

Committee in session at 8:00 a.m. Senator Floyd R. Lamb was in the Chair.

PRESENT: Senator Floyd R. Lamb, Chairman  
Senator James I. Gibson, Vice Chairman  
Senator Eugene V. Echols  
Senator Norman D. Glaser  
Senator Thomas R. C. Wilson  
Senator Lawrence E. Jacobsen  
Senator Clifford E. McCorkle

ABSENT: None

OTHERS Mr. Ronald W. Sparks, Chief Fiscal Analyst  
PRESENT: Mr. Eugene Pieretti, Deputy Fiscal Analyst  
Mr. Howard Barrett, Budget Director  
Dr. John Carr, State Health Officer, Health Division  
Mr. Howard Clodfelter, Washoe County Health District  
Mr. Gill Blonsley, Clark County Health District  
Mr. Michael Ford, Washoe County Health District  
Ms. Myra Lauderbaugh, Special Children's Clinic-Reno  
Mrs. Laura Kerin, Special Children's Clinic-Reno  
Miss Jennifer Kerin, Special Children's Clinic-Reno  
Mr. J. C. Kerin, Special Children's Clinic-Reno  
Ms. Susan Haase, Executive Director, Nevada Association  
for Retarded Citizens, for Special  
Children's Clinic-Reno  
Mr. Paul Cohen, Administrative Health Services Officer (State)  
Mr. Cy Ryan, United Press International

OFFICE OF STATE HEALTH OFFICER - Page 243

Dr. John Carr, referring to page 244, said they have requested a new position to keep up with accounting needs. He said the Principal Account Clerk, an already existing position, represents as underfill which is why there is a discrepancy between the \$11,000 salary in the Work Program and the \$15,000 requested. He stated that they have moved the Nutrition Program out of Community Health Services and into an independent budget. He added that some budget changes in the Health Officer budget are due to this change.

Senator Gibson asked if the Account Clerk was already on the payroll. Mr. Sparks, addressing Dr. Carr, said that according to the personnel report Dr. Carr had a temporary Account Clerk position filled. He asked if that was the underfill he referred to. Mr. Cohen replied that they did not have a temporary position in the Office of Health Officer. Mr. Sparks requested Mr. Cohen to check the personnel report to find out about the temporary position that is reportedly filled. He said there seems to be something wrong with the personnel report.

Senator Gibson asked Dr. Carr to explain the difference in amounts shown for Reconciliation and the Reversion. Dr. Carr replied that he thought that was a carry-forward from the 600 account. Mr. Cohen added that the Reconciliation was a reversion back to the State.

Mr. Sparks asked why it did not then equal the amount of the reversion. The reversion was only \$33,000 and the reconciliation shows as \$79,000; he asked where the remaining amount is. Mr. Cohen said that he did not know. Mr. Barrett added that he also did not know.

Senator Gibson asked, regarding 1977-78, about the Hypertension Grant in the amount of \$42,602. He asked where this was shown as revenue. Mr. Cohen said that it was spread out among other programs such as Public Health Nursing and Community Health Services. He said Budget Account 3224 will show revenue under the Hypertension Grant. He said some money also goes to Clark and Washoe County Health District Offices. He added that the reason the figure

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is not shown on the next biennium budget is that this is a discretionary grant given to the State over the last several years. As of October, 1979, it will become competitive, so it was not shown as a revenue source, because there is no guarantee that they will continue to receive those funds after October, 1979.

Mr. Sparks remarked that they just spent (out of this budget) \$42,602 in a Hypertension Grant. He asked where it is shown as revenue. He said if it was spent out of this budget, the money had to first be brought in. Senator Gibson added that it is listed in revenues as a Hypertension Grant, but no amount is shown.

Mr. Sparks said that money is either miscoded in the revenue section, or other monies were spent for the program. Mr. Cohen said they did not spend other funds. He stated that they can provide a copy of a federal report which shows expenditures. Senator Gibson commented that they did show the \$10,225 for the current year. Mr. Cohen said that is the last quarter of the fiscal year that carries over, showing only one-fourth of the grant.

Senator Jacobsen asked them to comment on Contractual Services. Mr. Cohen said the first line, \$3,000, was really a combination of the previous work program budget of contractual services. He said these are Contractual Services they have paid to the Attorney General's Office for legal interns to work with the Deputy Attorney General. He said they do not have a full-time Deputy Attorney General in their agency; they borrow one at the Department level, who does work for most of the Department agencies.

Senator Wilson asked what percentage of the Office of the Health Officer is federally funded. Mr. Cohen answered that \$68,818 is federal and \$276,000 is state (federal is about 20 percent).

Senator Jacobsen asked about Instructional Supplies. Mr. Cohen replied that the Instructional Supplies are part of health education. He said 2 people in the office provide films and materials primarily to rural counties. The expenditure is specifically for this program. He said that Training is for the entire Office of the Health Officer which includes the Business Office, the Management Analyst, Personnel, Payroll, and Mr. Cohen's and Dr. Carr's duties.

Senator Jacobsen asked who does the training. Mr. Cohen answered that it is done by several sources such as the Personnel Division of the Federal Civil Service.

#### VITAL STATISTICS - Page 246

Dr. Carr corrected the narrative regarding Equipment. He said the second line should read 5 typewriters instead of 6. Dr. Carr explained that 2 of the 4 key punch operators, page 247, are federally funded. He said the new positions requested were for health information systems.

Senator McCorkle asked if the 2 federal positions were originally designed to be temporary positions. Mr. Cohen replied yes, they were temporary.

Senator McCorkle asked if "temporary" referred to the need for the people, or referred to the temporary nature of federal funds. Mr. Cohen explained that anything tied to a federal program is temporary meaning the positions are contingent upon availability of federal funds; if the funds go, the positions go.

Senator McCorkle inquired if they expected to keep the federal funds. Mr. Cohen said they do expect to keep them.

Senator McCorkle asked how important the federal funds are to the program. Mr. Cohen said, referring to Vital Statistics, that they are important. He named several programs which are federally funded



which require publishing reports. Instead of paying a large amount of money to pay someone from the outside it is cost-efficient to pay 1 person to do all the work for these programs.

Senator Jacobsen asked why In-State and Out-of-State Travel have increased from Actual expenditures in 1977-78. Mr. Cohen said the growth from 1977-78 goes back to revenue sources dealing with the federal program. He said they had a federal statistics program at that time which has grown. He said at that time it took awhile to get staff on board so not all money was spent that they were allowed. The request for \$8,700 was based on the new positions. He stated that they were trying to implement a health information system with the 3 new positions.

Senator Echols asked if Mr. Cohen knew the total amount of federal funds in the State. Mr. Cohen explained that in his agency, they have to submit a line item budget to the federal government for each program. Mr. Barrett added that the Budget Office did not have a total amount of federal dollars spent in the State. He said they can specify the amount for one agency. Mr. Sparks said his Office has a total for all State agencies; but this figure only applies to federal monies to the State, and not other local federal funds.

Senator McCorkle asked why there is an increase in Communications expenses. Mr. Cohen replied that it was due to the volume of work. He said many times it is necessary to use the most expedient means of communication to communicate information about births, deaths, etc. He said roughly 60 percent of adoption papers are not complete, and they have to call law firms. He referred the Committee to Page 247, which shows the projected workload for the future.

Senator McCorkle asked what kind of increase does the \$1,400,000 to \$1,600,000 represent. Mr. Cohen said they were really going from \$1,539,000 to \$1,680,000, because they combine those two figures. Senator McCorkle remarked that was about a 12 to 15 percent increase. He said the budget request is for a 32 percent increase. Mr. Barrett added they also have inflation increases. Dr. Carr said he thought the 1978 Actual figure of \$26,000 represents lower postal rates. Mr. Cohen added that two years ago, legislation was passed that did not apparently reflect in the budget; and the budget was brought back to the Interim Finance Committee for additional funds. He continued that they are now required to do more mailing than previously. Dr. Carr explained the responsibility was taken from the county and placed on the State.

Senator McCorkle asked why the increased responsibility is not reflected in the number of records shown in the fiscal year 1977-78. He said the additional burden should be reflected. Dr. Carr replied, referring to the 131,000 and 139,000, that the number of records filed is represented by these figures but the cost of the mailings was shifted from the county to the State. There was no money allocated for this additional postal load. He said the workload did not actually increase; it was just a shifting of responsibility.

SILICOSIS PROGRAM - HEALTH DIVISION - Page 249

Dr. Carr described the program.

Senator Wilson asked if this proposal was for interest only. Mr. Barrett said no, the money will still stay in the General Fund so the General Fund will be drawing the interest. He added that the amount was small, so they did not think it worthwhile to put it in a separate account.

Senator Wilson asked if the interest was generated by the deposit of the appropriation which pays the 8 people involved. Mr. Barrett said no, it would be the amount of the appropriation itself.

Senator Jacobsen asked if there are still two funds, one being with



Nevada Industrial Commission. Mr. Barrett replied yes.

Senator Jacobsen said that each session it is said that this program will be phased out, but it hasn't been. Mr. Barrett said the formula used to compute this budget shows this will all be phased out in 9 years. He said they propose to use the principal only, and come out with a zero balance at the end of 9 years. He said the amount was so small, the interest was not computed separately.

BUREAU OF COMMUNITY HEALTH SERVICES - Page 250

Dr. Carr corrected the narrative: "Douglas, Lyon, and Lander Counties" should read "Douglas, Lyon, and Elko Counties". He mentioned that Tuberculosis Control, Nutrition, and the Venereal Disease programs have been transferred out of this budget.

Senator Lamb asked why, since 6 positions have been transferred out of the budget, is Travel so high. Mr. Cohen referred the Committee to Page 252. He explained that 6 positions out of 32.4 positions were transferred; 3 of the 6 positions required traveling, and 3 were support staff who did not travel. He said they were requesting 2-1/2 positions in the Executive Budget; 1-1/2 positions are nurses for Lyon, Douglas and Elko counties. He said the arrangement with the counties is that the State pick up half the cost, and the county pays half. He said that means that 3 people have been taken out of Community Health Services, and 3 people put back who travel, which does not really deplete Travel.

Senator Wilson asked Dr. Carr to comment on Contractual Services. Dr. Carr explained that the \$14,950 was for Pap smears. This is for public health nurses to take Pap smears in rural areas and have the tests sent to the lab. He added that the cancer screening program which was federally funded for 3 years is due to expire in June.

