



MINUTES

Southern Nevada District Board of Health Meeting March 23, 2017 – 8:30 A.M.

**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room A and B**

BOARD:
(Present) Bob Beers – Chair – Councilmember, City of Las Vegas
Douglas Dobyne – Secretary, Regulated Business/Industry
Chris Giunchigliani – Commissioner, Clark County
Marilyn Kirkpatrick – Commissioner, Clark County
Dan Stewart – Councilmember, City of Henderson
Lois Tarkanian – Councilmember, City of Las Vegas (*arrived at 8:34 a.m.*)
Rod Woodbury – Vice-Chair – Mayor, Boulder City
Brian Wursten – Councilmember, City of Mesquite

(Absent): Richard Cherchio – Councilmember, City of North Las Vegas
Frank Nemeč – At-Large Member, Physician
Scott Nielson – At-Large Member, Gaming

ALSO PRESENT: None
(In Audience)

LEGAL COUNSEL: Annette Bradley, Esq.

**EXECUTIVE
SECRETARY:** Joseph P. Iser, MD, DrPH, MSC, Chief Health Officer

STAFF: Annette Bradley, Regena Ellis, Andrew Glass, Victoria Harding, Michael Johnson, Fermin Leguen, Forrest Hasselbauer, Sharon McCoy-Huber, Kimberly Monahan, Michelle Nath, Jacqueline Reszetar, Adele Solomon, Lauren Traveller, Laura Valentino, Leo Vega, Jacqueline Wells, Deborah Williams

I. CALL TO ORDER

Bob Beers, Chair, called the Southern Nevada District Board of Health meeting to order at 8:30 a.m.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

The Oath of Office was administered to Dan Stewart, newly appointed Board of Health member representing the City of Henderson, by Michelle Nath, Executive Administrative Secretary.

IV. RECOGNITIONS

- Dr. Iser introduced Laura Valentino, the District's new Academic Affairs Coordinator who started on February 27, 2017. Ms. Valentino comes from Texas Woman's University where she is a PhD Candidate in Health Studies. She has been an instructor of record for the past five years and has taught internship preparation, facilitated the internship fair, and coordinated with preceptors for the undergraduate Health Studies program at Texas Woman's University. She holds Masters of Public Health and Education degrees. She is a former nonprofit programs manager, emergency services dispatcher, and elementary school teacher. She is passionate about strengthening our academic partnerships and workforce development.
- Dr. Lauren Traveller - 17th Annual Forensic Sciences Foundation Emerging Forensic Scientist Award

The 17th Annual Forensic Sciences Foundation Emerging Forensic Scientist Award competition was hosted in Las Vegas, NV last year during the American Academy of Forensic Sciences (AAFS) annual meeting/conference. Dr. Traveller was selected as one of two 2016-2017 winners by a panel of judges for her presentation entitled, *Risk Factors in Adjudicative Incompetency: A Case Study*. She received her award on February 15, 2017 during the AAFS Annual Business Meeting in New Orleans, LA.

Although not directly related to her current work at SNHD, this accolade provides additional evidence of the high caliber of research scientists at SNHD who can assist in meeting Dr. Iser's goal of an academic/research public health agency. As part of the Award, Dr. Traveller was invited to attend the 69th Annual Scientific Meeting in New Orleans, LA (costs covered by AAFS). She used her vacation time to attend the meeting, speak about her research, and receive the award.

- NAIOP Spotlight Award

Earlier this month, Southern Nevada Health District received a spotlight award from NAIOP, the Commercial Real Estate Development Association. The District was selected from a number of projects throughout Southern Nevada and won a 2017 Honor Award as a Redevelopment Project.

The 20th Annual Spotlight Awards bestows honors on those who have demonstrated extraordinary achievements in the Southern Nevada retail, office and industrial real estate markets. The award celebrates the outstanding projects, people and companies who have truly shined a spotlight on Southern Nevada.

The District was also presented a Certificate of Special Congressional Recognition from Congresswoman Jacky Rosen in recognition of the grand opening of the Henderson Clinic on March 14, 2017.

V. PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Jamie Ross, of PACT Coalition, a local substance abuse prevention coalition, is working with the Opioid Task Force in Southern Nevada. They are bringing all of the local agencies together to address the opioid epidemic. They have buy in from all of the different law enforcement agencies, including the jails and other community partners. The one point of view missing is the hospitals. Ms. Ross believes the Board of Health is a great opportunity to explain what they are doing and respectfully requests that they have hospital buy in. The goal is to create a needs assessment, rather than jumping directly to a solution; but in order to create a proper needs assessment, the problem needs to be identified from all points of view and to get buy in from all agencies and municipalities. Currently, the focus is on the needs assessment. The partnership with Pact Coalition and SNHD has been much appreciated.

