

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Building B
South Auditorium
1001 East Ninth Street
Reno, Nevada
March 25, 2010
1:00 PM
NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ WWW.WASHOECOUNTY.US/HEALTH. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as "(action)".

Business Impact Statement – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$

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|--|-----------------------|
| 1. Call to Order, Pledge of Allegiance Led by Invitation | HELD |
| 2. Roll Call | HELD |
| 3. Public Comment (3 minute time limit per person) | NO COMMENTS PRESENTED |
| 4. Approval/Deletions to the Agenda for the March 25, 2010 (action) | APPROVED AS AMENDED |
| 5. Approval/Additions/Deletions to the Minutes of the February 25, 2010 Meeting (action) | APPROVED |

6. Recognitions

INTRODUCTION OF NEW EMPLOYEE
ELIZABET MUNOZ

YEARS-OF-SERVICE
REBECCA KOSTER – 10 YEARS
RICK SANCHEZ – 10 YEARS
BRENDA WILSON – 10 YEARS

CERTIFICATE of COMMENDATION – UNITED STATES SENATOR HARRY REID – NORTHERN NEVADA IMMUNIZATION COALITION – 12TH ANNUAL SILVER SYRINGE – CONNECTING OUT COMMUNITY AWARD
DEBRA BARONE

7. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases

1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month
2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board

1. No Cases This Month

C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers

1. Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division, in the Amount of \$94,529 in Support of the Immunization Program, IO 10028 for the Period of January 1, 2010 to December 31, 2010 (action)

APPROVED

8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health

- A. No Cases This Month

9. Regional Emergency Medical Services Authority

- A. Review and Acceptance of the Operations and Financial Report for February 2010 (action)
- B. Update of REMSA's Community Activities Since February 2010

ACCEPTED

PRESENTED

10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for February 2010 (action)

ACCEPTED

11. Presentation of the Fiscal Year 2011 Budget Update

- A. Budget Presentation for the Board of County Commissioners – Review, Comment and Possible Direction to Staff (action)

PRESENTED

PRESENTED

- | | | |
|-----|---|----------------------|
| 12. | Public Hearing – Presentation and Discussion of Proposed Revisions to the Washoe County Health District Fee Schedule; and Recommendation for Approval and Adoption, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulation: Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction (action) | APPROVED AND ADOPTED |
| 13. | Discussion of the Washoe County District Board of Health Oversight Responsibilities for Ambulance Services | DISCUSSED |
| 14. | Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month (action) | APPROVED AND ADOPTED |
| 15. | Program Update – 2009 Sexual Health Report | PRESENTED |
| 16. | Update - Washoe County District Board of Health Scholarship Endowment | PRESENTED |
| 17. | Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities B. Director, Community and Clinical Health Services – No Report This Month C. Director, Environmental Health Services – Food Regulations; Solid Waste Regulations D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity E. Administrative Health Services Officer – No Report This Month F. District Health Officer – American College Preventive Medicine (ACPM) Conference; Infectious Disease Issues; Upcoming National Association of County and City Officials (NACCHO) Conference; Upcoming National Associations of Local Boards of Health (NALBOH) Conference | PRESENTED |
| 18. | Board Comment – Limited to Announcements or Issues for Future Agendas | COMMENTS PRESENTED |
| 19. | Adjournment (action) | ADJOURNED |

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Building "B", Reno, NV 89520-0027 or by calling 328-2416.

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
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George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

A G E N D A

Meeting of the
DISTRICT BOARD OF HEALTH

Building B

South Auditorium

1001 East Ninth Street

Reno, Nevada

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|----------------|----|---|---------------|
| 1:00 PM | 1. | Call to Order, Pledge of Allegiance Led by Invitation | Dr. Humphreys |
| | 2. | Roll Call | Ms. Smith |
| | 3. | Public Comment (3 minute time limit per person) | Dr. Humphreys |
| | 4. | Approval/Deletions to the Agenda for the March 25, 2010 (action) | Dr. Humphreys |
| | 5. | Approval/Additions/Deletions to the Minutes of the February 25, 2010 Meeting (action) | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Introduction of New Employee
1. Elizabet Munoz - CCHS
- B. Years-of-Service
1. Rebecca Koster – CCHS - 10 Years
 2. Kristina Olson – EHS - 10 Years
 3. Rick Sanchez – EHS – 10 Years
 4. Brenda Wilson – EHS – 10 Years
- C. Certificate of Commendation – United States Senator Harry Reid – Northern Nevada Immunization Coalition – *12th Annual Silver Syringe - Connecting Our Community Award*
1. Debra Barone
7. Consent Agenda Dr. Humphreys
- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
- A. Air Quality Management Cases
1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
- B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
1. No Cases This Month
- C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
1. Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division, in the Amount of \$94,529 in Support of the Immunization Program, IO 10028 for the Period of January 1, 2010 to December 31, 2010 **(action)**
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health Mr. Bonderson
- A. No Cases This Month
9. Regional Emergency Medical Services Authority Mr. Smith
- A. Review and Acceptance of the Operations and Financial Report for February 2010 **(action)**
- B. Update of REMSA's Community Activities Since February 2010
10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for February 2010 **(action)** Ms. Coulombe
11. Presentation of the Fiscal Year 2011 Budget Update Ms. Coulombe
- A. Budget Presentation for the Board of County Commissioners – Review, Comment and Possible Direction to Staff **(action)** Dr. Anderson

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
Board Room - Health Department Building
Wells Avenue at Ninth Street

March 25, 2010

| | <u>Page</u> |
|--|-------------|
| Roll Call | 1 |
| Public Comment | 1 |
| Approval/Additions/Deletions – Agenda – March 25, 2010 | 2 |
| Review – Approval of Minutes – February 25, 2010 | 2 |
| Recognitions | 2 – 3 |
| Presentation – Adopt – Proclamation – Support of Declaring April 2010 as Child Abuse and Neglect Prevention Month | 3 - 5 |
| Consent Agenda – Budget Amendments/Interlocal Agreements/Authorized Position Control Numbers | |
| Subgrant Award – Nevada Department of Health and Human Services, Health Division - \$94,529 – Immunization Program, IO 10028 | 5 |
| Regional Emergency Medical Services Authority | |
| A. Review and Acceptance of Operations and Financial Report for November and February 2010 | 5 - 7 |
| B. Update on REMSA's Activities Since February 2010 | 7 |
| Acceptance of District Health Department Monthly Public Health Fund Revenue and Expenditures for February 2010 | 7 - 8 |
| Presentation – Fiscal Year 2010/2011 Budget Update | 8 |
| A. Budget Presentation – Board of County Commissioners – Review & Comment | 8 - 17 |
| Public Hearing – Presentation/Discussion – Revisions - Washoe County Health District Fee Schedule | 18 - 19 |
| Discussion - Washoe County District Board of Health Oversight Responsibilities – Ambulance Services | 20 - 26 |

WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

March 25, 2010

Page 2

| | <u>Page</u> |
|---|-------------|
| Program Update – 2009 Sexual Health Report | 26 - 33 |
| Update - Washoe County District Board of Health Scholarship Endowment | 33 |
| Staff Reports | |
| Division Director – Epidemiology and Public Health Preparedness | 33 |
| Division Director – Community and Clinical Health Services | 34 |
| Division Director – Environmental Health Services | 34 |
| Division Director – Air Quality Management | 34 |
| Division Director – Administrative Health Services Officer | 34 |
| District Health Officer | 34 – 35 |
| Board Comment | 35 – 37 |
| Adjournment | 37 |

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
March 25, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung (arrived at 1:18 pm); Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Health Services Officer; Jeanne Rucker, Environmental Health Specialist Supervisor; Jennifer Hadayia, Public Health Program Manager; Jennifer Howell, Sexual Health Program Coordinator; Phil Ulibarri, Development Officer; Becky Koster, Public Health Nurse; Debra Barone, Public Health Emergency Response Coordinator; Curtis Splan, Department Computer Application Specialist; Steve Kutz, Public Health Nursing Supervisor; David McNinch, Environmental Health Specialist Supervisor; Bev Bayan, WIC Program Manager; Brenda Wilson, Environmental Health Specialist; Rick Sanchez, Environmental Health Specialist; Elizabet Munoz, ; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Dr. Mary Anderson, District Health Officer.

ROLL CALL

Roll call was taken and a full Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – MARCH 25, 2010

Chairman Humphreys called for approval of the agenda of the Washoe County District Board of Health meeting of March 25, 2010.

Ms. Ratti requested that agenda item 14. Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month, be considered after item 6. Recognitions.

MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the agenda for the District Board of Health March 25, 2010 meeting be approved as amended.

Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – FEBRUARY 25, 2010

Chairman Humphreys called for any additions, deletions, or corrections to the minutes of the District Board of Health meeting of February 25, 2010.

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the minutes of the District Board of Health meeting of February 25, 2010 be approved as received.

Motion carried unanimously.

RECOGNITIONS

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, introduced Ms. Liz Munoz, advising that Ms. Munoz is a per diem employee in the Community and Clinical Health Services Division.

Chairman Humphreys and Dr. Anderson presented Certificates of Recognition to Ms. Becky Koster for 10 Years-of-Service; Mr. Rick Sanchez for 10 Years-of-Service; and Ms. Brenda Wilson for 10 Years-of-Service.

Chairman Humphreys and Dr. Anderson presented a Certificate of Commendation to Ms. Debra Barone from United States Senator Harry Reid for her efforts with the Northern Nevada Immunization Coalition presented at the *12th Annual Silver Syringe Award*, receiving the

Connection Our Community Award. Dr. Anderson stated that Ms. Barone received this award in recognition of her efforts with the Medical Reserve Corps (MRC).

PRESENTATION – ADOPT – PROCLAMATION – SUPPORT OF DECLARING APRIL AS CHILD ABUSE AND NEGLECT PREVENTION MONTH

Mr. Phil Ulibarri, Development Officer, advised that he is responsible for Washoe County and the State Outreach Campaign for Child Abuse and Neglect Prevention; that the Board members have been provided with a copy of the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month (a copy of which was placed on file for the record). Mr. Ulibarri advised that earlier this week the Cities of Sparks, Reno and Washoe County adopted this Proclamation. Mr. Ulibarri advised that by adopting the Proclamation today, the District Board of Health “will be joining approximately twenty (20) communities statewide that are recognizing April as Child Abuse and Neglect Prevention Month in Nevada.

Mr. Ulibarri stated that Mr. Kevin Schiller, Children's Social Services, advised the Board of County Commissioners that there has been “an 8% reduction in the number of cases of reported child abuse and neglect in Washoe County during the past two (2) years.” Mr. Ulibarri advised that this is due to the vigilance of the community in “calling to report suspected cases of neglect and abuse; that this has made the difference.” Mr. Ulibarri stated that he would thank the Board of Health for its annual support of the Program.

Mr. Ulibarri advised that this year's theme for the Statewide Child Abuse and Neglect Prevention Program campaign is “*Fight Abuse – If You See It, Sense It or Know It – Report It*”; that the placement of one (1) telephone call can “save a child's life; or it can save a family from disintegration by ensuring the family receives the education necessary to be good parents.” Mr. Ulibarri stated that should the Board members require additional information regarding “how the State Campaign is managed; how the Washoe County District Health Department assists the State of Nevada's Children's Trust Fund or the other efforts they can contact him.”

Mr. Ulibarri advised that on April 3, 2010, the Crisis Call Center will be sponsoring Reno Bighorns Night; that *Pinwheel for Prevention* (each pinwheel represents a reported case of abuse in Washoe County) will be displayed on the lawn of the Washoe County Courthouse on Easter Sunday (April 4th); that the University of Nevada Reno Police Department will be sponsoring a “Stalking and Domestic Violence Seminar” on April 7th. Mr. Ulibarri advised that on April 7th the “First Candle” in conjunction with the Child Abuse and Neglect Prevention Task Force will be offering two (2) SIDS (Sudden Infant Death Syndrome) and safe sleeping trainings – one (1) at 12:00 Noon to 2:00 pm at

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

March 25, 2010

Page 4

Washoe County Social Services, and the other at the Washoe County Commissioners Chambers from 6:00 – 8:00 pm; that these two (2) courses will offer Continuing Education credits for pharmacists, nurses, social workers, day care employees who are required to obtain credits from the Nevada Registry; and WIC Staff. Mr. Ulibarri stated there will be second pinwheel planting at Children's Cabinet on April 16th; that the Alliance for Victim's Rights Candlelight Vigil and Award Ceremony will be held on April 21st. Mr. Ulibarri advised that the Safe Embrace Run the Bases with the Reno Aces will be held on April 24th; that Washoe County Legal Services will conduct the "Child's Voices Luncheon" on April 29th; that the culmination of all Child Abuse and Neglect Prevention activities will occur on May 1st at the High Sierra Family Kite Festival at Rancho San Rafael Park in Reno.

Mr. Gustin commended Mr. Ulibarri on this presentation and the one to the Reno City Council, during which Mr. Ulibarri presented "more detail as to where the pinwheels would be placed in the County." Mr. Gustin stated that he spoke with the City of Reno Police Chief regarding Mr. Ulibarri's reference to "more than 7,000 cases last year"; that he would question if there is a 'geographic breakdown of those cases.'

In response to Mr. Gustin, Mr. Ulibarri advised that the "more than 7,000 is the number of cases reported in Washoe County"; that he does not have specific breakdown as to city; that Statewide there were "more than 25,000 cases reported every year."

Dr. Khan questioned if there is outreach education provided to the community "as to what to do when there is an immediate situation of observing flagrant abuse; and how would people manage such a situation."

In response to Dr. Khan, Mr. Ulibarri advised that during interviews and presentations "when he is asked that question, his response is if you are convinced that a child is in danger the best thing to do is call 911." Mr. Ulibarri advised that there is a 1-800 number which is routed to the Crisis Call Center; that those individuals are trained to ask the appropriate questions, make the appropriate referrals or contact Child Protective Services (CPS) to dispatch an investigator." Mr. Ulibarri advised that this year's campaign encourages the "*Fight Abuse – If You See It, Sense It or Know It – Report It*", as not everyone is trained to "make the appropriate judgment call"; that a professional should make that determination; that "not every call to report child abuse 'goes into the legal system'." Mr. Ulibarri advised that there is a "new program called differential responses; that low-level cases of neglect are referred to parenting education classes and do not "go into the child welfare system."

Chairman Humphreys stated an 8% reduction of reported cases "affects a large number of lives in a very positive manner."

Mr. Ulibarri advised this year's theme is to educate the public "that neglect is abuse and abuse can lead to death; therefore, every time a case of child abuse is suspected you may be saving a child's life if you make a phone call." Mr. Ulibarri advised that Staff recommends the Board approve and adopt the Proclamation.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month, be approved and adopted as presented; that the Chairman and the Recording Secretary be authorized to execute on behalf of the Board. Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends approval of the **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division**, in the amount of **\$94,529** in support of the **Immunization Program, IO 10028**, for the period of January 1, 2010 to December 31, 2010.

MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the Subgrant Award be approved as outlined and the Chairman authorized to execute on behalf of the Board. Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – February 2010

Mr. Jim Gubbels, Vice President, REMSA, advised that the Board members have been provided with a copy of the February 2010 Operations and Financial Report; that the emergency response time for life-threatening calls in February was 92% and 96% for non-life threatening calls, with an overall average response time of six minutes and four seconds (6:04); and an overall average travel time of five minutes (5:00). Mr. Gubbels advised that the monthly average bill for air ambulance service in February 2010 was \$6,465, with a year-to-date average of \$6,789. Mr. Smith advised that the monthly average bill for ground ambulance service for February 2010 was \$943, with a year-to-date average of \$943.

Dr. Khan stated that the Board is provided with a "monthly average response time"; however, she was recently questioned "as to the range of response times and what the median is in that average", acknowledging some responses are "very far away and could impact the average." Dr. Khan stated that "perhaps the next Report could provide additional information regarding response times.

In response to Dr. Khan, Mr. Gubbels advised all Priority 1 calls, determined by response criteria within the 8-minute, 15-minute and 20-minute response zones are totaled with the monthly overall average being determined from "all of the total calls." Mr. Gubbels advised the majority of calls will be within the eight (8) minute zones, as that is the urban areas; that there will be fewer calls within the twenty (20) minute zones.

Dr. Khan stated that the overall average response times "are impressive to her"; however, the average does not provide a breakdown of which zones receive the majority of calls; that "this information would be of interest to her."

Mr. Gubbels advised that the overall monthly average is "the total average of all calls in all zones." Mr. Gubbels stated he would estimate 1,000 Priority 1 calls occurred in the month of February "out of approximately 2,700 transports for the month; therefore, approximately one-third (1/3) would fit into this category." In response to Dr. Khan regarding the number of calls and Priority 1 transports, Mr. Gubbels advised that without reviewing the reports more thoroughly, "that is probably typical for a month."

In response to Ms. Ratti regarding the number of calls received in a month with 1,000 Priority 1 and approximately 2700 transports, Mr. Gubbels advised that "approximately one-third (1/3) of all calls are not transported; that REMSA will always respond to all calls; that the average of total calls is approximately 4500 calls per month." Mr. Gubbels stated that "some of these responses will go with police, some with refuse medical advice and sign an AMA (against medical advice) form; some will be treated and released at the scene; and some will have family members transport them." Mr. Gubbels stated that REMSA may respond to approximately 50,000 calls in a year and transport approximately 33,000 of those individuals; that "as with the hospitals approximately 50% of those have the ability to pay." Mr. Gubbels advised that page six (6) of the monthly Report presents the "overall statistics: there were 4,594 system responses; 1,891 of which resulted in no transport; and 2,703 resulted in transports." In response to Ms. Ratti regarding "the number of these calls, which were Priority 1, Mr. Gubbels advised that he would have to further review the records to determine how many of the total transports were Priority 1 calls; that the 92% compliance rate is for all Priority 1 calls regardless of whether those calls were within the 8-minute,

15-minute or 20-minute response zones." Mr. Gubbels advised that REMSA's responsibility is "regional"; therefore, the data is reported on a "regional basis."

**MOTION: Mr. Smith moved, seconded by Mr. Gustin, that the REMSA Operations and Financial Report for March 2010 be accepted as presented.
Motion carried unanimously.**

B. Update of REMSA's Community Activities Since February 2010

In response to Mr. Smith regarding REMSA's participation and medaling in the Regional EMS Games, Mr. Gubbels advised that Paramedics Mr. Matt Dixon; Mr. Chris Watson and Mr. Adam Hines participated in this annual event sponsored by the "*Journal of Emergency Medical Services*". Mr. Gubbels advised that "this is an Olympic three (3) man competition teams; that the competition is three (3) days of different scenarios; that there were twenty (20) teams this year, including international teams." Mr. Gubbels advised that a number of these teams compete continuously throughout the east coast; that there aren't any of these competitions in the western region. Mr. Gubbels stated that this is the only competition in which REMSA's team participates; that this is the first year the team has medaled receiving the Bronze medal, which is a "huge accomplishment." Mr. Gubbels advised that the teams "do not know what the different scenarios will be until they compete; that the teams have to be successful in the trials to advance to the final competition; that REMSA is very proud of this team and their accomplishment."

Chairman Humphreys requested Mr. Gubbels congratulate the team on behalf of the Board of Health.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE – FEBRUARY 2010

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue report for the month of February 2010. Ms. Coulombe reviewed the Report in detail and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe reviewed the expenses for software maintenance advising that the Report indicates an expenditure of \$17,802; that this was for software maintenance that this year the District "was able to pick-up for Tech Services, so Tech Services could balance; that next year Tech Services will pick-up that cost." Ms. Coulombe advised that Mr. Curtis Splan, Department Computer Application Specialist (DCAS) reviewed the billing and determined "some of the software applications for which the Health District was being billed were not active; that he advised the vendor and Tech Services, which resulted in a savings of \$1500." Ms. Coulombe stated that this demonstrate "why contracts should be constantly reviewed."

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the District Health Department's Revenue and Expenditure Report for February 2010, be accepted as presented.
Motion carried unanimously.**

PRESENTATION – FISCAL YEAR 2011 BUDGET UPDATE

Ms. Coulombe advised that based upon the Board's direction during the Budget presentation to recruit for the EMS Coordinator position, she has provided the Board members with an updated spreadsheet of "FY 10 Vacant Positions – Currently in Recruitment"; "FY 11 Vacant Positions – Funded"; and "FY Vacant Positions – Held FY 11" (a copy of which was placed on file for the record). Ms. Coulombe advised that the "FY 11 Vacant Positions Funded" now lists the EMS Coordinator position, at a salary of \$91,666.92 with a targeted starting date of July 1, 2010." Ms. Coulombe stated that Staff "can prepare an advance recruitment completing the paperwork and conducting the interviews, etc. and have the individual begin July 1, 2010." Ms. Coulombe reviewed the start and adjusted start dates for the remaining positions listed in the "FY 11 Vacant Positions – Funded", advising that staggering the various positions provided the funding for the EMS Coordinator position, per the direction of the Board. Ms. Coulombe advised that "nothing else in the District's approved budget has changed at this time." Ms. Coulombe stated that Dr. Anderson will be presenting the Health District's proposed Budget to the Board of County Commissioner's as a Power Point review on Monday, April 5, 2010.

Chairman Humphreys stated that the Board provided Staff with "a challenging direction during the Budget meeting; that on behalf of the Board he would commend Ms. Coulombe and the other Division Directors for working together to accomplish the Board's directive." Chairman Humphreys advised the Board that the Health District's budget presentation has to be submitted to the County by tomorrow; therefore, he would suggest any comments or suggestions be presented to Dr. Anderson and Staff today to allow for the incorporation of such comments into the budget presentation.

A. Budget Presentation – Board of County Commissioners – Review, Comment and Possible Direction to Staff

Dr. Anderson advised that Board members have been provided with a copy of handouts of the "Budget Presentation Fiscal Year 11" (a copy of which was placed on file for the record), which will be presented to the Board of County Commissioners on Monday, April 5, 2010. Dr. Anderson stated that during her presentation to the DBOH she would request the members offer comments or suggestions as to "any specifics the Board would request be highlighted to the Board of County

Commissioners." Dr. Anderson stated that she will make her presentation in the same format in which she will present to the Board of County Commissioners.

Dr. Anderson reviewed the slides of the Health District's "Budget Presentation Fiscal Year 11", including the District Board of Health's "mission statement" as amended and adopted by the District Board of Health; the structure of the Health District, including the Washoe County District Board of Health as the governing body for the Health District; the District Health Officer and the five (5) Divisions within the Department. Dr. Anderson reviewed the "Authorized Positions/FTEs within each Division, advising that the total of 190 (in the middle column) represents a decrement to the number of authorized positions in FY 10 from 203; that there "has been a change of thirteen (13) positions since FY 10." Dr. Anderson reviewed the composition of the Washoe County District Board of Health, advising that each entity appoints one (1) elected and one (1) non-elected member; that the seventh member is appointed by the District Board of Health and must be a physician licensed in the State of Nevada. Dr. Anderson reviewed the District Board of Health's six (6) Strategic Priorities as determined during the October 2009 Strategic Planning Session. Dr. Anderson stated "a very important fact is that the Washoe County Health District intertwined with "Public Safety" through the enforcement of laws and regulations that protect health and ensure safety; that "too often the public forgets that public health and public safety are intimately related." Dr. Anderson stated that to address the needs of the citizens of Washoe County the District Health Department identifies and addresses health threats responding "24/7" to outbreaks, hazardous materials spill or other environmental threats requiring an immediate response. Dr. Anderson advised that the majority of Health District services are available Monday through Friday from 8:00am to 5:00 pm; that there are services, which due to budget reductions and personnel reassignments, have more restrictive hours. Dr. Anderson advised that the Washoe County Health District improves longevity and quality of life for all citizens; and informs, educates and empowers people about health issues, which "could include an emerging health issue relating to food recalls, vaccine alerts, etc."

Dr. Anderson reviewed the District Health Department's "major accomplishments of FY 09/10 which are: designation as an US EPA "NCore"(National Community Representative) site, being one (1) of only 52 such monitoring sites. Dr. Anderson advised that the Health District conducted the 1st Childhood Obesity Forum in Nevada evaluating the 'Body Mass Index' data from the schools; that it was determined there are issues of Washoe County school age children being overweight and obese; that Dr. Furman and Mr. Smith attended this forum as did the State Health Officer, Dr. Tracey Green. Dr. Anderson stated that "there was excellent information presented during this forum on "how to combat this issue in the future." Dr. Anderson advised that the first case of H1N1 in Nevada occurred in Washoe County; that the Health District has maintained a sustained response to H1N1 by administering in excess of 20,500 immunizations to Washoe County residents, which represents more than 50% of all the immunizations administered in Washoe County. Dr. Anderson stated "she would emphasize" that during this event Staff displayed

exceptional teamwork among all divisions, with every Division contributing personnel to accomplish this. Dr. Anderson stated the H1N1 clinics promoted and utilized extraordinary volunteerism (CERT – Certified Emergency Response Team [Sheriff's Office] and the MRC [Medical Reserve Corps]); that the success of the H1N1 clinics would not have been possible without the assistance provided by CERT and MRC volunteers and they are to be commended.

Dr. Anderson reviewed the "Organizational Optimization", advising that, as the Board is aware, in FY 2008 all aspects of the Health District were reviewed in a structural review process. Dr. Anderson stated the Board is to be commended for "recognizing that the financial down-turn would create significant economic issues for the District and for the implementation of the long-term restructuring process, which prioritized programs, resources, and positions. Dr. Anderson stated that, as a result, the District was able to achieve the \$253,000 reduction for FY 11, which represents 3% of the General Fund Transfer, through the savings from the structural changes which had been implemented.

Dr. Anderson reviewed the proposed FY 11 Budget; advising that the \$8,542,500, which is the General Fund Transfer, which is asterisked, as this "is the resultant amount after the \$253,000 General Fund reduction." Dr. Anderson advised that approximately 50% of the District's revenues are from grants and fees; that the Opening Fund Balance this year "is a significant amount of \$1,970,368, which is a result of savings through holding positions dark from the prior year"; that the District will be utilizing "some of the ending fund balance to hire positions to fill in those 'gaps', which had remained dark for the past year, resulting in an ending fund balance of \$715,276, which is a considerable increase from the ending fund balance of the prior year."

Dr. Anderson stated that Legislative actions have an impact upon public health funding; that the Nevada State Legislature conducted a Special Session in 2010 to address the economic downturn. Dr. Anderson stated that action taken during the Session impacts to the Fund for a Healthy Nevada specific to funding for the tobacco control and prevention programs. Dr. Anderson stated that the Fund for a Healthy Nevada was created through the Tobacco Master Settlement dollars; that the Legislature "took all of the tobacco dollars to assist in balancing the State budget." Dr. Anderson advised that in FY 09 the Health District received \$222,957 from the Fund for a Healthy Nevada for the Tobacco Control and Prevention Programs; that in FY 10 the District received \$192,883 in funding; and in FY 11 the District will not receive any monies from the Fund for a Healthy Nevada for the tobacco programs. Dr. Anderson advised that the Master Tobacco Settlement funds have been "ill used by many states; that only North Dakota has used the Master Tobacco Settlement funds as recommended by CDC." Dr. Anderson stated that "all of the remaining states have failed to use the funds in the manner that has been recommended for that purpose"; that the Board members have received the first quarter NALBOH magazine in which there is an article "*Breaking*

the Agreement: A Look at How States Are Not Properly Funding Tobacco Programs", which addresses this misuse of Master Tobacco Settlement funds."

