Carson City
Request for Board Action

Date Submitted: April 6, 2010

Agenda Date Requested: April 15, 2010
Time Requested: 15 minutes

To: Mayor and Supervisors

From: Marena Works, Health & Human Services Director

Subject Title: Discussion and possible action to direct staff to continue to pursue enabling legislation regarding the establishment of health districts in rural Nevada in support of the Rural Health District Study and potential 2011 legislation. *(Marena Works & Mary Walker)*

Staff Summary: During the 2009 Legislative Session, SB278 passed requiring a study of the feasibility of establishing health districts in rural Nevada. This study is under the guidance of the Legislative Committee on Health Care during the interim. The Legislative Committee has directed us to bring back to Committee in May recommendations regarding any potential legislation needed to enact rural health districts on an enabling basis only. This legislation would allow a rural county to take over public health services from the State of Nevada thereby creating locally controlled services which best meets the needs of their citizens.

Type of Action Requested: (check one)

(____) Resolution
(_XX_) Formal Action/Motion
(____) Ordinance
(____) Other (Specify)

Does this action require a Business Impact Statement: ( ) Yes (X) No

Recommended Board Action: I move to direct staff to continue to pursue enabling legislation regarding the establishment of health districts in rural Nevada in support of the Rural Health District Study and potential 2011 legislation.

Explanation for Recommended Board Action: During the 2009 Legislative Session, SB278 passed requiring a study of the feasibility of establishing health districts in rural Nevada. This study is under the guidance of the Legislative Committee on Health Care during the interim. The Legislative Committee has directed us to bring back to Committee in May recommendations regarding any potential legislation needed to enact rural health districts on an enabling basis only. Currently, the State of Nevada provides public health services to areas of rural Nevada, except Carson City, which has its own Health Authority. If enabling legislation were passed, rural counties would be able to take over public health services from the State of Nevada, thereby creating locally controlled services which best meet the needs of their citizens.

Applicable Statute, Code, Policy Rule or Regulation: SB278

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Supporting Material:
1) Walker & Associates Memo
2) CCHS list of services document
3) Western Nevada Health District Expense Report

Alternatives: to direct staff to discontinue its pursuit of enabling legislation regarding the establishment of health districts in rural Nevada in support of the Rural Health District Study and potential 2011 legislation.

Prepared By: Janet Busse, Office Supervisor

Reviewed By: : Marena Thum Date: 4-6-10
(Department Head)

: _____ Date: 4/6/2010
(City Manager)

: Melanie Bruketta Date: 4-6-10
(District Attorney)

: Until Proumlett Date: 4/6/10
(Finance Director)

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____

_____
(Vote Recorded By)

Walker & Associates

661 Genoa Lane, Minden, Nevada 89423

MEMO TO: Carson City Board of Supervisors
Larry Werner, Carson City Manager

FROM: Mary Walker
Walker & Associates

DATE: April 2, 2010

RE: Discussion and possible direction to staff regarding the Rural Health District Study and potential 2011 legislation.

As you are aware, SB 278, passed during the 2009 Legislative Session, required a study of the feasibility of establishing health districts in rural Nevada. This study is under the guidance of the Legislative Committee on Health Care over the Interim. The Legislative Committee has directed us to bring back to the Committee in May recommendations regarding any potential legislation needed to enact rural health districts on an enabling basis only. Currently, the State of Nevada provides these public health services to rural Nevada except Carson City which has its own Health Authority. This legislation would allow a rural county to take these same public health services over from the State of Nevada thereby creating locally controlled services which best meets the needs of their citizens. No rural county would be required to establish a health district or provide the services with this legislation unless they so chose to do so.

The Health District Study Team members participating in this study include: Douglas County Comptroller Claudette Springmeyer, Carson City Finance Director Nick Providenti, Douglas County Human Services Director Karen Goode, the Carson City Health Department Director Marena Works, Mary Wherry from the Nevada State Health Division and myself. Douglas County Manager Michael Brown and Carson City Manager Larry Werner took part in the study on an oversight basis.

The study has included first researching the laws in various States at their State level which enabled the health districts to be established and secondly looking at how particular counties within those States chose to implement a health district. The study reviewed governance, composition of the district board of health, its authority, financing, allocation of costs between counties, state and federal funding allocations, and other information.

The States selected to be studied due to their similarity to Nevada included: Colorado, Montana, Oregon, Utah and Washington. The Nevada State Health Division has informed us Nevada is the only state in the United States which provides all the direct public health services in counties. In all the other states, public health services are provided by either the counties or by local providers through contract. With the information from these 5 states, the Study Team is recommending the attached "Draft Decision Points" as a basis for establishing legislation to enact rural health districts. Please see attachment.