Jason Kordosky, on behalf of the Culinary Workers Union, read a prepared statement for the record ([Attachment 1](#)) and submitted two reports, *Banking on Unsafe Working Conditions* ([Attachment 2](#)) and *On-the-Ground Health and Safety Experiences of Non-Union Casino Workers: A Focus-Group Study Stratified by Four Occupational Groups* ([Attachment 3](#))

Casey Luz, on behalf of the Culinary Workers Union, read a prepared statement for the record. ([Attachment 4](#))

Victoria Harding, Chief Steward, SNHD, SEIU, noted there is a 2.5% step increase in the budget for the upcoming year; however, what she did not know or hear about at the All Hands meeting, was that the Classification and Compensation Study was included in the budget. This study, as far as she knows, has not been completed and the input that was promised to the employees has not been done yet. Ms. Harding has asked and not received any information other than a title with a positive and a negative next to it. She is not sure how it could be added in, but they didn't speculate what the upcoming property taxes might be if there were an increase in their proposed budgets next year. She found this to be extremely presumptuous. Ms. Harding thanked Councilman Beers for mentioning the Union in the sub-committee meeting. An Intent to Bargain on this issue has not yet been received. Regarding the number of FTEs, she was informed at the All Hands meeting that there are currently forty funded but unfilled positions, which is almost ten percent of staff. Reassignments due to loss of grant funding were able to be done because of vacancies and there are still forty. Ms. Harding noted one person was subjected to the layoff procedure and it is not true that there have been no layoffs, and this was not layoff related to a funding issue. Regarding the Environmental Health fee increases, at the All Hands meeting, Sharon (McCoy-Huber) said "I don't know if all of you are aware, but last month we went to take EH fee increases for food to the Board. It got tabled. We went back to the books, we did some analysis and we noticed there were a couple of things that weren't correct. So we're going to push that fee increase to take it to the Board during the next fiscal year, so it's not in the next fiscal year's budget, but it is in the 2018/2019 budget. So we want to rework those numbers to make sure that they are solid and good and that's primarily why there's a negative impact in the fund balance of \$717,000." Ms. Harding was glad to hear that it was admitted that problems were found, as she had issues with it when she did the simple math. She finds it interesting that suddenly here is a \$2 million increase and if not, there will be layoffs and intimidatory tactics that they are constantly living under. There are currently eleven funded vacant Environmental Health Specialists positions that need to be filled. At the Finance Committee meeting when discussing the fee increase, Dr. Iser stated "When we get requests for service and favors, we won't be able to respond as quickly if we decrease staff." Ms. Harding would like to know what kind of favors are given that requires a \$2 million increase. If the District does things that hurt our community, it looks bad for the District. If the proposed fee increases are necessary, that's great, but if it is just going to be something to put off to the larger businesses because they can supposedly absorb that amount, it isn't necessarily true, because it gets passed down to the consumers. Ms. Harding believes before a fee increase is done, it needs to be done in the appropriate manner and the \$2 million is supposed to go to employees for getting extra people to fill the District's obligations.

Seeing no one else, the Chair closed this portion of the meeting.

VI. ADOPTION OF THE MARCH 23, 2017 AGENDA (for possible action)

A motion was made by Member Woodbury seconded by Member Dobyne and carried unanimously to approve the March 23, 2017 Agenda as presented.

VII. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING**: February 23, 2017 (for possible action)
2. **PETITION #08-17**: Approval of Interlocal Contract between Clark County Social Services (CCSD) and Southern Nevada Health District (SNHD) to provide Medical Core and Support Services to people living with and affected by HIV/AIDs residing in the Las Vegas Ryan White Transitional Grant Area (TGA); direct staff accordingly or take other action as deemed necessary (for possible action)

A motion was made by Member Woodbury seconded by Member Tarkanian and carried unanimously to adopt the Consent Agenda as presented.

- VIII. PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

There were no items to be heard.

IX. REPORT/DISCUSSION/ACTION

- 1. Review/Discuss and Approve Roof Replacement Recommendations and Authorize the Chief Health Officer to Negotiate and Execute a Contract to Replace the Roof at 280 S. Decatur in an Amount Not to Exceed \$550,000**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Iser noted as previously discussed last month, bids are out for a new roof, but in order to get the work started before monsoon season, he needs the Board's permission to sign a contract of up to \$550,000 to replace the roof.

