

**STATE BOARD OF HEALTH  
MINUTES**

**June 22, 2007  
9:00 a.m.**

**Public Utilities Commission  
1150 E. William Street  
Carson City, Nevada**

**Public Utilities Commission  
101 Convention Center Drive, Suite 250  
Las Vegas, Nevada**

**BOARD MEMBERS PRESENT:**

Dee Hicks, RN (attended in Las Vegas)  
Frances Sponer (via teleconference)  
Jade Miller, DDS, Chairman (attended in Carson City)  
Roger Works, DVM (attended in Carson City)  
Vishvinder Sharma, MD (attended in Las Vegas)  
William E. Quinn, IV, Vice Chairman (attended in Las Vegas)

**BOARD MEMBERS NOT PRESENT:**

Joey Villaflor, MD (excused)

**HEALTH DIVISION STAFF PRESENT:**

Alex Haartz, Secretary, State Board of Health, Administrator, Nevada State Health Division  
Chad Westom, Environmental Health Specialist IV, Supervisor, Bureau of Health Protection Services  
Debbie Bagnato, Health Facilities Surveyor II, Bureau of Licensure and Certification  
Emily Fisher, Administrative Assistant III, Bureau of Licensure and Certification  
Fergus Laughridge, Supervisor, Emergency Medical Services, Bureau of Licensure and Certification  
Janet Osalvo, Executive Assistant, Nevada State Health Division  
Jennifer Dunaway, Health Facilities Surveyor IV, Bureau of Licensure and Certification  
Joe Pollock, Public Health Engineer III, Bureau of Health Protection Services  
Lisa Jones, Chief, Bureau of Licensure and Certification  
Patricia Chambers, Health Facilities Surveyor III, Bureau of Licensure and Certification  
Richard Whitley, Deputy Administrator, Nevada State Health Division  
Stanley R. Marshall, Chief, Bureau of Health Protection Services

**ADDITIONAL TESTIMONY PRESENTED BY:**

Jhoanna T. Manalo, JTM Group Home  
Linda Anderson, Senior Deputy Attorney General, Office of the Attorney General  
Lawrence Sands, DO, MPH, Chief Health Officer, Southern Nevada Health District  
Michael Lavin, WestCare

**OTHERS PRESENT:**

Ruben Abeyton, Iron Horse RV Resort  
Sonia Cotto-Moreno, New American Corp.

Jade Miller, DDS, Chairman, opened the meeting at 9:10 a.m. Dr. Miller indicated that the meeting was properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law.

**1. Roll Call and approval of minutes from the April 6, 2007 Board of Health meeting.**

Janet Osalvo, Executive Assistant, Nevada State Health Division, stated that Dr. Villaflor was excused. A quorum was established.

There being no changes, additions or deletions to the April 6, 2007 Board of Health minutes.

**MOTION: Ms. Hicks moved to approve the minutes of April 6, 2007 Board of Health meeting.  
SECOND: Mr. Quinn  
PASSED: UNANIMOUSLY**

## 2. CONSENT AGENDA

Dr. Miller requested that agenda item number 2D be withdrawn from the consent agenda and asked whether there were any other agenda items the Board would like to withdraw.

Dr. Miller stated that Agenda item number 2D is to be withdrawn from the consent agenda.

There being no other comments regarding items on the consent agenda:

**MOTION: Ms. Sponer moved to approve consent agenda items 2A, 2B, and 2C as presented by staff.**  
**SECOND: Dr. Works**  
**PASSED: UNANIMOUSLY**

Dr. Miller indicated that agenda item 2A addresses the floor height from a window exit and stated that this type of variance has been heard by the Board on several occasions. Dr. Miller then requested clarification on whether the Board was to approve this request and then advise BLC staff to revise the regulations pertaining to window heights in facilities or would the Board like to continue receiving variance requests.

Ms. Sponer requested clarification of whether staff would be allowed to approve the request for variance when a window in a facility is not more than a three (3) inch difference.