Senator Wilson asked when the federal grant was expiring regarding Contractual Services. Mr. Cohen replied that it was supposed to expire December, 1978, but because of savings, they received a cost extension.

Senator Wilson said the budget item shows \$500 for fiscal 1977-78 and nothing for 1978-79. He said he assumes the program is being continued with General Fund revenues. Mr. Cohen explained that they are requesting that \$14,500 of that request be State appropriations for approximately 3,300 Pap smears for the first year of the biennium and 3,630 the second year. He said it costs \$350 for the nurses to be able to get that for testing. He said the reason it is higher here is that these funds were in the cancer budget at that time which is why it is not here in 1977-78.

Senator Lamb asked why Training costs were up. He asked if nurses were not already adequately trained. Mr. Cohen agreed that they were already trained; but this training is to give them increased responsibilities such as family planning, or to learn a new function such as checking for cervical cancer. He said they are trying to expand the capabilities of nurses to provide "female services".

Senator Lamb remarked that it was significant that there was no State money for family planning. Mr. Cohen replied that it was never allowed before.

Senator Wilson asked Mr. Cohen to comment on Medical and Dental expenses. Mr. Cohen said this allocation pays for syringes, alcohol, examination gowns, etc. for the nurses to conduct the clinics.

Senator Wilson asked if this item is being switched to another budget. Mr. Cohen replied that it was. He said one problem was that money for VD drugs was in this budget and the source of funds is shown in the VD Budget.

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Senator Jacobsen asked Mr. Cohen why there is a reduction in Medical and Dental Expenses. Mr. Cohen replied that the basic amount of money was for VD drugs, and it is shown in the VD account.

Senator Echols asked Mr. Cohen to explain why the VD program was transferred out of this budget. Mr. Cohen said it was transferred out so particular costs related to a single program could be identified. He said that previously the amount of state money going into this program was not shown.

Senator McCorkle asked what is the net growth in this Bureau after taking out the 3 programs mentioned. Mr. Cohen replied that the bottom line of the State request is \$320,267 for the first year and of federal monies is \$394,000. He said they have taken out 6 positions and added back 2-1/2 as the new position request. The Travel did not change because the staff did not change. The adjustments literally balanced it out. He said the increase is not really measurable because the positions really did not change. For example, they are requesting money for Pap smears which was not in the agency before, and they are requesting a new position, so basic operating costs and salaries increase.

Senator Jacobsen asked Mr. Cohen to comment on Maintenance of Buildings and Grounds. Mr. Cohen said State Owned Building is for the Kinkead Building in Carson City. The Other Building Rent is a projection for rent and maintenance for the new Elko building.

Senator Lamb asked if any grant monies are not shown in the budget. Mr. Cohen said that it is all projected in the budget.

TUBERCULOSIS CONTROL - Page 254

Dr. Carr said that this budget was transferred out of the Community Health budget. He mentioned there is a one-shot appropriation to supplement funds because of increases in caseload.

Senator Gibson asked why there is an increased caseload. Dr. Carr said they did not know. They thought it might be due to migrant labor but it is not; it is concentrated in the population centers.

Senator Wilson asked Mr. Cohen to comment on the Aid to Counties item. Mr. Cohen said this item was not shown before. He referred the Committee to Page 256 which shows Clark County at \$25,410. He said this figure has been combined with money projected which has been given to Washoe County. He said that previously there was a State employee in that community, and they found it cost-effective to use Contract Services. He said they are projecting the same amount of money for both Clark and Washoe Health Districts, which will be split 50-50 for each one.

Senator Wilson asked what are the differences in services rendered between Contract Services under the Aid to Counties item and Medical Expenses in general. Dr. Carr replied that the former is a contract with the counties where they hire a doctor to run the clinics and see patients on an out-patient basis. The larger figure is for in-patient care which the State is required to fund.

Senator Gibson asked if there is now in-patient care in Nevada. Dr. Carr replied yes, there has been for about six years.

DENTAL HEALTH - Page 257

Dr. Carr remarked that they have been unable to fill the Dental Hygienist position for 2 years (Page 258). Also, Total Capital Outlay Equipment (Page 259) - the figure will be reduced by \$3,306 because they just had to replace an X-ray machine yesterday; and have already received the funds that were budgeted for this expense. Under Medical and Dental Expense (Page 259) \$46,181 has been shifted. Mr. Cohen explained that the \$14,971 shown for fiscal year 1977-78 is a reduction. He said they had approximately \$40,000 in that budget account approved; but because they had to

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go to the Nevada relative salary scale for services; the dentists in the rural counties refused to do it, and there was a large reduction. These Contract Services were for that. He said there is also a reduction in the request due to this situation.

Senator Lamb asked if a dentist still traveled around to the rural schools. Mr. Cohen said yes, but not with a hygienist because they cannot find one at the salary offered.

Senator Echols asked why there is an increase in In-State Travel. Mr. Cohen said the 1977-78 Work Program was around the same figure; but because they did not have the Dental Hygienist, money was not spent. He said they have requested that money in case they do have the position. Mr. Cohen explained that the per diem was reduced for this employee; the decrease in Travel was not a decrease in the cost of mileage.

Senator McCorkle asked why there is an increase in State Owned Building Rent. Mr. Cohen said that until May or June, 1978, the Dental Health agency was housed with the Crippled Children's Program. Because of life-safety danger, they had to move out. The new rent is what they are paying for a new office building. That is what the Other Rent figure refers to. He said \$500 is for storage of dental equipment such as mobile van materials, because they did not have enough space.

BUREAU OF MATERNAL AND CHILD HEALTH - Page 261

Dr. Carr briefly described this budget. Mr. Cohen explained they have 7 new positions (see Page 263, New Title V). He said these are based on a program audit; and are federally funded, using no state money. He said that 2 are located in the Crippled Children and Special Children's Unit in Las Vegas and Reno; and 3 are located in the Central Office; and are contingent on federal funds. If the funds do not come in, the positions go.

Senator Gibson asked why State funds have increased so much in this budget. Mr. Cohen replied that it is basically under Medical Services, \$2,300,000 to increase services under the Special Children's programs.

Senator Lamb said that total funds have increased almost \$1,000,000 from Actual 1977-78 expenditures. Mr. Cohen stated that if the prior year medical category is added to the medical care category, the increase is not that great. He said they are not requesting any money in the prior year medical category in the Executive Budget. Mr. Cohen said there is a tremendous problem in getting bills paid, and they are from 6 to 9 months behind because of the work involved.

Senator McCorkle asked why the previous year's bills are not included in the prior year budget. He said they have gone from \$1,000,000 to \$2,000,000 in Medical Care and he said that if that will pay the prior year medical, a budget would not be needed in the prior year medical column. Mr. Barrett said there is a separate category of prior year medicals. He said they can add it on to the prior year and find out what the whole year costs are.

Senator Gibson asked how this problem will be handled this next fiscal year. Mr. Cohen said that since May, 1978, they have had a contract with Nevada Blue Shield to try to develop a system where the insurance company would pay medical bills before the State has to go through the insurance company. Dr. Carr said that right now Nevada Blue Shield does not feel they can handle this program.

Senator Lamb asked what will they do if this contract does not go. Dr. Carr said that right now they are studying ways that California and other states handle the same problem. He said the Crippled Children's Program cannot pay until the insurance company pays. The balance due is then divided between the parents and Crippled



Children's Services. This is the cause of the delay.

Senator Gibson asked if something will have to be added to the budget if the Nevada Blue Shield arrangement falls through or will it just be a readjustment in the amount shown. Mr. Barrett said it will probably just be a readjustment. He added there is a full year in this budget, and a full year would not be spent in the year; so a portion would be moved into the next year for prior year medical expenses.

Senator McCorkle asked how the system works. He asked if medical bills have increased because of types of medical problems being treated now. Dr. Carr said more and more patients have treatable illnesses such as cancer. These are the bills that are large. He said one such bill was \$60,000. He said this is the main reason for the cost increase.

Senator McCorkle asked if categories of illnesses have been expanded by the federal government or by Dr. Carr's Office. Dr. Carr answered that it is due to a combination of both. He said that federal regulations do not require all states to cover all diseases; for example Nevada covered heart illnesses, but Colorado did not for awhile.

Senator McCorkle asked what a person would have done before a particular illness was covered. Dr. Carr said that in the past the patient would have expired; for example, a patient who needed heart surgery which in the past was not done.

Senator Lamb asked what the Training allocation was for. Mr. Cohen said that the \$3,000 was to train mainly Central Office people in better ways of taking care of Crippled Children's billing services. He said a little money is used to train staff. This training is usually paid by the federal government. Because it is not a cost to the State, it is not shown in the budget. Dr. Carr said the cost is picked up by Region IX of Health, Education and Welfare.

Senator Gibson asked why Title XIX and SSI are dropping as revenues. Mr. Cohen said, regarding the SSI program, they want to keep this program separate until they decide whether it is cost-effective to go after federal funds.

Senator Lamb asked what are the chances of getting this money. Mr. Cohen replied that they are very good. Dr. Carr said these funds are used for additional support for families with handicapped children because it is felt that these families have an additional financial burden for outside medical expenses in supporting handicapped children.

Mr. Sparks asked why Title XIX was discontinued. Mr. Cohen said because of availability of funds they did not project it as revenue. Mr. Barrett said he thought it should be included in the budget, and he would check to see why it is not.

Senator Gibson said he sees federal funds decreasing and General Funds increasing, and yet the Committee is told the State is not picking up costs when federal monies are pulled out. Mr. Barrett said there is no limit on Title XIX dollars so there is no reason for it to decrease unless people are not eligible for it.

Senator Lamb introduced Mrs. Laura Kerin, mother of a child with Down's Syndrome. Mrs. Kerin, Chairman of the Reno Special Children's Group read her testimony before the Committee (see Attachment A). She submitted a Fact Sheet and other information supporting the need for a new Special Children's Clinic (see Attachment A). Mrs. Kerin introduced her daughter, Jennifer, her husband, and other mothers of special children.

Dr. DiSibio responded to Mrs. Kerin's testimony by saying that the Health Division did request a new building for the Clinic.



