



**MINUTES**

**Southern Nevada District Board of Health Meeting**  
330 S. Valley View Boulevard, Las Vegas, Nevada 89107  
Conference Room 2  
**Thursday, June 26, 2014 - 8:30 a.m.**

Rod Woodbury, Chair, called the Southern Nevada District Board of Health meeting to order at 8:34 a.m.

Annette Bradley, Attorney, noted a quorum was present at the start of the meeting with Members Woodbury, Beers, Crowley, Delaney, Giunchigliani, Jones, Marz, Noonan, Osgood, Tarkanian, Winchell and Wood seated.

**BOARD:**  
**(Present)** Rod Woodbury, Chair – Councilmember, Boulder City  
Bob Beers – Councilmember, City of Las Vegas  
Susan Crowley – At-Large Member, Environmental Specialist  
Cynthia Delaney – Councilmember, City of Mesquite  
Chris Giunchigliani - Commissioner, Clark County  
Timothy Jones – At-Large Member, Regulated Business/Industry  
John Marz - Councilmember, City of Henderson  
Marietta Nelson – At-Large Member, Physician (arrived at 8:39 a.m.)  
Bill Noonan – At-Large Member, Gaming  
Kenneth Osgood – At-Large Alternate, Physician  
Lois Tarkanian - Councilmember, City of Las Vegas  
Lawrence Weekly – Commissioner, Alternate, Clark County (arrived at 8:36 a.m.)  
Lori Winchell – At Large Member, Registered Nurse  
Anita Wood – Councilmember, Alternate, City of North Las Vegas

**(Absent)** Frank Nemec, At-Large Member, Physician  
Mary Beth Scow – Commissioner, Clark County  
Wade Wagner – Councilmember, City of North Las Vegas

**ALSO PRESENT:**  
**(In Audience)** Douglas Dobyne – At-Large Alternate, Regulated Business/Industry

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

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

**STAFF:** Heather Anderson-Fintak, Mary Ellen Britt, Alice Costello, Marcia Gershin, Andy Glass, Forrest Hasselbauer, Gerry Julian, Paul Klouse, Cassius Lockett, Brian Northam, Shirley Oakley, Jacqueline Reszetar, Tim Ripp, Leo Vega, Jacqueline Wells

**PUBLIC ATTENDANCE:**

<b><u>Name</u></b>	<b><u>Representing</u></b>
Dolores Bodie	SEIU
Jamey Bailey	SEIU
Ray Dziato	SEIU
Samuel Scheller	Guardian Elite Medical Services
Jim Barger	Pacific Custom Pools
Karen Jacobs	Pacific Custom Pools

Petya Balova  
Ann Markle  
Allan Litman

Balova Engineering  
Self  
City of Mesquite

**Recognitions:** Dr. Iser recognized Mayor Allan Litman, City of Mesquite, for his devoted service as a Board member since 2011.

Councilmember Cynthia Delaney was sworn in as the City of Mesquite appointed SNHD board member.

- I. **PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Seeing none, this portion of the meeting was closed.

II. **ADOPTION OF THE JUNE 26, 2014 AGENDA (for possible action)**

*A motion was made by Member Giunchigliani seconded by Member Jones and unanimously carried to adopt the June 26, 2014 Agenda as presented.*

- III. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item 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:** May 22, 2014 (for possible action)

2. **PETITION #13-14:** Approval of Interlocal Contract with Nevada Division of Health Care Finance and Policy for the Early and Periodic Screening Diagnosis and Treatment Program; direct staff accordingly or take other action as deemed necessary (for possible action)

*A motion was made by Member Giunchigliani seconded by Member Crowley and unanimously carried to adopt the Consent Agenda as presented.*

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

1. **Memorandum #02-14: Consider/Adopt Amendments to SNHD Emergency Medical Services Regulations:** direct staff accordingly or take other action as deemed necessary (for possible action)

Mary Ellen Britt, Manager, Emergency Medical Services and Trauma System, presented a general overview of the proposed amendments to the district's Emergency Services regulations.