Member Giunchigliani noted there was no backup documentation for this item delineating what the problem is and asked if the roof was an issue when the building was purchased. Dr. Iser responded the roof was inspected and reported to be in very good shape, but subsequent to the extraordinary rain this year, numerous leaks have been found. Repairs have been made several times. Member Giunchigliani asked if there was a cause for potential recovery if the inspection was erroneous. Andy Glass, Director of Administration, explained the inspection was a good inspection from the standpoint of the architect and the contractors. The roof is in good condition generally speaking, but over the course of construction in particular with people walking on the roof, penetrations that occur within the roof and combined with the age of the roof, it has been determined it is what to be expected. There are twenty-seven air handling units on the roof, each of which have been individually refurbished and connected to the air handling system. Also, additional vents, solar tubes and roof drains were added to the roof. Member Giunchigliani asked if there may be potential recovery if the contractors aggravated or created the problem. Mr. Glass reported that standpoint has been pursued from the general contractor, roofing contractor and architect, and he has been told that the type of leaks occurring are not unusual, and the only way to fix it is to get a new roof. The proposal specifications require a fifteen year full warranty.

Member Kirkpatrick asked if the warranty was specific to a flat roof and if additional maintenance would be built in for the long term. Mr. Glass replied that the warranty is specific for a flat roof as the cost to add pitch to the roof was not economically feasible. Regarding maintenance, inspections of the roof and all equipment are done routinely. Chair Beers noted the existence of the Capital Reserve Fund and the Bond Fund that will be funded annually to provide additional building replacement costs.

Member Woodbury remarked that a flat roof will leak as long as it is flat and funds should be set aside for future repairs and asked if specific damage had been identified. Mr. Glass noted roofers have been on site during the rain and have been able to identify where some of the leaks are coming from. The biggest issues are from the attachments on the underside of the roof working their way through the roofing material over time. There was a huge problem with a flashing around one of the drain pipes and the drain pipe actually broke. Member Woodbury agrees that the roof needs to be replaced, but it needs to have a good warranty to cover costs.

Member Giunchigliani asked if pathways are added in the design for the new roof and how the Request for Proposal (RFP) was issued prior to funding approval. Dr. Iser responded the RFP was issued in order to get a contract and it did not have to be signed if the Board did not approve. Member Giunchigliani asks that in the future, backup documentation is provided and the Board is not asked to vote on something that is already implemented. Dr. Iser noted that no contract has been signed and he was asking the Board for authority to sign a contract.

A motion was made by Member Woodbury seconded by Member Dobyne and carried unanimously to approve Roof Replacement Recommendations and Authorize the Chief Health Officer to Negotiate and Execute a Contract to Replace the Roof at 280 S. Decatur in an Amount Not to Exceed \$550,000 as presented.

Member Giunchigliani asked the Chair if, in the future, will RFPs not be issued before bringing the item before the Board. Chair Beers stated he does not believe it is a legal requirement and the issue is spending versus budget. RFPs can be issued and not award a contract and he does not have a problem with the way this item was brought before the Board, considering the nature of the matter.

2. Receive/Discuss FY2017 – FY2018 Budget and Three Year Projection; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Sharon McCoy Huber, Financial Services Manager briefed the Board on the budget for 2017/2018, noting it has already been shared at the All Hands meeting, with managers and supervisors and the Finance Committee.

The revenues are projected to be \$71,218,046. Of that:

- Taxes are projected to be \$20,805,013, approximately \$695,000 more than last year, final numbers pending from Clark County by end of month;
- Charges for Services - \$12, 860,420
- License and Permit Fees - \$20,541,971
- Intergovernmental - \$16,563,142

Chair Beers noted one of the questions asked in Public comment was to what extent the property tax increase is or is not in next year's budget and confirmed that currently, it is budgeted at approximately three percent that may presumably increase or decrease slightly, based on final numbers from Clark County.

Member Kirkpatrick asked why licenses and fees increased, as fee increases had been discussed but no action taken. Ms. McCoy Huber explained the fees and increases visited during the Finance Committee meeting were Clinical Services, primarily due to more insurance billing which is included in the charges for services. The District recently began billing insurances for the Community Health laboratory fees. It is also expected that once the clinical part of the laboratory remodel is done, additional insurance billings will occur there as well. These are all new revenues, not fee increases. Ms. McCoy-Huber anticipates approximately \$1 million in additional fees with approximately \$500,000 from insurance. Member Kirkpatrick inquired how substantial changes in the Affordable Care Act (ACA) would affect the budget. Ms. McCoy-Huber has cautioned everyone that if there are big changes in ACA, it could impact a lot of revenues. Dr. Iser added there is no way to predict what the loss of the ACA would be, but it would be devastating to the District, as well as the not-for-profits and hospitals. Member Kirkpatrick believes a supplement should be added to the budget addressing the potential loss and how the impact would affect the budget.

