

**Sabra Newby, Chair**  
City Manager  
City of Reno

**Neil Krutz**  
City Manager  
City of Sparks

**Kevin Dick**  
District Health Officer  
Washoe County Health  
District

# Emergency Medical Services Advisory Board

WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE

**David Solaro**  
Interim County Manager  
Washoe County

**Dr. Andrew Michelson**  
Emergency Room Physician  
St. Mary's Regional Medical Center

**Joe Macaluso**  
Director of Risk Management  
Renown

## MEETING MINUTES

Date and Time of Meeting: Thursday, August 1, 2019, 9:00 a.m.  
Place of Meeting: Washoe County Health District  
1001 E. Ninth Street, Building B, South Auditorium  
Reno, Nevada 89512

### 1. \*Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: Sabra Newby, Chair  
Neil Krutz  
David Solaro  
Randall Todd  
Dr. Andrew Michelson  
Joe Macaluso

Members absent: None

**Ms. Spinola verified a quorum was present.**

Staff present: Leslie Admirand, Deputy District Attorney  
Dania Reid, Deputy District Attorney  
Christina Conti, Preparedness and EMS Program Manager  
Heather Kerwin, EMS Statistician  
Dawn Spinola, Administrative Secretary, Recording Secretary

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### 2. \*Public Comment

Limited to three (3) minutes per person. No action may be taken.

Chief Charles Moore, Truckee Meadows Fire Protection District (TMFPD) explained that if he was a little passionate it came from a standpoint that he cared about what happens to people in the community, whether they live, in Jurisdiction A, B or C, it just does not matter. He believed, and would be providing supporting evidence for the strategic plan, that when people have critical emergencies, the closest unit needs to be sent, particularly for the Priority 1s.

Chief Moore noted that on the 30<sup>th</sup> of July, just a little bit before 5:00, TMFPD was dispatched to a report that someone had suddenly lost their vision. REMSA took the call, determined that it was a possible stroke, and it was placed as a Priority 1 call. TMFPD went in route. When they

were just a little bit from arriving on the scene, they were notified that it was not their jurisdiction, that they were cancelled. The information was not clear whether the jurisdiction agency that had the call had already arrived or was in route, but nevertheless, TMFPD cancelled.

Chief Moore looked back at the CAD notes, and found that the agency that had ownership of the call was six minutes behind TMFPD, and REMSA was probably another four minutes behind that agency. He opined that supported why the region needs to be doing closest-unit dispatch. In this case, if somebody was having a Priority 1 emergency, they did not get the response in a timely way, and he did not think that was right. He had heard the arguments about three or four people in an engine company, they had four people on their engine, with two being paramedics. TMFPD was a minute away, and were cancelled from responding to somebody who was potentially having a stroke.

Chief Moore noted that the Washoe County Emergency Medical Services Oversight Program staff has identified, in the strategic plan, that the region needed to be moving towards closest-unit dispatch, and this was clear evidence that the patient was not served. He reiterated that he did not care about jurisdictions. This was an ethical reason why we need to give this thing some momentum.

Chief Moore noted that a year ago he had been there to say that they had addressed a call in which someone was having a respiratory arrest, and they were about 600 feet away from TMFPD's fire station. He pointed out that nothing had been done over the course of the year to try to move this forward. He stated he did not know the reason why the EMS system is not giving it some momentum, and opined it needs to be given momentum. If there was a single thing that the organization could do to advance the cause of emergency medical response, it was closest-unit dispatch.

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### 3. Consent Items (For Possible Action)

Matters which the Emergency Medical Services Advisory Board may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

#### A. Approval of Draft Minutes

May 2, 2019

**Mr. Krutz moved to approve the draft minutes. Dr. Michelson seconded the motion, which passed unanimously.**

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### 4. \*Prehospital Medical Advisory Committee (PMAC) Update

Dr. Andrew Michelson

Dr. Michelson explained that PMAC was still working on getting money. Dr. Michelson stated that from the best their knowledge, it had always been the different member organizations that have contributed, i.e. Saint Mary's, Northern Nevada, REMSA, Washoe, etc. A formal email will be compiled that will include all of the members, and move towards putting some more pressure on the community to get the money for the continuation of that non-profit organization.