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The attached decision point discussion is different from the original SB 278 legislation since it would require the board of county commissioners participating in a health district to approve the budget and any taxation on behalf of the district board of health instead of the board of health having that authority. Therefore, the full county commission will have direct authority over the levels of service, funding and budget of the health district.

It is important to note that a local government health district is NOT medical care or health care for individuals, but instead is the entity which provides services to the general public to control infectious illnesses and diseases such as controlling the recent swine flu epidemic, providing inoculations, providing environmental health services which includes restaurant inspections and approval of septic systems, etc. Without these vital public health services, our citizens would not have the necessary protection against illnesses and disease.

Our Study Team is in the process of gathering additional follow-up information which is still being compiled. Once the final information is gathered, the Study Team will be meeting with local stakeholders who have expressed an interest in this Study for their comments and recommendations regarding how the Nevada State Law should be crafted.

There are many considerations in potentially establishing rural health districts including concerns from the State Health Division regarding what happens to the remaining rural counties if some rural counties establish their own health district. Since the State provides rural health services without the limits of county borders, the question is what funding and resources will be left to serve the remaining rural counties? We are researching that issue now, however, our commitment and direction is to "do no harm" to other counties if some counties establish a single or multi-county health district. In actuality, this funding shift can happen now since under the current law, rural counties may establish a health district or health authority but there is very little guidance regarding its governance, funding or other critical areas. It should be noted there are other rural counties who are now contemplating establishing their own health districts.

Another concern is what level of funding for State Health Division services will remain in the FY 11/12 Biennium after the State grapples with its multi-billion dollar budget shortfall. This could have an impact on the viability of establishing rural health districts but also on retaining the public health services the State currently provides.

That is the overview of the Rural Health District Study to date and its challenges. We will continue to research this issue and gather input from stakeholders. The Legislative Committee on Health Care has asked our Study Team to return to them in May with any final recommendations we may have.

This agenda item is to request the Carson City Board of Supervisors to give staff direction on how to proceed with legislation regarding the feasibility of establishing health districts in rural Nevada. The same agenda item is on the Douglas County Board of County Commissioners' meeting agenda in order to receive their direction, also, since this is a joint-Carson City/Douglas County study. Please let me know if you have any questions, comments, or further direction.

SB 278 RURAL HEALTH DISTRICT STUDY LEGISLATION
DRAFT DECISION POINTS:

1) What should the multi-county rural health district governance model consist of? Should the multi-county health district be a separate local government or a department of one of the counties or either? In other states, the law allows it to be either a separate entity or a county department.

Staff Recommendation: Law should allow for either a separate entity or a department of one of the counties.

2) Who would approve the health district budget, service levels and revenue sources?

Staff Recommendation: The district board of health would present the budget, requested levels of service and revenue resources to the board of county commissioners in each county which participates in the district for their review and approval.

3) Who should be the members of the multi-county health district? Elected or non-elected? How many members from each county? What should be the terms of office? How detailed should this legislation be or should it be flexible?

Staff Recommendation: The members should include both elected and non-elected. The district budget and taxation will be approved by each board of county commissioners, therefore, the district board members do not have to be all elected officials. Members will include the District Health Officer, at least 1 County Commissioner from each County, and shall have at least 3 members appointed pursuant to county ordinance or interlocal agreement between the counties which creates the Health District.

4) How would cities be included or not included?

Staff Recommendation: Stay with current law NRS 439.390 which allows cities and counties to be represented if they are involved in establishing the district.

5) How is the multi-county health district established? Resolution, Ordinance, Cooperative Agreement, etc.

Staff Recommendation: Establish the district through an ordinance and/or interlocal agreement in each county.

6) Should the multi-county health district establishment and taking over services from the State be enabling only and NOT MANDATORY?

Staff Recommendation: Enabling Only. This is supported by the Nevada State Health and Human Services Department.

7) What are the powers of the health district? What services can it provide? Is it enabling only?

Staff Recommendation: Retain current law, NRS 439.410. Services are enabling only. District board of health and county commissions define what duties they will provide.

8) What is the funding mechanism for the health district?

Staff Recommendation: Health districts are funded by a variety of sources including federal, state and local resources, fees for services and property taxes. The legislation would enable counties the ability to go up to 4 cent ad valorem taxes to pay for health district services, if they so choose to do so. Clark and Washoe counties currently have similar taxation ability for their health districts in current law. The health district board will not have taxation authority. The County Commissions shall approve the budget and any taxation as local elected officials.

9) What is the funding allocation between counties? Some states base it on population with a per capital cost. Another uses population, but allows counties to decide on other mechanisms.

Staff Recommendation: Utilize the per capita cost or any other mechanism as agreed to by the counties.

