

District Board of Health Strategic Planning Retreat Meeting Minutes

Members

Kristopher Dahir, Chair
Devon Reese, Vice-Chair
Mariluz Garcia
Dr. Reka Danko, MD
Michael D. Brown
Dr. John Klacking, PhD
Dr. John Novak, DMD

**Thursday, November 9, 2023
8:30 a.m.**

**Conference Rooms A&B
1001 East Ninth Street
Reno, NV**

1. Roll Call and Determination of Quorum.

Chair Dahir called the meeting to order at 8:30 a.m.

The following members and staff were present:

Members present: Kristopher Dahir, Chair
Devon Reese, Vice-Chair
Mariluz Garcia
Dr. Reka Danko, MD
Michael D. Brown (excused himself at 11:15 a.m.)
Dr. John Klacking, PhD (arrived at 8:40 a.m.)

Members absent: Dr. John Novak, DMD

Mrs. Valdespin verified a quorum was present.

Staff present:

Erin Dixon, Deputy District Health Officer
Julia Ratti, Director of Programs and Projects
Jack Zenteno, Administrative Health Services Officer
Dr. Nancy Diao, EPHP Division Director
Francisco Vega, AQM Division Director
Erin Dixon, EHS Division Director
Lisa Lottritz, CCHS, Division Director

2. Pledge of Allegiance.

Robert Fyda led the pledge to the flag.

3. Approval of Agenda.

November 9, 2023

Michael D. Brown moved to approve the agenda for the November 9, 2023, District Board of Health Strategic Planning Retreat. Dr. Danko seconded the motion, which was approved unanimously.

4. Public Comment.

Chair Dahir opened the public comment period.

Having no public comment, Chair Dahir closed the public comment period.

5. Consent Items.

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Budget Amendments/Interlocal Agreements.

- i. Approve the Right of Entry and Use Agreement between Northern Nevada Public Health, Air Quality Management Division and Truckee Meadows Water Authority permitting entry onto TMWA's property, 180 Bridge Street, Verdi NV (APN 038-060-46), from date of approval to access the Air Quality Monitoring Station on the WCSD property (APN 038-060-27) for the purpose of installing, operating, making repairs, modifications or improvements as needed to the Air Quality Monitoring Station, with payment from Northern Nevada Public Health to Truckee Meadows Water Authority in the amount of [\$17,795.00]; and further authorize the Board Chair to execute the agreement and authorize the District Health Officer to execute any future amendments.
Staff Representative: Kristen Palmer
- ii. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$455,488.00 (\$45,548.80 cash match) retroactive to July 1, 2023 through June 30, 2024 in support of the Hospital Preparedness Program (HPP) domains in response to COVID-19 according to the HPP Cooperative Agreement; it will support the purchase of supplies and equipment in support of Continuity of Healthcare Service Delivery and Medical Surge and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and MOU agreements with partnering agencies.
Staff Representative: Kristen Palmer
- iii. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$432,682.00 (\$43,268.20 cash match) retroactive to July 1, 2023 through June 30, 2024 in support of the Hospital Preparedness Program (HPP) capabilities according to the HPP Cooperative Agreement; it will support the purchase of equipment in support of surge and evacuation events in the community and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and Memorandum Of Understanding agreements with partnering agencies.
Staff Representative: Kristen Palmer

Councilman Reese moved to approve the consent agenda. Commissioner Garcia seconded the motion, which was approved unanimously.

6. Strategic Planning Topics and Discussion.

A. Introductions, Discussion Flow, Meeting Outcomes.

Presented by: Chair Kristopher Dahir and Health Officer, Kevin Dick

Facilitated by: Erica Olsen, OnStrategy

Chair Dahir opened the item by noting that Health Officer, Kevin Dick would not be present due to a delayed flight; however, Deputy District Health Officer, Erin Dixon would be presenting Mr. Dick.

Chair Dahir continued to encourage the Board to connect with staff and feel free to ask questions.

Chair Dahir asked all those present to introduce themselves to the group by sharing their roles within the Health District.

After introductions, Deputy District Health Officer, Erin Dixon thanked everyone for their attendance as the opportunity only comes once a year. She provided a brief explanation of the expectations and invited the Board to provide guidance and share additional considerations that should be taken into account especially with budget season on the horizon. She continued to thank people that arranged for the room to be upgraded and operational and offered to give the Board a tour of the lobby during the break.