Dr. Miller indicated that what Ms. Sponer requested could be a consideration. Dr. Miller then requested Mr. Haartz to advise the Board.

Mr. Haartz stated that the Board could request staff to amend regulations to incorporate the revisions and request approval of those changes from the Board. Mr. Haartz then requested Cindy Pyzel, Chief Deputy Attorney General, to clarify whether the Board could permit staff to approve a variance or if a regulation amendment would be essential.

Ms. Pyzel clarified for the Board that a regulation amendment would be necessary. Allowance for the Board to direct staff and allow a variance limit would impair the intent of the regulation.

Dr. Miller stated that he is concerned that in the future, newly constructed facilities that are not built to code would incur variance requests in the future. Dr. Miller then requested Mr. Quinn to advise the Board concerning newly constructed facilities that are not built to code.

Mr. Quinn stated that this has not been an issue with newly constructed facilities. Variances have been requested when an existing building is altered for group home purposes. A new facility would be built within code, a sill height of 36 inches, which would be in compliance with the regulations. Mr. Quinn indicated that his preference is for a variance to be requested in each instance.

Dr. Miller indicated that with Mr. Quinn's extensive background in construction, his opinion is valuable. Dr. Miller then stated that in the future a variance request is necessary and would be presented to the Board.

Lisa Jones, Chief, Bureau of Licensure and Certification (BLC), stated that BLC staff intends to amend the regulations pertaining to sill height within facilities in the near future.

Dr. Miller thanked Mr. Ruben Abeyton, Iron Horse RV Resort, Elko, for attending.

**2D. Request to extend approval of the Compliance Agreement between WestCare Mental Health Crisis Unit (WestCare), the State Health Officer, and the State Health Division's Bureau of Licensure and Certification (BLC). NAC 439.280(3), "Schedule for compliance." "In those areas of the state which are not in a health district, or in case of a regulation enforced exclusively by the state board of health, the state health officer may postpone the enforcement of and agree to a schedule for compliance with the regulation. If the period needed by such a person to comply exceeds 45 days, the schedule must be submitted to the state board of health for approval."**

Lisa Jones, Chief, BLC, stated that the Board of Health entered into a Compliance Agreement with WestCare Nevada to operate a psychiatric hospital, the Mental Health Crisis Unit, located at 401 S. Martin Luther King Blvd. The Compliance Agreement was originally established in response to Assembly Bill 175 of the 2005 Legislative Session and a subsequent Request for Proposal which was awarded to WestCare to provide acute psychiatric services. Since that time, this facility has continued to serve the community by providing additional bed capacity through funding from the Division of Mental Health and Developmental Services. The demand for acute psychiatric services continues. WestCare requests an extension through December 31, 2007 to provide additional services until SNAMHS expands its capacity, anticipated to be in October 2007. The extensive safeguards that were incorporated into the original Compliance Agreement will remain in effect to assure that patients of the WestCare Mental Health Crisis Unit receive safe and appropriate care. Staff recommends that the Board approve this request for extension for the existing Compliance Agreement through December 31, 2007.

Ms. Jones then recommended that upon approval of this schedule for compliance, the Board require WestCare to come into compliance with the regulations or apply for a permanent variance no later than the December 6, 2007 scheduled Board of Health meeting.

Dr. Miller requested clarification from Ms. Jones of the facility located in southern Nevada that will be beginning operation in October 2007 and to confirm if the facility contains 25 beds. Dr. Miller then asked if that facility is planning to transport WestCare patients to the facility.

Ms. Jones clarified for Dr. Miller that the facility adding additional beds is the state psychiatric hospital and not WestCare's Mental Health Crisis Unit in southern Nevada. WestCare's facility is currently licensed for 50 beds but only funded for 25 beds.

Dr. Miller requested clarification of whether completion of new and expanded facilities by December 31, 2007, if a reasonable level of care would continue to be provided without WestCare being in operation.

