

**Washoe County District Board of Health
FY18-21 Strategic Planning Retreat
Meeting Minutes**

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, November 2, 2017

9:00 a.m.

**(Informal mixer with Board members
and staff: 8:30 to 9:00 a.m.)**

**Washoe County Administration Complex
Medical Examiner's Conference Room
990 East Ninth Street
Reno, NV**

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. George Hess
Oscar Delgado
Michael Brown
Kristopher Dahir
Tom Young

Members absent: Dr. John Novak, Vice Chair

Ms. Rogers verified a quorum was present

Staff Present: Kevin Dick, District Health Officer, ODHO
Anna Heenan, Administrative Health Services Officer, AHS
Leslie Admirand, Deputy District Attorney
Steve Kutz, Division Director, CCHS
Dr. Randall Todd, Division Director, EPHP
Chad Westom, Division Director, EHS
Heather Kerwin, Statistician, EMS

2. *Pledge of Allegiance

Mr. Ulibarri led the pledge to the flag.

3. *Public Comment

As there was no one wishing to speak, Chair Jung closed the public comment period.

4. Approval of Agenda

November 2, 2017

Mr. Delgado moved to approve the agenda for the November 2, 2017 District Board of Health Strategic Planning Retreat. Mr. Brown seconded the motion which was approved six in favor and none against.

Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic priorities and goals of the Washoe County Health District in regards to the Outcomes listed below:

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY18-21 Strategic Plan
- Identify FY19 Budget Considerations

5. *Introductions, Meeting Outcomes, Discussion Flow, Planning Assumptions, Ground Rules, and Recap Core Purpose and Strategic Direction

Presented by: Chair Jung, Kevin Dick and Erica Olsen

Mr. Dick introduced the new Environmental Health Services Division Director, Mr. Chad Westom. He stressed that the position had remained open for some time pending the opportunity to recruit the right individual for the job. Mr. Dick informed that Mr. Westom has lived in Nevada since 2005 and detailed his background between the private and public sectors, stating that he had most recently held the Bureau Chief position at the Division of Public Behavioral Health. Mr. Dick welcomed Mr. Westom and expressed that he was happy to have him at the Health District.

Mr. Westom stated that it was an honor to have been selected and is looking forward to meeting the Members of the Board. He stated that EHS staff members are impressive; he had worked with many of them through his work at the State and was looking forward to working with them on the strategic initiatives. He thanked the group for the warm welcome.

Chair Jung congratulated Mr. Westom and welcomed him to the Health District.

Introductions were made around the room.

Ms. Olsen stated that the focus of the meeting would be on emerging issues, refining the Strategic Plan that had been developed eighteen months ago, and some discussion about possible budget impacts.

Ms. Olsen inquired if Board Members had any other outcomes they were expecting to be covered in the meeting, and there were none. She stressed the main objective of the meeting was to gain clear direction from the Board to confirm consensus of the Plan's direction.

Mr. Dick stated the Strategic Plan that was developed a year and a half ago has been a great frame to structure work efforts around and track progress of those efforts. Another benefit has been the engagement of the entire staff on these unified priorities, and that the Health District is well positioned to continue to move forward on this path.

Mr. Dick stressed the importance of coming away from this meeting with the Board's confirmation of support of ideas that will be presented as possible direction for the next phase of this Plan, as well as their direction for initiatives that may not have been included.

Ms. Olsen requested input regarding how the Plan is perceived to be working. Responses included the following:

- Concern regarding the large list of items to accomplish in a defined period of time
- Had the items been prioritized
- Learned not to be as ambitious in listing every activity on the plan
- The Plan has provided a great framework for identification, action and measurement of progress of a Goal

- The sustainability of the Plan initiatives balanced with the responsibilities outside of the Plan and the influx of new residents need to be considered
- In regards to increased area population, the Priorities won't change, but the Initiatives and action steps may change
- Legacy planning for the many upcoming retirements is in place, and staffing to meet the Public's needs is under constant review
- The Plan provides a clear and concise overview of what the Health District priorities are and what is expected of you as an employee

Ms. Olsen informed that there would be a Strategic Plan Debrief Meeting held in which the outcomes of the meeting would be incorporated into the Plan to create the final revision of the Strategic Plan.

6. *Community Priorities Briefing: Community Needs Stakeholders Priorities and Community Survey Results

Presented by: Heather Kerwin

Mr. Dick informed that this is the second Community Health Needs Assessment (CHNA) and both have been done in partnership with Renown who provides financing to support their share of the CHNA, as well as in conjunction with Truckee Meadows Healthy Communities. Ms. Kerwin coordinated and produced both of the CHNAs.

