

WASHOE COUNTY DISTRICT BOARD OF HEALTH
SPECIAL BUDGET MEETING – FISCAL YEAR 2011/2012
March 3, 2011

BOARD MEMBERS PRESENT: Mr. Matt Smith, Chairman; Amy Khan, MD, Vice Chairman;
George Furman, MD; Denis Humphreys, OD; and
Councilwoman Julia Ratti (arrived at 1:10 pm)

ABSENT Councilman Dan Gustin and Commissioner Kitty Jung

STAFF: Mary-Ann Brown, Interim Health Officer; Eileen Coulombe,
Administrative Health Services Officer; Bob Sack, Director,
Environmental Health Services; Dr. Randall Todd, Director,
Epidemiology and Public Health Preparedness; Kevin Dick,
Director, Air Quality Management; Steve Kutz, Acting Division
Director, Community and Clinical Health Services; Patsy Buxton,
Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance
Officer; Stacey Akurosawa, EMS Coordinator; Jim English,
Senior Environmental Health Specialist; Nick Florey,
Environmental Health Specialist; Steve Fisher, Department
Computer Application Specialist; Bev Bayan, WIC Program
Manager; Curtis Splan, Department Computer Application
Specialist; Janet Smith, Recording Secretary; and Leslie
Admirand, Deputy District Attorney

At 1:05pm, Chairman Smith called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance, led by Dr. George Furman, member of the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Ms. Janet Smith, Recording Secretary, advised that Councilman Gustin and Commissioner Jung are excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/REVISIONS – AGENDA – MARCH 3, 2011

Chairman Smith called for any revisions to the agenda of the Washoe County District Board of Health Special Budget meeting of March 3, 2011.

**MOTION: Dr. Khan moved, seconded by Dr. Humphreys, that the agenda of the Washoe County District Board of Health Special Budget meeting of March 3, 2011, be approved as presented.
Motion carried unanimously.**

PRESENTATION – POSSIBLE APPROVAL/AMENDMENTS – FISCAL YEAR 12 WASHOE COUNTY HEALTH DISTRICT BUDGET

Ms. Mary-Ann Brown, Interim District Health Officer

Stated, the Board members have been provided with a “three-ringed binder” containing the budget document; that this is the “initial start to the budget process”; and does not represent the final budget. The binder will allow for the “fluid budget process as it continues.”

As she advised last month, the County projects a \$33.5 million deficit; that the County anticipates reducing that amount by \$13.8 million through salary and benefit concessions; however, the negotiations with the various employee associations “are on-going with no decisions to-date.” The proposed budget does include the 1.7% reduction in operating costs, which equates to \$136,000 as the Health District’s portion to achieve a \$5 million reduction in County operating costs.

As she advised that County is enlisting the assistance of the Organizational Effectiveness Committee (OEC); and has released a Request for Proposal (RFP) for the services of a consultant to thoroughly review “opportunities within the County from a systems perspective to assist in achieving these very specific financial targets.” The County anticipates achieving an additional \$5 million in savings through the implementation of such efficiencies; that these efforts would continue for multiple years allowing for the achievement of greater efficiencies.

The County is further utilizing fund balances of \$9.75 million to achieve the projected deficit; that there has been discussion of the Health District’s End Fund Balance contribution of approximately \$400,000.

This is an overview of the County's anticipated deficits for the FY 12 Budget; that these do not address what may occur in the current Legislative Session. Staff is "aware of three (3) programs, which would affect the Health District directly", including: 1) food inspections of establishments at schools of higher education. Currently the State inspects and licenses food establishments at schools of higher education; that there would be "some fees and revenues associated with this service; that Staff will investigate "how this will affect current workload levels." 2) Assuming the costs associated with the medical treatment of Tuberculosis (TB) patients; that the Health District currently receives \$128,000 from the State to provide medical treatment for TB patients; however, the State is proposing to eliminate this funding. The Health District receives Centers for Disease Control and Prevention (CDC) TB funding; however, that funding is specific for "investigation and testing services only, and no medical treatment." The last would be: 3) assuming the authority for standards training and licensing of all Emergency Medical Services personnel in Washoe County; Washoe County has not provided these services since 1995. Currently Clark County provides this service for EMS personnel licensed to practice in Southern Nevada; that the State provides these services to Washoe County and all of the remaining rural counties. While the State is indicating Washoe County will have to pay for the provision of these services, the State does not have a concept of what the associated costs or revenues will be for providing these services. The State is initially "assigning a per capita amount, which equates to approximately \$500,000 for FY 12. She has contacted Clark County regarding "how Clark County provides the service; that she will be meeting with representatives of the State EMS Office tomorrow to discuss "the program and what it entails." The Health District will have to analyze whether it is more cost-efficient to pay the State to provide those services or to assume those duties, with the potential of "some revenue."