Member Kirkpatrick asked if the \$200,000 in fees for food handlers is projected from an increase in fees. Ms. McCoy-Huber stated there is no increase in Environmental Health fees in next year's budget. The \$200,000 is based on historical collections and there is no fee change for the food handler licenses. Chair Beers asked, for clarification, if the \$2 million in proposed Environmental Health fees is in the budget. Ms McCoy-Huber explained it is not in the budget;

however, it is in the three year projection in 2018/2019 for an increase in revenues at that time. The Chair acknowledged that the three year projection is a management advisory document and is not sent to Carson City as part of the budget. Dr. Iser added the three year projection is at best guess based on what he thinks the Board may do, and if it does not happen the three year projection is simply revised.

Referencing Item IV.4 from the March 20, 2017 Finance Committee meeting minutes regarding the Environmental Health Fees presentation, Member Kirkpatrick was advised by Ms. McCoy-Huber that this information is at the end of her presentation.

Member Giunchigliani noted on slide #7, the projections go out to 2018/2019 unlike the rest of the slides. Ms. McCoy-Huber explained that she elaborated General and Special Revenue Funds. Regarding the \$695,000 property tax projection, Member Giunchigliani confirmed that it was at 3.1% and noted that the County and probably the cities were seeing a 0.2% increase overall. Chair Beers stated that findings are if CPI falls to 0.1 and property values decrease will that scenario occur and the reality is today, it is a 3.1% increase. Regarding the Ending Fund Balance, Member Giunchigliani asked why it increased from \$738,681 in 2017/2018 to \$2,099,320 in 2018/2019. Ms. McCoy-Huber stated there is a projected transfer from the General Fund of \$1.3 million every year moving forward. Dr. Iser added that the Board requested, some time ago, that funds are transferred to this account. Chair Beers made a proposal to agendize, for a future meeting, the Board directed Building Reserve Fund and the Capital Reserve Fund, to discuss what formula is used to feed these accounts, and given the fact that the new building is now purchased, is there a reason to continue put as much into these accounts.

Regarding the License and Permit Fees in the amount of \$20,541,971, Member Giunchigliani asked what exactly is included in that category. Ms. McCoy-Huber indicated these dollars consist of license and permit fees, primarily the regulatory fees, such as Environmental Health, but it also includes fees collected from Emergency Medical Services. Member Giunchigliani asked the Chair if there were Environmental Health fee increases for any area at this point in the budget. Chair Beers and Ms. McCoy-Huber confirmed there are none.

Member Giunchigliani asked if all grants listed were federal funded. Ms. McCoy-Huber indicated they were primarily federal pass-through funds. The Adult Immunization project was funded by \$130,000 in direct State funds. The pending reductions are the Immunizations AFIX (\$150,000 – 100% State funds), Ryan White, Family Planning, Zika, PHEP, Ebola and SAPTA, which are primarily all Federal pass-thru funds. The Refugee Clinic funds are passed through Catholic Charities to the District. Dr. Fermin Leguen, Chief Medical Officer, indicated there has been an influx of patients in the Refugee Clinic and the number of refugee clients is up from 40 per year to eighty per year and thus, staff has increased. The clients are currently referred/transported by Catholic Charities or the African Center.

Ms. McCoy-Huber continued, reviewing the General and Special Revenue Funds Comparison by Categories of Salaries, Fringe Benefits and Payroll Taxes, Service and Supplies and Transfers Out, discussing last year's actual, the current year adopted and estimated, as well as in the proposed budget as presented for 2017/2018. Member Dobyne recalled during the Finance Committee meeting, he inquired about the \$1.8 million in salary increases, however on slide #5 (Staffing FTEs by Division) there are three new employees, so there must be multiple components involved. He asked for clarification on the components. Ms. McCoy-Huber referenced the adopted budget of 514 FTEs, which is based on the adopted budget of \$34.9 million. During the year, there were several grants received, which allowed for an increase in staff. At one time during the year, the estimated staff level was at 541 FTEs. The current headcount is 522 and next year the proposed is 525. The estimated salaries primarily stayed flat, due to new staff hired during the year. The increase to \$36 million would occur if the District is fully funded and there are no vacancies. The main impact of the \$1.8 million is the increase from 514 FTEs to 525 FTEs. Although the goal is to be 100% filled, having some vacancies when the Ryan White grant was lost prevented layoffs. For the reassignments that were

required due to huge amounts of grant funds lost, Dr. Iser noted other jobs were able to be found for those affected because the District was fortunate to have those vacancies. For reassignment, the employee must be qualified to fill the position.