He said that neither he nor the Health Division are satisfied with present conditions at the Clinic; they are very bad. He said the reason the Clinic is housed where it is, is that they were given 30 days notice at their previous building to move out.

Dr. DiSibio stated that Mr. Meizel from Buildings and Grounds Department, the Health Department, and the Parent's Group found this building. He said there is a problem because a lease had to be signed until 1981. He said he has taken action in the last two weeks to try to break the lease and has asked Buildings and Grounds to secure land to build to suit a Children's Clinic and sign a long-term lease. He said that probably will be more effective because it will be more cost-efficient and, more important, the project will be finished faster.

Senator Wilson asked if this alternative plan was the reason for the low priority on the Capital Improvements request. Dr. DiSibio replied that he did not know why the building was given a low priority, but he felt it had nothing to do with actions of his Office.

Senator Jacobsen asked if the Fire Marshal inspected the present building. Mr. Cohen said he thought he did. He added that the Ways and Means Committee had requested a copy of the permit before the building was occupied. He said the building was considered safe.

Senator McCorkle asked if there was a second exit from the building on the second floor. Dr. Carr said yes.

Ms. Susan Haase, Executive Director of Nevada Association of Retarded Citizens, testified in favor of facilities for retarded children and adults. Ms. Haase referred to preliminary plan of services for retarded people (see Attachment B). She said that the Special Children's Clinic is the only program she knows of that has technical personnel to help retarded children during the most important years for training. She stressed the need for staff to be able to see children more frequently.

Senator Lamb asked Ms. Haase what expertise she had. She replied that she was not the mother of a retarded child. Her only expertise is acquaintance with parents, including the Kerins, who have children in Special programs.

Dr. Carr said he thought part of the problem may have been that the administration of the Health Division did not vigorously pursue getting a new building. He mentioned that an Assembly subcommittee has requested a study of this problem.

Senator Lamb asked if Dr. Carr felt these requests were valid. Dr. Carr said he would like very much to have the priority changed on the clinic building, so they could have it. He added that this facility have never been adequately housed.

Senator Lamb asked if Dr. Carr has drawn plans of the new building. Dr. Carr said yes, they have rough plans. Senator Lamb remarked to Mrs. Kerin that a couple of the Senators on the Finance Committee are from her district, and maybe they would also form a subcommittee to look into this problem. He assured her the problem would be seriously considered.

Senator Jacobsen asked if the Clinics served more than one county. Dr. Carr said yes; through Mineral County and into White Pine County.

Senator Lamb asked Mr. Barrett where the Committee could get an estimate of the cost of the building. Mr. Barrett said the Public Works Board was already providing an estimate of the cost in their document.

Senator Wilson asked if there is a reason for the low priority.



Mr. Barrett said the priority was set by the Public Works Board in September, and he did not recall why it received such a priority.

Senator Wilson asked Dr. DiSibio to clarify whether a building was being recommended under the Capital Works Program or whether a lease for a building constructed to suit needs is recommended. Dr. DiSibio said he would like to see a building built to suit and then lease it over the long term. Dr. DiSibio said he was now tied to a lease and is presently working on getting out of it.

Senator Wilson said the problem needs solving before the session is over. Dr. DiSibio said he is waiting for the owners to contact him; he had already sent a letter. He said that if they can get out of the lease within six months, then in six months they ought to be able to have a building built to suit according to Mr. Meizel. He said it might a one or two year wait for the Public Works Board structure.

Senator Lamb asked what could be done to improve the present situation. Dr. DiSibio said nothing; they must first get out of the lease.

Senator Wilson said the agency would be asking for a rental provision in the budget to do that, and this problem needs to be resolved soon. Dr. DiSibio said he felt there were enough rent monies in the budget to do what he wanted to do; and he felt that the budget would not have to be changed.

Senator Wilson said the Committee needs a decision soon so it will not attack the priorities of the Public Works Board. Dr. DiSibio said he could get the information to Senator Wilson next week.

Senator Lamb remarked that the project would cost about \$2,000,000.

BUREAU OF HEALTH FACILITIES - Page 265

Senator Lamb pointed out that Page 267 should be 266 and vice versa. Dr. Carr pointed out that on Page 267 under Carson City Office there is a position, Health Facilities Surveyor I, which shows in the 1979 Work Program, does not show in the Agency Request, then reappears in the Governor Recommends column. He said this was a position they had planned to transfer to the Division of Welfare. It was unable to handle it and the position was added back in. Dr. DiSibio said that this job and another in Welfare are being considered with regard to a new juvenile agency.

Dr. Carr said Contractual Services are for specialized services.

Senator Wilson asked if Title XIX (Page 267) shows a reversion. Mr. Cohen said the \$60,000 was in Welfare before and as of October, 1978, was transferred over, but only on paper. He said the Health Division officially takes it over on July 1. He said it does not show in 1978-79 because it is in Welfare's Work Program.

Senator Wilson asked if it was transferred to or from Welfare. Mr. Cohen replied that the money was transferred to Welfare in 1978-79. He said it went to Welfare; Welfare gave it to Mr. Cohen's Division on a billing procedure; Welfare comes in and audits Mr. Cohen, the federal government comes in and audits Welfare. Now, the money will come to Mr. Cohen's Division, and the federal government will audit, the way it was prior to the biennium.

Senator Wilson asked Mr. Cohen to explain Hospital Licensure. He said it is about \$22,000 in Actual 1977-78 and drops to about \$5,000 in the Work Program for both years of the biennium. Mr. Cohen said this was an accumulation of funds generated above the Actual Work Program. He said a bill has been introduced that will have all the funds generated from Hospital Licensure go directly into the General Fund. The \$5,000 figure shows what is projected as a revenue source from Hospital Licensure.



Senator Lamb asked why it drops so much. Mr. Cohen said because the \$22,725 was an accumulation of funds and they want to revert the accumulation back to the General Fund. Mr. Barrett said they have another receiving account on the outside called the 600 account. He said Mr. Cohen is correct, the \$22,725 is an accumulation for a period of years in this other account.

Mr. Sparks commented that the Finance Committee has the related bill, Senate Bill 80. He asked if the Committee amended it and put the money in the General Fund but dedicated it for the support of this program, is \$5,000 the only amount that be shown in there. Mr. Cohen said the last three years it has been between \$5,000 and \$7,000. He said they felt \$5,000 was a fair figure and anything above that would all go into the General Fund.

Senator Lamb asked Dr. Carr to explain Facility Certification. Dr. Carr said this satisfied the federal government that their Title XVIII, or Medicare, standards are being met by the facilities. He said facilities are mostly long-term care facilities; sometimes nursing homes and related institutions.

Senator Jacobsen asked what services the Fire Marshal supplies under Other Government Services. Mr. Cohen said the allocation for the Fire Marshal is related to code requirements of Title XVIII and XIX. He said the money comes to them and they contract with the Fire Marshal to go to all facilities that have Title XVIII and Title XIX funds.

Mr. Sparks added that the money does not get into the Insurance Division's budget nor the Fire Marshal's budget.

Senator Jacobsen asked if another agency could furnish the Fire Marshal's services. Mr. Cohen replied no, not to his knowledge.

#### CONSUMER HEALTH PROTECTION SERVICES - Page 268

Dr. Carr briefly described this program. He said the Safe Drinking Water Program is part of this program. He stated the positions are partly federally and partly state funded. Mr. Cohen continued that during the last legislative session the Safe Drinking Water Program was in a separate budget. He said that when they were preparing the federal grant for this program they found that the State had over-matched the last work program. So they recommended the Budget Office to combine the Safe Drinking Water Program with Consumer Protection. In doing this, they were able to use existing State monies as part of the match. He said that Page 271 is the old Safe Drinking Water Program with State appropriations. Mr. Cohen added that bringing it into the Consumer Protection made it possible to use federal funds, put people under temporary positions to accomplish the federal program, and also save the State some money. He went on to say that the projected saving is \$36,000 the first year of the biennium, and \$39,000 the second year. Mr. Cohen added that 6 positions are paid by the Safe Drinking Water Program.

Mr. Cohen referred the Committee to Page 269, Revenue Sources. He said Radioactive Disposal should actually be \$16,105 the first year instead of \$15,078. The second year it should be \$17,071 because projected revenues from account 3152 did not balance, so the State appropriation should be reduced accordingly. He said the Radioactive Fallout projects are not part of their budget; they just do inspections on them. These figures were a projection.

Senator McCorkle remarked that he thought the counties administered drinking water programs. Mr. Cohen replied, referring to Page 270, Aid to Counties, they have 3 cooperative agreements with counties that they will provide those services. He said they contract with the counties to do this service.

Senator Lamb commented that Travel has risen greatly. Mr. Cohen said it was because of additional staff. Senator Lamb asked if the office is now fully staffed. Mr. Cohen said yes.



Senator Echols said he understood that the increase in Travel was due to the implementing of the drinking water program. Mr. Cohen said that, plus they added 2 additional staff for the Safe Drinking Water Program.

Senator Lamb said that it was a large increase. Mr. Cohen said it was because of the new positions and the growth in the State causing increased work for sanitarians and engineers.

Senator Lamb asked if counties did not take care of their own problems. Dr. Carr said yes, except State buildings such as the University. Senator Lamb asked how much work is done at the University in this category. Mr. Cohen said he does not have that information but they can get it.

Senator McCorkle asked who did lab services. Mr. Cohen said they are done by the Bureau of Laboratories and Research, which is one of their Bureaus. He said the Lab Services for 1977-78 and 1978-79 Work Program are part of budget account 3195 (Page 271) which is where that money is this year.

Mr. Cohen continued that the \$64,000 figure for each year of the biennium is for the federal Safe Drinking Water Program for lab services. He said it will show as a revenue source in the lab budget.

DRINKING WATER PROGRAM - Page 271

Dr. Carr briefly described this budget.

HEALTH DIVISION - NUTRITION - Page 272

Dr. Carr, referring to the narrative, said this budget has in the past been part of Office of Health Officer budget, Community Health's budget and Maternal and Child Health's budget. He said it involved several agencies, so it was separated into its own budget. He said the narrative describes Out-of-State Travel and there are no funds allocated for Out-of-State Travel in this particular budget. He said they have received approval for 3 new positions and for another Institutional Nutritionist to provide consultation to state-owned facilities such as prisons and youth homes. Dr. Carr added that he understands that BDR 16-71 is a bill which will require the State Health Officer to examine these facilities twice a year for medical, nutritional, and sanitation adequacy.