Ms. Jones stated that WestCare has a Mental Health Advisory Committee that meets on a monthly basis. The committee members represent hospitals and facilities such as WestCare and SNAMHS. There is ongoing discussion about how the mental health issues are addressed and where services are needed. This committee also addresses the emergency room impact for treating mental health patients. SNAHMS has revamped outpatient services and attempt to improve the flow of patients. There continues to be some emergency room backlog at the hospitals. The operation of WestCare Mental Health Crisis Unit is where the funds are available for treating patients. BLC staff understands at this point in time that there is not a future for this WestCare facility. This proposal is requested in order to provide essential services. This particular facility is targeted for demolition for the expansion of the freeway in southern Nevada.

Dr. Miller requested clarification from Michael Lavin, WestCare of what the plans for the facility will be after December 31, 2007.

Mr. Lavin clarified for Dr. Miller that future plans are unsure and there is no future funding available for client services at this WestCare location. It is expected that the property will be purchased during the expansion of the freeway later this year. WestCare is in a holding pattern and has not yet been approached concerning plans for the purchase. Alternatives will be viewed on how to utilize the facility if it is not purchased.

Dr. Miller requested Mr. Lavin to clarify the reasons this facility is out of compliance, whether a variance has been requested and if a schedule for compliance is not granted what the course of action will be for WestCare.

Mr. Lavin clarified for Dr. Miller that there would be a substantial expense to attempt to bring the facility into compliance. The facility was built in the 1970's and there has been many upgrades to the facility and more are required. Mr. Lavin indicated that he believes the property will be purchased for the freeway expansion. WestCare sits directly in the path of the freeway expansion. Mr. Lavin then stated that it would not make sense to spend a lot and bring WestCare into compliance then be purchased and torn down for freeway clearance.

Dr. Miller thanked Mr. Lavin for clarifying the current status of WestCare and that the information would be beneficial in a decision later on whether a permanent variance would need to be requested.

There were no further questions or comments:

**MOTION:** Ms. Hicks moved to approve the Compliance Agreement between WestCare, the State Health Officer, and BLC, as recommended by staff.  
**SECOND:** Ms. Sponer  
**PASSED:** UNANIMOUSLY

**3. Case #604, WestCare Community Triage Center, 930 N. 4<sup>th</sup> Street: Request for Variance to the following: NAC 449.74359(7)(f)(2), "Dietary services", NAC 449.74365(1), "Entrances, lobbies and offices; storage space", NAC 449.74367(1)(a), "Patients' rooms; toilet and bathing facilities" and NAC 449.74369(1)(e)(1), "Service areas; miscellaneous requirements:" Request to not have a janitors' closet available in the dietary area and to not have a floor sink with backflow prevention.**

Lisa Jones, Chief, BLC, stated that this WestCare facility is located at 930 N. 4th St. and was initially licensed in 1978 as an alcohol and drug treatment facility. The facility evolved in services, funding and community support and began admitting patients with dual diagnoses of substance abuse and mental illness in 2002. In 2005, the Legislature created the statutory definition and mandated licensing of Community Triage Centers. A compliance agreement with WestCare was approved by the Board in October, 2005 to allow time for the development of Community Triage Center (CTC) regulations. An extension was granted by the Board through June 30, 2007 to provide WestCare time to pursue legislative funding or support for relocation of this particular facility. Special funding did not materialize. WestCare has now applied for initial licensure as a CTC for its 4th Street address. The facility is requesting a variance to the requirements on the basis the facility has provided CTC services since 2002 without adverse outcome. The construction features of this existing facility do not allow for modification that would meet the CTC regulations adopted by the Board of Health in June 2006.

Ms. Jones then stated the Nevada Administrative Code (NAC) requirements for each regulation indicated in this variance request, the following:

NAC 449.74359(7)(f)(2), requires a separate janitors' closet in the kitchen area, for storage of housekeeping chemicals and supplies which contains a floor sink with backflow prevention. There is no space available within the kitchen for a janitors' closet, nor is there the capability of installing

plumbing for a mop sink. WestCare indicates chemicals and supplies are stored in a "Tuff Shed" type building behind the facility and mop buckets are filled from a hose bib.

