



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

March 23, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Webinar

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

MEMBERS PRESENT: Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*via WebEx*)
Frank Nemeec, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Council Member, City of North Las Vegas (*via WebEx*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*Call-in User 4 / in-person*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*via WebEx*)
Brian Knudsen – Council Member, City of Las Vegas (*in-person*)

ABSENT: Michelle Romero – Mayor, City of Henderson
Tick Segerblom – Commissioner, Clark County

ALSO PRESENT: Linda Anderson, Chaunsey Chau-Duong, Harold Collins, Kathy Flanagan, Jeong
(In Audience) Jeong, Douglas Lainez, Sun Ma, Noe Martinez, Bradley Mayer, Jose Melendrez,
Jose Ortiz, Raul Sandoval, Jeff Share, Gina Stroughter, Richard Walker, Cassidy
Wilson

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Adriana Alvarez, Joey Arias, Jonna Arqueros, Jacqueline Ayala, Maria Azzarelli,
Tawana Bellamy, Haley Blake, Murphy Boudreaux, Amanda Brown, Cory
Burgess, Daniel Burns, Victoria Burris, Nicole Charlton, Lisa Cole, Alondra
Contreras-Araiza, Andria Cordovez Mulet, Fidel Cortes Serna, Rebecca Cruz,
Nanez, Aaron DelCotto, Brandon Delise, KJ Dionisio, Regina Ellis, Emily
Elzeftawy, Brian Felgar, James Foley, Jason Frame, Kimberly Franich, Mateo
Friera, Monica Galaviz, Joe Ginty, Jacques Graham, Maria Gueco, Victoria
Harding, Amineh Harvey, Richard Hazeltine, Carmen Hua, Victoria Hughes,
Jessica Johnson, Michael Johnson, Stacy Johnson, Michele Jorge, Sabine
Kamm, Horng-Yuan Kan, Theresa Ladd, Fernando Lara, Cort Lohff, Josie
Llorico, Sandy Luckett, Cassondra Major, Jonas Maratita, Chris Elaine Mariano,
Brandi Miller, Kim Monahan, Christian Murua, Semilla Neal, Veralynn Orewyler,
Kyle Parkson, Neleida Pelaez, Luann Province, Larry Rogers, Alexis Romero,
Kim Saner, Aivelhyn Santos, Christopher Saxton, Dave Sheehan, Karla Shoup,
Jennifer Sizemore, Randy Smith, Ronquie Tatum-Penegar, Will Thompson,
Greg Tordjman, Marjorie Ubando, Randall Ulrich, Shylo Urzi, Lizbeth Vasquez,
Angie Viote, Jorge Viote, Donnie Whitaker, Lourdes Yapjoco, Merylyn Yegon,

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:03 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. Victoria Hughes, Jenny Gratzke, Julius Arias, James Foley, Michele Jorge, Lisa Cole (Linkage to Action)

- 2023 Crushing Stigma & Silos Award – There is No Hero in Heroin (TINHIH)

Member Hardy joined the meeting at 9:05 a.m.

SNHD's Linkage to Action (L2A) team was recently awarded the "2023 Crushing Stigma & Silos" award by the There is No Hero in Heroin (TINHIH) Foundation along with the LGBTQ Center of Southern Nevada. TINHIH hosts annual events that raise awareness regarding the needs of those struggling with addiction, individuals in recovery and those lost to substance use disorder. This award recognizes the importance of the partnership between SNHD's L2A team and The Center in providing harm reduction services to community members that are at greatest risk for overdose.

The L2A team crushes stigma by being non-judgmental, supportive, valuing differences and uniqueness while offering services to vulnerable populations. The L2A team crushes silos through collaborating with multiple community providers by addressing the needs of this unique, diverse population. While SNHD's L2A team provides overdose prevention training, Narcan, fentanyl test strips and HIV testing other providers they work with address peer support, housing needs, sterile syringes, needle recovery and other services as they are available. SNHD's L2A team works to prevent fatal and non-fatal overdose through education, surveillance, and linkage. On-going collaboration with community partners like The Center ensures that outreach work supports the shared vision of providing services that meet the client's needs. These two organizations have come together to continue to provide resources to some of our most at risk and minority communities. Services historically not offered in a safe space for the LGBTQIA+ community. They partner monthly on a harm reduction outreach bringing services from their organizations, and many other organizations, out to the tunnels and bridges of Las Vegas. Services include HIV and Hep C testing, Narcan, fentanyl test strips, peer support, socks, feminine hygiene, and more. The Board of Health congratulated the L2A team for this award and thanked them for their commitment to the Health District and to our community.