Dr. Michelson noted that insurance will be due shortly, and that is the biggest concern, as far as continuation. Otherwise, the major costs are the scholarships that they promote through the paramedic schools. The insurance is around \$900, and currently PMAC has almost \$300, so they are short. It is a primary concern.

## 5. \*Program and Performance Data Updates

Christina Conti

Ms. Conti introduced herself and explained that as always, she was happy to answer questions on anything in the report; she just wanted to bring up a few things for their reference.

Ms. Conti noted the program staff had met with the Sheriff's Office (SO) to talk about how the jail is a hot spot for 9-1-1 use. What became very interesting was perspective. When viewing those numbers, we really felt like they were using the system at an alarming rate, and when the SO looked at the numbers, they felt they were very low compared to how many people they see through their doors every month. So one of the outcomes was that Ms. Heather Kerwin, Program Statistician, is going to send data to them annually, and they will also, upon request, send back some data on the admits that they see monthly so that we can quantify it better so that it is not taken out of context with the percentage.

Ms. Conti went on to share that the EMS Protocols task force had a revision that went into effect on July 1. The big note was that Storey County Fire Protection District had become a participant in the regional protocols, joining all of the Washoe County agencies already involved. Their medical director should be joining PMAC as well.

Ms. Conti noted the Mutual Aid Evacuation Annex was approved at the June District Board of Health (DBOH) meeting, and that was a big update that included more sub-acute care facilities and also changed it from an annex to an agreement. If it became necessary to set up alternate care sites within the facility, that now falls under this plan.

Ms. Conti explained the CAD-to-CAD update provided in the packet was no longer the most current. She had been invited to sit in on a meeting the day before between City of Reno, REMSA and Central Square. Ms. Rishma Khimji, Director of Information Technology with Reno, was very stern and direct with her request for a work plan that had true dates associated with it, as well as the resources that are being allocated, so that there is more of a check list. She noted Mr. Heinz was in the audience if the Board wanted more information on that. Ms. Conti had just been an observer to the conversation and could attest to the frustrations that have been shared in front of this Board that Central Square is very definitely giving them the runaround, which was disappointing.

The last thing Ms. Conti called out, unless there were questions, was that the program's EMS Coordinator, Ms. Brittany Dayton, went on a ride-along with Sparks Fire Department and was able to participate in wildland fire training so she could observe it and then do it. So while not a wildland firefighter, certainly a potential resource should we get to that point in an emergency where we need everybody.

Mr. Macaluso stated he was interested in her comment about getting the runaround, and asked what, specifically that is, and what was the net effect on what is being worked on. He also asked what, if anything, could be done about it.

Ms. Conti stated she would defer, and Chair Newby invited Mr. Heinz to come up, as she had had the same question. She wanted to hear more about the CAD-to-CAD and the two years.

Adam Heinz, Director for REMSA, stated he would start four years from this day. He expressed frustration and opined it was the same for everybody that has been a part of this regional process. In preparation for this meeting a couple weeks ago he had reached out, because his understanding was they were on target, but they had not heard from the vendor since approximately the end of April. He believed his most recent report to EMSAB had been that it was anticipated that some sort of interface would be started in the month of August. He received

a response to his status request email that suggested the project was no longer on track, which was met with frustration, and his leadership demanded that they arrange a telephone call. He believed a copy of the email was included in the Board packet.

Mr. Heinz explained that on July 31, 2019, Ms. Conti, Director Khimji, himself, EDC staff and Central Square staff all met to discuss this. What Central Square suggested is the root cause is that they have, through transition and acquisition of different CAD vendors, had to move some of their technical people that likely were working on this project, putting them behind. They did not necessarily communicate that well, which follows a historical pattern.