Ms. Ratti provided a brief orientation for the retreat and reminded everyone that they had moved to a 3-year strategic planning process, and this is the first year of the plan. She continued to explain that the meeting was not set up for planning but rather a strategic conversation. She reiterated that while last year the retreat was content heavy to allow for strategic direct; however, this year the retreat was process heavy to allow for decision making.

Erica Olsen with OnStrategy reiterated the goal for the retreat stating that the desired outcome was to walk away with a deep understanding of the budget and the workforce situation. She added that there was enough time to have the background needed to provide the foundation for the upcoming months.

Ms. Olsen asked the team to over-project as it was hard to hear everyone throughout the room. She continued to provide an overview of the flow of the agenda, adding that Item #6E may be heard at the December District Board of Health meeting.

Chair Dahir instructed the Board that this was an all-in-one item, so if deliberation was necessary it would happen at the end of Item #6.

- B. Presentation of a new District Snapshot report and review of reports the board receives on a quarterly and annual basis. Staff are seeking guidance on whether the current flow of information is effective and meets the needs of the District Board of Health and the community and recommendations for any modifications.
Staff Representative: Julia Ratti and Division Directors

Ms. Ratti opened the item by providing an overview of the reports the Board receives and walked through the reports to determine if those reports served the needs of the Board. The reports included Divisional Report, Quarterly Results through the Performance Management System, and the new District Snapshot. Ms. Ratti asked if providing quarterly results in the second month after the quarter would be appropriate, as it would allow for more accurate data.

Chair Dahir affirmed.

Ms. Ratti continued to ask if listing them under the consent agenda for the first and third quarter and under the regular agenda for mid-year and end-year would be approved.

The Board affirmed and Councilman Reese stated that it is not his intention to micro-manage as the Board wants good data and analytics. He affirmed that he trusted staff and believes they are doing good work as he was more concerned with policy outcomes.

Ms. Ratti expressed her appreciation for Councilman Reese's comment and stated that part of the reason they were spending time on this item was to allow the Board to ensure transparency, as from the governance lens, the Board is the keeper of this information, and the goal is to be timely.

Chair Dahir commented that consistency helps the public know what to expect and keeps things accountable. He echoed Councilman Reese's previous comment about allowing staff to determine periods of reporting.

Ms. Ratti continued to share the new District Snapshot. Ms. Ratti stated it's a storytelling tool that rolls up similar data points. She provided details about the new report and stated it would be presented annually to the Board of Health, stakeholders, and the general public.

Ms. Olsen stated that staff is also part of the audience for the new report.

Ms. Ratti continued to state that the story the report is telling is about the impact of public health and how there are many layers of protection. Ms Ratti introduced Lisa Lottritz, CCHS Division Director, to speak about one of those layers.

Ms. Lottritz began to speak about clients served directly and reported that NNPH serves as a layer of protection in that members of the community that do not have do not have options for care are covered by the health district in services such as immunizations, family planning health, TB services, among others. She stated that the goal is to ensure the gaps in the community are covered. She continued to report on the last 3 years.

Ms. Ratti clarified that the numbers did show duplicated clients.

Ms. Olsen also noted that the numbers were fiscal year-ending numbers.

Dr. Nancy Diao, EPHP Division Director, continued to report on the disease case investigation layer. Dr. Diao reported on the number of cases that were investigated.

Ms. Ratti added that this report had a performance management indicator that refers to timeliness and in this layer the target was met at 92%.

Dr. Klacking asked if the community was doing better with the rates of syphilis.

Ms. Lottritz reported that unfortunately syphilis continues to be a concern in the community.

Chair Dahir asked if the increase in population was factored into the report as he felt that potentially the work that has been done is helping decrease the number of case investigations.

Dr. Diao reported that the workload is dependent on the type of disease.

Chair Dahir restated that with the increase in population and the decrease in cases, he opined the preventative measures must be working.

Ms. Ratti stated that with the many different diseases it's difficult to make that affirmation as they were not comfortable making a causation or correlation to the work that has been done.

Dr. Klacking asked if there was a way to get the data on the number of tourists visiting the area.