Senator Lamb asked who provides the Training referred to in the Training category of these budgets. Dr. Carr replied that the training is usually done to upgrade and improve skills of speech and hearing personnel. They attend courses given in various locations, such as California or Salt Lake City. He said they keep complete records on how much training people have received.

Senator Gibson asked what General Fund money has been used for in this budget in the past. Mr. Cohen said the majority of State money is shown in budget account 3224, which is Community Health Services. He said they have transferred 3 positions from that budget; and because of the transfer, they were able to use some other sources of funds because of the work these employees did in nutritional services.

Senator Gibson asked how much General Fund money was involved. Mr. Cohen said he did not have that figure.

IMPROVED PREGNANCY OUTCOME - Page 274

Dr. Carr said the funding of this program is from Title V and is called "MCHB" money. He said this is money which does not require a match. He said Nevada received up to \$400,000 per year for five years. He briefly described the program's goals. He said that approximately \$75,000 is earmarked for the medical school; about



\$120,000 for the Washoe County District Health Department, and \$83,000 for Clark County District Health Department. He said that the bulk of money goes to Washoe County because they need to expand their own facilities and have also agreed to take women from Douglas County, Carson, South Tahoe, and surrounding area.

Senator Echols asked if this is a new program. Dr. Carr replied that it was.

Senator Echols asked how the State became involved in this program without legislative approval. Dr. Carr said when the Department of Health, Education and Welfare people said that this program was offered to certain states, it was an opportunity to bring in badly needed dollars for services. He said he thought it was a very valuable program.

Senator Echols asked if this program helped prevent birth defects such as retardation. Dr. Carr said it is not a genetic program and does not test whether a baby is retarded before it is born. He said this program has nothing to do with Family Planning or abortion. The focus of this program is to improve the physical health of the baby at the time of birth.

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) - Page 276

Dr. Carr pointed out that the hourly classified rate under Public Health Nutritionist (Page 276) which reads \$6.05 should read \$7.31 and Community Nutrition Worker which reads \$4.00 should read \$4.35; where it reads \$3.75, it should read \$3.79. He said they have asked that a large number of contract personnel be converted to State personnel for cost reasons. Mr. Cohen they found that if they paid 9 contract Public Health Nutritionists State wages they could save \$13,400 in administrative overhead the first year of the biennium. He said most of these positions are in rural areas. He said this Office contracts with Washoe County Health District to run the WIC Program in Washoe County and do the same in Las Vegas (with Clark County Health District). They work with the Nutritionists and Nurses in the rural counties. He said an annual audit recommended that they convert these positions because of lack of administrative control.

Senator Lamb asked how the amount was determined for a particular county. Mr. Cohen, referring to Page 276, said there is a breakdown. He said this is based on projected population and availability of money. He said they now serve 6,000 people, 3,200 in the Clark County area. He said that Page 277 shows the Aid-to-Counties. He said the projection for Washoe and Clark Counties is \$1,760,000 in food costs administration which are locked in at a 16 percent administrative rate.

Senator Gibson asked if the figure of \$26.28 is per month or per year. Mr. Cohen answered that it is per voucher which covers 1 month. He stated that each member receives 1 voucher per month.

Senator Lamb asked what Training is for. Mr. Cohen said Training costs are for upgrading skills. He said a Nutritionist at Grade 20, does not have sufficient technical knowledge.

Senator Glaser, referring to Page 278, asked what administrative expenses were for in 1977-78 Actual. Mr. Cohen said that, up to that time, they were not tacking on any administrative overhead. He said he understood this program came on in 1975. He said to his knowledge no indirect administrative costs were being charged.

Senator McCorkle asked why the Improved Pregnancy Outcome Program was needed when WIC exists. Dr. Carr said there is some population overlap. He explained that the jurisdiction of the WIC program, and said the jurisdiction of the Improved Pregnancy Outcome is much wider; it is more than nutritional, it is also educational, a prevention type of program.



Senator McCorkle asked what is the Central Bank Contract. Mr. Cohen explained that they went to bid, to all State banks, asking if they would contract to do the banking regarding bouchers. He said they received 3 bids back, and the lowest bid was Nevada National Bank. He remarked that they offered a very low price.

HEALTH AID TO COUNTIES - page 279

Dr. Carr briefly described this program, and introduced representatives from Washoe and Clark Counties. Mr. Clodfelter, Administrator of the Washoe County District Health Department, described why they needed additional funding in Washoe County. He named various programs not provided by the State. He said their TB program expenses have greatly increased, and they need additional funding. He said the same situation that exists at the State level with the Crippled Children's Program, exists in Washoe County. He mentioned that they do take patients from out-lying counties. He said their Geriatric and Podiatry program is one of the best-accepted in the State. He added that right now they are federally funded through the Division of Aging Services for \$96,000; the County pays \$47,000. He reported that as of last week, they cannot take more new patients in this program. He stated that with an additional \$15,000, they can add another person to this program to help take care of more patients. He said there has been an expansion in Consumer Health due to expansion of casinos. He said they also have an educational program and prices continue to increase. He said potential food poisoning outbreaks in Washoe County have tripled from the year before. He said he can provide information on increased patient load comparing 1976, 1977, 1978 in 49 programs. He said some programs have increased as much as 125 percent.

Senator Lamb asked Mr. Clodfelter to provide the Committee with this information. Mr. Clodfelter submitted this information (see Attachment C). He urged the Committee to reinstate the funds they have requested in their budget.

Senator McCorkle said that it appears that these monies apply to services which are being provided in other Divisions within the State which have been discussed this morning. He asked if Mr. Clodfelter was asking for health aid because the other programs are not providing enough money. Mr. Clodfelter said that was true. He said, for example, from the Safe Drinking Water Act, they get \$36,000 for their program. In 1979, the amount is reduced to \$31,000. He said to implement the requirements of the program it costs additional money. He said there is not sufficient money in Aid-to-Counties to pay for the program.

Senator McCorkle asked why don't funds for each activity appear in the original budgets for each service. Dr. Carr said that when he proposed the present system in 1973, there was a strong possibility that 314D funding would be discontinued. Because the county Health Departments had different priorities, he felt that a direct payment would allow them to establish their own priorities and they could, if necessary, use the State funds to match federal dollars for other programs.

Mr. Blonsley, representing the Clark County District Board of Health, commented on the concepts of funding. He said each community carried out its own programs. He said the two major Health Districts carry out programs mandated by the State which are the responsibility of the State Health Division. He reported that the total amount of State funds coming to the Clark County Health District is just under 7 percent of the total annual budget. He added that 43 percent is from ad valorem taxes and local support. The balance is a patchwork of federal grants and fees charged to users of various services.

Mr. Blonsley, said funding could be done categorically as Senator McCorkle suggested, or it can be done through Aid-to-Counties. He said that he thought the latter way is the most effective



to fund the two major urban areas to carry out State and local needs. He said that in the face of shrinking federal dollars, State aid becomes more important. He continued that federal dollars have essentially remained the same, but inflation reduces its impact. He said they are very under-funded in tuberculosis control. In Clark County 40 percent more cases were reported this last year. He said he would like to move to an improved level of funding; from 85 cents to \$1.10 the first year; and \$1.25 the second year. With these increases, local authorities will be able to support programs and respond to community needs. Mr. Blonsley submitted statistics on the Clark County Health District (see Attachment D).

Senator Lamb asked Dr. Carr if he had any comment. Dr. Carr said he would like to see funds increased, and he thinks the need is there.

Senator Lamb said he remembers that the State had to put money into the VD Program in Clark County a few years ago. Dr. DiSibio commented that they have epidemic proportions of venereal disease in Clark County. He said that more than 1/3 of the VD cases are teenagers; which is the population to focus on in prevention programs.

Senator Lamb asked if this problem would be best worked through Dr. DiSibio. Dr. DiSibio answered he thought it would be best to work it through the Ways and Means subcommittee. He said that both Mr. Clodfelter and Mr. Blonsley have been requested to testify before the subcommittee.

Senator Echols suggested that causes of the problems instead of effects should be looked at. Dr. DiSibio said they have added another health educator, and are deeply involved with schools. He asked where will they fund the second health educator for Clark County, if not in Aid-to-Counties which allows the county to make selective decisions.

Senator Lamb asked the two county representatives to confer with Dr. Carr and Dr. DiSibio and work something out.

#### VENEREAL DISEASE CONTROL - Page 280

Dr. Carr mentioned that this budget was transferred out of the Community Health Services budget. He mentioned that the 1978-79 years are blank under Contractual Services (Page 281) because the investigators involved were transferred to Clark County and of the approximate \$25,000, about \$10,000 was for lab services, \$3,000 for contract to a position to provide services in an area that does not have a district health requirement, \$10,000 for culture material, and some for United Parcel Delivery Service of supplies.

Mr. Cohen pointed out that under Medical and Dental Expense, Page 282, there is an increase which is part of the transfer of the VD drugs from Community Health Services. He said previously, budget account 3218 was all federal; and because State money went into Community Services, they want to move the 2 State positions, and costs associated with those positions (in this budget) so that all costs associated with VD are in one budget.

Senator Gibson asked how much General Fund money was being spent in this program. Mr. Cohen said about \$86,000. He added that they have projections for 1980 and 1981. He went on that Aid-to-Counties, Page 282, is all federal funds; there is no state money there.

Senator Lamb asked if this includes all 17 counties. Mr. Cohen said no, it is to Clark and Washoe Counties only.

#### BUREAU OF LABORATORY AND RESEARCH - Page 283

Dr. Carr briefly described this program. He mentioned that there



is a bill, Assembly Bill 371, to request \$118,000 for equipment for testing water. He said the request for Equipment Lease (Page 285) is for leasing this same piece of equipment. He said this equipment will save about \$30,000 in salaries.

EMERGENCY MEDICAL SERVICES - Page 287

Mr. Cohen pointed out the \$1,000,000 given to the State by the Fleischmann Foundation is for a medical program for rural Nevada. He said they did not request Ambulance Match and Local Ambulance Match, which is an ambulance upgrading program for rural counties; but these funds were recommended by the Governor. He said that Page 289 shows Ambulance Upgrading. He continued that of the \$225,000, the \$76,500 is State appropriations which is in the budget. He said that the second year shows \$202,500, of which \$67,500 is the State's appropriation.