Mr. Heinz stated this was the last dialogue that they were going to have in such a friendly manner. What they did was clearly explain to Central Square that this interface is the hinge of emergency responders being able to provide efficient, timely and needed communication for people that are calling for emergencies. Due to the fact this is one of the largest CAD vendors in the world, it seemed unfathomable that they could not do this. He reiterated that Ms. Khimji had been very stern. He had also provided comment that suggested that REMSA and Reno were not interested in waiting for Central Square to complete the job if they were not going to be able to do it. If they could not accomplish it, then REMSA and Reno needed to look at alternative solutions that might not be in Central Square's best interest.

Mr. Heinz noted that one of the project managers advised that he would be available for the DBOH, and the Board could ask what is going on and what can be done. Mr. Heinz opined that that may be reasonable to take him up on it, so that the Board could cross-examine him directly. He added they had suggested they wanted to try something different; something they believe may help expedite this process. They suggested internal testing will be the first of October, deployment of the interface will be the second of December, transaction testing will start December 8, acceptance testing will be the 13<sup>th</sup> of January, training will be the 13<sup>th</sup> of January, and then go live would be the 27<sup>th</sup> of January, 2020.

Mr. Heinz explained Ms. Khimji had requested that a project plan be drafted and Central Square indicated it had already been provided. It was made clear the Outlook email note was insufficient, so they would need to provide an official project plan. Ms. Conti requested that it be available by next Wednesday, so that it could be included in the DBOH packet. They believed that they could do that, so they did verbally commit.

We did demand, since this has been such a laborious process, that on-site assistance be available so that we can efficiently move this project. Initially that was cited as not part of the scope, but the project manager said he thought that was reasonable and was going to get back to us.

Mr. Heinz concluded by stating he thought that there may be concern that somebody is stalling. He said he could assure you, from the REMSA/Reno side, he was very appreciative of Director Khimji, and the whole team. He felt they were working, at least locally, doing all that could be done and communicating everything necessary to try and remove any barriers to push this through. He opined the vendors were challenging.

Dr. Todd asked if there were other vendors that could be gone to if the current one continues to underperform. Mr. Heinz replied that would be something that would have to be investigated. He believed it was on the E911 agenda to potentially look at a different CAD regionally. REMSA is currently on TriTech, the other jurisdictions are on Tiburon. His understanding was that Central Square bought Tiburon and there may be an investigation to go to a different CAD vendor, which then changes their position as far as how they move forward in the future. Even if they were to make that decision, there were a lot of things that have to occur to be able to do that.

But that would unfortunately be something that they would have to consider doing.

Dr. Todd stated he wondered if Central Square was aware that REMSA/Reno was looking at other vendors, that might be a motivating factor for them. Mr. Heinz stated he did not know. He indicated this will be the last time that we are going to have this conversation before having to move forward with doing something else. He opined it might be in their best interest to potentially look at somebody else that could support that. He did not know if there was anybody else out there. He noted Reno may have done some other diligence.

Mr. Heinz went on to explain there is a third vendor involved. First there was Central Square, which previously was working with Tiburon and TriTech, and then EDC, who was the person that is supposed to be integrating these things together. Last year Central Square had brought what they thought was the solution, and they took the liberty to interpret something and so it pushed us even further back. Essentially they provided us a CAD system where we can dispatch Reno's assets, and Reno can dispatch our assets and we can move them, that just was not what we had asked for.

Mr. Macaluso asked if there were performance metrics in the agreement that REMSA/Reno, or whomever, has with this vendor to help leverage that movement. He said he felt Mr. Heinz's frustration, and opined we would want to attack that from every angle possible, including from the legal if necessary. Mr. Heinz agreed that was the next step, to be able to do that. That this project dates back to 2016,

He opined that at the time he do not think that we foresaw that this was going to be the issue, but obviously moving forward, that definitely is in everybody's best interest, should they fail to keep this timeline.

