



Meeting Minutes

COVID-19 Mitigation and Mangement Task Force

Attendance	DATE	November 12, 2020
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	Tanya Benitez/Meagan Werth Ranson
Task Force Voting Member Attendance		
Member Name		Present
Caleb Cage		X
Richard Whitley		X
Terry Reynolds		X
Jaime Black		X
David Fogerson		X
Felicia Gonzales		ABS
Brett Compston		X
Meagan Werth Ranson		X
Chris Lake		X
Dagny Stapleton		X
Wesley Harper		ABS
Mark Pandori		X
Task Force Non-Voting Member Attendance		
Kyra Morgan		X
Lisa Sherych		X
Julia Peek		X
Melissa Peek-Bullock		X
Malinda Southard		X
Lesley Mohlenkamp		X
Samantha Ladich		X

1. Call to Order and Roll Call

Chair Caleb Cage, Governor’s Office (GO), called the meeting to order. Roll call was performed by Meagan Werth Ranson, GO. Quorum was established for the meeting.

2. Public Comment

Chair Cage opened the discussion for public comment in all venues. Meagan Werth Ranson read into the record the following statements. Debbie DeValve states, “Dear Task Force, thank you for your concern and care about the health of Nevada citizens. As you make your plans to move forward with your COVID 19 mitigation and management of our state please consider this. Now, that many months have passed and more information has been collected regarding COVID 19 and testing it has been revealed by Dr. Anthony Fauci and in various research and articles, including a NY Times article that PCR or amplification testing produces false positives when cycled more than 35 times. From what I understand the labs Nevada uses for COVID testing are using a Cycle Threshold of 40-45. A quote from Dr. Fauci says above 35 cycles this only detects "dead nucleotides", could this be why there are so many cases right now? Nevada citizens deserve accurate testing results. Thank you”. Nancy Jones

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states, “Please let me know how Nevadans can have actual conversations with members of this task force and receive responses to our queries and concerns rather than simply reading statements that the committee can ignore. The PCR tests that are being used by labs across the state of NV are using too many cycle thresholds to amplify the SARS CoV2 virus. According to the CDC, asymptomatic people shouldn't be tested at all. For symptomatic people who are tested using a PCR test, the cycle threshold should be lower than 30-35 because anything higher than that only discovers fragments of viral DNA incapable of being cultured and thus not infectious. Persons who have a "positive" test at cycle threshold levels higher than 35 should not be considered sick, infectious, or a threat to anyone. Please demand that across the state labs lower cycle threshold so that "cases" reported can be a meaningful number. And make sure that labs are communicating this information to the individual and including the cycle threshold level used in making the determination of whether that person is "positive" for this virus. And please remember that no person on this committee is elected to represent the people of Nevada nor to be legislators creating new laws or demanding "compliance." Your role is simply to get the best, most transparent information to the people of Nevada and let them make their own health decisions and risk-assessments.” Paul McClintock writes, “As a retired physician I recommend masks be mandatory in all public places, and at all times. My gym requires masks to enter, but once clients enter >75% remove their masks. Masks should be enforced for all exercise, even high intensity. If you can't tolerate the exercise with a mask, then you should not participate in the exercise.” Adrienne Michelson wrote, “My name is Adrienne Michelson. I'm a newer resident of Nevada here in Las Vegas with seven years of professional experience working with data and data decision making in fast-paced environments. However, I write to you as someone with this knowledge and a newly diagnosed patient of stage 3 Hodgkin's lymphoma, and now immunocompromised. I wanted to listen in during this past meeting on November 5th, but, unfortunately, that was the worst day of side effects for my first-round treatment. I have caught up on the YouTube video. Hence my written response here. First, I want to thank you everyone for doing an impossible task; I duly appreciate it. It comes with obstacles and challenges that I do not envy. However, I want to ring the alarm a little harder and drill in a little more specifically about supporting holistic decisions or supporting broad recommendations to the Governor to execute statewide to help flatten what will be another curve and make everyone's lives on the task force, and subsequent local task force easier. I am asking for statewide recommendations from this task force to be delivered to the Governor to execute to flatten the curve for everyone in the state. My reason for alarm is also personal. When I found out my diagnosis, on October 3rd, after emergency surgery at Mountainview Hospital, my family flew in and was there that Sunday and helped me through the week. My dad is the Academic Chair of Emergency Medicine at Texas Tech of El Paso and Director of Emergency Services for the UMC of El Paso. When he and my mom visited, the caseload in his hospital for COVID19 was a little over 30 patients. A month later, including with state support considerations with 200+ COVID patients, and overall in El Paso cases are expanding as of 11/4 there are over 1000+ COVID patients hospitalized per the El Paso Report here <http://epstrong.org/documents/covid19/health-orders/releases/covid-report-november-62020.pdf?1604716606>. It's a tough situation. During this spike, the risk of travel means I am reasonably not comfortable asking my parents to help me with my chemo treatment here in Las Vegas, given my situation and their age risk and I can't tell you how upsetting it is. I know I only speak for myself in this letter, but I know others are probably experiencing similar issues or taking a significant risk in getting assistance in their treatment or help. Katania Taylor wrote, “Dear Task Force, we have reached out to ask for a discussion from members of the Task Force and Health Department and are still awaiting a response. We have requested information about the PCR lab testing that is going on in Nevada. We not only wanted the data, but we wanted to discuss the data with the decision makers who are directing the policy for COVID here in Nevada. I was told to submit my issues in writing to you for public comment. I am disappointed that I am unable to speak with someone who actually has to answer my questions, instead of just getting my two minutes of public comment that never, ever is addressed. I someone from this Task Force would please get hold of me, my colleague and I would like to have a conversation. We are very happy to hear that Washoe County is no longer testing asymptomatic people, however, we are concerned that the Cycle Threshold Value cut-off being used in Nevada is way too high and would like to ask that the Cycle Threshold Value cut-off be lowered to 30-35 and that the values be provided with the test results. We have found out from the UNR School of Medicine lab that they are using a Cycle

