

**STATE BOARD OF HEALTH  
DRAFT MINUTES  
September 11, 2015  
9:00 a.m.**

Division of Public and Behavioral Health  
4150 Technology Way, Room 303  
Carson City, Nevada

Division of Public and Behavioral Health  
Rawson Neal Training Room  
1650 Community College Drive  
Las Vegas, Nevada

Division of Aging and Disability Services  
Early Intervention Services  
1020 Ruby Vista Drive, Suite 102  
Elko, Nevada

**BOARD MEMBERS PRESENT:**

Stephen Jones, MD (Las Vegas)  
Brian Saeman, ESQ (Carson City)  
Dipti Shah, MD (Las Vegas)  
Jon Pennell, DVM (Las Vegas)  
Monica Ponce, DDS (Las Vegas)

**BOARD MEMBERS NOT PRESENT**

Michael Cate  
Joan Anjum, RN

**DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:**

Cody Phinney, Administrator  
Tracey Green, Chief Medical Officer  
Joe Pollock, Environmental Health Supervisor, Community Health Services  
Julia Peek, Program Manager, Office of Public Health Informatics and Epidemiology (OPHIE)  
Andrea Rivers, Program Manager, Maternal, Child and Adolescent Health (MCAH)  
Laura Valentine, Program Manager, MCAH  
Sandra Larson, Health Program Specialist, OPHIE  
Steve Gerleman, Health Facilities Inspector, Health Care Quality and Compliance (HCQC)  
Donna McCafferty, Health Program Manager, HCQC  
Kevin Quint, Bureau Chief, Substance Abuse Prevention and Treatment Agency (SAPTA)  
Sara Weaver, Administrative Assistant, SAPTA

**OTHERS PRESENT:**

Linda Anderson, Sr. Deputy Attorney General, Attorney General's Office (AG)  
Barry Lovgren, Self  
Veronica Oliver, Saint Mary's Hospital  
Diane Bowers, Saint Mary's Hospital  
Chris Bosse, Renown  
Bill Welch, Nevada Hospital Association  
Jessica Murray, Boulder City Hospital  
LynnAnn Homnick, Sterling Ridge  
Henry Soloway, Clinical Pathology Labs  
Scott Romney, Valley Health System  
Susan Pintar, Carson City and Douglas County Health Officer

Jim Wadhams, Fennemore Craig – Nevada Hospital Association  
Andrew Chung, University Medical Center  
Kristen Suillen, United Surgical Partners International  
Joseph Iser, Chief Health Officer, Southern Nevada Health District  
Kevin Dick, District Health Officer, Washoe County Health District  
Scott Weiss, Parkway Recovery Care Center  
Chrystal Main, PIO, Director’s Office, Department of Health and Human Services  
Lea Cartwright, Nevada Psychiatric Association  
Joanna Jacob, Ferrari Public Affairs  
Chelsea Capurro, Griffin Company

Chairman Jones opened the meeting at 9:03 a.m. Dr. Jones indicated the meeting agenda was posted at the following locations: Nevada Division of Public and Behavioral Health, Carson City; Washoe County Health District, Reno; Nevada State Library and Archives, Carson City; Grant Sawyer State Office Building, Las Vegas; Early Intervention Services, Elko; Legislative Building, Carson City; on the Internet at the Nevada Division of Public and Behavioral Health website: <http://www.health.nv.gov>; and the Legislative Counsel Bureau website: <http://www.leg.state.nv.us> in accordance with the Nevada Open Meeting Law.

Roll call was taken and it was determined that a quorum of the State Board of Health was present. Chairman Jones asked if there were any changes to the draft minutes from the June 12, 2015 meeting.

Chairman Jones asked if there was any public comment.

Dr. Green introduced Cody Phinney as the new Administrator for the Division of Public and Behavioral Health.

**CHAIRMAN JONES ENTERTAINED A MOTION TO APPROVE THE MINUTES. A MOTION TO APPROVE WAS MADE BY DR. PENNELL. MR. SAEMAN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

#### **REPORTS (Informational)**

Nicki Aaker, MSN, M PH, RN, Director for Carson City Health and Human Services, was not present and no report was submitted.