Ms. Conti opined that perhaps what Mr. Macaluso was suggesting is the project plan and how the vendor agreed checklist would be able to do that. Mr. Macaluso added achievable milestones to ensure that. He noted that was a last resort, of course, but if they were held to a tight timeline relative to whether they were going to hit each benchmark, and if not, was there some kind of penalty associated with that, whatever that might look like. He did not know if that was possible at this point, but it sounded like they were trying to tighten the reins, to try to get this thing done. He pointed out that four years was a long time, even when taking into consideration the sophistication required. Now they were talking about engaging another vendor, possibly pushing them out another four years, which just seemed unreasonable. Mr. Heinz agreed.

Jen Felter, Washoe County, added that she had been in touch with a company called Telus that does CAD-to-CAD because Truckee Meadows Fire is looking at a CAD-to-CAD solution with Carson City. She communicated with the gentleman for a couple months, and as of the end of May, Central Square acquired the company. Telus, the CAD-to-CAD solution, which is a third-party vendor, there is a gentleman by the name of Jonathan Mitchell that will probably be very intricate in this part.

Mr. Krutz asked what was happening with the budget, what had been paid for, how much was outstanding, and if costs were continuing to grow as they tend to when time drags on. Chair Newby acknowledged the right people may not at the meeting to answer that question. Ms. Conti stated she had asked that question offline at the meeting the previous day, and it was recalled that 50 percent was already paid and that 50 percent was due at the end. Ms. Conti's concern had been if everything had been paid and they just did not care anymore. Mr. Krutz explained that what had triggered his budget question was hearing the statement that we had asked for some on-site support, and they said of course. That usually comes with a line list.

Mr. Heinz pointed out they had made it clear during those conversations that that would definitely not be on their back. Reno's frustration about the SQL issue is that initially Central Square said we needed something like this and the system check was okay, and then they were suggesting that they need something different, SQL Lite versus SQL. Apparently there was money involved, and Ms. Khimji was very clear and said that should not be our responsibility to pay. Central Square needed to figure that out. Chair Newby agreed they do not have to pay for a sequel, if they did not get the product in the first place. Typically you receive the product, and then the sequel comes out, and then you have to pay for that.

Mr. Heinz pointed out there were other costs that were all of a sudden popping up in the interest of trying to continue to move this initiative. He opined it was extremely important, not only for the Board's frustration but for the people that are calling. The system was necessary and important for the sake of overcoming inefficiencies. Mr. Heinz also pointed out that all of the time that everyone is taking to discuss.

Chair Newby noted that Mr. Heinz had mentioned that in the discussion that one of the principals of the company or one of the project people would be available to come to either this meeting or to the DBOH. She asked if the DBOH had requested that yet, and opined that one Board should, either this Board, that one, or both, should avail themselves of that opportunity to really impart the urgency of this project to that person and perhaps the whole company. Mr. Heinz agreed and stated that was what he was talking to Mr. Dow about.

Ms. Conti answered that no, the DBOH had not asked. However, after every EMSAB meeting she goes to the DBOH and provides an update. At every one of those, CAD-to-CAD is something that is talked about. When she made that statement to the contractor, it was because she felt it gets old for the Chief, or REMSA, to try to make the explanations. She had asked them if they cannot get that new timeline are they going to be there to answer those questions. They said yes, they could probably make themselves available. So nobody has officially asked, but our Board chair Dr. Novak, with City of Sparks, is getting more and more frustrated by it.

