account to environmental health can occur. Day-to-day operations in environmental health are covered by fees by almost 100%. In 2003 the Board of Health directed the environmental health district to become 100% fee-funded; and this direction was reiterated again in 2007, including overhead allocation.

The Board has also directed on several occasions, including to the auditors, to ensure that no revenue generated by environmental health is placed on the district's general funds. NRS 439.360(5) states: "Such fees must be for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits, and investigations related thereto, and not for the purposes of general revenue." Establishing the environmental health division as an enterprise fund will allow for full transparency and to keep compliant with both Board and industry requests. Current financial systems do not allow for full transparency and the auditors encountered a difficult process to review all environmental health records to ensure no fees were being deposited to the general funds. Mr. Weiss reiterated that we want to ensure that our financial records are transparent based on NRS and Board policies. This item is coming forward at this time as both financial systems and policies will need to be modified now in order for this change to take effect for the new fiscal year.

Chair Giunchigliani reported that the county recently laid-off seventy-three employees and eliminated an enterprise fund and another entire division, partly because the areas were fee-

generated. She expressed caution over having industry pay fees for overhead and stated that IT and support personnel should be paid through other means. She said that environmental health works more closely with the jurisdictions' business departments than anything else. She wants to be sensitive to general fund support from time to time. She noted that the county subsidizes enterprise funds via general funds as well, particularly for Parks and Recreation and building funds.

Member Crowley asked if establishment of an enterprise fund would allow the flexibility of funding if the event a public health emergency arises. Chair Giunchigliani said that the Board is being asked to approve a complete 100% funding with no augmentation of funds when necessary. Mr. Weiss said the item is asking for establishment of an enterprise fund, which will allow district general funds to transfer funds to environmental health for any public health concerns that arise. The enterprise fund would be set up for routine operations and indirect costs. Chair Giunchigliani quoted NRS 354.612 which states: "Each enterprise fund established must account for all charges properly related to the purpose of the enterprise fund, including, without limitation, debt service, capital outlay and operating expenses." She said there is no issue of debt or capital outlay – the issue is a business service and "the intent...is to have the expenses...of providing goods or services on a continuing basis to the general public, financed or recovered primarily through charges to the users" (NRS 354.517). She said that by environmental health being part of the health district there will be some indirect costs that the district must cover.

Member Boutin recommended a special meeting with each jurisdiction represented and determine best practices in terms of personnel expenses and creating an enterprise fund, and a complete overhaul and review of the current budget situation with information on how numbers are calculated and revenues/expenses determined. This will allow the Board to explore other alternates to the existing budget process. She would like to see the Board's involvement and contributions to solutions that may be non-traditional and outside the normal scope of doing business which can be very effective.

Member Barlow asked for staff to lay the groundwork for the thought process in moving toward the enterprise fund concept. Mr. Weiss said historically the Board and industry asks for confirmation that no fees generated by environmental health are put in the district's general fund to subsidize the district. Establishing environmental health as an enterprise fund will establish separate accounts and financials, similar to the Southern Nevada Public Health Laboratory, to ensure full transparency and best accounting practices. Currently this information is being tracked, but it is not a separate financial statement. The Comprehensive Annual Financial Report (CAFR) does not list environmental health separately – it is part of the district's overall financial information; only the laboratory is broken out separately.

Member Barlow asked if there would be any financial impact to industry with the establishment of an enterprise fund. Mr. Weiss said that the capital item for the Decade software is currently being paid via the district's capital expense account – this would transfer to environmental health's capital account and be reimbursed to the district over a period of time for the loan to fund the software. There would be no increase to fees at this time.

Member Boutin stated that a third-party legal opinion was necessary in order to even consider this suggestion. She said until she has a comprehensive overview of the budget and the assurance of augmentation of funding, she is not comfortable establishing an enterprise fund at this time. Mr. Weiss said that within the enterprise fund there would be the ability to transfer funds to environmental health to cover certain public health events.

Mr. Weiss further said an analysis was done in 2007 via an inquiry to the Deputy Attorney General regarding indirect cost allocation, whereby it was stated that we should “use an average hourly rate for the type of employee used plus a cost factor.”

Chair Giunchigliani asked that the Board receive a copy of the analysis from the Deputy Attorney General and applicable NRS citations. She also directed that information such as this should be included in the supporting documentation as part of an agenda item.

Member Vigilante said from an industry point of view, industry is not happy with fee increases. With cost of living increases, there are additional fees levied to industry to cover these costs, and industry is not happy with this, particularly “mom and pop” establishments. He said environmental health is doing an excellent job of including industry in the process of doing business, especially with regulations and governmental changes.

Member Strickland noted that some of the concerns stems from the back-up documentation provided, specifically the November 20, 2003 quotation of environmental health moving toward 100% self-sufficiency with fees.