Joseph Iser, MD, DrPH, MSc, Chief Health Officer for Southern Nevada Health District, gave a written and verbal report which is attached hereto as Exhibit “A”.

Susan Pintar, MD, Carson City and Douglas County Health Officer, started her report by talking about the expansion of clinical services. There have been extended hours for school immunizations. A new school based health clinic will be opening in Carson City in October.

The Environmental Health Regional Partnership continues to thrive. This was a Robert Wood Johnson grant that was awarded a couple years ago to expand environmental health services reporting, food service inspections, pool inspections and other environmental health services.

Public health preparedness continues to be pretty active. They are trying to increase the interest in the Medical Reserve Corp. (MRC). MRC is staffing the Nevada State Fair, the air show and other things of this nature.

Their public health accreditation has been submitted. The site visit should occur at the beginning of the year.

Dr. Shah (Board of Health member) joined the meeting in Las Vegas at 9:35 A.M.

Kevin Dick, District Health Officer for Washoe County Health District, submitted a written report and is attached hereto as Exhibit "B".

Tracey D. Green, MD, Chief Medical Officer, announced that the previous division administrator, Richard Whitley, has been appointed as the director for the Department of Health and Human Services. Dr. Green has joined him to take on a more extensive role to work across health and human services. The delivery and provision of healthcare services moving from treatment and crisis to prevention and early intervention.

There are two projects involving the National Governor's Association (NGA) that affects the division. The first one is the implementation of the pharmaceutical bill (SB 459) that would allow for transformation and the reduction of prescription drug abuse and misuse. Narcan will be prescribed to those with the disease of addiction, as well as to their family and friends, to hopefully prevent overdose. First Responders will also be able to carry doses of Narcan.

The misuse of drugs with the senior population will be looked at as well as the inappropriate sharing of medication with children.

The second NGA project has to do with behavioral health intervention. This involves screening early to look for substance abuse, mental health disorders and suicide risks. There will hopefully be a mandate for children to do a behavioral health screening prior to entering seventh grade.

There will be a statewide environmental safety campaign looking at risks for land, air and water. The campaign will begin with asbestos and actinolite fibers that have been found in some rocks in Southern Nevada. This will provide an opportunity to work with the local health authorities to educate the public on preventing harm and reducing risk.

Dr. Green acknowledged Kevin Quint, SAPTA Bureau Chief, for the work done on the integrated mental health and substance abuse block grant. The grant will give the opportunity to fund providers within the communities to provide services.

There are over 500,000 Nevadans on Medicaid due to the Affordable Care Act. The goal at this point is to improve access to care.

The Division is establishing crisis standards of care. There was a minor experience of this with Ebola. We will be able to come together as a state should an emergency arise.

Dr. Pintar inquired about the cost of Narcan. First responders are able to obtain Narcan but the prices seem to be inflated.

Dr. Green responded 340B pricing will be used. Most individuals are insured and should be so those who need it will be covered. Bulk pricing may be available and they are looking at all the options. This is part of the struggles with the implementation of the Narcan piece.

## **CONSENT AGENDA**

**CHAIRMAN JONES ENTERTAINED A MOTION ON THE CONSENT AGENDA. A MOTION TO APPROVE WAS MADE BY DR. PENNELL. DR. PENNELL SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

**Item 4.** Case #667, 668, 669, 670 and 671: Parkway Recovery Care Center; Requests for variances to Nevada Administrative Code (NAC) chapter 449 regulations for intermediate care facilities. (Kyle Devine, Chief, Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health)

Chairman Jones excused himself from the discussion and vote due to a professional conflict of interest. Vice Chair Saeman directed this item.