Chair Beers pointed out more than 20% of staff is assigned to Administration, but upon questioning at the Finance Committee, he believes there are operating divisions in the Administration category. Ms. McCoy-Huber explained the Business Group and the Food Handlers group are assigned to Administration. These groups handle issuing Food Handler cards, receipt of money and are actually work for operating divisions. When the cost allocation plan is done, they are expensed to other divisions, based on the percentage of time spent in those areas. Chair Beers asked if all 116 proposed positions in Administration perform administrative duties. Ms. McCoy Huber confirmed they do not.

Member Giunchigliani asked how many Environmental Health inspectors were reassigned. Ms. McCoy-Huber indicated there were twelve, all reassigned within Environmental Health.

Member Kirkpatrick asked how many employees are topped out. Ms. McCoy-Huber noted there are currently 166. Member Kirkpatrick would like to see a vacancy list quarterly and asked how many vacancies were included in the total 522 FTE count. Ms. McCoy-Huber responded there were approximately forty. Member Kirkpatrick asked how the vacancy savings were accounted for in the budget. Ms. McCoy-Huber explained there are no vacancy savings as the budget is built based on 100% filled positions. In the current year, the actual vacancy savings were moved to transfers out into the Capital Project and Building Reserve funds for equipment needs within the District. Member Kirkpatrick finds it difficult to follow the transfer of funds as listed in the budget. Chair Beers referred to slide number eleven, noting the adopted budgetary ending balance of \$16 million is going to end up as an actual ending fund balance of \$17 million, that million dollar difference is substantially vacancies. Dr. Iser noted it has been difficult to attract Advanced Practice Registered Nurses and Physician Assistants, likely due to inadequate starting salaries and there are five to eight vacancies that need salary level review.

Member Tarkanian left the meeting at 9:59 a.m. and returned at 10:02 a.m.

Member Dobyne left the meeting at 10:02 a.m. and returned at 10:05 a.m.

In discussing expenditures by division, Ms. McCoy-Huber noted:

- Administration includes cost allocations to offset the administrative costs.
- Clinical Services has slightly increased, primarily due to new grant funding.
- Environmental Health's budget has slightly decreased due to vacancy savings.
- Community Health has increased, primarily due to new grant funding.

Regarding staffing for next year, Clinical Services has a net staff decrease of one, Community Health has a proposed increase of three and Administration has a proposed net staff increase of one.

Member Giunchigliani asked that in the future, the same presentation that is provided to the Finance Committee is provided to the full Board.

Member Tarkanian asked if it had been determined in the budget that there would be a line item to follow the funds that are not used or moved to other accounts. Ms. McCoy-Huber stated that she liked Member Kirkpatrick's suggestion of quarterly vacancy reports. A line could be included in this report to show vacancy savings and discussions can occur at that time regarding the proposed usage of those funds. Chair Beers clarified that vacancy savings is not a budgeted number as the budget is for 100% employment of all 525 positions and vacancies are not a financial transaction. Member Kirkpatrick suggested in quarterly vacancy report, provide a supplemental sheet that indicates the ending fund balance and include within that balance, the amount of funds related to vacant positions by division. Chair Beers suggested a periodic list of vacant positions, with burdened wages assigned, as some positions may not have been vacant

the entire reporting period. Ms. McCoy-Huber noted vacancies do not always create savings as many times cumulative leave time payouts create the opposite effect.

Discussed staffing (FTEs) by Division as:

<i>Division</i>	<i>2015/16 Actual</i>	<i>2016/17 Adopted</i>	<i>2016/17 Estimated</i>	<i>2017/18 Proposed</i>	<i>Percentage Change*</i>
Clinical Services	123.0	129.2	134.5	133.5	- 0.7 %
Environmental Health	150.0	161.0	160.0	160.0	0.0 %
Community Health	111.0	113.0	113.0	116.0	2.7 %
Administration	<u>114.0</u>	<u>111.0</u>	<u>115.0</u>	<u>116.0</u>	<u>0.9 %</u>
Total	498.0	514.2	522.5	525.5	0.6 %

Ms. McCoy-Huber reported the Laboratory Fund was dissolved on July 1, 2016. The original balance of \$2,557,504 is currently zero as it has been moved to the general fund.

