

**City of Carson City
Agenda Report**

Date Submitted: December 11, 2012

Agenda Date Requested: December 20, 2012

Time Requested: 20 Minutes

To: Carson City Board of Health

From: Health & Human Services (Marena Works)

Subject Title: For Possible Action: Report, discussion and possible direction to staff regarding the Director's report on Carson City Health and Human Services (CCHHS) activities. (*Marena Works*)

Staff Summary: Provide an update on CCHHS. This is an opportunity to inform the Board of Health of current activities, programs and services within CCHHS.

Type of Action Requested: (check one)

☐ Resolution

☐ Ordinance

☒ Formal Action/Motion

☐ Other (Specify) Information Only

Does This Action Require A Business Impact Statement: ☐ Yes ☒ No

Recommended Board Action: I move to accept the Director's report and give direction to staff on CCHHS activities.

Explanation for Recommended Board Action: Items may be brought up in the report that the Board may want to take action on to give staff direction.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives: Not to approve the Director's report and give staff direction

Supporting Material: Active Strategy Board of Health Active View

Prepared By: Marena Works, MSN, MPH, APN

(Department Head)

Date: 12-11-12

(City Manager)

Date: 12/4/22

(District Attorney)

Date: 12/11/12

(Finance Director)

Date: 12/11/12

Board Action Taken:

Motion: _____

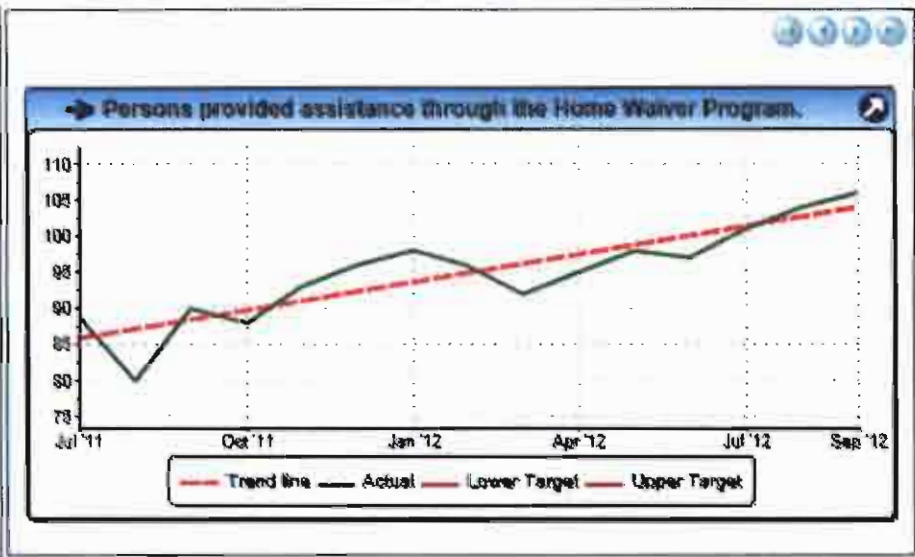
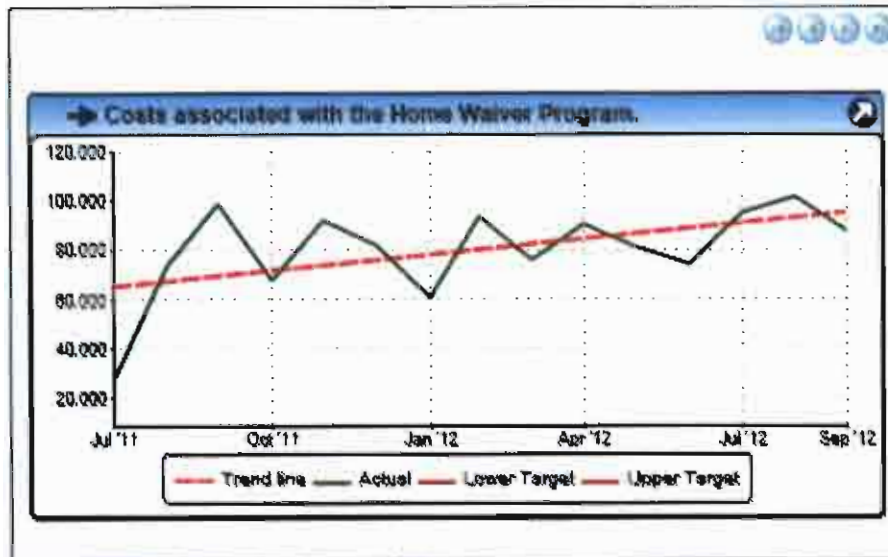
1) _____