Section 100 was amended to include definitions related to new requirements for special event medical coverage and for Physician Order for Life-Sustaining Treatment (POLST). Sections 200, 400, 1200, 1800 and 1900 include minor language revisions to clarify the intent of the related regulations.

Section 1150 *Special Events Medical Coverage* is a new section that was added to address the provisions of Assembly Bill 286 which became law on June 2, 2013 and effective on October 1, 2013. NRS 450B.650 - NRS 450B.700 *Emergency Medical Services at Special Events* requires host organizations to provide certain emergency medical services at the site of certain special events under certain circumstances in counties whose population is 100,000 or more. As outlined in the law, the proposed regulations include the specific types of emergency medical resources that are required at a special event, depending on the number of attendees and the nature of the event. The Office of Emergency Medical Services & Trauma System (OEMSTS) staff has worked collaboratively with the fire departments and business license/special events departments for each jurisdiction to develop a process for special event medical plan approval. The proposed regulations describe the responsibilities of the host organization and the plan review authority in ensuring compliance with the new requirements.

Pursuant to NRS 233B.0608, the OEMSTS solicited input from small businesses that may be affected by changes to NRS 450B.650 - NRS 450B.700, and the resultant changes to the District EMS Regulations.

Section 1400 *Do-Not-Resuscitate, Withholding Life-Sustaining Treatment/Physician Order for Life-Sustaining Treatment* of the proposed regulations was amended to include language allowing EMS providers to recognize a Physician Order for Life-Sustaining Treatment (POLST) form. Assembly Bill 344 was unanimously passed by the Legislature in 2013, allowing the POLST form to be honored by any health care provider who treats a patient in any health care setting, including without limitation, a residence, health care facility or at the scene of a medical emergency. The basis for the proposed revisions to the regulations is found in NRS 450B.400 – NRS 450B.590 and NRS 449.691 – NRS 449.697.

Staff conducted five public workshops on May 1, May 5, May 7, June 2, and June 4, 2014 for interested persons to present their views on the proposed EMS Regulations. The EMS Medical Advisory Board reviewed the proposed amendments and unanimously recommended the draft EMS Regulations be forwarded to the Board of Health for adoption.

Following the public workshops, two requests for consideration of recommended revisions to the current draft were received.

1. In section 200.500 on page 61 of the document, it was requested by Adrian Brown (SNHD – Environmental Health) that language be added to clarify when controlled substances are wasted, the unused portion shall be disposed of in accordance with federal, state and/or local regulations.
2. A letter from the Nevada Resort Association was received asking consideration of the following points:
  - The board would require staff to provide a process for expedited review of a special event medical plan under certain circumstances. Their justification is that the Clark County Code 16.06.150 provides the Board of County Commissioners with the ability to waive the thirty day requirement for an application to be submitted if it is found there are unusual circumstances or a good cause exists for this to occur.
  - Provision of a standardized application so there will be very clear understanding on the part of the applicant in regard to the medical plan. This document has already been drafted and includes the details that are outlined in the regulations.
  - Information is provided in a packet to the local governments (already a work in progress).
  - Creation of standardized form for the after-event reports (number of patient contacts and number of patients transported), which has already been accomplished.
  - Implementation of procedure timelines for approval process, which is not unreasonable.

Member Crowley hopes there is flexibility to allow for specialized training to be approved in less than thirty days to which Ms. Britt confirmed staff always try to accommodate those types of requests.

Member Giunchigliani asked in reference to section 1150, where “host organization” is defined. Ms. Britt referred to the Definitions section, page 13, defined by the law as:

1. *If a permit was obtained for a Special Event, the Person who obtained the permit; or*
2. *If a permit was not obtained for a Special Event, the Person who sponsored the Special Event.*

Ms. Britt confirmed that either public or private sector EMS agencies can be hired for the special event and the event estimates are based on projections.

