



**Southern Nevada District Board of Health
Chief Health Officer Annual Review Committee Meeting**

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, April 22, 2010 – 10:00 A.M.

Chair Chris Giunchigliani called the meeting of the Chief Health Officer Annual Review Committee to order at 11:51a.m. Stephen F. Smith, Esq., Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law and that a quorum was present.

Committee Members Present:

Chris Giunchigliani	Chair, Commissioner, Clark County
Jim Christensen, MD	At-Large Member, Physician
Donna Fairchild	Councilmember, Mesquite
Linda Strickland	Councilmember, Boulder City

Executive Secretary:

Lawrence Sands, DO, MPH

Legal Counsel:

Stephen F. Smith, Esq.

Committee Member absent:

Jimmy Vigilante	Alternate At-Large Member, Regulated Business/Industry
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Staff: Scott Weiss; Angus MacEachern; Ann Markle; Patricia O'Rourke-Langston; Glenn Savage; Jeff Good, David Kuykendall; Leo Vega; Valery Klaric and Shelli Clark, recording secretary

Public Attendance:

Rod Garcia	LVCCU
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II. DISCUSSION-ACTION

A. Approval of Minutes

Chair Giunchigliani asked for a motion to approve the minutes of June 9, 2009 meeting.

Member Fairchild made a motion to approve the minutes from the Chief Health Officer Annual Review Committee Meeting held June 9, 2009; seconded by Member Christensen and carried unanimously.

B. CHO Report of Accomplishments and Progress in Achieving Previously Agreed Upon Goals

Packets were provided to Committee members (attachment #1) which included the accomplishments of the Chief Health Officer (CHO), letters and recognitions, a recruitment and retention report, the employment agreement for the CHO and the CHO evaluation process document.

Dr. Sands thanked the committee for taking the time to go over his review. He noted the importance of their feedback to help him lead the district into the future including what he should continue to do and what changes he needs to make. He was struck by the volume of accomplishments by the public health team despite the challenges faced by the district this past year. He is proud of the extraordinary work by the health district's team of highly talented and committed public health professionals; he expressed his appreciation for their hard work and perseverance during this difficult time in our community's history.

In reviewing the accomplishments the district and the Board should be most proud of he noted the district's response to the H1N1 outbreak using an evidence-based approach allowed staff to effectively monitor H1N1 activity across the community, as well as organize and conduct mass vaccination clinics resulting in over 133,000 individuals receiving the immunization just by district staff – numerous others received the vaccine by private providers throughout the community. There was spontaneous feedback from those served by the clinics, including compliments on clinic organization, staff performance and the caring attitude of the district towards both individuals and the community. This type of feedback is a tribute to staff and their efforts, as well as the core values maintained by staff. Dr. Sands extended his appreciation to the Incident Command Team who oversaw the district's response.

Dr. Sands noted staff's collaboration in responding to continued budget reductions and working together to identify and implement various cost-saving measures and pursue new funding opportunities such as the federal stimulus funded *Communities Putting Prevention to Work* tobacco control initiative. He recognized both the Executive and Senior Management Teams, as well as staff members who offered ideas either in scheduled meetings or through their supervisors.

Labor/management relationships are stronger due to the continued establishment of open lines of communication to proactively discuss and resolve workplace issues, and through meetings between SEIU and district leadership to reach consensus on a shared vision for sustaining a positive workplace environment. Dr. Sands acknowledged Scott Weiss for his efforts in maintaining communication with union leadership and staff to ensure issues are resolved proactively.

The hepatitis C outbreak investigation report was finalized and a safe injection practices campaign began to be piloted in Nevada as part of the district's ongoing efforts to rebuild the community's trust in the local health care system, as well as state-wide. Brian Labus was instrumental in the investigation and developed an exceptional, finely detailed report that effectively summarized the outbreak. He also acknowledged the efforts of the Chronic Disease Prevention & Health Promotion staff for their efforts in working with the piloting of the Safe Injection Practices Campaign and their commitment to working with the community.

The district continues to expand and strengthen partnerships within the community, particularly in the areas of immunization, chronic disease prevention and tobacco control, as well as in responding to H1N1 during the past flu season. Dr. Sands singled out Clark County School District and Clark County Social Service for their assistance in outreaching to the community and promoting H1N1 vaccinations. He also acknowledged the United Way of Southern Nevada and 100 Black Men of Southern Nevada for the development of the Shots 4 Tots initiative, and all the many tobacco control partners who helped the district be successful with our *Communities Putting Prevention to Work* grant application. He thanked Dr. Middaugh, Bonnie Sorenson, Veronica Morata-Nichols, Deb Williams and other staff members for the dedicated work in building and nurturing key partnerships.

