

**Carson City
Agenda Report**

Date Submitted: May 8, 2015

Agenda Date Requested: May 21, 2015
Time Requested: 20 minutes

To: Carson City Board of Health

From: Board of Health Chairman (Dr. Susan Pintar)

Subject Title: For Possible Action: Discuss and give possible direction to staff from the Board of Health Resource Stewardship Advisory Group concerning Carson City Health and Human Services (CCHHS) current and future programs and funding. *(Susan Pintar)*

Staff Summary: Discuss current CCHHS programs and funding and give possible direction to staff regarding these programs and funding. Provide recommendations for future programs and funding.

Type of Action Requested: (check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to accept the recommendations of the Board of Health Resource Stewardship Advisory Group.

Explanation for Recommended Board Action: Items may be brought up in the discussions in which the Board of Health may want to take action on or give staff direction.

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

Fiscal Impact: No General Fund Impact

Explanation of Impact: N/A

Funding Source: N/A

Alternatives: Not to accept the recommendations of the Board of Health Resource Stewardship Advisory Group.

Supporting Material: Report of the Resource Stewardship Advisory Group to Carson City's Board of Health

Prepared By: Nicki Aaker, MSN, MPH, RN

Reviewed By: N. Aaker
(Department Head)
Wick Mahand
(City Manager)
[Signature]
(District Attorney)
Michael Blum
(Finance Director)

Date: 5/12/15
Date: 5/12/15
Date: 5/12/15
Date: 5/12/15

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



**REPORT OF THE RESOURCE STEWARDSHIP ADVISORY GROUP TO
CARSON CITY BOARD OF HEALTH
MAY 21, 2015**

Background

The Advisory Group was formed in the fall of 2014 to review the programs of Carson City Health and Human Services (CCHHS.) The purpose of the review was to provide information to Board of Health members to assist them in making appropriate recommendations regarding public health services and to demonstrate fiscal responsibility in provision of these programs.

The Advisory Group received and reviewed information on the programs currently offered by CCHHS. A comprehensive fiscal review (cost-benefit analysis) of each program within CCHHS was not conducted, however, factors including funding source, perceived value of the program to the community, and legal necessity of the program were identified. The following is a summary of the health and human service programs currently offered through CCHHS and recommendations which resulted from this review.

I. Mandated Programs

Mandated programs are those that a health authority must deliver to its citizens, either due to state law (Nevada Revised Statute aka NRS) or city/county regulation.

1. Public health surveillance and detection (NRS 441A), investigations of outbreaks of reportable conditions/diseases (NRS 441A), inspection of various facilities including child care food preparation, food establishments, hotels/motels, RV parks (NRS 432A, 444, 446 and 447)

These are areas in which CCHHS has demonstrated competence and has been able to expand by offering its service, excluding child care food preparation, to adjacent counties. This has improved efficiency and promoted positive relationships among the counties. Support of these programs comes from General Fund and an Interlocal Agreement with Douglas County (2 staff members in Carson City and 2 staff members in Douglas County) and from service fees.

Suggestions-

- a. Consider developing a tiered level of services with scaled fees. For example, if a food service operation requests immediate inspection, a 'rush' fee could be added to the usual charge. This is similar to fees imposed by building inspectors for expedited reviews.
- b. Update fee schedules and billing processes to make sure all fees are appropriate to the degree of service delivery. Some of the fees are currently as low as \$5 yet require up to an hour of staff time.
- c. Support the transition to online courses and tests for food service workers. This will enhance service to the community and replaces a current labor intensive process which will reduce staff time.
- d. Consider general fund support for the division manager who currently is 100% funded from grants.



2. Human Services (County Match, Developmental Services, Home Waiver Program, Indigent Accident Fund, Indigent Burials, Indigent Services Fund and Long Term Care Payment Program.)

These are all NRS mandated programs that require significant outlays from the General Fund. Some state resources are available as well.