10) Should the enactment of a health district be able to cause funding shifts between counties leaving other counties without sufficient resources to pay for public health services? Should there be a "do no harm" intent stated?

Staff Recommendation: The establishment of a health district shall not cause state funding shifts from one county to another.

Carson City Health and Human Services

Service Category	Services	Service Description
Preventive Health	Immunization	• Child and adult vaccinations • High risk hepatitis A & B vaccinations
	Clinic Services	• Family Planning: PAP smears, birth control methods • STD testing, treatment and education • Well baby checks and education • Tuberculosis control program • HIV testing, counseling, & case management
	Chronic Disease	• Tobacco: Control/Prevention/Education • Diabetes: Control/Prevention/ • Chronic Disease
Community Health	Epidemiology	• Disease surveillance, investigation and reporting • Analysis and interpretation of reports • Identification of health problems • Makes recommendations for control of mass illness • Provides consultation regarding pertinent public health information
	Environmental Health	• Routine and complaint inspection; ○ Child Care Facilities ○ Food and Drink Establishments ○ Invasive Body Decoration ○ Mosquito Abatement ○ Private Wells and Individual Sewage Disposal Systems ○ Public Accommodations ○ Public Pools ○ Plan Reviews: new construction and remodels • Ongoing mosquito abatement programs • Food safety training programs • Available on an emergency basis for surveillance and investigations
	Public Health Preparedness	• Enhancing and integrating current public health emergency plans into existing local plans • Implementing Points of Dispensing (POD) sites • Developing a Medical Reserve Corps (MRC) • Participating in several disaster / public health exercises • an animal emergency response plan • Developing and sustaining community partnerships
	Special events and education	• Importance of responsible pet ownership • Disaster Preparedness

Carson City Health and Human Services

Service Category	Services	Service Description
Human Services	General assistance	• Temporary Assistance for Needy Families **(**TANF**)** • Child Support Enforcement(CSE**)** • Child Health Assurance Program **(**CHAP)
	Circles of support	• Directly helping people out of poverty • Developing a community mind set that wants to end poverty • Educating the public and social policy makers of what it takes to help a family out of poverty
	Medical assistance	• Emergency medical and prescription assistance • Long-tern care program county financial support
	Women, Infants & Children (WIC)	• Provides supplemental nutrition program for women, infants, and children • Provides education of the relationship between proper nutrition and good health
Animal Services	Rescue and shelter services	• • Ensure humane treatment of animals • Maintain a safe secure establishment for confinement • Determine adoptability of unclaimed or surrendered animals • CCAS has the only mobile shelter in No. Nevada funded through Office of Domestic Preparedness 2005
	Law enforcement	• Enforce county and state statues regarding the control and care of animals • Issuance of licenses • Nuisance abatement
	Disease control and prevention	• Rabies control
	Special events and education	• Importance of responsible pet ownership • Disaster Preparedness
Code Enforcement	Community partnerships	• Promote awareness of and education on nuisance regulations • Facilitate voluntary compliance with City codes • Empower community self-help programs • Establish community priorities for the enforcement program

Western Nevada Health District

Minimum Staffing Scenario, Expenses for Two-County Service Area

PERSONNEL COSTS

District Administration	Budgeted FTE	Salary per 1.0 FTE		Total Costs ($)
Director	1.0	100,000		100,000
Deputy Director	1.0	85,000		85,000
Grants Manager	1.0	70,000		70,000
Management Assistant V	1.0	57,827		57,827
Management Assistant II	2.0	34,861		69,722
	6.0	—		*382,549*
		Fringe @40%	=	*153,020*
Subtotal: District Administration				*535,569*

Clinic Services	Budgeted FTE	Salary per 1.0 FTE		Total Costs ($)
Clinic Services Manager, RN	1.0	72,000		72,000
HIV Ryan White Coordinator	1.0	50,000		50,000
Public Health Program Specialist	1.0	52,645		52,645
Medical Office Technician Supervisor	1.0	50,000		50,000
Medical Office Technician, Carson City	2.0	33,589		67,178
Medical Office Technician, Douglas County	2.0	33,589		67,178
Nurse Practitioner, Carson City, Douglas County	2.0	88,400		176,800
Public Health Nurse, Carson City	2.0	65,192		130,384
Public Health Nurse, Douglas County	2.0	65,192		130,384
WIC Program Specialist, Carson City	1.0	40,632		40,632
WIC Program Specialist, Douglas County	1.0	40,632		40,632
WIC Program Specialist, split CC, DC	1.0	40,632		40,632
	17.0	—		*918,465*
		Fringe @40%	=	*367,386*
Subtotal: Clinic Services				*1,285,851*

