



MINUTES

**Southern Nevada District Board of Health Meeting
March 24, 2016 – 8:30 A.M.
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room A and B**

Bob Beers, Chair, called the Southern Nevada District Board of Health meeting to order at 8:31 a.m.

BOARD:
(Present) Bob Beers – Chair – Councilmember, City of Las Vegas
Richard Cherchio – Councilmember, City of North Las Vegas
Douglas Dobyne – At-Large Member, Regulated Business/Industry
Marilyn Kirkpatrick – Commissioner, Clark County
John Marz – Councilmember, City of Henderson
Scott Nielson – At-Large Member, Gaming

(Absent): Cynthia Delaney – Councilmember, City of Mesquite
Chris Giunchigliani – Commissioner, Clark County
Frank Nemec – At-Large Member, Physician
Lois Tarkanian, Secretary – Councilmember, City of Las Vegas
Rod Woodbury, Vice-Chair – Mayor, Boulder City

ALSO PRESENT:
(In Audience)

LEGAL COUNSEL: Annette Bradley, Esq.

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

STAFF: Karen Carifo, Richard Cichy, Tony Fredrick, Andrew Glass, Sharon McCoy-Huber, Shandra Hudson, Jay Johnson, Michelle Nath, Veralynn Orewyler, Jacqueline Reszetar, Jennifer Sizemore, Marlo Tonge, Leo Vega, Jacqueline Wells

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS:

- Staff Extraordinaire
The Facilities Services and IT programs were recognized for their diligent work during the relocation of the Health District from the Valley View facility to its permanent location on South Decatur Boulevard.
- EH Badging Ceremony
The following Deputy Health Officers were sworn in by Dr. Joseph Iser, Chief Health Officer:

John Cataline
Nathan Diaz
Tara Edwards
Michelle Goodsell.
- Public Health Hero Nominations Announcement

Each April the Health District honors individuals or organizations that embody the ten essential services of public health. Public Health Heroes nominations have been received and will be recognized at the April 28 Board of Health meeting.

- IV. 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.

Chair Beers announced that the Health District hearing pertaining to the Regional Trauma Advisory Board agenda items will be scheduled for the May Board of Health meeting.

Victoria Harding, SNHD, SEIU, commented on the three year budget projection, noting that the budget for the second and third years are the same as the first year. There is a wage reopener scheduled in the near future and it would be nice to see increases for the employees reflected in the projection. She noted that in the Finance Committee meeting, Chair Beers asked Dr. Iser to discuss his recommendations for spending any additional funding from the county allocations. Ms. Harding suggested that \$100,000 could be set aside for the Environmental Health division to cover overtime costs. The allocation of revenue to EH would solve the grievances from that division that are moving forward to arbitration. She added that working in a 24/7 environment there should be money dedicated to overtime. This would free up the employees ability to do night time work and fit it into their schedule the best way possible, which would create better working conditions.

The second recommendation was to allocate \$18,200 to cover the costs of issuing cell phones to Environmental Health staff on standby duty. Ms. Harding stated it is a small investment that costs \$50 weekly and the community benefits from having additional staff on standby duty. Ms. Harding added the remainder of the funding should be set aside for legal fees because there are items going to arbitration and the District will need to prepare for that. Dr. Iser noted there was a correction and explained that it costs \$50 per night for standby pay, not weekly as stated by Ms. Harding. Last, the Director of Environmental Health remarked that the current standby schedule was working well and it's cost effective for the District.

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

- V. ADOPTION OF THE MARCH 24, 2016 AGENDA (for possible action)**

A motion was made by Member Kirkpatrick seconded by Member Dobyne and unanimously carried to adopt the March 24, 2016 agenda as presented.

- VI. 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 25, 2016 (for possible action)
- 2. PETITION #12-16:** Approval of Amendment Dated June 2, 2015 to the Plan Document and Summary Plan Description for Self Funded Group Medical and Dental Benefit Plan; direct staff accordingly or take other action as deemed necessary (for possible action)

A motion was made by Member Dobyne seconded by Member Cherchio and unanimously carried to approve the Consent Agenda as presented.

- VII. 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.

VIII. REPORT/DISCUSSION/ACTION

1. **Receive Report and Accept Recommendations from the March 15, 2016 Finance Committee Meeting:** Committee Members: Bob Beers (Chair) Doug Dobyne, John Marz, Rod Woodbury; direct staff accordingly or take other action as deemed necessary (***for possible action***)

Sharon McCoy-Huber, Financial Services Manager, discussed the Government and Financial Officers Association guideline of conducting an audit firm review every five years. She stated the Health District requested proposals and three firms responded. Upon completion of the evaluation process, staff recommended moving forward with Eide Bailly beginning FY16-17 and the motion was unanimously adopted by the Finance Committee.

She proceeded with the FY2016-17 budget presentation (**Attachment 1**) and the following changes in revenue were highlighted for the upcoming fiscal year:

- A potential increase to the property tax allocation from the current .002% due to new property acquisitions
- Significant reductions to the PICH and Ryan White Part B Intervention grants
- Fees for immunization and clinical services have increased by \$400,000 due to billing and Medicaid

Following the revenue changes, Ms. McCoy-Huber discussed changes to the expenditures which included:

- Increase in salaries due to staff adjustments (22 new positions, elimination of 6 positions)
- Reduction in services and supplies due to the elimination of space rental, savings in capital equipment and decreased scanning services

Member Kirkpatrick inquired how the District has been paying for the Southern Nevada Public Health Laboratory (SNPHL) testing, noting that the State currently offers 100% reimbursement for lab tests. Ms. McCoy-Huber responded that the State funds the public health portion through the PHEP grants but it doesn't cover the balance of the clinical services. The goal is to bill the lab in order to begin reimbursing the full costs, which include labor and overhead. Member Kirkpatrick requested a breakdown of the cost allocation for the SNPHL.

Dr. Iser added there are plans to separate the lab to fully determine costs of the lab on both the public health side, which is the bioterrorism component, and the clinical side. In the long run it would be beneficial to get Medicaid and other insurers to cover the costs of clinical services and clinical lab services that are provided. He noted that the two Medicaid managed care providers have refused to pay the Health District for services provided to Medicaid clients as well as the laboratory services. It is a huge transition to bill for services that traditionally have been done for free, but now the grants are requiring a mechanism for billing and the District is moving in that direction. In closing, the Chair reported there was discussion during the Finance Committee Meeting as to whether or not it would be feasible to establish the SNPHL as a proprietary fund as it needs to be self sufficient.

A motion was made by Member Kirkpatrick seconded by Member Neilson and unanimously carried to approve Eide Bailey as the selected audit firm.

A motion was made by Member Kirkpatrick seconded by Member Dobyne and unanimously carried to approve the budget as presented, including any tax revenue budget adjustments and staff recommendations for alternatives to having the lab in a proprietary fund.

2. FY16/17 Budget and Three Year Projection

Ms. McCoy-Huber presented the District's three year budget projection (**Attachment 2**).

Member Nielson inquired if there is a required percentage for the ending fund balance. Chair Beers responded that his recollection was that the required percentage was changed approximately a year and a half ago. He requested that staff provide a presentation at the next Board meeting on the appropriate level of unassigned fund balance and history. This item will be agendized for possible action.