Paul Shubert, Health Facility Inspection Manager, stated all of these variances are for the same facility and have the same explanation for why they are needed. Case #667 pertains to not providing a barber or beauty area due to the short length of stay for residents. Case #668 pertains to not providing specifically qualified staff for social services, activities and food management since the residents will not require the typical level of interaction with staff. Case #669 pertains to not providing therapeutic diet menus prepared by a dietician due to the residents only receiving meals for a set time of 48 hours. Case #670 pertains to not providing social services by a designated member of staff nor program requirements and activities because the residents will not require the typical level of interaction associated with long term stay environments. Case #671 pertains to not providing services in accounting for the money of the residents because the short term stay of the service model will not necessitate the handling of money for the facility.

The Division has a pending application for the facility. The application is not yet complete and the initial inspection has not yet occurred. The facility is proposing six single occupancy patient rooms. It will be located in the same building of a licensed and certified ambulatory surgical center, but on a different floor. The intermediate care facility will be operated to care for patients who are discharged from the surgical center and need therapy services. The surgical center and intermediate care facility must be operated as two different entities.

Nevada's intermediate care facility regulations do not specifically address facilities who provide short term stays. The Division will be making modifications to address this issue in the future.

Staff recommends the Board approve these variances with three stipulations. 1) The facility must mitigate the risks to the health, safety and rights of residents, in the absence of these regulatory requirements, by developing an operational plan that ensures residents are admitted to the facility for no longer than 72 hours. 2) The facility must continuously maintain a contract with a permitted kitchen or restaurant to provide food services for the facility. 3) The facility must ensure residents are aware, prior to admission, that the facility will not be responsible for money or valuables.

Attorney Jim Wadhams came forward to express opposition on behalf of the Nevada Hospital Association. The applications are incomplete according to NAC 439.160. The applicant has not provided the financial information required by NAC 439.240. The revenue stream is based upon being available to the ambulatory center for patients who are recovering from surgery. There are only two types of facilities that can perform surgeries; hospitals and surgery centers for ambulatory patients. Ambulatory surgical centers can only allow the performance of surgeries where the patient will not need medical care for more than 24 hours. Even if the intermediate care facility regulations get modified, the surgical hospitals would not require variances. Why would an applicant create a facility to accommodate patients from the ambulatory surgical center when the surgical center cannot generate patients who needs further medical care? It appears this specific ambulatory surgical center and the immediate care facility, both of which have very similar names as well as owners, were created to feed off of each other financially.

Kristen Suillen, co-owner of Parkway Recovery Care Center and Parkway Surgery Center, stated the surgical center has been in operation and in compliance with state and federal laws for over 15 years. The patients seen there are discharged home. The two facilities are separate. The surgery center does not get their revenue stream from the recovery center. The recovery center has also been in contact with other physicians who do plastic surgery, gynecology and other specialties who can utilize their facility. The true intent is to provide a place where patients can recover from surgery at their election. This is strictly for the patients.

Linda Anderson, Sr. Deputy Attorney General, wanted to clarify that while the issues the Nevada Hospital Association has brought up is very important and serious. A lot of those issues are not before the Board today. The issues will need to be taken into consideration by the Division. This variance is solely about what was listed previously when Mr. Shubert was presenting. The discussion needs to stay on track with what is being requested in the variances and not the problems with the facility that is not in the variances.

Dr. Pennell had concerns about the kitchen and dietary restrictions and asked if the dietary variance was not approved, could the facility move forward with building the kitchen. The answer was determined to be a yes.

**VICE CHAIRMAN SAEMAN ENTERTAINED A MOTION ON AGENDA ITEM 4. A MOTION TO APPROVE WITH THE EXCEPTION OF CASE # 669, NAC 449.716(8) WAS MADE BY DR. PENNELL. DR. SHAH SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

**Item 5.** Consideration and adoption of proposed regulation amendment(s) to NAC 458, “Abuse of Alcohol and Drugs”, LCB File No. R104-14. (Kevin Quint, Bureau Chief, Substance Abuse Prevention and Treatment Agency, Division of Public and Behavioral Health)

Kevin Quint started by thanking CASAT and Barry Lovgren for their contributions to the drafts for this regulation. The big change in these regulations is the additions of rules regarding certification of detoxification technicians. The qualifications have been upgraded in the application process. Large sections are deleted that are repetitive to make it more efficient.

