



## MINUTES

### **Southern Nevada District Board of Health Meeting December 14, 2017 – 10:30 A.M.**

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

#### **Members**

##### **Present:**

Marilyn Kirkpatrick – Chair, Commissioner, Clark County  
Scott Black – Councilmember, City of North Las Vegas  
Ricki Barlow – Councilmember, City of Las Vegas  
Bob Coffin – Councilmember, City of Las Vegas  
Douglas Dobyne – Vice Chair, Regulated Business/Industry  
Scott Nielson – At-Large Member, Gaming  
Rich Shuman – Councilmember, City of Boulder City  
Dan Stewart – Councilmember, City of Henderson  
Brian Wursten – Councilmember, City of Mesquite

##### **Members**

##### **Absent:**

Chris Giunchigliani – Commissioner, Clark County  
Frank Nemec – Secretary, At-Large Member, Physician

##### **ALSO PRESENT: (In Audience)**

None

##### **LEGAL COUNSEL:**

Annette Bradley, Legal Counsel

#### **EXECUTIVE**

##### **SECRETARY:**

Joseph P. Iser, MD, DrPH, MSC, Chief Health Officer

**STAFF:** Markie Dixon, Andrew Glass, Michael Johnson, Fermin Leguen, Edie Mattox, Sharon McCoy-Huber, Michelle Nath, Jacqueline Reszetar, George Ruiz, Jennifer Sizemore, Leo Vega, Jacqueline Wells

#### **I. CALL TO ORDER**

Chair Kirkpatrick called the Southern Nevada District Board of Health Special meeting to order at 10:30 a.m.

#### **II. PLEDGE OF ALLEGIANCE**

- III. 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 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, VP, SNHD, SEIU, asked if there is a plan to handle the understaffing situation in Finance and noted there are other areas that are also understaffed. Ms. Ellis read a written statement for the record on behalf of an employee in Finance. ([Attachment 1](#))

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

#### **IV. ADOPTION OF THE DECEMBER 14, 2017 AGENDA (for possible action)**

*A motion was made by Member Dobyne seconded by Member Nielson and carried unanimously to adopt the December 14, 2017 Agenda as presented.*

V. **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:** November 16, 2017 (*for possible action*)

*A motion was made by Member Shuman seconded by Member Dobyne and carried unanimously to approve the November 16, 2017 Meeting Minutes as presented.*

VI. **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.*

VII. **REPORT / DISCUSSION / ACTION**

1. **Review/Discuss/Accept Comprehensive Annual Financial Report (CAFR) for Fiscal Year Ended June 30, 2017;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Sharon McCoy-Huber, Financial Services Manager, introduced Tammy Miramontes who serves as the Engagement Partner for the SNHD Audit and Richard Walker, Manager, both from Eide Bailey, the District's current auditing firm.

Ms. Miramontes reviewed the Independent Auditor's Report and in their opinion, the financial statements were presented fairly, in all material respects, and the year ended in accordance with generally accepted accounting principles.

Regarding internal controls, there were two items were determined to be material weaknesses in internal control which could be materially impacted if not corrected.

**1) 2017-A Material Weakness in Financial Close and Reporting Controls**

*Criteria:* Governmental entities should have a robust system of internal controls over the financial close and reporting process so as to prevent, detect, and correct potential misstatements. These robust processes should include the timely reconciliation of significant account balances.

*Condition:* The District's financial close and reporting processes were not performed in a timely manner for the year ended June 30, 2017. In testing of significant account reconciliations, including those over Cash and Accounts Receivable, it was noted that reconciliations of the year end balances were not completed until two or more months after year-end. Additionally, it was noted that monthly reconciliations over cash disbursement accounts were not performed during the year from September 2016 to June 2017.

*Cause:* Staffing shortages and the reassignment of responsibilities in these areas, was the primary cause of the breakdown in controls.

*Effect:* A breakdown in controls of this magnitude could lead to a material misstatement of an account or balance that the District would not detect or correct in a timely manner.

*Recommendation:* Management revisit the assignment of staff to these critical controls to ensure that reconciliation processes are regularly performed by a knowledgeable staff member in a timely manner.

**2) 2017-B Noncompliance with Nevada Revised Statutes Budget Requirements  
Material Noncompliance  
Material Weakness in Internal Control Over Compliance**

Criteria: Nevada Revised Statute (NRS) 354.626, *Unlawful expenditure of money in excess of amount appropriated; penalties; exceptions*, states that "No governing body or member thereof, officer, office, department or agency may, during any fiscal year, expend or contract to expended any money or incur any liability, or enter into any contract which by its terms involves the expenditure of money, in excess of the amounts appropriated for that function, other than bond repayments, medium-term obligation of repayments and any other long-term contract expressly authorized by law."

