



Meeting Minutes

Meeting Name: CNHD Planning Mtg	Location: 400 Main St. Lovelock and Zoom	
Date: 2-22-22	Start Time: 2:00 PM	Stop Time: 3:40 PM
Note Taker: M. Works	Facilitator: M. Works	
PHAB v.2022 Domain: 10	Build and Maintain a Strong Org. Infrastructure for PH	

Attendees: (See attached sign-in sheet)

MINUTES

1. Roll Call:
2. Diagram of the visual for the CNHD.
3. Update on Meeting with State DPBH Leaders
 - a. Timeline for the CNHD beginning on July 1, 2023; need to have activities done on time and need a commitment from the counties by June. Impact to state budget and if there are positions that would go away. The state request should be complimentary with the request to form the HD.
 - b. Discuss the amount that is assessed to each county.
 - c. Discussed idea for changes to NRS 439; no proposed language at this time.
 - d. Discuss PH grants and if the CNHD can be included in some of the funding. We are not trying to hurt the established HD's but would also like to see a more equitable way that grants are distributed. Marena mentions that historically compared to other states Nevada has never put general fund money into local or district health departments. Julia mentioned they do not do formulas for most grants and may need to re-look at this. Need to advocate for the PH improvement fund for some sort of per capita funding.
 - e. Specific grants: PHP the state does use a formula; tobacco and other chronic disease money may get some but generally not for direct services; tobacco may fund advertising, education; may be a little from diabetes; comprehensive cancer but those are more outreach/prevention. Maybe can carve out one position to do chronic disease prevention. Tobacco could be outreach, but the coalition does a lot of that service; but maybe one position that focuses on tobacco or tobacco and overdose. We need to build a budget; is there any timeline the state has to know about these funds? It depends, for example PHP starts in July, may be able to carve. Family Planning RFP Julia just saw and will be sure we get the notice. Churchill Co gets AB 397 FP money through the Community Health Nurse; in Eureka it goes through the clinic they contract with.
4. Plan B for Eureka County: ideally, we want to go forward with the NRS change by removing adjacent county language. However, Eureka can still join in through inter-local agreement. In regard to EH and CHN services, these are the 2 services we need to ask the Governor and the IFC to assume these services. This has nothing to do with the authority to develop a HD which only approval needed is through the state BOH so potentially can form a district without the services of EH and CHN.

Meeting Minutes

5. Legislative Changes: discuss any potential changes to NRS 439: all agree they want the removal of **adjacent** counties to form a HD. Relationships are more important than county lines. Briefly discuss the handout that has some laws from other states with BOH composition. Question: do we want to look at district BOH composition: no, the group likes it the way it is. Shannon: is okay with the governing body appointing. JJ: agrees with Shannon; wants to appoint who they want to sit on the Board and gives the county a sense of control. Vince: suggested for Board appointments (any kind) like it to be a public process so that it engages the community Do we want to add a government structure? Question regarding what a government structure is. No, the group likes not having that dictated. Julia chimes in that more discussion will most likely come out from the 209 study. We should be discussing not only the services that we are hoping to assume (EH and CHN), but also need to be delivering on the 10 Essentials of PH. We will keep eyes on the 209 study. Vince adds there is always a concern when a statute is opened up the legislature will make additional changes that we weren't seeking or making; see how 209 plays out and how it is presented to the legislature. Allowing the local flexibility is paramount as these counties know what works for them. Any action on 209? There is a penciling out of meetings and it was suggested that we are included. They will be looking at PH workforce and PH governance; this will occur over the next 5-6 months. Discuss that other states have in their law for a District that the District HO is the Executive Officer and Secretary of the BOH: Nevada does not have this for a District that is 700,000 or less (they have it for a county). Group agrees this can be put into the BOH Bylaws. Same with BOH members being a resident, put this in Bylaws.
6. Sample of County Codes: refer to handout on codes; some draft language on how to say in code on establishing the HD; Shannon says need to start working on related to 4 different attorneys. Shannon will send to her DA's office and start moving to all the counties afterward. Wording to abolish the county BOH and name the district as the authority. Churchill County will be the fiscal agent, the CNHD will be able to collect fees, etc. (see handout). Shannon will give to her attorney and get feedback. CNHD HO will be the rabies authority (see handout).
7. Schedule of Presentations
 - a. NACO on Friday February 25th: who will be in person: JJ, Shannon, Marena, Cassie
 - b. State BOH on Friday March 4th on Zoom: Marena to present; Shannon, Cassie
 - c. Legislative Committee on Health and Human Services: Julia states they do have theme meetings; Julia will connect Marena with the analyst for that committee to ask if there is an appropriate meeting for this topic.
8. Organizational Chart: need an idea of positions, services to build a budget. HO does not need to be an MD; in many states this position is not an MD but an MD needs to be on contract for specific medical orders. Org chart has some main themes and there will be a cross-over of people doing a couple of things. Need to build up strong the PHP/disease investigation side. EH would have a working manager who oversees the program but also does inspections. The state said it has 2.5 FTE's covering this area. CHN again will be doing other duties. Need to know from each county how often they need a public health nurse in the county (ex: 3 days per week; 5 days per week). Disease prevention is any kind of chronic disease management. Carol states right now needs one day a week maybe more in the future. Shannon has put in for a PHN who can also do chronic disease management. In EH, cannot have administrative staff do inspections but they still need admin staff but again this will cross over. In Douglas County the budget came in lower then they were paying. Email on any thoughts especially on nursing.