Mr. Weiss noted that the Southern Nevada Public Health Laboratory (SNPHL) is designated as an enterprise fund and was done by the Board with the understanding that the lab would be self-sufficient and 100% fee-funded. To date the lab has not generated those fees, which were initially considered and we are currently in discussion with the auditors regarding the feasibility of maintaining SNPHL as an enterprise fund, as it currently does not meet the definition of an enterprise fund.

There is no request for any fee increases at this time. If there were increases to come forward public workshops would be held and the increases would be in conjunction with the tentative budget. For FY11 there are no requests for fee increases.

Chair Giunchigliani said the Board needs to react first to establishment of an enterprise fund and not the possible concerns coming into play. She said that the capital outlay for the Decade software being transferred to environmental health would generate some costs in the future, which could come in the form of fee increases. She expressed her distaste in taking action on something which creates the opportunity for fee increases, which is not what the Board wants to do. She said this process started with the previous director, not the Board, and perhaps the Board needs to take a step back and more fully evaluate the situation and possible outcomes, including potential fee increases.

Member Crowley said she is looking at this item from an industry perspective versus that of a political. She said moving in the direction of an enterprise fund is in the best interest of those paying the fees, because there would be a clarity as to how fees are determined, what services are provided with those fees, and establishes a firm basis for where the fees originate and better tracking. Though not pleasant to deal with different government fee-based groups because when something needs to happen a fee is attached; but it is not fair for others to have to pay for it, such as monies coming from the general funds. The enterprise fund allows for transparency and a better understanding of what that service costs. She said again this is the correct direction to move toward.

Member Anthony said basically this action would establish a separate bank account to better track information and have a better understanding of where the fees are going. He asked to hear from the auditor for a better perspective.

Michael Biel said this action would place the financial statements on a specific fund, showing all revenues and expenditures incurred for the public to see. It would also be easier to see specific cash accounts for all incomes and expenditures at the same time.

Chair Giunchigliani noted again that the division has been requested to be 100% self-sufficient and there will be fee increases coming in the future to offset expenses, particularly with the regard to the capital outlay and the cost-shift from the general fund to environmental health.

Member Weekly said transparency is not the issue, as that is what everyone wants. His concern is with this item coming forward at this time and the downturn of the economy. He wants to see a level of comfort with the Board and also information showing this action could be overturned in the future.

Member Strickland suggested an affirmative policy statement from the Board reversing Memorandum #08-03, stating that it is not the intent for environmental health to be self-sufficient and the Board may at appropriate times exercise the option to supplement the enterprise fund from the general fund. Member Fairchild, who was a Board member in 2003, said the intent was for environmental health to become self-sufficient. It would be prudent in this economic climate to put a buffer in place and continue to encourage environmental health to move toward self-sufficiency, though not possible at this time.

Glenn Savage said the idea was to move the 8010 funds from environmental health to nursing, administration and community health. A three-year fee increase was sought in 2003, which equated to 50%. In 2004 and 2005 more revenues were generated than could be spent. Then director of administration Karl Munninger said there was an excess of \$4.5 million which were placed in a special fund. It was suggested that additional staff be hired to offset the growth in permit and services seen by environmental health and an additional seventeen staff members added to environmental health, expending approximately \$1.5 million of the money in the "special fund." Mr. Savage is not aware of where this "special fund" is. Michael Walsh, subsequent director of administration, used a different methodology to determine indirect costs and discussed establishment of an enterprise fund. This process moved forward with an allocation for indirect fees of 20.8% in the first year, then to 23.2%, and 24.6% and now a decrease to 22.6% for FY11. Environmental health will be presenting a balanced budget for FY11 with no planned fee increases. The division has defunded seventeen positions, cut travel and other expenses to the bare minimum to ensure a balanced budget.

Member Strickland again suggested an affirmative policy statement reversing Memorandum #08-03, stating that it is no longer the intent for environmental health to be self-sufficient with respect of the establishment of an enterprise fund; and the Board recognizes and acknowledge that the enterprise fund may be supplemented by district general funds when appropriate. Member Fairchild made a motion to accept this suggestion.

Member Boutin asked regarding the inclusion of assurance of limited or no fee increases. She expressed concern that this action was tried in the past with substantial fee increases and resulted in revenue that could not be expended. She said the Board needs to consider long-term ramifications of this action. She is comfortable with the motion; however there needs to be a way to curb potential fee increases in the future.

Member Fairchild noted that the fee increases sought in 2003 were the first in several years. At the time the valley was also experiencing a building explosion and requests for permits were escalating. Member Boutin expressed concern over the fees implemented and the staff hired, and then the lack of sustainability and not being able to fund retirements for these people.

Chair Giunchigliani reiterated a motion was made to reverse the intent for 100% self-sufficiency; she also suggested taking a second motion including Member Boutin's comment that a working group for the budget component be established; further a resolution is needed to formally establish an enterprise fund. Member Onyema seconded the motion made by Member Fairchild.