Dr. Todd asked if we knew who any other customers of this vendor might be, and if they are having similar problems to what we are having. Mr. Heinz stated they have not been provided that list, despite asking for it. There is somebody, somewhere in College Station TX, that potentially is using this. That was the premise of going forward with this, that there was potentially this or something similar. As time went on, it became clear that Central Square was only looking at that, it was in development, but not actually moving forward. Dr. Todd wondered if we were their only customer, and Mr. Heinz indicated that was possible. Dr. Todd brought up the question that if so, then how are we not getting their undivided attention. Chair Newby stated that she found it hard to believe, that in the entire United States, that we are the only organization, or set of organizations, that have this need. EMS is provided in every place. She felt like this should not be a reinvention of the wheel.

Mr. Macaluso stated he would be interested to see how we move forward with taking them up on their offer to appear before this Board or some other Board so they can help us understand some of the roadblocks. He asked when would be the earliest point at which they could make the trip to provide us with that information. Mr. Heinz stated he appreciated the official request, because he felt that would assist with going back to them and saying that this Board has requested that somebody come speak directly to the Board. He felt that will be helpful for their initiative.

Chair Newby noted that Item 5 was actually not an action item; during discussion of Item 9 would be the appropriate time to make Board comments and future agenda items. Ms. Reid

confirmed that was correct.

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**6. Presentation, discussion and publishing of the Washoe County EMS Oversight Program FY18 Annual Data Report.** (For possible action)

Heather Kerwin

Ms. Kerwin stated she had nothing further to add to the staff report, but would be happy to take questions if there were any.

**Mr. Macaluso moved to approve the report. Mr. Solaro seconded the motion which was approved unanimously.**

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**7. Presentation and possible acceptance of an update of the Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.** (For possible action)

Christina Conti

Ms. Conti noted one typo, the list of objectives and strategies that are listed are those that are going to be during, started on, or completed not in 2019, but in Year One, so it incorporates the 12-month period of time. She pointed out a change to the format, noting that even though she was the one that provides the report as the manager, the responsible team member was now affiliated with each of the strategic planning items, so the Board can see what the program is doing. If they had any questions about any of it, she would defer to whoever is in charge of that item. She stated she did not have anything to add, but was happy to answer any questions.

**Dr. Michelson moved to approve the report. Dr. Todd seconded the motion which was approved unanimously.**

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**8. \*Community Assessment for Public Health Preparedness (CASPER) Presentation**

Heather Kerwin

Ms. Kerwin stated that during 2019, WCHD was the third jurisdiction in Nevada to conduct a CASPER, so she was just going to briefly review those findings and recommendations and give the Board a bit of a background of what CASPER is. The acronym stands for Community Assessment for Public Health Emergency Response, and it is a formal methodology developed for the purpose, initially, to be conducted during an emergency phase, or just following an emergency or natural disaster. It is a door-to-door survey, and uses validated sampling methods so that the data collected is actually generalizable back to the larger sample population.

Ms. Kerwin reiterated it can be used to collect information before, during or after disasters. It can be a survey on anything, but it is traditionally used to collect information on current health status, basic needs of the household, and any house or property damage. It is a household-based assessment, so it is not intended to assess individuals. It is intended to assess household needs as a household unit.

Ms. Kerwin noted that more recently, CASPERs have been conducted during a preparedness phase, to help communities prepare better for those emergencies or disasters which would warrant an evacuation or a response from governmental and non-profit and other entities. Some communities have started using it for their Community Health Needs Assessment which also requires collection of primary data from the population at hand.

Ms. Kerwin pointed out this is the first year that Nevada has actually been on the map. She displayed the formal map produced by CDC, any state in light blue has at least at one jurisdiction who has conducted a CASPER. We intended our CASPER to be an assessment of access and functional needs, what our population might do if asked to voluntarily evacuate, where would they go first, would they seek shelter in a traditional Red Cross shelter setting, would they go to friends and family's houses, or because we have a little bit of a unique setting here where we have a lot of casinos that have capacity to host larger populations that they may find that to be a more favorable setting than a shelter. So we asked some questions about what they would do in the event of a voluntary evacuation, and that will help us better inform our shelters as to what to expect.