Member Giunchigliani confirmed that a “Do Not Resuscitate” card is issued with the application and requested that information regarding advance directives be provided to board members.

Ms. Britt explained that the number used (.07 percent instead of .7 percent) regarding patient contacts is problematic and will be addressed in the next legislative session; however this number is reflected only in the post-event reporting.

Member Giunchigliani noted that deaths were not accounted for in the numbers and should be differentiated from patient contacts.

Sam Scheller, Guardian Elite Medical Services, stated they are meeting significant numbers on average at special events as stated by law.

*A motion was made by Member Jones seconded by Member Noonan and unanimously carried to adopt the Amendments to SNHD Emergency Medical Services Regulations with Page sixty-one (61) amended to add language related to disposal of controlled substances.*

2. **Consider/Approve:** Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code NAC 444.134.1 and 444.136.3, 3535 LV Corp. dba The Quad Hotel & Casino, 3535 South Las Vegas Blvd, Las Vegas, NV 89109. [Assessor’s Parcel Number (APN) 162-16-411-005] For Health Permit: SR0018274; Karyn Steenkamp, Owner’s Representative; direct staff accordingly or take other action as deemed necessary (**for possible action**)

Jacque Raiche-Curl, Supervisor, Aquatic Health Program, presented the petition for variance from the Quad Hotel & Casino to construct a public bathing place not in compliance with the Nevada Administrative Code NAC 444.134.1, which states in part: “... a clear, unobstructed deck must be provided around the entire perimeter of a pool. In no case may the width of the deck be less than 4 feet (1.2 meters). A deck may be obstructed for a distance equal to not more than 10 percent of the perimeter of the pool...” and NAC 444.136.3 which states in part: “In the case of a swimming pool operated solely for and in conjunction with a hotel, motel or other place of lodging... the barrier must be not less than 5 feet (1.5 meters) in height. Courtyard-type concepts in which gates or doors open directly into a pool enclosure from a dwelling unit or hotel or motel room are not permitted. In any other case, the barrier must be not less than 6 feet (1.8 meters) in height.”

The Kool Pool is designed to be a 12’X 25’ – 298 sq. ft. free standing 3’ deep pool installed on the existing post tension slab that is now a part of the existing pool deck. The Kool Pool will be raised 18” above its surrounding deck that is 68% around its perimeter. That deck in turn is 18” above the existing pool deck. The remaining 32% of the Kool Pool perimeter will have an Acrylic viewing edge flanked by stairs servicing the raised Kool Pool Deck. The Acrylic edge perimeter will be the same height as the rest of the perimeter of the Kool Pool, allowing access for safety

concerns. There will be benches inside the Kool Pool approximately 50' long along 2 walls of the Kool Pool. Access into the pool will be by steps at the East and West sides of the pool. The feature will not have jets and will be called a pool, having a turnover rate less than an hour and a half (1.5hrs.) allowing for a higher expected bather load.

Several guest rooms have direct access to the pool area through individual sliding doors. This facility was built and approved prior to current codes associated with barrier compliance implemented in 1988 and courtyard style rooms presently exist. The Quad Hotel & Casino plans to expand those pool access points from the room to include a patio with seating area for guests directly on the pool deck. Plans will include a compliant barrier with properly self closing and positively self latching gates for each room maintaining direct access to pool area from said rooms.

As long as the conditions are complied with, staff is of the opinion that there exist circumstances which satisfy the requirements for a variance and that the granting of this variance will not be detrimental or pose an unreasonable danger to public health and safety so long as the following conditions are included. Therefore, staff recommends approval of the variance in accordance with the outlined conditions.

*Member Weekly left the meeting at 9:04 a.m.*

Member Giunchigliani confirmed the modifications were ADA compliant. Jim Barger, Pacific Custom Pools and also representing The Quad, stated that lifts would be provided.

Mr. Barger explained district approval is the first step, and then the plan goes to the building department for inspection based upon what was approved by the district. Mr. Barger agrees to all of the conditions on behalf of The Quad.