Threshold value cut-off of 40-45. I understand this is likely the case in all Nevada labs. A CT value cut-off of 40-45 concerns us for a number of reasons. Many studies, including those done by the CDC and Dr. Fauci have come to the conclusion that CT values of above 34 produce no viable virus and the patient is NOT infectious. If PCR screening is meant to find infectious individuals, then lowering the cycle threshold cut-off and providing the CT value with the test results at minimum should be implemented. "A recent New York Times article presented evidence that specimens detected in 27 to 34 cycles rarely show any live virus, and specimens detected above 34 cycles never show any live virus. "“It’s just kind of mind-blowing to me that people are not recording the Ct values from all these tests that they’re just returning a positive or a negative,” said Angela Rasmussen, a virologist at Columbia University in New York.” A unanimous individual submitted the following, “Stop the COVID fraud! Break ranks before you each of you find yourself in prison for committing the greatest crime against humanity. This is a global totalitarian movement. Cases are meaningless propaganda. Death rate is less than flu. There is no emergency. End the mask mandates, social distancing, and tracing and let us live our lives. Our human rights are being violated. WE have a right to make our own health choices and decide which risks are appropriate for our lives. Some of us wish to live a HUMAN life, a natural life, using our natural God-given immunity as protection, not the Government. I have a right to religious freedom, and I do not believe in, nor should I be FORCED to participant in this new delusional religious CULT, of which one of the symbols is the mask. These sacrifices we have made in our lives due to your over-reach of Government are killing us and they are neither necessary, nor small & disease is not being prevented by instituting them. Thank you.” Lindsey Garcia stated, “I would like to add a public comment to please remove the mask mandates and the social distancing and the contact tracing and just to let us make our own health decisions. I would also like to make a comment in protection of all the children in Nevada. These mask mandates are causing them brain damage, restriction of oxygen, and psychological damage. It is a parent’s choice if they want a mask or not and this should not be enforced or encouraged. Thank you.” No further public comment was provided.

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the November 5, 2020 Task Force meeting. A motion to approve the draft minutes as presented was provided by Terry Reynolds, Business and Industry (B&I), and a second was provided by Dagny Stapleton, Nevada Association of Counties (NACO). Motion passed unanimously.

4. Current Situation Report

Kyra Morgan DHHS, provided an overview of the current situation in Nevada as it relates to COVID to include the following (slides were also included in the meeting packet):

- Cases
 - 969 14-day rolling average cases daily
 - 796 cases per 100,000 over the last 30 days
 - 113,411 cumulative cases
 - 3,494 cumulative cases per 100,000
- Deaths
 - 5 14-day rolling average deaths daily
 - 5 deaths per 100,000 over the last 30 days
 - 1,877 cumulative deaths
 - 60 cumulative deaths per 100,000
- Testing
 - 295 tests/day per 100,000 over the last 14 days
 - 13.8% test positivity rate over the last 14 days
 - 1,362,884 cumulative tests

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Ms. Morgan provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. Nevada continues to see a significant increasing trend in new cases. This increase has been taking place since mid-September. Nevada has surpassed daily numbers from July, with 1600 cases diagnosed in a single day. Daily death rates have also increased slowly. Hospitalizations have been following a slow increasing trend for the last month, with 796 confirmed and an additional 154 suspected COVID-19 hospitalizations on November 10, 2020. Ms. Morgan spoke to the steep growth observed in Northern Nevada compared to Southern Nevada. This is a stark comparison from the last peak observed across the state. Statewide positivity rates have been increasing since mid-September, at 13.8% for the current evaluation period. Last week, that rate was 11.2%. For specimens collected since October 1st, it has taken approximately two days after specimen collection for results to be reported. Differences across different counties and laboratories are displayed in the document provided. Ms. Morgan spoke to an additional slide in the handout that shows lab testing turnaround times by county. Ms. Morgan spoke to results from the county criteria tracker for the previous week comparatively to the current slide as of November 9, 2020. This slide shows an increase in counties being flagged for elevated disease transmission. All counties are being flagged for high case rates and high-test positivity rates. Eureka County is flagged for having insufficient testing. Lincoln County and Nye County are flagged for meeting all three criteria this week. All but three counties are flagged for case rate. This shows a widespread disease transmission across the state.

Julia Peek, Department of Public and Behavioral Health (DPBH), provided an update on contact tracing and case investigation. Nevada has identified a total of 28,671 of our cases through our traditional case investigation and contact tracing efforts, which remains at 25% of our total cases reported to date. DPBH has held steady at approximately 25% of the cases be directly linked to another known case, so I would not expect to see this fluctuate much. This means that 75% of the cases are linked to general community spread. In order to address community spread, and all exposure, Nevada has moved forward with an exposure based application through smart phones COVID Trace app. There has been a total of 79,851 downloads as of last night. Since implementation, there has been 25 cases that had the app downloaded at the time of their diagnosis. There has been a total of 21 exposure notifications sent out via the app. We do have an agenda item later to cover challenges and options for improvement for disease investigation. As for the agenda item and discussion related to improvements in the system, the challenges specifically arise related to the disease investigation of cases. Nevada has surge staffing to support the communication with close contacts. We are seeing a growing number of contacts but can meet our goal of attempting to contact each of those contacts within 24-hours of identifying those contacts. So, back to the case investigation, this is a very time-intensive effort conducted by our health departments. It is dependent on getting timely results of positive labs, having correct contact information for the case, reaching out and having the case answer or return our calls. This is also dependent on having the case recall their interactions and activities but also that they are willing to share that information with the investigator. Related to possible improvements, DPBH is looking at possibilities to allow the collection of information from the case by the case, in other words, develop a system to allow the case to input information into an electronic portal to make collection more timely and best use health department resources for follow up. DPBH is talking with other state, specifically in the Western region, but others as well to look at their plans going forward with case investigation and contact tracing. A few states we are aware of are cutting back on case investigation and contact tracing almost entirely, others are prioritizing certain groups or outbreaks, others, like Nevada are trying to figure out a way to continue all efforts but modify our operations to be more efficient.