NAC 449.74365(1) requires a covered entrance to protect patients from the elements. WestCare indicates the lack of covering at their entrance has not created any adverse patient consequences.

449.74367(1)(a) requires separate patient rooms for males and females, each of which must provide 80 square feet per bed, exclusive of toilet facilities, closets or entryways. WestCare maintains separate rooms for males and females, however the rooms do not allow for 80 square feet per bed. Males reside in a large room with a nurses' station that allows for continuous monitoring.

449.74369(1)(e)(1) requires a treatment room which is at least 120 square feet and contains a hand-washing sink with blade-type handles or hands-free operation. WestCare indicates the exam room is 99 square feet and lacks a hand sink. A hand sink is located in a bathroom approximately 20 feet away. Also, medical staff use antibiotic soap and antiseptic wipes before and after examining each patient.

Ms. Jones stated that considering this facility has operated for two (2) years as a Community Triage Center, and considering the services that are provided for the community, staff recommends that the State Board of Health approve WestCare Community Triage Center's requests for a variance with the following stipulations:

- 1) NAC 449.74359(7)(f)(2) – The facility must establish and enforce policies to provide chemical and supply storage in a secured shed inaccessible to patients, install a residential style backflow prevention device on any hose bib used to fill the mop bucket, and provide for disposal of mop water in a sanitary drain.
- 2) NAC 449.74365(1) – The facility must maintain an umbrella near the entrance of the facility in the event a patient arrives during inclement weather.
- 3) NAC 449.74367(1)(a) – The facility limit the number of beds per room to provide at least 45 square feet per bed (as noted in the hand-out), thereby limiting the total number of licensed beds to 50.
- 4) NAC 449.74369(1)(e)(1) – The facility must establish and enforce policies requiring hand cleansing/sanitizing prior to donning gloves for all treatments, after removal of gloves and between patient treatment contacts.

Dr. Works requested clarification on how mop water is being disposed of within the facility.

Mr. Lavin clarified for Dr. Works that a floor drain to the sanitary sewers within another facility is utilized for the disposal of mop water.

Dr. Works requested clarification of the location in which the drain is located.

Mr. Lavin clarified that the drain is located in a laundry room away from the patient's rooms.

Dr. Miller requested clarification from Mr. Lavin if a janitor's closet could be constructed within the laundry room area that would create storage for the cleaning equipment and add a drain for water disposal.

Mr. Lavin clarified for Dr. Miller that space within the facility is limited and the space that is allocated for storage of cleaning equipment is in a locked shed behind the facility away from patients.

Ms. Hicks asked Mr. Lavin whether the facility could be updated and meet the conditions that were specified by Ms. Jones.

Mr. Lavin indicated that the facility would meet the specified conditions.

Ms. Jones stated that the regulation is specific in the requirement to have a janitor closet in the kitchen area.

Dr. Miller requested clarification on the nature of patient care that is provided by WestCare.

Mr. Lavin clarified for Dr. Miller that patients could be treated over several hours depending on the level of intoxication incurred by the patient and some patients are referred to another facility for extended care, generally within three (3) to five (5) days.

Dr. Miller stated that space is a primary concern when considering an evacuation situation. Dr. Miller indicated that the floor plan reflects beds being very close together and beds are also placed in the corridor. There are no accessible bathroom facilities in some areas, which demonstrate a possible health risk for patients. The cramped conditions within the facility, according to the pictures that were provided, are unacceptable.

Ms. Hicks indicated that the dimensions and bed placement in this facility are similar as in an emergency room. In this situation patients do evacuate safely even when the patient requires a wheel chair.

Ms. Jones indicated that there is a three (3) foot clearance area around the hospital floor between bed placements and a 45 foot allowance per bed is consistent with halfway house requirements.