Dr. Anderson advised that "regulatory pressures", which will impact the District are: in Air Quality Management, it is anticipated the Environment Protection Agency (EPA) may declare Washoe County as non-attainment due to the poor air quality of this past winter season; and the promulgation of National Ambient Air Quality Standards (NAAQS) which will be more stringent, resulting in further designations of non-attainment status. Dr. Anderson advised that non-attainment status would require additional and "more expensive" measures to achieve attainment; that there are economic impacts associated with both non-attainment and attainment designations. Dr. Anderson stated that the Food and Drug Administration Regulations are of concern for the Environmental Health Services Division, including the promulgation of the new Food Code and the recommended ratio of the number of food inspectors to the number of food establishments; and the recycling rates with the proposed mandated increase being discussed, which "could be mandated in the next Legislative Session." Dr. Anderson stated that the percentage discussed is "75%, which is a tremendous increase from the current 25% mandated; that this would be a very difficult target to achieve and would require a lot of extra effort by District Staff."

Dr. Anderson reviewed the challenges for public health and the services provided, advising that "with the economic downturn in the economy" there will be an increased demand for public health services with a decreased ability to provide those services due to staffing and financial reductions. Dr. Anderson stated that further impacting the provision of public health services is a loss of experienced public health specialists, which is occurring locally, regionally and nationally; that the National Association of County and City Health Officials (NACCHO) has indicated this is a national phenomenon with "a loss in excess of 10,000 public health positions during the last year." Dr. Anderson stated that should the Health District "be recruiting for the vacant positions it may be difficult to do so." Dr. Anderson stated that these circumstances "prevent the Health District from providing the amount of preventative efforts necessary to keep the public healthy." Dr. Anderson advised that there are the national issues, which are also local issues, including "the unknown behavior of H1N1 or 'new flu, which was not as severe as predicted; however, it did result in considerable morbidity, with loss of life in some instances. Dr. Anderson advised that what will occur this "coming season is unknown; that the first case of H1N1 in Washoe County occurred in April of last year with a "very unusual pattern, which was opposite of what occurs with seasonal flu resulting in a year-round flu problem." Dr. Anderson advised the incidence of outbreaks of mumps, measles and chickenpox are increasing; that there has been a "very recent outbreak of chickenpox at a local school, which required vigorous efforts by Staff to address and contain the outbreak." Dr. Anderson advised that the increasing number of foreclosures impacts public health, as the Department receives numerous complaints regarding abandoned property that is not maintained and becomes harborage for rodents and other vectors; that swimming pools or water features become overgrown with algae and pools become mosquito breeding areas; that other items "junk"

may have been left on the property affecting property values and "causing blighted neighborhoods." Dr. Anderson stated that all of these conditions "impact public health and the infrastructure."

Dr. Anderson reviewed the fiscal challenges for public health which are: the possibility of additional Special Sessions of the Legislature, which could further impact the funding for the Health District; that financial impacts, which affect the State, "have a flow-down affect upon the Health District"; that there is an instability of public health grants both at the state and federal level; there is an economic impact to the fees collected by the District and the District's ability to charge fees and "how those have to fluctuate based upon the economic circumstances." Dr. Anderson stated that the Health District has concerns regarding "the availability of the Vector Control funds should it become necessary to access those funds to be able to provide more vigorous and comprehensive vector control in the event of an outbreak." Dr. Anderson stated the other concern is the "stability of the general fund transfer at a 3% reduction; that it is uncertain if there will be further reductions to the County's General Fund, which will result in a greater reduction to the Health District's budget.

Dr. Anderson advised that currently "Nevada ranks 51st in the nation in state funding for public health; that according to the *"Trust for America's Health"* Nevada provides \$3.55 per capita in funding for public health, as of 2008/2009, which compares to the US average of \$28.92 per capita. Dr. Anderson stated that "at \$3.55 per capita Nevada is at approximately one-third of the fiftieth place which is approximately \$9 per capita." Dr. Anderson stated that this demonstrates "how last Nevada is." In response to Dr. Khan regarding "the average amount", Dr. Anderson advised that the average amount for the United States is \$28.92 per capita; that some states exceed \$100 per capita.

Dr. Khan stated that she would question "how much of the \$3.55 per capita actually gets to our community" considering Nevada has two (2) major urban regions and a number of "frontier/rural counties."

In response to Dr. Khan, Dr. Anderson stated that "she doesn't have the ability to answer that"; that the \$3.55 is "an average number published on the national site for *"Trust for America's Health"*, which may have information; that she will attempt to determine if the site has more detail.

Mr. Gustin suggested that, in regard to the number of authorized FTEs, the number of "Full Time Equivalent of 176.68 should be explained." Mr. Gustin stated that "the importance of the District to maintain/retain the \$715,276 Ending Fund Balance should be stressed." Mr. Gustin stated that

the potential of a mandated 75% recycle rate should be compared to the existing 25% mandate for a better understanding. Mr. Gustin stated that he would recommend Dr. Anderson refer to "ponds, hot tubs or water features" rather than swimming pools; that the majority of people don't have a swimming pool."

Ms. Jung stated that within "Major Accomplishments" specific to the H1N1, she would recommend "shots" be amended to "inoculations", as not everyone was immunized with a shot. Ms. Jung stated that Dr. Anderson should advise the County Commission as to "the amount of financial reduction the Health District had last year." Ms. Jung recommended the amount of savings in the Ending Fund Balance through vacancies "be broken-down providing additional detail as to how much."

Dr. Anderson stated that she will explain the \$1.9 million which is the result of an accumulation over several fiscal years – 3 years of vacancy savings and reduced operating expenditures."

In response to Ms. Jung, Ms. Coulombe advised the Ending Fund Balance of \$715,276 is needed to cover the monthly cash flow, payroll and vendor payments.

Ms. Coulombe advised that the amount of the Opening Fund Balance is "not only because of positions which were held open but it is an accumulation of savings from FY 08, 09, and 10 and the reduction of expenditures." Ms. Coulombe advised that Dr. Anderson can explain "how the number of the opening balance was derived"; and comment, as suggested by Mr. Gustin, on the "importance of retaining the Ending Fund Balance amount."

Ms. Jung concurred with Mr. Gustin as to the importance of stressing the "amount of the Ending Fund Balance for paying the vendors and payroll; that by State Law the County "cannot take out a loan to pay either employees or vendors." Ms. Jung requested additional information specific to the "environmental health regulatory pressures and the Food and Drug Administration."
In response to Ms. Jung, Mr. Bob Sack, Director, Environmental Health Services, advised there are two (2) components; that there is the Food and Drug Administration's recommendations for regulatory agencies implementing a food program, which Staff has presented to the Board and has been in the process of implementing for several years. Mr. Sack advised that this process has been delayed due to budget reductions. Mr. Sack stated that Staff is working in conjunction with the State Health Division to develop, adopt and implement a Food Code which is "uniform statewide, with minor differences"; that it is based on the USDA Food Codes. Mr. Sack stated that "this is nothing new"; that, as he stated, Staff has been unable to complete it due to financial and staffing reductions.

Ms. Jung stated that a number of departments are claiming "increased demands for services with a decreased ability to provide those services"; therefore, she would recommend Staff be ready to respond to that statement and justify it.

In response to Ms. Jung, Dr. Anderson stated the economic downturn results in "people who would not have come to the Health Department for services previously and no longer have the ability to obtain those services privately, will now come to receive those services and the other lower cost options (i.e., WIC services, immunizations, family planning, etc.). Dr. Anderson stated that the H1N1 immunizations were provided free at the Health District; however, other providers were allowed to charge an administrative fee for administering the immunization.

Ms. Jung stated that Dr. Anderson should "expound upon that" as she noted "all departments are claiming the increased demand for services."

Mr. Gustin stated a similar correlation is that the Catholic Assistance previously served 300 meals per day and are now serving in excess of 700 meals per day.

Ms. Jung stated that with the loss of experienced public health professionals and based upon national data she would think the County "could hire higher credentialed individuals for less money in today's economy"; that she would encourage the County "to implement that"; that she would suggest Staff consider this concept. Ms. Jung questioned why measles, mumps and chickenpox are increasing.

In response to Ms. Jung, Dr. Anderson stated that "some of it may be the lapse of immunization coverage and it is an item where people will cut corners"; therefore, people won't pay for their children to be immunized unless there is "the absolute requirement" for school attendance." Dr. Anderson stated that some of these outbreaks will be among children who are preschool age; that it is also the result in populations who do not believe in immunizations, which results in the impetus for the development of illness. Ms. Jung stated that in regard to foreclosures and environmental issues, she receives numerous complaints regarding residences which are no longer using Waste Management collection services; that this impacts the Health District which has to respond to complaints of residential and open space illegal dumping. Ms. Jung advised that she would recommend Staff stress the concern at the "regular Session of the Legislature in addition to any possible Special Sessions."

Dr. Anderson stated that she did not mention the regular session as that is next year.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

March 25, 2010

Page 15

Ms. Ratti stated that in addition to possible special sessions there are administrative level committees; therefore Staff should refer to "additional state legislative or administrative actions."

Mr. Gustin was excused at 2:15 pm.

Ms. Jung questioned Dr. Anderson's comments regarding the possible loss of Vector Control funding as the Board of County Commissioners did vote to "take that line item to close the Budget gap."

In response to Ms. Jung, Dr. Anderson stated that there is a \$350,000 fund specific to Vector Control issues; that it is her understanding the County did transfer a certain percentage of those funds; that there is approximately \$100,000 remaining, which is the approximate amount the Health District has normally expended during a "normal" season. In response to Ms. Jung regarding an unexpected event that would require additional funds, Dr. Anderson stated that the Health District would have to request funding from the Board of County Commissioners to address "an unanticipated event."

In response to Ms. Jung regarding Nevada's ranking of 51st and providing a comparison to "third world countries", Dr. Anderson advised that this wouldn't be feasible as it would be difficult to obtain comparable data and numbers; therefore, the US comparison is more accurate. Dr. Anderson stated that the information regarding Nevada's ranking "is to underscore where Nevada is as a State."

Ms. Ratti stated that in regard to the "authorized position FTEs" and Ms. Jung's comments as to the reduction from 203 FTEs last year to 190 this year, she would recommend Dr. Anderson asterisk the reduction from FY 10 to FY 11 to display it in writing.

Dr. Anderson stated that she will do that similar to the asterisked item for the FY 11 Budget.

Ms. Ratti questioned if the "number of Staff and volunteer hours expended on addressing the H1N1 efforts" could be noted, as the Board of County Commissioners are not going to grasp the impact this had on the Department. Ms. Ratti stated that "if this could be correlated to the other hours in the Department demonstrating that the Health District did this while managing to do everything else

it was supposed to get done while saving money." Ms. Ratti advised that the Health District "stepped up to the plate to ensure a crisis was managed while providing basis services all for less money."

In response to Ms. Ratti, Dr. Anderson stated that this may be possible, as the funding for H1N1 "was accounted for as a separate item."

Ms. Ratti questioned if the \$715,276 Ending Fund Balance amount can be referred to as a percentage of the overall operating budget rather than the amount. Ms. Ratti stated that "should someone ask the question, Dr. Anderson would have the response available."

In response to Ms. Ratti, Dr. Anderson stated that the Health District should "have an amount that approximates what the District has to expend on a monthly basis; that she would state both the amount and the percentage.

In response to Ms. Ratti, Ms. Coulombe advised that Staff could develop verbiage to note "what is driving that amount."

Dr. Anderson stated that she will use the Board members' comments to develop "notes pages for herself to use in her presentation to the Board of County Commissioners; that each one of the slides will have a notes page for possible questions."

Ms. Ratti stated that Dr. Anderson referred to the funding for the Tobacco Prevention and Control Program; that she referenced the Master Settlement, which is the source of the funding; that there is "the program dollars, which were all swept." Ms. Ratti questioned if it was all of the Master Settlement funds which were swept or the Tobacco Prevention and Control Programs funding.

In response to Ms. Ratti, Dr. Anderson advised that the Master Settlement has three (3) components, which were the Millennium Scholarship Program, the Trust Fund for Public Health and the Fund for a Healthy Nevada; that the Fund for a Healthy Nevada has subcomponents (i.e., the Senior RX Program and a Children's Program). Dr. Anderson stated that it was the funding "specific to tobacco prevention and control which were taken."

Ms. Ratti stated that she would suggest Dr. Anderson reference only the dollars specific to the Health District, which were swept – “all tobacco prevention program dollars were swept.”

Ms. Ratti stated that she is concerned about presenting “51st in the nation, as it may be a distraction, as it is the State’s number and not Washoe County’s.” Ms. Ratti recommended Dr. Anderson “tie this ranking to the importance of the County maintaining a sufficient public health effort because at the State level there isn’t significant funding”; that “this would make it relevant to the Health District’s budget.”

Dr. Anderson stated that this can be done, as the Health District’s Budget book contains “a per capita sheet.” Dr. Anderson stated that the County’s contribution equates to \$21.49 per capita, which is still lower than the US average of \$28.92; however, it is better than the \$3.55.

Ms. Ratti stated that the concern is policy makers are repeatedly advised that Nevada is 51st in the nation, which results in “the feeling that there is nothing which can be done about that”; therefore, correlating it “to it being critical that the County maintain the emphasis (to whatever extent possible) the efforts towards public health; otherwise the citizens of the County will not be served”; that it then has more meaning.

Ms. Jung stated that there are “the results of what occurs when the citizens aren’t served in a community and how much more that costs in the long-term in lack of prevention.”

Dr. Anderson stated that each Department has been allotted ten (10) minutes for the presentation and ten (10) minutes for questions and answers; that she will attempt to reference the Board’s comments and concerns during her presentation. Dr. Anderson stated that she would thank the Board members for the constructive comments and suggestions, as it will “make her presentation better.”

Chairman Humphreys commended Dr. Anderson on an excellent presentation.

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the Health District’s Budget Presentation for FY 11 be accepted as presented, with the Board comments and recommendation as noted.

Motion carried unanimously

PUBLIC HEARING – PRESENTATION – DISCUSSION – REVISIONS – WASHOE COUNTY
DISTRICT BOARD OF HEALTH FEE SCHEDULE

1:00 p.m. This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on February 3, 5 and 8, 2010 to consider the approval and adoption to proposed revisions to the Washoe County District Board of Health Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

Ms. Lori Cooke, Fiscal Compliance Officer, advised that the Board members have been provided with a copy of the proposed Washoe County Health District Fiscal Year 11 Fee Schedule; that if adopted the effective date will be July 1, 2010. Ms. Cooke advised that the Washoe County Health District Fee Schedule is presented annually for the Board's review, approval, and adoption; that the Fee Schedule includes fees applicable to all Divisions and Programs.

Ms. Cooke advised that the Fee Schedule has been prepared in accordance with applicable *Nevada Revised Statutes* (NRS) and the methodology "has remained constant to prior years, with time and activities certified by Program Managers and the associated costs calculated for the fees.

Ms. Cooke advised that approximately 8,000 Notices of Public Workshops were mailed on December 14, 2009, with Public Workshops being conducted on January 8, 11 and 13, 2010; that eight (8) individuals attended the workshops. Ms. Cooke advised that Staff received an additional sixteen (16) questions via email, telephone and written correspondence, with one (1) individual coming to the office, "for a total of twenty-four (24) direct inquiries."

Ms. Cooke advised that the proposed Fee Schedules for the Environmental Health Services and Air Quality Management were posted on the internet on December 8, 2009; that the proposed Fee Schedules for Administrative Health Services; Community and Clinical Health Services; and Epidemiology and Public Health Preparedness were posted on the internet on January 7, 2010. Ms. Cooke advised that the Board members have received copies of the fiscal impact of the proposed revisions to the Fee Schedule was included in the District Board of Health Fiscal Year 11 Budget presented to the Board of Health on Thursday, March 4, 2010.

Ms. Cooke advised that Staff recommends the Board approve and adopt the proposed revisions to the District Health Department Fee Schedule for FY 11 as presented.

Chairman Humphreys declared the Public Hearing and called upon anyone wishing to speak either in favor of or in opposition to the Washoe County District Board of Health Fee Schedule for FY 11. There being no one wishing to speak, the Public Hearing was closed.

MOTION: Mr. Smith move, seconded by Ms. Jung that the revisions to the Board of Health Fee Schedule for FY 11, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction, be approved and adopted as presented.

Motion carried unanimously.

DISCUSSION – WASHOE COUNTY DISTRICT BOARD OF HEALTH OVERSIGHT
RESPONSIBILITIES – AMBULANCE SERVICE

Chairman Humphreys stated that the Board receives, reviews and accepts REMSA's Operational and Financial Report each month; that one (1) of the responsibilities of the District Board of Health is to ensure the quality of ambulance services provided to the community. Chairman Humphreys stated that when a medical office or facility applies for accreditation the accrediting agency reviews the quality of care, quality of service, how services and care are provided specific to industry standards. Chairman Humphreys stated that the results of an accreditation process "tells the story of what is going on." Chairman Humphreys stated that there are three (3) accrediting agencies "which have reviewed and examined REMSA; that these types of 'examinations' are very, very thorough 'examination' of all aspects of business and care." Chairman Humphreys stated the first agency, which reviewed REMSA, is the National Academies of Emergency Dispatch (NAED); that the second is Commission on Accreditation of Medical Transport Systems (CAMTS); and the third is Commission on Accreditation of Ambulance Services (CAAS). Chairman Humphreys stated that he read and reviewed the reports of these three (3) agencies he noted "that the world class service the Board hears about from time to time really is being provided." Chairman Humphreys stated he will provide this information to the Board members.

Chairman Humphreys stated that the issue is "what are the responsibilities of the Board of Health in the oversight of the ambulance services in the community"; that Ms. Admirand will provide an overview of the oversight responsibilities.

Ms. Leslie Admirand, Deputy District Attorney, distributed a handout of the *REMSA Franchise Compliance Oversight* (a copy of which was placed on file for the record), advising that Chairman Humphreys requested she provide "some guidance" to the Board regarding "the oversight responsibilities of the District Board of Health."

Ms. Admirand advised that in 1986 the Cities of Reno and Sparks and Washoe County empowered the District Board of Health, through the Interlocal Agreement, with the statutory authority for the franchising of ambulance service. Ms. Admirand advised that "it does not provide any guidance as to what type of oversight responsibilities the Board should provide." Ms. Admirand advised that *Nevada Revised Statutes* (NRS) 266.081 and 266.083 delineates the authority "of the Cities to limit competition in ambulance services and to: 2. Grant an exclusive franchise to any person to provide those services within the boundaries of the city." Ms. Admirand advised that NRS 244.287 and 244.288 "provides the same exact authority to the County – to limit competition in ambulance services. Ms. Admirand advised that "statutorily there is no guidance as to the oversight responsibilities of the District Board of Health.

Ms. Admirand advised that the Franchise Agreement is a "binding contractual obligation for both REMSA and the District Board of Health." Ms. Admirand advised that the District Board of Health is responsible for appointing three (3) representatives to the REMSA Governing Board: 1) a representative of the legal profession; 2) a representative of the accounting profession; and 3) a consumer representative; that the Health Officer serves as a non-voting Ex-Officio representative. Ms. Admirand delineated the oversight responsibilities of the District Board of Health, advising that per the requirements of the Interlocal Agreement, the District Board of Health annually reviews the following: 1) dispatch compliance; 2) personnel orientation and participation in ambulance services and dispatch center operations compliance; 3) Emergency Medical Technician (EMT) and Emergency Medical Dispatch (EMD) training; and 4) organizational performance and operational compliance, in which "every single paragraph of the Franchise Agreement is reviewed with a Report being prepared by Health District Staff and presented by the District Health Officer to the Board of Health for approval. Ms. Admirand advised that monthly the District Board of Health reviews: 1) Operational activities including a summary of quality assurance review activities; that this entails REMSA reviewing "a sampling of 5% of the Advanced Life Support (ALS) calls and monitors for compliance. Ms. Admirand advised that "District Board of Health does review every aspect of the Franchise Agreement annually."

Ms. Admirand advised that the District Board of Health approves the maximum average patient bill for ground and rotary wing ambulance transport to be charged by REMSA; that the District Board establishes the limit for the number of times prepaid ambulance service may be used by an individual in a membership year; and approves the process managing receipts for billing.

Ms. Admirand delineated the oversight responsibilities of the District Health Officer, advising that the District Health Officer reviews: 1) recommended EMS market areas to be studied to determine if further negotiations or a competitive bid process is to be conducted for vendor contracts, per the Interlocal Agreement cannot be "any longer than seven (7) years"; that during the last two (2) years of the contract(s), REMSA and the District Health Officer determine if further negotiations should occur or if the contract(s) should be let for competitive bid. Ms. Admirand advised that the District Health Officer "is involved in that process and her approval is required." Ms. Admirand advised that further, the District Health Officer reviews: 2) recommended independent entity to collect data on market areas; 3) with REMSA, determines if competitive bid shall be conducted or further negotiations occur; 4) adjusts specific map grids and assigned response times after periodic analysis of operational and response data and presents such revisions to the District Board of Health, which are for those locations in the unincorporated area of Washoe County; 5) time exemptions monthly; 6) disputes in time exemption and renders the final binding determination on dispute(s) between REMSA and ambulance contractor(s).

Ms. Admirand advised that the District Health Officer approves use of the penalty fund for cost of operational or educational matters; informs REMSA of the CPI (Consumer Product Index) adjustment amount annually; receives REMSA's financial audit and IRS Form 990 annually; receives compliance data for organizational, performance and operational criteria; and reports REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year.

Ms. Admirand reviewed the oversight responsibilities of the District Health Department, advising that the District Health Department monitors REMSA for compliance "on a weekly or daily basis"; that a part-time Registered Nurse conducts a review weekly of dispatch sampling for compliance. Ms. Admirand advised that this individual reviews "a random sampling of the calls for compliance." Ms. Admirand advised that currently the Emergency Medical Services Coordinator position is vacant; that the Board has provided direction to Staff regarding recruitment for that position; that this position provides "further oversight by the Health District." Ms. Admirand advised that the Health District assists and participates in CPR (cardio-pulmonary resuscitation) and public educational activities.

Ms. Admirand advised that, in summary, "these are the oversight responsibilities the District Board of Health; the District Health Officer and the Health District Staff are required to perform in accordance with the contractual agreement."

Dr. Furman stated his concern regarding the appointment of the Board of Health's three (3) representatives to the REMSA Governing Board, was that the Board of Health "wasn't provided any options regarding who to appoint." Dr. Furman stated that he has no objections to the appointees serving on the Board; however, the Board of Health "should be afforded the opportunity to review and discuss the recommended appointees.

In response to Ms. Jung regarding the Governing Board, Ms. Admirand advised that there are seven (7) members on the REMSA Governing Board; that the District Health Officer is a non-voting Ex-Officio member of that Board.

In response to Dr. Furman, Ms. Coulombe advised that Staff did "make note to provide the Board members with sufficient lead time" in presenting the information to the Board members. Ms. Coulombe advised that the District Board of Health reviewed the dates of appointment and made the determination that with the next re-appointment the terms of appointment will be staggered to ensure that not all terms will expire at the same time.

In response to Ms. Jung, Mr. Gubbels advised that the District Board of Health appointments are all three (3) year terms; that through a variety of factors all three (3) appointments were considered for re-appointment in July 2008, with "no staggered appointments." Mr. Gubbels advised that during the last appointments the Board approved provisions by which the appointments/re-appointments would be staggered to ensure the Governing Board would "not potentially lose all three (3) Board members at the same time." Mr. Gubbels advised that the staggered terms will be for three (3), four (4) and five (5) years. Mr. Gubbels advised that "it takes time to learn and understand how the system" functions.

Ms. Jung questioned if the Board of Health receives the agendas or minutes of the REMSA Governing Board.

In response to Ms. Jung, Mr. Gubbels advised that the Health District and the District Board of Health have oversight authority related to REMSA "through the Franchise and the contractual relationship with the Franchise; however, the REMSA Governing Board "is a private not for profit board." Mr. Gubbels advised that the District Health Officer attends the REMSA Governing Board as a non-voting Ex-Officio member.

Ms. Ratti stated that at the Board's Strategic Retreat she had requested the information specific to how the District Board of Health and the Health District "provide oversight to the provision of emergency medical services in the community." Ms. Ratti stated that the "method of choice since 1986 is through the powers delegated through the Interlocal Agreement and the Franchise Agreement with REMSA." Ms. Ratti stated she appreciates the information presented today; that the monthly REMSA Report provides "good information from REMSA"; however, she was attempting to "understand the Board's links with REMSA and the [REMSA Governing Board] members assigned by the Board of Health." Ms. Ratti stated that the Board of Health 'doesn't receive any feedback from those members"; that the Board of Health "also provides oversight to Staff and that the Board doesn't necessarily receive information from Staff as to the 'second-tier' oversight role and the type information coming out of that." Ms. Ratti stated that "her response is a lack of clarity of information regarding knowing that that oversight role is occurring." Ms. Ratti stated that "she is very sensitive to the issue of micro-managing and she is not suggesting the Board should assume more of an oversight role"; however, "updates from Staff on how the Staff's level of oversight role would be helpful information."

Ms. Ratti stated that, as a Sparks City Councilwoman and a Board of Health member, "she is interested as this a 2-tiered system which interacts with fire service; that in her position as a Councilwoman she is the governance authority over fire service; and as a Board of Health member she is a governance authority over emergency medical service; therefore, she is interested in the

interaction between those two (2) agencies and ensuring it is the best interaction it can possibly be from both sides of that equation." Ms. Ratti stated that, as a governance member of both, "she is interested in the most appropriate method for receiving a response when she has a question as to how 'it's working'." Ms. Ratti stated that "there are six (6) issues that she has outlined to Chairman Humphreys, which she would like to delve into at some depth to ensure the County has the best possible system and that the oversight is the best possible oversight for this system." Ms. Ratti stated that she is interested "in how to move forward as partners, as she fully believes that this is a partner relationship with a qualified charitable non-profit to ensure emergency medical services are delivered with a high quality throughout the region."

In response to Ms. Ratti, Chairman Humphreys advised that "emergency response is a 2-tiered; however, the District Board of Health's oversight responsibility is only for the ambulance service component"; therefore, the District Board of Health's discussions "have to be contained to what those responsibilities are, which is the ambulance service." Chairman Humphreys stated "he agrees that cooperation between 'who ever is doing the job is a critical issue'; therefore, it would be appropriate for the Board to receive information as to what is occurring." Chairman Humphreys stated Ms. Ratti's "request for information from Dr. Anderson or Staff as to what is occurring on the REMSA Governing Board, without getting into what is proprietary information, is appropriate."