With concerted efforts by environmental health staff and industry, the district successfully passed updated food safety and child-care facility regulations, as well as the newly developed regulations for waste tire management in accordance with legislation passed in 2009. He noted the superb efforts of staff, particularly Glenn Savage, Steve Goode, Mark Bergtholdt, Mary Hahn, Rose Henderson, Dennis Campbell and Ed Wynder.

Dr. Sands noted he has both learned and experienced a great deal over the past few years, and expressed his desire to continue to grow as a leader and remains committed to working with staff and Board members as the district faces new challenges. Some forces continuing to challenge public health in southern Nevada include:

- continuing operations in an out-dated and inadequate main campus facility, and in some areas, with reliance on out-dated and/or inadequate information management systems, which place limitations on our ability to expand programs, serve clients efficiently, and effectively utilize data for decision-making;
- sustaining core public health services in the face of continuing budget reductions as a result of declining property tax revenues as well as other sources the district has traditionally depended upon;
- the impact the newly passed national health reform legislation may have on public health in the United States, and the potential opportunities it may present for public health departments across the nation;
- the potential re-emergence of H1N1 influenza virus during the 2010-2011 influenza season, along with the implementation of new recommendations for universal influenza vaccination each season; and
- continuing to respond to the aftermath of the hepatitis C outbreak as a result of ongoing litigation and efforts to restore public trust in the health care system

Dr. Sands noted that he and his leadership team will meet these challenges by:

- partnering with the Board of Health to build support and acquire the resources needed to begin construction of a new central campus facility;
- utilizing the talents of our IT and informatics team to develop and enhance our ability to gather and manage data and strengthen the district's epidemiology capacity;
- identifying, evaluating and implementing cost containment measures while pursuing new grant opportunities and revenue sources;
- working in concert with staff and Board members to prepare for the 2011 legislative session and advocate for policies that protect and improve the public health and strengthen the public health system in Nevada;

- working with staff and Board members to assess the impact of health reform on public health, seize upon new opportunities as reforms are implemented, and assure its benefits to the community are maximized;
- planning and preparing for the 2010-11 flu season and a re-emergence of H1N1 influenza virus;
- continuing to work with federal, state and local partners to sustain a Safe Injection Practices Campaign in Nevada

Despite the challenges facing the district Dr. Sands' noted his optimism about the opportunities that lie ahead and the promise held by a new era brought about by health reform – both he and his leadership team look forward to the year ahead. Everyone in the district has worked hard over the past year to continue to serve the community with the highest quality public health services possible, and together staff will continue to make the health district not only a strength, but also a source of pride for the community.

Member Strickland asked the number of contract employees with the district. At present, the chief health officer is the only contracted employee – all other employees are either at-will (directors and managers) or covered by the collective bargaining agreement (CBA). The district does contract for certain outside services, such as for certain nursing services and independent physician services. The attorney position is hired by the Board in concert with the chief health officer, as the position serves as legal counsel for both the Board and the district – an employment contract is not negotiated and the position is considered “at-will.”

If Dr. Sands or the attorney decided to leave the district, recruitment would be initiated and applicants would be considered in open meeting. However, both annual reviews and contract/salary negotiation for the chief health officer is done in open meeting.

The existing CBA allows for a 3% cost of living adjustment (COLA) for all employees in July; there is also a 2.5% merit increase for those employees who are not maxed out on the salary schedule.

C. Discussion of Report and Any Additional Clarifying Data or Information Needed to Supplement CHO's Draft Report

To maintain licensure, Dr. Sands is required to complete 35 CMEs (continuing medication education) activities annually, which are accredited by the American Osteopathic Association. This is typically done by attending the Nevada Osteopathic Medical Association conference. Additionally he participates in webinars coordinated by CDC, NACCHO and other public health organizations to keep current on public health issues, H1N1 and the like. Dr. Sands tries to obtain as many CMEs as possible, but it is not always possible to attend off-site events; he tries to attend events in town as much as possible. He would like to attend either the NACCHO or American College of Preventive Medicine (ACPM) national meeting at least once per year to develop national contacts as well as to learn what is going on at other health departments.