Suggestions-

- a. Consider contracting with a local provider for a flat rate for all county-paid burial services. Currently these services are provided by a rotation of willing providers at an authorized rate of \$550/burial. The Advisory Group has been told that the services may be provided for less per case if one provider was assured of receiving all the cases. Staff is consulting with legal counsel to research if this is an option.
- b. Staff will research the possibility of shifting the budget designation for developmental services, jail meds, indigent burials and long-term care costs out of the General Fund and into the Indigent Fund designation. The state of Nevada has designated funding (that is administered by the Nevada Association of County Officials) that rural counties may apply for to cover long term care costs in excess of the county's Indigent Fund. This funding is only to cover expenses that result from indigent long term care services that are NOT paid for out of a county's general fund. Consider the shift in budget designation if the research indicates it is allowable.

3. STD testing and Treatment (NRS 441A)

The CCHHS clinic sees approximately 6,000 unduplicated clients per year (many are seen multiple times during the year), many of whom are on Medicaid or uninsured. Unfortunately, there are few resources available for sexual health services in our community for persons on public insurance or who are self-pay (uninsured). The clinic provides a valuable service for these men and women that includes STD testing and treatment but also includes a variety of other sexual health services, including screening exams and family planning.

Suggestions-

- a. Pursue partnership with Sierra Nevada Health Centers to provide primary care for clinic patients.
- b. Maintain periodic review of fee schedule and consider adding yearly Cost-of-Living adjustments.
- c. Maintain and expand billing for health services for private and public health insurances.
- d. Strengthen customer focus to maintain a high level of care and customer satisfaction. Conduct customer satisfaction surveys, etc., to further improve the quality of care as needed.

4. Tuberculosis Testing and Treatment (NRS 441A)

TB testing is an important part of disease surveillance. Many employers require testing as a condition of employment. This testing is offered to the community. Patients with positive tests are counseled regarding further medical evaluation and offered treatment. Patients who are tested outside the clinic and have a positive test are frequently referred to the CCHHS clinic for further testing and treatment. These services are on a no-charge basis if the client is medically indigent and are



billed to the client's insurance if available.

Suggestions-

- a. Maintain periodic review of fee schedule and consider adding yearly Cost-of-Living adjustments.
- b. Maintain and expand billing for TB health services for private and public health insurances.

II. Non-Mandated Programs

1. Clinic Services

A. Immunization Clinic

CCHHS provides immunizations to persons of all ages and in all demographic designations. The yearly flu clinics and the School-Located Vaccines programs also provide vaccinations to many persons in the community. A significant portion of the local population does not have access to private physicians and for those that do many physician offices do not offer vaccinations and refer the patient to CCHHS. Thus, providing immunizations is a necessary service for our community. To support these services, both public and private insurances are billed. Funding is also provided through grants (State Immunization Program.)

Suggestions-

- a. Maintain and expand billing for immunization services for private and public health insurances. Grant funding is likely to decrease at some point so billing and collections need to be optimized.
- b. Explore opportunities to expand immunization services in alternate locations, such as within a School-Based Health Clinic.
- c. Explore implementation of a Travel Immunization Clinic.
- d. Consider partial permanent support of the Immunization Clinic through the General Fund.

B. Family planning, men's health services, well woman care and well-child checks

As mentioned above, these services are primarily sought by clients who are uninsured or covered by public insurance. A shortage of primary care physicians in our community also contributes to the need for these services. The programs are supported by federal grants (Title X) and state grants (Maternal-Child Health grant.)

Suggestions-

- a. Pursue a partnership with Sierra Nevada Health Centers to provide primary care for clinic patients.
- b. Re-evaluate these programs if grant funding declines significantly or objectives change. It has been communicated to us that the Maternal-Child Health grant will be focusing on population-based objectives in the near future.

C. HIV Testing, HIV Prevention and HIV Adherence (Ryan White) Programs

The HIV testing and prevention activities are entirely grant funded. The HIV Adherence (Ryan White) Program provides services to persons throughout the state.

Suggestions-

- a. Re-evaluate these programs if grant funding declines significantly.



2. Human Services

A. WIC (Women, Infants, Children)

This is a nutrition supplement program which is entirely state-funded. This program provides nutritional counseling and financial vouchers for approved foods to low- and middle-income families. WIC services complement other services that CCHHS provides and often serve as an 'introduction' to public health services for members of the community.