In response to Chairman Humphreys, Ms. Ratti stated that she respects "the private nature of a non-profitable charitable Board"; however, the Board of Health "has appointees and those appointees serve the Board of Health"; therefore, she is interested in that "from their level." Ms. Ratti stated that "what she is also interested in is the Board's oversight of Staff fulfilling their role."

In response to Ms. Ratti, Chairman Humphreys stated that, due in-part to the questions asked by Ms. Ratti, "is the reason the EMS Coordinator position needs to be filled as soon as possible." Chairman Humphreys stated that "fortunately Dr. Anderson and the Division Directors worked to achieve this." Chairman Humphreys stated that "the filling of that position will address a lot of Ms. Ratti's questions."

Ms. Ratti stated that "with all due respect, the concerns existed before the position was vacant." Ms. Ratti stated that "she believes overall the system is working; that there are 'some minor tweaks' which need to be made." Ms. Ratti stated that "there needs to be forum for discussing those minor tweaks in a meaningful way with the partner that is respectful of everyone's wishes." Ms. Ratti stated she "would like some conclusion on how those conversations can occur in a way that is appropriate from a governance level to ensure the area has the best system for everyone in the community."

Dr. Khan stated she concurs it would be beneficial for the Board to receive reports from Staff (i.e., from the RN position) in the Program; that although the position has remained vacant "the responsibilities of that position have not gone away." Dr. Khan stated that she is aware Ms. Coulombe has been "filling that position and is wearing a number of hats"; however, it is essential for the Board members to receive information. Dr. Khan stated that "an item from the Health Officer may be appropriate due to her unique position" as the Ex-Officio member on the REMSA Governing Board. Dr. Khan stated that, she, too, has reviewed the Franchise Agreement; that the Board reviews it on an annual basis and has approved minor amendments "over the years"; that she would question "how much has the Franchise changed in the twenty (20) plus years it has been in effect." Dr. Khan stated that specifically she would question the "changes to the oversight" if there has been any; and possible revisions to the report during the same period of time. Dr. Khan stated that "understanding what has evolved and what has changed, including the issue of growth and development in various locations and "how that has affected the needs regarding ambulance service." Dr. Khan questioned if the Health District conducts "some type of external assessment as to the costs for services and the provision of comparable services in other communities."

In response to Dr. Khan, Ms. Admirand advised that that information is provided in the "market study" that is conducted.

Dr. Khan stated that she would request the opportunity to review that "and see how it has changed during the years; that technology has changed as have the abilities "to what can be done in-the-field; therefore, it may be of assistance to receive a more historical perspective of those as opposed to data points."

In response to Dr. Khan, Ms. Admirand advised that the Franchise Agreement has been amended approximately fourteen (14) times; that she does have copies of the amendments and can prepare a summary for the Board.

Chairman Humphreys stated that, "in recognition of Ms. Ratti's comments and questions he will be appointing an "Ambulance Services Committee", comprised of him, Mr. Smith and Ms. Ratti to work with Staff to best determine how to address the issues presented by Ms. Ratti. Chairman Humphreys advised that "some of those questions are within the purview of what the oversight responsibilities are for the Board of Health." Chairman Humphreys stated that as there will not be an individual in this position "until July 1, 2010, this would provide a good transition in assisting that individual."

Ms. Ratti stated that she is aware other Board members have questions, including Dr. Khan's question specific to response times; that there "are layers and depths to that question, which she has"; therefore, she would request that all of the Board members have the opportunity to present any questions or concerns. Ms. Ratti requested that "REMSA be fully included in the participatory process, as she wants this to be a dialogue as to what is the best approach to everyone involved, and those meetings be made available to anyone who has an interest."

Chairman Humphreys stated that he will take Ms. Ratti's recommendation "under advisement and will work with Staff to determine the best" method for these meetings and what the legal requirements are.

Ms. Ratti stated the requirements of NRS 268 stipulate "on an exclusive basis or by ordinance"; that she would question "if there have been any ordinance adopted by any bodies to do this; or if there is a 'regulatory scheme'."

In response to Ms. Ratti, Ms. Admirand advised that there are not any ordinances which have been adopted for ambulance services; that she is not aware of any 'regulatory scheme'; however, she is "not specifically aware of the Municipal Codes for Reno or Sparks "

Ms. Ratti stated that she will be conferring with officials from the City of Sparks to determine whether the City of Sparks has any ordinances or regulatory schemes as it relates to ambulance service. Ms. Ratti stated that "it is unusual for there to be such little guidance on 'terms of authority'."

Ms. Admirand stated that the District Board of Health By-Laws do not allow for the appointment of a new Committee without a formal action of the Board. Ms. Admirand advised that that would have to be agendized.

PROGRAM UPDATE – 2009 SEXUAL HEALTH REPORT

Ms. Jennifer Hadayia, Public Health Program Manager, advised that she is the Co-Manager of the Department's Sexual Health Program, which is an integrated Program for the prevention and control of Sexually Transmitted Diseases (STDs) and HIV. Ms. Hadayia introduced Mr. Steve Kutz, Nursing Supervisor, as the Co-Manager and Ms. Jennifer Howell, Sexual Health Program Coordinator. Ms. Hadayia advised that last month the Board had questions regarding the

Department's HIV Prevention Subgrant Award; the Program activities; and the Program's social marketing products. Ms. Hadayia advised that she will be providing information regarding the "most recent Sexual Health Program Report" and the 2010 social marketing advertisement campaign, which was "released by the Kaiser Family Foundation, MTV and the Centers for Disease Control (CDC) and Prevention after the Board members had received the packets." Ms. Hadayia advised that the advertisements "will be tailored to the District Health Departments website and submitted to the District Health Officer for review and approval."

Ms. Hadayia advised that the mandates for the Sexual Health Program are delineated in *Nevada Revised Statute* (NRS) 441.a; that the annual budget is approximately \$1.3 million, a majority of which is grant funding (CDC) "passed through the State Health Division." Ms. Hadayia advised that the Program does receive "some local funding; that the on-site STD Clinic does generate revenues; that the HIV activities are 100% grant-funded." Ms. Hadayia stated that there are 10.25 FTEs in the Program, per the adopted FY 10 Budget, which includes Public Health Nurses, Disease Investigators; Health Educator; Program Coordinator; clerical Staff and management. Ms. Hadayia advised that in the latest edition of the *Morbidity and Mortality Weekly Report* (MMWR) CDC released the most recent 'national trends' in HIV/AIDS noting there has been a 15% increase in the national HIV rate, which "is primarily due to better surveillance and better reporting." Ms. Hadayia advised an estimated 1.1 million adolescents/adults are HIV positive in the United States; that "more than 50% are men who have sex with men." Ms. Hadayia advised that this statistic "has generated a lot of national level attention and prompted leaders from CDC, National Association of State and Territorial AIDS Directors (NASTAD); National Council of STD Directors, etc., to announce that prevention among gay and bi-sexual men must be 'the top' priority for HIV and STD prevention efforts in the Country. Ms. Hadayia stated that the President has committed to allocate additional resources to this effort; that the amount of that increase or "how it might benefit Washoe County is unknown. Ms. Hadayia stated that a recent press release indicates "men who have sex with men have a 40-fold higher risk for HIV and Syphilis than other risk categories." Ms. Hadayia advised that 32% (of the 1.1 million cases nationally) are high-risk heterosexuals; and 51% are Black/African Americans. Ms. Hadayia advised that the CDC estimates that approximately 20% of the people with HIV are unaware of their status, "which underscores the importance of HIV testing, which is a core component of the Health District's Program"; and 36% of individuals diagnosed with HIV progress to AIDS within twelve (12) months.

In response to Ms. Ratti regarding the percentages exceeding 100%, Ms. Hadayia advised that "the surveillance data are 'broken-down' into several categories (i.e., sex, age, race, risk-behaviors); that "these are the percentages within each category", which results in an "overlapping" within the categories and the totals exceeding 100%.

Ms. Hadayia advised that within Washoe County there are approximately 837 people living with HIV/AIDS; that 54% are men who have sex with men (MSM) as compared to the national rate of 53%; that 10% are from heterosexual contact compared to the national rate of 32%. Ms. Hadayia stated that 10% are young adults (aged 13 - 24), which is a category that has increased in recent years; and in Washoe County 13% are Black/African American as compared to the national rate of 51%. Ms. Hadayia advised that in Washoe County there were 49 new cases of HIV and AIDS reported in 2009; that of those new cases 72% are men who have sex with men (MSM); 28% are high-risk heterosexuals or those having contact with an individual who is known to be HIV positive; 28% are young adults (aged 19 - 24); with 8% in Black/African Americans. Ms. Hadayia advised that "while the percentages in some risk categories increased this year the Black/African American percentage decreased."

Ms. Hadayia reviewed the District's Program, advising that there are three (3) components of the Program: 1) Clinical Services; 2) Planning and Evaluation; and 3) Health Education. Ms. Hadayia advised that in Clinical Services for FY 09 1,525 clients received services in the STD Clinic for 1,703 visits; that 2,721 HIV tests were provided, "which is one of the highest numbers of testing noted in a one (1) year period"; that the District "had an incredible response to the social marketing campaign, which promoted testing"; that 1% of those tested by the STD Clinic were positive, which has remained consistent in recent years, with Washoe County remaining "a low prevalence community for HIV/AIDS." Ms. Hadayia stated that, in addition to the HIV/AIDS testing, the Health District has provided 12,703 tests for Chlamydia, gonorrhea and syphilis; that "of all negative HIV tests provided 68% received an HIV test result." Ms. Hadayia advised that "100% of the HIV positive clients received test results, post-testing counseling and referrals." Ms. Hadayia stated that "there has been no national bench mark for the percentage of negative test results received"; however, "research indicates that when clients 'know their status' they make changes in their behavior(s)." Ms. Hadayia advised that the Department has implemented "a centralized results line, which allows clients to obtain test results through the telephone; that this has increased the percentage of negative HIV results returned to clients during the past year." In response to Ms. Jung regarding only 68% receiving their negative test result, Ms. Hadayia confirmed that approximately 32% of individuals who test negative never contact Staff for the results. Ms. Hadayia reiterated that "100% of those positive HIV results are returned to clients"; that there is a high percentage of results returned to those clients testing positive for Chlamydia, gonorrhea and syphilis.

Dr. Furman stated that he is aware that testing is performed at locations other than the Health Department' and he would question how many tests are administered at the Health District; how many are performed off-site and what are the fees charged for those at the Health District and what are the fees for those performed off-site. Dr. Furman stated that Ms. Hadayia reported a Program budget of \$1.3 million; that it is important to be aware "this isn't the whole budget for HIV; that

Northern Nevada *HOPES* (HIV Outpatient and Education Services) receives approximately \$7.3 million."

In response to Dr. Furman, Ms. Hadayia advised that the budget amount she stated is the funding for the Health District's "Sexual Health Program, which includes the HIV and STD on-site clinics. Ms. Hadayia stated there are other community providers for HIV prevention and control services."

Dr. Furman stated that "that is a substantial amount of money in comparison to the amount expended on other things in the Health Department."

Ms. Hadayia advised that she does have a copy of the full report available for review upon request. Ms. Hadayia advised page thirteen (13) of the report provides a listing of "all sites where HIV tests are provided"; that in 2009 1,369 HIV tests were provided at the Health District's on-site clinic; that 1,175 tests were provided at off-site locations; that 177 tests were provided at detention facilities unrelated to the Washoe County Health District. Ms. Hadayia advised that Staff maintains "an extensive off-site testing calendar; that there are regular sites including the homeless shelter, Northern Nevada Adult Mental Health Services; the local bath house; some local bars; and special events (i.e., World AIDS Day, Gay Pride, etc.). Ms. Hadayia advised that the Health District partners with Nevada Hispanic Services and Planned Parenthood Mar Monte to provide testing services at events for their clientele. Ms. Hadayia stated that the Board adopted the revisions to the Fee Schedule today; that the Fee Schedule incorporated a new category of "express visits"; that these are those visits in which a client is only receiving testing; that he/she is not receiving an examination, as would occur for an STD. Ms. Hadayia advised that "express visits" are ten (10) minutes with a five (5) minute follow-up; that it reduces the time for the client and the provider and the cost; that there is a 'range' of fees for various other clinic visits. Ms. Hadayia advised "there are the ten (10) minute express visits up to a forty-five (45) minute comprehensive visit for a female client."

In response to Ms. Ratti regarding the "budget numbers presented", Ms. Hadayia advised that she is presenting information on "only the Health District's funding." Ms. Hadayia advised it is not a requirement within Washoe County that other agencies providing HIV testing report the results to the Health District; however, there is a statewide web-based data base developed by CDC, which "encourages agencies to do so." Ms. Hadayia stated that the Health District has only the data from the tests the Health District provides and "all positive cases as HIV is a reportable communicable disease." Ms. Hadayia advised that she has provided the Board with the number of tests provided by the Health District; however, the numbers of cases in the 'surveillance report' are those which are community-wide.

In response to Dr. Furman comments regarding the HIV tests being free, Ms. Hadayia advised that the Health District's provision of out-reach STD testing services are free, including the HIV testing, which is consistent with all out-reach services provided in the CCHS Division.

Ms. Hadayia advised that the Health District conducts follow-up with partners/contacts of positive cases; that last year the Health District followed-up with 78 contacts "to the new HIV/AIDS cases identified; that of those 78 contacts 29% were also positive" for HIV/AIDS. Ms. Hadayia reiterated that "there was a 1% positivity rate for the Health District's targeted tested community-wide"; however, "among those contacts to those positive contact HIV/AIDS cases there was a 29% positivity rate." Ms. Hadayia advised that Staff identified in excess of 1500 contacts to those clients diagnosed with Chlamydia, gonorrhea, and syphilis cases.

Ms. Hadayia stated that the second component of the Program is *Planning and Evaluation*; that all communities which receive HIV prevention and control funding are required to have a local planning committee, which is responsible for identifying the priorities for that funding. Ms. Hadayia advised that the committee includes "those who are infected and affected by HIV/AIDS." Ms. Hadayia advised the Health District "is tasked through the Subgrant to administer that community planning committee; that locally this committee is the Northern Nevada Planning Council (NNPC)." Ms. Hadayia advised that a Health District Staff member "usually serves as Co-Chair on the Council in coordinating that effort." Ms. Hadayia advised that one of the primary activities of the Council is to participate in the comprehensive HIV/AIDS Prevention Plan development; that "this process was completed at the end of last year"; that the newly identified priorities in the 2009 – 2011 HIV Prevention Plan are: 1) Men Who Have Sex with Men (MSM); 2) HIV+; 3) Young Adults (25 years and younger); and 4) Intravenous Drug Users (IDU); that this is "based upon the same epidemiological data being reviewed today at a State and local level." Ms. Hadayia advised that the Health District implements these priorities when allocating resources as Washoe County Fiscal Agent" designated through an Interlocal Agreement with the State Health Division. Ms. Hadayia advised that the District's Subrecipients are determined through a competitive Request for Applications (RFA) process; that the District is required to ensure the interventions implemented adhere to these priorities delineated in the Plan. Ms. Hadayia advised that within the "evaluation activities"; that the Health District is required to coordinate the web-based statewide testing data base identified as PEMS (Program Evaluation and Monitoring System). Ms. Hadayia advised that Ms. Jennifer Howell, Sexual Health Program Coordinator, is responsible for managing the Washoe County "version of PEMS, which collects a lot of data about the community, including the HIV testing data." Ms. Hadayia advised that in January Staff completed "the first electronic 'error free' upload between the District's clinic data base to PEMS, which is a wonderful accomplishment as it reduces duplication, increases the efficiency of the services, and ensures the District data is timely."

Ms. Hadayia advised that the third component of the Program is *Health Education*; that the two (2) Community Based Organizations (CBOs) selected through the RFA will be implementing the evidenced based intervention programs (i.e., DEBIs Diffusion of Effective Behavioral Interventions). Ms. Hadayia advised that the two (2) organizations are Planned Parenthood Mar Monte implementing the *Street Smart Program* for high-risk youth and Nevada Hispanic Services implementing VOCES/VOICES for high-risk Hispanics (men who have sex with men and high-risk heterosexuals). Ms. Hadayia advised that last year the Health District implemented one (1) of the most successful social marketing campaigns, as evidenced by the high volume of testing provided, "called the *GYT (Get You Test) Campaign*." Ms. Hadayia advised that "through GYT branded activities and routine HIV testing advertising in 2009 there were 43 print ads with 4,166,700 duplicate impressions; six (6) online ads with 5,794,921 duplicate impressions; and two (2) television ads with 387,234 duplicate impressions." Ms. Hadayia stated that research indicates "it takes exposure to an ad three (3) to five (5) times to retain the content of the message"; that "the gold standard and the standard by which productivity benchmarks is measured is eight (8) times frequency, which is why Staff lists the number of duplicate impressions."

Ms. Hadayia advised that she provided the Board members with 'samples' of the 2009 campaign; that in the interim of the packets being delivered and today's meeting Staff has received the new 2010 campaign materials. Ms. Hadayia advised that due to reductions in funding the Health District will not have the ability to "run the GYT campaign as extensively as in 2009; however, the District Health Department will be able to replicate the 2010 campaign as the primary social marketing effort, with print ads, and some television ads; that the District has been "running some online ads during the first quarter of this year on the District website for 'Reno Passport', which is a local site, which allows the public to "find out what is occurring in the community; that the Health District's ad is one of several that rotate on that homepage." Ms. Hadayia advised that Staff is in the process of "developing a localized website"; that currently "all products refer the public to a national site"; that the intent is "keep viewers using a local web resource to learn about local services rather than visiting a national site and perhaps navigating away from the District as a community." Ms. Hadayia advised that the District will continue "to run the routine HIV testing ads, which are not branded by *GYT*."

Ms. Hadayia advised that the *GYT* campaign "has been expanded upon" in 2010; that it is not "just *Get Your Test (GYT)* but is now 'an encouragement campaign' towards communication and testing; therefore, GYT also is *Get Yourself Talking*." Ms. Hadayia presented the national *GYT* site, advising that "this will be how the local version will be modeled." Ms. Hadayia presented the new campaign advertisements for the Board's viewing, advising that the emphasis on the new campaign is "communication ~ *Get Your Test* and *Get Yourself Talking*." Ms. Hadayia stated that the three (3) print ads "will have to be tailored to the Health District, as it does not list the Health District's telephone number; that it all the ads will be submitted for the review and approval process." Ms. Hadayia presented the television advertisement, which was "run in 2009 and Staff

anticipates running it in 2010." Ms. Hadayia stated that the District has received less supplemental funding from the State and will less campaign funding; however, "Staff is excited about being able to retain the very recognizable GYT brand here in the community."

Ms. Hadayia advised that she has provided the Board members with a copy of the "Washoe County Health District Public Information Review and Approval Algorithms, which has been used since last December"; therefore, all of the social marketing products presented have or will be submitted for review utilizing those algorithms at all levels, including the District's Department Computer Application Specialist (DCAS) and County IT staff.

In response to Ms. Jung regarding "sharing this information with other agencies", Ms. Hadayia advised that Ms. Howell provides a presentation to the Northern Nevada Planning Council (NNPC); that Northern Nevada HOPES is a member of the NNPC. Ms. Hadayia advised that all reports are available on the District's website; that "one of the goals of the Subgrant is to provide this data 'back to the community'; that every six (6) months this report is provided in that presentation to NNPC." Ms. Hadayia advised that the primary providers ~ Planned Parenthood, Northern Nevada HOPES; ACCEPT; State Health Division, University of Nevada Reno, etc.; that all agencies "involved in this work very regularly attended NNPC." Ms. Hadayia advised that in addition to the Health District's complete report, she has copies of the *CDC Surveillance Report* and the *State Epi Profile*, should anyone request to review those.

In response to Dr. Khan regarding the "28% of the cases last year that were heterosexuals who had had sex with an HIV positive individual"; Ms. Hadayia advised that in the Health District's surveillance there are two (2) categories: 1) high-risk heterosexual contact; and 2) heterosexual contact with 'a known' HIV positive individual. Ms. Hadayia advised that the 28%, to which she referred "combines those two (2) categories." Ms. Hadayia stated that Staff concurs with Dr. Khan "that the rate seemed high; however, it has never been tracked before; therefore, it is not known if it has always been this large of a percentage." Ms. Hadayia advised that research and anecdotal knowledge of the community indicates "a trend in the past year for individuals to knowingly become infected for a variety of reasons"; that this new category will allow the District to monitor that trend locally. Ms. Hadayia advised that there is the perception "of HIV as a chronic illness now and not hard so hard to live with; that access to social services can become greatly improved when a person is HIV positive."

Ms. Ratti stated that the "increase among young people is startling"; that "targeting all groups of young people is nearly impossible"; that she would question if there are "sub-segments among the young person market being targeted."

In response to Ms. Ratti, Ms. Hadayia advised that Staff is "identifying testing opportunities in locations where young people among a certain risk factor may be known to congregate"; however, the "marketing is very general as all young people are at risk." Ms. Hadayia stated that during off-site testing in the community Staff attempts to "bring testing to those of higher risk among young people (i.e., those in detention system, homeless, etc.) in the same way Staff targets other known high-risk groups (i.e., African American, Hispanics, and men having sex with men). Ms. Hadayia advised that Planned Parenthood Mar Monte's *Street Smart Program* was selected as a subgrantee as it "also targets high-risk youth."

The Board thanked Ms. Hadayia for the update.

UPDATE – WASHOE COUNTY SCHOLARSHIP ENDOWMENT

Dr. Anderson advised that through the efforts of Dr. Robert Myles, a former member of the District Board of Health, there is an Endowment Scholarship established by the Board of Health at the University of Nevada Reno (UNR). Dr. Anderson stated that Dr. and Mrs. Myles provided the initial donation for the scholarship; that through the donations of other members and entities the Scholarship is now endowed. Dr. Anderson stated that "unfortunately the value of the endowment was affected by the financial downturn"; therefore, "there currently isn't as much as money available in the endowment to provide the amount of a scholarship as was originally hoped." Dr. Anderson stated that according to the report the market value was \$13,553; that the required amount for endowment was \$12,000. Dr. Anderson stated that the Board "will have to rely on the University to provide a suggestion as to whether or not a scholarship can be awarded in September 2010, which was the original date intended for awarding the first scholarship." Dr. Anderson stated that the goal was to have the recipient "would be someone attending a public health program in 2010 at the School of Health Sciences."

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

B. Director – Community and Clinical Health Services

There was no Community and Clinical Health Services Report this month.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Goodrich stated that, as the Board is aware, the Air Quality Management Division was relocated to the Ninth Street County complex and has been in the process of "getting settled in"; that he would invite the Board members to Air Quality's "open house" next month at the conclusion of the Board meeting.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented a copy of her monthly District Health Officer's Report, a copy of which was placed on file for the record.

Dr. Anderson stated that February 17 – 20, 2010, she attended the American College of Preventive Medicine Annual Conference, in Washington DC.; that "one (1) of the more significant events during the meeting was "Advocacy Day." Dr. Anderson stated during this event there were scheduled meetings with the various Senators and Representatives "to educate them as to need(s)

for preventive medicine funding to train residents in preventive medicine and public health, as a result of the declining number of physicians who choose to go into these specialties." Dr. Anderson stated that "clinical residency funding for preventive medicine is not provided through Medicare or Medicaid dollars"; therefore, the goal was to obtain additional funding from Health Resources and Services Administration (HRSA) into the budget for preventive medicine residencies"; however, "the effort has not been very successful and she is discouraged to report that it is unlikely there will be any additional funding for preventive medicine residencies in the coming year."

BOARD COMMENT

Chairman Humphreys stated that the possible development of a District Board of Health Committee to review of ambulance services will be agendaized for next month.

Ms. Jung stated that a recent survey indicated the Reno and Sparks area "is the 6th most active city"; that she believes this is "in large credit due to the fine work of the District Board of Health." Ms. Jung questioned if the District Board of Health "provides advice to the Tax Commission"; and "if the Board could take a position on the taxing of consumer products as 'sin taxes' (i.e., sodas, etc).

Ms. Admirand advised that the District Board of Health does not provide advice; that the Tax Commission is a State agency; that advice received would be through the auspices of the Attorney General's Office. Ms. Admirand advised that "there is nothing to prevent the Board from taking a position and forwarding it on to the Tax Commission."

Ms. Jung stated that when the Tax Commission "is ready to consider this, she would request a Board item for consideration and action."

Ms. Jung requested an update on "the new electronic cigarette, which she observed last year in Nashville"; that she would question if the Health District is providing any public education in regard to these or can take any enforcement action."

Ms. Jung questioned if the Board of Health has requested Regional Planning to conduct a "health impact assessment for planning", similar to the assessment for "transit oriented districts and corridors" specific to those area in which people "walk and work." Ms. Jung this "is another way to

review the obesity epidemic and healthful living." Ms. Jung stated that she recently attended a session regarding this issue at the National Association of County Officials (NACO) Conference in Washington, DC. Ms. Jung stated that Humboldt County in California expended approximately \$60,000 to conduct such a study; that the Board of Health assisted in "guiding the planning of the region in which the healthfulness of the citizen and the opportunity to decrease vehicle miles traveled per day; that it is land based living environment rather than a development based environment." Ms. Jung stated that she would question if this is possible and if there are grants available for this type of assessment or if the District Board would request Regional Planning to assess this "as part of its Master Plan Development."

Chairman Humphreys stated that "these are good ideas and suggestions for the Board's consideration for future agendas as appropriate."

Dr. Khan stated that approximately three (3) years ago, she and Dr. Anderson conducted "a number of forums related to public health impact; that a couple of representatives from California spoke to this issue. Dr. Khan stated that it was presented to the Regional Planning Committee; that "they did what they could to raise awareness to engage the community in identifying some of these resources." Dr. Khan stated that "to her knowledge the State Health Division doesn't have any funding per se; however, there may potentially be some developmental funding available to the Cities or County that may be worthwhile pursuing." Dr. Khan stated the Health District and the District Board of Health have recognized that this is an issue, specifically within the Environmental Health and Air Quality Management Divisions. Dr. Khan stated that it is known "there is a huge value to this in the overall health of the community, including air quality issues and the impact to chronic diseases." Dr. Khan stated that she "is excited to hear someone else talking about it"; that she is willing to do what is possible "to further support these efforts; that she would be happy to be involved."

Dr. Anderson stated that, as Dr. Khan referenced, she and Dr. Khan presented "a poster at the Annual Conference of the American College of Preventive Medicine"; that she has a copy of that poster in her office. Dr. Anderson stated that the poster indicated "how three (3) different planned communities in the Reno/Sparks area did not take walkability, accessibility to grocery stores, children walking to school, etc. into consideration during development." Dr. Anderson stated that she can display the poster for the Board. Dr. Anderson stated that "the concept did not receive the support it deserved to get."