Dr. Sands said he worked with staff to obtain feedback in defining the goals for the chief health officer and district focus areas. Some of the goals are carried-over from last year and some are new.

- 1) Continue to build support and seek resources for replacement facility for Ravenholt Center.

- 2) Identify, evaluate and implement cost containment measures wherever possible in response to changes in projected revenue.
- 3) Actively collaborate with staff to identify and pursue new grant opportunities and other revenue sources.
- 4) Identify and develop the District's 2011 legislative priorities in concert with staff and Board members, and lead District's efforts to advance its legislative agenda during the 2011 session.
- 5) Work with staff and Board members in assessing the impact of the new health reform legislation on public health, seizing upon any available opportunities, and maximizing its benefits to the community.
- 6) Collaborate with Board members to review the Environmental Health Division's funding structure and financial policies and initiate necessary adjustments.
- 7) Identify, support and implement improvements to the district's strategic planning process and further strengthen linkages to annual budget planning and preparation.
- 8) Continue initiatives and explore new opportunities to promote and strengthen employee relations and enhance a positive workplace environment.
- 9) Maintain and improve communication with BOH members and strengthen working relationships.
- 10) Continue to build and strengthen collaborative working relationships with community partners and organizations including federal, state and local officials.

He also provided specific focus areas for the district, which is a longer list this year, with lead divisions noted for each area:

- 1) Develop and enhance the District's ability to gather and manage data and build epidemiology capacity for population-based disease and risk factor surveillance and investigation. (CH)
- 2) Collaborate with community partners to implement the Clark County Tobacco Control Enhancement initiative as funded by CDC through the *Communities Putting Prevention to Work* (CPPW) grant. (CH)
- 3) Actively research and access available funding sources to support obesity prevention, nutrition and physical activity initiatives as outlined in the District's grant application for CPPW Part A funds. (CH)
- 4) Continue to develop and evaluate the District's emergency preparedness and response capacities, to include:
 - o development of policies, procedures and a judicial bench book for isolation and quarantine; and
 - o enhancing hospital preparedness through implementation of an electronic disease reporting and surveillance system (CH)
- 5) Continue to work with national, state and local partners to implement Safe Injection Practices Campaign, in addition to other efforts directed at restoring trust in the local health care system. (CH)
- 6) Plan and prepare for 2010-2011 influenza season and potential re-emergence of novel H1N1 virus. (CH, NSG)
- 7) Maintain and expand the Nurse-Family Partnership Project while continuing to seek sustainable funding support. (NSG)
- 8) Continue to develop and strengthen partnerships and initiatives to outreach to populations disproportionately impacted by TB, HIV, STD, and poor access to prenatal care and immunization services. (NSG)
- 9) Implement updated regulations for food establishments including standardization for EH division staff and industry partners.(EH)

- 10) Develop and/or update regulations for approval by the BOH related to:
 - o Public nuisances and green pools, including cost recovery procedures
 - o Mattress refurbishing
 - o Operation of public pools and spas
 - o Operation of body piercing establishments (EH)
- 11) Partner and actively engage with all local jurisdictions to organize a sustainable district-wide vector-borne and Zoonotic disease control program. (EH)
- 12) In active partnership with community organizations, complete transition of the Childhood Lead Poisoning Prevention Project (CLPPP) into a Healthy Homes Program with a sustainable funding plan. (EH)
- 13) In collaboration with contracted vendor, complete by June 2011 development of VAX replacement system to support Environmental Health Division operations as budgeted. (ADM, EH)
- 14) Review and evaluate health card program and re-organize and/or re-engineer as needed for greater efficiency. (ADM, EH, NSG)
- 15) Working with all program staff, continue to develop online resources to enhance convenience and value for clients and partners, and achieve cost-efficiencies for program service delivery. (ADM)

Chair Giunchigliani asked Dr. Sands what additional goals he would set for himself if given the opportunity, and what he considered as his own weakness. Member Christensen said Dr. Sands participated in a 360° evaluation as part of the Great Basin Public Health Leadership Institute (GBPHLI), seeking input from ten individuals, which then became part of discussion at the subsequent workshops both for improvement and enrichment. Dr. Sands said the two areas which rose to the surface were challenging the process, which is working on innovation and leading change; he has also been focusing on efforts to do a better job in communicating his vision and direction within the district.