*A motion was made by Member Giunchigliani seconded by Member Crowley and unanimously carried to approve the Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code NAC 444.134.1 and 444.136.3, 3535 LV Corp. dba The Quad Hotel & Casino, 3535 South Las Vegas Blvd, Las Vegas, NV 89109. [Assessor's Parcel Number (APN) 162-16-411-005] For Health Permit: SR0018274; Karyn Steenkamp, Owner's Representative as presented.*

Mr. Barger added that he is very pleased with how the district is currently functioning and has watched the staff transition. He expressed the importance of the district and shared that decisions regarding pools across the country are based on what is approved in Las Vegas.

*Member Weekly returned at 9:11*

In response to Member Jones, Ms. Raiche-Curl indicated she is scheduled to attend the first session of the finalized version of the Model Aquatic Health Code on July 7. The district is looking at utilizing this code as a base for regulatory change, however, it is important to note that the industry of the people who wrote this code is drastically different from that of the district and entire sections will need to be devoted to pools representing southern Nevada.

*A motion was made by Member Giunchigliani seconded by Member Winchell and unanimously carried to go into Closed Session at 9:18 a.m.*

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

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

on the matter and NRS 288.220 to receive a report on the status of labor negotiations; **(for possible action)**

The Chair reconvened Open Session at 9:40 a.m.

## **VI. REPORT/DISCUSSION/ACTION**

- 1. Receive Report and Recommendations from the At-Large Member Selection Committee for Two-Year Term Beginning July 2014;** (Committee: Chair Giunchigliani; Members: Litman, Marz, Tarkanian, Wagner and Woodbury) direct staff accordingly or take other action as deemed necessary **(for possible action)**

Chair Giunchigliani reported the At-Large Member Selection Committee met on May 29, 2014 and made the following recommendations for at-large members:

Physicians

*Dr. Frank Nemec*

*Dr. Kenneth Osgood*

*Marietta Nelson (Alternate)*

Nurse

*Michael J. Collins*

*Lori J. Winchell (Alternate)*

Environmental Health

*Timothy E. Jones*

*Susan Crowley (Alternate)*

Regulated Business/Industry

*Doug Dobyne*

*David J. Christensen (Alternate)*

Gaming

*Bill Noonan*

*Stan Smith (Alternate)*

*A motion was made by Member Giunchigliani seconded by Member Marz and unanimously carried to accept the Report and Recommendations from the At-Large Member Selection Committee for Two-Year Term Beginning July 2014.*

- 2. Review/Discuss** and approve building replacement recommendations and authorize the Chief Health Officer to negotiate and execute a contract to acquire property in an amount not to exceed the current bond fund balance; direct staff accordingly or take other action as deemed necessary **(for possible action)**

Andy Glass reported as of yet there has been no final resolution on the offer to purchase 278 S. Decatur and the owner is in discussion with other prospective buyers. The district has gone through extensive due diligence on this building, so should anything positive occur, a move to secure the build can be made very quickly. At the same time, other buildings have been toured and two other buildings will satisfy the needs of the district, with the budget being the delineating factor. Although there have been several options since the last meeting, there is no recommendation for a new building at this time

Member Giunchigliani asked if some of the old "big box" buildings had been considered. Dr. Iser advised that a bid had been placed on one of these types of buildings and several others have

been checked out. Location is a contributing factor as nursing will need to remain in a central location.

*Dr Nelson left the meeting at 9:45 a.m. and did not return*

Member Giunchigliani pointed out that 625 Shadow Lane is still standing however, it will be demolished by the county in the near future and the ultimate goal is to get a Southern Nevada School of Medicine in the medical district.

Member Tarkanian added that she is working very hard on getting the medical school in that area and bringing to the table all of the individuals that will be involved, including the governance group. Member Tarkanian agrees that clinical services should remain in the medical district.

Dr. Iser commended Members Tarkanian and Giunchigliani and management of the City of Las Vegas for the many offers of assistance.