As she stated, these are three (3) programs, which Staff is aware will be impacted through the Legislative process; that Staff is reviewing Bills each day; "that this is an evolving process in regard to the "final dollar amount and which services are being transferred to the County."

She provided the Board members with a copy of a document from the Federal Appropriations Committee "suggested or potential revisions to Federal Budget, which includes Programs such as WIC; Family Planning; CDC; Food and Drug Administration (FDA)", all of which are "funding sources that impact the Health District or the State either directly or indirectly."

At the regular monthly meeting of February 24, 2011, the Board continued the agenda item and Public Hearing regarding the adoption of the proposed Health District Fee Schedule; therefore, the anticipated revenue from fees has not been incorporated into the Budget. Should the Board not approve and adopt the Fee Schedule, as proposed, Staff will have to identify further reductions to the Budget.

Although the budget document being presented today includes only the initial 1.7% reduction in operating costs; Staff has been "strategizing in regards to the anticipated further reductions as the budget process continues."

In accordance with the requirements of the Interlocal Agreement Staff presented the budget document to the three (3) jurisdictions, advising that the proposed Budget "is the starting point", with more anticipated reductions. Staff advised the entity Managers that the Health District is investigating operational efficiencies, which may entail the elimination of services; that Staff is "in discussions with Social Services to review Home Visiting Nursing services to determine the possibility of collaboration." Staff advised these discussions "are all preliminary discussions"; however, it is necessary "to have answers as to how [the Health District] will address "very serious targets." Staff is meeting with the other departments, which also work in conjunction with developers and permitting, to determine if there are efficiencies that can be achieved through a collaborative effort." Staff advised the District is reviewing staffing plans and possible changes to the workforce, including intermittent non-permanent Staff "who can provide 'surge capacity' transferring salary dollars to operating funding dollars for vendors , which makes it easier to adjust funding levels." Staff is reviewing "better use of technology and support services, streamlining processes when possible – do long-standing processes still make sense with existing resources; that Staff continues to investigate methods of performing [Health District] functions differently." Further. Staff is investigating programs and services "to adjust to the challenges the Health District will have to address with a lot less resources."

The representatives of the City of Sparks and Washoe County expressed concerns "that the budget presentation representing only the 1.7% reduction"; however, as she noted, Staff "has no specific direction regarding the additional decreases, including the reductions at the State level." The State budget reductions and the projected shifts in programs and services from the State to local health districts will require legislative authority and budget hearings. Until such time as "these occur, the impact to the Health District Budget will not be known."

Staff has not received direction as to "what portion of the \$5 million in operational savings will be expected from the Health District. The Managers were advised that "this is the initial Budget as Staff is in dialog and planning preparing for what Staff knows will be more anticipated reductions." Staff presented the Ending Fund Balance and the Health District "use of the Ending Fund Balance."

The proposed Budget includes reinstatement of the salary concessions of last year's Budget; that vacancies have been included in the Budget; however, "vacant positions are one of the first things considered" in reductions. There was a lengthy discussion regarding the Ending Fund Balance;

There was discussion regarding the Organizational Effectiveness Committee (OEC) and the contracting with a consultant to review efficiencies; that Mr. Sherman emphasized that the projected \$5 million in savings in efficiencies "being just the starting point for the County during the next five (5) years." It would be the intent of the County to sustain those efficiencies "over time."

The Sparks City Manager discussed concerns regarding "the potential impacts with the elimination of prevention activities, including significant decreases in the Home Visitation Program – the impacts those reductions would have on the people receiving those services. Mr. Carey's concern "was some of these impacts 'get lost' in the concentration on numbers"; that he requested Staff "include some examples of how these programs change people in the community from a quality of life standpoint; and not just from a budget perspective."

The Managers were advised that the Board of Health would be considering the proposed Fee Schedule; that the Board of Health's direction regarding the Fee Schedule could impact the Budget projections.