Chair Giunchigliani asked if any of the goals included more collaboration or consolidations with other government partners which have not been explored, to better share services, programming or processes as a way to do more with less. Dr. Sands indicated that the earlier discussion regarding vector control services is a good example of how the jurisdictions can collaborate in providing services. If there are ways we can do something better regionally and work with other jurisdictions/agencies this should be explored as a way to better provide public health services and provide better services and protection to the public. Chair Giunchigliani noted with looming budget cuts at the state levels this is an opportune time to assume some services that should be handled locally, including expansion of services and improving turn-around time.

Dr. Sands reported that the GBPHLI team project was centered on a state-wide effort to bring in grant resources for public health, recognizing the different capacities at each level. The health district and the state health division (NSHD) partnered to develop and write an application for the Safe Injection Practices Campaign. Chronic Disease Prevention & Health Promotion staff also worked with NSHD to help with preparing applications to CDC for the state's chronic disease prevention services grant, for both the base and competitive portions. In order to pursue more competitive grants, it is beneficial to draw upon resources existing within all state and local health authorities or agencies to develop and write grant applications, as well as work together as a team to maximize the potential for obtaining the grants. We received the CPPW grant due to our strong partnerships and dedicated efforts of staff.

Chair Giunchigliani referenced focus area #3 and suggested taking a more proactive approach with the school district in promoting physical activity and using his role as the chief health officer to provide guidance in addressing the obesity and nutrition issues. She also would like to see detail about exploring a shared-services concept between state, local and other jurisdictions. Dr. Sands said staff has a close relationship with the school district and though we did not receive the other CPPW grant, focused on physical activity and healthy eating, staff will continue to look for additional resources that will allow the district to implement this proposal in some way.

Chair Giunchigliani, again, suggested that Dr. Sands use his position and how he is viewed in the community to capitalize as the chief health officer to promote healthy habits, physical activity and nutrition. The power of the position helps to engage the public and can cause a shift in thinking.

Member Christensen suggested that Dr. Sands participate in Leadership Las Vegas. He has a public presence due to his membership in the medical society; however he needs to further increase his presence among business and industry. This will enable him to network through government agencies as well. Dr. Sands expressed his interest in participating, but noted that with the upcoming legislative session he will need to balance his time accordingly. He asked the committee for letters of recommendation, if necessary.

Dr. Sands noted that focus area #8 addresses increasing access to services to disparate populations and those with limited or no access to care. The recently passed health care reform legislation could potentially change the populations we serve and/or how service is delivered by public health agencies. If more people have access to health care, potentially the health district could be reimbursed for services we provide. It also could be that we provide more of an assurance role in seeing that the system works as efficiently and effectively as possible.

Chair Giunchigliani suggested that Dr. Sands monitor both the implementation and impact of health care reform on the health district, and the public needs in the community. This could include identification of grants to provide immunizations and other services at school sites. Member Christensen said United Health Care is seeking to improve immunization rates and would like to work with the health district, particularly in the birth to twenty-four month range where our vaccination rates are particularly low.

Chair Giunchigliani also suggested development of a collaborative model for family planning, particularly in the schools. This continues to be an area of controversy, but a conversation needs to be held about access and providing information to help combat the increasing teen pregnancy rate. Dr. Sands noted that staff will be participating in the Maternal-Child Health meeting on May 26th and actively take leadership roles at events and working in concert with other organizations.

Chair Giunchigliani asked Dr. Sands to continue to keep a focus on Board communication, briefings, education and the like. Member Christensen said it can be difficult to make all the phone calls, but it must be done. There must be ongoing communication with Board members while performing his daily duties in the midst of any crisis which may arise. He noted that Dr. Sands is doing a great job, while faced with large challenges. The last two years were tumultuous, but he continues to learn and grow in his position. There is always room for improvement in different areas. The Board will continue to monitor the items he delegates to staff. Chair Giunchigliani echoed these sentiments and noted the increased level of participation and communication.

Member Strickland sought to ensure that variance requests include appropriate evidence in order for the Board to act appropriately. She noted the variance brought forward at the meeting today contained more information as to the financial detriment to the applicant. Having more information brought forward with the request will help the Board prepare for potential challenges. She also suggested that we consider proposing legislation to assist in recovering costs and expenses due to negligence and carelessness of others, and she specifically referenced the hepatitis C investigation. While it is the responsibility of the health district to investigate these matters, there should be some relief to the taxpayers and a way to be made whole when the investigations are a result of misconduct and negligence. Dr. Sands said staff will provide a copy of recently passed legislation regarding health care facilities found negligent and how to recover some of the investigation costs for the Board's review.