Ms. Jung stated that "she believes the Board of Health for Humboldt County conducted their own study through grant funding; that perhaps the Department's Staff knowledgeable in grants could review potential funding sources." Ms. Jung stated that should Staff determine there are no

potential grants for this project, the District Board's elected officials could be directed to present the concept to the governing entities to advocate for funding. Ms. Jung stated that "this would be a good opportunity in which to do it, as there is not a great amount of development underway."

Ms. Ratti advised that the five (5) year time frame for the update to the Master Plan is this year for the Regional Governing Board; that this would "be a good time" to pursue this concept.

Ms. Hadayia advised that the recently awarded Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) includes an assessment, "which may be similar to what the Board is discussing – assessing policy, system(s) and environmental readiness for improvements specific to chronic disease"; however, as Dr. Khan acknowledged could be adapted for use to achieve a healthier community. Ms. Hadayia advised that the process is identified as "the change tool assessment" for the purpose of assessing "the key sectors of the community – health care, schools, work sites, etc. on eight (8) different modules related to policy systems for environmental change, which includes access to fresh foods, walkability, bikeability, planning, investment, leadership, etc." Ms. Hadayia extended an invitation to any Board member who would be interested in participating. Ms. Hadayia advised that "conducting the change tool assessment is a component of the expectation in being selected as an ACHIEVE community"; that the "expectation of NACCHO is 'by September 2010'.

Ms. Jung stated that she is interested in participating.

There being no further business to come before the Board, the meeting was adjourned at 3:45 pm.



MARY A. ANDERSON, MD, MPH, FACPM, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: March 25, 2010

DATE: March 8, 2010

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2010 to December 31, 2010 in the amount of \$94,529 in support of the Immunization Program, IO 10028.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District has received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division, which provides for grant funding for the on-going Immunization Program, IO 10028. A copy of the Subgrant Award is attached.

Goal supported by this item: Approval of the Subgrant Award supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

The Washoe County District Board of Health approved the last Subgrant Award and necessary budget amendments for July 1, 2009 through December 31, 2009 in support of the Immunization Program on July 23, 2009.

BACKGROUND

The Nevada Department of Health and Human Services, Health Division (NSHD) has received "Round 1" of funding from the Centers for Disease Control and Prevention (CDC). As such, the

AGENDA ITEM # 7.C.1.

Notice of Subgrant Award reflects the subgrant period of January 1, 2010 through December 31, 2010, but only approximately one quarter of the CY10 anticipated funding. Once the additional round(s) are received by the NSHD, the WCHD will receive an amendment to increase funding. At this time, the anticipated CY10 funding is \$347,310.

This grant provides funding for: personnel and benefits (registry, technical assistance, training, surveillance, assessment, etc.), equipment, office supplies, training/travel, and operating supplies such as: MD consultants, other professional services, postage, copier charges, printing, telephone and repairs and maintenance.

FISCAL IMPACT

Should the Board approve the Subgrant Agreement, budget amendments for FY11 are not necessary as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2010.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2010 to December 31, 2010 in the amount of \$94,529 in support of the Immunization Program, IO 10028.

POSSIBLE MOTION

Move to approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2010 to December 31, 2010 in the amount of \$94,529 in support of the Immunization Program, IO 10028.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3213
 Category #: 19,20
 GL #: 8516

NOTICE OF SUBGRANT AWARD

| | |
|--|--|
| Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division | Subgrantee Name: Washoe County Health District (WCHD) |
|--|--|

| | |
|--|---|
| Address: 4150 Technology Way, Suite #101 Carson City, NV 89706-2009 | Address: PO Box 11130 Reno, NV 89520 |
|--|---|

| | |
|--|--|
| Subgrant Period: January 1, 2010 through December 31, 2010 | Subgrantee EIN#: 886000138 Subgrantee Vendor#: T40283400 Q Subgrantee DUNS#: 73786998 |
|--|--|

Reason for Award: To eliminate cases of vaccine-preventable diseases in Washoe County by raising the immunization levels of all Washoe County citizens with special emphasis placed on increasing the age-appropriate immunization levels of two-year-old children.

County(ies) to be served: () Statewide (X) Specific county or counties: WASHOE COUNTY

Approved Budget Categories:

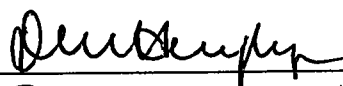
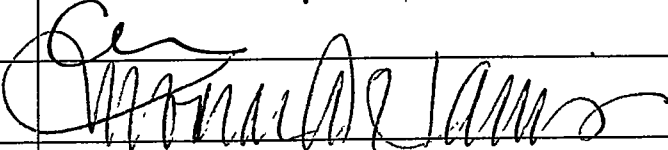
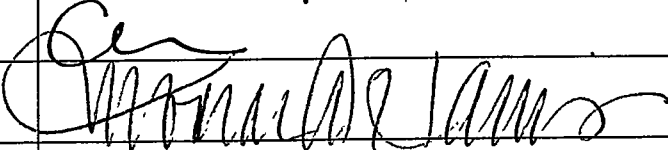
| | | 3568 | Total | Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. |
|-------------------|----|---------------|---------------|--|
| 1. Personnel | \$ | 87,857 | 87,857 | |
| 2. Equipment | \$ | 1,200 | 1,200 | |
| 3. Supplies | \$ | 500 | 500 | |
| 4. Travel | \$ | 1,814 | 1,814 | |
| 5. Other | \$ | 3,158 | 3,158 | |
| | \$ | | | |
| Total Cost | \$ | 94,529 | 94,529 | |

Disbursement of funds will be as follows:
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$94,529.00 during the subgrant period.

| Source of Funds: | % of Funds: | CFDA#: | Federal Grant #: |
|---|-------------|--------|------------------|
| 1. Centers for Disease Control and Prevention | 100% | 93.268 | 5H23IP922549-08 |

Terms and Conditions
 In accepting these grant funds, it is understood that:

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

| | Signature | Date |
|---|--|-----------|
| Washoe County Health District |  | 3/25/10 |
| Christine N. Smith Program Manager |  | 2/24/2010 |
| Deborah A. Harris, MA, CPM Bureau Chief |  | 2/24/10 |
| Richard Whitley, MS Administrator, Health Division | | |

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
5. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

- i. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R. 164.504 (e).
- j. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
- k. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
- l. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes. Subgrantee understands that funding is directly tied to the accomplishment of the following objectives:

A. Quality Assurance

Improving immunization practices in provider settings is one of the most effective methods of increasing immunization coverage. The AFIX methodology is a comprehensive and effective tool for improving patient vaccination coverage levels and immunization practices of healthcare providers. VFC funding is available to increase the number of site visits to private VFC providers and incorporate the AFIX activities into traditional VFC site visits.

Goal: Increase combined VFC /AFIX site visits per year to a minimum of 75% of enrolled VFC providers

| Objective | Activities | Date due by | Documentation |
|--|---|---|---------------------------------------|
| Provide a minimum 3 combined VFC/AFIX site visits per year or 75% of total enrolled VFC providers. Current number enrolled as of January 2010 is 49. | <ol style="list-style-type: none"> 1. Conduct a minimum of 3 VFC/AFIX site visits and 3 respective feedback visits per month. 2. WCHD will receive a finalized list of VFC providers and a list of parameters from the NSHD Provider QA manager. 3. Utilize the most recent VFC site visit questionnaire and VFC non compliance checklist provided by the NSHD Immunization Program. 4. Utilize the registry to conduct CoCASA or directly enter immunization records into the most recent Co-CASA module as provided by the CDC. 5. Generate the summary reports for the series selected by the CDC. Generate the single antigen report to complete the information on the "Visit Information" tab. 6. Provide a monthly report to the NSHD Provider Quality Assurance Manager on the number of visits conducted, data collected, and original reporting sheet. (Data can be shared monthly through the FTP site or downloaded on a storage devise). 7. Promote online "Vaccine University" program when established to providers during site visits. | By the last day of each month | Monthly Report and CoCASA information |
| Provide AFIX assessments for all Washoe County registry users for the Silver Syringe Awards yearly. | <ol style="list-style-type: none"> 1. Coordinate with NSHD –Immunization Staff yearly to conduct an AFIX assessment on all registry users for Silver Syringe Awards. 2. Conduct an AFIX assessment on all Washoe County VFC registry users yearly as requested by the NSHD. | As requested – deadline will be provided by Provider QA manager | |
| Goal: Conduct VFC site visits and technical assistance/educational visits | | | |

| Objective | Activities | Date due by | Evaluation Documentation |
|---|--|-------------|--|
| 100 % of newly enrolled VFC sites will receive a VFC site visit within 90-120 days of enrollment. | <ol style="list-style-type: none"> Conduct VFC site visits on newly enrolled VFC providers within 90 – 120 days of enrollment (info on providers will be provided by NSHD) Utilize VFC site visit questionnaire and original reporting sheet to note deficiencies when conduction site visits with newly enrolled providers. | Ongoing | Monthly Report. Provide original reporting document to provider QA specialist at NSHD |
| Provide technical assistance visits/follow up visits for VFC providers as requested by NSHD-Immunization Program on 100% of requests. | <ol style="list-style-type: none"> Coordinate with NSHD-Immunization Program to provide technical assistance or follow visits as requested by programmatic staff. | Ongoing | Monthly Report. Provide outcomes of visits or TA on a monthly basis |
| Provide Educational Visits as requested or necessary. | <ol style="list-style-type: none"> Work with the NSHD and enrolled providers to conduct educational visits as necessary. | Ongoing | Monthly Report |
| Provide the most up to date VIS statements to all VFC providers. | <ol style="list-style-type: none"> Provide access to up to date VIS statements to all providers during site visits. | Ongoing | Monthly Report |

B. Partnerships

The increase in the number of new vaccines to be given across the lifespan has led to more complex immunization schedules and the need for ongoing and up-to-date education for both the medical community and the community at large. Assist providers in locating training for their staff, to locate and access tools that may assist in educating staff and patients on immunization issues, and to encourage the optimal use or development of coalitions, partnerships, and other unique relationships to maximize efforts.

| Goal: Support, collaborate and participate in the Northern Nevada Immunization Coalition | |
|---|---|
| Objective | Date due by |
| WCHD will dedicate a minimum of 2 immunization staff members to participate in NNIC. | Activities <ol style="list-style-type: none"> Staff will participate in planning of immunization activities as requested by NNIC. Staff will participate in Adult Immunization Committees; Adolescent Immunization Committees; Childhood Immunization Committees Staff will participate in immunization events as planned by NNIC – such as NCIW. Staff will attend NNIC monthly meetings Documentation Quarterly Report |

| | | |
|---|---|--|
| <p>Goal: Strengthen partnerships with daycare centers, childcare providers, and schools to promote the earliest intervention schedule, to promote the medical home, to inform them of child care/school requirements and develop other immunization messages consistent with the NV's <u>Miss a Shot Campaign</u>.</p> | | |
| Objective | Activities | Date due by |
| Provide instruction on assessment of IZ records and promote earliest interval schedule and training to child care/day care centers/ 3 x per year. | <ol style="list-style-type: none"> Schedule three (3) separate workshops for childcare/daycare personnel to provide instruction on assessing immunization schedules. Provide training materials during workshops Conduct pre- and post- evaluations of workshops | Ongoing |
| | | Documentation Quarterly Report |

C. Statewide Immunization Registry or IIS

Overall program goals to increase to 95% the proportion of children under age 6 are enrolled in a fully operational immunization registry or IIS by the year 2010.

| | | |
|--|--|--|
| <p>Goal: Support the use of the statewide immunization registry</p> | | |
| Objective | Activities | Date due by |
| Refer all VFC providers during site visits to training and enrollment into the statewide immunization registry. | <ol style="list-style-type: none"> During site visits promote the use of the statewide registry. Refer providers to enroll and training on use of the registry. | Ongoing |
| Provide all VFC providers with newly enacted regulations mandating the entry of childhood immunizations into the registry. | <ol style="list-style-type: none"> During site visits provide newly enacted regulations on mandates on reporting the administration of immunizations to children through the age of 18. | Ongoing |
| | | Documentation Quarterly Report |

D. Perinatal Hepatitis B Prevention

Based on the success of past endeavors of hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate hepatitis B virus transmission in the United States. However this goal cannot be achieved without the assistance from the immunization grantees, especially the Perinatal hepatitis B prevention coordinators.

| | | |
|--|---|--|
| <p>Goal: Identify and manage HBsAg-positive pregnant women and infants at risk of acquiring Perinatal hepatitis B infection</p> | | |
| Objective | Activities | Date due by |
| Conduct and coordinate case management of all Washoe County infants at high risk for perinatally acquired hepatitis B infection. | <ol style="list-style-type: none"> Provide case management for infants at high risk for Perinatal acquired hepatitis B infection to ensure the 3 dose hepatitis B series is complete by 6-8months of age, administration of HBIG, and post vaccination serologic testing by 9-15 months of age. Assure timely laboratory reporting of HBsAg- positive test results in pregnant women by collaborating with prenatal care providers, birthing hospitals, and laboratories. Identify household contacts and sexual partners of HBsAg positive women and ensure that they receive the hepatitis series if | Ongoing |
| | | Documentation Quarterly Report |

| | | | |
|----|---|---------|------------------|
| | susceptible. | | |
| 4. | Annually analyze case data to monitor progress. Measure the percentage of identified infants born to HBsAg positive women who received their hepatitis B vaccine series and post vaccination serologic testing on time. | Ongoing | Quarterly Report |

| | | | |
|---|--|--------------------|----------------------|
| Goal: Conduct Perinatal Hepatitis B Hospital Policy and Practices Survey | | | |
| Objective | Activities | Date due by | Documentation |
| A minimum of 25% of Waioe County Birthing Centers will have a site visit per year to collect Data for the Perinatal Hepatitis B Hospital Policy and Practices Survey. | <ol style="list-style-type: none"> 1. WCHD will make arrangements with designated hospitals to conduct the survey. Hospitals that have delivered infants of HBsAg-positive women or in areas of high HBsAg prevalence rates should be prioritized. 2. Conduct and report survey based on CDC requirements. | Ongoing | Quarterly Report |

| | | | |
|--|--|--------------------|----------------------|
| Goal: Attendance to the National Immunization Conference in 2010 | | | |
| Objective | Activities | Date due by | Documentation |
| At least one (1) VFC PHN or designee must attend the National Immunization Conference in 2010. | Register and send VFC PHN or designated staff member(s) that conduct VFC/AFIX site visit for the National Immunization Conference. | Yearly | Quarterly Report |

METHOD OF ACCOUNTABILITY

Monthly Report due by the last day of each month.

Quarterly Report due within fifteen (15) days of the end of each quarter (April 15, 2010; July 15, 2010; October 15, 2010; January 15, 2010)

Vaccines for Children Program Management Survey due February 15, 2011

General Subgrant Requirements

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: “This publication (Journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5H23IP922549-08 from the Centers for Disease Control & Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Centers for Disease Control & Prevention.”
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP922549-08 from the Centers for Disease Control & Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

| | | | |
|-----------------------------|---------------|--|---------------|
| | 3568 | | |
| Personnel | 87,857 | Public Health Nurse II | 14,458 |
| | | Public Health Nurse II | 15,647 |
| | | Public Health Nurse II | 14,514 |
| | | Epidemiologist | 964 |
| | | Office Support Specialist | 3,274 |
| | | Intermittent RNI | 8,130 |
| | | Intermittent CHA | 5,903 |
| | | Total Salaries | 62,890 |
| | | Fringe @ 27% | 16,980 |
| | | Total Personnel+Fringe | 79,870 |
| | | Indirect @ 10% | 7,987 |
| | | Total Personnel | 87,857 |
| Equipment | 1,200 | Non-capital equipment | 1,200 |
| Supplies | 500 | Total Equipment | 1,200 |
| | | Office Supplies | 500 |
| Travel | 1,814 | Total Supplies | 500 |
| | | Mileage - Travel in Washoe County | |
| | | 20 mi/week X 13 weeks X \$0.5/mi | 130 |
| | | Total Mileage | 130 |
| | | National Immunization Conference Apr 2010 | |
| | | 5 days/4 nights | |
| | | Airfare | 600 |
| | | Lodging @ \$161/night x 4 nights | 644 |
| | | Per Diem @ \$56/day x 5 days | 280 |
| | | Transportation @ \$20/day x 5 days | 100 |
| Parking @ \$12/day x 5 days | 60 | | |
| | | Total NIC | 1,684 |
| | | Total Travel | 1,814 |

| | | | |
|---------------------|------------------|---|--------------|
| Other | 3,158 | MD Consultants: 3 mo X \$319/mo | 957 |
| | | Other Professional Services @ \$169/mo x 3 mo | 507 |
| | | Postage: \$45/mo X 3 mo | 135 |
| | | Copier Charges: \$130/mo X 3 mo | 390 |
| | | Printing: \$150/mo X 3 mo | 450 |
| | | Telephone: \$65/mo X 3 mo | 195 |
| | | Repairs & Maintenance @ \$83/mo x 3 mo | 249 |
| | | NIC Registration | 275 |
| | | Total Other | 3,158 |
| Total Budget | \$ 94,529 | | |

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work.
- The maximum available through this subgrant is \$94,529.
- Requests for Reimbursement will be accompanied by the Monthly Report and supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Payment will be made at least quarterly.
- To provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Nevada Department of Health and Human Services

Health Division # 10173
 Bureau Program # 3213
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

| | |
|--|--|
| Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division | Subgrantee Name: Washoe County Health District (WCHD) |
| Address: 4150 Technology Way, Suite #101 Carson City, NV 89706 | Address: PO Box 11130 Reno, NV 89520 |
| Subgrant Period: January 1, 2010 through December 31, 2010 | Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400 Q |

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): December **Calendar Year:** 2010

| Approved Budget Category | A Approved Budget | B Total Prior Requests | C Current Request | D Year To Date Total | E Budget Balance | F Percent Expended |
|--------------------------|----------------------|---------------------------|----------------------|-------------------------|---------------------|-----------------------|
| 1 Personnel | \$ 87,857.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 87,857.00 | 0% |
| 2 Equipment | \$ 1,200.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 1,200.00 | 0% |
| 3 Supplies | \$ 500.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 500.00 | 0% |
| 4 Travel | \$ 1,814.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 1,814.00 | 0% |
| 5 Other | \$ 3,158.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 3,158.00 | 0% |
| 6 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 0% |
| 7 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 0% |
| 8 Total | \$ 94,529.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 94,529.00 | 0% |

This report is true and correct to the best of my knowledge.

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____



Regional Emergency Medical Services Authority

REMSA

MAR 16 513508

REMSA

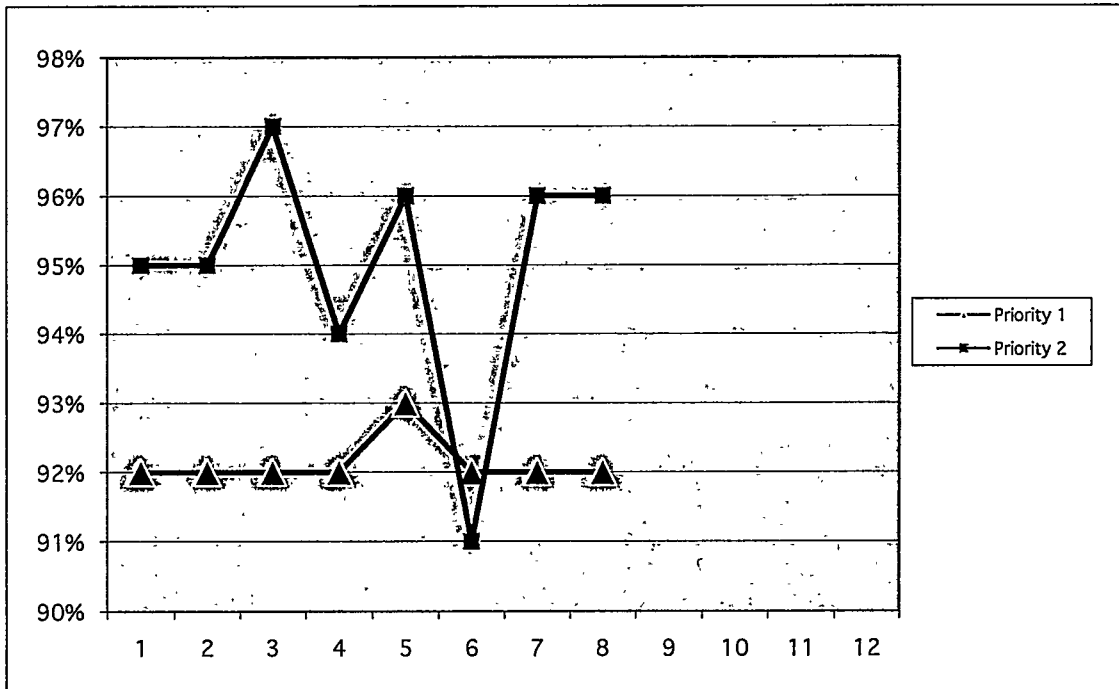
OPERATIONS REPORTS

FOR

FEBRUARY 2010

Fiscal 2010

| Month | Avg. Response Time | Avg. Travel Time | Priority 1 | Priority 2 |
|---------|--------------------|------------------|------------|------------|
| Jul-09 | 5 mins. 56 secs. | 4 mins. 46 secs. | 92% | 95% |
| Aug. | 6 mins. 4 secs. | 4 mins. 54 secs. | 92% | 95% |
| Sept. | 6 mins. 17 secs. | 5 mins. 8 secs. | 92% | 97% |
| Oct. | 6 mins. 3 secs. | 4 mins. 58 secs. | 92% | 94% |
| Nov. | 6 mins. 3 secs. | 4 mins. 58 secs. | 93% | 96% |
| Dec. | 6 mins. 54 secs. | 5 mins. 47 secs. | 92% | 91% |
| Jan. 10 | 5 mins. 55 secs. | 4 mins. 54 secs. | 92% | 96% |
| Feb. | 6 mins. 4 secs. | 5 mins. 0 secs. | 92% | 96% |
| Mar. | | | | |
| Apr. | | | | |
| May | | | | |
| Jun-10 | | | | |



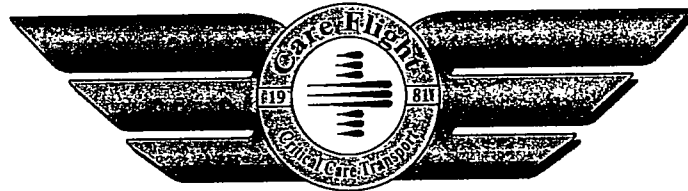
09-10 Sched of Fran Avg. Bill

| Care Flight | | | | |
|---------------|--------------|---------------------|---------------------------------|----------------|
| Month | #Patients | Gross Sales | Avg. Bill | YTD Avg. |
| Jul-09 | 11 | \$91,553 | \$8,323 | \$8,323 |
| Aug. | 15 | \$99,547 | \$6,636 | \$7,350 |
| Sept. | 12 | \$83,041 | \$6,920 | \$7,214 |
| Oct. | 10 | \$63,413 | \$6,341 | \$7,032 |
| Nov. | 7 | \$46,830 | \$6,690 | \$6,989 |
| Dec. | 6 | \$35,861 | \$5,977 | \$6,889 |
| Jan. 2010 | 14 | \$92,197 | \$6,586 | \$6,833 |
| Feb. | 10 | \$64,645 | \$6,465 | \$6,789 |
| Mar. | | | \$0 | \$6,789 |
| Apr. | | | \$0 | \$6,789 |
| May | | | \$0 | \$6,789 |
| June | | | \$0 | \$6,789 |
| Totals | 85 | \$577,087 | \$6,789 | \$6,789 |
| | | | Adjusted Allowed Average Bill - | \$6,598.00 |
| REMSA Ground | | | | |
| Month | #Patients | Gross Sales | Avg. Bill | YTD Avg. |
| Jul-09 | 2877 | \$2,716,180 | \$944 | \$944 |
| Aug. | 2876 | \$2,714,870 | \$944 | \$944 |
| Sept. | 2850 | \$2,690,188 | \$944 | \$944 |
| Oct. | 2958 | \$2,798,087 | \$946 | \$944 |
| Nov. | 2616 | \$2,471,204 | \$945 | \$945 |
| Dec. | 3136 | \$2,960,454 | \$944 | \$944 |
| Jan. 2010 | 2868 | \$2,685,528 | \$936 | \$943 |
| Feb. | 2715 | \$2,561,518 | \$943 | \$943 |
| Mar. | | | \$0 | \$943 |
| Apr. | | | \$0 | \$943 |
| May | | | \$0 | \$943 |
| June | | | \$0 | \$943 |
| Totals | 22896 | \$21,598,029 | \$943 | \$943 |
| | | | Allowed ground avg bill - | \$922.00 |



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
FEBRUARY 2010**



**CARE FLIGHT OPERATIONS REPORT
FEBRUARY 2010
WASHOE COUNTY**

❖ **In Town Transfer:**

- 2 ITT was completed

❖ **Outreach, Education, & Marketing:**

- 3 Community Education & Public Event

| | | |
|----------|-----------------------------|--------------|
| 02-17-10 | Renown Hospital Career Days | Flight Staff |
| 02-18-10 | Renown Hospital Career Days | Flight Staff |
| 02-19-10 | Renown Hospital Career Days | Flight Staff |

❖ **Statistics:**

Washoe County Flights

| | # patients |
|-------------------------|------------|
| Total Flights: | 10 |
| Total Patients | 10 |
| Expired on Scene | 0 |
| Refused Transport (AMA) | 0 |
| Scene Flights | 8 |
| Hospital Transports | 2 |
| Trauma | 4 |
| Medical | 5 |
| High Risk OB | 0 |
| Pediatrics | 1 |
| Newborn | 0 |
| Full Arrest | 0 |
| Total | 10 |



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
FEBRUARY 2010



GROUND AMBULANCE OPERATIONS REPORT

February 2010

1. OVERALL STATISTICS:

| | |
|---|------|
| Total Number Of System Responses | 4594 |
| Total Number Of Responses In Which No Transport Resulted | 1891 |
| Total Number Of System Transports | 2703 |

2. CALL CLASSIFICATION REPORT:

| | |
|----------------------------------|------|
| Cardiopulmonary Arrests | 2% |
| Medical | 48% |
| OB | 0% |
| Psychiatric/Behavioral | 4% |
| Transfers | 15% |
| Trauma | 26% |
| Trauma – MVA | 7% |
| Trauma – Non MVA | 19% |
| Unknown/Other | 5% |
| Total Number of System Responses | 100% |

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
 - 25 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 139
- 100% of advanced airways (outside cardiac arrests)
 - 6 total
 - ETCO2 use in cardiac arrests and advanced airway

- 100% of Phase 6 Paramedic and EMT PCRs
 - 109 Paramedic total
 - 4 EMT-I total
- 100% Pain/Sedation Management

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kearns, Communications CQI Coordinator.