Aye/Nay

2) _____

(Vote Recorded By)

Human Services

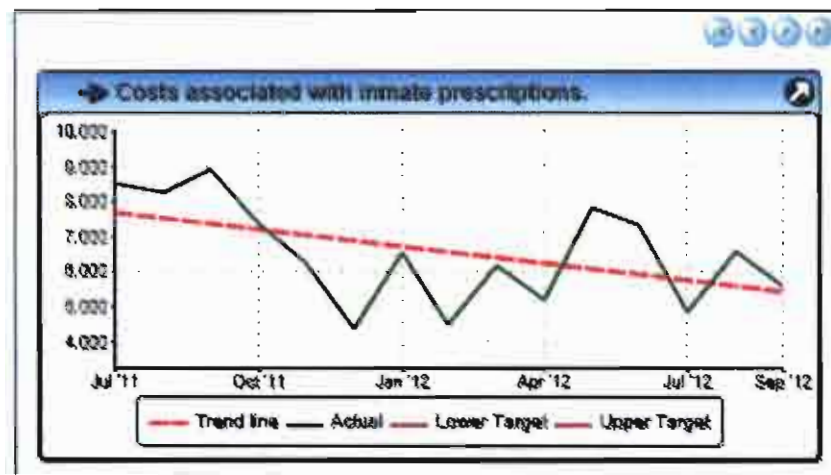
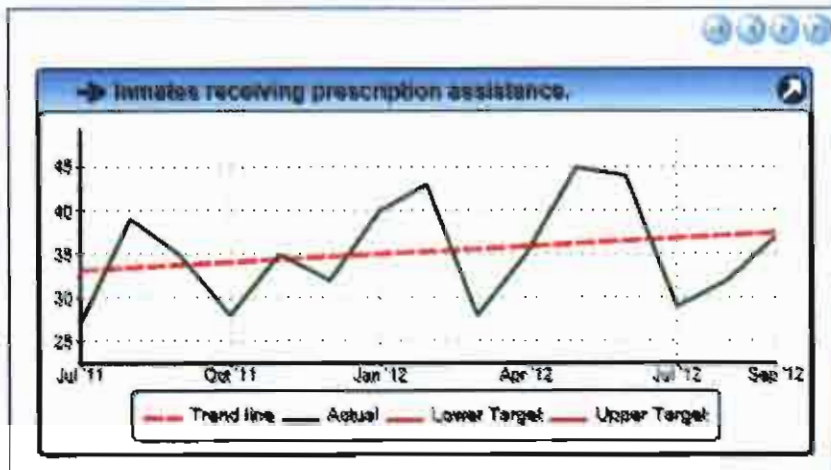


This is being referred to as the "New" County Match. This is a "push down" that started in July 2011. It reflects persons that are living in their home or assisted living receiving Medicaid Services including CHIPS as well as Supported Living Arrangements for adults with developmental disabilities. 142-155.9% FBR income guideline. The responsible County is the County in which the person is residing currently.

Current concern is that there are numerous errors on the invoice that we are requested being corrected before any further payments are made. We suspect Carson City is being charged for residents in other counties based on what has been found in the original County Match charges and examples such as a Humboldt County business having charges on our bills.