Member Crowley asked specifically what the Board is looking for, if the Board is now seeking to reverse the 2003 direction for environmental health to become self-sufficient. Chair Giunchigliani said a component would be for the resolution to come back to the Board, as required by statute, and for what purposes. This would then drive from where the budget and fees derive.

Member Eliason noted the agenda item was solely to discuss establishment of an enterprise fund. Chair Giunchigliani said the agenda information was tied back to the original Memorandum for self-sufficiency. Member Eliason suggested tabling the item and bringing back the suggested motion at a different time – he deferred to legal counsel for advisement.

Mr. Smith said the Board cannot take action to undo a previous action under this agenda item, given the item is very narrow and specific.

Chair Giunchigliani said the simplest action would be to take Member Eliason's suggestion and table the item; she expressed her appreciation for Member Strickland's motion.

Member Anthony said he would like more information and background on the action taken in 2003. He said it would be better to agendaize that item and have more discussion regarding self-sufficiency and table this item and agendaize as creation of a fund with no other recommendations.

Member Strickland vacated her previous motion and the second concurred.

Member Eliason moved to table this item to the next meeting. Member Crowley said in 2003 the Board agreed that as environmental health is purely fee-driven it made good sense to move toward 100% self-sufficiency. Member Strickland asked that the motion include reconsidering and potentially reversal of Memorandum #08-03. Mr. Weiss reported that environmental health has maintained conformity with the request in 2003 to be 100% self-sufficient and continue to do so. There will be no change in operations if the Board approves this item. Chair Giunchigliani said that this was based on a better economy and fee increases and the Board needs to be cognizant of that discussion.

A motion was made by Member Eliason to table Petition #05-10 to the next meeting as well as to reconsider and potentially reverse Memorandum #08-03; seconded by Member Anthony and was unanimously approved.

Chair Giunchigliani asked for the following agenda items: 1) consider rescinding Memorandum #08-03; 2) consider Member Boutin's idea of a workshop on the environmental health budget with appropriate action; 3) information on direct and indirect costs for the division (IT, HR, etc.) with full break-out on expenses; 4) information on how enterprise funds are structured and anticipated needs, bearing in mind slowed business growth. Chair Giunchigliani asked that Board members email either her or Mrs. Clark with additional information for the agenda items. Chair Giunchigliani also asked that staff provide all applicable supporting documentation be included with agenda items; and that counsel brief the Board in addition to the attorney general analysis.

Mr. Savage noted that staff is willing to sit with each Board member to discuss the history of environmental health and the services provided to the community.

Following this discussion Members Weekly, Onyema, Crowley, Barlow and Eliason left the meeting.

V. PUBLIC COMMENT

Public Comment is 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.

Chair Giunchigliani asked if anyone wished to address the Board. Seeing none, she closed the Public Comment portion of the meeting.

VI. HEALTH OFFICER & STAFF REPORTS

Health Officer Update

Dr. Sands thanked Board members for working with Mrs. Clark to schedule budget briefings; however there are many who have not done so. He strongly encouraged Board members contact Mrs. Clark to schedule a briefing, which will help guide the discussion better at the March meeting.

As part of the district's community outreach initiative, we sought to provide opportunities for staff to do volunteer work as a group in order to give back to the community. This would also provide an opportunity for staff to get to know each other better in a less formal setting. Our first outreach event was held Saturday, February 20th at Three Square, and over forty staff members and some family members were able to organize over 15,600 pounds of food, the equivalent of over 12,000 meals, in a four-hour period. He noted this was a good success and commended staff for their participation on a Saturday to help the community. The district plans to hold similar events several times a year.

Southern Nevada Public Health Laboratory: John Middaugh, MD – Director of Community Health; Pat Armour – Southern Nevada Public Health Laboratory Manager

Dr. Middaugh, director of community health and Pat Armour, Southern Nevada Public Health Laboratory (SNPHL) manager, presented a PowerPoint on the history and functions of the public health lab and how the lab fits into the community (**attachment #1**).

Public health labs vastly differ from clinics labs in provider clinics or hospitals as well as commercial labs. The mission of public health laboratories is "to provide a wide array of services and expertise that generally is not available in the private sector." Public health labs provide expertise in processing unusual and dangerous agents that require specialized training and facilities. SNPHL is a branch of the state public health lab, and as such has access to specialized procedures and training from federal government agencies. SNPHL is the interface between clinical medicine, hospital-based medicine, private labs and reference labs, which are able to handle the most dangerous agents known to occur.

The Association of Public Health Laboratory Directors in partnership with CDC and CDC laboratories developed a national list to identify the core functions of public health labs:

- Disease prevention control and surveillance
- Integrated data management

- Reference and specialized testing
- Environmental health and protection
- Food safety
- Laboratory improvement and regulation
- Policy development
- Emergency response
- Public health-related research
- Training and education
- Partnerships and communication

Ms. Armour reported that in 2001 samples for anthrax testing had to be sent via ground transport from Las Vegas to the state public health laboratory in Reno by police escort, as there was no public health lab in Clark County. At that time Las Vegas was the only metropolitan city of its size without a public health laboratory. The closest state public health laboratories at that time were in Phoenix (250 miles), Salt Lake City (360 miles) and Reno (340 miles). Federal bioterrorism grant funding allowed for establishment of a branch of the state public health laboratory in Southern Nevada, and an interlocal agreement was developed in 2003 between SNHD and University of Reno School of Medicine Nevada State Public Health Laboratory (NSPHL).