Dagny Stapleton thanked Ms. Morgan for the addition of slide 9 regarding testing turnaround times. This is very good information that drives the discussions around test turnaround time and helps us to understand the process better. Kevin Dick, Washoe County asked to explore the data on slide 9 for the testing turnaround times. The information does not seem to align with what Washoe County is experiencing. Mr. Dick inquired if these are the times that the tests are reported by the lab through the states secure File Transfer Protocol (FTP) site. Mr. Dick believes there is a potential two-day delay from that period until it comes through to the local National

Electronic Disease Surveillance System (NEDSS) Base System (NBS) where we see the lab reports. Ms. Morgan stated there is a field in NBS which is the added date. That is typically the date it is added to the NBS system. This information is pulled through a report in NBS and is not related to the FTP process. This data is the calculation from between the date of specimen collection and the date that NBS calls the lab added date, which is the date it is added to our electronic system. Mr. Dick asked if the information is then immediately available for the locals when it is added there or does it take another period of time before it appears in our view. Ms. Julia Peek noted they have already reached out to Miss Kirwan and looking into instances where there could be potential delays. Chair Cage noted he will be adding the two slides to the overall memo that walks through the entire process and looks at the potential amount of time in each segment of reporting. The two-day average that we are reporting is an average of nine to in some instances less than one day in other instances does not meet local level experience. We are working to identify some solutions. Meagan Werth Ranson thanked Ms. Peek and Ms. Morgan for their work

a. Carson City Self-Assessment and Action Plan

Nancy Paulson, Carson City, provided an overview of the Self-Assessment and Action plan submitted by Carson City. Ms. Paulson noted the number of confirmed and suspected COVID-19 patients hospitalized at Carson Tahoe Hospital (CTH) has doubled in the last two weeks. As of November 3, 2020, the hospital has canceled all elective surgeries. The hospital has also reopened the state disaster medical tent for triaging emergency department patients. The city continues to test at the health department daily with symptomatic individuals having priority. During the week of November 1, 2020 through November 7, 2020, Carson City Health and Human Services (CCHHS) administered 279 tests. In October, CCHHS held four events and administered 970 tests and an event on November 6th, CCHHS administered 356 tests. For case investigation and contact tracing Carson City is seeing the most common exposures are from contact with another COVID-19 case. That accounts for 52% of positive cases. CCHHS continues to work closely with our schools for contact tracing. Our school transmission has remained relatively low. Complaints related to compliance with the Governor's directives are received through the COVID-19 hotline and the health departments Facebook page. They are directed for follow-up to either our health inspectors or to the state's Occupational Safety and Health Administration (OSHA) program. Carson City will continue to monitor all violations of the directives and if necessary, follow due process to address the violation. In the action plan, the focus is on community education. Both the health department and city manager's office have created and distributed community education on a variety of COVID topics. Regarding large gatherings, Carson City has not been approving any street closures for special events. Reviewing special event permits on city and private property for compliance with COVID guidance. Carson City is in the process of finalizing a checklist for special events and gatherings to facilitate event operational plans. On flu outreach, we continue to offer the ability for flu vaccinations to the public. This is being done as combined events, which offer both COVID testing and flu vaccinations. Ms. Paulson asked for state or federal resources and if there can be an extension of the National Guard past December and an extension of the Coronavirus Aid, Relief, and Economic Security Act (CARES) Funding deadline, which is December 30, 2020.

Chair Cage inquired on the checklist for the large event gatherings, the Task Force has heard what Clark County is doing in terms of levels. Is this what Carson is using or more of a planning document. Ms. Paulson noted the checklist is more of a planning tool. Chair cage requested a copy of this document. Nicki Aaker, Director, CCHHS, noted Carson City took the checklist for large gatherings and modified the list to use for the larger gatherings that Carson City would have. Using this as guidance as people plan their events to ensure events can be done safely. Chair Cage noted over the last two weeks, the hospital capacity has doubled and inquired if it is anticipated the mitigation plan submitted today would get the community spread under control in the next few weeks and asked for input on further mitigation efforts that can be determined to assist with this issue. Ms. Aaker noted with the plan to provide public education on what the Governor put out the other day, we are hoping people will start taking this messaging seriously and Carson City can start seeing a decrease. Chair Cage noted public information is in process currently. The one piece in the plan I would modify is "adopting

something like Clark County’s event matrix approval form”. The one part in the plan that is concerning is the enforcement plan, “Carson City has authority over business licenses, special event permits and uses of City property. Carson City will continue to monitor violations of directives and if necessary, follow due process to restrict these authorities. In reference to compliance rates and enforcement action, a specific number cannot be provided as this information has not been tracked because CCHHS Environmental Health takes an educational/consultative role. Any issues outside of the CCHHS Environmental Health authority are forwarded to Nevada Osha.” Chair Cage inquired if Carson City is not doing any sort of enforcement in terms of licensure. Ms. Aaker noted Carson City is educating individuals and businesses when infractions are noted and forward infractions to the state. Ms. Aaker noted if it is a food establishment, environmental health can address and not following rules, the first go around it will be very educational and provide teaching of what needs to happen. Environmental health has a regulatory to a certain extent, if it impacts food safety then they can site and issue a violation. If the health inspector finds a retail establishment, they do not have jurisdiction over retail. This complaint is followed up and forwarded to OSHA. Chair Cage asked if there is a business licensing component as far as enforcement and if there was collaboration with license enforcement procedures. Ms. Paulson noted they can suspend business licenses if violations continue, this is under the code enforcement department. Chair Cage asked if this is mostly done through environmental health. Ms. Paulson noted she was unsure if there were many calls for violations in other businesses. Chair cage noted two challenges. Comprehensive coordinated approach in terms of enforcement for there to be a task force approach. Within the task force there are basically two components that would need to be seen to feel like enforcement methods will be effective to capture the accurate number of instances. One: structure internally, with agencies, how often they meet, share information, and Second would be a list that says first in fracture is what and second infraction, etc. Terry Reynolds agreed with Chair Cage. There can be some focused effort from Carson City and CCHHS in terms of inspections. Suggest a more comprehensive approach. The other thing there is an outbreak in Warm Springs prison and the numbers have increased due to this outbreak. Chair Cage made a motion to approve the plan as submitted by Carson City with the addition of an enforcement component of the plan to be built out and a decision-making guide for approving large events for Carson City. A second was provided by Terry Reynolds. Motion passed unanimously.