The Building Reserve Fund has a transfer of \$1.3 million, budgeted for \$225,000, projected, \$985,000, which include the lab improvements for the Clinical Laboratory, as well as the roof renovation. Ms. McCoy-Huber noted \$550,000 was added to the \$1.3 million to increase the Transfer for the General Fund to \$1.9 million. Chair Beers explained the practice in Carson City is that a budget augmentation would have to be approved in order to do the transfer, as anytime the authorized spending level is exceeded on a line item, it must come to the governing board as an amendment. Ms. McCoy-Huber confirmed this is required by NRS and this line item is not overspent. If the roof renovation and lab expansion exceeds \$225,000, she will be required to bring a budget augmentation before the Board prior to the end of the fiscal year. Currently, some of these funds are in the General Fund, the \$550,000 for example, and could be spent in the General Fund and not have to do the transfer over to the Building Reserve Fund, as the total General Fund expenditures are underspent. Member Kirkpatrick's opinion is that the funds should be spent from the approved sub budgets as allocated for transparency. Member Giunchigliani agreed procedurally, an augmentation should be presented for Board acknowledgement.

Ms. McCoy-Huber explained the Capital Reserve Fund reflects a transfer in of \$1.4 million, as capital equipment on order is not expected to arrive prior to the end of the fiscal year. Ideally, it is easier to transfer the fund to the Capital Reserve Fund as it can remain there. The revenue in this account is either interest income or transfers in from other funds. Ms. McCoy-Huber reminded the Board that the District used to be self-funded, but has since joined Pool Pact and thus the need for the Insurance Liability Reserve Fund. Under Pool Pact, the District now has to pay for Workers' Compensation, with Pool Pact absorbing the liability. This fund is required due to the fact that there are still some employees covered by the Liability Reserve Fund. Member Kirkpatrick asked if there were a liability pool for legal fees and was informed there is no pool fund, but estimated litigation expenditures fees are budgeted for annually. Chair Beers asked how many existing workplace injury payments prior to Pool Pact and was informed there was one monthly payment in the amount of approximately \$550. Although it seems unnecessary, it is a State insurance Board mandate to keep a separate fund until they deem unnecessary. Chair Beers asked Ms. McCoy-Huber to ask the State insurance Board for permission to roll this diminutive amount into the General Fund.

Member Giunchigliani asked about costs related to the second mobile clinic. Andy Glass, Director of Administration, advised the first mobile clinic is scheduled to be delivered by the end of April. He is currently in discussions with City of North Las Vegas officials regarding a location for the mobile clinic on a regular basis. An internal committee is reviewing a number of additional locations, and the District is a member of a consortium group that is looking at mobile clinics throughout the entire valley. Mr. Glass explained to Member Giunchigliani that this unit is the first unit, not the second. A second is being requested because there have been numerous discussions regarding where District physical structures are located. Member Giunchigliani noted the District's presence at Touro, although she believes it was explained that it is at no cost, is not servicing the constituents. Mr. Glass continued, stating there are numerous areas that need service, and rather than having a physical location in one place, the mobile clinics would serve that need. With a little experience once the first unit is in place, areas of utilization will quickly be identified. Member Giunchigliani noted a big issue with the former North Las Vegas Clinic, was the limited service it provided and it failed to drive the numbers up, justifying the need to get rid of it, at no fault of its own. Mr. Glass reported the mobile clinic will initially provide immunizations, but it has the capability to do other services. Dr. Iser explained the problem with doing other services is the lack of providers and funding. Member Giunchigliani noted family planning services should be available at a variety of different places. She hopes the District is working with the community partners to determine if a stand-alone or a mobile unit is best, and not just choose what to provide, in order to get what best serves the needs of the community. Mr. Glass believes the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) have been very helpful when working with these types of issues. The consortium of mobile vans was developed through the use of the CHA and the CHIP to determine how to leverage that resource to be able to serve the entire community. Member Giunchigliani asked if all of the units in the consortium are health units or if there are other components, such as mental health components involved. Dr. Iser advised there were a variety of components within the consortium. Member Giunchigliani would like to know what units are in the consortium and would also like a list of the non-profits that the District gives money to for things that are not really being done. Dr. Iser suggested that the item is agendaized and addressed by Adele Solomon, Accreditation Coordinator, as she has been the primary person working in this collaborative, along with Touro who has two vans and is getting a third. Member Giunchigliani believes that Touro is private and their agenda is not the same as the District's agenda. Member Kirkpatrick reminded that she asked for this item to be agendaized back in January and she is a little bit mad that there is still nothing in North Las Vegas and Touro had a beautiful grand opening. Member Kirkpatrick has encountered a couple of Henderson City Council members who expressed there was not a lot of discussion with them prior to selecting this location.