Ms. Kerwin stated that this presentation would be a review for anyone who had attended Community Prioritization Workshop on September 8th. The CHNA is a process that involves both qualitative and quantitative data on the feedback from the community. The purpose in outcomes of this activity is to:

- Identify the health needs of the area
- Identify assets within that community
- Inform the decision makers as to what the needs of the community are

This creates the framework for the Community Health Improvement Plan that will provide structure to meet the needs that were identified, and for Renown's Community Benefit Plans.

Ms. Kerwin outlined the 250 health indicators and other data sources used to rank the priorities of the Health Topics in Washoe County. Washoe County data was compared to Nevada, the United States, and Healthy People 2020 objectives. Healthy People is an initiative that provides science-based, ten-year national objectives for improving the health of all Americans, and has been establishing benchmarks and monitoring progress for three decades.

Ms. Kerwin informed that the community survey's focus was on areas where there is little or no data to identify barriers that prevent healthy activities. She presented slides showing some of the responses to the survey, detailed the reasons for ranking health care needs, and the methods used to rank the data.. She indicated that the points in which data received from the various sources intersect are the best opportunities for improvement. The top five preliminary priorities as of October 19, 2017 were:

- Access to Health
- Mental Health
- Social Determinants
- Crime & Violent-Related Behaviors
- Chronic Disease/Screenings

Ms. Kerwin informed that the Community Health Needs Assessment will be completed toward the end of December, 2017, and that these rankings could change with data that is still being received. The final version of the CHNA will be disseminated in early 2018; the Health District will work with Truckee Meadows Healthy Communities in the development of the Community Health Improvement Plan and the completed CHIP will be presented to the District Board of Health for their approval. The entire process will be repeated in 3-5 years.

Ms. Olsen inquired of Mr. Dick and Ms. Kerwin what the take away from this exercise should be. Ms. Kerwin stated that for her, the CHNA is a large piece of information that is fed into the Community Health Improvement Plan and the Community Benefits Plan and is supported by the Divisions in the daily work that they do. Mr. Dick stated that the CHNA underscores how big Public Health is, that it is beyond the ability of the Health District to affect meaningful change alone, and that successful implementation of the CHIP will require many community, State and federal partners. He opined the CHNA's Priorities will show where efforts need to be focused and help clarify what is appropriate for the Health District to do in support to achieve the desired outcomes.

Mr. Delgado inquired how Truckee Meadows Healthy Communities would be utilized in the production of the CHIP. Mr. Dick informed that TMHC agreed to act as the backbone organization, bring community partners together around establishing the priorities for the CHIP's focus areas and to develop the strategies for implementation. He stated that Priorities weren't established in the initial CHNA, but they will be in current version partly due to an IRS requirement for Renown.

Mr. Dick stated that, in the process of the prior CHNA, a steering committee was created to determine the Priorities and the Health District led the effort in conjunction with TMHC. Mr. Dick expressed that, by engaging TMHC, the goal is to have the CHIP viewed as an entire community effort versus a Health District effort. Mr. Dick informed the plan is to bring the completed CHIP back to the Board for their approval as a part of the Health District's Accreditation requirements.

Regarding the Community Benefits Plan, Mr. Delgado inquired if Renown's efforts would be in conjunction with those of the Truckee Meadows Healthy Community Health Improvement Plan. Mr. Dick confirmed that Ms. Peters had met with Renown regarding potential collaboration, and the outcome was positive.

7. *Current Considerations for FY19: Hay Study, Surge Capacity, Service Delivery, Mosquito Abatement and Emerging Priorities – Accreditation

Presented by: Kevin Dick

Mr. Dick stated there would be future budget meetings and that there would be no request for budget-related decisions at this meeting, but wanted to give the Board information on the topics that could potentially affect the budget.

Mr. Dick informed that the County is involved in a position Benchmarking Study to determine if positions are at the appropriate grade level and pay with the Hay Group, a consulting firm that specializes in staffing, HR levels and position classification. He stated that the Hay Group is also reviewing the organizational structure and suggested that it would be appropriate for a Health District of this size to have governmental relations position. Mr. Dick agreed, and opined it to be beneficial for the Health District to have a position responsible for policy management, and that timing was good to request an above base request from the County based on the Hay study they initiated.

Chair Jung agreed the importance of having a point person for governmental relations

during the legislative sessions to coordinate efforts, as well as to mitigate situations such as the water plan review issue.

Mr. Dick stated that this position would also coordinate with all of the jurisdictions for the Health District, improving communication and relations.

Mr. Dahir agreed this would be a great improvement for all concerned in inter-jurisdictional communication.

Mr. Young cautioned that while this position would be beneficial, it would need to be weighed against other priorities to validate the expense.

Chair Jung agreed with Mr. Young's concern, but informed that the position would be funded by a General Fund transfer from the County, which was agreeable to Mr. Young.