b. Clark County Self-Assessment and Action Plan

Billy Samuels, Clark County, provided an overview of the Self-Assessment and Action plan submitted by Clark County. Chief Samuels noted Clark County is adding a third site for testing. This will provide continuous testing, 7-days a week, for all of our testing sites. The case investigation and contact tracing have improved since last week. Three partner jurisdictions are also starting to provide more community testing. Clark County is also increasing strike team efforts. The Southern Nevada Health District (SNHD) has been working on the COVID trace app. Clark County needs assistance from the state of Nevada and the regulatory agencies to improve the process of the low acuity patients. Clark County has reached out to the young professionals group ages 18-26 and they have been contacted by the Chamber of Commerce to start doing more education and informing that age group about the importance of social distancing and masks. Chair Cage looked at increased measures in the plan to include a shred and swab event planned for Boulder City. This is an interesting concept and would love to hear the results from this event. The increased strike team, increasing enforcement, focused outreach in specific communities, and increased testing across the board. These are important measures currently in place. Given hospital status, there are things that can be done to ensure the patients in hospital who do not necessarily need hospital level of care can be transferred out. Terry Reynolds noted B&I is seeing a lot of events occurring and requests for events for approval. Terry Reynolds questioned if any activity is being seen coming out of these events, should numbers be scaled down to be able to provide a short breathing period. Misty Robinson, SNHD, noted the SNHD is not recommending plans moving forward at this point. Kyra Morgan noted the goal has been to mitigate at such a level that we do not reach the previous peak. Which is where we are today. The data shows that we are back where we were, and we do not have control over COVID. Chair Cage noted that Clark County probably has the clearest most data driven and aggressive position on all of the mitigation measures that are

necessary. The things we know that work are wearing masks, personal hygiene, social distancing, not going out unless necessary. Brett Compston, Nevada National Guard, thanked Clark County for the data driven report. It is allowing Clark County to make difficult decisions based on the data in a very transparent way. Mr. Compston advised this was specific to agenda item 5b with the green, yellow, red levels of the plan. Clark County has a very well laid out evaluation criteria, what color level that translates to and what the recommendation will be. It is a very systematic approach. Terry Reynolds noted agreement with what the health districts are doing and the limitations they have placed on events. Events received are not approved when the health district does not approve. They are scaled back to coincide with the health districts. Chair Cage made a motion to approve the plan as proposed with the modification that when updated for next week, it includes the SNHD portion for approving events be included in the Southern Nevada plan. Chief Dave Fogerson, Division of Emergency Management (DEM), provided a second. Motion passed unanimously.

c. Elko County Self-Assessment and Action Plan

Matt Peterson, Elko County, provided an overview of the Self-Assessment and Action Plan that was submitted by Elko County. As of today, there are a total of 340 active cases in Elko County. Mr. Peterson noted the enforcement piece was added back into the plan. Elko County is working through testing issues. Chair Cage inquired what was being done from the county perspective to address testing turnaround time. Mr. Peterson advised outreach is being done with University Medical Center (UMC) and labs in Utah. Amanda Osborne, Elko County, noted conversations are in progress with UMC. Elko County is moving forward with building capacity within Elko County. The hospital is able to make space for this effort. The biggest challenge is staffing. There have been numerous meetings since the last Task Force meeting on this issue. Local providers are sending labs to LabCorp or other private labs to assist in the lab turnaround time from the Nevada State Public Health Lab (NSPHL). Ms. Osborne noted the county's priorities are protecting vulnerable populations while looking for other options. Malinda Southard, DPBH, provide an overview of the BinaxNow distribution. Ms. Southard noted a resource request has been received and has been assigned for fulfillment. The state warehouse is in current conversations to set up delivery. Ms. Southard noted she was under the impression that Elko still has not received the appropriate Clinical Laboratory Improvement Amendments (CLIA) certifications. DPBH is willing to distribute to the County with a signed acknowledgment form that the test may not be performed on individuals until those CLIA certifications are in place. As DPBH receives more requests, we are working on getting those out as well. Chair Cage inquired if the CLIA waiver was a federal requirement. Ms. Southard noted it is both a state and federal requirement. Chair Cage noted if the Elko county school district wanted to distribute the BinaxNow tests, they would need to have a CLIA certified way of doing that. They have been working with the Department of Education and getting the school districts, private and charter schools the ability to administer the BinaxNow tests in the school setting. DPBH has been working with the Bureau of Health Care Quality and Compliance to develop compliance agreements for each of the school districts that would be interested in administering the tests.

Brett Compston expressed concern with the enforcement piece in the plan and encouraged Elko County to look at the Washoe County plan. Terry Reynolds noted there is also an issue with compliance in Elko County. There are numerous observations that have been reported to OSHA program. Chair Cage inquired on the piece of the enforcement plan that states "Elko County wants to make it clear that individual businesses will not be held liable for the actions of their customers." Ms. Osborne noted this is a challenging area in Elko County due to political pressure from within the county. Elko County is aware this is an area that needs improvement. Chair Cage said that statement seems to neutralize the entire enforcement program. Terry Reynolds agrees, and this is a major gap in the overall enforcement to create a secure environment. Chair Cage spoke to the lack of a unified approach on enforcement will have a negative impact on the county. Chair Cage expressed concern with the enforcement piece of the plan and the following statement that revokes the power of enforcement, testing turnaround, and lack of local mitigation efforts. Chief Fogerson noted the importance of not politicizing the current public health crisis. Meagan Werth Ranson also noted that Elko County has been called out specifically

in the White House Task Force report for being in the red zone and one of three counties as having the highest number of new cases. Mr. Compston asked if it would be acceptable to provide Elko County an extension to update the plan to correct the plan submitted. Chair Cage advised this was not ideal and the Task Force should move forward in a direct way. Brett Compston made a motion to approve the plan as submitted from Elko County with the exclusion of the enforcement plan and require a more detailed enforcement piece to be included in next week's submission. Richard Whitley, DHHS, provided a second. Motion passed unanimously.

d. Lincoln County Self-Assessment and Action Plan

Eric Holt, Lincoln County, provided an overview of the Self-Assessment and Action Plan that was submitted by Lincoln County. Lincoln County has experienced an increase in cases. As a result, testing has been increased through the hospital clinic. Also, increased transport of tests daily to Las Vegas. Lincoln County is testing 60-150 people a week. Out of a county of 5,000, these are decent numbers. Lincoln County is also working on messaging regarding social distancing and limiting travel through social media and the newspaper. Personal Protective Equipment (PPE) is in good status. County Commissioners made enforcement stricter regarding masks being worn at all times in government buildings when in contact with the public. Testing levels right now are meeting demand of testing. No shortage for individuals wanting to be tested. Lincoln County is testing three days a week, Monday, Wednesday, and Friday. Additional testing days are also being considered. Contact tracing is being done timely and has identified groups of high transmission rates. The state youth center, a church, elementary school, and hospital are a few of the exposure locations. Lincoln County has been able to capture exposures early and enforce mitigation efforts. Those entities are responding well to the mitigation enforcement. Lincoln County will do a focus assessment and identify future mitigation efforts moving forward. Chair Cage noted there are 46 active cases, a majority are quarantining and recovering without medical intervention, one patient in acute care currently. Assuming Lincoln County is on the list again, would the proposed mitigations be included in next week's plans. Mr. Holt advised that was feasible. Chair Cage made a motion to approve the plan as submitted by Lincoln County with the caveat next week any additional mitigation measures be included in the plan for next week's review. Richard Whitley provided a second. Motion passed unanimously.