Ms. Ratti reported that the cases get sorted into the county where the person lives.

Ms. Ratti introduced Francisco Vega, AQM Division Director, to speak about inspections.

Mr. Vega noted he was impressed by the number of inspections and made note that the number showed that staff are out in the field making sure developers are using best practices. Mr. Vega highlighted some of the inspections that are handled by his division.

Commissioner Garcia stated she liked the performance indicator as she finds it helpful. She continued to ask if the snapshot was created in-house.

Ms. Ratti reported the report was created by OnStrategy this year, but staff will learn to do it for future years.

Commissioner Garcia asked if it was possible to add a feature that allowed for more than a 3-year baseline.

Ms. Olsen affirmed that technology wise that is possible; however, data wise it may pose a challenge.

Ms. Ratti reported that the data will be made available as it's collected; however, adding data from previous years would require intensive work.

Commissioner Garcia expressed her appreciation for the information that was received; however, as a Board member she opined that the historical content would be helpful.

Chair Dahir added that a pre-COVID understanding as it relates to the report would be helpful.

Ms. Ratti agreed that context is important, but COVID-19 is an outlier from that data perspective and stated that they're trying to not let that outlier drive their work.

Ms. Ratti continued to introduce plan and building reviews and reported that there wasn't a performance measure because it wasn't available for every data point.

Robert Fyda, EHS Division Director, spoke about this report and shared details about the data and stated that building plans and submittals are the first layer of protection to make sure the community and applicants are prepared for success. This process also makes sure there is no disease spread or that any infrastructure issues that arise don't contribute to disease spread.

Ms. Ratti explained that a performance management measure could not be achieved as the information was not available for every indicator.

Councilman Reese asked if all jurisdictions have a different turn-around time frame.

Mr. Fyda responded that it's a consistent jurisdictional standard.

Councilman Reese asked what the standard was.

Mr. Fyda informed him that it was 10 business days.

Councilman asked if Mr. Fyda was confident that the standard was being met.

Mr. Fyda referred Councilman Reese to additional raw in the report.

Councilman Reese spoke about a project the City of Reno is involved with regarding inter-jurisdictional cooperation. He made note that City of Reno will be moving on efforts to initiate collaboration within the different jurisdictions. Councilman Reese noted that

constituents complain to him about the timeliness of the process, which leads him to approach the health district to work through the issue.

Ms. Ratti highlighted the area that could be used as a reference for timelines. She added that the optimal process would be to collaborate with other jurisdictions to determine where plans are being held up.

Councilman Reese asked if the other jurisdictions would have to use the same platform.

Ms. Ratti explained that it was a big lift for the health district to gather all the data, so the other jurisdiction would probably have to go through the same process. However, she did reiterate that the health district is very committed to providing transparent data about the performance indicator.

Councilman Reese noted that the number reported is not good and opined that you cannot change what is not measured, so having the data helps find solutions.

Chair Dahir spoke about the goal for this measure and noted that it's potentially linked to the budget as it would need to be modified if the Board asked for a higher percentage in response times. He continued to ask Joelle Gutman Dodson about AB231, which requires a modification in turn-around time.

Ms. Gutman Dodson confirmed the bill referred to residential zoning for land use and planning.

Ms. Ratti stated that those types of changes would trigger changes in the performance standards, as it could change the jurisdictional timeframes. She continued to invite Mr. Vega to speak about permits, registrations, and notification.

Mr. Vega addressed Councilman Reese's previous comment about inter-jurisdictional cooperation and stated he was looking forward to participating in those conversations and develop a streamlined approach.

Councilman Reese clarified that no one has spoken ill of the health district; however, when there are issues NNPH is the target of criticism. He continued to opine that the Board has not provided the health district with the tools to be successful. He concluded by expressing his hope to find solutions as a collaborative team.

Mr. Vega spoke about permits and registrations that his division issues. Mr. Vega highlighted efforts that have been put forth to achieve waste reduction. Mr. Vega reported that as a layer of protection the sources are being evaluated and ensuring they are constructed or being implemented in a manner that complies with all the necessary requirements and forwarding that information to the public. He continued to report that a lot of the numbers reported under inspections are driven by the Wood-Burning Device program which is tied to real estate and development.