Dr. Iser reminded the board, in regard to 330 S. Valley View, that the district has to give notice by the end of August 2014 and vacate the premises by the end of July 2015 or be locked into another three year contract or an annual contract that will increase significantly.

**3. Review/Discuss: Three Year Budget Projection;** direct staff accordingly or take other action as deemed necessary. **(For possible action)**

Dr. Iser presented three year budget projection examples (**Attachment 1**).

GENERAL OPERATING FUND SUMMARY					
DESCRIPTION	ACTUAL FYE 2013	ESTIMATE FYE 2014	BUDGET FYE 2015	PROJECTION FYE 2016	PROJECTION FYE 2017
OPENING FUND BALANCE	13,382,077	21,076,238	10,854,191	6,155,204	363,680
REVENUE	75,168,786	57,267,565	59,131,843	59,550,478	60,712,832
TOTAL OPERATING EXPENDITURES	(66,141,389)	(63,908,460)	(61,973,651)	(62,510,867)	(61,748,969)
TRANSFER TO CAPITAL FUND	(81,572)	-	-	-	-
TRANSFER TO LIABILITY RESERVE	-	-	-	-	-
TRANSFER TO PROPRIETARY FUND	(1,251,664)	-	(506,540)	(2,737,184)	(2,737,184) (a)
TRANSFER TO BOND RESERVE	-	(3,581,152)	(1,350,639)	-	-
TRANSFER TO SINKING FUND	-	-	-	(93,951)	(393,951)
ENDING FUND BALANCE	21,076,238	10,854,191	6,155,204	363,680	(3,409,642)
NONSPENDABLE FUND BALANCE	918,678	-	-	-	-
UNASSIGNED FUND BALANCE	20,157,560	10,854,191	6,155,204	363,680	(3,409,642)
ENDING FUND BALANCE	21,076,238	10,854,191	6,155,204	363,680	(3,409,642)
ENDING FUND BALANCE % **	31.9%	17.0%	9.9%	0.6%	-5.5%

Notes:  
 \*\* Ending Fund Balance % = Ending Fund Balance / Total Operating Expenditures.  
 (a) SNPHL is fully funded for FY 2016 & FY 2017

GENERAL OPERATING FUND SUMMARY					
	ACTUAL	ESTIMATE	BUDGET	PROJECTION	PROJECTION
DESCRIPTION	FYE 2013	FYE 2014	FYE 2015	FYE 2016	FYE 2017
OPENING FUND BALANCE	13,382,077	21,076,238	10,854,191	6,155,204	1,732,272
REVENUE	75,168,786	57,267,565	59,131,843	59,550,478	60,712,832
TOTAL OPERATING EXPENDITURES	(66,141,389)	(63,908,460)	(61,973,651)	(62,510,867)	(61,748,969)
TRANSFER TO CAPITAL FUND	(81,572)	-	-	-	-
TRANSFER TO LIABILITY RESERVE	-	-	-	-	-
TRANSFER TO PROPRIETARY FUND	(1,251,664)	-	(506,540)	(1,368,592)	(1,368,592) (a)
TRANSFER TO BOND RESERVE	-	(3,581,152)	(1,350,639)	-	-
TRANSFER TO SINKING FUND	-	-	-	(93,951)	(393,951)
ENDING FUND BALANCE	21,076,238	10,854,191	6,155,204	1,732,272	(672,458)
NONSPENDABLE FUND BALANCE	918,678	-	-	-	-
UNASSIGNED FUND BALANCE	20,157,560	10,854,191	6,155,204	1,732,272	(672,458)
ENDING FUND BALANCE	21,076,238	10,854,191	6,155,204	1,732,272	(672,458)
ENDING FUND BALANCE % **	31.9%	17.0%	9.9%	2.8%	-1.1%

Notes:  
 \*\* Ending Fund Balance % = Ending Fund Balance / Total Operating Expenditures.  
 (a) SNPHL is 50% funded for FY 2016 & FY 2017