CDC provides significant funding to operate public health laboratories nationwide as part of the Public Health Emergency Preparedness grant (PHEP). The lab works in close partnership with numerous agencies to ensure timely and accurate data is provided to support public health investigations. For FY09, 73% of the lab's budget came from federal grant funding (\$1.6 million), 24% local tax dollars (\$539,713) and 3% from earned interest (\$58,307).

The interlocal agreement defines the roles of both SNHD and UNR in the operation of NSPHL. SNHD provides staffing and the facility; UNR provides the lab director and responsible official for the select agent program; SNHD provides supplies, staffing and equipment funded with federal grant and SNHD funding; and as the only Biological Safety Level 3 (BSL-3) containment laboratory in Clark County the lab provides a safe environment for handling and processing samples which may contain potentially hazardous organisms.

BioSafety is the combination of laboratory practice and procedure, and lab facilities and safety equipment when working with potentially hazardous organisms. The goal of BioSafety is to reduce the risk of exposure to lab personnel, the public and the environment. There are four BSL levels to assist labs in how to assess the risk in handling these microorganisms.

- BSL-1 – lowest level of BioSafety: labs performed on open bench (high school labs, doctor office, college labs)
- BSL-2 – second level of BioSafety containment: microbes have moderate risk, such as blood and stool cultures, and personnel may work in a biological safety cabinet
- BSL-3 – third level of BioSafety containment: microbes that cause serious or potentially lethal diseases as a result of exposure by the inhalation route (*Brucella*, *Francisella*, *Yersinia*), and labs are maintained at negative pressure through HEPA filter exhaust and personnel wear full personal protection equipment (PPE)
- BSL-4 – highest level of BioSafety containment: highly infectious or dangerous microbes where there is little or no treatment available if someone is infected (Smallpox, Ebola), and the labs are highly specialized and located strategically throughout the country

NSPHL is really three labs in one. Much of the lab equipment can be used for dual-testing purposes and staff is cross-trained to assist in other lab departments. NSPHL is registered with CDC as the only Laboratory Response Network (LRN) lab in Clark County, which also requires

registration with a federally mandated select agent program – the lab is inspected every three years by the select agent program. SNPHL is licensed by the State of Nevada Department of Health & Human Services to perform high complexity testing on human specimens, and as a branch of the state public health lab, SNPHL receives microbiological organisms grown at local labs and additional specialized testing is performed for local, state and national epidemiological surveillance. The third function is to perform testing for SNHD nursing for syphilis, HIV and gonorrhea.

The mission of the Laboratory Response Network (LRN), which was formed in 1999, is to develop, maintain and strengthen an integrated national and international network of laboratories that can respond quickly to needs for rapid testing, timely notification and secure reporting of results associated with acts of biological or chemical terrorism and other high priority public health emergencies, the most recent example being Novel H1N1 Influenza.

As a branch of the state public health laboratory and a registered LRN, SNPHL has numerous partners at the local, state and national level, including:

- FBI
- Las Vegas Metropolitan Police Department
- Las Vegas and Clark County Fire Hazmat
- Civil Support Team
- Southern Nevada Hospital and Commercial Laboratories
- United State Postal Service
- Department of Homeland Security
- Southern Nevada Health District
- Nevada State Health Division

Prior to 2004 the laboratory services provided by SNPHL were not available locally. The lab provides the following local services to the community:

- 24/7 capability to perform LRN testing for twelve select agents
- 24/7 support for outbreak investigations
- Critical link in surveillance of infectious diseases
- Local high complexity testing capability for over forty organisms and analytes that are not routinely tested in a clinical hospital or commercial lab
- Over 5,000 courier pickups/deliveries per year, to ensure timely testing on samples
- Participate in over 100 epidemiological investigations or consultations per year
- Provide over 100 teleconferences, training or presentations per year

Board members were presented with a laminated flipchart depicting the training provided to all local laboratories. All organisms considered to be bioterrorism agents can be grown in a local laboratory, and it can be difficult to ascertain what the organisms are – training is provided to assist with organism identification. Bottles of hand sanitizer were also distributed to Board members with the lab's 24/7 contact number listed (702-759-1020).