Barry Lovgren commented the Division website has recently been changed but the old URL is reflected in the regulations on page 17, line 4.

Lea Cartwright testified on behalf of the Nevada Psychiatric Association (NPA). It is their understanding the criteria for the screening of safe withdrawal from alcohol and other drugs is not yet developed and will be after the regulations have been adopted. The NPA would like to see criteria for medical versus nonmedical detox and if this regulation only applies to nonmedical detox, to please clarify that.

**CHAIRMAN JONES ENTERTAINED A MOTION ON AGENDA ITEM 5.  
A MOTION TO APPROVE WAS MADE BY MR. SAEMAN. DR. PONCE  
SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

**Item 6.** Consideration and adoption of proposed regulations amendment(s) to NAC 441, “Infectious Diseases, Toxic Agents”, LCB File No. R121-14. (Sandra Larson, Program Manager, Office of Public Health Informatics and Epidemiology, Division of Public and Behavioral Health)

Sandra Larson stated the first change clarifies which public agencies are required to share health information, the circumstances and procedures for how the information will be shared confidentially.

The second change allows for the Chief Medical Officer to present proposed regulations for recommendations, guidelines and publications to the Board if the state and local agencies do not determine an appropriate update.

The third change eliminates the current threshold requirements for HIV laboratory reporting which allows for increased capacity to identify and monitor HIV and AIDS cases. This will improve the state’s ability to control the spread of the virus.

The fourth change improves facility compliance with tuberculosis screening requirements designed to prevent a public health threat due to tuberculosis and enhance local health authority powers to control and prevent the spread of the disease.

The fifth change will allow rabies control authority to enter a private property for the additional purpose of investigating an animal bite and assessing any animal that has been in close contact with another animal that has been suspected or is known to have rabies.

The sixth change clarifies language for influenza to define the type of testing used and required test results for counties whose population is 700,000 or more to be reported electronically.

The seventh and last change extends the timeframe for the exclusion from certain public settings and treatment of measles cases from five days to four days after onset of rash.

**CHAIRMAN JONES ENTERTAINED A MOTION ON AGENDA ITEM 6.  
A MOTION TO APPROVE WAS MADE BY DR. PENNELL. DR. SHAH  
SECONDED THE MOTION WHICH PASSED UNANIMOUSLY.**

**PUBLIC COMMENT**

There was no public comment.

The meeting was adjourned at 10:34 am.



**DATE:** September 11, 2015

**TO:** State Board of Health Members

**FROM:** Joseph Iser, MD, DrPH, MSc, District Health Officer

**SUBJECT:** District Health Officer Report

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#### Accreditation Update

- New submission guidelines have been finalized by the Public Health Accreditation Board (PHAB). The new guidelines state that upon submission of the Community Health Assessment (CHA), the Community Health Improvement Plan (CHIP), and the Strategic Plan, a health department director must provide assurance that the Emergency Operations Plan, Workforce Development Plan, Performance Management System, Organizational Branding Strategy, and a Quality Improvement Plan are substantially complete.
- The internal Quality Improvement and Training subcommittee is developing a Workforce Development Plan and Quality Improvement Plan. The 2015 Nevada Public Health Workforce Development survey data analysis will inform both plans.
- Television monitors were installed at the Valley View, East, and Henderson Public Health Centers. The monitors are located in staff areas and will feature accreditation information and program updates.
- The Community Health Improvement Plan subcommittee developed implementation teams to address the three priority areas identified in the Community Health Assessment. The priority areas are (1) access to health care; (2) chronic disease, and (3) public health policy and funding.
- Accreditation partner, Dignity Health - St. Rose Dominican has adopted the Community Health Improvement plan priorities identified by the Health District. Dignity Health will be restricting their community benefits program in the next cycle to align with the Community Health Improvement Plan priorities.
- The College of Southern Nevada (CSN) and Summerlin Hospital requested a copy of the Community Health Assessment draft. CSN would like to use the Community Health Assessment to assist in the development of a community paramedicine curriculum. Summerlin Hospital is interested in using the assessment as a guide for the cancer care center.