GENERAL OPERATING FUND SUMMARY					
	ACTUAL	ESTIMATE	BUDGET	PROJECTION	PROJECTION
DESCRIPTION	FYE 2013	FYE 2014	FYE 2015	FYE 2016	FYE 2017
OPENING FUND BALANCE	13,382,077	21,076,238	10,854,191	6,155,204	3,100,864
REVENUE	75,168,786	57,267,565	59,131,843	59,550,478	60,712,832
TOTAL OPERATING EXPENDITURES	(66,141,389)	(63,908,460)	(61,973,651)	(62,510,867)	(61,748,969)
TRANSFER TO CAPITAL FUND	(81,572)	-	-	-	-
TRANSFER TO LIABILITY RESERVE	-	-	-	-	-
TRANSFER TO PROPRIETARY FUND	(1,251,664)	-	(506,540)	-	- (a)
TRANSFER TO BOND RESERVE	-	(3,581,152)	(1,350,639)	-	-
TRANSFER TO SINKING FUND	-	-	-	(93,951)	(393,951)
ENDING FUND BALANCE	21,076,238	10,854,191	6,155,204	3,100,864	2,064,726
NONSPENDABLE FUND BALANCE	918,678	-	-	-	-
UNASSIGNED FUND BALANCE	20,157,560	10,854,191	6,155,204	3,100,864	2,064,726
ENDING FUND BALANCE	21,076,238	10,854,191	6,155,204	3,100,864	2,064,726
ENDING FUND BALANCE % **	31.9%	17.0%	9.9%	5.0%	3.3%

Notes:  
 \*\* Ending Fund Balance % = Ending Fund Balance / Total Operating Expenditures.  
 (a) SNPHL is not funded for FY 2016 & FY 2017

Dr. Iser emphasized that the SNPHL is used as an example only and the budget scenarios include a 2.5% staff salary and benefits increase over all three years. It also includes \$750,000 each year to fund the Maternal Child Health program reinstated into the budget by board action.

Dr. Iser added that he is looking at expansion of the laboratory and where possible, indirect costs related to grant programs will be funded by the grant.

Member Giunchigliani suggested that maybe there could be a partnership with the state and its new industry, marijuana, and believes that there are opportunities for public sector to participate,

particularly in regard to the SNPHL. Dr. Iser advised that current legislation does not allow a public health lab to do that, and this may be something that can be put on the legislative agenda. Member Giunchigliani is putting together an interim committee which is meeting on July 9 and will make this recommendation.

Dr. Iser added that the district will have to look at a variety of options and he is concerned about the inability to bill Medicaid and other third party payers for clinical services. The electronic health records system (EHR) needs to be fully implemented and either build up the billing infrastructure or hire a third party biller. The district is also looking at how it accepts TB referrals, asking that the initial work on the TB patient be done first rather than charging to the district.

Member Winchell asked Dr. Iser if a smaller building would be required if he moved to accommodate staff by extending the hours, which would allow staff to work different intervals. Dr. Iser responded that it could, and in fact, the East Las Vegas and Henderson were at four day a week operations. They have changed that back to five days per week, eight hours per day, but the TB Clinic still has ten hour shifts as well as some of the other clinical programs, but that would be a way to accommodate some of that as well. Dr. Iser added that hours of work are being addressed in union negotiations and negotiated shift differential would continue to be paid if it were determined there was a need for a second or third shift, however there probably would not be a need for a third shift.

Chair Woodbury stated that moving from the Valley View building would not affect the budget until 2017 and even if the SNPHL were not funded, the district will still be in a very precarious position. The Chair asked if the district would be looking at additional employee cuts. Dr. Iser stated it is likely that additional cuts will be made and it is everyone's job to go into their areas of expertise and look for grants, which may be only a temporary solution. The union wants to educate the legislature about the district's financial situation. Dr. Iser continues to cut down on costs and the end fund balance should be above \$10.3 million in 2014, however, the structural deficit still exists. There were eighteen voluntary layoffs and twenty involuntary.