Member Kirkpatrick asked how the budget would be affected if the laboratory bill passes at the legislature. Dr. Iser explained there are no funds requested for the laboratory and the bill that Senator Woodhouse was trying to push forward is for Emergency Medical Services and Trauma System (EMS&TS), which she has decided to put on a study. There will be no fees coming from that bill either. The study particularly relates to the trauma registry, to influence the discussion to include study of EMS&TS. Senator Menendo is supporting the bill to create a county health lab here at the District. Member Kirkpatrick asked how the county health lab will be funded if passed. Chair Beers stated the Laboratory Fund was an Enterprise Fund but had no revenue, therefore, it should not have been an Enterprise Fund. Should the legislature pass something that would influence the spending and collection habits of the laboratory, it will come to the attention of the Board. Dr. Iser shared that he would also like to find ways to work with the community to get donations for the laboratory to be able to keep it up to date.

Member Giunchigliani asked if the Environmental Health Fee information presented to the Finance Committee was informational only. Dr. Iser confirmed and added it was also a discussion that he intended to have with the Board last month, however, the fees were postponed. Basically, the current cost for food services is \$2 million more than what is received in fees. The Business Impact Statement is in progress in accordance with NRS/NAC and public hearings will occur.

Chair Beers reported the Finance Committee met on March 20, 2017 and it was unanimously carried to recommend approval of the 2017/18 Budget to the Board of Health at the March 23, 2017 meeting to include any tax revenue budget adjustments after Clark County notifies the Health District on or about March 31, 2017.

A motion was made by Member Giunchigliani seconded by Member Tarkanian and carried unanimously to ratify the recommendation of the Finance Committee, approving the 2017/18 Budget, not to include any proposed 2018/2019 Environmental Health Fee Increases, as presented to include any tax revenue budget adjustments after Clark County notifies the Health District on or before March 31, 2017.

Three Year Projection – Ms. McCoy-Huber reported as an informational item, the Three Year Projection is prepared and shared with the Board. In reviewing, she noted that it reflects a deficit fund balance of (\$717,740), primarily due to no fee increase to cover this deficit. It also shows the current year will end with approximately \$750,000, so moving forward, the goal is to come to the Board with food service fees and also to start looking at other fees. Included in the 2018/2019 budget is the \$2 million revenue increase. The expenditures increase is based on the same 2.5% salary increase to employees who are not topped out. Also, if the Affordable Care Act is rescinded, it probably won't affect 2017/2018 greatly, but it will drastically affect the following years.

Member Kirkpatrick questioned how it was determined that \$2 million dollars was needed for the fee increase proposal in the next fiscal year. Ms. McCoy-Huber explained there were a number of elements, including staffing increase of 19 (prior to years represented); however, having the vacancies eliminated a deficit budget. When the fee proposal is submitted, Ms. McCoy-Huber hopes to be able to provide more detail as she now understands the Board's expectations.

Member Kirkpatrick left the meeting at 11:07 a.m. and returned at 11:14 a.m.

There was no action taken on this item.

3. Receive Report and Accept Recommendations from the March 20, 2017 Finance Committee Meeting; direct staff accordingly or take other action as deemed necessary (for possible action)

Motion made above.

Member Stewart left the meeting at 11:10 a.m. and did not return

- X. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action.

Member Tarkanian reported there have been problems with short term rentals, "party houses" that are rented on weekends. She questioned if they should be classified as commercial pools to be regulated by the District as technically, they are business rentals. Chair Beers requested a brief report from staff regarding the District's view on full-time short term rentals as it relates to pool regulations and kitchen compliance.

Members Woodbury and Tarkanian complimented Ms. McCoy-Huber on the budget presentation.

Member Dobyne noted huge increases in sexually transmitted disease statistics over the first two months of this year versus last year and asked what the District is doing to get this under control. He also noted an error in the RSV respiratory statistic. Mr. Glass advised Member Dobyne that information would be provided to him regarding these issues. Member Dobyne observed in most

public places there is free WIFI and questioned why it is not available at the District. Mr. Glass believes it is available and will advise.

XI. HEALTH OFFICER & STAFF REPORTS

Chair Beers stated he would accept a motion to carry Item XI until the next meeting.

A motion was made by Member Tarkanian seconded by Member Kirkpatrick and carried unanimously to carry Item XI until the next meeting.