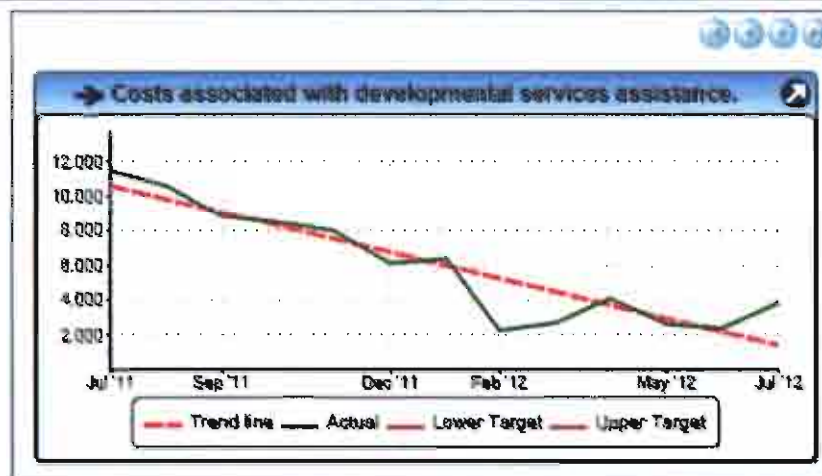
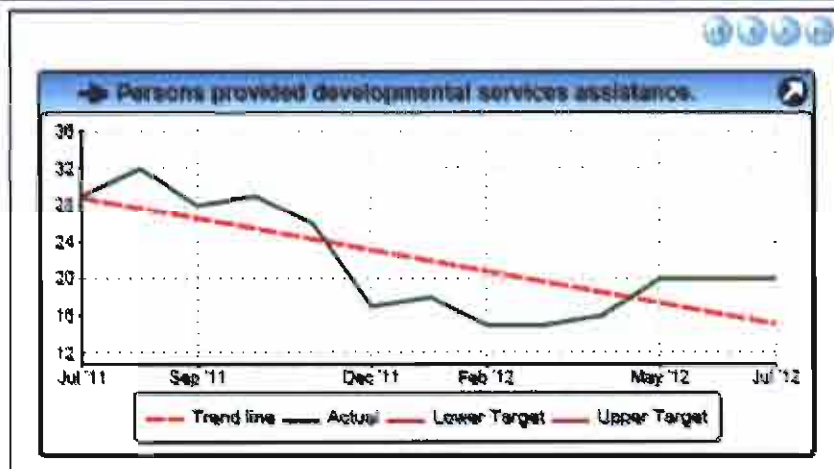
Human Services



Human Services staff is now setting up the process to review inmate demographics and prescription costs presented to the Indigent Medical Fund. Our goal is to identify which inmates are indigent and which have insurance or household income that can pay for the inmate's prescriptions. In addition, we are accepting bids for a pharmacy that will accept Medicaid rates.



Human Services



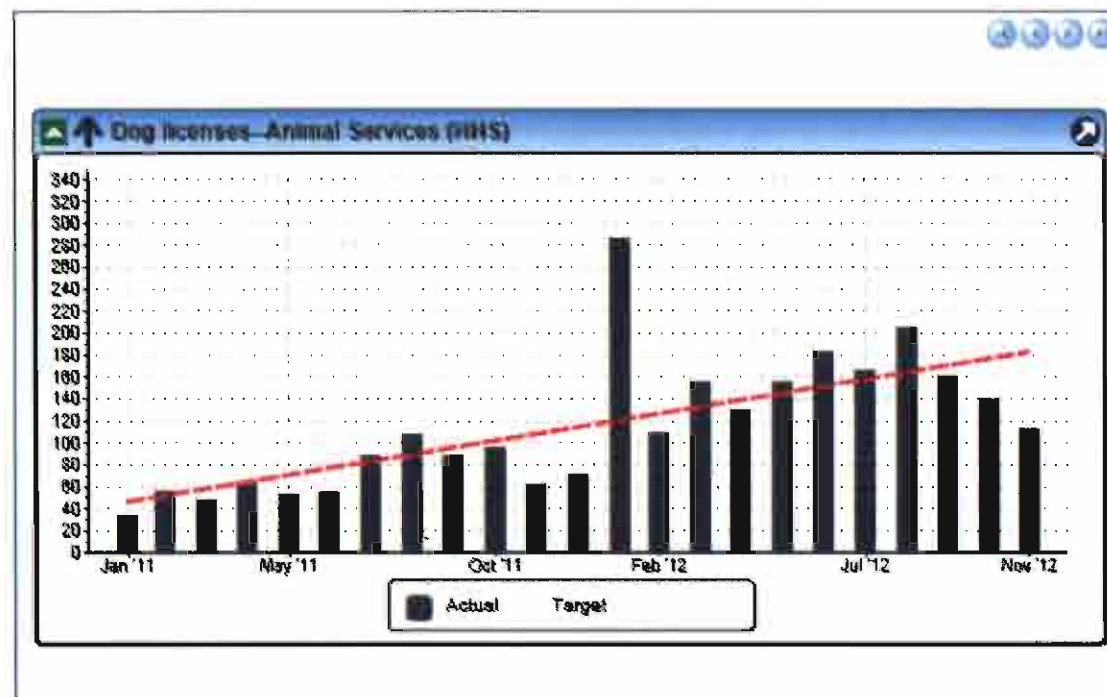
Developmental Services is one of the "push downs" that began in July 2011. This reflects services given to children under the age of 18 yrs. They have been diagnosed and determined eligible for services through Division of Mental Health and Developmental Services, Rural Regional Center. Originally, the counties were being charged for Targeted Case Management, Respite Care, and Clinical Services. The higher amounts shown for July 2011 to December 2011 is because in May 2012 the Division decided they could also pass on children on "Waiver Programs". The back-up for the Waiver Programs have been requested however, according to Rural Regional Center there is no back up. We are told that at this time there are no "Waiver" children in Carson City however, there are "Waiver slots" available throughout the State and all a family has to do is ask for a waiver slot. The number of waiver slots is negotiated with Medicaid during the state budget building process. The Waivers increased our monthly expense by an average of \$4,918.22.