Member Marz asked why salary increases were not reflected in the last year of the three year projection. Ms. McCoy-Huber replied that only known contractual increases are reflected in the budget. Further, when the contract negotiations begin in 2017, there is no way to currently determine how much of an increase will be allotted and how it will be distributed, or if there will be recommendations from the Board based on the classification and compensation study.

Member Kirkpatrick requested information to explain the process for establishing the ending fund balance, commenting that there should not be any fee increases. In addition, she mentioned that there should be a method to account for pay raises, additional personnel or changes as a result of a classification compensation study. It was noted that any contract negotiations would not take effect until the following year's budget. The Chair acknowledged that the three year budget is not a document required by law and closed this discussion.

3. Advisory Board Meeting

The Advisory Board held its first meeting on March 21, 2016. The meeting opened with Board orientation and staff presentations. During the election of officers, Tim Jones was elected as Chairman and Michael Collins as Vice-Chair. The Advisory Board made the following recommendations with a request that they be presented to the Southern Nevada District Board of Health: 1) the focus of the Board, beyond accreditation, are put into abeyance until their next scheduled meeting; 2) meetings will be held monthly for the first three months and then moved to a quarterly schedule; 3) adoption of the Advisory Board bylaws.

Chair Beers requested that the adoption of the Advisory Board's bylaws be agendized for the next Board of Health meeting.

- IX. BOARD REPORTS:** The Southern Nevada District Board of Health member 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 Dobyne attended the Advisory Board meeting and remarked that he would not provide an update until the Board meets again.

X. HEALTH OFFICER & STAFF REPORTS

- CHO Comments
Dr. Iser reported that the County Health Rankings meeting was very well attended. It was a coordination of meetings between the northern and southern regions of the state to discuss health rankings and a video conference to discuss rural public health issues.

There was an update on the Legislative hearing, which included presentations on the issues affecting public health. Legislative recommendations are being made to 1) establish a sustainable funding source for the EMS and Trauma System, 2) institute BMI screening in schools, and 3) reinstate funding for TB and STD.

- Program Overview

Hailey Blake, Senior Disease Investigator and Intervention Specialist, presented "TB in Clark County" (**Attachment 3**)

XI. INFORMATIONAL ITEMS

- A. Chief Health Officer and Administration Monthly Activity Report
- B. Clinical Services Monthly Activity Report
- C. Community Health Monthly Activity Report
- D. Environmental Health Monthly Activity Report

XII. 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.

Victoria Harding, SNHD, SEIU, remarked that there was some discussion regarding employee morale at the Advisory Board Committee meeting. She stated that there was much discussion about good morale; however, no one was looking at the big elephant in the room. She thought that we were past the point of denying that there's a problem. In order to get better, first thing needed is to admit there's a problem. We're halfway to recovery because the employees are willing to identify problems and want to resolve them. If Administration doesn't admit there are issues, when we do the next survey the results will be the same. Good conversation is needed and the overall happiness of the employees needs to be considered.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:12 a.m.

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

/mn



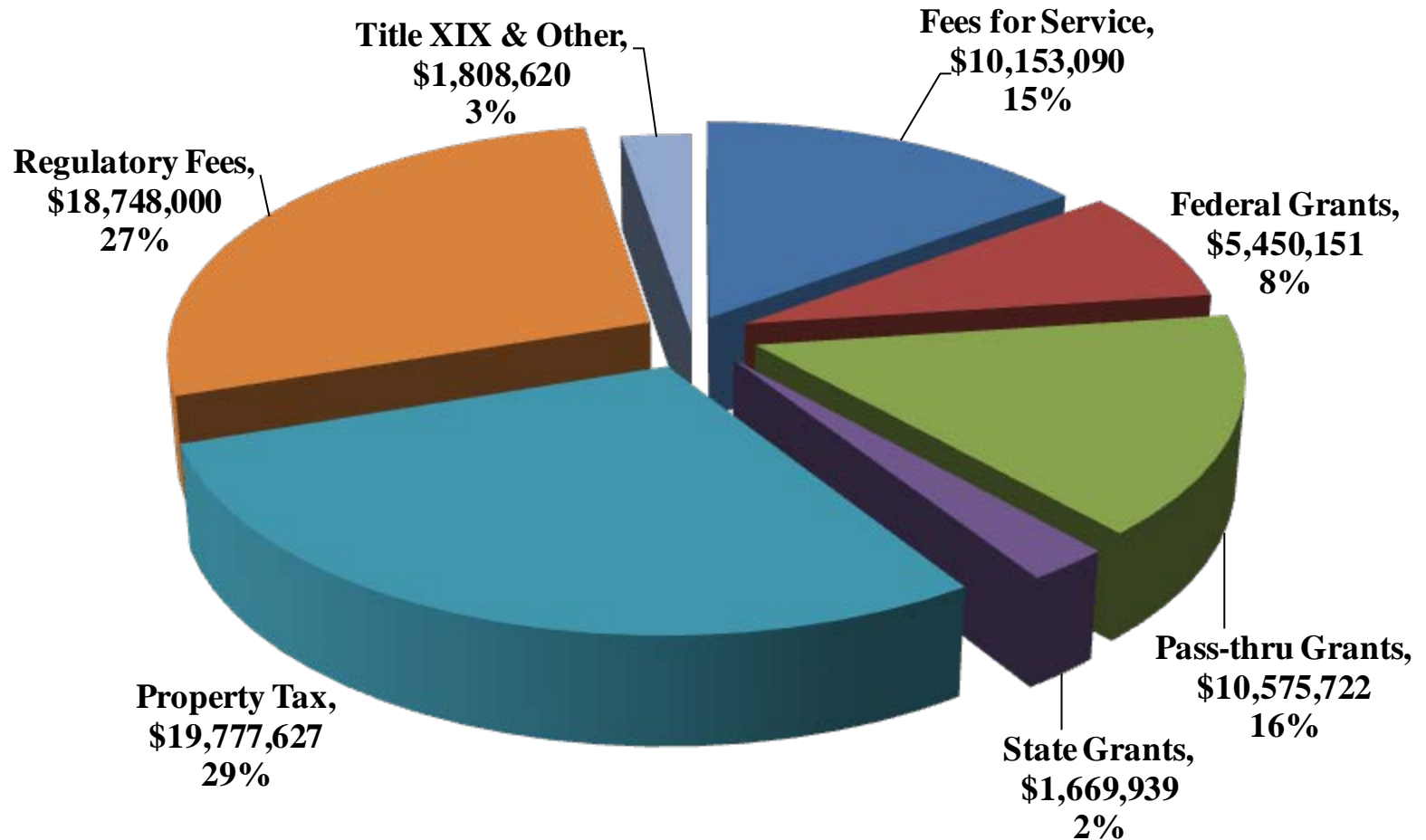
2016/17 Budget Update
Presentation to Board of Health
March 24, 2016