Mr. Lavin affirmed that the beds are spaced close together. Mr. Lavin indicated that the State Fire Marshal had inspected the facility and the allotted space is within fire code. Mr. Lavin then stated that the facility practices fire drills and safety on a monthly basis. Clearly a desired option is the allowance to relocate to a more accommodating facility and this option has been requested and is ongoing at this time.

Ms. Hicks stated that WestCare is consistent with other emergency room situations and that she is comfortable with the accommodations as long as the facility meets state fire and safety standards. This situation does not appear to be a hardship for the patients and each patient is admitted for a temporary phase.

Dr. Miller stated that if the facility was not in operation, the patients would be forced to endure worsened conditions elsewhere. Dr. Miller then asked for the occupancy rate of the facility and on what basis.

Mr. Lavin clarified for Dr. Miller that the facility consistently operates at full capacity.

Ms. Jones stated that without the operations of WestCare, patients would be forced to utilize the hospital emergency rooms as the only alternative.

Mr. Lavin stated that patients are referred to WestCare by the hospitals, and without the facility, some patients would be back on the streets without proper diagnosis and care.

Ms. Spomer requested clarification of the number of patients referred to psychiatric facilities from WestCare.

Ms. Jones clarified for Ms. Sponer that the WestCare patients are transferred to the psychiatric hospital.

Mr. Lavin stated that WestCare staff transitions patients into appropriate outpatient settings within group homes or facilities.

Ms. Sponer asked if there had been any adverse reaction aimed toward the facility.

Ms. Jones clarified for Ms. Sponer that there has been no adverse reaction since 2002, the initiation of the facility, which was then a triage center.

There were no further questions or comments:

**MOTION:** Ms. Hicks moved to approve the variance request for Case #604, Community Triage Center, to include the conditions that are recommended by staff.

**SECOND:** Dr. Works

**PASSED:** UNANIMOUSLY

#### **4A. Update on revisions to trauma designation regulations (NAC 450B)**

Lisa Jones, Chief, BLC, stated that NRS 449.087(1)(e) requires a hospital to obtain approval from the Health Division to add services as a trauma center. This statute also requires the Board to consider standards adopted by appropriate national organizations as a guide for adopting regulations for approval of such services; NRS 450B.236 states that a person shall not operate a center for the treatment of trauma without first applying for and obtaining the written approval of the Administrator of the Health Division; NRS 450B.237 lays out the provisions for the Board to establish a program for treating persons who require treatment for trauma, and to adopt regulations to establish the standards for designation of hospitals as centers for the treatment of trauma.

Ms Jones stated that during the 2005 Legislative session, NRS 450B.237 was modified, adding language that requires the approval of the District Board of Health in counties with a population of 400,000, for designation as a trauma center. In such counties a hospital may not be approved unless the District Board of Health has adopted a comprehensive trauma system plan that includes consideration of future trauma needs of the county, along with consideration of the development and designation of new trauma centers. The Clark County Trauma System Plan was established in 2006. On May 24, 2007 the District Board of Health adopted Clark County Trauma System Regulations governing the process by which the District Board of Health authorizes a hospital to pursue designation by the State Health Division as a trauma center. The State Health Division appreciated the opportunity to review and comment on the county's regulations prior to adoption.

Fergus Laughridge, Supervisor, Emergency Medical Services, BLC, stated that BLC's intent is to revise the state regulations to NAC 450B, address the statutory changes that occurred in 2005 and recognize the authorization process established within Clark County, for the following:

1. Eliminate the language that requires written approval from the Health Division to submit an application.
2. Clarify the application process and required supporting documentation.
3. Update language to be consistent with the current American College of Surgeons publication – Resources for Optimal Care of the Injured Patient within the 2006 edition.
4. Establish designation of trauma levels consistent with verification available by the American College of Surgeons. This includes Level I, II, III and Pediatric Trauma Centers.

5. Lower the application fees charged to hospitals applying for trauma center designation.

Ms. Jones then stated that BLC is in the process of generating the proposed regulation amendments and plan to present them at the October 17, 2007 State Board of Health meeting.