e. Washoe County Self-Assessment and Action Plan

Kevin Dick, Washoe County, provided an overview of the Self-Assessment and Action plan submitted by Washoe County. Washoe County continues to see a widespread COVID-19 cases throughout the county due to community transmission. Washoe County continues to see significant increase in numbers of cases occurring in the 30-59-year-old age range, in addition to the 20-29-year-old ranges in the last several weeks. Several areas in the nation have seen initial increases in cases of 20-29-year age range, that then lead to higher number of new cases occurring in other age groups in their communities. Washoe County test positivity rate has increased over the past week from 10.8% to 12.8% despite the number of tests per day increasing. The number of tests per 100,000 population has increased from 301 to 312 tests per day. The new cases per 100,000 population continue to increase, this week rising 783 to 1,025. Washoe County remains concerned about the high number of cases that are coming from the 20-29-year-old age range; however, they are now seeing the increase in cases occurring more broadly across all age ranges in the community. As of November 9, 2020, the 7-day rolling average of new daily cases in Washoe County was 335, a 79% increase in new cases from November 3, 2020 and a 341% increase from October 1, 2020. Compared the new cases per day to the peak that Clark County hit for their surge. When normalized for population, we are at 140% of peak that Clark County hit. It is having an impact on the hospitals. Renown Regional has begun to utilize the build out in the parking structure. There is also an increase in testing demand. Today, 718 people were tested through the POST. Washoe County will no longer be testing asymptomatic individuals outside of high priority areas. Washoe County is also working to increase the lab testing turnaround time. Renown no longer has the capacity to assist with this. Contact tracing efforts are also being overwhelmed due to the sheer volume. Mr. Dick noted Washoe County is experiencing a COVID-19 wildfire. The emergency managers in Reno and Sparks have taken the lead in community-based testing

events. These dates are potentially for November 22, 2020 and December 6, 2020. Mr. Dick noted corrections on page eight and nine of the plan. Renown Health was listed twice on page eight; the correct number is 13. On page nine, restaurants were left off as a place individual listed as visiting in the last two weeks.

Eric Brown, Washoe County, spoke to enforcement efforts occurring in Washoe County. Now the election is over, messaging on the *Mask on Move On* will be advertised on the radio and on television. Mr. Brown also acknowledged the amount of work being done by the City of Sparks. City of Sparks has inspected 18 of the 26 bars in their jurisdiction. Washoe County is promoting the COVID trace app and is working with the state to address both medium and long-term contact tracing challenges. Chairman Bob Lucey noted there has been concern regarding the school districts. Chairman Lucey noted that Superintendent Kristin McNeil, Washoe County School District, held a school board meeting this week. The school board will continue to shut schools down as they see fit when issues arise. They are continuing to do messaging to the students and parents to address some of the self-assessments. The county will continue to work closely with the school board. Chair Caged advised it is understood that Washoe County as the epicenter of the surge currently. Chair Cage inquired if Washoe County had recommendations on what the state or local jurisdictions can be doing differently in the near term to address the surge. Mr. Dick advised the situation is similar across the state in terms of private gatherings, driving the spread of the disease. Chairman Lucey spoke to work that is continuing to occur in terms of solutions for contact tracing. Work is being done with Mr. Dick and Julia Peek. Realistically, there needs to be better data gathered. Dagny Stapleton noted the importance of improvement on contact tracing for Washoe County to better address the cases. Ms. Stapleton inquired if there was a contingency plan for when the Nevada National Guard is longer able to support. Chair Cage noted work is being done with the federal delegation and this decision is still up in the air. Chairmen Lucey advised that Washoe County is an epicenter for cases. Washoe County serves as the hub for the surrounding rural counties in Northern Nevada. There needs to be a sound plan in place within the next six weeks. There has to be a solution in either terms of funding or in terms of the current approach. Chair Cage noted he agreed and when looking at the resource side this assists in building capacity. There is a need to balance public safety with economic factors. The shutdown earlier this year worked but there was a significant economic cost to doing this. Chair Cage inquired what local actions can be taken in the short term beyond the current mitigation efforts to end the surge. Chairman Lucey noted another challenge is a housing issue. There are families that are unable to quarantine due to not having an adequate place to isolate. If individuals are unable to quarantine at home, they are having to stay at hospitals. Housing is another big piece of this. Brett Compston noted that Title 32 missions will terminate on the December 13, 2020. An extension has been requested. Chair Cage made a motion to approve the plan as submitted by Washoe County as submitted. Brett Compston provided a second. The motion passed unanimously.

f. Lyon County Self-Assessment and Action Plan

Jeff Page, Lyon County, provided an overview of the Self-Assessment and Action plan submitted by Lyon County. Lyon County is seeing an increase with familial spread. Mr. Page re-emphasized a number of policies that are in place for county facilities and large gatherings. Lyon County has shut down most large gatherings. The two largest positives are in retail and family to family. Lyon County is working on public education. Rural Nevada is unique, chances are decent that if you are ill, you will go to a Carson or a Reno hospital. With the change in the population in Lyon County in the last 15 years, people do not recognize the impact they are having on the Carson and Reno hospitals. Lyon County is working with private industry to ensure they are following the Governor's directives. Lyon County will be pushing out numerous messages regarding the upcoming holidays. Terry Reynolds commended Mr. Page for being on point while working with events and being receptive on the approval process. The complaint log has diminished over time. In the last month B&I has had about eight complaints specific for Lyon County. Mr. Reynolds believes compliance is improving. Mr. Page noted Lyon County is willing to shut down businesses or suspend them temporarily if they are not complying until full compliance is reached. Dave Fogerson made a motion to approve the plan as submitted by Lyon County. Richard