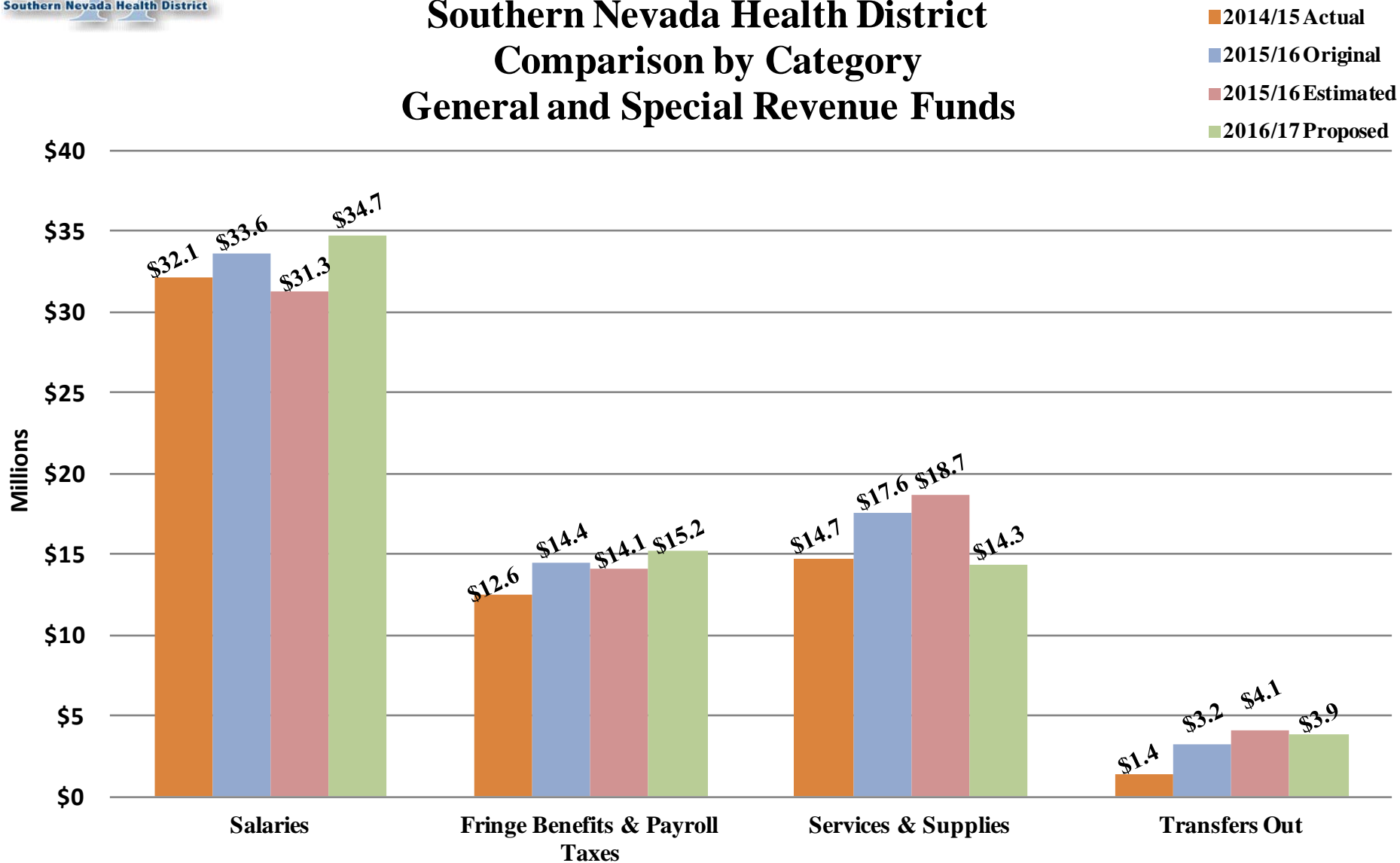
Southern Nevada Health District

2016/17 Revenues by Source

\$68,183,149

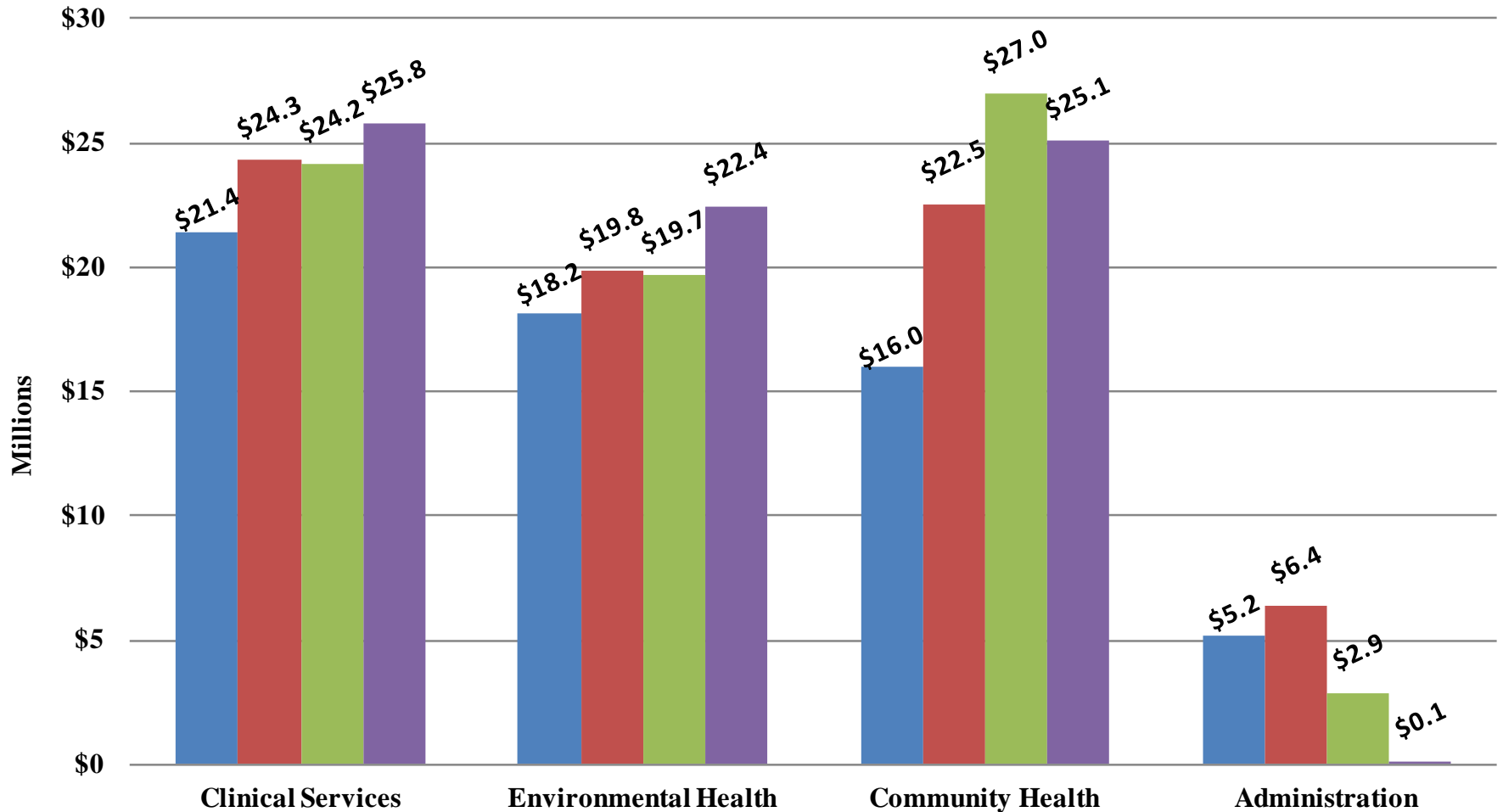


Southern Nevada Health District Comparison by Category General and Special Revenue Funds