Animal Services

Licensing of dogs in Carson City has more than doubled over this time last year. We still realize a minority of dogs are currently licensed so we continue to advertise on Carson Now.

The American Veterinary Medical Association published, based on a human population of 54,000 people, (approximately 18,000 households), an estimation that there would be 9,612 dogs in our city and to date in 2012 (through November 30th) we have 1,803 licensed.

In 2011 we licensed 822 dogs.

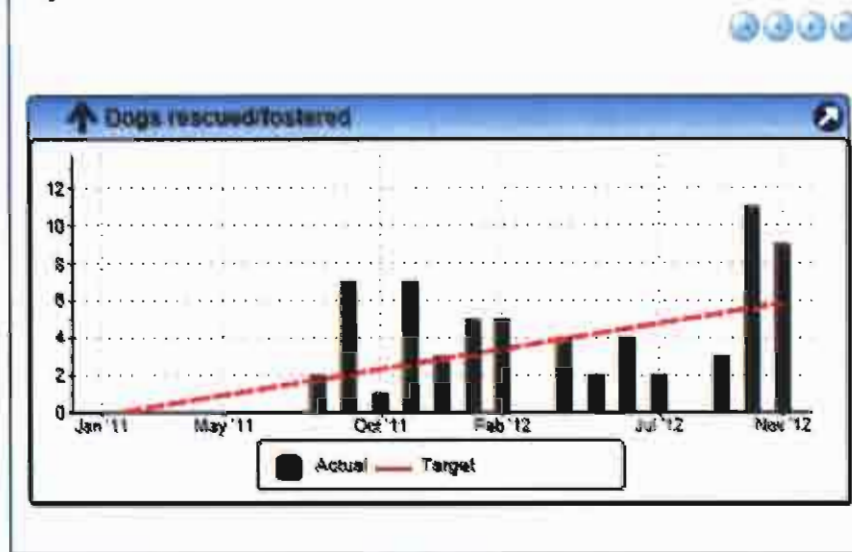


Animal Services

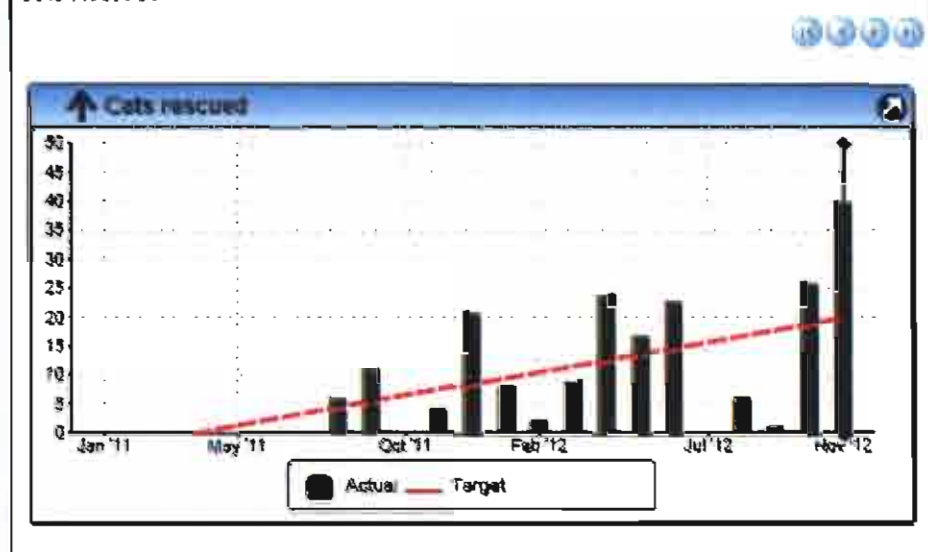
Dogs and Cats Rescued

These graphs show the amount of dogs and cats transferred by Animal Services to other rescue groups and shelters. The increase in activity reflects how relationships have been built to work with numerous groups in Carson City and surrounding areas.