| |
|--|
| 4. EDUCATION AND TRAINING REPORT: |
|--|

A. Public Education

Advanced Cardiac Life Support

| Date | Course Location | Students |
|---------|------------------|----------|
| 1/31/10 | John Mohler & Co | 5 |
| 2/10/10 | REMSA Education | 8 |
| 2/20/10 | REMSA Education | 17 |
| 2/15/10 | EMS CES 911 | 6 |
| 2/27/10 | EMS CES 911 | 1 |

Advanced Cardiac Life Support Recert

| Date | Course Location | Students |
|---------|---------------------------|----------|
| 2/3/10 | EMS CES 911 | 1 |
| 2/4/10 | EMS CES 911 | 1 |
| 2/8/10 | EMS CES 911 | 5 |
| 2/15/10 | EMS CES 911 | 1 |
| 2/15/10 | Northstar Fire Department | 2 |
| 2/19/10 | REMSA Education | 8 |
| 2/25/10 | EMS CES 911 | 1 |
| 2/26/10 | REMSA Education | 23 |
| 2/27/10 | Stephen Fletcher | 1 |

Advanced Cardiac Life Support Skills

| Date | Course Location | Students |
|--------|-----------------|----------|
| 2/4/10 | REMSA Education | 1 |

Basic Life Support Instructor

| Date | Course Location | Students |
|---------|-----------------|----------|
| 2/20/10 | REMSA Education | 6 |

Family and Friends CPR Awareness

| Date | Course Location | Students |
|---------|-----------------|----------|
| 2/13/10 | REMSA Education | 60 |

Health Care Provider

| Date | Course Location | Students |
|---------|----------------------------|----------|
| 1/2/10 | Humboldt General Hospital | 2 |
| 1/8/10 | Sierra Nevada Job Corps | 6 |
| 1/26/10 | Dialysis Center Inc | 4 |
| 1/27/10 | Eastern Plumas Health Care | 5 |
| 1/29/10 | Chris McNally | 18 |
| 1/31/10 | Humboldt General Hospital | 8 |
| 2/2/10 | Eastern Plumas Health Care | 4 |
| 2/3/10 | REMSA Education | 9 |
| 2/4/10 | REMSA Education | 10 |
| 2/5/10 | Nampa Fire Department | 3 |
| 2/6/10 | Matt Brown | 5 |
| 2/6/10 | Riggs Ambulance Service | 14 |
| 2/8/10 | REMSA Education | 12 |
| 2/9/10 | REMSA Education | 11 |

| | | |
|---------|----------------------------|----|
| 2/12/10 | John Lambert | 5 |
| 2/13/10 | Jennifer Kraushaar | 1 |
| 2/13/10 | REMSA Education | 10 |
| 2/16/10 | REMSA Education | 7 |
| 2/16/10 | Eastern Plumas Health Care | 8 |
| 2/17/10 | REMSA Education | 9 |
| 2/17/10 | EMS CES 911 | 18 |
| 2/18/10 | EMS CES 911 | 15 |
| 2/19/10 | Great Basin College | 10 |
| 2/20/10 | Florida Canyon Mine | 4 |
| 2/23/10 | EMS CES 911 | 1 |
| 2/24/10 | Eastern Plumas Health Care | 5 |
| 2/24/10 | Kenneth Cohen | 14 |

Health Care Provider, Recert

| Date | Course Location | Students |
|---------|----------------------------------|----------|
| 1/14/10 | Career College of Norther Nevada | 2 |
| 1/21/10 | CPR Technologies | 2 |
| 1/29/10 | Jason Harris | 1 |
| 1/30/10 | Humboldt General Hospital | 12 |
| 1/30/10 | EMS CES 911 | 1 |
| 2/1/10 | REMSA Education | 10 |
| 2/3/10 | Willow Springs | 10 |
| 2/3/10 | EMS CES 911 | 2 |
| 2/5/10 | Margarita Jaueregui | 4 |
| 2/7/10 | CPR Technologies | 1 |

| | | |
|---------|----------------------------------|----|
| 2/9/10 | Jason Harris | 1 |
| 2/10/10 | REMSA Education | 7 |
| 2/10/10 | Rosewood Rehab | 5 |
| 2/11/10 | REMSA Education | 11 |
| 2/15/10 | REMSA Education | 1 |
| 2/15/10 | Nevada Department of Corrections | 1 |
| 2/15/10 | Margarita Jaueregui | 3 |
| 2/18/10 | REMSA Education | 8 |
| 2/18/10 | Elko County School District | 1 |
| 2/19/10 | Nampa Fire Department | 3 |
| 2/20/10 | Nye County EMS | 8 |
| 2/23/10 | REMSA Education | 9 |
| 2/23/10 | Nancy Morton | 5 |
| 2/24/10 | REMSA Education | 21 |
| 2/25/10 | Sarah Landry | 6 |
| 2/26/10 | REMSA Education | 8 |
| 2/26/10 | Joshua Rice | 2 |

Health Care Provider, Employee

| Date | Course Location | Students |
|---------|-----------------|----------|
| 2/1/10 | REMSA Education | 2 |
| 2/9/10 | REMSA Education | 1 |
| 2/16/10 | REMSA Education | 1 |
| 2/22/10 | REMSA Education | 1 |
| 2/24/10 | REMSA Education | 1 |
| 2/25/10 | REMSA Education | 2 |

Health Care Provider Skills

| Date | Course Location | Students |
|---------|-----------------------------|----------|
| 1/21/10 | Elko County School District | 1 |
| 2/4/10 | REMSA Education | 14 |
| 2/8/10 | REMSA Education | 1 |
| 2/8/10 | EMS CES 911 | 1 |
| 2/10/10 | REMSA Education | 1 |
| 2/10/10 | Elko County School District | 1 |
| 2/11/10 | REMSA Education | 1 |
| 2/16/10 | REMSA Education | 7 |
| 2/18/10 | Riggs Ambulance Service | 1 |
| 2/19/10 | EMS CES 911 | 1 |
| 2/24/10 | Riggs Ambulance Service | 2 |
| 2/26/10 | REMSA Education | 1 |

Heart Saver AED

| Date | Course Location | Students |
|---------|-----------------------|----------|
| 1/21/10 | Nampa Fire Department | 13 |
| 1/27/10 | EMS CES 911 | 1 |
| 2/4/10 | IGT | 7 |
| 2/4/10 | Nampa Fire Department | 23 |
| 2/6/10 | Sarah Landry | 6 |
| 2/6/10 | Vici Marr | 8 |
| 2/8/10 | Red Path | 7 |
| 2/9/10 | Red Path | 5 |
| 2/10/10 | REMSA Education | 6 |
| 2/10/10 | Paula Green | 26 |

| | | |
|---------|-------------------------|----|
| 2/10/10 | Reno Tahoe Airport Fire | 10 |
| 2/11/10 | IGT | 4 |
| 2/11/10 | Nampa Fire Department | 10 |
| 2/15/10 | Red Path | 7 |
| 2/16/10 | UNR Police Services | 1 |
| 2/19/10 | Reno Tahoe Airport Fire | 3 |
| 2/20/10 | Nampa Fire Department | 3 |
| 2/20/10 | Nye County EMS | 1 |
| 2/20/10 | Jason Harris | 14 |
| 2/26/10 | Sierra Nevada Job Corps | 6 |

Heart Saver CPR

| Date | Course Location | Students |
|---------|-------------------------|----------|
| 1/28/10 | Sierra Nevada Job Corps | 5 |
| 2/26/10 | James Medici | 14 |
| 2/9/10 | REMSA Education | 2 |
| 2/10/10 | Joshua Rice | 1 |
| 2/11/10 | IGT | 4 |
| 2/13/10 | Barrick Goldstrike | 45 |
| 2/17/10 | Sierra Nevada Job Corps | 6 |
| 2/17/10 | Visual Insight | 6 |
| 2/18/10 | IGT | 9 |
| 2/18/10 | Sierra Nevada Job Corps | 6 |
| 2/19/10 | Visual Insight | 2 |
| 2/21/10 | Nye County EMS | 8 |

Heart Saver First Aid

| Date | Course Location | Students |
|------|-----------------|----------|
|------|-----------------|----------|

| | | |
|----------|-----------------------------------|----|
| 9/1/09 | CPR Technologies | 2 |
| 12/17/09 | Eastern Plumas Health Care | 9 |
| 1/8/10 | Sierra Nevada Job Corps | 6 |
| 1/11/10 | Nevada Department of Corrections | 14 |
| 1/22/10 | CPR Technologies | 2 |
| 1/27/10 | EMS CES 911 | 1 |
| 1/27/10 | Nevada Department of Corrections | 7 |
| 1/30/10 | Humboldt General Hospital | 9 |
| 2/1/10 | REMSA Education | 24 |
| 2/1/10 | Mollie Sanders | 19 |
| 2/2/10 | Nevada Department of Corrections | 10 |
| 2/2/10 | Nevada Department of Corrections | 17 |
| 2/4/10 | REMSA Education | 26 |
| 2/6/10 | Annette Morris | 3 |
| 2/7/10 | CPR Technologies | 1 |
| 2/8/10 | REMSA Education | 1 |
| 2/8/10 | Saint Mary's PAS | 1 |
| 2/9/10 | REMSA Education | 1 |
| 2/9/10 | Aaron Henderson | 1 |
| 2/11/10 | Summit Medical Training Solutions | 2 |
| 2/11/10 | Reno Tahoe Airport Fire | 5 |
| 2/11/10 | Ron Browning | 7 |
| 2/11/10 | Nevada Department of Corrections | 6 |
| 2/12/10 | Ron Browning | 5 |
| 2/13/10 | Visual Insight | 5 |
| 2/15/10 | Nevada Department of Corrections | 9 |

| | | |
|---------|----------------------------------|----|
| 2/16/10 | REMSA Education | 6 |
| 2/16/10 | Nevada Department of Corrections | 9 |
| 2/16/10 | Sierra Nevada Job Corps | 5 |
| 2/17/10 | EMS CES 911 | 18 |
| 2/18/10 | Gordon Gradney | 8 |
| 2/18/10 | EMS CES 911 | 14 |
| 2/18/10 | Work of Heart | 4 |
| 2/20/10 | REMSA Education | 6 |
| 2/22/10 | Great Basin College | 6 |
| 2/22/10 | REMSA Education | 7 |
| 2/22/10 | Nevada Department of Corrections | 23 |
| 2/24/10 | Jason Harris | 1 |

Heart Saver Pediatric First Aid

| Date | Course Location | Students |
|---------|-----------------|----------|
| 2/8/10 | Leslie Cowger | 6 |
| 2/11/10 | Joshua Rice | 3 |
| 2/13/10 | EMS CES 911 | 6 |
| 2/21/10 | Visual Insight | 2 |
| 2/24/10 | Joshua Rice | 4 |

International Trauma Life Support

| Date | Course Location | Students |
|---------|-----------------|----------|
| 1/22/10 | REMSA Education | 3 |
| 2/24/10 | REMSA Education | 11 |

Pediatric Advanced Life Support

| Date | Course Location | Students |
|---------|---------------------------|----------|
| 2/1/10 | EMS CES 911 | 3 |
| 2/12/10 | Eastern Plumas Healthcare | 2 |
| 2/19/10 | John Mohler & Co | 13 |
| 2/20/10 | EMS CES 911 | 6 |

Pediatric Advanced Life Support Recert

| Date | Course Location | Students |
|---------|-----------------------------------|----------|
| 2/9/10 | Tahoe Douglas Fire Department | 21 |
| 2/10/10 | EMS CES 911 | 1 |
| 2/16/10 | Northstar Fire Department | 2 |
| 2/21/10 | EMS CES 911 | 1 |
| 2/22/10 | Summit Medical Training Solutions | 2 |
| 2/25/10 | REMSA Education | 18 |

Ongoing Courses

| | | |
|---------|--|----|
| 1/19/10 | Paramedic Program - REMSA Education | 15 |
| 7/7/09 | Paramedic Program - REMSA Education | 6 |
| 2/22/10 | EMT Intermediate Program - REMSA Education | 24 |

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

| | | |
|--------|---|--------------------------|
| 2/2/10 | Child Abuse and Neglect recognition volunteer training. | 2 students |
| 2/5/10 | Small seat check event at Women and Children Center of the Sierra Diaper Bank, 14 cars and 19 seats | 2 volunteers, 1 staff |

| | | |
|---------|--|-----------------------|
| 2/13/10 | Child Safety Seat Checkpoint, Save a Heart CPR Fair at Scheel's, Sparks. 16 cars and 23 seats inspected. | 4 staff, 8 volunteers |
|---------|--|-----------------------|

Northern Nevada Fitting Station Project

| | | |
|---------|--------------------------------------|-------------|
| 2/10/10 | St. Mary's Prepared Childbirth Class | 24 students |
|---------|--------------------------------------|-------------|

Safe Kids Washoe County

| | | |
|---------|---|---------------------------|
| 2/22/10 | Cribs for Kids Pilot Program subcommittee meeting with the State of Nevada Health Division, Injury Prevention and Women, Infants and Children's Program, Carson City. | 3 volunteers |
| 2/1/10 | Safe Kids Week subcommittee meeting, Sun Valley. | 6 volunteers |
| 2/3/10 | Reno Bike Summit, University of Nevada, Reno. Present on Safe Kids Washoe County and Safe Routes to Schools partnerships. | 1 staff, 92 volunteers |
| 2/4/10 | Sports Safety subcommittee meeting with REMSA and Safe Kids. | 3 staff |
| 2/5/10 | Washoe County Child Death Review Board regular meeting, Reno. | 19 volunteers |
| 2/9/10 | Safe Kids Washoe County monthly meeting, Sparks. | 14 volunteers |
| 2/10/10 | Truckee Meadows Bicycle Alliance planning meeting, Reno | 14 volunteers |
| 2/11/10 | Photojournalism Project with Esther Bennett sixth grade safety patrol; field trip to University of Nevada, Reno, and Sparks Marina. | 3 volunteers, 16 students |
| 2/13/10 | Safe Kids outreach at REMSA Save a Heart CPR Fair at Scheel's, Sparks. | 2 volunteers |
| 2/16/10 | Northern Nevada Immunization Coalition Childhood Subcommittee meeting, Reno. | 1 staff |
| 2/16/10 | Northern Nevada Immunization Coalition Childhood Subcommittee meeting, Reno. | 1 staff |
| 2/16/10 | Esther Bennett Safety Committee regular meeting, Sun Valley. | 9 volunteers |
| 2/17/10 | Safe Routes to Schools monthly partnership meeting, Washoe County Public Works. | 7 volunteers |

| | | |
|---------|---|--------------|
| 2/18/10 | Northern Nevada Maternal Child Health Coalition monthly meeting, Washoe County District Health Department. | 6 volunteers |
| 2/22/10 | Cribs for Kids Pilot Program subcommittee meeting with the State of Nevada Health Division, Injury Prevention and Women, Infants and Children's Program, Carson City. | 3 volunteers |
| 2/22/10 | Truckee Meadows Bicycle Alliance Bike to School subcommittee planning meeting, Reno | 6 volunteers |
| 2/23/10 | Regional Transportation Commission Wild West Roadeo planning meeting, Reno. | 1 staff |
| 2/26/10 | Northern Nevada Immunization Coalition Silver Syringe awards luncheon, Reno | 1 staff |

Public Relations

| | | |
|---------|---|---------|
| 2/4/10 | Meeting with KPS-3 and Family Pulse editor regarding Safe Kids Washoe County. | 1 staff |
| 2/10/10 | Meeting with KPS-3 and Washoe Family Magazine editor regarding Safe Kids Washoe County. | 1 staff |



Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
FEBRUARY 2010**

INQUIRIES

February 2010

There were no inquiries in the month of February.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
FEBRUARY 2010**

GROUND AMBULANCE CUSTOMER COMMENTS FEBRUARY 2010

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|----|--|--|---|
| | Keeping me calm. | Can't say anymore. | The people know what they're doing. |
| 2 | Arrived on time, provided oxygen & transport. | ? | |
| 3 | Have a large dog, pit & mastiff mix and crew came in house with dog inside, sister didn't have time to put dog out, because she was kept on phone <u>too</u> . | | |
| 4 | | | I went to the drug store to get some prescription filled, when I went home a nurse had come by and called REMA to pick her up and take her to SMH. She was not conscious when I got to SMH and still isn't. Today they gave her an 80% chance of making it. |
| 5 | The staff had a sense of humor. | Nothing. | |
| 6 | Communicate info and calm my son. He was well cared for. | I was very satisfied. | |
| 7 | Attendants were knowledgeable and reassuring - excellent. | | |
| 8 | Communicated well to each other - showed concern - all knew their role. | Everything was very professional and quick. | |
| 9 | REMSA was very helpful so please keep up the good work. | | |
| 10 | I was in "respiratory distress" and they were cool, calm and collected; they did not add to my panic. | | When they fixed up a small tank of my oxygen to take with me so I'd have it to come home on, they put regulator on tank <u>so tight</u> that it was hard to get it off. |
| 11 | The 2 paramedics were very friendly. Took good care of our son. Made him feel very comfortable | One of the paramedics had a difficult time getting the IV into our sons arm. He was rough. | |
| 12 | We had to take my kid to Sacramento because he burned himself. | Everything was great in the trip. | Everything was great. |
| 13 | The whole process was very professional. | | |
| 14 | Great communication. | | Awesome service! Great crew - made a stressful situation much easier. |
| 15 | Everything was very good and helpful. | | |
| 16 | Everything. Excellent crew, gentle, caring and very helpful. | Nothing. | Keep up the good work. Thanks again! |
| 17 | Polite, gentle, informative and efficient. | ?? | Good, thank you! |
| 18 | Everything. | Excellent care was given. | |
| 19 | Everything. | Excellent care was given. | Good job. |
| 20 | | | |
| 21 | Everything went well...We were very pleased. | | |
| 22 | Got there even though foggy. | | |
| 23 | Everything, both paramedics were very kind. | | Everything was fine. |
| 24 | Got my wife to the hospital in time to save her life. | Nothing at this time. | |
| 25 | Everything. | Everything was fine, no need to change anything. | |
| 26 | Arrived quickly, stayed on phone and advised me. | | |

CARE FLIGHT CUSTOMER COMMENTS FEBRUARY 2010

| | What Did We Do Well | What Can We Do To Serve You Better | Description / Comments |
|----|---|---|---|
| | | HIRE MORE PEOPLE- SHORT STAFFED | |
| 2 | Made me feel safe and comfortable. | | |
| 3 | Take care of patient | | |
| 4 | | | |
| 5 | Made my wife real comfortable on her flight. | You did fine. | |
| 6 | Compassionate and efficient. | | |
| 7 | The flight nurses were great. Made me very comfortable. | No complaints. | |
| 8 | Yes, very nice flight. Reno is lovely at night. | | |
| 9 | Kept me well informed of what was going on. | | |
| 10 | Everything was performed well. | | |
| 11 | yes | Keep doing like you did! | I haven't talked with the building staff |
| 12 | Checked back with my family regarding my grand daughter's welfare. | Keep Markus Hirt RN safe so he can help others. | Markus Hirt was a very specila man and my family will always be indebted to him for the care he gave to Chelana. Thank God for caring people. |
| 13 | Everything. | | |
| 14 | Dependable, experienced, personal, good equipment. | Continue present procedures. | |
| 15 | Everything was good. Great service. | | |
| 16 | Short time arrival, Polite, Profesional | Place blanket on patient when leaving the house | |
| 17 | | Just keep caring, extra love for elderly | |
| 18 | | | Vincent Guadagno P.O. 226 Coleville, CA 96107 |
| 19 | Everyone was pleasant and helpful, I appreciate that but was too sick to do much. | You are great. | |
| 20 | | | This was my sister and she didn't comment. Thankyou so much for your help. She died on April 9, 2009 in the hospital. I was going to take her but the doctor talked me out of it. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|----|--|--|---|
| 27 | Very helpful and professional. | | |
| 28 | Treated my mom with respect and dignity, very gentle with her. | | |
| 29 | Made me feel real relaxed and good. | | |
| 30 | Very gentle & polite - wrote down Dr's and meds. | | Very good. |
| 31 | Was patient & considerate of my husband's pain. | | Thank you for all they did to make my husband comfortable. |
| 32 | Flew the plane | Be on time, be ready to go in sead of take 4 hrs. to get started. | my legs were so swollen I could hardly get my pants off. 8 Hrs of holding for my life I was glad to get home. |
| 33 | | Don't be so rough and rude. | |
| 34 | we just requested an ambulance but you also sent the fire dept. which worked out good with the extra help since I'm close to 300 lbs. | The guys who responded were very polite and professional. | The previous time they pickem me up, the had a regular size gurney. This time they had a |
| 35 | You were prompt, professional, polite. | | |
| 36 | Everything, those two guys were wonderful, very kind and helpful and caring! | Find more REMSA workers like them. | Thank you for everything! |
| 37 | The crew was very knowledgeable and transported me safely and quickly. Please thank them! | | |
| 38 | Very professional, caring & fast. | | A+ |
| 39 | you were prompt and explained everything they were doing or going to do to me in the ambulance. | Nothing. | The paramedic was very patient with me in |
| 40 | Came very quickly | Nothing, all your personnel were very helpful and concerned for my husband. | Filling out this form is patient's wife, the patient is now in a rehab facility. |
| 41 | very patient and understanding. listened to what I had to say about how I felt. They carefully explained everything. | | |
| 42 | Your attendants were so patient and gentle with me - thank you. | | I just want to thank the two gentlemen and let them know they did an excellent job! |
| 43 | Dispatcher was great, very calming. | | |
| 44 | Your crew was very professional. They kept me informed of what was happening and what they were doing at all times. Rate them very good. | Keep up the good work. | Your response was very timely. As a retired EMT I am pleased to furnish this survey to you. |
| 45 | everything | | Don died on Jan 20-10 |
| 46 | | | Thank you for the phone call in the hospital to see how jerry was doing! |
| 47 | Everything- prompt, helpful, pleasant people | | |
| 48 | You showed up within a reasonable time. | More organization to take patient back from the hospital to teir requested location. | It took 5 hours for my mom to be picked up and taken back to Renown Skilled Nursing from the ER. |
| 49 | ARRIVED QUICKLY - KIND- CALMING STAYED WITH ME- SAVED MY LIFE! | | |
| 50 | Very helpful with my concerned family members. Also patient with all of us. | nothing | Justin was exceptionally nice, and helpful explaining the things being done. |
| 51 | good work | | |
| 52 | REMSA WAS TIMELY & EFFICIENT | | WAS VERY SATISFYED OVERALL |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|----|--|--|---|
| 53 | Every thing perfect | keep up good work | alls well my wife passed away |
| 54 | Everything | Everything provided | Excellent care |
| 55 | The ambulance were very professional and handled the situation well. Thank you so much for your service. | | |
| 56 | ARRIVED FAST VERY PROFESSIONAL | STAY THE SAME AS YOU ARE NOW | EXCELLENT! |
| 57 | Everything | Everything provided | Everything provided |
| 58 | They were very polite and extremely helpful | | great! |
| 59 | Carried me to Amb - Hosp. | Ask someone else questions when in so much pain or want very persistant Could not get my name right I have simple name | ok |
| 60 | just let me know that they undestud my pain and took care of me quickly | nothing | 10% I was treated very well |
| 61 | Quick Arrival response | not certain | |
| 62 | Everything | All my needs were provided | very considerate |
| 63 | Very caring & calm | | same as above- Thank you |
| 64 | | | Very helpful!! Thank you |
| 65 | | | I asked them to go to Northern NV Hospital but they went to St Mary's Hospital. |
| 66 | THEY WERE VERY NICE & VERY GOOD | STAY THE SAME | |
| 67 | Everything | | your people prompt & very helpful |
| 68 | Everything | KEEP UP THE GOOD WORK | THANK YOU |
| 69 | I forgot his name he was very helpful to me | | |
| 70 | Speedyl | | |
| 71 | Eric and mica were both professional, reassuring and competent. I got a sense that they really cared about my care and me as a person. Both seem like great guys and paramedics. | | |
| 72 | ALL THINGS | KEEP UP THE GOOD WORK | |
| 73 | completely satisfied | | |
| 74 | completely satisfied | | |
| 75 | Everything was great. | | |
| 76 | The total experieive of being picked in the Renown Hospital Rm to the Reno Airport & tranfer into the airplane was extremely professional. | Your entire personel/staff were very courteous and informative & helpful thruout the whole trip. I don't know how it could have been better. | Our P.U. time was changed from 5pm to 6-7pm, to 8pm, probably due to inclement weather. |
| 77 | | | |
| 78 | | you are excellent. Than you you did everything well | Bless all of you |
| 79 | Very well they took excellent care of my daughter | | Thank you so much for taking good care of my daughter |
| 80 | nice and friendly | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|--|
| 81 | | | The service was Excellent & we are very appreciative! |
| 82 | staff was willing to learn. Used equip carefully. | Understand Autoromic dysreflexid listen to palent. | |
| 83 | Response time was excellent. Medics were very professional | You are the best!! | They were here in record time. Every one was concerned and caring. |
| 84 | Great service | Very Fast Response Time | We were so impressed with REMSA! |
| 85 | | The EMT in charge (the heavier set man) got and A++/ the other Emt acted like he could care less The patient said she thought they were very nice. She is 92 years old | Thank you! |
| 86 | Everything | not any thing else Thank you | May God Bless all of you. You are courteous and Helpful |
| 87 | Everything! | Nothing - it is difficult to improve on excellence | your two man crew was well trained and courteous and a credit to your company |
| 88 | | | |
| 89 | Everything | Continue | I appreciate everything you did for me |
| 90 | Don't remmber much cause I was incoherent much of the time | not much | |
| 91 | very prompt professional and kind all members of the team were great | we were very impressed | |
| 92 | The crew was very kind and sweet to my 85y/o mother-in-law. | Keep up the GREAT work | |
| 93 | Handle my husband with great care and vere so nice to me. Thank you | | |
| 94 | | | |
| 95 | | | |
| 96 | Everything | | good |
| 97 | Everything | nothing | |
| 98 | | | |
| 99 | | | |
| 100 | very well | | |
| 101 | Everything | Nothing | |
| 102 | Very professional but | | Had to walk in my nightgown outside to get on gurney- it was very cold out there |
| 103 | your staff were very helpful and polite | | |
| 104 | Everyone was very nice and helpful. | Can't think of anything | Can't think of anything- everyone did a great job and was very caring |
| 105 | Everything was done well | N/A | Personnel was exceptional |
| 106 | Very helpful and polite | | |
| 107 | Your personel were very helpful. | | |
| 108 | Everything- Thank you | Everything was handled beyond our expectations! | your crew even shoveled snow! What a service!!! |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|--|
| 109 | | | My mother was transported to Life Care from Renown. The hospital made the arrangements. She was already at Life Care when I arrived. I did not see any REMSA staff. |
| 110 | | | I was very disappointed the two men picked my grandma up like a rag doll, they were not easy on the bumps it was horrible. They were called twice they were horrible with my grandma. Feel free to contact me. |
| 111 | | | |
| 112 | Quick & efficient. My only complaint was that I was overwhelmed by the number of helpers converged on me at one time. It did add to my stress!! | | |
| 113 | all aspects | | |
| 114 | | | I was in very bad shape to be fully aware of what was happening. But I am very grateful of their quick and immediate, professional assistance that saved my life. As one hospital staff told me with relief and joy: "We are glad you made it here on time your blood was so low! Almost an empty gas tank" Thank you too! |
| 115 | They managed the transfer from floor to Remsa vehicle as pain free as possible | Can't think of any improvement! | They let me accompany the patient to reassure him. |
| 116 | good | | |
| 117 | | Everything was great! The ladies were very nice. | |
| 118 | Everything | you are doing great | no problems |
| 119 | Everything was very excellent, & excellent serving me. | everything A-OK | service was great. everything A-OK with Ambulance Service |
| 120 | Got here fast and were very knowledgeable | | |
| 121 | Safely drove me to the hospital. Kept him very comfortable & warm | don't bill me | Service & Care was exceptional |
| 122 | Gave me Good advise | Continue to help people | |
| 123 | The care, concern, patience | | |
| 124 | Got there quick | | |
| 125 | Was taken from the Surgical Arts Center called for by doctor. Really didn't know to much of what was going on. | | They were nice and got me there with out adding to my pain. |
| 126 | My husband had a stroke- he needed help to get to LA- Hospital, you came <u>even though it was windy!</u> | Just keep it up. You are a great help to our community so far out in the desert. | Thank you! Lone Pine Hospital arranged it |
| 127 | Courteous, professional, empathetic, efficient, therapeutic touch. | Bring a bucket of money and sense of humor | excellent care blessings |
| 128 | Transportation from airport to Renown Medical Center | No Comment | No Comment |
| 129 | Respectful & when VA Hosp didnt have room, you helped to get me to St. Mary's | Absolutely nothing | continuing with the service that I received would be perfect |
| 130 | Everything | Nothing | |
| 131 | Very nice and patient | | |