2. Lourdes Yapjoco (Chief Administrative Nurse)

- Outstanding Women of the Year 2023 – Fil-Am News

Ms. Yapjoco has been selected as 1 of 30 women that were named the Outstanding Women of the Year in 2023 by Fil-Am News and the Philippine Times of Southern Nevada, which are Filipino-American publications. Every year they select and recognize women in Nevada for excellence, commitment, outstanding results and conduct in their professional field. This is an achievement for Ms. Yapjoco being recognized for her impact in our community, especially in the Filipino American community. As The Health District's Chief Administrative Nurse, Ms. Yapjoco strives to build bonds with her staff and community partners. To note one of many accomplishments, Ms. Yapjoco spearheaded the opening of the All Saints Sexual Health Clinic at All Saints Episcopal Church that provides valuable services to the community. The Board of Health congratulated Ms. Yapjoco on this award and thanked her for her commitment to the Health District and to our community.

Member Nemej joined the meeting at 9:09 a.m.

IV. FIRST 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 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 Chair or the Board by majority vote.

Victoria Harding, SNHD and SEIU, had been working in Organizational Development (OD) for the past three years, and before that was a Disease Investigator for 13 years. Ms. Harding further advised that she had been the Chief Steward or Vice President for over 10 years. Ms. Harding wished to address the temporary staff contracts in the Consent Agenda and stated that at some point the Health District

needed to stop relying on temporary agencies. Ms. Harding stated that the contract outlined six months and there are some temp employees that have been at the Health District for years. Ms. Harding addressed the issues previously raised by Jacque Raiche-Curl regarding finance. Ms. Harding addressed pages 69-71 of the audit report, and the fact that there was a possible breakdown of a process and that there was an actual breakdown of a process related to the vacation accruals. Ms. Harding stated that there were two different sets of numbers, ONESolution, which is the software, and a different one kept in finance on the employee's paystub. Therefore, Ms. Harding stated that due to the two systems, it put the Health District in a position where people lost vacation. Ms. Harding stated that it was not until she obtained some information from finance that she found out that there were two different sets of numbers for vacation, and she was not sure which was correct. Ms. Harding stated that there are processes and reconciliations that are not happening, as outlined in the audit report.

Member Brune joined the meeting at 9:17 a.m.

Ms. Harding indicated that there was a contract violation because if there was no contract violation, it could not be grieved, and would they rather she call it theft. Ms. Harding indicated that she provided in writing everything discussed in those meetings and only has documentation and access to her own records. Ms. Harding advised that they (HR/Finance) were upset that it was a grievance and did not want to believe that it happened. Ms. Harding indicated that they were disrespecting her and all the employees, and that they could not continue to disrespect SEIU. Ms. Harding stated that this was not the only disrespect issue. Ms. Harding raised the financial concerns and stated that she did not like to hear it being blamed on the employees. Ms. Harding stated that the finance employees stood up and kept the department running. Ms. Harding stated that the finance employees should be recognized. Ms. Harding stated that the problems in finance were known, and that the Organizational Development (OD) staff were sent in to assess the problem. Ms. Harding stated that the OD assessment was not believed so an outside agency was retained for an assessment. Ms. Harding indicated that the Health District did so many great things, but the internal infrastructure was crumbling. Ms. Harding stated that the Board needed to take notice.

Member Kirkpatrick advised that the Finance Committee would be meeting quarterly.