Lawrence Sands, DO, MPH, Chief Health Officer, Southern Nevada Health District, stated that the Clark County Regional Trauma Advisory Board worked in conjunction with the Nevada State Health Division when writing the proposed trauma designation regulations. The regulations were approved by the Southern Nevada District Board of Health at the May 24, 2007 meeting.

#### **4B. 2007 Legislative Session Outcomes**

Alex Haartz, Secretary, State Board of Health (Board), stated that the Board member's packets contained a matrix of the 2007 Legislative session outcomes. Revisions will be made to the matrix as the outcomes are processed. Mr. Haartz then summarized each bill and its impact and indicated that detail pertaining to each bill is located on the State of Nevada website at [www.leg.state.nv.us/](http://www.leg.state.nv.us/).

Mr. Haartz reviewed with the Board all of the bills and discussed each item contained in the handout.

Dr. Miller thanked Mr. Haartz for the 2007 Legislative Session update.

#### **4C. State Health Officer Recruitment**

Alex Haartz, Secretary, State Board of Health, stated that Dr. Bradford Lee retired from state service at the beginning of June after 3 ½ years of service. The Department of Health and Human Services, Director's Office is in the process of recruiting a replacement for Dr. Lee. The recruitment announcement is listed in several references for the purpose of acquiring qualified candidates for a selection to fill the position. The requirements for the position are the individual must be a United States citizen and a licensed physician in the State of Nevada. Mr. Haartz invited resumes and applications of qualified candidates to be submitted to the Health Division for consideration. The intent is to fill the position as soon as possible by September or October 2007.

Dr. Miller stated appreciation for Dr. Lee's service to the State of Nevada.

### **7. Reports**

#### **A. Chairman - Jade Miller, DDS**

Dr. Miller stated that this was the last scheduled meeting for three (3) of the current Board members. Board members will continue to serve until a reappointment or replacement is designated by the Governor. Dr. Miller indicated that Dee Hicks, Dr. Joey Villaflor and Bill Quinn terms expire June 30, 2007. Dr. Miller then stated that the intent is to honor all retiring Board members.

#### **B. Alex Haartz, Administrator, Nevada State Health Division**

Mr. Haartz stated that Dr. Villaflor had requested not to be considered for reappointment based on his failing health.

Mr. Haartz then recognized Lisa Jones as the succeeding Chief for the BLC.

Mr. Haartz indicated that the Health Division is recruiting for the manager of the Office of Minority Health. The interview process intends to begin shortly. The Office of Minority Health had incurred several changes during the 2007 Legislative process and changes will be implemented as directed.

### **C. Southern Nevada Health District – Lawrence Sands, DO, MPH, Chief Health Officer**

Dr. Sands stated that meetings have occurred between Southern Nevada Health District (SNHD), county and city managers, and partner agencies within jurisdiction to discuss related subjects. The meetings have been very beneficial for enhancing partnerships and better meet the needs of the community. Dr. Sands indicated that the SNHD is recruiting for the Director of Community Health. Eligible candidates must have a medical degree from an accredited school of medicine or osteopathy and experience in managing communicable disease, chronic disease or related public health programs. The Director of Community Health is responsible for overseeing the health district's epidemiology, chronic disease prevention and health promotion, emergency medical services and public health preparedness programs.

Dr. Sands stated that the Southern Nevada District Board of Health adopted the Clark County Trauma Regulations on May 24, 2007. These regulations were developed by the Office of Emergency Medical Services and Trauma System in collaboration with the Regional Trauma Advisory Board to establish the standards for authorization of hospitals in Clark County as trauma centers. In developing the regulations, consideration was given to ensure consistency with the existing state trauma regulations. The regulations were also reviewed by State Health Division staff.