Ms. Ratti stated there wasn't a performance management indicator as this was a required process. She continued to introduce Dr. Diao with information on Vital Records and requests.

Dr. Diao reported they are the reservoir for all the birth and death that occur in Washoe County. She continued to share details of the requests and work of Vital Statistics.

Ms. Ratti reiterated a non-performance management indicator; the reports are used to reflect the amount of work. She continued to open the Public Record's request report.

Mr. Fyda reported that they are committed to providing proper disclosure and transparency. He added that some property records, septic and wells need to be provided in a timely manner, so that issues or proper planning can be remediated. Mr. Fyda shared some details about the most recent requests.

Ms. Ratti disclosed that this report is more of a volume indicator for the Board. Ms. Ratti added that staff had a moment when they realized all the work that is being done; however, the reports did not represent all the work in the health district.

Commissioner Garcia commented that she was impressed with synthesis of the report and how it was all collapsed into one chart. She expressed her appreciation for the specificity of permits report by captioning it with the word “commercial”, as she opined it was helpful.

Ms. Olsen highlighted that the goal is to demonstrate how effective is the health district at delivering the volume of work. She stated that as they mature in the data clarity and consistency, they would be able to continue to add and make the report more textual in terms of effectiveness.

Ms. Ratti opened the discussion regarding community engagement and introduced Scott Oxarart, Communications Program Manager.

Mr. Oxarart quickly reported on 3 of their main components which included social media, website, and public information. He continued to share details on the statistics that were shared on the charts that were shared with the Board, noting the increases during COVID-19. He reported that the goal was to continue growing specifically on click within the health district website. Mr. Oxarart stated that the purpose of his job is to make the information easily accessible for the media and members of the general public. He added that all the success measures were thanks to the support his team has received including the hiring of 2 new staff members since 2019. Mr. Oxarart continued to commend the work of Community Health Workers, as he opined that having them transcends communication in general for the community.

Ms. Ratti added that getting good health information out to the community is as much a programmatic function as it is a communication public affairs function. She highlighted that they are working with Truckee Meadows Tomorrow to create a data portal on their site that is inspired by Community Health Assessment (CHA), so that the CHA doesn't just become a 3-year paper document, but rather has a dynamic front. She continued to briefly report on community outreach and partnerships with community organizations.

Dr. Diao echoed that education is key to stopping the spread of misinformation. Dr. Diao reported on the variety of sources available to disseminate information regarding communicable diseases and assessments.

Councilman Reese asked Mr. Oxarart about the opportunities to intercommunicate with people with their language, that is not either English or Spanish.

Mr. Oxarart reported that the new website offered the opportunity to translate the information, even if it's not perfect. However, that is something that they are always looking to improve as it is important to know what type of information is relevant to people that speak different languages.

Ms. Ratti added that the Health Equity team is jump starting a language access planning

process in collaboration with Washoe County.

Councilman Reese asked about the top 5 languages or the next ones after English and Spanish.

Ms. Ratti responded that she did not have the information readily available.

Ms. Olsen reported the County has a lot going on with that process.

Ms. Gutman Dodson shared that there has been an increased requirements for different language access, as the electeds have seen it in the past legislature. She reported that although the health district was not included in the process this year, she anticipated the health district will be included next session.

Ms. Ratti continued to bring the revenue per capita to the attention of the Board as it does relate to the understanding that there's population growth and their ability to serve is dependent on keeping up with that growth.

Ms. Ratti suggested a break and invited Ms. Lottritz to speak about the lobby tour.

Ms. Lottritz invited the Board to tour the reconfigured lobby. She continued to explain the layout of the new area and changes in operations. She reported staff would be moving the following Wednesday.

Chair Dahir suggested a recess from the meeting to tour the facility.

The Board recessed at 10:00 a.m.

The Board reconvened at 10:15 a.m.

Ms. Olsen asked if the Board is getting the information they need to govern effectively.

Chair Dahir shared that he would like to see FTEs listed for the individual areas as well as pre-COVID numbers.

Ms. Dixon stated that they might not be able to go back 3 years and report on the FTEs.

Chair Dahir confirmed there was no need to go back.