Southern Nevada Health District Comparison by Division General and Special Revenue Funds

■ 2014/15 Actual
■ 2015/16 Original
■ 2015/16 Estimated
■ 2016/17 Proposed



Southern Nevada Health District

Staffing (FTEs) by Division

Division	2014/15 Actual	2015/16 Original	2015/16 Estimated	2016/17 Proposed	Percentage Change
Clinical Services	165.8	122.8	123.05	129.2	5.0 %
Community Health	79.25	112.0	111.0	113.0	1.8 %
Environmental Health	150.8	146.0	150.0	161.0	7.3 %
Administration	<u>108.3</u>	<u>112.0</u>	<u>114.0</u>	<u>111.0</u>	<u>- 2.6 %</u>
Total	504.15	492.8	498.05	514.2	3.24 %

Southern Nevada Health District

Laboratory Fund

	<u>2014/15</u>	<u>2015/16</u>		<u>2016/17</u>
	<u>Actual</u>	<u>Original</u>	<u>Estimated</u>	<u>Proposed</u>
Beginning Cash Balance	\$ 2,977,589	\$ 407,485	\$ 1,028,907	\$ -
Revenues	1,057,355	-	-	-
Expenses (less depreciation)	(3,006,037)	(2,191,118)	(2,046,763)	(2,312,558)
Other Financing Sources (Uses)				
Transfer In - General Fund	-	1,783,633	1,276,289	2,557,504
Transfer Out - Special Revenue Fund	-	-	(258,433)	(244,946)
Change in Cash Balance	(1,948,682)	(407,485)	(1,028,907)	-
Ending Cash Balance	\$ 1,028,907	\$ -	\$ -	\$ -

Southern Nevada Health District

Other Funds

Building Reserve Fund	2014/15	2015/16		2016/17	2017/18
	Actual	Original	Estimated	Proposed	Projected
Beginning Fund Balance	\$ 15,005,809	\$ 4,411,448	\$ 9,589,814	\$ 69,032	\$ 1,199,671
Revenues	99,281	30,000	40,000	5,000	5,000
Expenditures	(6,865,915)	-	(11,911,421)	(225,000)	-
Other Financing Sources (Uses)					
Transfer from General Fund	1,350,639	1,350,639	2,350,639	1,350,639	1,350,639
Change in Fund Balance	(5,415,995)	1,380,639	(9,520,782)	1,130,639	1,355,639
Ending Fund Balance	\$ 9,589,814	\$ 5,792,087	\$ 69,032	\$ 1,199,671	\$ 2,555,310

Southern Nevada Health District

Other Funds



Capital Reserve Fund

	2014/15	2015/16		2016/17	2017/18
	Actual	Original	Estimated	Proposed	Projected
Beginning Fund Balance	\$ 6,318,172	\$ 5,733,172	\$ 5,658,330	\$ 4,371,636	\$ 2,226,636
Revenues	51,112	40,000	35,000	35,000	9,000
Expenditures	(710,954)	(4,470,000)	(1,321,694)	(2,180,000)	(750,000)
Other Financing Sources (Uses)					
Transfer to General Fund	-	-	-	-	-
Change in Fund Balance	(659,842)	(4,430,000)	(1,286,694)	(2,145,000)	(741,000)
Ending Fund Balance	\$ 5,658,330	\$ 1,303,172	\$ 4,371,636	\$ 2,226,636	\$ 1,485,636

Insurance Liability Reserve Fund

	2014/15	2015/16		2016/17	2017/18
	Actual	Original	Estimated	Proposed	Projected
Beginning Fund Balance	\$ 800,091	\$ 757,291	\$ 786,575	\$ 606,365	\$ 395,665
Revenues	7,369	5,300	5,300	5,300	4,000
Expenditures	(20,885)	(100,000)	(185,510)	(216,000)	(186,000)
Other Financing Sources (Uses)					
Transfer from General Fund	-	100,400	-	-	156,000
Change in Fund Balance	(13,516)	5,700	(180,210)	(210,700)	(26,000)
Ending Fund Balance	\$ 786,575	\$ 762,991	\$ 606,365	\$ 395,665	\$ 369,665

Southern Nevada Health District

2016/17 Budget

Questions ???

Southern Nevada Health District

- Finance Committee Recommendation:
 - *approval of the 2016/17 Budget as presented and to include any tax revenue budget adjustments after Clark County notifies the Health District on or about March 25, 2016*