Regina Ellis, SEIU and SNHD, spoke regarding the sliding fee scale and how it related to the FQHC. Ms. Ellis stated that, last month, during the finance meeting there was a question about employees, that it looked on the report that there was a 38% reduction of employees in the clinical services area. Ms. Ellis stated that 38% of employees were moved from the public health section of the Health District to the FQHC. Ms. Ellis was concerned as a public health nurse and a resident of Clark County. Ms. Ellis stated that the Board and Health District leadership needed to look at what was happening to the public health services at the Health District because several of the clinics were being moved into the FQHC and out of the public health section, specifically two clinics, Ryan White and Family Planning. Ms. Ellis stated that when looking at the people who were uninsured or underinsured, if they come to public health, they were going to be charged a flat fee. However, if they came to an FQHC, they have to have an appointment with a provider, they would have to pay for the appointment, and everything related to that appointment. Ms. Ellis raised the update to the sliding fee schedule, the Sexual Health Clinic showed if patients were eligible the current range was \$20-\$60 if patients were 250% above the Federal Poverty Guidelines, patients would be charged a full charge in the Sexual Health Clinic. Ms. Ellis stated that there was belief that the sexual health services were better served by public health and not by an FQHC. Ms. Ellis advised that there was nothing wrong with a provider providing those services if someone went to a provider to receive services, but she wanted to make sure that the residents of Clark County had somewhere to go to receive services at a reasonable rate. Ms. Ellis stated that when looking at the Federal Poverty Guidelines for the Sexual Health Clinic, on the slides, there was information that was not there; it showed that if a person that makes \$22,000 per year, they would be charged \$35 to come into the Sexual Health Clinic but raised what would happen with the lab work and the pharmacy. Ms. Ellis stated that at the bottom of the slides it said no more than 5% of the patient's gross annual income would be charged. Therefore, if someone made \$21,000 or \$22,000, they could spend roughly \$1,100, which was 5% of their annual income. Ms. Ellis stated that people were reluctant to come to the FQHC before under the Sexual Health Clinic and now they would have to come to the FQHC for those services. Ms. Ellis read a statement from the staff in the Sexual Health Clinic.

Harold Collins wanted to address Item VIII.2, the single audit report. Mr. Collins asked the Board to take a close look at the audit report. He stated that the Board already discussed that there were some serious issues in the report and that the non-compliance with a Nevada Revised Statute needed attention. Mr. Collins stated that in his short 28 days at the Health District, he initially identified issues of clarity with policies and procedures at the Health District. Mr. Collins stated that he intended to address issues of succession planning which were concerns with the Health District. Mr. Collins stated that it fell on senior leadership to take care of the issues and that it was not appropriate to say that it was a high turnover rate because that responsibility fell on senior leadership.

Seeing no one further, the Chair closed the First Public Comment portion.

V. ADOPTION OF THE MARCH 23, 2023 MEETING AGENDA *(for possible action)*

Item VI.2 was removed from the Consent Agenda for discussion.

A motion was made by Member Nemeč, seconded by Member Knudsen and carried unanimously to approve the March 23, 2023 Agenda, as amended.

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 23, 2023 *(for possible action)*
2. ~~**PETITION #21-23: Approval of the Interlocal Agreement between the City of Las Vegas and the Southern Nevada Health District for the Public Health Laboratory Expansion;** direct staff accordingly or take other action as deemed necessary *(for possible action)*~~
3. **PETITION #22-23: Approval of the Professional Services Agreement between Maxim Healthcare Services Holdings, Inc., DBA Maxim Healthcare Staffing Services, Inc. and the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #23-23: Approval of the Professional Services Agreement between Health Advocates Network, Inc. DBA Staff Today;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair removed Item VI.2 from the Consent Agenda for discussion.

A motion was made by Member Knudsen, seconded by Member Nemeč and carried unanimously to approve the March 23, 2023 Consent Agenda, as amended.