| What Did We Do Well? | | What Can We Do To Serve You Better | Description / Comments |
|----------------------|--|---|--|
| 132 | Very good experience | | office staff (stacey) very helpful regarding medicare signature request!! |
| 133 | Very friendly yet down to business | Learn how to insert I.V. correctly. It was quite painful w/ a lot of bleeding | |
| 134 | The Remsa team was compassionate, caring- and very professional | I cant think of a thing | you provide a valuable service to our community |
| 135 | Communicated. Made me feel safe. Polite. I felt like I was in good hands. | No bill me, (HaHa). Have 3 batteries at all times. | thank you for making this bad situation better. |
| 136 | Timely response, directly to ER in rapid manner | | |
| 137 | Fat response. Courteous | | Very good service and care. |
| 138 | | | |
| 139 | | | |
| 140 | Very efficient in time, very helpful and courteous | | great ervice and good people. |
| 141 | | | You do an outstand job. Thank You |
| 142 | Excellent- Everything Very caring | Thank You | |
| 143 | | | |
| 144 | everything well | | |
| 145 | Everything- highly responsive & professional! | | REMSA is always terrific |
| 146 | Excellent quality of care; gentle & kind; asked all the right questiona; once in ambulance & alone- asked me again what happened- Excellent!! I've been an RN foe forty years & I could not ask for better | | Thank You! |
| 147 | Everything- you are really special people | N/A | |
| 148 | Great staff! | | Good care & service |
| 149 | Ryan and the patient had appropriate transfer chair | cant think of anything more | allowed me to go & helped me through it & now! |
| 150 | Provided immediater ser and reassurance professional | | |
| 151 | Got me to S. Meadows Emergency | ? | |
| 152 | Everything | Just come when I need help. | Excellant |
| 153 | | | |
| 154 | You was there when I needed you | | A.ok |
| 155 | | | Always a pleasure to work with you |
| 156 | Very helpful & professional | Everything was fine- you have a wonderful trained personal. | |
| 157 | She was 88 years old and couldn't walk sown the tairs to the ambulance so thy used a chair to help her | | The dat of ervice 1/25 was excelent service. However when she was transported on 1/21 to St Marys Even though she was in allot of pain they had her walk down the stairs to the ambulance. |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|---|---|
| 158 | | | You sent two thought caring people to help, Do what you need to keep them on your staff. Please thank them again for me. Note: I appreciate getting this form |
| 159 | Interagation. | Believe people when they need help. | The EMT gave me a bad time until he found out I really needed his help, then he said "I wasn't trying to be a dick". The EMT's were negative uncomon and judgmental and rude, but also they were worried about money too, when he found out I had insurance to pay for everything he was nicer. |
| 160 | | | your service was efficient and professional |
| 161 | | | |
| 162 | Everything | Nothing | Great service |
| 163 | Comforting my anxiety & worries- Everyone helping me was calm & profesional. | Hopefully I won't need your services again. | No complaints all was explained so I could understand. Thank You!! |
| 164 | | | |
| 165 | | | |
| 166 | | | |
| 167 | your paramedics Danny and Karen were very nice and helpful | | |
| 168 | Professional, Knew what they were doing, did a great/ wonderful job. | | |
| 169 | Excelent Job | I think no more | no comments at all |
| 170 | all | cant improve | |
| 171 | | | |
| 172 | Lance was extremely profession and if he would call I would than him in person | | Everyone were very kind & professional Thank you very much for all you do. |
| 173 | Quick response | Just keep up good work | |
| 174 | Everything! | Keep up the good work! | REMSA provided 1St rate service in my time of need. |
| 175 | Brought me home safely. Early in the morning Here before Hospital called to say I would home soon Thank You | | Very efficient |
| 176 | There quickly & did everything just fine | | |
| 177 | Wonderfull! | | |
| 178 | Pleasant evaluation | | |
| 179 | The lady dispatcher was very clear and under standing about what was going on | | |
| 180 | | | Great! |
| 181 | Transported mu husband home from the hospital | | Bob was treated with dignity and respect Thanks |
| 182 | The Paramedics were wonderful and kind and good w/ information. I really appreciated them | N/A | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|---|---|
| 183 | All was very professional | | |
| 184 | Yes | you did great, as always | you always do great. |
| 185 | Crew could not have been better in putting me at ease and were friendly as well as professional. | | |
| 186 | understanding of the horrible pain I was in- arrived in a timely manner | | I was very happy with the whole experience |
| 187 | | | |
| 188 | | | |
| 189 | Very Professional, Excellent service, quick response, overall great. | Everything was done correctly in our eyes. | |
| 190 | Everything | ? | |
| 191 | Response time was very fast- Not only professional & helpful but friendly-knowledgeable & calming | Lower prices!! | |
| 192 | Everything! I certainly have no complaints. This is the second time for my husband & we had wonderful care. Thank you so much. | | |
| 193 | All | Thanks!! | |
| 194 | They arrived promptly- were very thoughtful & understanding | I was very pleased. No questions for improvement | |
| 195 | | | |
| 196 | | | |
| 197 | Everything | NA | |
| 198 | Friendly emt's; explained what they were doing & why; sense of humor amid the chaos; did not convey panic. | Have less scratchy blankets; the heater in the ambulance took a long time to heat up. | |
| 199 | arrived in a timely fashion! | N/A | Very good SVCI |
| 200 | Friendly EMT'S | Lower your prices | |
| 201 | All | | |
| 202 | everything | Just keep doing a great job | your service was excellent |
| 203 | | | |
| 204 | Everything. I have no complaints | I was so grateful to have Remsa. It eliminates any worry about getting help quickly. | I think every senior should have Remsa & also families it's a great program |
| 205 | | | |
| 206 | Everything, No complaints | Nothing need changing | very satisfied |
| 207 | Everything | | |
| 208 | Everything but billing glitch. Sent threatening letter before the bill. Not a good idea and lost driver's license. Bit of a pain! | | |
| 209 | Got here fast | Be caring | |
| 210 | Arthur has alzheimers and the crew treated very kindly. | | |
| 211 | | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|--|
| 212 | Everything | continue your excellent work | you were very helpful in a scary situation and helped calm me and to do what I could do to breathe |
| 213 | Every thing was fine | | |
| 214 | Everything | | |
| 215 | | | |
| 216 | You people were very nice & very courteous with everything that your drivers & other professional staff | nothing everything was perfect | the ambulance driver, the professional staff was very much lovely. |
| 217 | | | |
| 218 | | | |
| 219 | Calming nature of the EMT's and explained everything so I wasn't more nervous. I'd never been in an ambulance before. | | The EMT's were very positive. I left safe. |
| 220 | You saved my life | Keep up the good work- | |
| 221 | Staff was helpful & compassionate and did all they could to save my husband. My gratitude goes out to them | | |
| 222 | | | |
| 223 | Everything, except he died 2/4/10 You couldn't have saved him. He won't need your service anymore | | Thank you |
| 224 | Came to help almost immediately. As accommodating as always | You guys are great. Gals too! | |
| 225 | Arrived promptly- professional attitude kind courteous | I think your service is great! | |
| 226 | I'm very happy with everything that was done. Remsa & fire dept. did a great job. | | |
| 227 | Team members were calm & pleasant. | | |
| 228 | Assured me | Keep up good work | |
| 229 | | | no |
| 230 | Phone calls, communicated situation, respectful of family. | | |
| 231 | all | all fine & well | |
| 232 | made us feel at ease | | It's great!!! |
| 233 | Caring & polite to both mother and daughter- response time great | | I was surprised they did not start an IV for high level dehydration. |
| 234 | Everything | | |
| 235 | The Remsa crew was courteous and helpful. | I waited five hours for an ambulance to transfer me to another hospital. | This was an unconscionable length of waiting time in an emergency room. |
| 236 | The techs did everything perfectly! Very knowledgeable, kind thorough, gentle. | Bill better- Please | |
| 237 | | | |
| 238 | Transported my wife safely from the Mary Hosp. to a facility in Carson City | ? | Very good, and on time, professional |
| 239 | | | |
| 240 | Displayed compassion & professionalism | Keep up the good work | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|--|
| 241 | yes | Nothing at this time "thanks" | No billing at this time, All other services were excelent |
| 242 | Everything went like clockwork everyone worded well with eachother | can't think of anything that isn't being done well | Whenever I keep you ervice, I'm never worried about the performance of your staff |
| 243 | Everything | Just keep up the good work | all good |
| 244 | Everything | I have absolutely no complaints | The service was excellent |
| 245 | Everything | Nothing | I could not of asked for anything better. You people are out standing in every way possible. |
| 246 | Everything- We appreciate your good service | Just keep up the good work! | |
| 247 | Everything | Nothing | Elizabeth died, nothing more to say |
| 248 | Personel were fantatic made me feel like I wa important and in good hands | | |
| 249 | We hired an EMT for a Special event- All was fine no problems at all. | | |
| 250 | Everyhting | nothing great as is | |
| 251 | Arrived very quickly; personnel very friendly and calming | | |
| 252 | | | |
| 253 | Did all you could for my husband, with kindness and very caring | | To: Trent Thank you for your kind words and big hug. |
| 254 | Everything- great crew- thanks guys | | |
| 255 | Taking care of me right away | nothing | service wa good |
| 256 | Fast Service | | The crew did communicate service& info just well on clearly. |
| 257 | | | |
| 258 | everybody was very helpful | | |
| 259 | Very polite made me feel relaxed. | | Glad I joined REMSA in Dec. |
| 260 | Asked the proper question and told me what they were doing & why | Nothing | Excellent |
| 261 | Very concerned with what was going | | |
| 262 | Service was all it should be | Keep up the good work | |
| 263 | Arrived quickly. Checked w/Family if they needed any help. | | |
| 264 | Wa helpful | | |
| 265 | | | |
| 266 | Everything | | The crew was caring & put me at ease. I appreciate their kindness |
| 267 | I thought all was professional | | |
| 268 | | You should have told the hospital I have lung cancer and 103 fever instead of a cough. | |
| 269 | You gesme to. Reno W N. medical Center am. teme. Thank. you. an. Thank. You | you. do. well. thank. you | yes. thank. you. |
| 270 | Prompt response | Train technicians to install IV without major damage to limb involved | Great! |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|---|
| 271 | Everything was very profesional | NA | |
| 272 | Everything | | you were great |
| 273 | Prompt, Professional & attentive care | Satisfie with your service, no additional suggestions | |
| 274 | Everything your people did was perfect for me | just keep on doing as you are doing | the people on flight very nice & friendly |
| 275 | Great People! | | |
| 276 | Everything was done with Patience & caring & with thoughtfulness to my privacy when attaching EKG Pads. Very assuring as I had never been in an ambulance | | Service was excellent! & helped me to relax as I was having trouble breatheing & my heart was pounding in my chest Thank You. |
| 277 | Arrived Promptly | | |
| 278 | Very courteous, Professional & kind | N/A | N/A |
| 279 | Quick response, Professional staff | | |
| 280 | The crew was very pleasant to be around. | | |
| 281 | | | Very professional |
| 282 | Great crew | | |
| 283 | | | |
| 284 | | | |
| 285 | yes | do- great service | |
| 286 | quick response | | rough handling- dropped patient to floor |
| 287 | Caring for my baby and explaining everything to me. | Nothing you were awesome | |
| 288 | All Thank You! | | |
| 289 | everything ok | | |
| 290 | Excellent | Nothing | Have not gotten a bill yet |
| 291 | | | |
| 292 | Very caring and helpful | | |
| 293 | everything | none | excellent |
| 294 | Everthing | your the best | |
| 295 | Very well | | |
| 296 | Saved my husbands life. What a great team you have - they responded very quick! | Thank you all very very much! | What really made a difference is Trent took time to follow-up and made our family feel very special - my husband is still not totally recovered, but he is alive. |
| 297 | Service well done | Service well don | No Comment |
| 298 | Everything | | |
| 299 | I was very upset & nervous, I found the civil girls to be very knowledgable & caring, they explained all to me! | Keep doing what your doing. | I just want to say "thank you" to the team that helped me and for letting me know what was |
| 300 | Evelyn was very satisfied with every aspect of your service | It is very hard to top your service- keep up the good work | Evelyn was very happy with your crew & service |

| What Did We Do Well? | | What Can We Do To Serve You Better | Description / Comments |
|----------------------|---|------------------------------------|--|
| 301 | got here ASAP- Saved my life! | Move into spare room | A-okay! |
| 302 | | | |
| 303 | Care! | Just keep "my team" together! | diagnosis, paramedic (female) "knew" just by listening to me!! She is a blessing! Please find out te "Names" Bryan & ? I can't remember her name. BUt tell them "thank you" with all my heart. My paramedics were fabulous ot me and wonderful to my sister who followed |
| 304 | Time-lines-vitals -Keeping me in the loop as to what was happening | ? | |
| 305 | | | (pt) resides at the Arbors they were the ones that contacted Remsa Please continue to send billin to this address. Thank you |
| 306 | Rapid response time. Professional manner | | |
| 307 | every thing you did went well | I say you are doing a good job | I say everything went well I thank you all |
| 308 | Professional & efficient | | |
| 309 | Response Time | | |
| 310 | | | |
| 311 | Everything Perfect | | |
| 312 | | Nothing | |
| 313 | Fast service | | |
| 314 | your crew were professional, friendly, and ver calming. The girls were wonderful | not a thing | |
| 315 | Your job (great) | Don't like the diesel fume smell | Good crew- overall Great Service |
| 316 | Stabilization of injuries and prompt delivery to Renown was excellent and my wife was notified quickly | | |
| 317 | Everything | Nothing Known | Very good |
| 318 | | | |
| 319 | Your personel was caring & compassionate & made me feel comfortable. | nothing | |
| 320 | Being Polite & skillful | | |
| 321 | Your driver was extremely aaring and patient. I was in a lot of pain. He did everything he could to less the discomfort; even warned me of up coming bumps in the road. | Don't know | The driver politely declined to accept a well deserved tip. |
| 322 | Pleassure patient, use safty precautions | | quick response time |
| 323 | Very helpful in anwering my questions. | Always calms ones fears. | |
| 324 | Courteous & quick perfessional service | | |
| 325 | Very attentive to my father-in-law | | |
| 326 | yes | | |
| 327 | Everything was fine. | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|---|
| 328 | Everything was professionally & courteously. The crew was especially mindful I wa in exrtene pain. God bless them | I really don't see how you sould have been better | |
| 329 | you were great | | |
| 330 | Everything, Staff was knowledgable, polite and professional. | can't think of anything. | your crew did a great job caring for my son. |
| 331 | The dispatcher stayed with me on the phone until the moment Remsa arrived keeping me calm | The services provided were great and professionally done. | The remsa driver stayed at the ER till my mom was settled in |
| 332 | Everything was wonderful | | |
| 333 | All Service | | |
| 334 | Excellent care at the scene | | |
| 335 | | Were very understanding | |
| 336 | they were good | | fine. |
| 337 | They took very good care of my while being transported South Meadows Renown on Mill Street | | |
| 338 | | | |
| 339 | | | |
| 340 | excellent service from your personnel | nothing | |
| 341 | Communicated well. | | Very fast and helpful in out daughters time of need |
| 342 | | | |
| 343 | Driving carefully & directly to Northern Nevada | I hope I dont need your service again | I'm proud of the kindness of your personell |
| 344 | Extremely thorough, professional & very calming-under the circumstances. | Service was excellent. I don't see area for improvement | We couldn't have been in better hands. |
| 345 | Handled me carefully. | | |
| 346 | Made me and my wife comfortable. The crew was very professionall | | |
| 347 | My care | N/A | great service |
| 348 | Quick response all crew very helpful | Keep up the good work | |
| 349 | Everything! | You people can't get any better- you are TOPS wow! | Thank you, thank you, thank you- you were so needed! I am trying hard to get things in order. If you will be patient with me I will try and get Remsa paid as quickly as possible! thank you again for your Help- I do care! |
| 350 | Everything ! | | |
| 351 | All of it | no fire dept I dont neem to tell them & retell it to Remsa | |
| 352 | Gathered information about my step father- calmly prepared him for transport. | | |
| 353 | Friendly/ courteous | | |
| 354 | Everything | nothing | Very good service |
| 355 | You guy's were great. Very professional on top of the situation | | Really appreciate your help- thanks Bob |
| 356 | All | Cut waiting time down | none |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|---|
| 357 | Friendly- professional service | | |
| 358 | Fine | | |
| 359 | You were great | | |
| 360 | Informed me of everything that was happening | | Very helpful great in helping in a time of need. Thank you for your great staff. |
| 361 | Professional, Prompt & courteous | | |
| 362 | | | |
| 363 | your staff was invredibly helpful and kind. Their emergancy treatment was right on and took care of me as through I was a member of their family | Thank you so much. | |
| 364 | Fast | | |
| 365 | Respond | | |
| 366 | You did everything sine thanks | | |
| 367 | Everything | | |
| 368 | Kindness & starting IV | you are doing it | |
| 369 | Crew comminicated very well- Felt safe all the time. Than you so very much! | | |
| 370 | The EMT were very kind, gentle, thoughtful and wonderful with my mom and the family. | | |
| 371 | Very caring | | |
| 372 | Everything | | |
| 373 | Got my son calmed down and on oxygen and called the Hospital and explained everything to my 11 year old son as they did it. | | Please thank everyone involved in getting Taz the fastest , most understanding and caring treatment, till we reached the hospital. Taz say's thanks everyone!! |
| 374 | someone on the flight called to tell me my dad had arrived at reno & was being taken to ER. He also let me talk to my dad for a few moments- Very kind & comforting. | | My dad really doesn't remember the flight |
| 375 | Extremely professional- explanations provided from initial point of contact to treatment being provided to arrival at hospital | nothing I can think of. | I was 2000 miles away from home on a business trip- having and illnes is a stressful time anywhere but extra stressful in this situation. The two young men who transported me to the hospital went out of their way to attempt to put me at as much ease as I possibly could be! |
| 376 | | | |
| 377 | Everything | Provide the same level of service I recieved | Excellent Response, care & service |
| 378 | | | |
| 379 | They took care of me. | nothing | |
| 380 | You did alright | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|---|
| 381 | Transport staff was especially caring, friendly, & efficient & responsive to our need | | Thank you. Your service made a difficult situation better. |
| 382 | | | |
| 383 | they were very helpful, very understanding, and took over from the time they arrived until we left for the hospital | | |
| 384 | Very professional and they knew what to do and how to do it. | | |
| 385 | Transported and preparation for tests, etc. | | service excellent, without criticism |
| 386 | They were quick | You are doing a good job | none |
| 387 | | | Everything was great! |
| 388 | Everyone was very professional and helpful I could not ask for any better care and treatment | | Thank you so much. Carol Sumner |
| 389 | Arrival time. Explanations | Don't know | Everything went very smoothly. |
| 390 | You had very quick response time and communicated with the patient well. | | The dispatcher was very helpful and communicated very effectively. |
| 391 | Confirming accurate info, very sweet, and kind, reassured me my baby will be safe. | | I was very impressed w/ how knowledgeable they were! Very nice young men Thank you for a great job. |
| 392 | | | |
| 393 | Provided fast & appropriate pt care. Great bedside manner. | Everything was great | |
| 394 | Everything, Every detail was handled with compassion and Professionalism | Pay them what they are worth. Nothing, they are doing it right | no questions <name> was the lead we dealt Thank you |
| 395 | everything! | | |
| 396 | I'm alive! Thank you & God bless you all! | | |
| 397 | Were prompt. arrived only few minutes after I called | Do not need to change. Service was good | |
| 398 | Everything | I can't think of anything | |
| 399 | Everything | | |
| 400 | | | |
| 401 | Most everything, Cant think of a bad thing except ruff streets | | |
| 402 | See accompanying sheet on trip 4595 | The cocktails more | |
| 403 | Helpful, Curtious & professional cared about dave comfort | | |
| 404 | you were curtious & professional cared about dave comfort | | |
| 405 | very caring, calm | | |
| 406 | Keep up hard work | Just do your best | none |
| 407 | Very quick to arrive, attentive & professional. | | |
| 408 | | | |

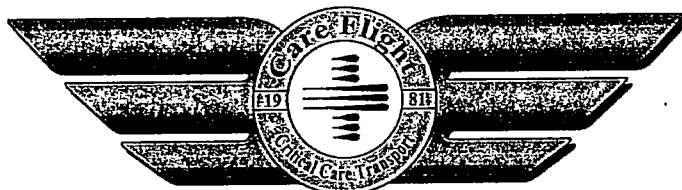
| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|---|
| 409 | Yours were very good to me in ever way. Could not ask for better thank yous very much James M. Price | | |
| 410 | Everything we hoped for | Continue your rapid response time and kind capable efficient staff | much appreciated in out time of need |
| 411 | Very considerate & caring. Got me to the ER quickly | | Always do a professional job know what they are doing |
| 412 | Your company & staff were great. A big thank you to all from myself. | Nothing | |
| 413 | Took excellent car in all aspects. Friendly, Kept me well-informed about what was happening | Keep up the great work! | I couldn't have asked for a better crew to respond. They were excellent. |
| 414 | Everything. Thanks From both of us. | Don't know how it could improve. Helpful and caring to all involved. | Very professional- IV port done very well. No brusing. No Problem with transportation to hospital |
| 415 | Yes | | |
| 416 | They were kind and helpful, it was my first time to be taken to the ER by Remsa, was a wonderful Experience. | Everyhting was perfect, couldn't have asked for better care. | I wouldn't hesitate to call Remsa again if needed. |
| 417 | The ambulance staff was great. Matt made my son feel good and comeortable during transport | | |
| 418 | | | |
| 419 | Fast service | lower the price of service. It's too expensive. Especially for low income families | N/A |
| 420 | Fast, Friendly, and very helpful. Thank you. | Nothing | Your staff was very professional |
| 421 | Everything | Keep doing what your doing | Thank you for everything "Shout out" a Tx to all staff who dealt with us. |
| 422 | Everything | | Excellent |
| 423 | | | |
| 424 | Everything | Nothing | all good |
| 425 | Picked up patient and delivered her to St. Marys in a good, helpful manor | nothing | |
| 426 | Great relaying "info" notify & report Excellent! | Nothing | Thankx for being the best! |
| 427 | Arrived quickly, helpful with care of patient. | | very fast response |
| 428 | Everything | ?? | |
| 429 | concerned and caring attendants made me confident I wa in capable hands | Big screen TV? | Just thanks for my care |
| 430 | You helped me through the pain, and transferring me to the hospital | nothing- you are great ! | you guys are quick in response. I love you guys. Thank you, Thank you so much for helping me. "keep up with the excellent work" |
| 431 | | | |
| 432 | Everything was done so well. I couldnt have asked for anything more | nothing. | |
| 433 | Very helpful and pleasant | | |
| 434 | | | |
| 435 | The paramedics I had were wonderful & treated me exceptionally well. They were very professional. | | Great response time & great paramedics! |
| 436 | Kind, compassionate, polite | | |

| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|--|--|--|
| 437 | Transport was safe! No issues. | | |
| 438 | Every thing | Every thing | Al Good |
| 439 | | | |
| 440 | Always personable and compassionate | | |
| 441 | You were quick in arriving. We left from our home when Doris called you. She was already at the hospital when we arrived | | Sorry for the delay in responding. We had family members here in Dec. & Jan. It was hectic but wonderful! |
| 442 | | Keep up the good work | |
| 443 | | | I left the hospital at 9 PM, Bout 2 AM my son was transported to NAMA. I never met the REMSA people and jim did not tell about his experience. Thank you, Sue <name> |
| 444 | Kept atmosphere light hearted | ? | It was just fine |
| 445 | First responders were fabulous and very thorough | Nothing | |
| 446 | You came right away and took very good care of me | They did all they could to get me to the Hospital | Very good |
| 447 | yes - polite & prompt | service is fine | very good |
| 448 | Answered questions (including how the other patients were doing), Administered tests, O2 with quick dispatch | | Excellent! |
| 449 | They took very good care of our frightened 2 yr old. | Service was amazing | My son loves the Koala Bear they gave him. |
| 450 | | | |
| 451 | Moved the patient with a lot of care. | | |
| 452 | Responded quickly, courteous but at first misdiagnosed rib injury | | Personable staff |
| 453 | Professionalism, General approach to family was very calming in a stressful situation. | Nothing, everything that needed to be done was done. | |
| 454 | Every one was grate getting me help and talk to you like a person | | I need help with the betting, because I have no one to talk to yet. |
| 455 | | | |
| 456 | In every aspect - Thank you people for saving me | nothing | |
| 457 | Everything | don't reduce services | |
| 458 | | | |
| 459 | Everything | | |
| 460 | | | |
| 461 | | | Very good |
| 462 | All things were done well | | |
| 463 | we appreciated your courtesy & professionalism | | |
| 464 | Everything! | Don't change anything! | <name> |

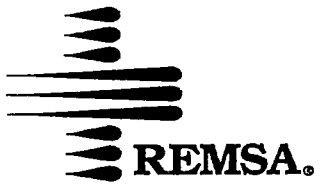


Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
FEBRUARY 2010**



| | What Did We Do Well? | What Can We Do To Serve You Better | Description / Comments |
|-----|---|--|---|
| 465 | Personal attention | Make sure I sign all Papers | |
| 466 | | | |
| 467 | Trans from Renown to Renown Rehab. | great | No complaint |
| 468 | | | |
| 469 | Everything was very Professional very helpfull | IV little to high to the inside of Elbow when bending cut off flow | |
| 470 | Took complete control of the situation. Left me feeling my husband was in the best hands | | Excellent srevice |
| 471 | The flight nurse was very kind and compassionate as well as efficient in calling me when the flight arrived at Saint Maty's Hospital, Reno. | | |
| 472 | Arrive in short period time | Excellent: Not better | Keep up the goof work- Thank you! |
| 473 | Very comforting to me! | | Great job- Thank you! |
| 474 | Everyone treated shaina very well | | Shaina has used Remsa at least 4 times this month of February |
| 475 | Everything was very well thank you | | |
| 476 | Great | | This was for the grandmother of <name>. REMSA employee. Will there be a charge? |
| 477 | Staff was patient, professional, non-judgemental to my condition of depression. | Have business office call to coordinate my insurance. I have insurance and Indian Health Service, both need to be contacted w/in 72 hours. | |
| 478 | Fred, Paramedic & Kyle, EMT were most professional. | | Request: A member of your staff, preferably a paramedic give a talk at the Promonade, 525 Court St. If possible, a pilot or crew member from your air service operation to participate. We have about 80 members at the Promomade. Many of us can see the helicopters operating from Renown. Question: How many helicopter rescues per month? |



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
FEBRUARY 2010**

PUBLIC RELATIONS

February 2010

| ACTIVITY | RESULTS |
|--|--|
| Wrote and Distributed "Community Advisor" regarding senior fall safety, avalanche safety and exercise safety. | Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight. |
| Submitted a Winners Column release to the RGJ regarding REMSA's 2009 contributions. | Appeared in the Winners Column on February 27. |
| Set up meeting with Melissa Krall and the editor of Family Pulse Magazine on Feb. 4 to discuss how REMSA/Safe Kids could help with editorial content. | Meeting was held on February 4. |
| Coordinated and pitched story on JEMS competition team training story. | Channel 2 covered the story and it ran on Channel 2 on February 4's evening newscast. |
| Finalized and distributed press release regarding free CPR event at Sheel's. | The RGJ and Sparks Tribune ran the story on February 5. |
| Worked with Melissa on the Ask The Expert column for Family Pulse Magazine. | The column will run in Family Pulse in its March issue. |
| Set up meeting with Melissa Krall and the editor of Washoe Parents Magazine on Feb. 10 to discuss how REMSA/Safe Kids could help with editorial content. | Meeting was held on February 10 |
| Wrote and distributed press release regarding REMSA and care Flight donating youth sports first aid kits. | Channel 2 ran a story February 11. Sparks Tribune will do a story once Sparks Little League picks up their kits. |
| Created a Medical Moment radio program on KKOH and KBUL that runs on Tuesday and Thursdays to promote the medical experience REMSA/CF have. | The program began on February 23 and will continue for six weeks. |

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WINNERS: THE EFFORTS OF THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS HAVE EARNED MENTION AS WINNERS THIS WEEK

Donations to Children's Cabinet program aid families at holidays

All of the individuals and organizations that assisted and contributed to the Children's Cabinet's Adopt-a-Family program during the holidays. Corporate partners included International Game Technology, Microsoft Licensing Inc. and Wells Fargo.