Dr. Furman

Stated Las Vegas has posted "a long and a short-form of its proposed Budget; that he would encourage the Board members to review it; that it provides an overview of 'what and where' Southern Nevada is spending."

Ms. Brown

Advised the OEC reviewed a similar analysis conducted in Las Vegas several years ago when considering contracting with a consultant. Southern Nevada had "a large review of the performance of the Health District and the County conducted."

Dr. Khan

Stated in regard to the Operational Efficiency Committee (OEC) and the consultant, she would question "hasn't this been done in the past number of years?", as she is aware the Health District has conducted in-depth reviews of programs, "examining operations of programs; that this has been a process for several years." Stated, "this would seem mid-point for the County; and she would question the rationale for this."

In response to Dr. Khan

Ms. Brown

Stated, she would concur the Health District has "expended a significant amount of time investigating opportunities to be more efficient; however, it will be necessary to identify more, as there will be less resources." This is the County's "response to conducting a more systematic review of all operations, programs and services; and for the first time, considering expansive elimination and 'much larger' restructuring than previously done."

This process is through the efforts of the OEC, which is comprised to community leaders and Chief Executive Officer(s) (CEOs), with the recommendation of "applying business practices when there are fewer resources and how to operate within the budget with those existing resources.

Advised the County has indicated "through this process it will save \$5 million, anticipating more [savings] in the following years." The Health District's component "has not yet been identified; however, there will be significant changes to processes, programs, and complete elimination of some services." The OEC consulting process is to "accelerate the need to be more efficient with resources. An example is there are now three (3) maintenance programs which are being outsourced to the City of Sparks." As Staff noted, "there is the potential of \$60 million in the County needs to identify in savings."

Ms. Ratti

Stated "the City of Sparks has noted the 'first-round' of reductions, through identifying the efficiencies and how to do what is being done more efficiently." The City has implemented "Sparks Sustainable Services Initiative"; that there are "dramatic shifts in services – combining the Public Works and Community Development into one Department; eliminating a Department Head; and investigating methods for further maintenance efficiencies. It is a paradigm shift 'from how the City does what it has been doing more efficiently to how to implement a complete organizational restructure', which addresses the current financial status." With the dramatic reduction in resources it has become necessary "to reorganize the structure to match the resource environment. The timing is difficult"; however, the results "will be sustainable decisions."

Chairman Smith

Stated, "as has been discussed, there are so many unknowns"; that the Health District was directed to reduce the proposed FY 12 Budget by an initial 1.7%, which Staff has done. The Board is aware, as are the Cities and the County, there "will be some dramatic changes to the Budget"; that he has concerns regarding what may result through legislative action.

Ms. Ratti

Stated, she appreciates Staff's initiatives in discussing combining services with the various other Departments; that these "efforts are very timely."

In response to Dr. Khan

Regarding the "some of the intent of the OEC consultant efforts being to engage the Cities, too", Ms. Brown advised "it is a Washoe County effort in which the County will engage the other stakeholders." Health District Staff "are paralleling those efforts"; that she has had discussions with Mr. Stewart regarding "potential process efficiencies, which may benefit both entities."

Ms. Ratti

Stated there are discussions regarding "shared/parallel services process and there are discussions regarding consolidating services; that there are a number of conversations at different levels occurring, which are beyond the functions of the OEC."

Ms. Eileen Coulombe, Administrative Health Services Officer

Stated Ms. Patsy Buxton, Fiscal Compliance Officer; and Ms. Lori Cooke, Fiscal Compliance Officer, are to be commended "for the extraordinary efforts" in preparing the documentation for the meeting. "There have been compressed timelines" in preparing the budget documents as today's meeting "is one (1) week earlier"; therefore, she would thank the Fiscal Compliance Staff; Ms. Brown; the Division Directors; Program Managers and other Staff who assisted in the process. As Ms. Brown noted, due to the transition of a City Manager for Reno, the City of Reno did not have representation at the "presentation of the Budget document to the entity managers." In previous years when a representative from one of the entities was unable to attend the Budget presentation, Staff has offered to provide an individual presentation for that entity; that Staff will present that offer to the City of Reno. Staff committed to "keeping the entities apprised of the on-

going discussions during the budgeting process." Staff will continue to provide the Board members updates to be included "in the orange budget binder" throughout the budgeting process.