Mr. Dick stated that cuts during the recession are still impacting the Health District in Administrative and Clerical support, and another budget consideration would be the addition of Office Assistant positions and creating a floating clerical position that would allow the ability to cross train. He informed that this is especially important to provide service to the increasing population.

Mr. Dick informed that mosquito abatement is also of great importance, and that the Health District had received \$750K in contingency funds from the County in this mosquito season alone. Mr. Dick stated that the quantity of mosquito abatement chemicals purchased was reduced during the recession and hadn't been restored to a higher level since then. He opined this would be an opportune time to request above base funding for the purchase of these chemicals in anticipation of a like mosquito season in the coming year.

Chair Jung requested Mr. Dick to review the circumstances around the reduction of the transfer from the County for mosquito abatement. Mr. Dick explained that a portion of taxes collected by the County had previously been dedicated to mosquito abatement. However, during the Great Recession the County decided to utilize those funds for other purposes.

Mr. Brown inquired if the application of the chemical is part of the abatement calculation and Mr. Dick informed that it is, however the cost of the chemical far outweighs the cost of application.

Mr. Dick stated that the Health District provides \$20K per year to TMHC for their staff support, partially supported by contributions. He informed that another budget consideration is based on the plan for TMHC to coordinate the production and implementation of the CHIP, and opined it would be beneficial to provide additional funding to support their efforts.

Mr. Dick informed that the Health District has achieved a 20% ending budget balance and needs to strategize the best options for partial investment. He stressed the importance of not investing in continuing costs due to the lack of sustainability, but rather to invest in external projects.

Mr. Dahir inquired if there was a minimum ending budget balance that should be maintained. Ms. Heenan informed that there is a Board of County Commissioners approved policy in place, and the Health District is bound to comply because of its status as a Special Revenue Fund within the books of the County. The range of ending fund balance is set between ten and seventeen percent of the expenditures.

Chair Jung inquired why the County would be able to regulate the Health District's ending fund balance. Ms. Heenan informed that Washoe County set a global policy for all Special Revenue Funds because their operation impacts Washoe County. Ms. Heenan stressed that the County works well with the Health District and is very accommodating. She stated that the Health District strives to comply, but knows the County would work with the Health District should it not be possible to stay within that range.

Mr. Dick informed that the County's policy changed wherein they currently support the departments maintaining a greater remaining fund balance versus during the recession when it was not possible.

Ms. Heenan informed that a portion of the fund balance is restricted, such as \$500K for the Solid Waste Management Program, \$600 for the Air Quality Program, a portion comprised of excess grant funds, and that the remaining balance is unrestricted.

Mr. Dahir inquired what the unrestricted amount is and Mr. Dick informed it was approximately \$1M.

Chair Jung inquired if part of Ms. Zadra's responsibilities at Truckee Meadows Healthy Communities is fund raising. Mr. Dick confirmed that it is and that she has been working to raise funds, but that her efforts are for both TMHC and the Affordable Housing initiative.

Mr. Delgado stated that the work that WCHD does with TMHC totals more than the \$20K mentioned, and Mr. Dick agreed that was correct in regards to time spent by Health District employees on matters related to TMHC. Mr. Delgado expressed concern that the resources extended to TMHC might not be effective in light of their level of staffing, and wanted to know what the level of support is to TMHC from other community partners. Chair Jung requested to have this information brought back to the Board. Mr. Dick indicated that there is currently discussion around developing a financial model that may include a graduated dues structure for membership to TMHC. Mr. Dick also informed that TMHC's 501c3 status allows them to fundraise to support the implementation of the initiatives built under the CHIP.

Mr. Dick informed that the Health District applied for Accreditation and submitted the application fee with the Public Health Accreditation Board (PHAB), and that the District Board of Health had just approved the timeline for implementation moving forward. He stated that Accreditation was not incorporated into the Strategic Plan previously, but opined that it should be included under Organizational Capacity in the Action Plan.

Mr. Dick stated that his last topic regarding budget revolves around the uncertainty at the federal level and the funds that the Health District relies on from the Department of Health and Human Services and the Environmental Protection Agency. He explained there is the need to maintain contingency funds balanced against the need to invest monies from the remaining fund balance. Mr. Dick stated that these considerations would be brought back before the Board for review and possible approval before submitting the final budget to the County.

Chair Jung informed that the County's budget position was similar in light of the possible repeal of the Affordable Care Act and the indigent care funding the County would be responsible to pay to the local hospitals.

Ms. Olsen inquired if there were any other budget items to discuss, and hearing none, moved to the next agenda item.