Member Strickland noted that if the Board is involved in the hiring of an individual, the Board should also be involved in the termination of that individual. She reiterated the comments of fellow committee members that Dr. Sands has done quite well and made real improvements.

D. Discussion of Terms and Conditions of Renewing CHO Employment Contract (current contract expires June 30, 2010)

Currently Dr. Sands' salary is \$247,000 annually. Member Christensen noted he did a brief salary survey, and found it difficult to compare apples to apples as our organization is very unique. Placer County has a starting salary of \$196,118. There are junior health officers and different rankings. In New York and Maryland starting salaries range from \$150 - \$160,000 annually. The current salary is in line with the level of responsibility and experience. There is a critical shortage of physicians with an educational background similar to Dr. Sands – there are very few public health physicians and we need to pay what the market bears. Due to the current economic conditions it is difficult to grant a raise when everyone is hurting; however there are other methods of rewarding positive accomplishments.

Chair Giunchigliani noted that county management has given up merit increases and longevity. She expressed concern over a percentage calculation versus a flat rate for longevity for all management and noted this could become a cause for further concern down the road.

Member Strickland noted that contract employees are different than other employees. Boulder City negotiated a contract for the city clerk and removed all COLA provisions – any raises will follow as the market dictates and funding allows. Member Fairchild said a contract employee is no less impacted by an economic downturn than other employees. Member Strickland said it should be the discretion of the Board whether or not to grant a COLA increase. She noted that if rank and file employees are asked to negotiate reductions in COLA increases, contract employees do not have to give up the increase as it is determined by the contract language.

Chair Giunchigliani noted a provision exists that a merit increase may be granted by the Board and suggested that the same provision could apply to the COLA increase. Dr. Sands said he is not seeking a salary increase at this time. He noted that to date there has been no change to any employee's benefit structure at the district. If the time comes to consider these types of changes, he would be subject to the same conditions.

Member Christensen suggested continuance of a multi-year employment agreement as some of the outlined goals will take more than one year to be accomplished. He further suggested that annual reviews continue to be held. This process will assist Dr. Sands in getting long-term goals versus purely short-term goals.

Member Strickland said Boulder City also removed reference to a set salary in the city clerk's contract – it is referenced back to a resolution of the city council. Each year as the council makes resolutions for salaries, the clerk's salary can be changed with no breach of contract. If there is a more severe economic downturn and salaries cannot be met, this provision allows for changing salary if needed. More flexibility is needed during difficult economic times without poor consequences. A multi-year contract is worthwhile; however she expressed concern being tied to a specific salary amount considering how volatile the economic situation is currently.

Member Christensen suggested extending the employment agreement, reference it back to the Board and add provisions that COLA and/or merit are at the Board's discretion. He noted that lowering the salary of a chief health officer that is in short supply, there could be later repercussions. He said we need to strike a balance, but there is a shortage of physicians and 30 million additional people were infused into the health care system.

Chair Giunchigliani said the salary is not an issue for her – she wants to further discuss the benefit component. She expressed concern that figuring a percentage of longevity on \$247,000 is a lot more than someone earning \$30,000. She said the Board would not be able to take action if Dr. Sands' request for a five-year contract extension, one year severance package and additional leave carry-over were granted.

Dr. Sands said as a leader he is not seeking a raise and expressed his discomfort asking staff to reduce expenses but taking a raise for himself. He is looking for recognition for the work he has done and affirmation of the Board's confidence in his continuing in the position. He noted the large personal investment in relocating his family, but this is now home and he would like to stay here and he is committed to the district. He indicated he is seeking a similar commitment to him by the Board. He said again he is not seeking a merit increase at this time; to date Dr. Sands has not received a merit increase while serving as chief health officer.

Member Strickland asked if there were more cost efficient to the district to provide vehicle allowance versus mileage reimbursement. Dr. Sands said he does drive a great deal, and the allowance ensures his car is maintained and he is able to travel when necessary. He needs to be available 24/7 and does not receive overtime pay – all duties fall under one salary for him.