Discussion – Item V1.2: PETITION #21-23: Approval of the Interlocal Agreement between the City of Las Vegas and the Southern Nevada Health District for the Public Health Laboratory Expansion; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to a request from the Chair, Heather Anderson-Fintak, General Counsel, outlined the interlocal agreement between the City of Las Vegas and the Health District, which had been in the drafting process since November 2022. Ms. Anderson-Fintak confirmed that the Board approved at their last meeting the interlocal agreement with Clark County and advised that the City of North Las Vegas had agreed to a contribution of \$1M to this effort. Further to a request from the Chair, Dr. Leguen provided an overview of the discussions on expanding lab capacity. The Chair confirmed that the elected Board members were asked to revisit the feasibility of their jurisdictions to contribute to the expansion of the lab. Member Knudsen outlined the process followed by the City of Las Vegas. Dr. Leguen confirmed

that the notice of award from the City of Las Vegas was received in October 2022. Member Black advised the City of North Las Vegas recently approved a contribution for the lab expansion and confirmed that there were ongoing conversations with the City of Henderson. Member Hardy advised that Boulder City was open to further discussion. The Chair advised of discussions with the state for contribution and Dr. Leguen confirmed that the Mesquite and Boulder City also provided support.

A motion was made by Member Knudsen, seconded by Member Black and carried unanimously to approve the Interlocal Agreement between the City of Las Vegas and the Southern Nevada Health District for the Public Health Laboratory.

Dr. Leguen confirmed that Board members are able to visit the Southern Nevada Public Health Lab.

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 heard.

VIII. REPORT / DISCUSSION / ACTION

1. Receive and Discuss a Legislative Update; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Bradley Mayer of Argentum Partners provided the Board of Health with an update of the recent legislative session related to the following bills that affect the Health District:

- SB92 – Revises provisions relating to sidewalk vendors
- SB118 – Revises provisions relating to public health
- AB53 – Revises provisions relating to sale of tobacco products
- AB220 – Revises provisions relating to water conservation
- SB361 – Revises provisions relating to solid waste
- AB365 – Revises provisions governing federal grants
- AB357 – Revises provisions governing sexual education in public schools
- AB263 – Enacts provisions relating to the transmission of Legionnaires' disease by building water systems in certain health care facilities
- SB261 – Revises provisions relating to local governments
- AB122 – Revises provisions relating to tobacco
- SB172 – Revises provisions governing the ability of a minor to consent to certain health care services

Member Nielson inquired as to the feasibility of revisiting the fee on tires to assist in clean-up of illegal dumping. Chris Saxton, Director of Environmental Health, requested assistance from Mr. Mayer to address.

2. Receive, Discuss and Accept the Recommendations from the March 22, 2023 Finance Committee meeting regarding the Single Audit Report from Eide Bailly; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Member Nielson addressed some of the public comments related to the issues of the last audit report. Member Nielson confirmed that the Finance Committee has moved to meet quarterly rather than biannually and requested Management to prepare a plan for addressing the issues. Mr.

Nielson stated that the issues had to do with staff turnover and the inability to replace and retain key roles. Member Nielson advised that Eide Bailly issued a clean single audit and the Finance Committee has taken steps to correct some of the issues from the previous audit report.

Richard Walker of Eide Bailly attended the meeting to present the Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on the Schedule of Expenditures of Federal Awards (SEFA) Required by the Uniform Guidance (Single Audit Report). Mr. Walker outlined that the total federal expenditures included in the SEFA was \$84,020,096 and the following four programs were audited:

- Epidemiology & Lab Capacity – Assistance Listing 93.323
- Health Department Response to the Public Health or Healthcare Crisis – Assistance Listing 93.391
- Health Center Program Cluster – Assistance Listing 93.224 & 93.527
- HIV Prevention Activities – Assistance Listing 93.940

Mr. Walker advised that there were no noncompliance issues or matters that needed to be brought to the Board of Health, as it relates to the Health District's Major Federal Programs as well as the Schedule of Expenditures of Federal Awards, and Eide Bailly has issued an unmodified report. Mr. Walker further outlined the required communications from the financial statement audit and advised that there were no significant difficulties with management, no misstatements were identified and no disagreements with management.

A motion was made by Member Nielson, seconded by Member Black and carried unanimously to accept the recommendations of the Finance Committee and accept the Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance (Single Audit Report), as presented.