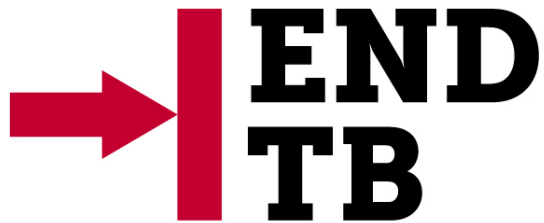
Southern Nevada Health District

3 Year Projection – General & Special Revenue Funds

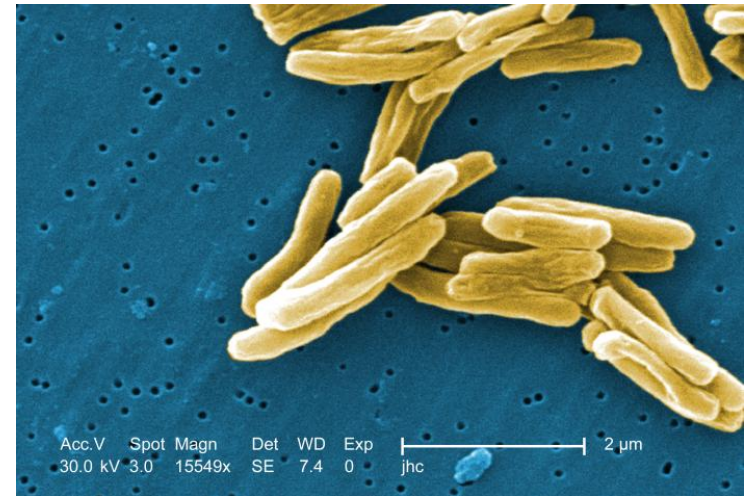
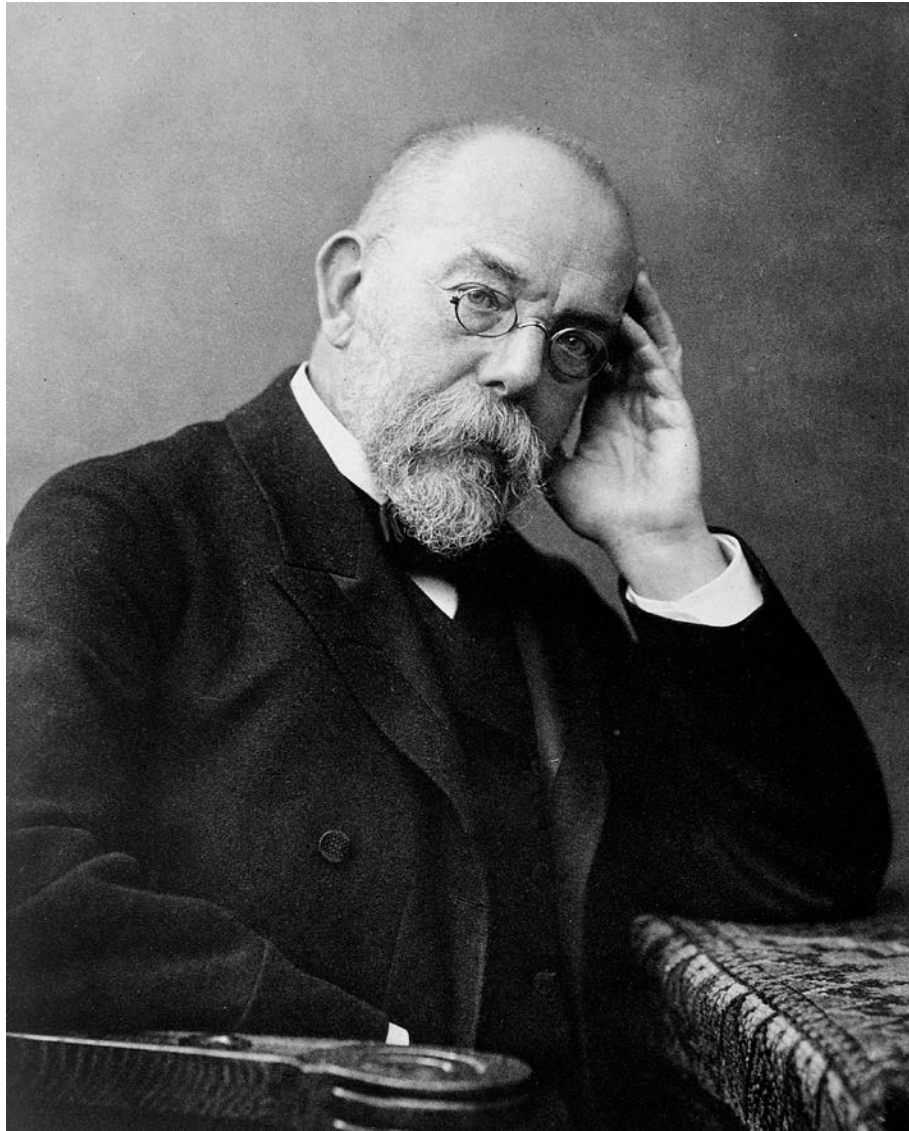
	2014/15 Actual	2015/16 Adopted	2015/16 Estimated	2016/17 Proposed	2017/18 Projected
Beginning Fund Balance	\$ 13,577,062	\$ 10,566,501	\$ 15,412,928	\$ 16,511,525	\$ 16,798,850
Revenues	63,555,526	67,205,378	68,627,337	68,183,149	69,033,950
Expenditures	(59,369,021)	(65,637,434)	(64,652,932)	(64,232,627)	(65,362,617)
Other Financing Sources (Uses)					
Transfer from Grant Funds	-	4,212,831	6,193,705	5,530,398	5,544,487
Transfer from Proprietary Fund	-	556,950	-	-	-
Transfer to General Fund	-	(4,212,831)	(5,408,821)	(5,285,452)	(5,286,054)
Transfer to Grant Funds	-	-	(33,764)	-	-
Transfer to Liability Reserve Fun	-	(100,400)	-	-	(100,400)
Transfer to Bldg Reserve Fund	(1,350,639)	(1,350,639)	(2,350,639)	(1,350,639)	(1,350,639)
Transfer to Proprietary Fund	-	(1,783,633)	(1,276,289)	(2,557,504)	(2,256,852)
Change in Fund Balance	2,835,866	(1,109,778)	1,098,597	287,325	221,875
Restricted Emergency Fund Balance	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Ending Fund Balance	\$ 15,412,928	\$ 9,456,723	\$ 16,511,525	\$ 16,798,850	\$ 17,020,725
	25.96%	14.41%	25.54%	26.15%	26.04%

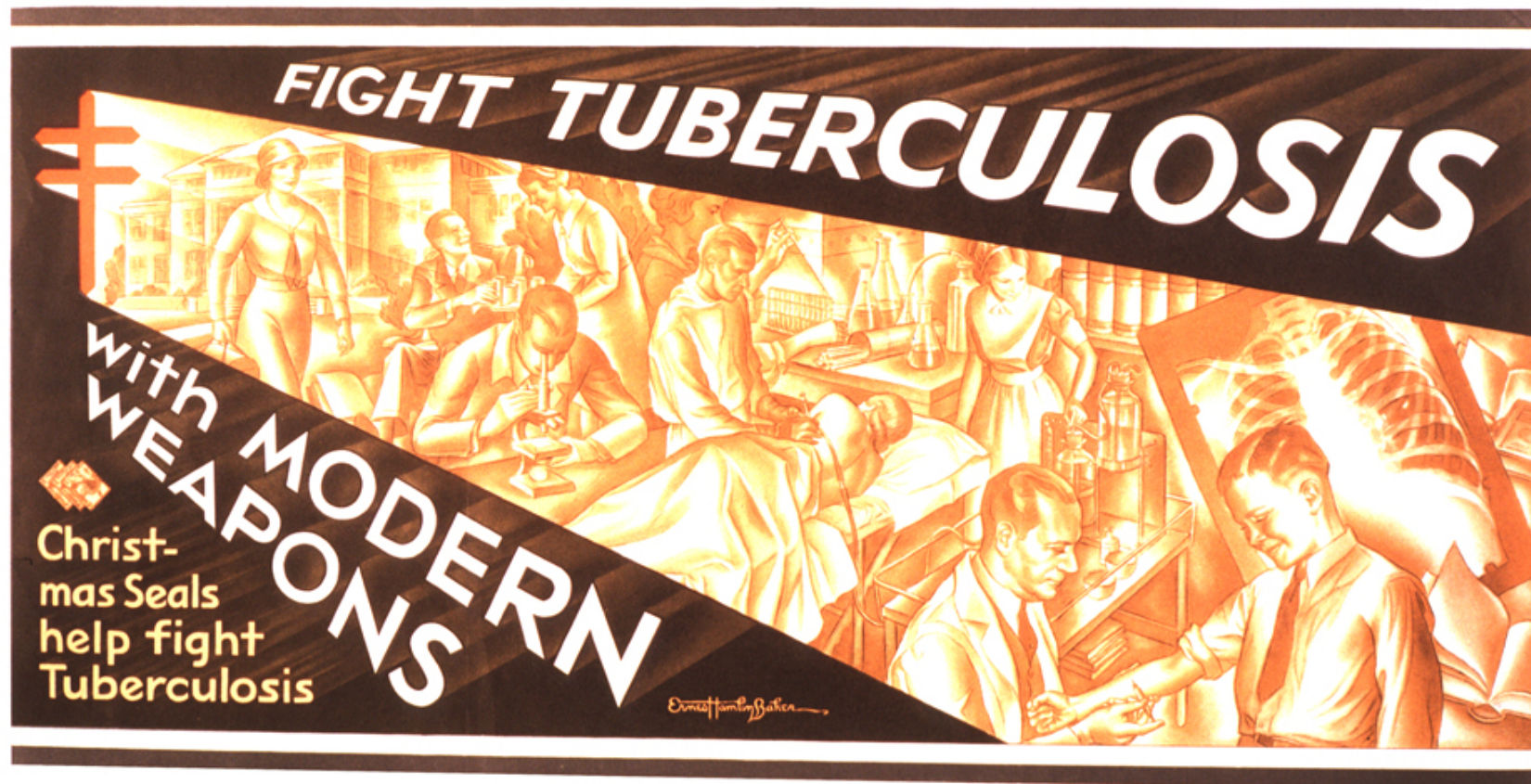
Board appropriate level of Unassigned Fund Balance is 10% (action Nov. 2014)