Senator Gibson asked if Mr. Cohen has a breakdown on how they plan to spend the Fleischmann grant. Mr. Cohen said yes, they submitted a detailed account in the grant application. Senator Gibson said he would like to see it.

Mr. Sparks asked regarding the Fleischmann grant, about the budget on Page 789. Mr. Barrett replied that it has been separated from the budget just for the Emergency Medical Services system. Mr. Sparks said that this is just to reflect the Fleischmann grant.

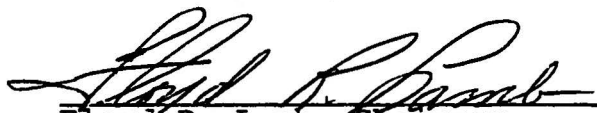
Senator Lamb, referring to a recent incident where the Committee did not know of an existing federal grant, asked Mr. Barrett if there were others the Committee does not know about. Mr. Barrett said he knew of none.

Meeting adjourned at 10:25 a.m.

Respectfully submitted,

  
Carolyn Y. Mann, Secretary

APPROVED:

  
Floyd R. Lamb, Chairman



ATTACHMENT A

Laura Kerin, Chairman of the Reno Special Children's Clinic  
Parents Group, Parent of a 7 year old girl with Down's Syndrome  
I live at 1490 Sheemaker Court, Reno, Nevada (329-4098)

Chairman Lamb and members of the Senate Finance Committee  
last Friday (February 16, 1979) with the help of my family and  
other mothers from Special Children's Clinic in Reno and other  
volunteers who believe strongly in the program I gave testimony  
to the effectiveness of early diagnosis, education and training  
of handicapped children.

Briefly I want to repeat some facts in that testimony before I  
~~ADDRESS~~<sup>ADDRESS</sup> specific items on the budget.

Seven years ago when my husband, John and I were told our daughter  
was born with Down's Syndrome we asked what that meant. The doctors  
explained that her potential intellectually would be limited to an  
I Q of 50. They predicted she could be trained to walk, feed herself,  
and have minimal toileting skills by the age of six. By the age of 17,  
she would be capable of performing at a third grade level. She would  
probably never achieve literacy or be self-reliant.

Although discouraged, we sought help and Jennifer received quality  
training from the start in the state of California. As a ~~resort~~<sup>result</sup>, she  
is now reading at the first grade level, performing math problems at  
the kindergarden grade level, and employing speech and language skills  
of a typical 5 year old. There is no reason to believe that she won't  
progress beautifully and she is living proof of what a handicapped child  
can achieve if they receive early intervention.



IN RENO THE SPECIAL CHILDREN'S CLINIC IS THE PROGRAM WHICH PARENTS LOOK TO FOR THIS CRUCIAL HELP. THE STAFF ARE HIGHLY COMPETENT BUT THE PROGRAM FACES INCREDIBLE ODDS. IT IS THESE ODDS I WOULD LIKE TO ADDRESS NOW.

1. ALTHOUGH THE PRESENT FACILITY IS TOO SMALL AND IN VIOLATION OF FIRE AND SAFETY CODES, NOT TO MENTION ARCH BARRIERS, THE CLINIC'S REQUEST FOR A NEW FACILITY WAS RATED #17 ON THE NOT RECOMMENDED LIST OF CAPITOL IMPROVEMENTS PROJECTS BY THE PUBLIC WORKS BOARD.

2. ALTHOUGH THE CASE LOAD HAS GROWN FROM 266 CHILDREN IN 1968 TO 848 IN 1978, AND THE WAITING LIST OF CHILDREN NEEDING SERVICES NOW NUMBERS 170, THE STAFF HAS ONLY BEEN INCREASED BY 1 PERMANENT PROFESSIONAL IN 11 YEARS. THE CLINIC IS OFTEN UNABLE TO SEE A CHILD FOR 12 TO 14 MONTHS FROM THE TIME OF HIS INITIAL APPLICATION FOR SERVICES. OUR CHILDREN CANNOT WAIT FOR SERVICES.

AS OUR PERSONAL HISTORY PROVES, INFANTS NEED HELP IMMEDIATELY AND A 14 MONTH WAITING PERIOD FOR SERVICE AT THIS CRUCIAL TIME IN THEIR DEVELOPMENT IS SEVERELY DETRIMENTAL.

IT COSTS APPROXIMATELY \$414.00 PER YEAR TO SERVE EACH CHILD IN THE 0-6 YEAR OLD POPULATION AT SPECIAL CHILDREN'S CLINIC. TO INCARCERATE A CHILD IN A STATE INSTITUTION COSTS \$70.00 PER DAY- THAT IS \$25,000 PER YEAR.

AS THE CHAIRMAN OF THE RENO SPECIAL CHILDREN'S CLINIC PARENT'S GROUP, I AM ASKING THAT YOU INQUIRE FOR US WHY THE CAPITOL IMPROVEMENT REQUEST WAS DENIED, AND WHY THIS PROGRAM IS NOT BEING RECOMMENDED FOR STAFF AND BUDGET INCREASES. JENNIFER'S SUCCESS STORY COULD BE REPEATED OVER AND OVER AGAIN IF PROGRAMS FOR THESE CHILDREN WERE ADEQUATELY FUNDED.



TODAY I AM HERE REPRESENTING THE PARENTS TO

ADDRESS THE PROBLEM OF NO FUNDING FOR A NEW BUILDING FOR SPECIAL CHILDREN'S CLINIC, RENO AND

CALL YOUR ATTENTION TO SOME ITEMS IN THE BUDGET THE PARENT'S GROUP HAVE QUESTIONS ABOUT.

1. THE ONLY CAPITOL IMPROVEMENT SUBMITTED TO THE PUBLIC WORKS BOARD BY THE DEPARTMENT OF HEALTH WAS THE NEW BUILDING FOR SPECIAL CHILDREN'S CLINIC, RENO. AWARE OF THE TERRIBLE CONDITIONS PREVAILING IN THE PRESENT BUILDING WHY DID HEALTH ADMINISTRATION ALLOW THIS BUILDING TO BE PLACED #17 ON THE NOT RECOMMENDED LIST?

2. THE PARENTS AND I NOTICED A DIFFERENCE IN THE MOOD OF THE STAFF LAST FALL. WE BECAME AWARE THAT THE STAFF WAS SUDDENLY SIGNING TIME CARDS, CALLING CARSON CITY WHENEVER THEY NEEDED TO LEAVE TO PERFORM THEIR JOB RESPONSIBILITIES AND LOGGING THEIR ACTIVITY HOURLY. THIS INTERFERRED WITH THE TREATMENT OF THE CHILDREN. THEY EXPLAINED THIS NONSENSE WAS A NEW DEPARTMENT DIRECTIVE. WHY WERE THEY ASKED TO DO THIS WHEN THE PRESENT CASELOAD IS OVERWHELMING?

3. LAST FRIDAY TESTIMONY WAS GIVEN CONCERNING THE BUDGET OF SPECIAL CHILDREN'S CLINIC IN RENO TO THE ASSEMBLY WAYS AND MEANS COMMITTEE. WHEN THE QUESTION WAS ASKED WHY ONE LAS VEGAS CLINIC DIRECTOR RESIGNED, THE REPLY WAS "TO ENTER PRIVATE PRACTICE". THE PARENT GROUP DOES NOT FEEL THE ANSWER IS SO SIMPLE. THE PARENT GROUP FEELS THE RESIGNATION OCCURRED BECAUSE OF HIGH LEVEL ADMINISTRATIVE HARRASSMENT.

4. THE QUESTION WAS ALSO ASKED BY THE ASSEMBLY WAYS AND MEANS COMMITTEE WHY SURPLUS FUNDS WERE NOT ALLOCATED FOR SPECIFIC STAFF POSITIONS OR PROGRAMS. THE TESTIMONY REFLECTED ADMINISTRATIONS VAGUE EXCUSE



ABOUT RE-ORGANIZATION. CERTAINLY HEALTH ADMINISTRATION MUST BE AWARE, SINCE THIS IS THEIR RESPONSIBILITY, THAT SPECIAL CHILDREN'S CLINIC, RENO DESPERATELY NEEDS AN ACTIVE 2 OR 3 DAY PER WEEK INFANT PROGRAM INCLUDING EMOTIONAL SUPPORT SERVICES TO THE PARENTS. WHY DID THE DIVISION OF HEALTH IGNORE THIS MAJOR AREA OF PRIORITY EDUCATION IN THE BUDGET SINCE TESTIMONY WAS GIVEN BY HEALTH OFFICIALS THAT EXCESS FUNDS WERE AVAILABLE?

THERE ARE FEDERAL LAWS THAT ARE DESIGNED TO PROVIDE PARENTS WITH THE SERVICES WE SO DESPERATELY NEED SUCH AS P.L. 94-103 THE DEVELOPMENTAL DISABILITIES BILL OF RIGHTS, SECTION 504 OF THE CIVIL RIGHTS ACT AND AND P.L. 94-142 THE <sup>EDUCATION</sup> EVALUATION OF ALL HANDCAPPED CHILDREN ACT.

WHY DO WE PARENTS HAVE TO STAND HERE BEGGING FOR SERVICES IN NEVADA? DID WE ~~SUCCESS~~ FROM THE UNION? OR DO YOU HAVE PEOPLE IN THE HEALTH DIVISION WHO CHOOSE TO IGNORE THESE LAWS?

CHAIRMAN LAMB, YOUR REPUTATION AS A LEADER AND CHAMPION OF THE PEOPLE IS WELL KNOWN IN OUR GREAT STATE OF NEVADA. CAN YOU GIVE US ANSWERS TO THESE QUESTIONS AND ASSIST US WITH THE FUTURE OF OUR CHILDREN?



FACT SHEET

BUILDING INADEQUACIES

Space

1. Inside:

- a. Every office, classroom, lavatory and waiting area is too small to accommodate its intended purpose.
- b. Hallways are utilized for storage and bookshelves. Pedestrian traffic is single file.
- c. Professional offices are shared by contract consultants and staff leading to interruptions and disorganization.
- d. Closed patient files are not readily available; they are stored at warehouse several miles distant.
- e. No conference room is provided for group meetings.
- f. Lounge or rest area for staff or clients is not provided.
- g. Authorized smoking area for staff or clients is unavailable.