NRS 354.598005, *Procedures and requirements for augmenting or amending budget*, allows for the transfer of budget appropriations between functions and/or funds if such a transfer does not increase the total appropriation for any fiscal year and is not in conflict with other statutory provisions. Budget appropriations may be transferred in the following manner:

- a) The person designated to administer the budget for a local government may transfer appropriations within any function.
- b) The person designated to administer the budget may transfer appropriations between functions or programs within a fund, if:
  - (i) The governing body is advised of the action at the next regular meeting; and
  - (ii) The action is recorded in the official minutes of the minutes of the meeting.
  - (iii) Upon recommendation of the person designated to administer the budget, the governing body may authorize the transfer of appropriations between funds or from the contingency account, if:
    - 1) The governing body announces the transfer of appropriations at a regularly scheduled meeting and sets forth the exact amounts to be transferred and the accounts, functions, programs and funds affected;
    - 2) The governing body sets forth its reasons for the transfer; and
    - 3) The action is recorded in the official minutes of the meeting.

*Condition:* The Health District transferred \$826,000 from the General fund to the Capital Projects fund, however this transfer was not a part of the final approved budget, nor did the Health District follow the procedures required by NRS 354.598008 (c) above to amend its budget. Additionally, the Health District's Bond Reserve Capital Projects fund exceeded available budget appropriations in the amount of \$58,033 and the Internal Service fund exceeded available budget appropriations in the amount of \$33,874.

*Cause:* Controls over adhering to the NRS budget requirements were not properly implemented to prevent material noncompliance from occurring.

*Effect:* The Health District is in material noncompliance with the NRS budget requirements identified above.

*Recommendation:* Management revisit the Health District's process for monitoring, amending, and augmenting its final budget.

Member Nielson, who serves as Chair of the Finance Committee reported that the committee's recommendation is to accept the audit report, however, it was also requested that staff come back to the Board with ideas and recommendations concerning staffing and additional training in Finance to ensure these issues did not reoccur.

Vice Chair Dobyne noted from September 2016 to June 2017, the Administration monthly identified 813 hours of overtime. Mr. Dobyne is curious as to why this did not set off alarms that there were staffing problems in Finance.

Chair Kirkpatrick proposed that staffing priorities should be discussed in January when budget discussions begin.

Member Nielson confirmed that staff has been asked to prepare for the Board, a plan/proposal for reorganizing Finance to ensure these issues do not reoccur.

Member Coffin explained sometimes it is cheaper to do overtime in public government because the PERS (Public Employees' Retirement System) contributions do not apply.

Ms. Miramontes continued reviewing the Audit Report, noting there was one material noncompliance found within federal awards. Mr. Walker explained this discrepancy to the Board.

**1) 2017-001 Direct Program  
Department of Health and Human Services  
CFDA #93.217, 2017  
Family Planning Services**

**Program Income  
Material Noncompliance  
Material Weakness in Internal Control Over Compliance**

*Criteria:* As a condition of receiving Federal awards, non-Federal entities agree to comply with laws, regulations, and the provisions of grant agreements and contracts, and to maintain internal control to provide reasonable assurance of compliance with these requirements.

The Family Planning Services program requires that patients served under the federal program may be charged for the services if they are able to demonstrate the ability to pay. It is the responsibility of the District to obtain verification of each patient's ability to pay, and to apply a sliding discount to the patient's charges based upon their income level as it relates to Federal Poverty Guidelines.

*Condition:* Four encounters were identified where the patients were placed into payment brackets which were not supported by proof of income verifications obtained by the District.

*Cause:* Controls over patient income verification were not properly designed to ensure that adequate information was obtained to justify the patient's payment bracket.

*Effect:* A patient could be charged despite the patient not having the ability to pay.

Questioned Costs: None reported.

*Context/Sampling:* A sample of 40 encounters, from a complete population in excess of 1,000 of the District's encounters for the Family Planning Services program, was tested for proper income verification support. Based on Eide Bailly's sampling methodology, it

was noted that this is a statistically valid sample, and that the issues identified appear to be systemic.

Recommendation: It was recommended that management revisit the patient enrollment process with the Family Planning department, to correct the breakdown in controls over the process, to avoid noncompliance in the future.

Member Nielson reported discussion occurred at the Finance Committee meeting regarding charging individuals appropriately and perhaps additional training for employees in this role. Ms. McCoy-Huber was asked to come back to the Board with ideas about how to resolve, however, this appears to be more of a training and compliance issue rather than a staffing issue.

2. **Receive Report and Accept Recommendation from the November 30, 2017 Finance Committee Meeting**; direct staff accordingly or take other action as deemed *necessary (for possible action)*

*A motion was made by Member Kirkpatrick seconded by Member Dobyne and carried unanimously to accept the Comprehensive Annual Financial Report (CAFR) for Fiscal Year and the Recommendations of the Finance Committee as presented.*

VIII. **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.

Chair Kirkpatrick reminded Dr. Iser that in January there is a level of expectation to start discussions regarding staffing. Dr. Iser suggested that the Finance Committee reconvene in January to start discussions. The Chair agreed and this meeting will be scheduled by staff.