SNPHL also provides clinical testing for SNHD nursing services in the areas of STD. SNPHL is a key component of the district's outbreak investigation team and has participated in several investigations, including:

- Infant botulism
- Hepatitis C – endoscopy center
- Confirmatory and post-exposure Ricin

- Suspect Nitrate poisoning in food
- Fusarium in contact lens solution
- *E. coli* O157 in spinach
- Legionnaire's Disease
- Suspected measles, mumps, Pertussis
- Novel H1N1 Influenza A 2009

SNPHL encompasses 5,000 square feet of which 2,500 square feet is utilized for an elevator, utility rooms, stairs, storage, one office, two bathrooms and a break room; the remaining 2,500 square feet encompasses 2,000 square feet for the BSL-2 lab and 500 square feet for the BSL-3 lab – in that area are testing equipment, refrigerators, freezers, incubators, storage, minimal desk space, and receiving/shipping. There are fifteen staff members serving in SNPHL. All bench and wall space is used for storage, and staff is using vertical movable storage for increased functionality. In order to add new equipment, certain testing would need to be suspended to accommodate the space for new equipment/testing.

A year-round pediatric influenza surveillance program was established in June 2009, where four local pediatricians collect samples on ill children weekly to be tested for influenza viruses. This program will be expanded to include six additional respiratory viruses and will provide the Office of Epidemiology a better picture of respiratory illnesses circulating in the community throughout the year. Staff is working to improve the lab electronic reporting and surveillance, which will include an upgrade to the Laboratory Information Management System (LIMS). A new laboratory facility is included with the plans for the new main health district facility, which is needed to allow for the expansion of testing and SNPHL to continue to serve the community and keep current on new technology and emerging disease threats.

SNPHL is, and will always be, a valuable and critical component of SNHD. Ms. Armour encouraged Board members to schedule a tour of the lab. Mrs. Clark can assist in scheduling tours.

The majority of clinical testing performed at the lab is BSL-2, which includes HIV testing. Chair Giunchigliani asked if there are other tests we could be performing at SNPHL versus sending to an outside lab, such as newborn screenings which are sent to the Oregon state laboratory. She also asked if there are potential partnerships with UMC to help meet their lab needs. She thanked staff for the excellent presentation.

Member Christensen noted that performing the HIV testing at SNPHL has saved significant amount of money versus sending to an outside commercial lab. Childhood screening testing has been sent to Oregon for many years – many states also use Oregon state laboratory for their newborn screenings. He also noted that UMC is sub-contracted out for laboratory services with Quest Diagnostics; the lab loses money doing diagnostic testing for the hospital and provide services more as community support.

Member Boutin asked if we currently outsource any services to other providers that pay us for service. Ms. Armour noted that at present there are none, as the main goal is to provide services for SNHD. Public health labs do not provide routine clinical tests for the community. The BioWatch program wanted to expand their sampling; however SNPHL could not absorb the testing due to the lack of space and as a result a temporary arrangement was made with UNLV to receive the air filters. Positive hits will be sent to SNPHL for further testing. If we had had a larger building we would have received additional resources for services for the extended air filter sampling in our laboratory. There are many opportunities for an expanded role in the future as a public health laboratory, including chemical bond monitoring. Previously this type of testing was only available through the EPA or CDC; testing has declined in price from \$12-15,000 per test to \$100 - \$200 per

test for an entire suite of testing. There are many ways whereby a public health lab can serve the community. With expanded space we would be able to perform additional testing, and some of those tests are funded through EPA or CDC, which will enable us to provide the services by way of federal funding, which do not require a monetary match, solely in-kind service.

Member Boutin commended staff for the fantastic job they are doing, and the vision of the lab is exactly as it should be. Chair Giunchigliani said perhaps the lab component of the new facility could be part of the new Metroplex building down the street. Member Boutin said the lab provides a phenomenal service to the community. Dr. Middaugh said SNPHL staff are a massive resource to the community and the work they've done in terms of accuracy and turn-around time is unbelievable. Suspected infectious disease samples are tested 24/7 and results are received very quickly. If there is a positive test, staff knows how to trigger the outbreak team to effectively manage the disease with little attention.

Dr. Sands said that compared to the operations at the conception in 2004, this is a massive program that did not exist six years ago and now it is a major resource and greatly adds to the health district's response to public health concerns.

Chair Giunchigliani asked for a copy of the original interlocal agreement between UNR and SNHD.

Disposal/Collection of Medication in Clark County: Christina Madison, PharmD – Pharmacist

Dr. Sands invited Christina Madison, Pharm.D. to update the Board relative to the disposal and collection of medication in Clark County.

Dr. Madison said today's presentation is a follow-up to a presentation done in June 2008. She referenced materials provided to the Board in the supporting documentation regarding Operation Medicine Cabinet, as well as education materials on how to properly dispose of medication.

There have been no legislative changes to support proper disposal of medication in Nevada. Nevada Administrative Code (NAC) states that pharmacies cannot take back controlled substances, or any other medication, because it cannot be verified that the medicine is not a controlled substance; however law enforcement, or a designee, has this authority. There is guidance from the federal government on how to properly dispose of medication through regular waste disposal which entails putting the medication in a plastic container or baggie, crushing it up, and mixing in used cat litter or coffee grounds to camouflage the medication and make it less desirable prior to disposing in another container.