#### Tobacco Control Program

EXHIBIT "A"

The Health District's Tobacco Control Program launched a new website for students – [www.BreakDownRiseUp.com](http://www.BreakDownRiseUp.com). The website features current events and information about the dangers and myths surrounding hookah and electronic cigarettes. The website is also home to an online training module designed to educate and empower students to promote tobacco-free lifestyles. More than 800 youth completed the online module this summer and will use their training to educate other youth about the hidden dangers of electronic cigarettes and hookah.

Tobacco Control Program staff members have also been invited to participate in the American Legacy Foundation's Brief Intervention/Head Start steering committee. Legacy will provide statewide training for Nevada's Head Start programs on the delivery of brief tobacco use interventions among their client base. Participants will learn how to efficiently and effectively influence their clients to seek tobacco cessation assistance.

### Teen Pregnancy Prevention Forum

The Health District hosted a Teen Pregnancy Prevention Forum on July 29, 2015, at the Springs Preserve. The forum was designed to highlight the Teen Pregnancy Prevention Program's activities and accomplishments of the last five years. The program promotes safer sex and reproductive health practices to reduce unplanned pregnancy and sexually transmitted infections in adolescents 13-19 years of age. Featured speakers included Katherine Suellentrop, Director of State Support for the National Campaign to Prevent Teen and Unplanned Pregnancy and Phyllida Burlingame, Policy Director for Reproductive Justice for the American Civil Liberties Union of North Carolina.

The Health District's Teen Pregnancy Prevention Program recently received a new grant award and will be working with targeted communities in identified high-risk zip codes in Las Vegas and North Las Vegas with teen pregnancy rates higher than that national average. The program was one of 60 to receive an award out of 400 applicants nationwide.

### Road to Diabetes Prevention Program

The Health District launched its newest online program, the Road to Diabetes Prevention, a free six-week program to reduce the risk of developing type 2 diabetes. The program is self-paced and includes optional activities and available resources in the community. The program is open to anyone but is intended for people who do not have diabetes, but have pre-diabetes. The Road to Diabetes Prevention is based on the Centers for Disease Control and Prevention's (CDC) Road to Health toolkit and includes healthy eating and physical activity educational information to help individuals reduce their risk of developing type 2 diabetes. Participants can learn about their own risk factors and how to make simple lifestyle changes to reduce their risks. More information about the Health District's program is available at: [www.GetHealthyClarkCounty.org/training/diabetes](http://www.GetHealthyClarkCounty.org/training/diabetes).

### Restaurant Grades Southern NV

The Health District has launched its restaurant inspection grade app, Restaurant Grades Southern NV, for smart phones. The mobile app can be downloaded through the Apple Store for IOS devices: <http://apple.co/1HtUdZV> or from Google Play for Android by visiting: <http://bit.ly/1FUa69Y>. The app allows users to review current inspection information for

Southern Nevada restaurants as well as past inspections. Users can bookmark their favorite establishments, find information and search for all restaurants in their area, search for grade card by restaurant name, and even view Yelp restaurant ratings. Additional restaurant inspection information is available on the health district inspection page at: [www.SNHD.info/restaurants/inspections.php](http://www.SNHD.info/restaurants/inspections.php). Additional information on all Health District apps is available at [www.SNHD.info/apps](http://www.SNHD.info/apps).

**WASHOE COUNTY  
HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

September 3, 2015

To: State Board of Health Members

From: Kevin Dick  
Washoe County District Health Officer

Subject: September 2015 Washoe County District Health Officer Report

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Community Health Improvement Plan (CHIP)

In July, the CHIP Steering Committee chose four priority issues based on: a) importance to community members, b) opportunity/available assets that currently exist within Washoe County, c) severity of the issue, d) number of people affected, and e) data suggesting a need to improve. The four priority issues that will be the focus of the CHIP include:

- Access to Healthcare and Social Services,
- Education (K-12),
- Food Security, and
- Mental Health

Validation of these priorities is underway. Surveys were completed by community members attending the 89502 Family Health Festival, by UNR students, Community Health Alliance clients, WIC clients, and Senior Services clients, Chamber of Commerce members and individuals and organizations that participated in the THMC conference.