Whitley provided a second. Chair Cage asked for an update from OSHA on enforcement measures for the next Task Force meeting to be included in the plan. Motion passed unanimously.

g. Nye County Self-Assessment and Action Plan

Scott Lewis, Nye County, provided an overview of the Self-Assessment and Action plan submitted by Nye County. Nye County has had a significant spike in cases that has occurred over the last week due to a detention facility in Pahrump. There is also a significant exposure at a skilled nursing facility, also in Pahrump. Resource levels and requirements are difficult for Nye County. Nye County has targeted hotspots and they have responded well in terms of compliance. Nye County has been steadfast in the county in following suit with closing down government, working from home, and limiting exposure risks. When talking about the school district, the high school has gone to virtual learning. They have closed after school activities. Communication on this has been key. Nye county is working with the hospital. They have had a capacity rate of 90-95%. A number of those are COVID positive. Nye County is conducting intercity transfers to Las Vegas hospitals. Regarding enforcement, caseloads are being referred regularly, not only to code compliance, but also to partners through OSHA. Finding the small congregate groups are challenging. Nye County continues to work with positivity case rates and contacting them as quickly as possible. Chair Cage inquired if there was any messaging going out from Nye County in terms of upcoming holidays. Mr. Lewis noted messaging is being done by the Public Information Officer (PIO) and continuously reinforcing these models surrounding messaging. Mr. Lewis also expressed the desire to have the CARES funding be extended past the December 30, 2020 deadline. The timeline has become very difficult to meet from the county level. Chair Cage noted this was an effort that is being pursued from the state level. Chair Cage made a motion to approve the plan as submitted by Nye County and continue to monitor Nye County moving forward. Terry Reynolds provided a second. Motion passed unanimously.

h. Humboldt County Self-Assessment and Action Plan

Dave Mendiola, Humboldt County Manager, provided an overview of the Self-Assessment and Action plan submitted by Humboldt County. Humboldt County has never been able to track any cases to any public events to date. There is concern in Humboldt County from the Governor's perspective, it is not beneficial to shut down businesses. There are few large gatherings now that the winter months are approaching. The springtime will be a different story. Mr. Mendiola noted in October there was an average of 1.5 cases per day, which was a significant increase from March and April. So far, the county is averaging 2.9 cases per day for November. Hospital occupancy rates are doing well now. Status of PPE is doing well also. As far as the plan moving forward, since the inception, appropriate actions have been taken. The second wave is currently being experienced. Multi-disciplinary action team and board will continue to monitor cases and resources. One major concern from Humboldt County is regarding testing turnaround time. Humboldt County has turned to a different process, working with Quest Diagnostics and LabCorp with returns in less than 48 hours. Contact tracing is being done by the fast team. Humboldt County will do a second mass testing event and is looking at dates and resources. Also continue testing the water in Winnemucca. This has been successful for the last seven or eight weeks. There was a flare up approximately two weeks ago in one area of town. Over 790 flyers were sent out results from the next test showed the Ribonucleic Acid (RNA) numbers were reduced. Humboldt County will continue to work closely with their school district. Mr. Mendiola noted work will continue to be done in terms of education and messaging. Chair Cage noted looking at the county tracker as of today, Humboldt County is back off the list. This is a positive sign and indicative of the movement in the right direction. Chair Cage is concerned with the enforcement portion of the plan. It was noted a number of things at the state level in terms of lab testing turnaround. This has been an ongoing conversation and possible solutions to this issue. Chair Cage spoke to Mr. Mendiola noting shutting down business in the future will not be an effective mitigation effort. Chair Cage inquired if there are other mitigation efforts that will be effective in the future. Mr. Mendiola advised education is a major mitigation effort that could be beneficial. Ken Tipton, Humboldt County, advised Humboldt

County is unique and is unsure the best step forward to mitigate the spread. Chair Cage made a motion to approve the plan as submitted by Humboldt County with the addition of an enforcement component of the plan be built out for the next Task Force meeting. Chris Lake, Nevada Hospital Association (NHA), provided a second. Motion passed unanimously.

5. Update on Safe Gatherings from Local Health Authorities

a. Carson City Health and Human Services

Update was provided during the Carson City Self-Assessment and Action Plan discussion.

b. Southern Nevada Health District

Misty Robinson, SNHD, provided an update from SNHD. I want to direct your attention to the document labeled 5b in your packet. There was some confusion last week in my statement that I would like to apologize for and wanted to make sure everyone was clear on the parameters that SNHD is using to recommend approval for large gatherings. This document is also located on the SNHD COVID website under "Guidance for Businesses and Permitted Facilities". As I stated last week, in addition to ensuring that public health standards are being met, we are using these four criteria to evaluate large gathering plans based on the public health infrastructure at the time: 7-day running average of cases, case investigation and contact tracing capacity, 7-day positivity rate, and hospital capacity reported by the NHA. The parameters will be analyzed to determine if we are Not Trending Toward Surveillance Capacity, Trending Toward Surveillance Capacity or Approaching or Exceeding Surveillance Capacity. If you look at the chart on page 2, we have identified how each parameter is defined with a green, yellow, red coding scheme with the specific numbers we are using to identify each parameter. If one parameter is Trending Toward Surveillance Capacity, which is the yellow column, Surveillance Capacity, which is the yellow column, then the pertinent jurisdictions will be informed that events scheduled more than 7 days from review could be canceled if the public health infrastructure approaches or exceeds capacity, which is the red column. If that parameter returns to Not Trending Toward Capacity, which is the green column, for three consecutive days, then SNHD will inform the pertinent jurisdictions that the infrastructure is Not Trending Toward Surveillance Capacity. If any two indicators are found to be in the red column SNHD will not recommend approval of the plan. If the average new cases or the case investigation capacity is found to be trending in the red column, SNHD will not recommend approval of the plan and SNHD will recommend that all scheduled large gatherings be canceled or postponed until all parameters are in the green or yellow columns for at least three consecutive days. As of today, the 7-day average of new cases per day is in the red column, case investigation and contact capacity is green, the 7-day positivity rate is red, and the hospital capacity is green. Therefore, at this time, our overall capacity is in the red column. Therefore, we are currently not recommending approval of large gathering plans. SNHD staff are working to add the daily criteria to the SNHD COVID Dashboard so that this information is completely transparent to event planners. It is important to note that SNHD is not the deciding entity on any large gathering plan. There are several agencies involved in that decision process. We can only make recommendations based on the public health infrastructure at the time. From 11/3-11/10, SNHD recommended approval of 9 large gathering plans.

c. Washoe County Health District

Update was provided during the Washoe County Self-Assessment and Action Plan discussion.