Since June 2008 there have been two medicine disposable outreach events in Nevada, one of which was held in Washoe County. The second event, Operation Medicine Cabinet was held on Saturday, February 20 in partnership with the University of Southern Nevada College of Pharmacy's Drug Abuse Awareness Team, the Southern Nevada Water Authority, Narcotics Education Foundation of Nevada, Clark County Coroner, and the Las Vegas Metropolitan Police Department (LVMPD). The event ran from 9:00am – 4:00pm and over 200 vehicles delivered over 450 pounds of medications, which equates to 127,000 oral doses – the goal was to receive 22,000 doses. The event was deemed an enormous success though many participants had just learned of it that day. All event staffers volunteered their time; event space was rented for \$100. The event entailed three months of planning.

From a legislative standpoint, the chain of custody needs to be considered and revised in order to have similar events or a freestanding receptacle where medications could be deposited, which then creates a security issue. Officer Bruce Gentner of LVMPD can be contacted for additional information.

Dr. Madison said this event can be used as a best practices model to frame future events or form a coalition, as events like this involve many partners and alternative funding. Having a regular program in place will ensure that medications can be properly disposed of and access to medications will be limited.

Chair Giunchigliani suggested that the health district be involved with similar future events and plan for another community event. She also asked that Senator Weiner's office be contacted for a possible agenda item for an upcoming Interim Legislative Committee on Health Care meeting to discuss NRS changes for the coming session regarding disposal and collection of medications. This would need to include having LCB staff review what actions are permitted before any legislative action is taken.

Dr. Madison will be part of the "hot-wash" to analyze the event and make recommendations for future events. The health district will be part of future talks for similar events.

Referencing an Associated Press article, Dr. Madison said that of the twenty states with a take-back program they are all done in conjunction with the local police department, not in independent locations.

Member Anthony said he would work with staff and discuss having an event in Sun City Summerlin. Chair Giunchigliani said perhaps we could look at hosting an event in a targeted area, form a coalition and parallel needed legislative changes. Member Strickland said that Boulder City would also be a good venue for an event. Member Boutin said that Henderson would be open to having an event as well.

Dr. Madison stated that by forming a coalition and having multiple partners to review target populations and jurisdictional needs we can better analyze future planning for quarterly or bi-annual events. We need to push the educational information out to the community on proper disposal techniques in the interim. We can also let the community know that future events may be forthcoming where they dispose of medication with no questions asked.

Dr. Madison will share Officer Gentner's contact information with the Board, as well as the NAC that was cited. She also noted that we need to consider other means for funding as we seek to establish a coalition of community partners – we do not want to overstress current resources. We would like to be able to continue to provide services such as this to the community.

Dr. Sands noted that Operation Medicine Cabinet was marketed as a drug abuse prevention campaign. Opportunities for funding may be available from drug abuse prevention groups versus public health funding. Member Anthony said one cost-saving measure could be having an event on a week-day during normal business hours when law enforcement personnel is on duty. Dr. Madison said that we need to determine actual cost of staffers versus volunteers, as well as processing costs after the medications are collected. Other groups who have hosted similar events commented that lack of funding is the main reason other events have not occurred.

Following this discussion Members Anthony and Boutin left the meeting. Members present at this point were Chair Giunchigliani, Vice Chair Strickland, and Members Fairchild, Christensen and Vigilante.

Chair Giunchigliani asked for the SEIU Focus Group report to be moved forward prior to other staff reports.

VII. INFORMATIONAL ITEMS

F. Report from Al Martinez/SEIU – Focus Group Addressing Cost Savings

Al Martinez, president of SEIU Local 1107 addressed the Board and shared a PowerPoint of the recommendations from the SEIU focus group meetings regarding cost savings (**attachment #2**).

The six focus groups met February 10th and 17th, with seventy participants representing each division of the health district. The methodology used was facilitated group discussion and each participant selected their “top ten” recommendations from their group. The meetings yielded 152 suggestions, and the presentation today focuses on the top ten suggestions.

- Eliminate overtime across the board (72 votes)
- Put management on the same longevity schedule as rank and file employees (89 votes)
- Authorize telecommuting (100 votes)
- Reduce the number of cell phones and Blackberries – use a cell phone bank to be checked out when needed (102 votes)
- Re-evaluate leases with the intent to reduce contract costs (108 votes)
- Reduce middle management and supervisors (108 votes)
- Have better collection efforts for fees and fines (116 votes)
- Cancel outside contracts – complete work in-house (121 votes)
- Implement a 4/10 work schedule (187 votes)
- Implement a retirement buy-out and voluntary separation program (72 votes)
- Eliminate management car allowance and replace with mileage reimbursement (336 votes)

Mr. Martinez stated that the ending fund balance as of June 30, 2009 was just over \$25 million, or 38% of the general fund expenditures. He noted that the Taxpayers’ Bill of Rights for Clark County government is required to maintain a fund balance of 8.3% – 10% of expenses in the event of an emergency. He said that the district’s general fund received in excess of \$7 million in revenue, which should offset the anticipated loss of an additional \$5 million in the next fiscal year.