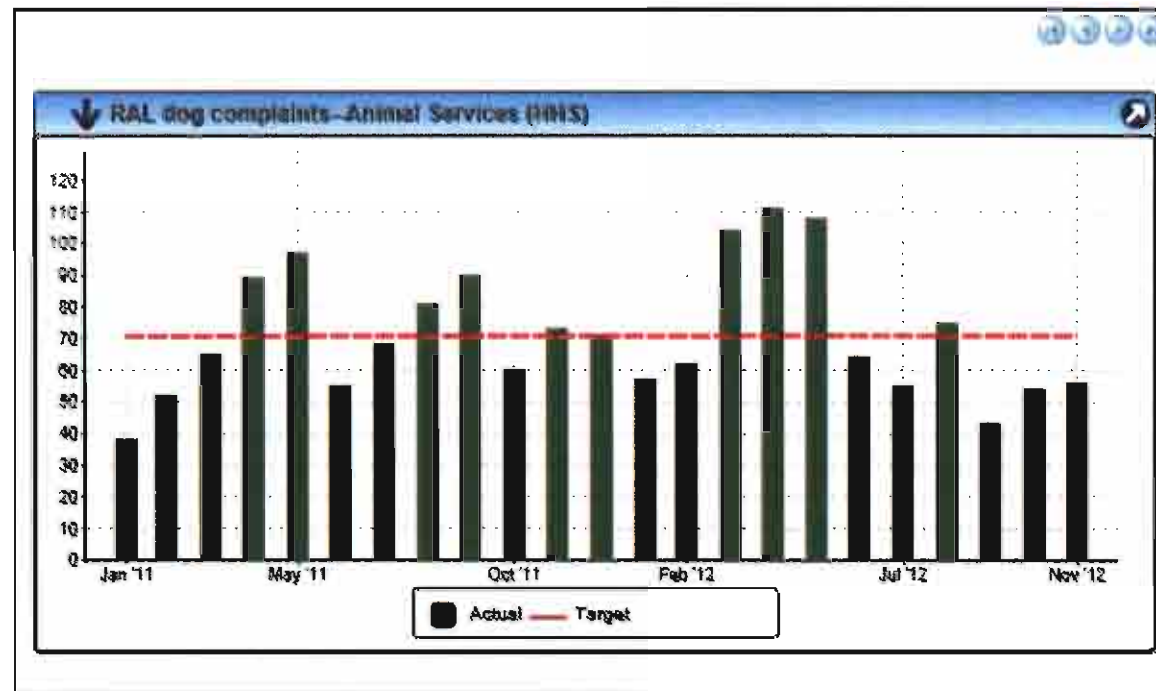
Dogs Rescued



Cats Rescued



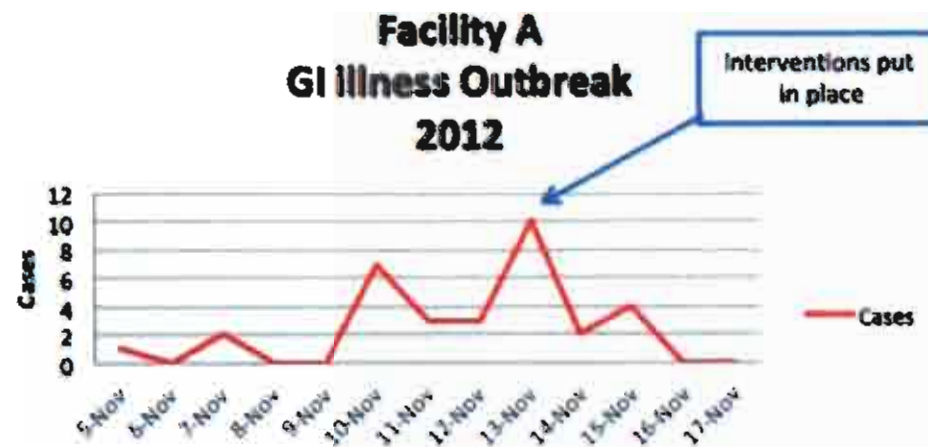
Animal Services



This bar graph reflects the number of Running at Large complaints that Animal Services responds to. Time of each response varies greatly and this is one of the larger indicators of officer workload.



Environmental Health and Disease Investigation-Collaborating

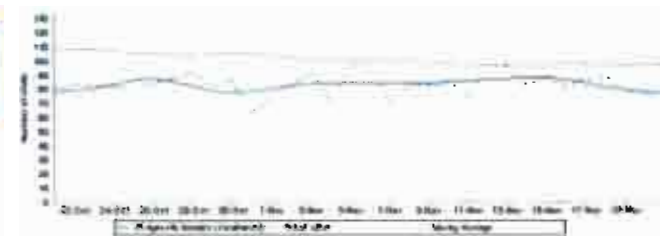


During mid November, 2012 a senior living facility had an increase of GI illness among the residents and staff of the facility, a total of 32 individuals were ill. Collaboration among CCHHS programs, Environmental Health and Epidemiology and cooperation from the facility controlled the outbreak.

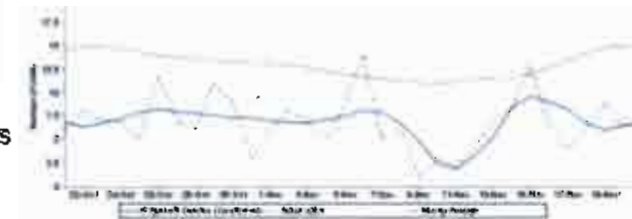
Epidemiology monitored illness reports from the facility and in the community. Epidemiology also provided recommendations to the facility to limit the spread of the illness.

Environmental Health conducted field visits to monitor compliance of recommended interventions and the exclusion of ill staff members.

Once interventions (isolation of sick individuals, environmental cleaning, etc.) a dramatic decrease in cases occurred.



Above is a chart representing all visits to ER before, during and after the outbreak.