XII. INFORMATIONAL ITEMS

1. Chief Health Officer and Administration Monthly Activity Report
2. Clinical Services Monthly Activity Report
3. Community Health Monthly Activity Report
4. Environmental Health Monthly Activity Report

- XIII. PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Regena Ellis, SNHD, SEIU, referencing the last page of the presentation, addressed what \$2 million could buy. What has been said is if the District cannot increase fees, it will have to decrease staff. The Union is currently in negotiations for a wage reopener, that this type of communication would be put out there, that if fees are not increased there will be a decrease in staff, and many of the questions asked today about budget issues and when the Board asked about how many people are topped out would also be a discussion that would have to do with budgetary issues and cost of living issues. Ms. Ellis noted that tomorrow (March 24) is National TB day, and as a nurse that works in the TB Clinic, the clinic is so understaffed that tomorrow they will not be seen anywhere, they will not be posting anything. There was a desire for posters; however, they would not be given time away from patient care to do posters because they don't have the staff to do so. Referring to the February 2017 Clinical Services Monthly Report, TB Treatment and Control had 4,217 encounters for patients in the TB clinic with five nurses, one senior, one manager, two admins and a part-time phlebotomist working in that clinic. The Refugee Program was moved into the TB Clinic with one staff RN. The program is looked at as a financial program as the District is reimbursed a certain amount of money for each patient that comes in. The nurses in the TB Clinic were also helping the Refugee Program because it is understaffed. It had two nurse case managers, one resigned and that position has not been filled for probably at least five to six months, which doubled the work of the other case manager, who was injured on the job. There have been a couple of staff injuries in that area recently, her point is that is a microcosm of the entire Health District. From a patient care standpoint, some of the concerns in the Refugee Program are they see patients that come in on a daily basis and they are seen by a Registered Nurse who draws a lot of labs. If something is found to be abnormal, they have the services of Dr. Leguen available; however, patients that come to the Refugee Program many times have a list of medical problems, because they are coming from countries where they don't have adequate medical care, so often, they have a list of medical problems that can't be handled by the District. From a case management standpoint, those patients do have some medical coverage; however, from a clinical partner standpoint, there is nowhere to get them in to receive follow-up care. Many of them need mental health services and many times an ambulance is called to pick up patients because they have uncontrolled hypertension and other types of illnesses. When the Culinary Union came in and talked about the health and safety of its workers, she thinks the District also has a similar situation, the health and safety of its workers on a daily basis, the number of patients and the kinds of conditions of employment when working

understaffed. As the Board reviewed the budget and vacancies, Ms. Ellis was relieved to hear that they were picking up on those things because the Union believes that information is not being forthcoming to the Board. They want to see improvement and be part of the solution.

Victoria Harding, SNHD, SEIU, noted the District is critically understaffed everywhere. There are forty vacancies that are not being filled. Billable services does not necessarily equal public health. It is awesome that there is the ability to bill, but the same person that comes to the District also probably has a provider that they can go to for that same billable service. The difference is the District provides education and intervention in a lot of these areas, which is not paid for as a billable service. Ms. Harding encouraged all to remember the public health mantras of what needs to be done for public health and just because the District can bill for it, doesn't necessarily mean it is the greatest thing to do, because someone can get services elsewhere. The goal is to help the public and the community. As far as morbidity with sexually transmitted diseases, it is difficult. When the Ryan White grant was lost, Ms. Harding was slated to move into another position. Prior to that, the program had just been allotted a number of positions to increase disease investigations to work on morbidity. Because of the loss of Ryan White funds, all of those people were then moved into the newly allotted positions. This is why in next year's budget there are three new positions. Currently they are working twice as hard with fewer people and cannot keep up. Ms. Harding does not believe they are doing anything with Chlamydia and gonorrhea at all, which is one of the reasons why it is going up. Her area recently integrated, first moving TB in with HIV/STD, next moving Epidemiology in with the group. Dr. Iser gave a presentation along with Dr. Johnson on this integration and one of the things Dr. Iser said is all of the other health officials that he has talked to have tried it and failed. Ms. Harding is not saying that the integration is bad. No one has been able to do this yet this is something that they are charged to do, during the highest morbidity time ever. She has spent the last year in TB, when she could have been working her butt off in HIV/STD cranking out cases, but she has been cross-training. Until more staff is hired, they will not have the ability to decrease morbidity. Regarding to Chair Beers' inquiry about the Food Handler Group assigned to Administration, Ms. Harding explained in 2013 three positions were brought to the Board that were created out of one position, Vital Records Clerk, Environmental Health Certification Assistant and Business Group, which is cashiering. It was worked out with the Union and about a year ago, they decided to move the Environmental Health aspect into the Administration group because it funds money. When it was done, they decided to go back to keeping Vital Records out of it, took the Business Group and the Environmental Health Certification Assistants and got rid of those positions and made one position. Not only did they not tell the union, they did not even tell the employees. So a year later, when they are getting evaluated, they find out that they have new duties, when they are trying to promote, she now has grievances going forward because they didn't tell anybody that they decided to go back and switch things and now they have people doing all kinds of different duties.

Seeing no one else, Chair Beers closed this portion of the meeting.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 11:29 a.m.

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer/Executive Secretary

/jw