3. Receive, Discuss and Approve Recommendations from the March 22, 2023 Finance Committee meeting regarding the FY2023-2024 Budget; direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair requested that Donnie (DJ) Whitaker, Chief Financial Officer, address the public comments related to vacation time. Ms. Whitaker advised that a meeting was held, the day before, to discuss the issues related to vacation time. Ms. Whitaker advised that there was a policy that if an employee was over a certain limit, at December 31st, the employee would lose the vacation over the limit, which depends on the employee's longevity. Ms. Whitaker advised that two months prior to December 31st, a systematic estimate was issued to the affected employees to allow them to plan any required vacation time instead of losing the time. The systematic estimate was calculated with the end of the pay period after December 31st. When it was brought to Finance's attention, a recalculation was processed based on the end date of December 31st. Ms. Whitaker advised that Human Resources advised the impacted employees of the recalculation. Ms. Anderson-Fintak advised that this issue was currently a grievance that should be resolved and then an update could be provided to the Board. Ms. Whitaker advised that there was an existing policy. The Chair requested that the policy related to vacation be provided to the Finance Committee, only as an informational item.

Ms. Whitaker presented the FY2023-2024 Budget, which begins on July 1, 2023 and ends on June 30, 2024, with the following highlights:

Highlights

- Staffing is projected to grow from 853 FTE to 873 FTE, a 2.4% increase
- General Fund revenues project at \$94.6M at 16.3% increase compared to FY23 augmented budget
- Special Revenue Fund (Grants) decrease to 93.3M an 8.5% decrease compared to FY23
- Lab Expansion Project for FY24 was approved through Interlocal Agreement total \$5.05M

Revenues – General

- Property tax revenue is expected at \$33.9M, an increase of \$2.1M or 6.9 %
- EH Licenses and Permits revenue is projected at \$26.5M, an increase of \$5.7M or 27.8% due to the expected fee increase
- FQHC new revenue model increase charges for services by \$2.6M and Pharmacy revenue is projected at \$15.3M, an increase of \$1.0M or 6.0%

Revenues – Special Revenue

- Pass-Thru Grants (State) were reduced from \$59.1M to \$52.7M, a decrease of \$6.3M or 10.7% due to some COVID grants expiring
- CDC – PHI Infrastructure Grant (5year) total of \$22.9M has been allocated to cover personnel, supplies and contractual services
- Lab Expansion Project funded through Interlocal Agreement has been awarded from Clark County and City of Las Vegas for a total of \$5.1M

Expenditures – General Fund

- General Fund Employee Salaries total \$45.2M, an increase of \$4.6M or 11.3% due to additional personnel needed to support FQHC and administration functions
- General Fund Employee Benefits total \$20.0M, an increase of \$2.9M or 16.8% mostly due to anticipated PERS contribution increase
- Pharmacy Medical Supplies increase to \$11.8M, an increase of \$1.1M

Expenditures – Special Revenue

- Special Revenue Fund salaries and benefits total \$33.5M, an increase of \$2.1M or 6.6% due to additional grant personnel and PERS contribution increase
- Lab Expansion Project funded through Interlocal Agreement has been estimated as capital improvement expense at \$5.1M

Ms. Whitaker further reviewed the:

- Expenditures and Revenues vs. Expenditures by Division
- Personnel by Division, comparing FY2022, FY2023 and FY2024
- Capital Fund
- Bond Reserve Fund
- Internal Service Fund

Further to an inquiry from Member Knudsen related to the budget for the Southern Nevada Community Health Center (SNCHC), Dr. Leguen advised that the SNCHC was a component of the Health District. The SNCHC Governing Board would review the financials related to the SNCHC. However, the financials and budget related to the Health District incorporates the financials from the SNCHC.

A motion was made by Member Nielson, seconded by Member Black and carried unanimously to accept the recommendations made by the Finance Committee and approve the FY2023-2023 Budget, as presented.

4. Receive, Discuss and Approve Recommendations from the March 22, 2023 Finance Committee meeting regarding the SNHD Clinical Sliding Fee Discount Scale Updates; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Leguen clarified that the presentation was related to the update to the Federal Poverty Guidelines (FPG), and the implications related to the demographics and income affected by the updated FPG. Dr. Leguen advised that a presentation related to any proposed new fees in the clinics will be presented at the next meeting and it will be the appropriate opportunity to discuss any specific fees.