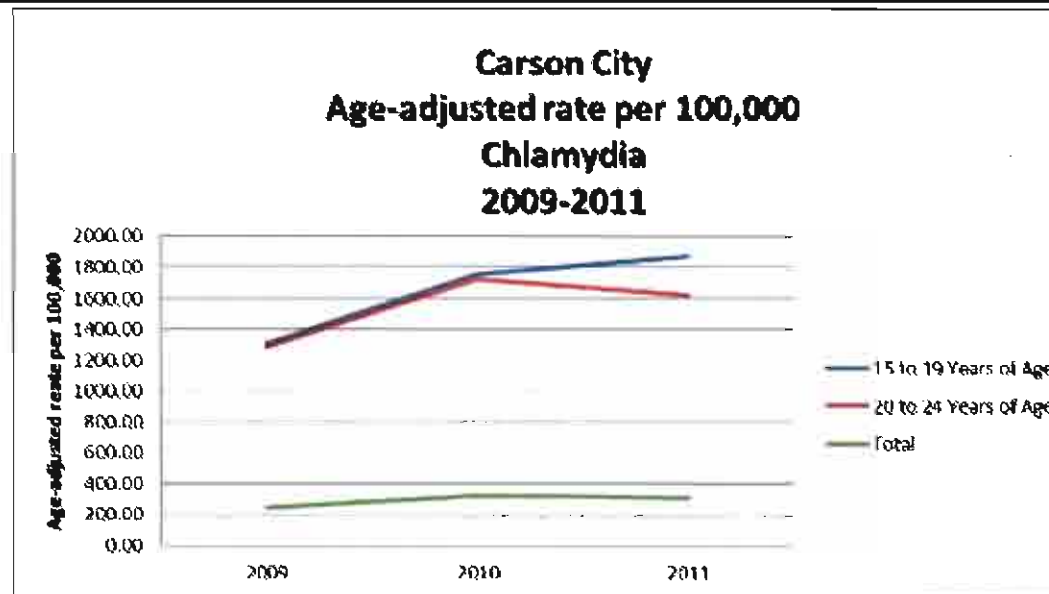


This chart represents GI illness visits in the ER for the same time frame.



Disease Investigation and Clinic-Divisions Collaborating

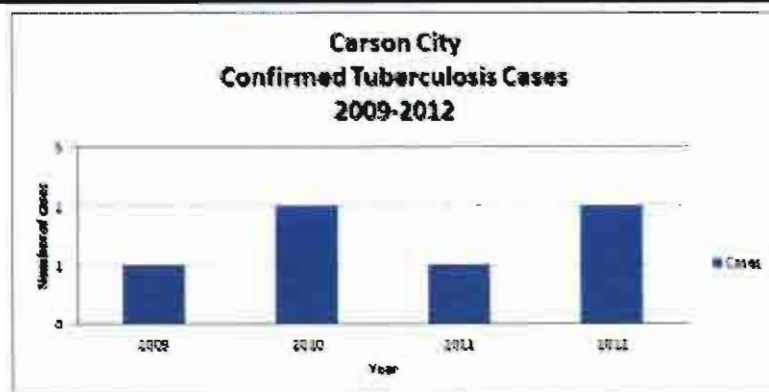
The green line represents the age adjusted rate per 100,000 for Carson City from 2009-2011. When we extract out age specific rates per 100,000, you can see that rates for individuals 24 years or age and younger are dramatically higher.



In order to address this rise in STD rates, CCHHS convened a CHIP STD work group in October to begin discussions of potential solutions to address this rising need. Partners on this work group include juvenile probation, a private providers office, United Latino Community and the school district. We are also partnering with the Carson City School district regarding STD education at the High School. In November, we presented an STD Power Point to the Family Life Committee. This presentation was approved and we are scheduled to provide STD information to Freshman health classes and PE classes January 7-10, 2013. We have also written and received a grant to fund any STD testing that might arise from these presentations.



Disease Investigation and Clinic-Divisions Collaborating



Tuberculosis Confirmed and Non Confirmed Case Time		
	Culture Confirmed	Clinical Case*
Treatment Duration	24 weeks	8 weeks
Division Involment		
Epidemiology	10 hours	10 hours
Nursing	28 hours	15 hours
Costs		
Nursing and Epi	\$4,000	\$1,000

*Clinical Case could turn into a confirmed case and would extend treatment for the full 24 weeks.

Since 2009 Carson City has had an average of 1.5 cases of Tuberculosis in our community. These cases represent both pulmonary and extra-pulmonary cases.

Tuberculosis antibiotic treatment involves multiple medications over the course of 24 weeks. Complicated TB cases may involve alternate medications and longer periods of time. Non-compliance with this lengthy regimen has resulted in drug resistance and has contributed to a rise in tuberculosis rates across the United States. As a result, Directly Observed Therapy (DOT) is now the standard of care. DOT means that a health care worker watches a patient swallow every single dose of the prescribed medications. We enlist multiple and creative measures which include office visits, home visits, visits to places of employment, skype, and video phones.