Also winners are Payless Shoes, for donating 200 \$15 gift cards to purchase shoes as part of its Payless Shoes 4 Kids program; and Burlington Coat Factory, for donating 500 coats to the Children's Cabinet and Reno Sparks Gospel Mission, as part of the One Warm Coat program.

More winners: Everyone who supported the Children's Cabinet's "Art of Childhood" fund-raising gala, including the many auction buyers, too numerous to mention, especially those who sponsored a stay for a homeless or runaway in the youth shelter.

Greenbrae Lions collect eyeglasses

The Sparks Greenbrae Lions Club, for collecting 562 used eyeglasses at various locations in Reno and Sparks. Also winners are all the donors and the businesses that kept collection boxes on their premises, including: Fitness Millennium, Sparks Senior Center, the Travel Center, Veterans Eye Clinic, Destination Spa & Salon and Pritchett Eye Care Associates. Lions International collects thousands of used eyeglasses each year to help those who cannot afford basic eye care and glasses.

McGowan Trust aids CARE Chest

The William G. McGowan Charitable Trust, for a grant to the



During the last two weeks in January, Sparks Greenbrae Lion Club collected 562 used eyeglasses at various locations in Reno and Sparks.

SUBMITTED TO THE RGJ

Submissions

Contributors to the Winners column are encouraged to send photographs along with submissions to letters@rgj.com.

CARE Chest of Sierra Nevada:

Housetseats contributes to community partners

Housetseats.com, for its Community Partnership awards to five area charities: the Solace Tree, Step2, Casa de Vida, Boys and Girls Club of Truckee Meadows and Go Red for Women—a division of the American Heart Association. Housetseats is a subscription-based service offering complimentary entertainment and recreation.

REMSA, Care Flight donate to food drive

The Regional Emergency Medical Services Authority (REMSA) and Care Flight, for their donation of more than \$4,000 to the Northern Nevada Food Bank through

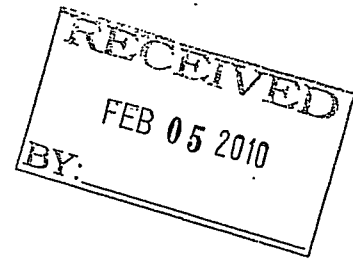
KTVN-TV Channel 2's "Share Your Holiday" food drive.

Also winners: The REMSA/Care Flight employees who donated to the organization's charitable giving committee and helped fund gifts for children at the Kids' Cottage during the holidays. The committee also sewed hand-made lap quilts, made banana and pumpkin breads and provided hand-made good bags filled with personal items for the 36 clients at the Senior Bridges outpatient program Christmas party. In 2009, the committee donated to Reno's Community Assistance Center; Nevada Humane Society; Big Brothers Big Sisters of Northern Nevada; the Food Bank, Committee to Aid Abused Women; SPCA of Reno; St. Vincent's Turkey Drop; and paid for a week's rental of a motorized wheelchair for a person whose wheelchair was destroyed in a hit-and-run accident.

YOUR VOICE: The Reno Gazette-Journal Editorial Board invites your comments on topics we write about. Go to RGJ.com and click on the "Voices" link to share your thoughts.

February 1, 2010

Debbie Zalmana
REMSA
450 Edison Way
Reno, NV 89502-4117



Dear Ms. Zalmana,

Thank you for your generous gift of \$725.00 to the Food Bank of Northern Nevada. Your gift will help the thousands of families affected by high unemployment in our service area and those vulnerable to hunger; children and seniors. Over the last 12 months the Food Bank has served over 7 million pounds of food to those in need of emergency assistance and met the increased demand by delivering over 2.5 million more pounds of food than the year before.

With the unemployment rate over 12.7% and while the end to this economic crisis is uncertain, the Food Bank is aggressively working to expand and meet the increased need for food by soliciting food donations from large retailers, farmers, and government resources. We will continue to help eligible families apply for Supplemental Nutrition Assistance Program benefits to increase their financial stability and bring federal dollars into the local economy. To date, our Outreach staff has brought 7 million dollars in benefits to local food stores helping to keep our local economy afloat. The Food Bank will continue to expand programs for children, like our Kids Cafe Summer Food program to feed hungry children during school vacations and work to help the thousands of seniors who do not have enough money each month to buy food.

With your generosity the Food Bank can serve as a resource for the community through these difficult economic times and in the years to come. Thank you for thinking of your neighbors and for helping us to achieve our mission to end hunger in our region.

Sincerely,

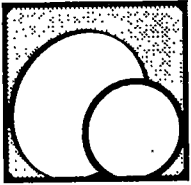
Cherie Jamason
Cherie Jamason
President and CEO

Your employees' generosity is amazing + we are so honored to have their support of our work!

P.S. Please retain this letter for your federal income tax records. We are a qualified 501(c)(3) charity. Our employer identification number is 94-2924979. No goods or services were provided as a result (or in exchange for) this donation.



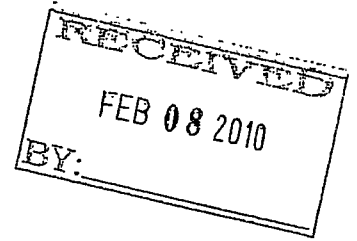
FOOD BANK
OF NORTHERN NEVADA



KIDS
kottage

2075 Longley Ln.
Reno, NV 89502
775/856-7380

February 4, 2010



REMSA
450 Edison
Reno, NV 89511

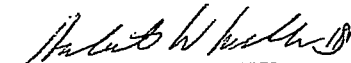
To whom it may concern,

I wanted to write a brief note of thanks to your entire organization for the extremely generous donation of 'by request' Christmas gifts, worth approximately \$1500, for our residents at the Kottage. These gifts were used to help make Christmas morning a special day for each and every resident of the Kottage. They all had a very positive and personalized holiday experience and your support and help was a significant part of that success! Please pass on our thanks to all of your staff who helped with this project.

All of us here at the Kottages appreciate your continued support and are particularly thankful for these special gifts during the holiday season. As I'm sure you are aware, this is a particularly difficult time for many of our children and your support and generosity were a great help in their coping with their feelings during the holiday season.

Thank you and we hope you had a very Merry Christmas and a happy New Year.

Sincerely,


Herbert W. Wells III
Administrative Director

Operated by
Adams and
Associates, Inc.
under contract
to the
Washoe County
Department of
Social Services.



Executive Director
Deborah Armstrong

Board of Directors

Allison Edwards
Chairperson

Brooke Howard
Secretary

Angie Fairbanks
Treasurer

Nicole Reed
Board Member

Sandi Jackson
Board Member

Debbie Zalmana
450 Edison Way
Reno, NV 89502-4117

Dear Debbie,

The staff, volunteers, women and children of Safe Embrace would like to kindly thank you for your recent gift of:

- ❖ Personal Hygiene Items
- ❖ Toiletries

Each year, Safe Embrace aims to recognize the profound social and individual problems caused by family violence and we are dedicated to stopping the cycle of family violence in our community. To this end, we provide intervention and prevention services to facilitate the opportunity for all people to live free from family violence.

With your contribution, we will be able to sustain our programs and continue to provide the services needed to help those affected by domestic violence. For further information on Safe Embrace and the services we offer, please visit www.safeembrace.org.

Thank you again for your kind offering and please feel free to choose us for all your future charitable contributions.

Sincerely,

Deborah Armstrong
Executive Director



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RENO



M A G A Z I N E

HAVE A BALL! MINI-GOLF TOURNAMENT

Wild Island Mini-Golf

Safe Kids Washoe County and the Regional Emergency Medical Services Authority hosted its inaugural Have a Ball! Mini-Golf Tournament at Wild Island Mini-Golf in Sparks. The event raised \$4,600 for the organization.



Sabrina West, Sarah West, and Tom West



Visitors Bonnie, Kate, and Tom Drinkwater



Hosts Kai Fisher, Kai Fivelstad, and Maggie Tale



Washoe County Health District

March 12, 2010

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for February 2010

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for February of fiscal year 10.

Background

The attached reports are for the accounting period 08/10 and the percentages should approximate 67% of the year. Our total revenues and expenditures for the current year (FY10) compared to last year (FY09) are as follows:

| February 2010 | FY10 – REV | FY09 – REV | FY10 – EXP | FY09 – EXP |
|---------------|------------|------------|------------|------------|
| Transfer | 42% | 57% | | |
| AHS | 53% | 51% | 55% | 52% |
| AQM | 63% | 52% | 55% | 55% |
| CCHS | 48% | 54% | 56% | 63% |
| EHS | 59% | 57% | 57% | 60% |
| EPHP | 36% | 45% | 36% | 48% |
| TOTAL | 49% | 52% | 52% | 58% |

The Environmental Oversight Account for February 2010 was \$163,042.97.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.


 Administrative Health Services Officer

Enclosure

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 422503 Environmental Permits | 69,000.00 | 30,713.00 | 38,287.00 | 45 | 125,000.00 | 85,202.21 | 39,797.79 | 68 |
| 422504 Pool Permits | 33,000.00 | 17,770.00 | 15,230.00 | 54 | 100,000.00 | 35,581.00 | 64,419.00 | 36 |
| 422505 RV Permits | 10,500.00 | 7,133.00 | 3,367.00 | 68 | 15,000.00 | 11,144.00 | 3,856.00 | 74 |
| 422507 Food Service Permits | 355,000.00 | 243,348.00 | 111,652.00 | 69 | 410,000.00 | 268,543.00 | 141,457.00 | 65 |
| 422508 Wat Well Const Perm | 44,000.00 | 21,998.00 | 22,002.00 | 50 | 40,000.00 | 18,372.00 | 21,628.00 | 46 |
| 422509 Water Company Permits | 12,000.00 | 3,133.00 | 8,867.00 | 26 | 25,000.00 | 6,890.00 | 18,110.00 | 28 |
| 422510 Air Pollution Permits | 402,399.00 | 242,458.25 | 159,940.75 | 60 | 420,550.00 | 268,825.15 | 151,724.85 | 64 |
| 422511 ISDS Permits | 90,000.00 | 30,307.85 | 59,692.15 | 34 | 125,000.00 | 55,735.00 | 69,265.00 | 45 |
| 422513 Special Event Permits | 75,000.00 | 50,933.20 | 24,066.80 | 68 | 80,000.00 | 60,004.00 | 19,996.00 | 75 |
| 422514 Initial Applic Fee | 38,000.00 | 20,841.00 | 17,159.00 | 55 | | 17,440.00 | 17,440.00 | |
| * Licenses and Permits | 1,128,899.00 | 668,635.30 | 460,263.70 | 59 | 1,340,550.00 | 827,736.36 | 512,813.64 | 62 |
| 431100 Federal Grants | 7,980,918.66 | 3,386,073.43 | 4,594,845.23 | 42 | 6,797,766.45 | 2,955,675.03 | 3,842,091.42 | 43 |
| 431105 Federal Grants - Indirect | 31,540.00 | 25,222.01 | 6,317.99 | 80 | | 11,320.41 | 11,320.41 | |
| 432100 State Grants | 627,556.00 | 236,375.75 | 391,180.25 | 38 | 809,529.80 | 580,418.00 | 229,111.80 | 72 |
| 432310 Tire Fee NRS 444A.090 | 370,534.52 | 299,675.99 | 70,858.53 | 81 | 415,000.00 | 276,583.09 | 138,416.91 | 67 |
| 432311 Pol Ctrl 455B.830 | 280,000.00 | 228,975.00 | 51,025.00 | 82 | 280,000.00 | 230,760.00 | 49,240.00 | 82 |
| * Intergovernmental | 9,290,549.18 | 4,176,322.18 | 5,114,227.00 | 45 | 8,302,296.25 | 4,054,756.53 | 4,247,539.72 | 49 |
| 460162 Services to Other Agencies | 63,657.69 | 23,909.21 | 39,748.48 | 38 | 195,859.10 | 62,575.27 | 133,283.83 | 32 |
| 460500 Other Immunizations | 110,000.00 | 56,938.39 | 53,061.61 | 52 | 165,000.00 | 76,036.00 | 88,964.00 | 46 |
| 460501 Medicaid Clinical Services | 36,500.00 | 16,280.03 | 20,219.97 | 45 | 30,750.00 | 33,900.13 | 3,150.13 | 110 |
| 460503 Childhood Immunizations | 190,000.00 | 90,764.45 | 99,235.55 | 48 | 190,000.00 | 144,794.80 | 45,205.20 | 76 |
| 460505 Non Title X Revenue | 10,000.00 | 1,369.00 | 1,369.00 | 56 | 8,000.00 | 3,184.93 | 3,184.93 | 177 |
| 460508 Tuberculosis | | 5,606.15 | 4,393.85 | | | 14,171.22 | 6,171.22 | |
| 460509 Water Quality | | | | | | 280.00 | 280.00 | |
| 460510 IT Overlay | 121,001.00 | 70,504.00 | 50,497.00 | 58 | 150,000.00 | 84,255.00 | 65,745.00 | 56 |
| 460511 Birth and Death Certificates | 215,000.00 | 142,901.00 | 72,099.00 | 66 | 230,000.00 | 145,202.20 | 84,797.80 | 63 |
| 460512 Duplication Service Fees | 200.00 | 84.50 | 115.50 | 42 | 800.00 | 192.50 | 607.50 | 24 |
| 460513 Other Health Service Charges | 8,000.00 | 3,137.00 | 4,863.00 | 39 | 23,800.00 | 5,300.10 | 18,499.90 | 22 |
| 460514 Food Service Certification | 8,000.00 | 10,798.00 | 2,798.00 | 135 | 8,000.00 | 4,771.00 | 3,229.00 | 60 |
| 460515 Medicare Reimbursement | 500.00 | 672.90 | 172.90 | 135 | 250.00 | 892.07 | 642.07 | 357 |
| 460516 Pgm Inc-3rd Pty Rec | 9,000.00 | 4,814.72 | 4,165.28 | 53 | 3,000.00 | 9,365.26 | 6,365.26 | 312 |
| 460517 Influenza Immunization | 5,000.00 | 23,549.06 | 18,549.06 | 471 | 10,000.00 | 7,795.00 | 2,205.00 | 78 |
| 460518 STD Fees | 30,000.00 | 19,828.33 | 10,171.67 | 66 | 60,000.00 | 26,421.93 | 33,578.07 | 44 |
| 460519 Outpatient Services | 12,500.00 | 37,243.00 | 12,500.00 | | 11,500.00 | 6,501.00 | 4,999.00 | 57 |
| 460520 Eng Serv Health | 90,500.00 | 5,395.00 | 53,257.00 | 41 | 120,000.00 | 86,020.00 | 33,980.00 | 72 |
| 460521 Plan Review - Pools & Spas | 5,000.00 | 3,950.00 | 395.00 | 108 | 3,000.00 | 3,488.00 | 488.00 | 116 |
| 460523 Plan Review - Food Services | 30,000.00 | 14,937.15 | 15,062.85 | 50 | 40,000.00 | 20,604.46 | 19,395.54 | 52 |
| 460524 Family Planning | 100,000.00 | 44,839.01 | 55,160.99 | 45 | 100,000.00 | 66,446.53 | 33,553.47 | 66 |
| 460525 Plan Review - Vector | 64,000.00 | 20,304.00 | 43,696.00 | 32 | 75,000.00 | 39,004.00 | 35,996.00 | 52 |
| 460526 Plan Review-Air Quality | 15,500.00 | 21,877.00 | 6,377.00 | 141 | 14,837.00 | 24,169.00 | 9,332.00 | 163 |
| 460527 NOE-AQM | 32,900.00 | 54,228.00 | 21,328.00 | 165 | 32,900.00 | 36,517.30 | 3,617.30 | 111 |
| 460528 NESHAP-AQM | 62,000.00 | 55,617.00 | 6,383.00 | 90 | 167,900.00 | 48,670.00 | 119,230.00 | 29 |
| 460529 Assessments-AQM | 22,000.00 | 19,418.00 | 2,582.00 | 88 | 36,630.00 | 18,288.00 | 18,342.00 | 50 |
| 460530 Inspector Registr-AQ | 1,900.00 | 3,735.00 | 1,835.00 | 197 | 2,100.00 | 2,100.00 | 2,100.00 | |
| 460531 Dust Plan-Air Quality | 178,333.00 | 137,312.00 | 41,021.00 | 77 | 178,333.00 | 165,297.00 | 13,036.00 | 93 |
| 460532 Plan Rvw Hotel/Motel | | 299.00 | 299.00 | | | | | |
| 460533 Quirk Start | | 344.00 | 344.00 | | | | | |
| 460534 Child Care Inspection | 9,000.00 | 5,395.00 | 3,605.00 | 60 | | | | |