Tuberculosis Then and Now



WORLD TB DAY
MARCH 24









International Journal of Applied and Basic Medical Research

Medknow Publications

Bedaquiline: First FDA-approved tuberculosis drug in 40 years

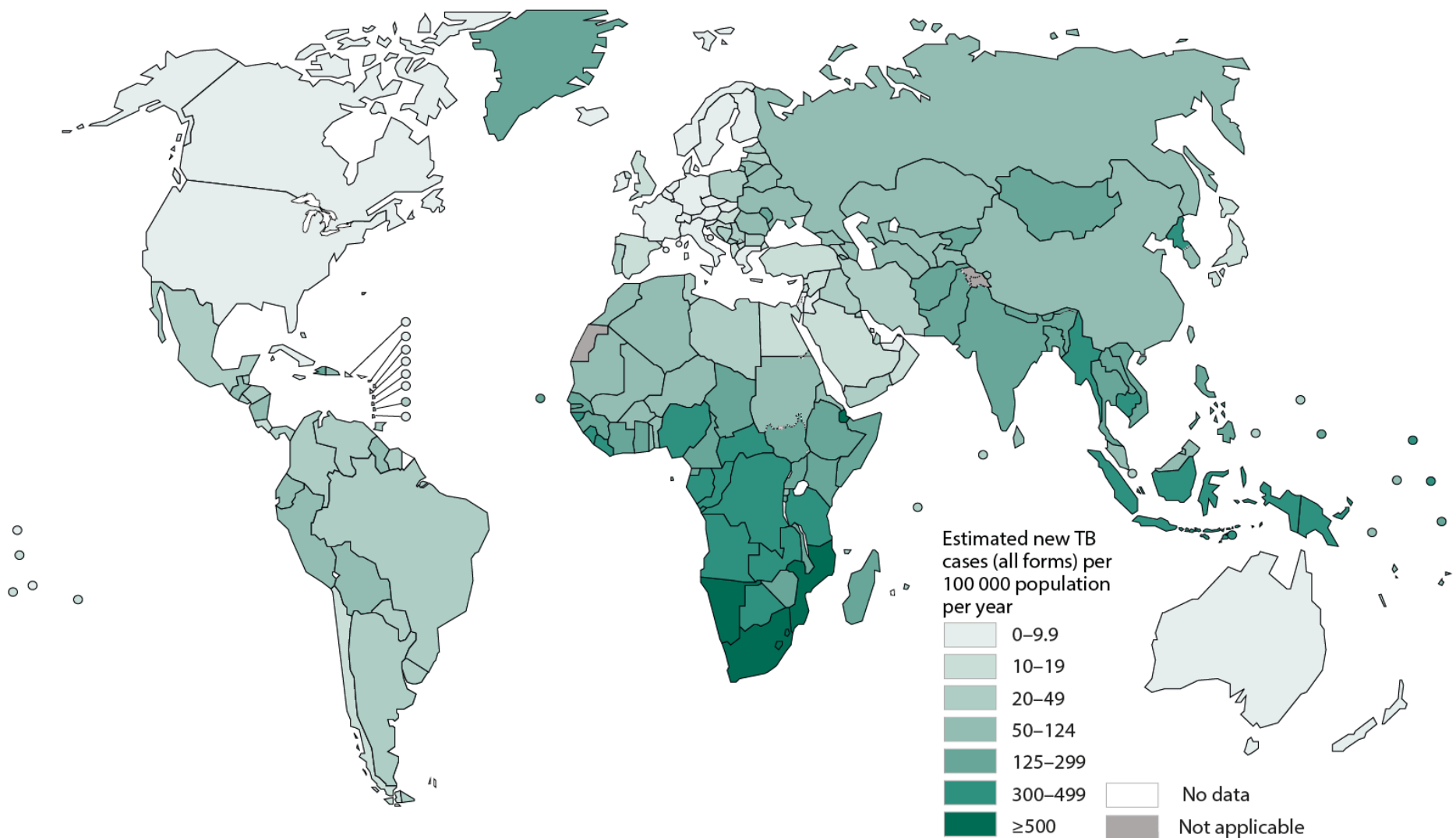
Rajiv Mahajan

[Additional article information](#)

The US Food and Drug Administration (FDA) on 28 December 2012 granted accelerated approval to Johnson and Johnson's drug bedaquiline to treat resistant tuberculosis (TB), more prevalent in India, China and



Estimated TB incidence rates, 2014



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: *Global Tuberculosis Report 2015*. WHO, 2015.

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HEALTH

TB Is Now The Top Infectious Killer (Even Though Deaths Are Down)