Ms. Kerwin explained the counties that have conducted CASPERs to date are Carson City, Clark, Mineral and Douglas Counties. CASPERs will be conducted in the future in Lyon, Storey, Elko and Churchill Counties as well. There are four core statewide questions, and she had been part of a working group with the State Public Health Preparedness team, and the other individuals who are running CASPERs in their respective communities, and we have collectively decided on four questions that would be uniform across all jurisdictions so that those data can be compared from one jurisdiction to the next. She believed the State was publishing a formal documentation of the findings of the jurisdictions that have conducted a CASPER so far. That should be available within the next couple of months.

Ms. Kerwin explained the preparation for the Washoe County CASPER, noting that it was helpful to hear lessons learned from jurisdictions like Carson who had already completed theirs. Our group, Public Health Preparedness, and EMS volunteered down there, so we got to see firsthand what was happening in the field, both in Incident Command and the teams that go out and conduct the door-to-door surveys. Our CASPER planning committee actually met for nine months, and we were tasked with developing the survey, figuring all the logistics out for the day-to-day, as well as training, soliciting, and scheduling all of the volunteers that it takes to make a CASPER happen. We also were involved with materials preparations, pointing out that the picture currently displayed was a goody bag full of all of our highest-quality sack stuffers, and we gave them out to the households that completed a CASPER assessment with us in the field. A lot of the items have to do with how to prepare, while some of the goody bag materials were more general public-health or environmental-health related items.

Ms. Kerwin went on to explain the operations in the field, stating we conducted the CASPER over a period of four days. There were six different shifts within those four days. We bounced back and forth intentionally between the early shifts and the evening shifts trying to catch people at home at different times, and then we had a very long Saturday, at which we decided to consider it a success and end it at 8 p.m., so did not have to come back for the Sunday shift. We did operate under a formal Incident Command structure during those operational periods. There were, at any given time, three to five people in Incident Command, handling all of the radio traffic and documenting every action that went on in the field. We had anywhere from four to nine pairs of volunteers, the teams that were out in the field, during any given shift in the day. The goal for 100 percent completion rate would have been 238; we successfully completed 224 of those surveys, for what she believed is still the highest completion rate of any jurisdiction in the state, at 94 percent. Just for the Board's knowledge, at anything below 80 percent, the data are not considered to be reliable enough to be generalizable back out to the larger jurisdiction.

Ms. Kerwin explained some of the images on the PowerPoint, displaying some of the maps and acknowledging that our GIS department was instrumental in making sure we knew where everybody was and where everybody was supposed to be going. Another picture showed the

bright yellow vests the survey team members wore so that they were identifiable in the field. A comprehensive grid table was utilized by staff to help with tracking and follow up. Three knock attempts were made at any given household before a replacement household was strategically identified, so there were a lot of things going on with every team communicating, after every single knock, what the outcome was.

Ms. Kerwin summarized the results, noting that in terms of what we found, once the data analysis was conducted, that about one in three households' main source of information during an emergency is television, their primary method of communication would be a phone call or text messaging, which was a little bit lower, but highly reliable, or relying heavily on cell phones, or phones in general. About a quarter of households felt they were well-prepared in the event of an emergency. A quarter of households have a meeting place within their neighborhood, a rendezvous location if their house is not safe. Twenty-three percent said they had a meeting place outside of their neighborhood. One of the findings around Code Red was that less than half of our households are aware of Code Red, much less signed up for it.

Ms. Kerwin went on to explain that the displayed slide clearly identified some of the themes that we found related to the evacuation-related questions. Eighty-five percent of households would intend to evacuate if they were under a voluntary evacuation. Ninety-four percent of households reported they believe they could evacuate within an hour without assistance. We did not have drop-down questions, if you answered "no" to this, what would the reasons be that you could not evacuate within an hour without assistance, but it is good to see that the vast majority believed that they could. Fifteen percent of households would be concerned about leaving behind pets. Most households, two-thirds have at least one pet, and they would intend to bring their pet with them. Slightly over half the households indicated that they would initially evacuate to friend's or family member's houses or a second home. There was a much lower percentage of people who said that their initial place to evacuate would be a formal shelter, however, if we are in an earthquake situation or something that is impacting the entire community, routes of egress, they may not have that choice to go to their second home or friends or family.