6. Update on Statewide Hospital Capacity

Dr. Chris Lake provided the group with an update regarding the slides provided in the handouts showing an update on Statewide Hospital Capacity. Dr. Lake noted hospitalizations across the state are continuing to increase. As of today, 18% of all patients in the hospital have confirmed or suspected COVID-19.

Nevada Hospital Response

- The entire health care system has benefited significantly from our shared experience with COVID-19 during the past nine months
- Health care organizations have prepared by:
 - Refining our processes to promote better outcomes and improved therapeutics
 - Stocking up on PPE and other necessary supplies
 - Increasing overall bed and ICU capacity
 - Dramatically expanding testing capabilities

Current Capacity:

- Southern Nevada hospitals have not activated any surge plans at this time due to stable capacity
- Northern Nevada hospitals are experiencing capacity strains due to higher positivity rates
- Southern Nevada Hospital Statistics
 - 4,686 Acute Care Beds, 84% Occupied, 14.7% COVID-19
 - 730 ICU Beds, 66% Occupied, 32.0% COVID-19
 - 915 Ventilators, 32.0% Occupied, 28.9% COVID-19
 - Stable Staffing Levels, Green
 - Moderate Personal Protective Equipment (PPE), Yellow
- Northern Nevada Hospital Statistics
 - 1,686 Acute Care Beds, 70% Occupied, 16.0% COVID-19
 - 257 ICU Beds, 64% Occupied, 38.7% COVID-19
 - 220 Ventilators, 25.0% Occupied, 38.1% COVID-19
 - Moderate Staffing Levels, Yellow
 - Moderate Personal Protective Equipment (PPE), Yellow

Hospital Bed Capacity

- Bed capacity is measured and reported in three ways:
 - Licensed Beds
 - May or may not match actual occupancy potential
 - Staffed Beds
 - Does not reflect the fluidity of staffing resources
 - Does not reflect the ability to flex
 - Flexed Capacity
 - Not reported
 - Not defined
 - Built into contingency plans
 - Used when operating in an alternate environment
- It is important to remember that hospital capacity is not a static number
- The denominator can move due to physical beds, staffing, and contingency plans
 - Key drivers to increasing bed availability include:
 - Acquire
 - Build
 - Renovate or Repurpose
 - Purchase

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- Sub-lease
- Manage Utilization
 - Level-load
 - Admission Criteria
 - Length of Stay
- Manage Throughput
 - Time of Discharge
 - Bed Planning/Placement
 - Logistics (DME, transport, family, dialysis)

How do Hospital Beds Fill Up

- Emergency Department
 - 65% of admissions originate in the Emergency Department
 - 93% of hospital census originated in the Emergency Department
 - Emergency Medical Treatment and Labor Act (EMTALA) laws protect patients, ensuring access to Emergency Care
- Surgery
 - 35% of admissions originate from needed surgical interventions
 - 75% of hospital census originated from scheduled surgical interventions
 - 1% of Intensive Care Unit (ICU) census originated from scheduled surgical interventions

Support Needed

- Allow local hospital decision making regarding scheduled surgeries
- Interruption to care leads to decline in health, higher costs, and creates down-stream logistical challenges

Managing Utilization of Beds

Renown Length of Stay	Pandemic
Length of Stay – COVID Non-ICU	8.3 days
Length of Stay – COVID ICU	16.1 days
Length of Stay – COVID Ventilator	19.6 days
Length of Stay – Non COVID	5.6 days

- Key Drivers of Length of Stay
 - Patient acuity (sickness) is rising – drawing on more resources such as beds and staffing
 - Limited access to post-acute care beds (Skilled Nursing Facilities (SNF), Rehab, Hospice)
 - Guardianship laws and procedures

Unnecessary Use of Hospital Beds

- 55 patients currently in Renown hospitals are not requiring acute hospital level of care

#	Reasons
16	Pending long term SNF placement
14	Pending guardianship decision
11	Pending short term SNF placement (Medicaid Fee-For-Service (FFS))
8	Other reasons
3	Pending placement out of State/County
2	Pending group home placement
1	Pending psychiatric services/bed

- Support Needed
 - Create post-acute care access by adding resources (beds and staff)
 - Address guardianship laws and procedures (interim or long term)

Hospital Throughput

- Renown Health
 - 90-110 patients per day are admitted and discharged from the facilities
- Hospitals use Divert status to temporarily stop incoming patients to:
 - Mobilize resources to facilitate discharges
 - Mobilize resources to ensure safe staffing and care plans
 - Triage patients and determine disposition and placement
- Divert doesn't necessarily mean the hospital is out of capacity

Staffing and Staffing Challenges

- Hospitals and the healthcare industry have been at a deficit prior to the pandemic
 - Physician shortages
 - Nursing shortages
- COVID-19 is driving
 - Early retirements
 - Caregiver quarantines due to household exposure
 - Increased competition for a limited resource nationally
 - Nurses and other caregivers choosing to maximize earning potential
- Support Needed
 - Long term staffing strategy for funding GME, nursing, and allied health programs to assure adequate staffing for long-term needs

Renown Surge Plan

- To acquire additional beds, the following actions were taken to increase capacity:
 - Alternative Care Site 1,400 Beds
 - Leased Skilled Nursing Beds 54 Beds
 - Repurposed LTAC Unit 39 Beds
 - Remote Patient Monitoring 20 Beds
 - 1,513 Additional Beds
- Support Needed:
 - Prioritizing resources for licensure
 - Licensure agency has been very responsive and supportive

Southern Nevada Surge Plan

- Acute Hospital Surge Plan 871 Beds
 - Cashman Care Center 300 Beds
 - Post Acute Facilities
 - Las Vegas Convention Center up to 900 Beds
 - SNHD Care Site 45 Beds
- Clark County's Surge Plan Creates 2,116+ Beds
- Hospitals in Southern Nevada have increased their capacity for surge needs from 4,586 beds to 5,457 beds since March
 - This represents a 25% increase from total licensed beds
- Hospitals continue to limit and monitor elective surgeries to ensure ICU and med-surg beds to ensure appropriate capacity for COVID-19 patients