He concluded by saying labor would like to work with management to implement these recommendations. SEIU wants to work collaboratively and would like to be part of the process in working together to streamline operations and ensure the vital services provided by the district are delivered to the community.

Member Strickland noted one recommendation was to reduce middle management and supervisors and asked if these positions are union positions; Mr. Martinez replied to his knowledge they are not union positions. Mr. Weiss said that all supervisory positions are union-eligible. Member Strickland asked if the recommendation is to release those employees who are not part of the union, and Mr. Martinez responded affirmatively.

Currently executive management longevity, which affects six employees, is calculated differently for other employees; however the plan follows the same time schedule. Mr. Martinez said SEIU is committed to maintaining the same service levels to continue and do not want to see cuts to any services. Chair Giunchigliani said that she does not want to cut community health nurses or family planning services; she said we need to protect services to the community versus administrative-type programs, though she noted she is uncertain as to what all this entails.

Mrs. Clark asked for a copy of the PowerPoint to attach to the official record of the meeting. Chair Giunchigliani asked for Mr. Martinez to provide the presentation to Mrs. Clark.

There have been focus groups conducted by management and SEIU. There is question regarding the ending fund balance. Chair Giunchigliani suggested that she and Dr. Sands host a meeting for employees, following the Board budget briefings, and she invited all Board members to attend. She would like to see a public budget briefing so employees can provide input and ask questions. Mr. Weiss recommended this occur after the tentative budget is approved as the information is not public until that time; he suggested having the Board briefings during the first two weeks of March, finalize the tentative budget for presentation at the March 25th Board of Health meeting and allow for public comment at that time.

Mr. Weiss noted that he did not indicate at any time that programs would be cut – one of the budget development goals was to maintain programs and services. At the January meeting he shared tentative budget numbers with Board members, which were pending final confirmation from county financial staff. The most current numbers from the county indicate a better financial outlook than previously noted. The final numbers will not be available until after the Board of Equalization completes their analysis, which will be around March 26th – this is after the tentative budget must be brought to the Board. The tentative budget must be presented to the county by April 1st per statute. The tentative budget will need to be adjusted after the Board of Equalization numbers come in.

Mr. Weiss confirmed that the Comprehensive Annual Financial Report (CAFR) did indicate an ending fund balance of \$25 million. The Board of Health Audit Committee will be meeting to discuss a policy regarding the reserve account. General accounting recommendations from the Government Finance Officers Association (GFOA) set certain criteria for going above the minimum levels recommended by statute. Chair Giunchigliani expressed her concern in exceeding a minimum level of reserve when programs and services may be cut. Mr. Weiss stressed the importance of developing an ending fund balance policy to ensure everyone is on the same page, including what level the fund balance should be, criteria for using/not using the funds, etc. – the policy would require approval of the full Board. Member Fairchild indicated that with a fluctuating economy the policy should be fluid and flexible to allow for ever-changing and uncertain economic conditions. Chair Giunchigliani asked for information from every local government regarding their policy for ending fund balances and compliance with state law.

Member Christensen agreed that a policy needs to be established to ensure full transparency. He noted that when a public health emergency occurs, such as with the hepatitis C outbreak, there needs to be monies in reserve to fund these unanticipated expenses. Guidance from other entities and boards should be sought to provide input and experience into developing a policy.

Chair Giunchigliani stated that the health district receives funding from the county and said it could be problematic if the funds are being deposited into a reserve account and not being used for program operations. She said she does not pay fees and taxes solely to have a savings account – that is why a 10% threshold is set. She said if a 25-30% reserve is in place, fees are too high and services are not being offered that could be in place; she further stated that \$1 million could be taken back and given to someone else. Member Christensen said the \$1 million referenced could just be semantics, but he wants to ensure a fully transparent process is in place.

Mr. Weiss noted that with the \$25 million ending fund balance come some “below the line” expenditures such as laboratory funding, capital and liability insurance. When staff meets with

the Audit Committee the ending fund balance will be discussed at length and a recommendation will come forward for the Board's consideration, along with the same information shared with the Audit Committee.

Chair Giunchigliani thanked Dr. Sands and Mr. Weiss for involving employees in the focus groups. Dr. Sands noted that employees are asking how the information gathered from the focus groups will be used and he plans to conduct follow-up meetings with employees. Chair Giunchigliani expressed her hope that the tentative budget would recognize some of the suggestions, or indicate ways they can or cannot be implemented. Dr. Sands stressed that the recommendations are not just for FY11 – they will be used for future budget cycles as well, particularly as we await settling of property valuation and tax levels.

Recommendations were for budgets to be developed with a 20% reduction in general funds, based on the initial numbers received from the county. Directors were asked to tier the expenses in three levels to indicate those having little impact to a program to those with significant impact to a program. The 20% reduction is being modified due to the latest information received from the county this week.