Ms. Kerwin went on to note that the report did provide some formal recommendations. We have about a 10 percent of the population's primary language spoken is Spanish, but we do have some populations whose primary language is English, and they would prefer to have both verbal and written instructions. So a recommendation is to provide instructions or information in both languages, both verbal and written, when at all possible. Increasing the community awareness about the importance of planning and redundant forms of communication, having those plans set in place so that, in the likelihood that communication lines and redundant communication is not operating or functioning, that they have an ability to reunite with family members and friends. Definitely one recommendation is to increase the community awareness of Code Red. One of the ideas that came out from our planning committee, after we reviewed the findings, was actively pushing out to larger employers in the community to send a formal email through their human resources departments to suggest they sign on for this. It is one thing to know about Code Red, but you have to be enrolled to receive any kind of a notification from it. Then of course all of the shelter considerations such as pets. Over 50 percent of households reported that there is somebody in the household who takes daily medication, making pharmaceutical demands within the shelter a little bit unique. It was her understanding that our shelters do not necessarily come with a built-in pharmacy. They have the capability to write a script and send someone off to go get it, but they would still need to go to a formal pharmacy setting. The final recommendation was to continue to collaborate with our neighboring counties on messaging, plan development and preparedness exercises, just because we understand that natural disasters

and emergencies do not respect geopolitical boundaries. So we will follow suit. With that, she offered to take any questions.

Ms. Kerwin noted the names listed on the final slide and indicated that the CASPER would not have happened without them, and that that was the most important slide.

Dt. Todd noted it sounded like a lot of the respondents were going to rely on telephones for communication, and Ms. Kerwin stated that was correct. Dr. Todd asked if we had gotten any sense, or if we knew, what proportion rely exclusively on cell phones. Ms. Kerwin replied that the way that the question was phrased was to ask their primary form, and she did not know if that was exclusive, if they have a secondary or tertiary, that they would feel comfortable using, but it was very strong in favor of using cell phones to communicate, and that may be because people are on smart phones so it is dual purpose is computer and internet access, or social media. Dr. Todd stated the reason he had asked was that we know that in certain kinds of emergencies, cell phones do not work all that well. He was anecdotally aware of a number of people, including some of our own staff, who do not have a land line. They rely exclusively on the cell phone. So that could be a problem, might be something worth teasing out in future CASPERs.

Ms. Reid requested Chair Newby's attention and asked that she direct her attention back to Item 6. Ms. Reid explained the clerk was able to record the first and second regarding the vote on that item, and we are just in need of some clarification that the vote was unanimous to accept. Chair Newby stated it was.

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## **9. \*Board Comment**

Limited to announcements or issues for future agendas. No action may be taken.

Chair Newby opined, based on earlier conversation, the Board would like to have a representative of Central Square come back before this body to answer questions about the progress of the CAD-to-CAD project. She requested any clarifying comments or additions.

Ms. Conti requested a point of clarification, asking if the Board would prefer she look at convening a special meeting that is on that, or waiting until the November meeting for that discussion. Chair Newby asked the opinion of the Board. Mr. Krutz indicated he would rather not wait, he would prefer to convene a special meeting. Chair Newby opined that the likelihood that they would be available on the exact date of our quarterly meeting is probably low as it is. Ms. Conti stated she would work with everyone's representatives.

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## **10. \*Public Comment**

Limited to three (3) minutes per person. No action may be taken.

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

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## **Adjournment**

**Chair Newby adjourned the meeting at 9:46 a.m.**