Environmental Health	Budgeted FTE	Salary per 1.0 FTE		Total Costs ($)
Environmental Health Specialist III, Supervisor	1.0	78,149		78,149
Environmental Health Specialist II, Carson City	2.0	72,400		144,800
Management Assistant II	1.0	45,965		45,965
	4.0	—		*268,914*
		Fringe @40%	=	*107,566*
Subtotal: Environmental Health				*376,480*

Epidemiology	Budgeted FTE	Salary per 1.0 FTE		Total Costs ($)
Senoir Disease Investigator	1.0	78,808		78,808
Disease Investigator	1.0	52,645		52,645
	1.0	—		*131,453*
		Fringe @40%	=	*52,581*
Subtotal: Epidemiology				*184,034*

Western Nevada Health District

Minimum Staffing Scenario, Expenses for Two-County Service Area

Public Health Preparedness (CDC & ASPR)	Budgeted FTE	Salary per 1.0 FTE		Total Costs ($)
Program Manager	1.0	74,724		74,724
ASPR Planner	1.0	70,000		70,000
CDC Planner	1.0	65,000		65,000
Management Analyst I	1.0	65,000		65,000
Management Assistant II	1.0	34,861		34,861
	5.0			309,585
		Fringe @40%	*=*	*123,834*
Subtotal: Public Health Preparedness				*433,419*

Hourly Positions	Hours	Rate	Cost	#	Total Costs ($)
Infill Nurse	1,039	35.0	36,365	5.0	181,825
Environmental Health Specialist (Seasonal)	1,039	35.0	36,365	1.0	36,365
Administrative Assistant	1,039	12.0	12,468	3.0	37,404
			85,198	*9.0*	*255,594*
			Fringe @12%	*=*	*30,671*
Subtotal Personnel Costs - Hourly Positions					*286,265*

Subtotal Personnel Costs - Salaried Positions (29.0)	***2,010,966***
Subtotal Personnel Costs - Fringe Benefits (40% of Salaried Positions)	***804,386***
Subtotal Personnel Costs - Hourly Posititions (9)	***255,594***
Subtotal Personnel Costs - Fringe Benefits (12% of Hourly Positions)	***30,671***
Total Personnel Costs	**3,101,618**

CONTRACTUAL SERVICES COSTS

Item	Amount ($)
Health Officer, Physician Services	25,000
Medical Director, Clinic Services	20,000
Grant Writer	30,000
Pharmacist	15,000
Professional Services	25,000
Total Contractual Services Costs	**115,000**

TRAVEL COSTS

Item	Amount ($)	Total Costs ($)
In-State Travel	15,000	15,000
Out-of-State Travel	44,000	44,000
Total Travel Costs		**59,000**

Western Nevada Health District

Minimum Staffing Scenario, Expenses for Two-County Service Area

EQUIPMENT COSTS

Item	Amount ($)	Total Costs ($)
Clinic Equipment*	50,000	50,000
Office Equipment	20,000	20,000
*Replace State Equipment		
Total Equipment Costs		**70,000**

SERVICE AND SUPPLY COSTS

Item	Amount ($)	Total Costs ($)
Temporary Personnel Services	30,000	30,000
Mosquito Abatement	75,000	75,000
Office Equipment Repair and Maintenance	6,000	6,000
Memberships and Publications	2,500	2,500
Advertising	10,000	10,000
Professional Licensing	5,000	5,000
Clinic Operating Costs Laboratory	60,000	60,000
Clinic Operating Costs Medical Supplies	60,000	60,000
Clinic Operating Costs Medications	60,000	60,000
State and Private Vaccine	135,444	135,444
Operating Supplies	15,000	15,000
Office Supplies	15,000	15,000
Postage and Shipping	2,000	2,000
Copying	6,000	6,000
Total Service and Supply Costs		**481,944**

INDIRECT COSTS

Total Indirect Costs (5% of Salaries)	**155,080**

Summary: Minimum Staffing Scenario, Two-County Service Area	
Personnel Costs	**$3,101,618**
Contractual Services Costs	**$115,000**
Travel Costs	**$59,000**
Equipment Costs	**$70,000**
Service and Supply Costs	**$481,944**
Indirect Costs	**$155,080**
Total Costs	**$3,982,642**

Western Nevada Health District

Minimum Staffing Scenario, Expenses for Two-County Service Area

Possible Additonal Cost for Services for Stand Alone Entity

Finance/Human Resources Director	1.0	80,469	80,469
Fleet Services			75,000
Legal Services, District Attorney			30,000
Information Technology			50,000
Management Consultation			75,000
Insurance, General Liability and Workers Comp			100,000
TOTAL Additonal Costs			***410,469***

TOTAL with Additional Costs **$4,393,111**