Ms. Whitaker presented an Update to the Clinical Sliding Fee Discount Scale and advised that offering a Sliding Fee Schedule for qualifying patients was a requirement for HHS, HRSA and various other pass-through grants. Ms. Whitaker advised that the Sliding Fee Schedule was tied to FPG that normally changed every year in January; there was an increase of 8% this year. Dr. Leguen confirmed nobody would be denied services due to their inability to pay. The purpose of the presentation was to discuss the impact of the new FPG on the sliding fees, how the income levels were increased and how more people would benefit within the different income levels.

Member Nielson advised that the actual fees will be considered at the next meeting. Ms. Anderson-Fintak confirmed that the request today was to adopt the new FPG and if the item was postponed to the next meeting, the Health District would continue to use the current FPG. Member Nielson advised that with the adoption of the new FPG, more individuals would qualify for free/discounted services.

A motion was made by Member Nielson, seconded by Member Hardy and carried unanimously to accept the recommendations of the Finance Committee and approve the adoption of the SNHD Clinical Sliding Fee, as presented.

5. Receive, Discuss and Approve Recommendations from the March 22, 2023 Finance Committee meeting regarding the Financial Report, as of January 31, 2023; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the SNHD Financial Report, as of January 31, 2023, related to the Combined Funds, General Fund and Special Revenue Fund.

The Finance Committee Chair advised of the Finance Committee's positive feedback as to the format and information contained in the report. However, the Chair suggested a footnote or notation be included to provide a brief explanation, to avoid any false narrative on the report.

A motion was made by Member Nielson, seconded by Member Hardy and carried unanimously refer the format of the Financial Report back to staff to include footnotes/notations to be discussed at a future Finance Committee meeting.

IX. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. 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. ***(Information Only)***

There were no items raised.

Member Black left the meeting at 11:05 a.m. and did not return.

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

- DHO Comments
- SNHD Organizational Update

In addition to his written report, Dr. Leguen presented a modified organizational chart, which introduced two Deputy District Health Officers, one to oversee Administration (Communications, Facilities, Finance, Human Resources and Information Technology) and one to oversee Operations (Community Health, Disease Surveillance & Control, Environmental Health and Primary & Preventive Care). Further, Dr. Leguen stated that the Chief Medical Officer, FQHC Operations Officer, General Counsel and Workforce Director will continue to report directly to the District Health Officer.

Dr. Leguen addressed the public comment related to the Sexual Health Clinic. He advised that the vision of clinical services at the Health District was to incorporate the Sexual Health Clinic into the FQHC operations. Dr. Leguen confirmed that nothing in the way that the Sexual Health Clinic operates was going to change. Dr. Leguen advised that having the Sexual Health Clinic employees as part of the FQHC would allow the Health District to make more efficient use of the workforce and resources. Dr. Leguen emphasized that the FQHC was an integral part of the Health District. Further to an earlier public comment, Dr. Leguen advised that the Sexual Health Clinic was previously removed from the FQHC due to concerns about HRSA quality indicator requirements, but further to a recommendation from HRSA's latest Operational Site Visit, we decided to reincorporate the Sexual Health Clinic to the Health Center operations.

Dr. Leguen advised that the comment regarding the loss of 38% of employees was not accurate and confirmed that the 38% referred to the organizational structure that was explained last year, when the FQHC was initially incorporated in the Primary and Preventive Care Division and was later separated. The Chair requested an overview of the FQHC at a future meeting.

Member Hardy left the meeting at 11:05 a.m. and did not return.

Dr. Leguen outlined the following future projects:

- Funding SNHD's Public Health Lab Expansion
 - Expansion of 2nd floor at Decatur
 - Behavioral Health Center at Decatur
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- Implications for ending the COVID-19 Public Health Emergency for Public Health

Kimberly Franich, Communicable Disease Manager presented on the implications for ending the COVID-19 Public Health Emergency declaration, on May 11, 2023. Ms. Franich advised that the CDC continued to meet regularly to discuss transmission. As of May 11, 2023, there would be no requirement to report COVID-19 test results and immunization data. Ms. Franich advised that the Health District would continue to follow-up on cluster and outbreak reports, water and syndromic surveillance, and investigate any COVID-19 related hospitalizations and deaths.