Ms. Coulombe stated Ms. Brown presented the comments specific to "managed competition" is a concept Washoe County is discussing." Ms. Simon suggested "a sources and use document", which she has provided to the Board members and Staff (a copy of which was placed in file for the record). "A sources and use is a "State doc", which Staff has always presented to the Board, with the Board being more of the details of the [Health District] organization." When Staff reviews the details of the reductions the Board members can refer to this document.

Advised Staff recommends the District Board of Health accept the Washoe County Health District Fiscal Year 12 budget with revenues budgeted at \$8,860,525, with a general fund transfer of \$8,056,500, and expenditures budgeted at \$18,411,647.

In regard to the Washoe County Health District, the Interlocal Agreement stipulates the Board of County Commissioners will adopt a final budget for the Health District, which is prepared utilizing the same guidelines, format and timelines as all other County Departments. All departmental budgets must be submitted to the County by March 7, 2011 (Monday).

As the Board members are aware, the Health Fund is "a Special Revenue Fund Account, which is legally restricted for a specified purpose"; that all revenues and expenditures associated with the health functions of the Washoe County Health District are accounted and budgeted for through the Health Fund. In the eighteen (18) years in which she has prepared the budget, "any target assigned to the Health District has been met; that it is the sacrifices of Staff which meet these targets."

Staff will forward the accepted budget to the County Finance Department for review; that any direction from the Board will be incorporated into the budget document presented. Ms. Brown reviewed the Fiscal Year 12 "Budget Issues and Assumptions (as delineated on page 2 of her Report), of the four (4) specific actions of the Board of County Commissioners. The Health District will be participating in that process. The Request for Proposal (RFP) for the consultant has been issued, a copy of which was forwarded electronically to the Board members by Ms. Brown; that submissions for Proposal are to be received by March 25, 2011. It is anticipated a draft report will be presented by July 1, 2011; that the consultant will be working with the various departments and "have an updated and final report to the Board of County Commissioners on July 29, 2011." This presents a different timeline for the budget; that Staff will keep the Board members apprised.

"The Washoe County Department Operating reductions range from 1.7% to 3.7%, determined by the Board of County Commissioners priority grouping, with the Health District being identified as "the core related priority group", with an assigned 1.7% reduction of \$136,000. This operating reduction has been incorporated within the proposed Fiscal Year 12 budget. Ms. Coulombe reviewed in detail how the 1.7% reductions will be achieved, including the elimination of positions; operational reductions; reduction of travel expenses; and a reduction of per diem Staff. Advised that the Health District's first "reduction target of \$136,000 was achieved."

The Health District FY 12 Budget does anticipate utilizing Fiscal Year 11 ending fund balance in the amount of \$2,179,267 as an opening fund balance for Fiscal Year 12, acknowledging "this method is not sustainable." Staff will work with the County to attempt to establish a policy to address this issue.

Advised anticipated expenditures for the Fiscal Year are balanced with a combination of forecasted Health District revenues, general fund tax transfer, and Fiscal Year 11 ending fund balance. The FY 12 opening fund balance is anticipated to be reduced by \$400,000 as an offset to the voluntary incentives offered to Health District employees in Fiscal Years 09 and 10; therefore, these resources will not be available in FY 12 for operations. Per the Interlocal Agreement the County has the authority to "take any funds which are not dedicated; that this amount could change" during the process; that Staff will keep the Board apprised.

There is a request for a reclassification; that reclassifications result from program changes, establishment of new positions, changes to the organizational structure, changes in the level of services or changes in duties, and must be submitted as a component of the budget process. The proposed budget includes the reclassification of a vacant 1.0 FTE Public Information Officer (PC#2303) to a 1.0 FTE Air Quality Specialist I (PC#2303) in the Air Quality Management Division. The reclassification will assist the Division in complying with the requirements of the Federal Clean Air Act. Advised there have been "some reclassifications through the year"; that the County acknowledges that restricting reclassifications to "just the budget during these economic times is not feasible."