Chair Giunchigliani suggested an extension to the contract, but a Board resolution with regard to benefits for the next negotiation. She would like the flexibility for COLA reduction if the economic situation changes. Dr. Sands suggested that language be added to come back and discuss COLA reductions if economic conditions do not improve. If salaries and benefits are examined for all employees, he would also be considered in that examination.

Member Fairchild noted that the existing employee agreement states: "EMPLOYER also authorizes payment to EMPLOYEE of cost-of-living adjustments, if any, equal to those paid to other SNHD employees during the term of this Agreement." If SNHD employees were to lose the COLA increase due to economic conditions, the same would apply to Dr. Sands. Chair Giunchigliani expressed concern over "me too" clauses for management when certain items are negotiated for employees.

Member Fairchild expressed concern for equality for employees. There was discussion about salaries of elected officials and other benefits they receive for doing similar work and the vast difference in salaries. Dr. Sands is responsible for the health and welfare of not only each jurisdiction, but all of southern Nevada, which is a huge responsibility and he handles it very well. She noted that Dr. Sands has exceed expectations in his goals for the year, as well as identifying

two areas of concern in his own personal/professional life and addressed them very well in remedying them.

Chair Giunchigliani stated she wants to plan for a year from now, and what conversations may need to occur due to economic situations. She would like the Board to have flexibility to make adjustments and modifications if necessary. She said again she has no problem with the current salary; she is concerned with the benefit component.

Member Christensen suggested language be added that stipulates this benefit is granted at the wishes of the Board; he receives a base salary of "x" for a period of "y" and the Board reserves the right to review and negotiate salary reductions, including COLA and merit. He noted that Dr. Sands would not continue to receive benefits that staff is asked to give up, as that would be poor leadership.

Member Strickland noted that if salary reductions become necessary in the future, and we have contracts with set salaries, there should be a discretionary mechanism to make changes to COLA and merit when needed.

Member Fairchild suggested increasing the salary by 3% to a flat rate \$254,200 for the next three years and include a provision that both COLA and merit increases are negotiable each year during the annual review process. She further suggested tying COLA into the merit increases, which would be adjusted accordingly, and that longevity also be tied back to merit, as exemplary performance would be rewarded through merit increases. Member Christensen stated that tying the COLA and merit together will get rid of the COLA and increase the range for the merit. Member Christensen also stressed that a record be maintained of these modifications for posterity and institutional knowledge.

Dr. Sands asked if the committee were willing to consider a five-year employment agreement; however the committee committed to a three-year contract. In regard to the severance package the committee felt that severance pay should be increased to 90 days versus 60 days. Other jurisdictions offer a one-year severance package; however committee members believe it would be easy for Dr. Sands to find employment elsewhere upon termination – the district would be hard pressed to find a suitable replacement.

Member Christensen said if something were to happen causing Dr. Sands to be released from the contract, either an interim would need to be named or Dr. Sands would need to remain until an interim or replacement is found, and this cannot happen in a 90 day period. It takes a minimum of six months for a physician to be licensed in Nevada, as this is the most restrictive state for licensure.

Member Fairchild suggested that though the employment agreement is for three years, the COLA, merit, longevity and termination agreement are subject to review and renegotiation during the three year period. Dr. Sands said he is comfortable with the concept, and will discuss with counsel some further language modification concerning severance, termination and general provisions for a stronger contract.

Loss of license is termination with cause, as the position requires licensure. Any felony conviction also results in loss of license.

E. Schedule Time and Date of Next Committee Meeting

The committee agreed to meet via teleconference for the next meeting, which will be held prior to the next Board meeting. A new draft agreement will be crafted for the committee's review to include the following:

- Increase base salary to \$254,200
- Extend employment agreement for three (3) years
- COLA, merit, longevity, and the termination agreement will be subject to review and renegotiation during the contract period
- Increase severance pay to 90 days

III. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public about matters relevant to the Board's jurisdiction. Items raised under this portion of the Agenda cannot be acted upon by the Board of Health until the notice provisions of Nevada's Open Meeting Law have been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any action on such items will have to be considered at a subsequent meeting.

Chair Giunchigliani asked if anyone else wished to address the Committee. Seeing no one, she closed this portion of the agenda.

IV. ADJOURNMENT

There being no further business to come before the committee Chair Giunchigliani adjourned the meeting at 1:10pm.

Respectfully Submitted,

Chris Giunchigliani, Committee Chair

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attachments