Dr. Leguen confirmed that the Health District will continue to provide the COVID-19 vaccination free of charge.

XI. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Primary & Preventive Care Division Monthly Activity Report

XII. SECOND 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. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Regina Ellis, SEIU, wished to address the vacation accruals. Ms. Ellis stated that it was a contractual matter, and not a policy. Ms. Ellis stated that something happened in Finance within the last year and there was an error made and they have asked that it be corrected. Ms. Ellis raised the move of the Sexual Health Clinic to the FQHC. Ms. Ellis stated that it was much cheaper as a resident if they seek services in the public health department than to seek services in the FQHC as they were very different entities. Ms. Ellis advised that, as a resident and registered nurse, when there is an FQHC the idea of a clinic was that someone would be able to seek primary care services, chronic disease management,

pediatric care, behavioral health, dental, and not to come to a primary care clinic to seek services for HIV and sexual health. Ms. Ellis stated that those were public health entities. Ms. Ellis stated that there should be a Clark County department of public health and a Clark County department where they have an FQHC primary care. Ms. Ellis stated that there was no firewall with funding and that it needed to be very separate. Ms. Ellis stated that if a resident was seeking primary care services they would come to the health department, along with to get diabetes management, hypertension management, infection or for a child's physical. Ms. Ellis stated that they would not come to an FQHC to seek services for HIV, to be diagnosed with HIV or get into care for Ryan White nor for sexual health. Ms. Ellis stated that it would be much cheaper for a person to come to the public health department than to an FQHC. Ms. Ellis suggested that the Board when they review the fees next month, they look at how much it was going to cost to come to the primary care clinic and whether everything was included. Ms. Ellis stated that when people come to public health, they pay a fee, get treated and go. Ms. Ellis stated those were the concerns. Ms. Ellis raised staffing, and when someone worked in Ryan White and HIV it does not mean that they want to work in primary care, or family planning. Ms. Ellis said the one day people were working here and the next day somewhere else and that it did not work, and it was not good for the staff. Ms. Ellis stated that staff were not interested and submitted their statement earlier that it was not good for patients and clients. Ms. Ellis suggested that when thinking of an FQHC to treat it like an FQHC, to allow it to flourish and provide primary care to the residents at a low cost with a sliding fee but to leave public health as is, so people have a way to come to receive public health services.

Harold Collins, a resident of Clark County, stated that he heard through several meetings that the bargaining unit had tried to tell the Board that there were issues, primarily with organizational structure, which is confirmed that Dr. Leguen had addressed, but also regarding policy and procedures. Mr. Collins asked the Board to take these issues seriously and look at the management/leadership style of the organization. Further, Mr. Collins stated that the audit report, under the Schedule of Findings and Questioned Costs for the year end June 30, 2022, item 2022-003 stated a material non-compliance with Nevada Revised Statutes for material weakness in internal control, however, stated that the presentation today indicated no noncompliance issues, and maybe he misunderstood. Mr. Collins stated that these and other issues had been swept under the rug by management. Mr. Collins stated that he heard that the key issues were due to the high turnover of staff and believed that to be an unacceptable answer. Mr. Collins stated that if he were a commander on the battlefield and said he lost the battle because he lost too many captains, that it would not be an acceptable answer. Mr. Collins stated that there needed to be accountability and that the Health District Board needed to have accountability. Mr. Collins understood that the District Health Officer had full authority of management and organization of the Health District but stated that the Board also had oversight responsibilities to ensure that the organizational structure, policies, and procedures were adequate to serve the community.

The Chair clarified that the union had attended Board meetings when requested when issues needed to be elevated. Further, the Chair stated that the Board and the union had a good working relationship and did not want the impression that the public comments were not taken into consideration. The Chair advised that members of the bargaining unit would contact any members of the Board with issues.

Seeing no one further, the Chair closed the Second Public Comment portion.

XIII.ADJOURNMENT

The Chair adjourned the meeting at 11:38 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

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