Meeting Minutes

9. Build Budget: Marena's next big item is to build the budget and UNR is hiring a person to assist knowing that the counties are busy right now building their annual budget, but I will reach out for questions. Shannon says CC is building a spreadsheet that has all fringe benefits and how to formulate that for each position. Pull from the state their wage study for positions they don't have. Grant numbers will be draft at this time. One of hardest to nail down are fees for service. Looked at Washoe County and State fees for EH; State may not have updated fees. Need to know feedback; Carson City for example did not charge non-profits, maybe schools. Washoe County may have had a discount, cannot remember. Can start a budget by using the state fees. Marena makes a comment that may want to start higher than current state fees as her opinion is fees are not raised for so long then they take a huge % increase; so everyone needs to think about fees. Need to develop a fee schedule for clinic services, immunizations, example. Even product that is free (example Covid vaccine), there is still an allowable fee to charge for administration. Think about how the counties want fees to look like. Shannon asks if there could be a comparison of the different injections and fees. Marena will do this. Do you want to charge for home visits? Think about these things. Insurance billing is a huge piece; even Covid can be billed for an administrative fee. Need insurance contracts which cannot happen until there is a nurse practitioner hired. Suggest using a billing company due to Federal requirements and fines if not done properly; however, they do charge a % of all cash that comes in. After we get a draft budget, then will need an agreement on how much to charge each county. Need a budget before can decide on this. One idea is a flat fee and then per capita.
10. Timeline: rough timeline, see PPT slide; in regard to NRS 439 changes how does this group move forward? Will be waiting to see how some other things pan out.
11. Discuss membership (NALBOH and NACCHO): encourage membership for everyone to join NALBOH and consider attending the annual conference. Encourage Churchill to also join NACCHO as well; however, any of the counties can join. After a district is formed, the district will join as a member.
12. Next meeting March 22 in Eureka; does the group want to try to continue to have an in-person site for meetings? Yes.

ACTION ITEMS

Item	Person Responsible	Deadline
State BOH agenda for March 4 th send to all members	Marena	When agenda is available
Introduction to Marena to the analysts for the legislative committee on health and human services	Julia	ASAP
Each counties vision for how often a public health nurse should be in their county. For example, 3 days a week; 5 days a week, what is there need.	All	March 11
Churchill County Spreadsheet with all the fringe benefits	Shannon	As soon as it is completed
Immunization fee comparison	Marena	March 22
Letter to the Governor	Marena	March 22



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APPROVAL		
<i>These minutes represent a true and accurate record of this meeting to be the best of my knowledge.</i>		
Person Responsible:		Date:
Meeting minutes submitted by:	Marena Works	Feb. 23, 2022