Ms. Coulombe reviewed the status of the vacant positions; advising, as Ms. Brown indicated the Health District has "acknowledged the vacant positions; that when the concessions are in the current year all of the salaries [for vacant positions] revert back to the County as of June 30th." Staff acknowledges the County will be requesting additional concessions; that the Health District has utilized vacancies "to meet reduction targets in past years"; however, "this is not sustainable "as vacancies do not necessarily occur in strategic areas." The "aggregate calculations for the

vacancies are \$447,785.20; that the proposed FY 12 budget has the following five (5) vacant positions: Administrative Assistant II (PC#2168) in Administration; Public Health Nurse II (PC#166) in the Home Visiting Program; Senior Environment Health Specialist (PC#2229) in the Food Protection Program; Environmental Health Specialist (PC#2237) in the Food Protection Program; and a Senior Epidemiologist (PC#2294) in Epidemiology. There are three (3) vacant positions which are proposed to be abolished: Office Support Specialist (PC#2147) in Administration; the part time (21 hours per week) Health Educator (PC#4104) position in the Chronic Disease Program; and the Public Information Officer (PIO) (PC#3475) in the Environmental Health Services (Vector/Solid Waste Programs).

Advised Tab 3 of the budget book is the overview of the Health District Strategic Objectives.

Ms. Brown

Advised this Tab delineates the strategic objectives and outcomes as discussed and accepted by the Board at the January 27, 2011 meeting; that Staff has provided a copy of the document to Washoe County. The Health District utilized the same format as the County had used for this document.

This document provides a start "for the budget planning process for the next year and the amount of change the Health District will have to sustain. The discussion of the process at the Board's Strategic Planning meeting in October will set the course and direction for the Health District for the next three (3) to five (5) years." The County is "cautious regarding planning beyond the three (3) to five (5) years due to the uncertainty of the current environment." This is could be an issue of discussion at the October Strategic Planning meeting; that the "strategic document presented is for the planning process; and is reflective of the mission and strategic guidance that the Board has presented to the Department."

Ms. Coulombe

Advised within the Budget document, Staff has "not provided the Board with program level performance measures. The Health Fund Performance Measures, Goals, and Accomplishments will be presented to the County on Monday; and will be disseminated to the Board members upon completion.

Advised Tab 4 is the tentative State Doc with the first page delineating the resource revenues of the Health Fund; and the second page delineating the expenditures by function and activity. "The State doc rolls-up the sources and uses for illustration purposes. It is not matched to priorities nor does it correspond to the NRS groupings." Advised Staff has established "a beginning fund balance reserve; that this reserve is based upon the estimates to complete and what the fund balance will be; that it is not known if this amount will change." This amount will change as Staff "closes out the fiscal year in September. The Health District has utilized the ending fund balance as the beginning fund balance, as does the County; that a contributing factor to the amount of the ending fund balance is the salary savings from vacancies. Advised, that the Health District has "always been good public health partner with the County, the Health District acknowledges the County has the authority to sweep those funds." Knowing there will be further reductions, the discussion on a policy for Ending Fund Balance has been delayed.

Advised, the Health District "has fiscal guidelines; however, the development of a policy could be an item for discussion at the Board's Strategic Retreat in October.

Advised, the proposed FY 12 Budget "can be impacted by the Board's decision regarding the proposed Fee Schedule." Ms. Brown discussed the contracting with a consultant through the OEC; and the contract negotiations with the various employee associations, which may result in wage concessions that would affect the anticipated reductions.

Ms. Coulombe advised, Tab 5 is the per capita overview of the proposed FY 12 Budget; that last year's per capita cost was \$20.95; that for FY 12 the per capita costs are projected at \$23.80; that a component of this increase is the restoration of employee salaries scheduled for July 1st. Last year the per capita amount for Washoe County was based 455,878; however, Washoe County's population has declined with a per capita amount of 401,383.

Advised Tab 6 delineates the mandated services; that on page five (5), the last program listed (46) EHS – Waste Management Hazardous – Waste Management should be noted as "Not Mandated"; that the last cell in the row should indicate "State Authority in NRS 459; Health Authority via Interlocal with NDEP"; that the language "US Code Title 42, Section 11001 c.; NRS 459.740; NAC 459.999133" should have the strikethrough.

Advised Tab 7 is the updated departmental Organizational Chart; that, as discussed, in 2007 the Health District was reviewed by the Structural Review Team, which had representatives from the Board of Health and each of the three (3) jurisdictions. A product of that process was the

"Organizational Optimization document to address the gaps in service(s) due to the departmental vacancies." Upon completion of the budget process Staff will update that document and provide it to the Board. In 2005 the Health District had 202 positions; in 2006 there were 213; in 2010 there were 203; in 2011 there were 190; and for 2011 there are 172.

In response to Dr. Khan

Regarding this information being noted in the Budget book, Ms. Coulombe advised that it has not been listed.