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- Be self-monitoring individual capacity needs, hospitals have the ability to provide surgical care to patients who would be negatively impacted by delayed procedures
- Medically necessary procedures include:
 - Tumor removal, transplant, prostate removal, hip replacement, hernia repair, radiation treatment, mastectomy, hysterectomy and certain heart procedures

Impact of Flu on Hospital Capacity

- Increased social distancing, mask use, and hand hygiene have reduced the prevalence of influenza in Nevada
- Nevada has experienced only one hospitalized flu patient in the past week
- In past years, flu cases have been significantly higher this time of year
- With additional capacity as a result of the low number of flu cases and other declines in key areas, Nevada Hospitals stand ready to care for any future influx of patients

UMC Year-Over-Year Comparison

- UMC Total Admissions

	Mar	April	May	June	July	Aug	Sep	Oct
2019	2131	2111	2135	1961	1884	1927	1780	1796
2020	841	1331	1379	1511	1744	1580	1594	1661

- UMC Total Emergency Room (ER) Visits

	Mar	April	May	June	July	Aug	Sep	Oct
2019	10308	9904	9871	9336	9782	9633	9373	9795
2020	8586	5529	6369	7240	8895	7712	7377	7952

COVID Testing

- To date, UMC has performed
 - 472,384 COVID Tests
- Renown has performed
 - 49,587 Tests
- Both facilities offer less than 24 hours turnaround times, offering ample testing solutions to the State

Nevada Case Demographics

- Confirmed Cases Age
 - 70+ 6%
 - 60-69 8%
 - 50-59 14%
 - 40-49 17%
 - 30-39 19%
 - 20-29 22%
 - 10-19 9%
 - <10 4%
- Confirmed Cases Gender
 - Women 51%
 - Men 49%
- Confirmed Cases Race
 - Hispanic 43%
 - White 31%
 - Black 8%
 - Asian 7%
 - AIAN 1%
 - Other 10%

Current Treatments

- During the entire pandemic, we have utilized best practices to give our patients the highest level of care

Treatments

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- Shifted from ventilator support being the first line of treatment, to now first utilizing high-flow oxygenation and proning, which both yield better outcomes

Therapeutics

- Hospitals currently have a ample supply of Steroids, Convalescent Plasma and Remdesivir
- Newly released Monoclonal Antibody will prevent hospitalizations for elderly residents. Allocations to hospitals are anticipated to start this week

Potential Vaccines

- The healthcare industry is anticipating a vaccine mid-to-late December
- Pfizer and Moderna are both in phase three trials with no safety holds

How you can help

- Promote mask wearing, social distancing, individual citizenship responsibility
- Prioritizing resources for licensure
- Allow local hospital decision making regarding scheduled surgeries
- Interruption to care leads to decline in health, higher costs, and creates down-stream logistical challenges
- To address potential capacity needs, Nevada hospitals agree that post-acute facilities are more suitable for patients
 - Create post-acute care access by adding resources
- Address guardianship laws and procedures (interim or long term)
- Ensure inventory of test kits meets demand
- Long term staffing strategy for funding GME, nursing, and allied health programs to assure adequate staffing for long-term needs

Chair Cage thanked Dr. Lake, Erik Olson, Renown Regional Medical Center, CEO and Mason VanHouweling, University Medical Center (UMC), CEO for the presentation. This was very eye opening and acknowledged this is not an easy task. Chair Cage noted back in June or July, when Clark County numbers were peaking again, there was a discussion with the Nevada Healthcare Association regarding procedures for moving folks who no longer needed care back into skilled nursing facilities. If there are ways to increase hospital capacity while protecting the vulnerable populations, now is a good time to convene this group again and continue this discussion. Chair Cage really appreciates the context provided regarding the healthcare shortages prior to the pandemic and then exacerbated by the pandemic. As we rebuild in Nevada, this is an important policy perspective and one that will be important going forward. Chair Cage requested verification that Renown will start putting patients in the alternate care facility, developed by Renown, as early as today. Mr. Olson advised Renown will start with a small population of about 20 beds as of today and take in increments as needed. The facility does not have ICU or telemetry care. Patients there will be a lower acuity care for COVID patients. Chair Cage requested clarification they are 10% under 2019 capacity even with COVID occurring. Mr. VanHouweling advised that is correct. We are seeing similar numbers in the south. Currently, we are not exceeding our 2019 volume. As we stand today, very supportive of the concern of the positivity rate because that can very quickly change if we do not get things back under control. Lisa Sherych, DPBH, thanked the group for the presentation. Ms. Sherych noted staff in the DPBH regulatory arm, have reached out to see how there may be some assistance that can be provided on finding appropriate placements for discharged patients into skilled nursing facilities.

7. Update on Lab Reporting and Contact Tracing Improvements

Chair Cage noted this agenda item will be postponed until next week.

8. Overview of Task Force Report on Statewide COVID Response for 2020

Chair Cage noted this agenda item will be postponed until next week.

9. Public Comment

Chair Cage opened the discussion for public comment in all venues. Debbie DeValve stated, “I wanted to thank the COVID task force. How is the Task Force addressing the mental and physical impact of the social distancing, restrictive breathing and limited gatherings such as specific cases of anxiety, depression, divorces, suicides, etc. also loss of home, loss of employment etc.? My next question is when OSHA and business licensing departments are checking on business compliance, are they not holding it against businesses who serve customers who can not wear masks which is allowed under Governor directive 24? Also, I would like to recommend that experts in immunology or virology etc., to offer input on how we can address COVID from the inside out rather than only from an external perspective. Among those lines what is your plan to promote mental and internal health such as consuming less sugar, healthy eating, taking vitamin C, D, Zinc etc., which have been proven to help, also, lowering fear and anxiety. And for my last comment, as you are government employees that have sworn an oath to uphold the United States Constitution and the Nevada Constitution, how are you planning to make sure that Nevada Citizens keep their inalienable rights and I quote article one, section one “All men are by nature free and equal and have certain inalienable rights, among which are those are enjoying and defending life and liberty.” No directives by government officials can take away our inalienable rights. You are there to protect and uphold them. Make sure all our rights are protected in your plan. Thank you.” No other public comment was provided.

10. Adjourn

Chair Cage called for a motion to adjourn the meeting. A motion to adjourn was presented by Richard Whitley and a second was provided by Meagan Werth Ranson. The motion passed unanimously. Meeting adjourned.