Dr. Sands stated that on June 7, 2007, a district court judge granted a preliminary injunction against Bent Barrel, Inc./Bilbo's Bar & Grill at 8699 W. Charleston Boulevard, Las Vegas, for the first action filed by the SNHD for non-compliance with the Nevada Clean Indoor Air Act (NCIAA), Nevada Revised Statutes 202.2483. The judge's order compelled Bilbo's Bar & Grill to comply with the Act by removing all ashtrays and other smoking paraphernalia from the establishment. A trial date for issuance of a permanent injunction had not been submitted. This action follows attempts by the SHND to bring the tavern into compliance. Dr. Sands indicated that more information on enforcement activities related to the NCIAA could be found on the SNHD website at, [www.southernnevadahealthdistrict.org](http://www.southernnevadahealthdistrict.org).

Dr. Sands stated that during the first quarter of 2007, the Tuberculosis Treatment and Control Clinic staff identified 18 new cases of tuberculosis (TB). In 2006, a total of 89 new cases were diagnosed in Clark County. Two (2) of the current cases involve patients with multidrug-resistant (MDR) TB. Both patients are required to report to the TB clinic and receive intravenous medications. Both patients now have negative acid-fast bacilli (AFB) cultures. Dr. Sands then stated that in 2007 five (5) large-scale contact investigations were conducted, two (2) involving school settings and three (3) involving workplace settings. A total of 1,051 contacts were identified and screened as a result of the investigations.

Dr. Sands indicated that Volume II of the Clark County Health Status Report is the second report in a series that examines health status of the community residents. The report is intended to inform the community of health risk behaviors associated with non-communicable diseases and conditions that contribute to the leading cause of death and disability among Clark County residents.

Dr. Sands stated that the SNHD staff has been working with the architectural firm on developing the new plans for a new building. The building plan was presented for approval at the Southern

Nevada District Board of Health meeting. The Board members directed staff to pursue funding resources. Staff has been working with Clark County management to identify funding options. The proposed building will be 175,000 square feet with costs in excess of \$50M. Upon approval, the building is expected to take three (3) to four (4) years for completion.

Dr. Sands stated that the environmental health division has proposed an updated Environmental Health Division Permit and Plan Review Fee Schedule. The fees are intended to provide funding to continue providing essential services to Clark County residents, tourists and the regulated community. The last fee increases were implemented more than three (3) years ago and the need to increase fees reflects the tremendous growth of permitted facilities throughout the valley that are regulated by the health district. The proposed fees would increase approximately 28 percent the first year, effective July 1, 2007, with an addition of 8.75 percent the second year, effective July 1, 2008. The increase proposed for the first year reflects indirect administrative costs associated with the operations of the inspection and permitting programs. Additionally, fees would be utilized to hire additional staff and to purchase program equipment. The proposed Environmental Health Division Permit and Plan Review Fee Schedule will be presented to the Southern Nevada District Board of Health at the June 28, 2007 meeting.

Dr. Sands stated that SNHD staff began working on various strategic initiatives that are expected to be completed this year. As part of the continuing work on the business plan, executive and senior management teams have identified several strategic initiatives for the agency, which include: strategic, business and operational planning, grant strategy, operational planning and reporting, quality assurance, workforce development, financial Plan alignment, infrastructure planning and community relations.

#### **D. Environmental Commission – Frances Sponer, Board of Health Designee**

Ms. Sponer stated that the next Environmental Commission (EC) meeting is scheduled for September 6, 2007. The EC expects to have material control of mercury by the next scheduled meeting. The minutes from the last meeting are currently unavailable and a copy will be provided for the Board when available. The meeting schedule covering the next two (2) years was developed and the EC expects the commission meetings will be held on a regular basis.

### **6. Public Comment and Discussion**

Dr Miller indicated that the next Board of Health meeting is scheduled to be videoconference from Carson City to Las Vegas on Friday, August 17, 2007. Dr. Miller stated that the Board would meet face-to-face for recognition of incoming and outgoing Board members and to begin considering the impact of new and amended regulations.

There being no further comments, Dr. Miller adjourned the meeting at 11:00 a.m.