Commissioner Garcia expressed her gratitude for the presented work as she understood it was an incredible lift and a creative approach to provide the volume of work performed. Additionally, she asked when the Board would see the snapshot and how it would be presented.

Ms. Ratti explained that for the purposes of governance the snapshot would be part of the year-end presentation of the Strategic Plan Results. She added that making it available to the public requires a conversation with the communications team. The snapshot will also be used in public presentations such as presentations made to the Chamber of Commerce to provide context for spikes and things like that.

Michael D. Brown noted that some of the FTEs are shared within divisions and noted that fact should be added to the reporting.

Chair Dahir echoed Michael D. Brown's statement.

Ms. Ratti suggested that the information may be explained during Item #6C.

Ms. Olsen introduced the following item.

- C. Presentation and Discussion of Fiscal Overview and Outlook. Staff is seeking any clarifications or additional information needed by the District Board of Health regarding the current financial state and financial outlook for the Health District as well as any recommendations the District Board of Health would like to provide as part of the FY25 budget process.

Staff Representative: Jack Zenteno

Ms. Ratti introduced the item on behalf of Health Officer, Kevin Dick.

Ms. Ratti revealed that the health district is not living in usual times and the financials is where it was most reflected, as it proved to be unpredictable. Ms. Ratti continued to highlight the importance for the Board to have the time and ability to see the trends, as there will be the need to make strategic decisions during the budget process.

Jack Zenteno, Administrative Health Officer, provided an overview of his presentation to include a review of revenues, expenditures, and staffing as well as a rewind to FY19 and ending with a comparison of pre-COVID to post-COVID. Additionally, he informed the Board he would discuss the current fiscal year as well as provide projections to FY27.

Mr. Zenteno reported on all revenues for FY23 that included grants, charges for services, county transfers, and licenses and permits and how they relate to each division by percentage. He continued to report on expenditures and noted the most obvious pieces were salaries and benefits. Mr. Zenteno noted that when the COVID grants fall off the amount of money spent on salaries and benefits will increase to about 85%.

Mr. Zenteno Shared the number on total positions per Division.

Ms. Ratti pointed out that looking at the chart, it is evident that CCHS is highly dependent on intermittent hourly staff.

Mr. Zenteno shared a slide that showed the breadth of the work that is done at the health district. He reported there were almost 250 positions and about 50 different types of positions, which proves a strong diversity in the work.

Mr. Zenteno reported on the health fund balance for the period of July 2019 to June 2023 and shared a comparison of those years, which showed a health fund balance of \$7.6 million in 2019 and \$17.5 million in 2023. Additionally, he shared a few visuals to compare the listed years as they refer to revenues and expenditures.

Mr. Zenteno continued to report on projections and stated that Korn Ferry changed salaries for most people in NNPH and additional costs were added to the benefits. He noted that COVID funding will potentially be ending; therefore, grants could be ending between this and next July.

Ms. Ratti clarified that although these grants were called COVID grants, some of those grants came with additional flexibility, so not all the activities are still COVID.

Mr. Zenteno continued to provide brief details on federal claw backs, delays in funds from the State, inflation, staff turnover, and county transfer flat rate. He made note that 40% of the positions that operate within NNPH have been here for less than 5 years.

Councilman Reese stated he wanted to discuss Korn Ferry, as that was the one topic he knew least about. He alluded that staff have voiced ongoing concerns about how Korn Ferry has impacted people. He asked to receive more information, so that he can learn

how to be a good policy maker and advocate for staff meaningfully. Councilman Reese stated that one of the concerns was that some staff were slotted into management or supervisory roles where staff did not want to hold this role or perhaps be compensated for the role.

Councilman Reese advised that he was looking to insert himself into these issues, so that he can be a better part of the Body.

Ms. Olsen highlighted that the rest of the presentation would reference the workforce piece which will help with the conversation Councilman Reese noted.

Mr. Zenteno briefly spoke about anticipated revenues as it referred to the one-shot appropriation from SB118 and fees from CCHS, AQM, and EHS for a total of around \$2.7 million. Under the Health Fund projections, Mr. Zenteno explained that that projection included the reserve that the health district is required to have based on the county requirement which amounts to about \$5 million.

Chair Dahir cautioned that the health district should not lean on SB118 funds staff wise.

