



**Public Health**  
Prevent. Promote. Protect.

## Meeting Minutes

<b>Meeting Name:</b> CNHD Planning Mtg	<b>Location:</b> 10 S Main Street and Zoom	
<b>Date:</b> 6-28-22	<b>Start Time:</b> 2:00 PM	<b>Stop Time:</b> 3:40 PM
<b>Note Taker:</b> M. Works	<b>Facilitator:</b> M. Works	
<b>PHAB v.2022 Domain:</b> 10	Build and Maintain a Strong Org. Infrastructure for PH	
<b>Attendees:</b> (See attached sign-in sheet)		

### MINUTES

1. Roll Call:
2. Introduce new members: Nilay Etiler, representing UNR SPH; Teresa Hayes, guest, sitting in for Cody Phinney
3. Letter to the Governor: letter was sent at the end of May and a response received. Governor has approved for the CNHD proposal to perform EHS and 441A activities and be exempt from state assessment fees to go forward to IFC. It will be on the **August 17, 2022**, agenda.
4. Presentations since last meeting included the Rural Public Health Summit and the Rural Preparedness Summit. Both went well with only one negative comment at the preparedness summit from a state employee, concerned about their job.
5. Update on Community Meetings
  - a. Meetings have been completed in all 4 counties.
  - b. Majority of comments were positive; there was some concern from MC about current state staff losing their jobs and a comment that they would lose local control and see a decrease in services. These concerns were addressed.
  - c. The priorities that rose to the top were similar for all counties and included: mental health, substance abuse, need for health education, need for better access to healthcare including transportation, vaccines, well senior home visits, disease prevention and child safety/wellness.
6. County ordinance example presented to the group. Process to add language to county code should be started soon to allow enough time for changes to be in place before the July 1, 2023 start date.
7. Review timeline document attached to the agenda.
8. Operational Plan: look at sample document attached to the agenda and the decision was made to devote the next meeting to dive into the plan.
9. Legislative update: Taylor stated there is nothing to report at this time but we will keep this as a standing agenda item as BDR's should start to be coming in July.
10. Lab Update
  - a. There was a delay in getting the lab inspection which is needed before they can open. The date for the inspection is set for July 19<sup>th</sup> so it should be operational after that. The only tests to start will be flu and Covid with plans to increase to STD's and drugs of abuse.



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11. Budget Update: draft budget was presented, the highlights include:

- a. Goal is to have minimum staffing in each county of an administrative assistant and a community health worker.
- b. Propose a health director as the administrator and a contractual health officer, this can be decided later. Other options are to have a health officer as an administrator, non-MD, then have a contractual medical director for those times when MD orders and advice are needed. Another option is to have an MD as the administrator and as the health officer, this would mean a significant increase in the salary for the administrator.
- c. Clinic services would have 3 RN's with one being the manager as well and one FT nurse practitioner. The manager would be over clinic and population health services which is where the CHW are on the org chart.
- d. Environmental health would be staffed with 2.5 FTE's and the administrative duties for all programs, including EH, would be done by the 4 Admins in each county.
- e. PHP would have a manager, an epidemiologist and a disease investigator. The Epidemiologist could start by doing all the disease investigation, but the state may fund a disease investigator and ½ of the epidemiologist which would enable the hiring of the disease investigator.
- f. The total cost if all positions were hired at the mid-range would be \$2,401,393.00. There is some adjustments that need to be done for example there is an additional admin assistant that needs to be removed and the costs for the contractual health officer may need to be adjusted. Other areas that are estimated are IT contractual services and supplies which could have an impact on the final budget.
- g. Revenue: proposal to ask for a flat fee from each county of \$100,000 plus a \$5 per capita. This would give approximately ½ million of the CNHD "general fund" money. The difference was outlined from what they are paying now regarding the assessment fee, health officer payment and for nursing services. The difference ranges from an extra \$59,814 to \$109,352 for the counties and it may be less depending on other expenses a county may be incurring that is not accounted for, example being paying for admin assistant. There is an estimate of just under \$100,000 of revenue from EH; small amount of clinic revenue and an unknown at this time amount the CNHD will receive from grants. Marena and Shannon will meet individually with each county to discuss the budget in more detail.

12. Next meeting July 26<sup>th</sup> probably in Fallon, but will be confirmed.

### ACTION ITEMS

Item	Person Responsible	Deadline
Set up a time to discuss the budget individually with each county	Shannon will work with each County to set time	Meeting complete by July 26 <sup>th</sup>
Interim Finance Committee (IFC)	Marena & Shannon	August 19 <sup>th</sup>
Introduction to Marena to the analysts for the legislative committee on health and human services	Julia	Email sent but so far no



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		response from the analysts
Clinic Statistics for the counties	Shannon	May 25 <sup>th</sup>
<b>APPROVAL</b>		
<i>These minutes represent a true and accurate record of this meeting to be the best of my knowledge.</i>		
	<b>Person Responsible:</b>	<b>Date:</b>
<b>Meeting minutes submitted by:</b>	Marena Works	7/05/22