2. Outside:

- a. Parking is inadequate.
  - (1) Parents stopping in alleyway to deliver or pickup children have received Reno Police Department traffic citations.
- b. Outdoor physical education area is not provided.

Environment

1. Inaccessible to handicapped:

- a. Professional offices are inaccessible to physically handicapped, parents with several children, and delivery people.
- b. Stairway is steep and dangerous for children and adults.

2. Privacy is non-existent. Walls are thin, voices and noises echo through air space in dropped ceiling. Confidential communication is impossible, noises and voices interruptive.

3. Poor building security:

- a. Transients and drunks walk into preschool area from front door and alley entrance.

640

EXHIBIT A



- b. There is no reception area on the first floor.
  - c. Vehicles in parking area have been vandalized and items stolen.
  - d. Preschool door was shot out by 38 cal. revolver. Minutes before, the room was filled with children and their parents.
  - e. Other windows have been shot but not penetrated.
4. Noise level exceeds 70 dB in professionals' offices. Testing or counselling is very difficult with that much distraction.
  5. Heating and cooling system inadequate, frequently malfunctioning.
  6. Lighting is inadequate upstairs.
  7. Smoking staff sit outside on curb in alley during good weather. Inclement weather forces them into the bottom of the stair well, smoke infiltrates all areas of the building affecting allergic children adversely.

Location

1. Far removed from other services for children.
2. Remote from public transportation effectively denying services to clients.
3. Surrounded by very heavy vehicle traffic on California Avenue, in Creek Place, in First National Bank parking lot, and in building parking lot.

Cost:

\$92,000 per year in rent

NEW BUILDING

Space

30,000 square feet (approximate)

Cost

\$2,000,000 ( to build on State property in close proximity to other children's health services.)



Population Comparison

Waiting List

1968 - 25 children (2-3 weeks waiting period)

1978 - 159 children (12-14 months waiting period)

Case Load

1968 - 266 active cases

1978 - 848 active cases

Staff

1968 - 5 permanent professional staff

1978 - 6 permanent professional staff

Population of Area Served

1970 - 224,000 (estimate)

1980 - 374,000 (projected)



state

of nevada



DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION  
DIVISION OF HEALTH  
RENO SPECIAL CHILDREN'S CLINIC  
460 California Ave.  
RENO, NEVADA 89509

TELEPHONE 784-6321

TO: Mr. J. D. Long  
State Architect

DATE: 9/18/78

FROM: Joan F. Edwards, Ph.D.  
Clinic Director

SUBJECT: NEW BUILDING FOR CHILDREN'S  
HEALTH SERVICES IN RENO -  
JUSTIFICATION

Attached is a brief narrative of Children's Health Services' programs. A new facility is needed for the following reasons:

1. There is no room at the current facility to expand programs so there are waiting lists for each one. The waiting list for Special Children's Clinic diagnostic work-up is 145 children.
2. The growth in the programs has been very substantial. The percentage increase in number of children served by SCC has been over 400% in the past 5 years. (See Table I)
3. With the increase in population, demands for services are anticipated to increase substantially. (See Table II)
4. If planning is inadequate now, building expansion will be needed, as has happened at the Las Vegas Clinic and will cost much more as building costs increase.
5. By planning a larger clinic area now, faculty and students from the University can be utilized more effectively, and the number of children seen can be increased substantially.
6. Provision would be made for the CCS Clinics in the new facility, including the Rheumatic Fever and Heart Clinic, Orthopedic Clinic, Cleft Palate Clinic and Pediatric Clinic which are presently scattered in various locations. This would provide a cohesive program location and identification source for children needing multiple health services. There are no provisions for the CCS clinics in the present facility.

EXHIBIT A



7. A new facility would provide separate office and clinic examining, testing and therapy areas. At present, professional offices double as evaluation and therapy rooms under poor conditions.
8. A facility like this could greatly benefit health services to children in all of Northern Nevada.
9. Many deficiencies have been noted in the present facility; overcrowding, staff sharing offices, inadequate waiting area, none on first floor, no elevator to second floor, no reception area, no children's inside play area in waiting room, no audio-visual center for education and training, inadequate physical therapy and sensorimotor integration areas, no home simulation facility for parent training, no conference rooms, no storage areas (we have rented a mini-storage), and inadequate parking. Rooms are so small that not all necessary equipment can fit in the office, e.g. the infant scales, patient files and bookshelves are in the halls.

Following is the revised square footage considered necessary for the new facility totaling 25,000 square feet for the CHS building and 33,000 square feet including the Dental Clinic.

CHILDREN'S HEALTH SERVICES

Special Children's Clinic  
Speech & Hearing Clinic  
Crippled Children's Clinic

	<u>Sq. Ft.</u>
Administrative Area Offices, 3 waiting rooms (front, rear & CCS), children's play area, reception.	6,500
Clinic Areas Diagnostic & treatment areas, examining, testing, therapy and observation rooms.	7,000
Developmental Remedial Programs Infant assessment, infant-parent training, observation.	1,500
Toddler assessment, toddler-parent training, observation.	2,500
Home simulation facility.	1,000
Pre-kindergarten area, multi-purpose room, group activity room, individual remedial rooms.	3,500
Physical therapy and sensorimotor integration area.	<u>3,000</u>
	25,000
Auditorium - Shared with Dental Center for education and training, in-service training, out-reach training.	1,000
Dental Clinic Waiting room, offices, examination rooms, laboratory, dark-room, lead shielded room for x-rays.	2,500
Atrium Central observation and protected play area for children and parents.	<u>2,000</u>
Total	30,500
Outdoor Playground Provision for areas for development of skills in large body movements, balance, and coordination.	<u>2,500</u>
Grand Total	33,000 sq.

cc: John Carr, M.D.  
Richard Bentinck, M.D.  
Paul Cohen  
Ron Lange  
Robert Edmondson, Director's Office



9/15/78

TABLE I

SPECIAL CHILDREN'S CLINIC PROGRAM

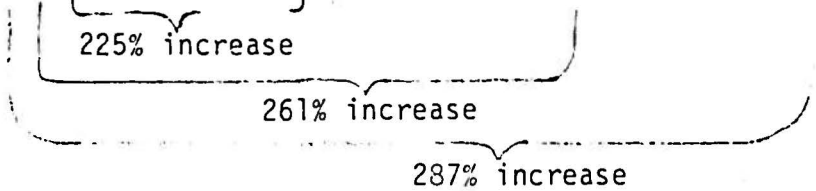
	<u>1973</u>	<u>1978</u>	<u>% Increase</u>
number of children served	194	845	436%
number of staff	6	22*	367%

- 22 full-time equivalents;
- 33 full and part-time staff

TABLE II

POPULATION FIGURES

	<u>1973</u>	<u>1978*</u>	<u>1980*</u>	<u>1983*</u>
Carson City Co.	22,997	30,929	36,712	41,654
Washoe County	70,841	180,168	208,232	227,531
Total	93,838	211,097	244,944	269,185



\* projections made before building boom  
 (figures from Vital Statistics)

NARRATIVE  
for

CHILDREN'S HEALTH SERVICES BUILDING  
RENO, NEVADA  
(STATE HEALTH DIVISION)

Revised 9/15/78

Nevada Children's Health Services, Reno Program

A variety of health services for children is offered through the offices of the Nevada State Health Division. These include:

1. Special Children's Clinic
2. Speech and Hearing Clinic
3. Crippled Children's Services
  - a. Cardiac and Rheumatic Fever Clinic
  - b. Orthopedic Clinic
  - c. Cleft Palate Clinic
  - d. *Pediatric Clinic*
4. Dental Clinic

1. Special Children's Clinic

Special Children's Clinic, Reno, serves as an interdisciplinary regional center for Northern Nevada to provide diagnosis and treatment of handicapped children, 0-21 years, with concentration upon children from birth through 5 years of age. The Clinic's emphasis, particularly for the early priority age group, is on early intervention, normalization and prevention programs on an outpatient basis, using diagnostic methods and treatment approaches which will promote the child's development, and will enable the family to keep a child in the home and community. The clinic operates Monday through Friday, 8:00 AM - 5:00 PM, on a year-round basis.

Eligibility

Birth to 5 Age Group

- A. Children are eligible if there is known or suspected developmental delay, genetic or neurological disorder, or any condition associated with mental retardation.
- B. Residents of Nevada and contiguous states.
- C. Children not already evaluated and appropriately treated elsewhere.
- D. Children with primarily behavioral and emotional problems are not accepted, but referred to other sources.
- E. There is no financial means test required.



Special Children's Clinic  
Eligibility (Continued)

Six to 21 Age Group

Same criteria as A-E above.

- F. Clinic staff will make a determination as to eligibility for our clinic services based on the severity of the problem, child's needs, and number of priority group on the waiting list.

Diagnosis

The long range goal of the Clinic is to provide a comprehensive program which will promote the development of the child's potential to its greatest level, maximizing the child's mental and physical health, self-esteem, and mastery of skills and establishing the basis for becoming independent and self-supporting citizens. Each child receives a comprehensive diagnostic evaluation initially by an interdisciplinary team of health professionals consisting of a pediatrician, clinical psychologist, psychiatric social worker, speech pathologist, and public health nurse. The team determines the child's possible developmental delays and makes recommendations for further evaluation and necessary treatment.

Examinations by other consultants are obtained as necessary in determining the condition of the child, i.e., neurologist, dentist, physical therapist. Complete blood count, urinalysis, PKU screening, and metabolic urinary screening are performed routinely on each child, and special laboratory tests, EEG, X-rays, etc., are also done as needed. The nutrition consultant follows children with phenylketonuria from birth, and the Clinic supplies the necessary dietary supplements.

Following the diagnostic evaluation, the Clinic staff and other professional consultants meet as a group to evaluate the clinical data. Findings and recommendations are formulated in a written report. Following the case conference, findings and recommendations are discussed with the parents by a staff member.

At the present time the number of children in the active caseload is approximately 845; and the demand for services is steadily increasing.

Treatment Programs

Medical Treatment: The pediatricians do a limited amount of prescribing of drugs for children, particularly when the patient lives in an area in which there are few physicians or no physicians familiar with the use of a particular type of medication.