In response to Member Osgood, Dr. Iser stated that third party recovery could be significant, but does not know how much could be recovered at this time.

Member Giunchigliani suggested exploring a coordinated effort with the school district to get students enrolled in Medicaid at the same time they enroll in the free lunch program.

Member Jones stated that it could be beneficial to do the community health needs assessment related to accreditation in order to correlate where the dollars are being spent and it would be helpful to review the Environmental Health fee structure to ensure costs are in line with the permitting process. Dr. Iser stated the time studies for the Environmental Health processes are in process and it is estimated that those fee adjustments will come before the board in September, which will impact the regulated community. In regard to accreditation, the only new position added for FY15 is an Accreditation Coordinator and at some point the district will either be penalized for not being accredited or given points on a rating scale when applying for grants for being accredited.

*Member Giunchigliani left the meeting at 10:26 a.m. and did not return*

Dr. Iser noted that the Community Health Assessment (CHA) needs to be updated and expanded, followed by the Community Health Improvement Plan (CHIP), followed by a strategic plan based on the scientific evidenced based CHA and CHIP. At the same time a robust quality improvement/assurance plan would be developed to increase efficiencies and become a better district.

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

upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action.

There were none.

**VIII. HEALTH OFFICER & STAFF REPORTS** – Dr. Iser has added a new CHO monthly report that will be included in supporting documents.

- CHO Comments - None

**IX. INFORMATIONAL ITEMS**

**1. Board of Health**

- A.** Letter from the City of Mesquite appointing Cynthia Delaney as member for the term of July 1, 2014 – June 30, 2015 and continuing Kraig Hafen as alternate of the Southern Nevada District Board of Health for the term July 1, 2013 – June 30, 2015.

**2. Chief Health Officer and Administration**

- A.** Monthly Activity Report – May 2014

**3. Community Health:**

- A.** Monthly Activity Report - May 2014

**4. Environmental Health:**

- A.** Monthly Activity Report - May 2014

**5. Clinics and Nursing:**

- A.** Monthly Activity Report - May 2014

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

Assemblywoman Dena Neal asked the following questions:

- *What are the variables in the plan that are fixed as the district moves forward as ACA is in back log. What is timeframe for clinical billing practice to work?* Member Beers replied the uncertainty is why none of that revenue is in the forecast, recognizing that the building issues have not been resolved and asked Assemblywoman Neal if she had any ideas that could assist us. Dr. Iser added that mandated versus non-mandated services and good public health will be discussed at the retreat in September and at that time the board can make some decisions.
- *Regarding the CHA what is strategy to find out community needs, how will it cross over with the office of minority health, how will the existing resources be brought in?* Ms. Neal's understanding is in terms of doing the needs of the community, there has been a lack of coordination within the service providers and having the ability to collect on-time data that reflects what's going on and the consistent coordination of that effort that has been going on for ten or more years, has yet to produce a consistent community survey maintained, such as the one in the teen pregnancy program. What is the strategy? Dr. Iser stated that the strategy will be to follow good public health and a good CHA should belong to several partners, all of which have already been contacted (St. Rose Hospitals, UMC, United Way and UNLV) to bring together all of the related

studies that have been done. Real time data is not available. Robust discussions will also occur within the communities, which is a major part of the CHIP.

Ms. Neal asked to be kept in loop as health is one of her upcoming bills in the next legislative session in terms of community needs and assessments.

Seeing no one else, the Chair closed this portion of the meeting.

Chair Woodbury again thanked Mayor Litman for his service to the board and welcomed Member Delaney. The Chair also welcomed Members Dobyne and Collins as a regular member and thanked Members Winchell, Crowley and Nelson for their service as regular members as they will become alternates.

**XI. ADJOURNMENT**

The Chair adjourned the meeting at 10:40 a.m.

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

/jw

DRAFT