Infographics created to aid the selection of priorities have been posted to the Washoe County Health District website.

Truckee Meadows Healthy Communities (TMHC)

A Family Health Festival was held at Miguel Ribeiro Park on July 22 as part of the 89502 zip code area project. The Health District provided immunizations through Kids to Seniors Korner. Dental fluoride coatings, sports physicals, assistance with Medicaid enrollment, legal and employment assistance, Food Bank food distribution and other services were provided through numerous organization partners. Another Family Health Festival will be held in October and a breakfast meeting to update and inform community organizations and partners is planned for November. TMHC will be working with the Food Bank of Northern Nevada to conduct additional planning within the 89502 zip code in an effort to determine root causes of food insecurity, prioritized health and housing issues, and poverty. A video of the event and other information

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ODHO Phone: 775-328-2416 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)  
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**EXHIBIT "B"**

Subject: September 2015 Washoe County District Health Officer Report

Date: September 3, 2015

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about Truckee Meadows Healthy Communities is available at

<http://www.truckeemeadowshealthycommunities.com/>.

### Fees

The Health District is proposing to update fees for Environmental Health and Air Quality Management Services. This is in response to a Fundamental Review recommendation to fully recover costs for these services, and identifying a number of costs not properly accounted for in the existing permit and service fees. The District Board of Health has approved a methodology to capture costs for vehicles, proportional costs of holiday, vacation and sick leave benefits, other administrative and operating costs of programs and the proportional indirect costs of the services provided by Washoe County for which the Health District is now charged. Workshops are scheduled for September 29 and 30 to explain and receive comments on the proposed fees with the Business Impact Statement notification provided to DBOH in November, and a hearing for fee adoption at the December meeting.

### Regional Emergency Medical Services

Work on Regional EMS oversight and development of the EMS program continues. Response data continues to be compiled and analyzed to provide a better understanding of the system performance. A revised response zone map is being developed based on population densities. The Advisory Board held a workgroup meeting with EMS agencies on August 31 to conduct a SWOT analysis and initiate the development of a 5-year system strategic plan by EMS oversight program staff.

### Regional Emergency Management Accreditation Program (EMAP) Review

The Washoe County Health District Communications Program assisted County Emergency Manager Aaron Kenneston and the Regional Emergency Operations Center with EMAP Crisis Communications, Public Education & Information compliance. In advance of the site visit by accreditation evaluators, and during their stay, the Communications Program provided materials to REOC and EMAP, including our Public Information and Communications (PIC) plan, sample press releases, media advisories, talking points, ICS JIC org charts, and best practices kernal from FCC and FEMA Washington DC and Seattle, Washington site visits. Health also provided ICS and CDC Crisis Emergency Risk Communications (CERC) certification, and protocols used during past emergency events and drills.

### West Nile Virus

West Nile virus has been present in the Truckee Meadows area and Washoe Valley as evidenced by positive mosquito pools, and cases of equine and human West Nile virus that occurred during the month of August. The Health District has continued to fog areas of mosquito activity with adulticide and an aerial application of larvicide in mosquito breeding areas on September 3. Press releases on the disease occurrences have stressed preventive/protective measures that people are urged to take.

EXHIBIT "B"

Subject: September 2015 Washoe County District Health Officer Report

Date: September 3, 2015

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### Riverbelle Mobile Home Park

The WCHD responded to a contaminated water supply at the Riverbelle Mobil Home Park in Verdi, NV. A "Do Not Use Order" was issued and WCHD worked with the Park Owner, NDEP, and Lyon County to provide water supply tanks, portable showers, and drinking water. A temporary water line supply line from Verdi Meadows Utility Company has been completed and the "Do Not Use Order" has been rescinded.