Infant and Toddler Developmental Groups: Many of the handicapped children who are developmentally delayed need a prescriptive, remedial early education program. At the present time, the Clinic is conducting two developmental infant groups (0-18 months) and ~~two~~ toddler group (18-36 months). These programs are designed to promote the child's development in the areas of cognition, self-help skills, motor skills, language, and socialization. The groups, which have a total enrollment of 25 to 30 children, are conducted by the child development specialist, psychiatric social worker, and physical therapist consultant.

Special Children's Clinic  
Treatment Programs (Continued)

Developmental Preschool Program: A developmental preschool early education program is also conducted year around for children age 3 through 5 years. The ultimate goal of the preschool program is to assist the child in reaching his potential by reducing developmental lag. This program, which is held at the Clinic, is directed by special education teachers from the Washoe County School District, assisted by a teacher's aide and two foster grandparents. *Three* classes are held daily, one in the morning and one in the afternoon. This program is presently serving ~~55~~ children. *Parent Training classes in child management are also held.*

Therapy for the Child and/or Parents: The child's and family's therapeutic needs are assessed during the diagnostic evaluation by the staff. Staff members are professionally qualified to provide counseling, psychotherapy, parent training, play therapy, and behavior modification programs. The number of hours available for therapy appointments is variable and depends upon the current Clinic load and the immediacy of the need for therapeutic assistance. Referrals are also made to other professionals and agencies appropriate to individual problems.

Referral to and Coordination with Other Community Resources: All patients in need of services not available through the Clinic are referred to appropriate community resources promptly and efficiently to avoid duplication of efforts and to insure maximum care of the patient and his family.

Mobile Diagnostic Clinics in Rural Areas: In order to provide better services to patients in rural areas, the interdisciplinary team travels to rural communities and conducts diagnostic workups and provides treatment recommendations for a group of children in that community needing evaluation. The mobile clinics are conducted on an as needed basis and are held 9-12 times per year.

## 2. Speech and Hearing Clinic

The Speech and Hearing Clinic provides diagnostic and treatment services to children with language, speech, and hearing disorders. The clinic operates Monday through Friday, 8:00 AM - 5:00 PM on a year-round basis. Eligible children are those with known or suspected hearing impairment, speech disorders, including articulation, disfluency, resonance or voice, and those with known or suspected language delay or disorder.

Speech, hearing and language evaluations are conducted at the Clinic by the speech pathologists and the consultant audiologist. Speech therapy is also provided, particularly for the more difficult remedial problems, and referrals, particularly the milder speech problems, are made to the University Clinic for treatment. University students in speech pathology are also trained on an ongoing basis.

The Speech and Hearing staff works closely with Special Children's Clinic, screening children in Northern Nevada and referring those to Special Children's Clinic who are in need of a more comprehensive workup, providing remedial language programs for Special Children's Clinic patients, and consulting with the special education teachers in the early education programs at the Clinic.



## 2. Speech and Hearing Clinic (Continued)

Diagnostic evaluations are also provided for children at the Stewart Indian School, Humboldt County Schools, McDermott Head Start, Washoe County Head Start - Home Start, rural preschool children seen in conjunction with the mobile clinics, Welfare Title XIX, Early and Periodic Screening Diagnostic and Treatment Program in Reno and Carson City, and the Well Baby Clinics.

In addition, diagnostic hearing evaluations, including impedance, are conducted at the Clinic, in addition to the hearing evaluations done routinely with speech and language testing. Hearing testing is also provided for Services to the Blind and for patients in the Nevada Mental Health Institute, Mental Retardation Wards.

In fiscal year 1976, a total of 2,716 children were served through the Speech and Hearing Clinic.

## 3. Crippled Children's Services

Additionally, this facility could be used to conduct all Crippled Children's Services clinics, including, among others, pediatric, cardiac, orthopedic and cleft palate. These are currently held under more or less makeshift arrangements at a local hospital or the District Health Department.

### ADVANTAGES OF BUILDING LOCATION

Having the building located on state-owned land next to Children's Behavioral Services and adjacent to the University of Nevada, Reno would have many advantages. The referral process and coordination of services with CBS would be facilitated with the close access between SCC and CBS, thereby improving services to families and children. The location is also close to the new State Laboratory where children have their lab tests performed, which would also be much more convenient for families. The close liaison would improve Clinic services.

The clinics also have many university students from a number of disciplines receiving training in Clinic programs, including health sciences, medicine, nursing, special education, speech pathology and psychology, and training programs would be greatly enhanced both by a new facility and the location next to UNR.

A new and improved Clinic facility would enable all of the health clinics to be combined in one single setting rather than scattered about as is the present case, thus improving delivery of Clinic services to handicapped children.

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EXHIBIT A

050

state

nevada

DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION  
DIVISION OF HEALTH  
RENO SPECIAL CHILDREN'S CLINIC  
460 California Ave.  
RENO, NEVADA 89509

TELEPHONE 784-6321

TO: Paul Cohen  
Adm. Hlth. Svcs. Officer

DATE: 9/18/78

FROM: Joan F. Edwards, Ph.D.  
Clinic Director

SUBJECT: NEW BUILDING FOR CHILDREN'S  
HEALTH SERVICES IN RENO

*JF/je*  
J. D. Long, State Architect, talked with me about the final plans for the building in Reno to be presented to the Public Works Board next week. He had a copy of the old initial plans rather than the revised ones, so Marilyn and I worked up some revisions which are attached. He also asked for some justification, copies of which are attached.

cc: John Carr, M.D.  
Richard Bentinck, M.D.  
Ron Lange  
Robert Edmondson, Director's Office

JFE/je

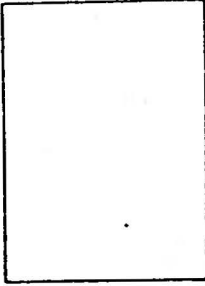
EXHIBIT A

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state

of nevada



DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
SPECIAL CHILDREN'S CLINIC  
460 CALIFORNIA AVENUE  
RENO, NEVADA 89509

TELEPHONE 784-6321

September 15, 1978

Richard C. Bentinck, M.D., Bureau Chief  
Children's Health Services  
Kinkead Building  
Capitol Complex  
Carson City, NV 89710

Dear Dr. Bentinck:

We are concerned about the suggestion that the "pre-school" programs are unnecessary to Special Children's Clinic services. Therefore, we are attempting to provide information that may enlighten you as to the integral relationship of the pre-schools to the total Clinic functioning.

Under NRS 442.130: 2, the purpose of such (Children's Health Service) program shall be to develop, extend and improve health services, and to provide for development of demonstration services in needy areas for mothers and children. Goals and objectives for two Children's Health Services components are attached. They include Special Children's Clinic and Speech and Hearing Clinic. Both have as Major Goals: Early Identification (evaluation and diagnostic services); and Treatment (prevention and interdisciplinary therapeutic programs.)

We feel it is unethical to diagnose children's disabilities without following through with a treatment plan, and implementing treatment.

The "pre-school education programs" provide the opportunity for on-going diagnosis of each child. It is impossible to adequately assess a preschool child in a cursory 1 hour interview. Only on-going observation and assessment enables an accurate determination of the child's competencies. There, also specific disabilities are treated by a variety of therapies, depending on need. The clinics do not have sufficient staff to provide individual therapies to each child, therefore they must be served in groups or not served adequately, if at all. The preschools are not child care centers. Each child enrolled has an individualized therapeutic program being followed. He may be served by five specialists in a single day at school, if his disabilities warrant it:

educational specialist  
physical therapist

EXHIBIT A

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occupational therapist  
speech and language pathologist  
adaptive physical education specialist

Other professional staff are frequently sought for consultation in special problems.

Parents receive training in the class sessions so they can learn how to support therapeutic programs at home. Class sessions with parent participation point out needs for parent-child counselling as well as the formation of parent effectiveness training groups.

The philosophy of expansion and modification of programs to meet changing health needs has been adhered to. Our goal is to promote the health of infants and children in Nevada. The Clinics have for 20 years served as demonstration models in needy areas for children and their parents. Group therapeutic programs for children have always been essential elements of the Clinics.

Very truly yours,

*Joan F. Edwards*  
Joan F. Edwards, Ph.D.  
Clinic Director

*Marilyn L. Costa*  
Marilyn L. Costa  
Senior Speech Pathologist

cc: John Carr, M.D.  
Paul Cohen  
Ron Lange



DELIVERY SYSTEM PLAN FOR MENTAL RETARDATION SERVICES

051

EXHIBIT B

AGE:	Before Birth	0 - 3	3 - 18	18 and Over
SERVICE:	Prevention	Early Diagnosis, Evaluation & Treatment	Education	Evaluation, Work Adjustment, Job training and placement, Sheltered Workshop Employment
AGENCY:	Div. of MH & MR	Special Children's Clinic	Dept. of Education	Community Training Centers (supplemented by Rehabilitation funds for Evaluation and Work Adjustment)

ATTACHMENT B

\*\*\* RESIDENTIAL SERVICES FOR ALL OF THE ABOVE AGE GROUPS WOULD BE THE RESPONSIBILITY OF THE DIVISION  
OF MENTAL HYGIENE AND MENTAL RETARDATION.