Mr. Zenteno shared a few slides to report on projected revenues, expenditures, and health fund from the budget build and explained that his slides included a variety of scenarios as it related to the SB118 funds.

Chair Dahir asked Mr. Zenteno SB118 funds were included in the projection.

Mr. Zenteno affirmed it was included for FY25.

Mr. Zenteno noted that his last side showed that the \$2.4 million worth of investment nearly gets the health district back to equilibrium. However, in the event the health district does not achieve equilibrium decisions will have to be made to find ways to save money over time.

Ms. Gutman Dodson commented that everyone's revenue is looking bad.

Ms. Ratti noted that the facts had been reported and it is an extraordinary time, so the hope is for the Board to start thinking about state investments that can be demonstrated, modifying the flat county transfer, cost recovery, and workforce investment.

Chair Dahir opened this item for thoughts from the Board on the information that had been presented.

Councilman Reese expressed appreciation for the Washoe County as a partner and commend the Washoe County for their leadership and transparency.

Chair Dahir opined that the state investment portion is a priority. He continued to ask for Korn Ferry cost to be considered. Additionally, he opined that cost recovery should be reviewed and asked if there are areas where adding staff is not necessary.

Ms. Ratti informed Chair Dahir that the topic would be discussed on the next item, but responded that they do not need to keep all the staff and the methodology would be shared on the next item.

Ms. Dixon reported that the conversations have happened, and the health district is being strategic about moving forward. She continued to add that CCHS fees have been completed and will be moving forward. Additionally, AQM and EHS will be bringing fees to the Board as well.

Ms. Ratti emphasized that staff are grateful for the direct partnership with the Washoe County as she opined the health district could not have made it throughout the COVID without their partnership and support. Ms. Ratti also stated that the glide path in the reports helps to have multi-year conversations about sustainability.

Chair Dahir agreed with Ms. Ratti that a glide path is important to have when requesting funds.

Ms. Olsen asked if there were any other considerations staff should look at as they start the FY25 budget process.

He also suggested staying conservative.

Ms. Ratti stated they have the ability to use strategic investment to demonstrate they are using the state funds, but not setting themselves up for failure.

Ms. Olsen opened the next item for discussion and commented that the word investment isn't a normal word that is used in regional government conversation, but that was the perspective of the next topic. She briefly explained that the purpose was to gain an understanding of the current workforce capacity and review the current process for recommending investments.

Ms. Valdespin noted for the record that Board member Michael D. Brown excused himself at 11:15 a.m.

- D. Presentation and Discussion of Workforce Capacity and Investment. Staff is seeking guidance regarding the Health District's methodology for considering additional workforce investments and any recommendations for improvement or modifications.
Staff Representative: Health Officer, Kevin Dick

Ms. Ratti standing in for Health Officer, Kevin Dick opened the item by stating that a lot of work has been put in to try and assess the workforce capacity and benchmark the health district against national standards. She continued to remind the Board of the process that has been used to help determine the investments, which involves comparing workforce to the foundational public health services (FPHS) to determine if an agency is meeting the baseline level of public health. She added an overview of all the steps taken to provide recommendations to the Board. Ms. Ratti reference Chair Dahir previous question about whether or not the health district needed all their staff, and affirmed they do not per the tools she was presently describing.

Ms. Ratti listed all the foundational capabilities and compared them with the foundational areas that are clearly identified and agreed upon nationally and where local health districts should be investing their time and energy. She reiterated that the model is the driving piece of understanding the Health District's scope. Ms. Ratti described the evaluation of the FPHS results and explained that a comparison with other health districts is part of that evaluation. Once the evaluation is complete, they do local analysis to make adjustments for services that are provided by other entities. Additionally, local priority weighting is implemented which results in an adjusted weighted gap of how many additional positions are needed to be able to meet the foundational areas and capabilities. Ms. Ratti reported on the Strategic Investment Map Process that typically assists in determining above base budget requests, which leads to Shared Priority Considerations.

Ms. Ratti listed all the Shared Priority Considerations including Customer Experience

which was added based on learnings from the first round.

Mr. Vega commented on the process by opining that the process was an improvement in how they make strategic investments within the organization. He opined this process was collaborative, data driven, and strategic. He expressed gratitude for Mr. Dick and Ms. Ratti for recognizing there was room for improvement in how they were making decisions.