### Fundamental Review

Progress implementing the recommendations from the Public Health Foundation's Fundamental Review of the Health District continues. The current dashboard of progress implementing of the Fundamental Review recommendations implementation is attached.

### Additional Information

Detailed monthly reports from each of the WCHD Divisions are available in the District Board of Health monthly meeting packets at:

[https://www.washoecounty.us/health/board\\_committees/dboh/index.php](https://www.washoecounty.us/health/board_committees/dboh/index.php).

Attachments:

Fundamental Review Dashboard

EXHIBIT "B"

**Fundamental Review Recommendation Status**

Legend:

August 27, 2015

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status	Goal
	<b>1 Place WIC organizationally where it is most closely aligned with similar functions</b>
	a. WIC moved to CCHS effective 1/21/14
	<b>2 Develop a DBOH orientation manual and program</b>
	a. Design an orientation program and compile a draft manual
	<b>3 Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a. Land development user group established
	<b>4 Critically examine clinic appointment scheduling from a patient access perspective</b>
	a. Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b. Extended IZ hours established.
	c. Staffing Vital Statistics five days a week
	d. Discussion has begun with Interactive Voice Response software companies
	<b>5 Update fee schedules and billing processes for all clinical and environmental services</b>
	a. Third-party billing service began 7/1/14
	b. Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c. Identify costs for regulatory programs that could be included in fee schedules/propose
	d. Identify community and clinical services for which reimbursement is available/bill

## Fundamental Review Recommendation Status

6	<b>Explore tiered level of services for Environmental Health programs and inspections</b>
	a. Consider the desire & support for this type of tiered structure and this item within the larger context
7	<b>Participate in the business process analysis across all building permitting in the county</b>
	a. ILA and contract with Accela signed. 16-month implementation proceeding.
8	<b>Develop infrastructure to support the District Health Officer</b>
	a. ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
9	<b>Implement time coding for employees</b>
	a. Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timesstudy occurring.
10	<b>Perform cost analysis of all programs</b>
	a. AHS analysis completed. Phase I Analysis of EHS, TB, STD/HIV, EPI in progress.
11	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a. Will be performed in conjunction with program const analysis. See 10a
12	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a. General Fund transfer maintained in FY 16 adopted budget to support unrecoverable indirect costs.
13	<b>Align programs and services with public demand</b>
	a. Shifted home visiting resources to provide additional clinical services on 6/1/14
	b. Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
14	<b>Conduct a CHA in concert with current partner organizations</b>
	a. Complete.
15	<b>Develop metrics for organizational success and improved community health</b>
	a. In FY16, continue to identify metrics that help to manage programs and resources and tell our story
16	<b>Continue current collaborative action plan to resolve REMSA oversight issues</b>
	a. Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
17	<b>Maintain current levels of local and state financial support</b>
	a. Action on this recommendation is captured under Recommendation 12 above
	b. Advocate sustaining or enhancing funding through State agencies
18	<b>Conduct a governance assessment utilizing NALBOH criteria</b>
	a. Completed 1/16/14. Determine future schedule to repeat.
19	<b>Undertake an organizational strategic plan to set forth key Health District goals and objectives</b>
	a. Conduct a strategic planning initiative following the completion of the CHA (completed) and a CHIP (underway).
20	<b>Implement a performance management system</b>
	a. Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

## Fundamental Review Recommendation Status

21	<b>Consider alternative governance structures</b>
	a. This is not a recommendation for staff action
22	<b>Take a greater leadership role to enhance the strong current State/Local collaboration</b>
	a. Health District efforts to focus on internal and local issues
	b. Seek direction from DBOH on a greater leadership role
23	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
	a. QTeam established, all-staff training began 7/1/15, FY 16 QI Plan to be finalized 7/16
24	<b>Seek Public Health Accreditation Board accreditation</b>
	a. Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms:

- IZ - Immunizations
- ILA - Interlocal Agreement
- CHA - Community Health Assessment
- CHIP - Community Health Improvement Plan
- SP - Strategic Plan
- QI - Quality Improvement
- DBOH - District Board of Health
- NALBOH - National Association of Local Boards of Health