CCHHS Clinic Tobacco Survey, 2012

This is the second year of our annual tobacco use survey. Here are some of the findings:

The objective is to increase by 5% annually the number of individuals reporting readiness to quit and / or cessation activities.

Clinic Clientele: **90% female**

Tobacco Use Rate: **2011 = 32% 2012 = 31%**

No significant change; in Nevada the average tobacco use is 22%, however lower socioeconomic adult individual tobacco rates are higher, consistent with nationwide data.

Considered Quitting: **2011 = 89% 2012 = 88%**

No significant change

Set a definite date to quit: **2011 = 28% 2012 = 38%**

This is an increase of 10% indicating motivation to change.

Asked if they smoked by Clinic Staff: **2011 = 76% 2012 = 81%**

Increase of 5 % in brief tobacco interventions.

Attend Cessation Class: **2011 = 2% 2012 = 4%**

Increase of 2% of this population which reflects the outcome of the brief tobacco interventions.



Objective: Inform, Educate and Empower People about Health Issues and Promote Wellness

Serving Carson City, Douglas County, Lyon County & Storey County



Western Nevada Safe Routes to Schools

Carson City • Douglas County • Lyon County • Storey County



Public Health Emergency Preparedness

CDC Public Health Emergency Preparedness

To assist state and local public health departments in their strategic planning, CDC developed 15 capabilities to serve as national public health preparedness standards and CCHHS performs tasks in the following areas to help us meet one or more of these capabilities.

Collaboration/Partnership

Participated in Douglas County POD and LEPC meetings.

Invited partners to participate in CCHHS POD planning meetings.

Community Outreach

- Organized/staffed 20 School-Located Clinics administering 4,604 doses of Influenza.

- Voluntary fees collected from students \$8,208

- Fees collected from school staff \$9,810

Total Fees collected at schools \$17,818*

*Fees specific to Public and Private Carson City Schools and CC Manslay in Douglas County.

- Organized/staffed 10 Employer Clinics administering 731 doses of Influenza.

- Total Fees collected from invoicing employers or billing their insurance \$15,420*

*Return on investment for private vaccine.

- Organized/staffed 16 Clinics at Senior Centers/Assisted Living Facilities administering 682 doses of Influenza.

- Total Fees collected from Senior Advantage plans or Medicaid \$1,930.13. This does not include fees collected from Medicare.

- Organized/staffed 9 Community Outreach Clinics administering 410 doses of Influenza.

- Provided First Aid Services at the Advocates Against Domestic Violence "Light in the Night" 3k



Training/Exercises

Staff attended Grant Writing course.

IS 907- FEMA Active Assailant Training



Public Health Emergency Preparedness

ASPR Hospital Preparedness Grant

- **Healthcare Coalition Development**
- Access and Functional Needs Workgroup meetings (ongoing collaboration with WCHD and service organizations on emergency planning for vulnerable populations.
- Gap Analysis of Hospitals
- **MRC Activities**
- Participated in the School-Located Vaccination and Outreach Clinics
- Home Depot Preparedness workshop in collaboration with Carson City Fire Dept. and Emergency management
- First Aid Booths at the Carson City Farmer's Market.
- First Aid Booth at the Advocates Against Domestic Violence "Light in the Night" 5k
- **Training / Exercises**
 - Participated in the 10/6/2012 Point of Distribution Exercise at Carson City Corporate Yard



Immunization Billing Grant

Strategic Planning for Immunization Billing in the state of Nevada

- CCHHS is currently a pilot site for immunization billing, contracting with insurers, and creating an implementation toolkit.
- Upp Technologies will do an ROI analysis - to be completed January 31, 2013.

Received New Grants

- 1) \$18,000 Wellpoint Grant - Adult Flu Immunizations
- 2) \$486,000 Nevada State Health Division - School-Located Vaccination - 2 years



Accreditation

Our accreditation team has been working on a self assessment to identify the gaps we currently have in respect to the PHAB Standards and Measures. Additionally, we have sub-committees working on developing and updating policies, how we document throughout the health department and generating a quality improvement plan.

In 2013 the accreditation team along with Health Department staff will be developing the following to bridge the gaps found in our self assessment:

- Update policies and procedures
- Performance management plan
- Quality improvement plan
- Workforce development plan