8. *Strategic Direction of the Health District Over the next 12-24 Months

- #1: Healthy Lives (Steve & Randy)
- #2: Healthy Environment (Chad & Dan)
- #3: Local Culture of Health (Phil & Kevin)
- #4: Impactful Partnerships (Catrina & Christina)
- #5: Financial Sustainability (Anna & Kevin)
- #6: Organizational Capacity (Kevin)

Presented by: Goal Champions

The Goal Champions presented the details to their Division's Goals. Board Member

questions were answered and discussion around some points occurred.

Chair Jung requested that the Health District utilize Board Members as subject matter experts in media outreach to add validity to the message and to show the Board is active and engaged.

Some budget-related highlights of these discussions were:

- Impacts of the community's misuse of 911 were reviewed, and the benefit of cross-jurisdictional campaigning to educate the populace was discussed. Ms. Conti informed on current initiatives to reduce the volume of nonemergent calls to 911 to improve service and decrease costs.
- Ms. Heenan informed that state funding has decreased substantially, and the national average is 26% for local Health District funding by the state, while Washoe County is at 1.1%. She informed that Mr. Dick had spoke to this disparity at the last Legislative session. Ms. Heenan opined that this would be a challenge for the new Government Affairs employee, should we be fortunate enough to create and fill this position.
- Mr. Dick stated that the State of Nevada is the lowest in the nation per capita for Public Health funding, that the State utilizes more of the federal dollars to support programs at the State that they themselves should be investing in, and this results in less funding coming through to the Local Health Districts in Nevada from both sources.
- Ms. Heenan highlighted the initiative to increase the amount of the General Funds Transfer from the County to cover COLA and increased insurance costs negotiated by the County.
- Ms. Heenan stated that Quality Improvement is utilized to help compensate for the shortfall in funding by streamlining and improving processes to realize cost savings.

9. Board Discussion on Strategic Priorities & Budget Considerations

i. Priority Discussion

- Specific focus areas or initiatives
- Verify Initiatives are complete and on target to achieve Priorities
- Assess Goals to determine target areas for the greatest progress or those at greatest risk of regression

ii. Budget Discussion

- Determine the best investment of Public Health Resources
- Initial thoughts on FY19 Budget Considerations

10. *Board Comment

Mr. Young expressed the appreciation he has for the Health District and staff, and stated that he is very impressed by the scope of work and the professionalism with which it is performed.

Chair Jung opined the Health District is the most highly educated Division in the County due to the nature of its work, and this fact should be stressed to the public.

Mr. Brown expressed he is still learning about the workings of the Health District and is continually impressed with staff and their dedication to improve quality of life in the community.

Dr. Hess stated that he initially had concerns regarding the ambitious scope of the Strategic Plan, but now was very optimistic about the Health District's ability to implement the Plan. He opined it important to maintain flexibility in prioritization of the Strategic Plan

Priorities, taking into consideration the ability to fund related activities and employee involvement required. He thanked those present for relieving his concerns.

Mr. Dick expressed he was thankful for the Health District to have been able to work with OnStrategy, which was made possible by grant funding to produce the first Strategic Plan. He stated the current Plan is an effective tool for moving progress forward, that it is definitely an ever evolving document, and that the bi-annual report to the DBOH is his opportunity to inform and request direction from the Board on possible adjustments to the Plan.

Mr. Delgado stated the Health District staff is very well respected in the community for their professionalism and customer service. He expressed his appreciation for the less formal forum of the Strategic Plan Retreat that allows open communication and opportunity for progress. He stated that he looked forward to the work ahead to improve the health of the community.

Chair Jung informed that in the 2009 budget crisis, the State gave the Board of County Commissioners the ability to raise the Government Services Tax paid at the DMV, and they have never enacted that ability. The total revenue for that increase is about \$16M per year. Chair Jung stressed that, to obtain these much needed funds, she needed the advocacy of those present to request the other Commissioners to enact the increase in the GST. Chair Jung detailed the various projects the funds could be utilized for across the jurisdictions and underscored the importance of having the process complete before January 2018.

Mr. Dick expressed his appreciation for the positive comments from the Board Members. He stated that the Strategic Plan will be finalized and brought back for their review and approval with the target date of the December DBOH Meeting. He thanked Ms. Olsen and Mr. Robb of OnStrategy, Ms. Peters and Ms. Rogers of the ODHO staff and all of the Division Directors and Supervisors who worked to prepare the updated Strategic Plan and to implement it.

Mr. Dick thanked Dr. Knight and the Medical Examiner's Office for allowing the use of their beautiful facility. He stated that Dr. Knight is an outstanding Medical Examiner for the community.

11. *Public Comment

As there was no one wishing to speak, Chair Jung closed the public comment period.

12. Adjournment

Chair Jung adjourned the meeting at 12:25 p.m.

Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment. During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must

fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment. The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website.

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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