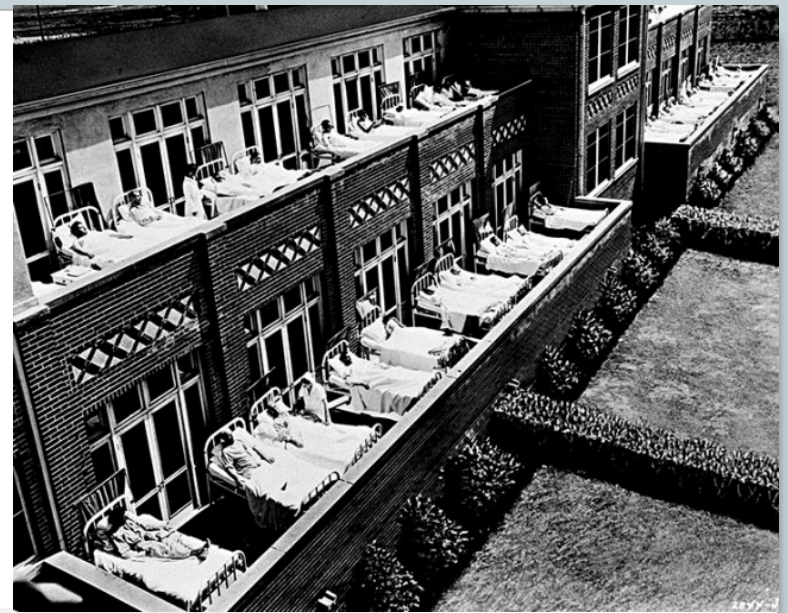
Updated October 28, 2015 · 5:33 PM ET

Published October 28, 2015 · 3:32 PM ET



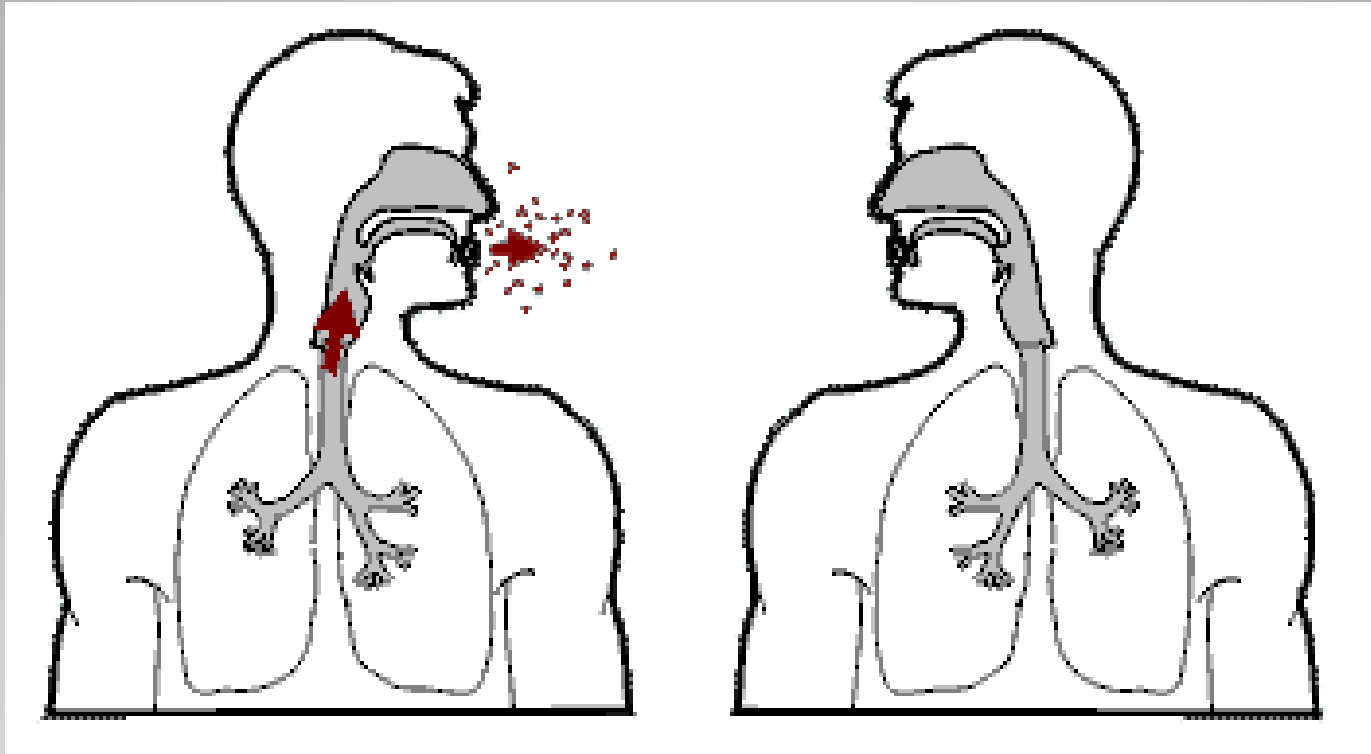
JASON BEAUBIEN





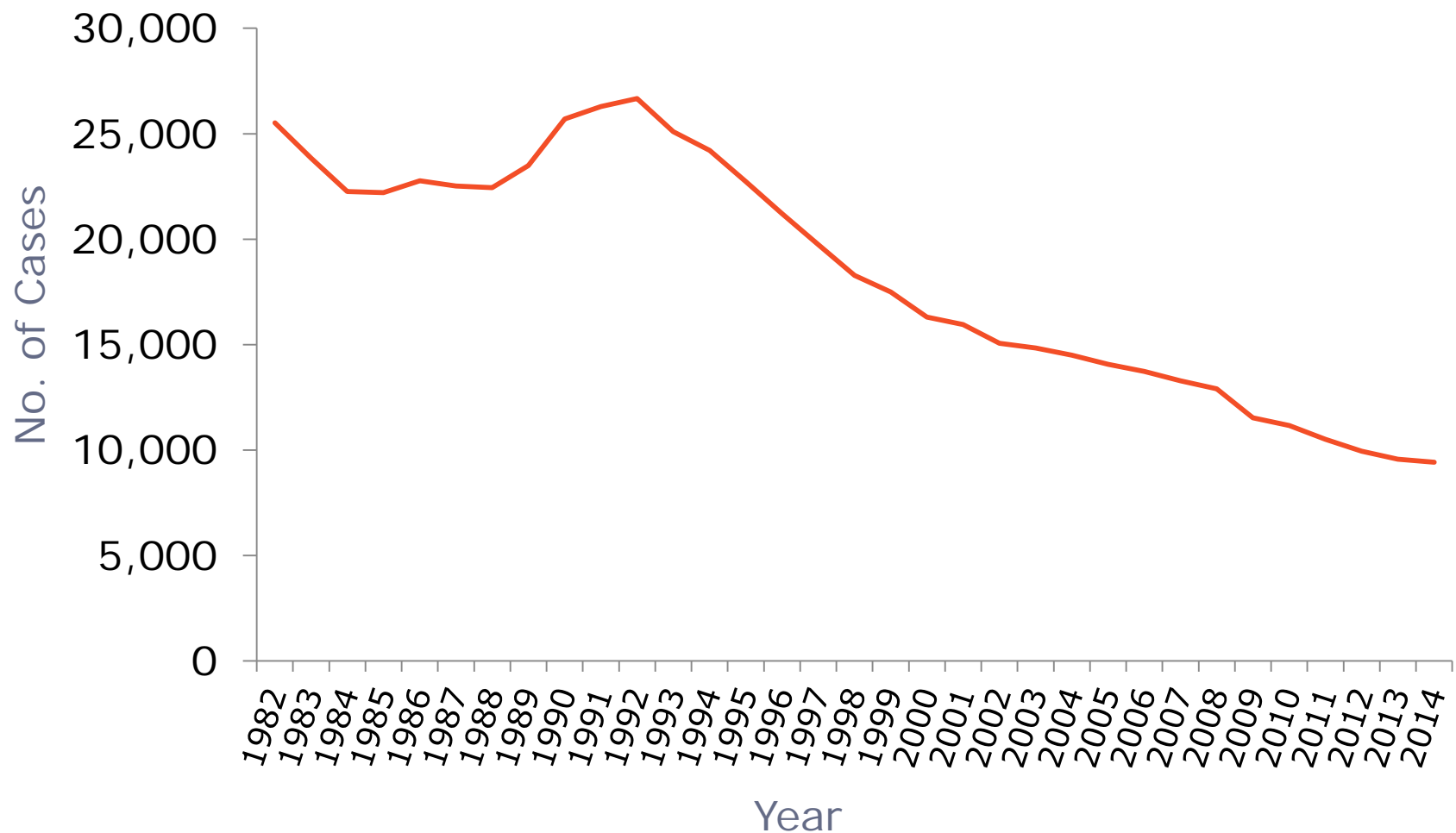
Boys' open-air ward at S. Martin's.