Source of Funding

State Funds	6%	ATTACHMENT C
Federal Funds	28%	
Fees	2%	
County (Ad Valorem)	64%	

Utilization of Requested Increase in Aid to Counties (300-3207) -  
 Page 279 - State Health Division Budget

Geriatric & Podiatry Program

Present Funding

Federal	\$ 96,105
Fees	6,466
County	<u>47,377</u>
	\$149,948

Additional Funding Required for Personnel  
 & Outpatient Services 1979-80 \$ 15,727

Tuberculosis Program

Present Funding

State	\$ 24,301
County	<u>8,889</u>
	\$ 33,190

Additional Funding Required for 1979-80 \$ 5,536

Crippled Children's Service

Present Funding

Federal & State	\$ 16,400
County	<u>8,900</u>
	\$ 25,300

Additional Funding Required for 1979-80 \$ 3,036

Safe Drinking Water Act

Present Funding

Federal	\$ 36,000
---------	-----------

Additional Funding Required for 1979-80 \$ 7,000

Consumer Health

Additional Funding for Food Service In-  
 spections, Staff and Educational Program  
 for Food Service Managers Course \$ 25,200

EXHIBIT B TOTAL \$ 56,499



# WASHOE COUNTY

"To Protect and To Serve"



DISTRICT HEALTH DEPARTMENT

WELLS AVE. AT NINTH ST.  
POST OFFICE BOX 11130  
RENO, NEVADA 89520  
PHONE: (702) 785-4290

THIS REPORT INDICATES THE CHANGES IN THE WORK LOAD OF THE  
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
ONLY SHOWING 21 PROGRAMS OF OUR 49

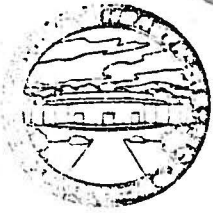
<u>Program</u>	<u>Year</u> <u>1976</u>	<u>Year</u> <u>1977</u>	<u>Percent</u>	<u>Year</u> <u>1978</u>	<u>Perce</u> <u>nt</u>
<u>Public Health Nursing</u>					
Immunization Clinic Visits	17,790	9,401	-47%	25,874	175%
Child Health Clinics	2,438	2,341	- 4%	2,823	20%
Adult Health (Geriatric)	1,636	1,825	11%	2,796	53%
Venereal Disease	4,417	4,929	12%	5,095	3%
Cervical Cancer Screening		956		1,809	89%
Child Abuse and Neglect	619	622		743	19%
Hypertension Screening Referrals	374	2,863		4,640	62%
Visiting Nursing Service	3,725	4,096	10%	4,526	10%
Maternity and Infant Care	2,103	1,434	-31%	2,414	68%
Geriatric Clinic Visits		(6 mos) 1,364		(2,383-6 mos) 4,767	75%
Podiatry Clinic Visits		(3 mos) 318		(554-3 mos) 2,216	74%
<u>Environmental Services</u>					
<u>Air Pollution</u>					
Source Registration		434		514	18%
Citations and Notices	42	75	78%	162	116%
<u>Liquid Waste (Septic)</u>					
Permits	495	1,465	196%	1,872	28%
Test Holes	223	676	203%	773	14%

EXHIBIT B

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<u>Program</u>	<u>Year</u> <u>1976</u>	<u>Year</u> <u>1977</u>	<u>Percent</u>	<u>Year</u> <u>1978</u>	<u>Percent</u>
Engineering					
Variance Requests	27	52	93%	107	106%
Parcel Maps	116	155	34%	275	77%
Subdivision	12	80	566%	96	20%
Water Quality					
Samples for Loans		1,291		1,576	22%
Sanitary Surveys	10	20	100%	84	305%
Solid Waste					
Complaints	1,082	1,978	83%	1,483	-25%
Citations	83	174	109%	219	26%
Well Program					
Permits	NR	NR		564	
Inspections	NR	NR		1,551	
<u>Consumer Health</u>					
Number of Food Establishments	1,150	1,195	4%	1,430	20%
Motels/Hotels	326	336	3%	356	6%
Plan Review	1,100	2,001	82%	1,584	-21%
Epidemiology Investigations (Potential Food Poisoning)	134	126	-6%	269	135%





ATTACHMENT D  
CLARK COUNTY HEALTH DISTRICT

P.O. BOX 4426 • 625 SHADOW LANE • LAS VEGAS, NEVADA 89106 • 702-335-12

February 20, 1979

Nevada State Senate  
Senate Finance Committee  
Carson City, Nevada

Attn: Senator Floyd Lamb, Chairman

Dear Committee Members:

On behalf of the Clark County Health District I am writing to request an opportunity to appear before your Committee to testify on the State Health Division's Budget.

Over the years the Washoe and Clark County Health Districts with the State Health Division have developed an excellent working relationship with respect to the delivery of health services in the larger urban areas, which has the three entities sharing responsibilities and funding for a wide variety of community services. This cooperative effort has resulted in a stable and efficient service which professionals consider one of the better public health service operations in the United States.

It is not by accident that this has come about. In the two health districts in particular it is the support, guidance, earnest participation and commitment to the people that has been made by the State Legislature, which has permitted the Clark and Washoe County Health Districts to emerge as leaders in the delivery of local public health services.

The State Health Division's budget recommendations which you will hear, reflect a variety of reductions in work program funding by the Governor's office, that for the most part impact the support for the two health districts more than the State Health Division itself. While that in and of itself may not make the critical difference in the overall quality and extent to which public health services are delivered in Clark and Washoe Counties, it is of substantial concern to us because of our expectation that the ad valorem tax support of the two urban health districts will be materially reduced in this Legislative session.

There is particular concern with respect to specific programs which, in fact, are the statutory responsibility of the State Health Division but are carried out by the two health districts with funding support from the State budget. Tuberculosis control, venereal disease control, crippled children's services (in general the maternal and child health budget), public health laboratory services, and the child immunization program, in addition to the Aid to Counties capitation fund (page 279), all prompt our concern.

continued . . .

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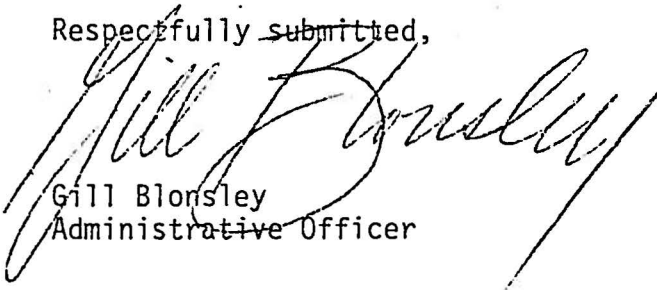
Nevada State Senate

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February 20, 1979

At the hearing we wish to address ourselves to these specific program budgets, but of primary concern, call your Committee's attention to the Aid to Counties funding which the State Health Division had originally proposed at \$1.10 per capita in the first year of the biennium and at \$1.25 per capita in the second year. This has now been substantially reduced. When coupled with the specific program funding cuts and the impending reduction in ad valorem taxes, it appears that public health services in general in the State of Nevada will be remarkably diminished.

Respectfully submitted,



Gill Blonsley  
Administrative Officer

GB/kg



SUMMARY OF SERVICE VOLUME  
PROVIDED IN SELECTED  
CLARK COUNTY HEALTH DISTRICT PROGRAMS

February 15, 1979

EXHIBIT D - 632

IMMUNIZATION

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Diptheria, Tetanus and Pertussis (DPT)	12,202	13,835	+ 11.8
Diptheria and Tetanus (DT)	24,323	4,948	-391.0
Oral Polio Vaccine	33,966	23,486	- 44.6
Rubella	631	335	- 88.3
Rubeola	786	331	-137.0
R/R Combined	6,367	1,122	-467.0
Mumps	603	6,488	+ 90.7
Mumps/Rubeola/Rubella	432	3,609	+ 88.0

Total Immunization 1978 -- 59,215 given to 36,528 persons

Clark County School District Records indicate overall immunization level of 63%

X-RAY AND TUBERCULOSIS CLINIC

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Skin Tests	15,206	22,700	+ 33
X-Ray	21,555	23,238	+ 7.2
Reported Cases of TB in Clark County	23	41	+ 43.9

VENEREAL DISEASE CLINIC

<u>Cases Reported - Clark County</u>	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Gonorrhea	4,048	3,786	- 3.9
Early Syphilis	34	80	+ 57.5
<u>Total Clinic Attendance</u>	15,115	16,910	+ 10.6

LABORATORY SUPPORT

	<u>1978</u>
Venereal Disease Clinic	51,617
Escort and Brothels	1,653
Water Bacteriology	<u>37</u>
<b>TOTAL</b>	<b>53,307</b>

EMERGENCY MEDICAL SERVICES

This activity coordinates the improvement and expansion of the Clark County Regional Emergency Medical Services (EMS) System. The EMS program provides for the training of personnel and the establishment of a regional EMS communication network to facilitate the implementation of medical direction of pre-hospital care.



EMS - Continued

During 1977, six new ambulances were purchased for the communities of Mt. Charleston, Goodsprings, Jean, Searchlight, Laughlin, and for the Las Vegas Fire Department. During 1978 three new ambulances were purchased for the communities of Henderson, Boulder City, and Moapa. Training was coordinated for 100 basic and advanced medical technicians and 50 new critical care nurses.

HEALTH CARD PROGRAM

Activities of the Health Card Program reflect the increase in community growth. During 1978, over 40,000 people were processed for health cards, compared to 1977, a 28 per cent increase.

<u>Foodhandlers</u>	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Renewals	9,521	15,985	+ 40.4
New Applicants	21,075	23,675	+ 10.9
Non-Food Personnel	<u>3,591</u>	<u>4,140</u>	<u>+ 13.2</u>
<u>Total Health Cards Issued</u>	34,187	43,800	+ 21.9
Class Attendance	14,000	16,842	+ 16.8

SANITATION

<u>Inspections</u>	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Food and Drink Establishments	20,177	21,169	+ 4.6
Public Accommodations	2,117	2,056	- 2.9
Institutions	882	1,161	+ 24.0
Citizens Complaints	<u>989</u>	<u>1,149</u>	<u>+ 13.9</u>
<u>Total Inspections Made</u>	24,165	25,535	+ 5.3

FOOD EPIDEMIOLOGY

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Alleged Reports	201	271	+ 25.8
Probable/Confirmed Cases	32	46	+ 30.4

NEW CONSTRUCTION AND REMODELING

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Average Monthly New Construction	104	171	+ 39.2
Average Monthly Remodeling	50	37	- 35.1
Average Monthly Number of Field Inspection	290	421	+ 31.1
Total Number of Establishments Approved for Operation	438	441	+ 0.6

ENVIRONMENTAL ENGINEERING

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Individual Sewage Disposal Inspections	2,069	4,031	+ 49.1
Septic System Permits Issued	981	1,146	+ 14.4

SWIMMING POOLS

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Number of Public/Semi-Public Pools	8,141	8,511	+ 4.3
Number of New Pool Plans Reviewed	98	100	+ 2.0
Number of New Pool Plans Approved	61	73	+ 16.4

CERTIFICATION PROGRAM

	<u>1977</u>	<u>1978</u>	<u>Per Cent Of Change</u>
Licensed Technicians	84	91	+ 7.6
Apprentices	272	299	+ 9.0