Chair Kirkpatrick is meeting with Dr. Johnson, SNHD Director of Community Health and Mason Van Houweling, Chief Executive Officer, University Medical Center, regarding the NaphCare situation at the jail. The County would like to explore the opportunity for the County and the Health District to work together to attain potential savings and collaborate the care of incarcerated individuals. Chair Kirkpatrick opened this workshop to all Board members. She is also conducting meetings with the Asian and Latin communities to address illegal vending and to discuss ways to assist and educate and educate on the training components.

IX. **HEALTH OFFICER & STAFF REPORTS (Information Only)**

• CHO Comments

Dr. Iser attended the statewide Ebola Communication and Transport TableTop Exercise in Carson City on December 11. He also met with Nevada Department of Health and Human Services and Washoe County Health District key staff regarding financing, pass-throughs and bona fide letters. Discussions will continue and Dr. Iser will keep the Board abreast of any progress made.

Dr. Iser noted the Employee Service Awards program was held on December 9 and was well attended and the food and entertainment was good. He also reported the Environmental Health Open House held on December 13 was very well attended by staff.

X. **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 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 thanked the Board for some of the points that were discussed and noted that staffing issues have been brought before the Board before as well as the decision for employees to drive the mobile van due to management's decision to not hire a driver. Secondly, as a registered nurse in the Tuberculosis Clinic, she and other nurses are assigned the task of disposing of biohazardous waste and transporting it to a dumpster because other areas are understaffed and management does not want to hire anyone for those areas. The task falls on the nurses, which is inappropriate, unsafe and is not a task that should be assigned to the registered professionals in that area. This issue has been brought to the attention of leadership and staff was told if they did not do it, they would be charged with insubordination and subject to disciplinary action. Ms. Ellis also noted Chronic Disease Prevention had an approved budget in April 2017 and in August 2017, money was pulled from this budget which resulted in a decrease of full-time employees. She hopes the Board listens to these issues and encourage management to move forward as they affect the public. Ms. Ellis reported that the Kids Clinic is still only open one day per week, from 8:00 a.m. to 3:00 pm, closed from 12:00 – 1:00 pm. The cost has gone from \$25 to \$85 for a physical (or \$50 cash pay). Ms. Ellis explained that parents with no money should be able to take their children to the Health Department for physicals.

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

## **XII. ADJOURNMENT**

Chair Kirkpatrick adjourned the meeting at 11:10 a.m.

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

*/jw*

**STATEMENT READ FOR THE RECORD BY REGENA ELLIS, 12/14/17, ON BEHALF OF AN EMPLOYEE IN FINANCE**

Finance has had many challenges over the last year. We had adopted a new computer program for Finance purposes (covering our accounting, purchasing, contracts and warehouse functions). This was a huge undertaking and during the process, we experienced delays and problems with the deliverables which is expected when trying to bring a new system on board. We were scheduled for a transition to the new system around January 1<sup>st</sup> and at the same time, we were transitioning from one bank to another so that was a challenge as well.

During this time and over the next six months, we dealt with a supervisor leaving Finance, a sudden/unexpected death of an accountant who had been with us for a few years. We found ourselves needing to re-staff, replace and train – not only new staff, but also train on new systems and learn to work with a new bank. We hired one accountant who chose to leave after only a month or so on the job and needed to again, post the position, interview, hire and train for this position. We promoted within to replace the supervisor and one accountant position. We were allowed to hire one additional Accounting Tech to assist in both AR and AP functions to help with the workload.

Most recently, our Payroll Tech left the company and we had to hire and train someone for that position. Mateo is new here and learning quickly, but the system for payroll is also new so they are training and learning as they go.

Areas such as Finance area usually kept understaffed are not given the resources needed to run and fully function as they should. As most know, the District rewards the departments who bring in revenue with more staffing or departments who can pay for staff using grant dollars. Please note that Finance handles a great deal of accounting functions for the revenue generated by fees for EH and although we don't create the revenue, we certainly do a huge portion of the work that allows us to bring in the revenue and track the fees collected.

In addition, the staff in Finance who handle the Warehouse, Contracts, Purchasing, Travel, etc. are very understaffed and staffing has not been increased to cover their needs. Although extra staffing is requested, it is not approved. Management is under the impression that we can do more with less, even though we already do more with less and work demands increase.

It's difficult to work at your best under conditions where you aren't given the tools you need or the amount of staff required to truly cover the workload so that important work does not fall through the cracks.

Sometimes you "management" need to look at the bigger picture and make sure that the work is manageable and workers are treated with the respect they deserve. Pay them for the work they do at the level of work they perform as well.

That's all we are asking.

The overtime issue and the fact that they had no choice, had to work overtime because there were urgent deadlines and so many factors that kept them from being able to do the work during the regular work day (like no support or approval from management to add staff, busy training new staff, supporting departments and programs with grant and other accounting functions) all while trying to work through new computer system, new banking, new staff, new processes....