Suggestions-

- a. Consider expansion of services to additional locations such, as Sierra Nevada Health Center. This would complement their primary care services and provide a link for patients who could access other CCHHS services.

B. Workforce Program

The case manager within this program coordinates job fairs, conducts weekly training sessions in job acquisition skills and interacts with a variety of employers in Carson City. The program is grant funded. The Workforce Program currently serves a unique function in Carson City, as no other agency provides these services to the entire community.

Suggestions-

- a. Re-evaluate this program if grant funding declines significantly.
- b. Consider General Fund support if it is judged significantly valuable to the community.

3. Public Health Preparedness

A. Health-related Emergency Preparedness Planning, Hospital Preparedness Planning, Interoperable Communications, Community Partnerships, Mass Vaccination and Dispensing of Medical Countermeasures, the Medical Reserve Corps and emergency training programs

All of these programs are grant-funded. In general, funding for preparedness is declining, although it is not anticipated to disappear entirely. As incidents happen, such as E-bola, supplemental grants may be available.

Suggestions-

- a. Maintain current level of services. If funding declines, consider General Fund support if the program is judged significantly valuable to the community.

4. Chronic Disease Prevention and Health Promotion

A. Tobacco Prevention

This program is considered a core program but is entirely grant-funded. Funding has varied significantly in the past few years.

Suggestions-

- a. Maintain current level of services. If funding continues to decline consider General Fund support if the program is judged significantly valuable to the community.



B. Promoting Health Among Teens (PHAT), Personal Responsibility Education Program (PREP), Safe Routes to School

These programs provide training and services to distinct populations. These programs are targeted to address specific public health concerns and are entirely grant-funded.

Suggestions-

- a. Maintain current level of services. If funding continues to decline consider General Fund support if the program is judged significantly valuable to the community.

Where To Go From Here -

CCHHS, like many public health departments across the county, is likely to undergo changes within the next few years. The need for direct clinical services may decline. Clinical services have served as a safety net for the uninsured who could not afford to pay for private health care. The Affordable Care Act, which requires health insurance coverage for virtually all of the population, should make private health care more attainable; although a barrier may be the lack of health care providers within the community. With that being said, there is and will be a portion of the population, the undocumented and those unable to afford the insurance premiums, who cannot obtain health insurance. At the same time, the burden of chronic disease due to lifestyle choices and environmental factors is increasing. This now puts the focus of public health on chronic disease prevention and health promotion. Public health will be expected to provide services that have a broad positive impact on the health of the community. Diabetes education, obesity prevention and promotion of positive lifestyles are examples of population-based programs that have a broader impact than providing a clinical service.

Public health policies should be integrated into all aspects of city planning and development. Carson City benefits from an attractive outdoor environment but fairs less well in other measures of healthy living, including higher rates of teen pregnancy and adult smoking than other communities. Policies that incorporate a healthy living environment in every aspect of city government are an important aspect of Board of Health governance.

Funding is always a challenge. In FY2011-2012, Nevada ranked 51st among states and territories in state public health funding at \$3.28 per capita (Source: Key Health Data about Nevada. Trust for America's Health.) In Carson City, as of the beginning of 2015, 54% of public health funding was provided by grants, 41% by budgeted city funding and 5% by interlocal agreements for services CCHHS provides in other counties. Clinical Services revenue, which is generated from insurance billing and fees paid for services, and clinic operating expenses are not included in these calculations. The revenue collected directly offsets clinic operating expenses. Environmental Health revenue generated from permit fees is dealt with slightly differently and is used to offset the Environmental Health general fund budget.

Collaborative projects between Carson City and Douglas County have already proven to be cost-effective. Additional opportunities to develop cost-effective public health services with other counties or state agencies should be pursued.



Grant funding is a large part of the public health budget in Carson City. Public health accreditation is intangible in terms of improving funding but should make CCHHS more competitive when grants are awarded. Public Health Accreditation Board (PHAB) approval is currently in process and should be supported by the Board of Health. Grants should not, however, be pursued just for the sake of funding but should help meet the goals of the community as stated in the Community Health Improvement Plan. Grants that support evidence-based interventions and provide for administrative costs are preferred.