Reported TB Cases United States, 1982–2014*



*Updated as of June 5, 2015.

TAKE
ON **TB**

Too many people in our country
still suffer from tuberculosis (TB).



9,421 TB CASES
reported in the U.S. in 2014

www.cdc.gov/tb

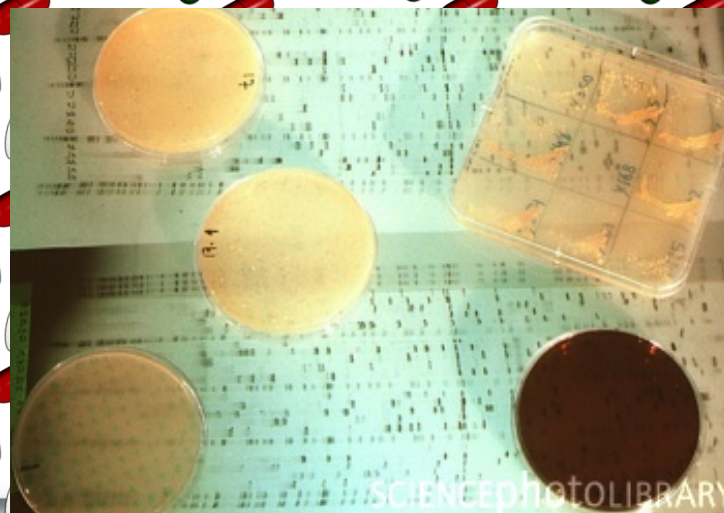
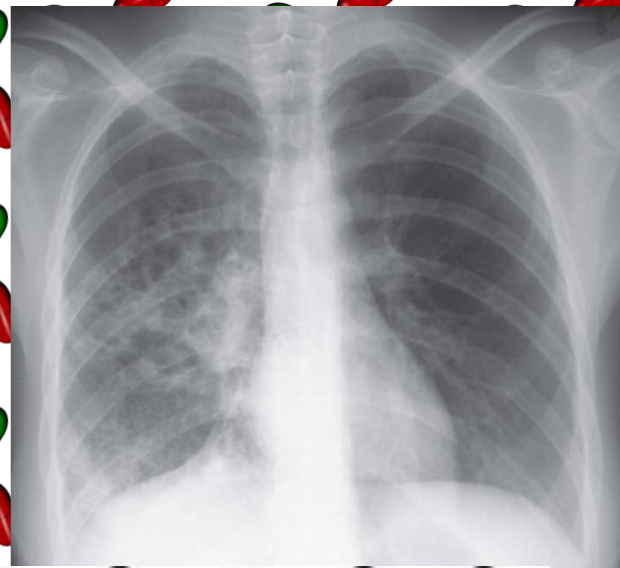


Centers for Disease
Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention



Tuberculosis in Clark County

Year	2012	2013	2014	2015
Total Case Diagnosis	70	75	66	72
Number of Contacts	1041	1887	845	1242
Foreign Born	79% <ul style="list-style-type: none">•19% Mexico•26% Philippines•13 others	65% <ul style="list-style-type: none">•19% Mexico•24% Philippines•13 others	65% <ul style="list-style-type: none">•5% Mexico•30% Philippines•16 others	71% <ul style="list-style-type: none">•17% Mexico•25% Philippines•10 others
Homeless	3%	5%	3%	5%
Uncontrolled Diabetes	13%	16%	6%	22%
HIV/AIDS Co-infected	3%	1%	3%	5%
Children born in US with risk factors	4%	9%	5%	0%





\$2,356,153

An illustration of an iceberg floating in the ocean. The small tip of the iceberg is above the water line, while the much larger, jagged body of the iceberg is submerged below the surface. The sky is blue with white clouds and a few birds. The water is a deep blue. The text is overlaid on the image, with the title at the top, the two types of TB conditions in the middle, and the comparison of active TB disease to latent TB infection below. The background image serves as a visual metaphor for the concept that latent TB infection is the much larger, hidden part of the problem compared to active TB disease.

Tuberculosis (TB) Disease: Only the Tip of the Iceberg

There are **two** types of TB conditions:
TB disease and **latent TB infection**.

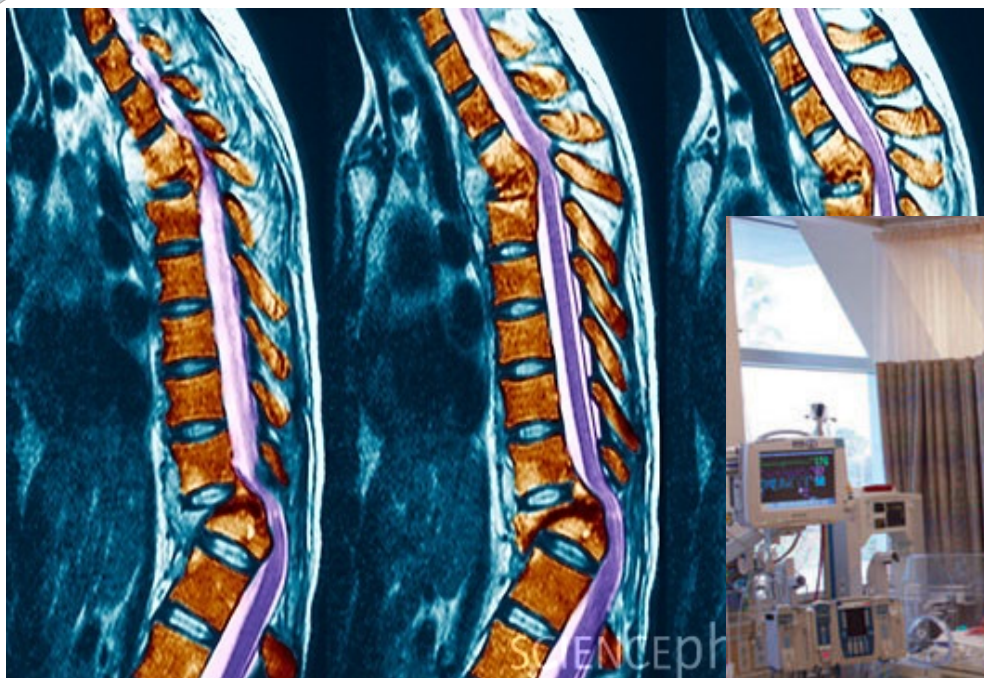
People with **TB disease** are sick
from active TB germs. They
usually have symptoms and may
spread TB germs to others.

People with **latent TB infection** do not
feel sick, do not have symptoms, and
cannot spread TB germs to others.

But, if their TB germs become active,
they can develop **TB disease**.

Millions of people in the U.S. have
latent TB infection. Without treatment, they are at
risk for developing **TB disease**.







**TEST ME
TREAT ME
#TBmanifesto**

**Find,
Treat,
Cure
TB
Disease**

**Track
Progress**

**Develop & Implement
New Tools**



**END
TB**

**Mobilize
Support**

**Fight TB
Locally &
Globally**

**Share
Our
Stories**

**Test &
Treat
Latent TB
Infection**

MARCH 24 - WORLD TB DAY



Working for a
Healthier World
Global and Personal
Health for All
and Sustainable
Development