Ms. Brown

Advised this information is in response to a request for the number of FTEs within the Department; that she will provide additional information to the Board at the March 24, 2011 meeting, as delineated in the graphs prepared by Ms. Cooke.

Dr. Khan

Stated during the budget presentation it is important to note the Health District's progressive reductions. With the further anticipated reductions she would question to which year this proposed budget would compare.

Ms. Coulombe

In response to Dr. Khan, Ms. Coulombe advised the requested general fund requested for FY 12 is approximately \$8 million; that in FY 2005 the general fund was \$8,013,231. In 2005 the Health District's budget was \$18,700,000.

Ms. Brown

Advised the Health District's budget reductions are consistent with the County.

Ms. Coulombe

Stated, this document is the proposed budget; that Staff will provide updates to the Board throughout the process.

Advised Tab 8 delineates an overview of the budget "by programs rather than in chronological number sequence"; that she would thank Staff for preparing this by Programs. Ms. Coulombe reviewed the document, advising the Board members are familiar with the format of "the audit amount for FY 10; the adopted budget for FY 11; the FY 11 (proposed) adjusted budget; and the actual FY 11 budget as of February 18, 2011; the FY 11 estimate(s) to complete; the proposed base budget for FY 12 as of January 20, 2011; the FY 12 revised base budget; and the FY 12 variance-revised base budget."

Dr. Furman

Stated, last week the estimated State shortfall was estimated at \$1.5 billion, which is the highest in the nation at 46%. It is anticipated the State will not prepare the budget document until toward the end of May, which delays the decisions for the County and the District. "This could be very detrimental to the County and the Health District as to the amount of work which will be required to complete the budget process." He would question if there is concern regarding this issue and if it is being taken into consideration."

In response to Dr. Furman

Ms. Coulombe

Advised an agenda item is being prepared for presentation to the Board of County Commissioners on Tuesday, March 8th, which will "present the targets for the various departments; that Staff will receive direction as to what the new target amount will be. Staff will present budget updates to the Board each month regarding FY 12. In regard to the contracting with a consultant through the OEC, the review is scheduled to begin April 18th with the goal of saving \$5 million for the County. During the discussion of the OEC it was noted the consultant will be meeting with each of the Department Heads to determine "what are the activities the Departments perform and then a second meeting towards the end of the review to discuss the target reductions."

Ms. Brown

Advised the Health District is not aware of the exact dates with the consultants; however, the Health District "is not waiting for the exact date; that Staff is already having these discussions at the Division Director and program levels to identify those opportunities available." Staff is discussing these issues "not just at a department and divisional level, but also among the Districts collaborators and stakeholders, being aware there are significant financial targets to be achieved. The District is being pro-active rather than reactive to the anticipated changes; that the Staff will be addressing 'what are the possible ways to make significant changes in how business is done and what business the [Health District] does to be prepared."

Chairman Smith

Stated, it is important for the Board members to be advised of any budget updates.

Ms. Brown

In response to Chairman Smith, advised that she has been providing the Board members with periodic updates from the County; that she will continue to provide these updates to the Board regarding any specific information. She will provide the Board members with a copy of the Requests for Proposals (RFP) when it is released on Friday.

Ms. Ratti

Stated, the monthly Board meetings will provide the opportunity to discuss budget issues; that she appreciates the updates in the interim.

Ms. Coulombe

Thanked Staff for the excellent efforts in preparing the budget documents.

In response to Ms. Ratti

Regarding the Board's approval of the Budget, Ms. Brown advised that it is Staff's recommendation the Board approve the "Budget with the firm facts as those are known today."

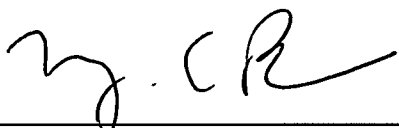
MOTION: Ms. Ratti moved, seconded by Dr. Humphreys, that the Washoe County

**Health District Budget for Fiscal Year 2012, with revenues budgeted at \$8,860,525, with a general fund transfer of \$8,056,500, and expenditures budgeted at \$18,411,647, be approved as presented.
Motion carried unanimously.**

BOARD COMMENT

No comments were presented by the Board members.

There being no further business to come before the Board, the meeting was adjourned at 2:05 pm.



MARY-ANN BROWN, RN, MSN
INTERIM HEALTH OFFICER/SECRETARY



JANET SMITH
RECORDER