Chair Giunchigliani asked for a more realistic approach to developing the budget, including prioritizing what programs are doing, what services are being captured, funding streams which can be reviewed. She asked that the 20% reduction be rescinded and to consider no more than a 5% reduction. She asked again that a prioritization be done.

Member Christensen expressed that we need to plan for a true shortfall; however Chair Giunchigliani felt that this number was unrealistic and expressed her disdain for across the board cuts. She asked again for a 5% reduction plan, adding a 10% reduction plan, as well as a prioritization list.

Mr. Weiss noted that directors were asked to priority the cuts when submitting the 20% reduction to their budgets. Chair Giunchigliani said this approach was bare bones and not tied to reality. She asked again for a 5% reduction plan, a 10% reduction plan and a list of priorities. She said if cuts cannot be made this information should come forward to the Board. Members Fairchild and Christensen expressed their support for this request.

Dr. Sands said he had experience preparing budgets both ways as they both use a tiered approach which require prioritizing programs and cuts. Chair Giunchigliani said a 20% cut would decimate some of our programs. She asked again for a 5% and 10% reduction plan with justifications for any cuts. She said this is an opportunity for managers and employees to work together collaboratively in building the budget. Dr. Sands said that managers and employees have been working in concert to build the budget for FY11.

Chair Giunchigliani noted for the record that the Board has been in sub-committee and cannot take any action.

H1N1 Influenza Vaccination Response and Strategy Update:

Dr. Sands noted that flu activity continues to be very low in the community, as noted by the weekly reports. Staff continues to send strike teams to the elementary schools. We are receiving requests from businesses to assist with vaccination as well. Chair Giunchigliani asked to speak with Bonnie Sorenson, director of clinics and nursing services to discuss a school-based vaccination program and the opportunity for federal funding. Member Christensen said the public is of the mindset that the outbreak is over and the virus is gone. Dr. Sands said we have stepped up the media campaign in recent weeks to promote the H1N1 vaccine.

VII. INFORMATIONAL ITEMS

DULY NOTED

A. Chair and Board of Health Information

- a. Appointment of Chief Health Officer Annual Review Committee

Chair Giunchigliani noted interest for serving on the committee was indicated by Members Fairchild, Vigilante, and Christensen. She called for one more elected member to serve on the committee and Member Strickland offered to serve. The committee will probably meet only once between March and May as the process is more streamlined and well laid-out.

The CHO Annual Review Committee will consist of: Chair Giunchigliani and Members Christensen, Fairchild, Strickland and Vigilante.

B. Chief Health Officer and Administration:

- a. Monthly Activity Report, Mid-January 2010 – Mid-February 2010
- b. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of January 2010
 - a. Grant and Agreement Tracking Report, as of February 7, 2010
- c. Public Information Monthly Report, Mid-January 2010 – Mid-February 2010

C. Community Health:

- a. Monthly Activity Report, January 2010
 - a. Southern Nevada Influenza Surveillance Report #12
 - b. Southern Nevada Influenza Surveillance Report #13
 - c. Southern Nevada Influenza Surveillance Report #14
 - d. Southern Nevada Influenza Surveillance Report #15
 - e. January 2010 Disease Statistics

D. Environmental Health:

- a. Monthly Activity Report, January 2010
 - a. Letter of Appreciation from Jonathan's Glen Homeowners Association regarding Dustin Thibodeaux, administrative assistant II and Whitnie Taylor, EHS II
 - b. Letter of Appreciation from Woods Erickson Whitaker & Maurice LLP regarding the chemical sanitization of mattresses
 - c. Email expressing Appreciation from Omega Waste Management, Inc. regarding Walter Ross, EH engineer/supervisor and Dante Merriweather, EHS II
 - d. Email expressing Appreciation from Omega Waste Management, Inc. regarding Walter Ross, EH engineer/supervisor; Dante Merriweather, EHS II; and Carol Clarke, administrative assistant II
 - e. Email expressing Appreciation from Helix Electric concerning EH staff
 - f. Email expressing Appreciation from JVC Food Safety Specialists, Inc. regarding Steve Goode, EH manager; EH supervisors Mary Hahn, Rose Henderson and Paul Klouse; EH training officers Susan LaBay and Christine Sylvia; and all EH staff

E. Clinics and Nursing:

1. Monthly Activity Report, January 2010
 - a. Nurse-Family Partnership
 - b. Nevada State Health Division Technical Bulletin

VIII. ADJOURNMENT

Member Vigilante expressed his appreciation to environmental health staff for assisting with the revisions to the food establishment regulations.

There being no further business to come before the Board, Chair Giunchigliani adjourned the meeting at 11:35 a.m.

SUBMITTED FOR BOARD APPROVAL

Lawrence Sands, DO, MPH, Chief Health Officer
Executive Secretary

/src

attachments