Ms. Lottritz echoed Mr. Vega's statements and stated that implementing this process helps understand what all the divisions need. She opined that being collaborative sets a standard of expectations for the rest of the staff.

Dr. Diao agreed with the previous statements relating to collaboration and improvement. Additionally, she expressed that she appreciated having the quantitative process. She also felt that it added consistency that didn't exist before.

Chair Dahir stated he recognized that collaborative work and expressed his appreciation.

Ms. Ratti reported that once the priorities are identified the list is put through a collaborative ranking process to determine highest priority and shared that in FY23 Span of Control and Workload were the number one type priorities. She explained that the same process is used to determine which positions fulfill the identified priorities and will move forward to an above base request.

Ms. Ratti continued to report that they have not processed the FY25 and Beyond priorities, but will do it as they have a better sense of the revenue picture and if there would be a request for additional positions. However, she confirmed that it would be done before the budget process and the above base requests would be based on the presented process.

Ms. Ratti concluded by listing the priorities that would be presented to the Board for FY 25 including the expected community impacts namely increased and improved layers of community protection, program specific investments that improve community health, and leadership for community-wide initiatives to provide equitable opportunities for better health. She noted these priorities translated into the Health District's mission.

Commissioner Garcia asked how Span Control and Workload plays out in actual day to day operations.

Ms. Ratti responded that as it related to span control, the county has a general guideline that no one should supervise more than 5-7 people, but for the health district it may be less as they have a lot of working supervisors that have caseloads. She added that as it related to workload, it was a simple determination of the workload any staff member carries. She stated that ways to determine excessive workload is not meeting turnaround time, chronic fatigue, and a lot of worktime hours.

Chair Dahir asked if he could receive more information as the process moves along.

Ms. Ratti stated that the Board may hear a lot about the transition out of COVID during the budget build.

Dr. Diao shared that COVID staff has been assisting with disease investigations but did not have an exact number for the above base requests.

Ms. Dixon affirmed that the info will be fully incorporated into their next budget conversation.

Chair Dahir stated there was no direction for staff as it relates to all the presentations.

- E. Presentation and Discussion of Succession Planning. Staff is seeking guidance regarding the Health District's succession planning efforts and any recommendations for improvements or modifications.

Staff Representative: Erin Dixon

Ms. Olsen asked if they wished to discuss this item during this meeting.

Ms. Dixon stated this item could be discussed at the next Board meeting.

Chair Dahir tabled this item to the December 14, 2023.

Ms. Olsen thanked the Board and staff for all their hard work and cooperation.

7. Board Comment.

Having no Board comments, Chair Dahir closed this item.

ADJOURNMENT.

Chair Dahir adjourned the meeting at 11:45 a.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 Northern Nevada Public 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 the Office of the District Health Officer in writing at the Northern Nevada Public Health, 1001 E. 9th Street, Building B, Reno, NV 89512, 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, by filling out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. For the remainder of the agenda, public comment will only be heard during items that are marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. 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. 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. Reasonable efforts will be made to hear all public comment during the meeting.

All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Members of the public that wish to attend via zoom may make public comment by submitting an email comment to svaldespin@NNPH.org before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.

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 Northern Nevada Public Health 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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)"

Posting of Agenda; Location of Website:

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

Northern Nevada Public Health, 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

Northern Nevada Public Health Website <https://www.NNPH.org>

State of Nevada Website: <https://notice.nv.gov>

The meeting will be televised live and replayed on Washoe Channel at:

<https://www.washoecounty.gov/mgrsoff/divisions/Communications/wctv-live.php> and also on Youtube at:

<https://www.youtube.com/user/WashoeCountyTV>

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Northern Nevada Public Health located at 1001 E. 9th Street, in Reno, Nevada. Ms. Susy Valdespin, Recording Secretary to the Board of Health is the person designated by the Board of Health to respond to requests for supporting materials. Ms. Valdespin is located at the Northern Nevada Public Health and may be reached by telephone at (775) 328-2415 or by email at svaldespin@NNPH.org. Supporting materials are also available at the Northern Nevada Public Health Website <https://www.NNPH.org> pursuant to the requirements of NRS 241.020.