Washoe County Health District
 REVENUE
 Pds 1 - 8, FY 2010

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-------------------------------------|----------------|---------------|---------------|------|----------------|---------------|---------------|------|
| 460535 Pub Accomod Inspectn | 21,000.00- | 9,437.00- | 11,563.00- | 45 | | | | |
| 460570 Education Revenue | | 12,363.00- | 12,363.00 | | | | | |
| * Charges for Services | 1,451,491.69- | 913,899.90- | 537,591.79- | 63 | 1,857,659.10- | 1,134,142.70- | 723,516.40- | 61 |
| 484050 Donations Federal Pgm Income | | 100.00- | 100.00 | | | | | |
| 485100 Reimbursements | | 150.00- | 150.00 | | | | | |
| 485300 Other Misc Govt Rev | 450.00- | 564.00- | 114.00 | 125 | | 484.91- | 484.91 | |
| * Miscellaneous | 450.00- | 814.00- | 364.00 | 181 | | 484.91- | 484.91 | |
| ** Revenue | 11,871,389.87- | 5,759,671.38- | 6,111,718.49- | 49 | 11,500,505.35- | 6,017,120.50- | 5,483,384.85- | 52 |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|---------------------------------|---------------|--------------|--------------|-------|---------------|--------------|--------------|------|
| 701110 Base Salaries | 10,635,140.97 | 6,088,124.50 | 4,547,016.47 | 57 | 11,240,002.38 | 6,783,629.75 | 4,456,372.63 | 60 |
| 701120 Part Time | 700,249.99 | 454,007.98 | 246,242.01 | 65 | 1,045,046.35 | 557,925.47 | 487,120.88 | 53 |
| 701130 Pooled Positions | 323,430.33 | 147,968.17 | 175,462.16 | 46 | 197,135.86 | 84,900.71 | 112,335.15 | 43 |
| 701140 Holiday Work | 1,500.00 | 846.49 | 653.51 | 56 | 1,500.00 | 1,452.62 | 47.38 | 97 |
| 701150 Contractual Wages | 255,500.00 | 58,554.64 | 196,945.36 | 23 | 96,339.87 | 20,328.29 | 76,011.58 | 21 |
| 701200 Incentive Longevity | 167,094.00 | 76,877.73 | 90,216.27 | 46 | 169,100.50 | 78,863.01 | 90,237.49 | 47 |
| 701300 Overtime | 301,520.21 | 127,810.68 | 173,709.53 | 42 | 69,385.91 | 26,666.36 | 42,719.55 | 38 |
| 701406 Standby Pay | 30,000.00 | 22,153.93 | 7,846.07 | 74 | 35,000.00 | 22,600.72 | 12,399.28 | 65 |
| 701408 Call Back | 3,000.00 | 2,590.74 | 409.26 | 86 | 6,000.00 | 2,411.69 | 3,588.31 | 40 |
| 701412 Salary Adjustment | 197,848.75 | 86,241.52 | 197,848.75 | | 273,978.53 | | 273,978.53 | |
| 701413 Vac Payoff/Sick Pay-Term | | 86,241.52 | 86,241.52 | | | 189,854.34 | 189,854.34 | |
| 701417 Comp Time | | 25,535.65 | 25,535.65 | | | 26,880.20 | 26,880.20 | |
| 701419 Comp Time - Transfer | | | | | | 5,898.46 | 5,898.46 | |
| 701500 Merit Awards | 329,645.39 | | 329,645.39 | | 254,000.00 | | 254,000.00 | |
| * Salaries and Wages | 12,285,638.86 | 7,090,712.03 | 5,194,926.83 | 58 | 12,931,532.34 | 7,801,311.62 | 4,530,220.72 | 63 |
| 705110 Group Insurance | 1,570,574.85 | 921,582.02 | 648,992.83 | 59 | 1,493,380.68 | 877,497.34 | 615,883.34 | 59 |
| 705210 Retirement | 2,461,556.18 | 1,418,504.38 | 1,043,051.80 | 58 | 2,548,069.63 | 1,512,413.74 | 1,035,655.89 | 59 |
| 705215 Retirement Calculation | 200,000.00 | | 200,000.00 | | 147,700.00 | | 147,700.00 | |
| 705230 Medicare April 1986 | 150,900.42 | 92,771.72 | 58,128.70 | 61 | 161,008.60 | 100,391.82 | 60,616.78 | 62 |
| 705320 Workmens Comp | 64,271.45 | 40,889.04 | 23,382.41 | 64 | 81,600.00 | 54,059.72 | 27,540.28 | 66 |
| 705330 Unemply Comp | 12,350.00 | 12,330.00 | 20.00 | 100 | 13,260.00 | 13,268.32 | 8.32 | 100 |
| 705360 Benefit Adjustment | 11,009.31 | | 11,009.31 | | | | 19,155.00 | |
| * Employee Benefits | 4,470,662.21 | 2,486,077.16 | 1,984,585.05 | 56 | 4,464,173.91 | 2,557,630.94 | 1,906,542.97 | 57 |
| 710100 Professional Services | 1,962,453.72 | 289,744.66 | 1,672,709.06 | 15 | 1,106,898.07 | 384,975.47 | 721,922.60 | 35 |
| 710105 Medical Services | 13,600.00 | 11,089.00 | 2,511.00 | 82 | 13,700.00 | 7,574.50 | 6,125.50 | 55 |
| 710108 MD Consultants | 55,382.00 | 27,737.50 | 27,644.50 | 50 | 57,140.00 | 34,350.00 | 22,790.00 | 60 |
| 710115 Prof Eng Services | 189,994.00 | 54,481.00 | 135,513.00 | 29 | 304,994.00 | 1,208.31 | 143,041.50 | 53 |
| 710119 Subrecipient Payments | 102,210.00 | 58,802.19 | 43,407.81 | 58 | 116,754.00 | 71,485.56 | 45,268.44 | 61 |
| 710200 Service Contract | 15,170.00 | 24,001.15 | 8,831.15 | 158 | 17,335.63 | 2,328.28 | 15,007.35 | 13 |
| 710205 Repairs and Maintenance | 350.00 | 26,802.29 | 26,452.29 | 7,658 | | 9,350.00 | 9,350.00 | |
| 710210 Software Maintenance | 240,984.22 | 112,742.04 | 128,242.18 | 47 | 185,981.66 | 98,239.70 | 87,741.96 | 53 |
| 710300 Operating Supplies | 1,385.00 | 750.33 | 634.67 | 54 | 2,950.00 | | 2,950.00 | |
| 710302 Small Tools & Allow | 2,000.00 | | 2,000.00 | | 2,000.00 | | 2,000.00 | |
| 710308 Animal Supplies | | | | | | 200.00 | | |
| 710312 Special Dept Expense | 560,707.00 | 360,810.19 | 199,896.81 | 64 | 621,588.00 | 361,579.46 | 260,008.54 | 58 |
| 710319 Chemical Supplies | 36,157.50 | 17,054.19 | 19,103.31 | 47 | 41,362.18 | 20,713.73 | 20,648.45 | 50 |
| 710334 Copy Machine Expense | 63,384.26 | 30,776.55 | 32,607.71 | 49 | 56,718.55 | 38,971.87 | 17,746.68 | 69 |
| 710350 Office Supplies | 7,657.00 | 5,307.66 | 2,349.34 | 69 | 9,988.50 | 6,247.41 | 3,741.09 | 63 |
| 710355 Books and Subscriptions | 26,964.44 | 15,125.91 | 11,838.53 | 56 | 6,951.57 | 15,227.72 | 8,276.15 | 219 |
| 710360 Postage | 1,135.00 | 285.63 | 849.37 | 25 | 18,150.00 | 264.96 | 17,885.04 | 1 |
| 710361 Express and Courier | 100.00 | | 100.00 | | 100.00 | 108.60 | 8.60 | 109 |
| 710391 Fuel & Lube | 82,001.30 | 19,069.61 | 62,931.69 | 23 | 52,568.75 | 28,130.21 | 24,438.54 | 54 |
| 710500 Other Expense | 51,673.24 | 19,025.31 | 32,647.93 | 37 | 41,043.48 | 9,579.48 | 31,464.00 | 23 |
| 710502 Printing | | 5,482.67 | 3,142.33 | 64 | 10,415.00 | 5,305.20 | 5,109.80 | 51 |
| 710503 Licenses & Permits | 8,625.00 | | | | | | | |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|------------------------------------|---------------|---------------|---------------|------|---------------|---------------|---------------|-------|
| 710504 Registration | 900.00- | 2,669.00 | 900.00- | 82 | 10,169.00 | 1,800.00 | 8,369.00 | 18 |
| 710505 Rental Equipment | 3,269.00 | 450.00 | 600.00 | 165 | 263.74 | 263.74 | 263.74- | |
| 710506 Dept Insurance Deductible | 273.40 | 3,095.61 | 176.60- | 67 | 455.00 | 4,960.10 | 4,505.10- | 1,090 |
| 710507 Network and Data Lines | 4,605.00 | 29,836.20 | 1,509.39 | 49 | 74,905.48 | 33,917.29 | 40,988.19 | 45 |
| 710508 Telephone Land Lines | 60,561.05 | 11,503.00 | 30,724.85 | 35 | 66,296.00 | 36,342.00 | 29,954.00 | 55 |
| 710509 Seminars and Meetings | 32,420.00 | 8,393.07 | 20,917.00 | 40 | 26,645.18 | 9,497.82 | 17,147.36 | 36 |
| 710512 Auto Expense | 20,771.14 | 9,205.99 | 12,378.07 | 68 | 24,205.00 | 9,822.83 | 14,382.17 | 41 |
| 710519 Cellular Phone | 13,597.00 | 6,873.00 | 4,391.01 | 154 | 5,280.00 | 3,141.00 | 2,139.00 | 59 |
| 710529 Dues | 4,476.00 | 6,226.40 | 2,397.00- | 50 | 65,626.52 | 3,590.11 | 3,590.11- | |
| 710535 Credit Card Fees | 12,394.78 | 23,365.10 | 6,168.38 | 65 | 3,500.00 | 32,028.06 | 33,598.46 | 49 |
| 710546 Advertising | 35,798.00 | 1,094.08 | 2,055.92 | 35 | | | 3,500.00 | |
| 710577 Uniforms & Special Clothing | 3,150.00 | 1,293.40 | 31,540.05 | | | | | |
| 710585 Undesignated Budget | 31,540.05 | 115,816.54 | 1,293.40- | 59 | 256,446.13 | 144,853.39 | 111,592.74 | 56 |
| 710590 Bad Debt Expense | 195,423.01 | 87,765.67 | 79,606.47 | 30 | 5,940.00 | 2,971.00 | 2,969.00 | 50 |
| 710600 LT Lease-Office Space | 291,252.68 | 74,019.54 | 203,487.01 | 56 | 287,009.61 | 144,187.34 | 142,822.27 | 50 |
| 710620 LT Lease-Equipment | 11,300.00 | 860.58 | 11,300.00 | 35 | 8,700.00 | 1,260.00 | 7,440.00 | 14 |
| 710703 Biologicals | 132,866.00 | 1,362.00 | 58,846.46 | 52 | 149,305.88 | 64,505.84 | 84,800.04 | 43 |
| 710714 Referral Services | 2,450.00 | 1,362.00 | 1,589.42 | 51 | 2,050.00 | 1,311.07 | 738.93 | 64 |
| 710721 Outpatient | 101,823.48 | 73,241.85 | 1,362.00- | 72 | 104,964.00 | 87,373.68 | 17,590.32 | 83 |
| 710872 Food Purchases | 71,986.43 | 32,997.92 | 28,581.63 | 46 | 160,968.54 | 69,305.96 | 91,652.58 | 43 |
| 711010 Utilities | 12,045.00 | 6,225.00 | 5,820.00 | 52 | 19,195.00 | 4,517.50 | 14,677.50 | 24 |
| 711113 Equip Srv Replace | 54,173.64 | 27,764.49 | 26,409.15 | 66 | 58,667.00 | 39,111.44 | 19,555.56 | 67 |
| 711114 Equip Srv O & M | 66,930.00 | 43,953.28 | 22,976.72 | 13 | 188,045.22 | 36,080.52 | 151,964.70 | 19 |
| 711115 Equip Srv Motor Pool | 190,406.02 | 24,340.84 | 166,065.18 | 242 | 103,981.03 | 43,435.79 | 60,545.24 | 42 |
| 711117 ESD Fuel Charge | 75,658.11 | 183,243.02 | 107,584.91- | 38 | 4,288,983.98 | 2,032,069.44 | 2,256,914.54 | 47 |
| 711119 Prop & Liab Billings | 4,850,203.47 | 1,854,683.46 | 2,995,520.01 | 24 | 570,176.05 | 105,110.59 | 465,065.46 | 18 |
| 711210 Travel | 371,424.85 | 87,704.12 | 283,720.73 | 24 | 570,176.05 | 105,110.59 | 465,065.46 | 18 |
| 711504 Equipment nonCapital | 371,424.85 | 11,519,176.77 | 10,458,752.62 | 52 | 21,654,866.28 | 12,498,122.59 | 9,158,743.69 | 58 |
| * Services and Supplies | 21,977,929.39 | 12,60- | 12.60 | | | | | |
| 781004 Equipment Capital | 371,424.85 | 12,60- | 12.60 | | | | | |
| * Capital Outlay | 21,977,929.39 | 12,60- | 12.60 | | | | | |
| ** Expenses | | 11,519,176.77 | 10,458,752.62 | 52 | 21,654,866.28 | 12,498,122.59 | 9,158,743.69 | 58 |
| 485192 Surplus Equipment Sales | | 12,60- | 12.60 | | | | | |
| * Other Fin. Sources | | 12,60- | 12.60 | | | | | |
| 621001 Transfer From General | 8,795,500.00- | 3,672,000.00- | 5,123,500.00- | 42 | 9,693,500.00- | 5,559,868.00- | 4,133,632.00- | 57 |
| * Transfers In | 8,795,500.00- | 3,672,000.00- | 5,123,500.00- | 42 | 9,693,500.00- | 5,559,868.00- | 4,133,632.00- | 57 |
| ** Other Financing Srv/Use | 8,795,500.00- | 3,672,012.60- | 5,123,487.40- | 42 | 9,693,500.00- | 5,559,868.00- | 4,133,632.00- | 57 |
| *** Total | 1,311,039.52 | 2,087,492.79 | 776,453.27- | 159 | 460,860.93 | 919,134.09 | 458,273.16- | 199 |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|---------------------------------|---------------|--------------|-------------|------|---------------|--------------|-------------|------|
| 431100 Federal Grants | 1,205,291.00- | 635,217.48- | 570,073.52- | 53 | 1,463,729.00- | 747,675.66- | 716,053.34- | 51 |
| * Intergovernmental | 1,205,291.00- | 635,217.48- | 570,073.52- | 53 | 1,463,729.00- | 747,675.66- | 716,053.34- | 51 |
| 460512 Duplication Service Fees | 200.00- | 84.50- | 115.50- | 42 | 800.00- | 192.50- | 607.50- | 24 |
| * Charges for Services | 200.00- | 84.50- | 115.50- | 42 | 800.00- | 192.50- | 607.50- | 24 |
| 485300 Other Misc Govt Rev | 450.00- | 205.00- | 245.00- | 46 | 800.00- | 484.91- | 484.91 | 24 |
| * Miscellaneous | 450.00- | 205.00- | 245.00- | 46 | 800.00- | 484.91- | 484.91 | 24 |
| ** Revenue | 1,205,941.00- | 635,506.98- | 570,434.02- | 53 | 1,464,529.00- | 748,353.07- | 716,175.93- | 51 |
| 701110 Base Salaries | 1,748,051.93 | 1,075,003.69 | 673,048.24 | 61 | 2,046,648.55 | 1,117,347.23 | 929,301.32 | 55 |
| 701120 Part Time | 24,553.03 | 14,879.09 | 9,673.94 | 61 | 24,461.26 | 14,050.34 | 10,410.92 | 57 |
| 701130 Pooled Positions | 68,296.19 | 13,003.10 | 68,296.19 | 42 | 25,580.86 | 11,251.92 | 25,580.86 | 38 |
| 701200 Incentive Longevity | 31,000.00 | 6,744.94 | 17,996.90 | 42 | 29,850.00 | 11,251.92 | 18,598.08 | 38 |
| 701300 Overtime | 6,000.00 | 7,104.00 | 744.94- | 112 | 4,015.00 | 2,775.07 | 1,239.93 | 69 |
| 701412 Salary Adjustment | 7,104.00 | 7,335.40 | 7,104.00 | 100 | 94,369.00 | 33,899.31 | 94,369.00 | 100 |
| 701413 Vac Payoff/Sick Pay-Term | | 26.23 | 7,335.40- | | | 7,432.32 | 33,899.31- | |
| 701417 Comp Time | | | 26.23- | | | 5,898.46 | 7,432.32- | |
| 701419 Comp Time - Transfer | | | | | | | 5,898.46- | |
| 701500 Merit Awards | | | | | | | 91,459.00- | |
| * Salaries and Wages | 1,885,005.15 | 1,116,992.45 | 768,012.70 | 59 | 2,133,465.67 | 1,192,654.65 | 91,459.00- | 56 |
| 705110 Group Insurance | 268,699.06 | 170,166.40 | 98,532.66 | 63 | 245,985.18 | 146,472.92 | 940,811.02 | 60 |
| 705210 Retirement | 381,561.51 | 233,036.56 | 148,524.95 | 61 | 425,683.31 | 230,074.14 | 99,512.26 | 54 |
| 705215 Retirement Calculation | 200,000.00 | | 200,000.00 | | 147,700.00 | | 195,609.17 | |
| 705230 Medicare April 1986 | 24,601.66 | 15,279.60 | 9,322.06 | 62 | 28,990.03 | 16,363.05 | 147,700.00 | 56 |
| 705320 Workmens Comp | 11,458.00 | 7,638.64 | 3,819.36 | 67 | 14,800.00 | 9,866.64 | 12,626.98 | 67 |
| 705330 Unemply Comp | 2,210.00 | 2,210.00 | | 100 | 2,405.00 | 2,405.00 | 4,933.36 | 100 |
| 705360 Benefit Adjustment | | | | | | | | |
| * Employee Benefits | 888,530.23 | 428,331.20 | 460,199.03 | 48 | 19,155.00 | 405,181.75 | 19,155.00 | 46 |
| 710100 Professional Services | 3,300.00 | 735.00 | 2,565.00 | 22 | 884,718.52 | 1,698.68 | 479,536.77 | 35 |
| 710105 Medical Services | | 74.50 | 74.50- | | 4,800.00 | | 3,101.32 | |
| 710108 MD Consultants | | | | | | | 157.50- | |
| 710200 Service Contract | 750.00 | 794.38 | 44.38- | 106 | 150.00 | 667.38 | 517.38- | 445 |
| 710205 Repairs and Maintenance | 800.00 | 96.22 | 703.78 | 12 | 800.00 | 48.33 | 751.67 | 6 |
| 710300 Operating Supplies | 52,049.29 | 12,424.53 | 39,624.76 | 24 | 35,300.00 | 8,395.97 | 26,904.03 | 24 |
| 710312 Special Dept Expense | | | | | | 25.00 | 25.00- | |
| 710334 Copy Machine Expense | 11,594.00 | 4,654.78 | 6,939.22 | 40 | 11,879.00 | 6,107.82 | 5,771.18 | 51 |
| 710350 Office Supplies | 16,185.00 | 8,492.76 | 7,692.24 | 52 | 16,185.00 | 7,256.22 | 8,928.78 | 45 |
| 710355 Books and Subscriptions | 1,370.00 | 1,639.45 | 269.45- | 120 | 1,370.00 | 739.50 | 630.50 | 54 |
| 710360 Postage | 1,600.00 | 748.45 | 851.55 | 47 | | 2,041.64 | 2,041.64- | |
| 710361 Express and Courier | 100.00 | 31.77 | 68.23 | 32 | 1,700.00 | 30.60 | 1,669.40 | 2 |
| 710500 Other Expense | 1,100.00 | 663.20 | 436.80 | 60 | 1,250.00 | 580.05 | 669.95 | 46 |
| 710502 Printing | 9,550.00 | 1,665.58 | 7,884.42 | 17 | 9,570.00 | 851.42 | 8,718.58 | 9 |
| 710503 Licenses & Permits | 2,400.00 | 400.00 | 2,000.00 | 17 | 2,500.00 | 216.00 | 2,284.00 | 9 |
| 710507 Network and Data Lines | | 123.63 | 123.63- | | | 150.00 | 150.00- | |
| 710508 Telephone Land Lines | 11,800.00 | 6,464.64 | 5,335.36 | 55 | 12,510.00 | 7,048.94 | 5,461.06 | 56 |
| 710509 Seminars and Meetings | 5,100.00 | 1,845.00 | 3,255.00 | 36 | 5,100.00 | 3,231.50 | 1,868.50 | 63 |
| 710512 Auto Expense | 4,350.00 | 1,008.22 | 3,341.78 | 23 | 4,550.00 | 1,010.34 | 3,539.66 | 22 |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 710519 Cellular Phone | 350.00 | 71.16 | 278.84 | 20 | 383.00 | 305.46 | 77.54 | 80 |
| 710529 Dues | 955.00 | 2,605.00 | 1,650.00- | 273 | 955.00 | 1,435.00 | 480.00- | 150 |
| 710546 Advertising | 150.00 | 59.31 | 90.69 | 40 | | 156.77 | 156.77- | |
| 710600 LT Lease-Office Space | 80,296.00 | 60,792.60 | 19,503.40 | 76 | 141,319.12 | 59,744.48 | 81,574.64 | 42 |
| 710872 Food Purchases | 150.00 | | 150.00 | | 200.00 | 116.86 | 83.14 | 58 |
| 711010 Utilities | | 63.00 | 63.00- | | | | | |
| 711113 Equip Srv Replace | 2,122.20 | 1,744.80 | 377.40 | 82 | | 1,759.95 | 1,759.95- | |
| 711114 Equip Srv O & M | 1,043.60 | 730.92 | 312.68 | 70 | 1,623.64 | 751.79 | 871.85 | 46 |
| 711115 Equip Srv Motor Pool | | 365.00 | 365.00- | | | 360.00 | 360.00- | |
| 711117 ESD Fuel Charge | 636.64 | 339.64 | 297.00 | 53 | | | | |
| 711119 Prop & Liab Billings | 11,798.00 | 7,865.36 | 3,932.64 | 67 | 10,693.00 | 7,128.72 | 3,564.28 | 67 |
| 711210 Travel | 16,500.00 | 4,570.62 | 11,929.38 | 28 | 16,500.00 | 4,076.98 | 12,423.02 | 25 |
| 711504 Equipment nonCapital | 1,700.00 | 4,847.32 | 3,147.32- | 285 | 1,700.00 | | 1,700.00 | |
| * Services and Supplies | 237,749.73 | 125,916.84 | 111,832.89 | 53 | 281,037.76 | 116,092.90 | 164,944.86 | 41 |
| ** Expenses | 3,011,285.11 | 1,671,240.49 | 1,340,044.62 | 55 | 3,299,221.95 | 1,713,929.30 | 1,585,292.65 | 52 |
| *** Total | 1,805,344.11 | 1,035,733.51 | 769,610.60 | 57 | 1,834,692.95 | 965,576.23 | 869,116.72 | 53 |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-------------------------------------|---------------|---------------|-------------|-------|---------------|---------------|-------------|------|
| 422510 Air Pollution Permits | 402,399.00- | 242,458.25- | 159,940.75- | 60 | 420,550.00- | 268,825.15- | 151,724.85- | 64 |
| * Licenses and Permits | 402,399.00- | 242,458.25- | 159,940.75- | 60 | 420,550.00- | 268,825.15- | 151,724.85- | 64 |
| 431100 Federal Grants | 681,349.00- | 281,188.92- | 400,160.08- | 41 | 759,349.00- | 117,788.00- | 641,561.00- | 16 |
| 431105 Federal Grants - Indirect | | 12,716.08- | 12,716.08- | | | | | |
| 432100 State Grants | | | | | | | | |
| 432311 Pol Ctr 455B.830 | 280,000.00- | 228,975.00- | 51,025.00- | 82 | 170,000.00- | 170,000.00- | 49,240.00- | 100 |
| * Intergovernmental | 961,349.00- | 522,880.00- | 438,469.00- | 54 | 1,209,349.00- | 518,548.00- | 690,801.00- | 43 |
| 460513 Other Health Service Charges | | 992.00- | 992.00- | | 9,800.00- | 535.10- | 9,264.90- | 5 |
| 460526 Plan Review-Air Quality | 15,500.00- | 21,877.00- | 6,377.00- | 141 | 14,837.00- | 24,169.00- | 9,332.00- | 163 |
| 460527 NOE-AQM | 32,900.00- | 54,228.00- | 21,328.00- | 165 | 32,900.00- | 36,517.30- | 3,617.30- | 111 |
| 460528 NESHAP-AQM | 62,000.00- | 55,617.00- | 6,383.00- | 90 | 167,900.00- | 48,670.00- | 119,230.00- | 29 |
| 460529 Assessments-AQM | 22,000.00- | 19,418.00- | 2,582.00- | 88 | 36,630.00- | 18,288.00- | 18,342.00- | 50 |
| 460530 Inspector Registr-AQ | 1,900.00- | 3,735.00- | 1,835.00- | 197 | 2,100.00- | 2,100.00- | 2,100.00- | 100 |
| 460531 Dust Plan-Air Quality | 178,333.00- | 137,312.00- | 41,021.00- | 77 | 178,333.00- | 165,297.00- | 13,036.00- | 93 |
| * Charges for Services | 312,633.00- | 293,179.00- | 19,454.00- | 94 | 442,500.00- | 293,476.40- | 149,023.60- | 66 |
| 485300 Other Misc Govt Rev | | 90.00- | 90.00- | | | | | |
| * Miscellaneous | | 90.00- | 90.00- | | | | | |
| ** Revenue | 1,676,381.00- | 1,058,607.25- | 617,773.75- | 63 | 2,072,399.00- | 1,080,849.55- | 991,549.45- | 52 |
| 701110 Base Salaries | 1,311,733.43 | 823,665.35 | 488,068.08 | 63 | 1,388,862.47 | 850,221.23 | 538,641.24 | 61 |
| 701130 Pooled Positions | 8,000.00 | 5,033.41 | 2,966.59 | 63 | 8,000.00 | 2,333.57 | 5,666.43 | 29 |
| 701140 Holiday Work | | | | | | 166.02 | 166.02- | |
| 701150 Contractual Wages | 50,000.00 | | 50,000.00 | | 50,000.00 | | 50,000.00 | 40 |
| 701200 Incentive Longevity | 21,150.00 | 10,400.00 | 10,750.00 | 49 | 23,550.00 | 9,488.44 | 14,061.56 | 40 |
| 701300 Overtime | 6,057.21 | | 6,057.21 | | 4,535.34 | 134.48 | 4,400.86 | 3 |
| 701408 Call Back | | 409.82 | 409.82- | | 1,000.00 | | 1,000.00 | |
| 701412 Salary Adjustment | | | | | 8,608.78 | | 8,608.78 | |
| 701413 Vac Payoff/Sick Pay-Term | | | | | | 47,591.12 | 47,591.12- | |
| 701417 Comp Time | | | | | | 8,502.93 | 8,502.93- | |
| * Salaries and Wages | 1,396,940.64 | 839,508.58 | 557,432.06 | 60 | 1,484,556.59 | 918,437.79 | 566,118.80 | 62 |
| 705110 Group Insurance | 156,554.89 | 99,157.93 | 57,396.96 | 63 | 142,279.60 | 87,276.82 | 55,002.78 | 61 |
| 705210 Retirement | 285,871.82 | 178,488.00 | 107,383.82 | 62 | 289,544.99 | 175,101.81 | 114,443.18 | 60 |
| 705230 Medicare April 1986 | 17,726.98 | 11,011.67 | 6,715.31 | 62 | 18,901.05 | 12,221.53 | 6,679.52 | 65 |
| 705320 Workmens Comp | 6,740.00 | 4,493.36 | 2,246.64 | 67 | 8,000.00 | 5,333.36 | 2,666.64 | 67 |
| 705330 Unemploy Comp | 1,300.00 | 1,300.00 | 1,300.00 | 100 | 1,300.00 | 1,300.00 | 1,300.00 | 100 |
| * Employee Benefits | 468,193.69 | 294,450.96 | 173,742.73 | 63 | 460,025.64 | 281,233.52 | 178,792.12 | 61 |
| 710100 Professional Services | 176,599.41 | 11,920.34 | 164,679.07 | 7 | 261,928.54 | 67,489.65 | 194,438.89 | 26 |
| 710200 Service Contract | 350.00 | 363.00 | 13.00- | 104 | 350.00 | 312.84 | 37.16 | 89 |
| 710205 Repairs and Maintenance | 7,000.00 | 2,175.27 | 4,824.73 | 31 | 8,792.63 | 143.00 | 8,649.63 | 2 |
| 710300 Operating Supplies | 4,100.00 | 7,324.76 | 3,224.76- | 179 | 4,500.00 | 520.95 | 3,979.05 | 12 |
| 710312 Special Dept Expense | | | | | | 25.00 | 25.00- | |
| 710334 Copy Machine Expense | 4,387.20 | 2,922.16 | 1,465.04 | 67 | 4,387.20 | 3,145.16 | 1,242.04 | 72 |
| 710350 Office Supplies | 3,500.00 | 3,296.43 | 203.57 | 94 | 4,500.00 | 2,874.68 | 1,625.32 | 64 |
| 710355 Books and Subscriptions | 224.00 | 221.86 | 2.14 | 99 | 224.00 | 212.26 | 11.74 | 95 |
| 710360 Postage | 2,200.00 | 2,809.79 | 609.79- | 128 | 2,200.00 | 1,623.60 | 1,623.60- | 1 |
| 710361 Express and Courier | 200.00 | 39.95 | 160.05 | 20 | 2,000.00 | 29.02 | 1,970.98 | 1 |
| 710500 Other Expense | 200.00 | 567.77 | 367.77- | 284 | 1,000.00 | 5,554.70 | 4,554.70- | 555 |
| 710502 Printing | 1,000.00 | 380.59 | 619.41 | 38 | 1,600.00 | 748.02 | 851.98 | 47 |
| 710503 Licenses & Permits | 90.00 | 2,372.67 | 2,282.67- | 2,636 | | 90.00 | 90.00- | |

Washoe County Health District
 Air Quality Management
 Pds 1 - 8, FY 2010

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|------------------------------------|--------------|--------------|--------------|-------|--------------|--------------|--------------|------|
| 710505 Rental Equipment | 1,800.00 | 1,800.00 | | 100 | 1,700.00 | 1,800.00 | 100.00 | 106 |
| 710508 Telephone Land Lines | 9,000.00 | 4,264.72 | 4,735.28 | 47 | 12,600.00 | 5,367.41 | 7,232.59 | 43 |
| 710509 Seminars and Meetings | 4,200.00 | 1,205.00 | 2,995.00 | 29 | 4,200.00 | 975.00 | 3,225.00 | 23 |
| 710512 Auto Expense | 1,200.00 | 354.68 | 845.32 | 30 | 200.00 | 731.62 | 531.62 | 366 |
| 710519 Cellular Phone | 3,800.00 | 2,320.75 | 1,479.25 | 61 | 4,145.00 | 2,255.34 | 1,889.66 | 54 |
| 710529 Dues | 435.00 | 2,185.00 | 1,750.00 | 502 | 435.00 | | 435.00 | |
| 710535 Credit Card Fees | 1,500.00 | 1,158.43 | 341.57 | 77 | | 415.97 | 415.97 | |
| 710546 Advertising | 5,700.00 | 664.54 | 5,035.46 | 12 | 5,700.00 | 546.04 | 5,153.96 | 10 |
| 710577 Uniforms & Special Clothing | 1,100.00 | | 1,100.00 | | 1,100.00 | | 1,100.00 | |
| 710600 LT Lease-Office Space | 74,490.12 | 24,688.00 | 49,802.12 | 33 | 74,490.12 | 55,482.80 | 19,007.32 | 74 |
| 710721 Outpatient | 1,316.00 | | 1,316.00 | | 1,316.00 | 343.00 | 973.00 | 26 |
| 711113 Equip Srv Replace | 30,340.92 | 12,911.99 | 17,428.93 | 43 | 24,384.00 | 23,231.64 | 1,152.36 | 95 |
| 711114 Equip Srv O & M | 13,520.37 | 7,066.84 | 6,453.53 | 52 | 33,132.40 | 15,992.79 | 17,139.61 | 48 |
| 711115 Equip Srv Motor Pool | | 262.50 | 262.50 | | 275.00 | 250.00 | 25.00 | 91 |
| 711117 ESD Fuel Charge | 12,187.68 | 7,417.08 | 4,770.60 | 61 | | | | |
| 711119 Prop & Liab Billings | 7,940.00 | 4,626.64 | 3,313.36 | 58 | 5,780.00 | 3,853.36 | 1,926.64 | 67 |
| 711210 Travel | 40,227.52 | 5,213.92 | 35,013.60 | 13 | 38,964.00 | 4,635.98 | 34,328.02 | 12 |
| 711504 Equipment nonCapital | 4,000.00 | 56,137.87 | 52,137.87 | 1,403 | 4,000.00 | 14,918.76 | 10,918.76 | 373 |
| * Services and Supplies | 412,608.22 | 166,672.55 | 245,935.67 | 40 | 501,703.89 | 213,568.59 | 288,135.30 | 43 |
| * Capital Outlay | 91,708.35 | | 91,708.35 | | 165,850.05 | 21,422.00 | 144,428.05 | 13 |
| ** Expenses | 2,369,450.90 | 1,300,632.09 | 1,068,818.81 | 55 | 2,612,136.17 | 1,434,661.90 | 1,177,474.27 | 55 |
| 485192 Surplus Equipment Sales | | 12.60 | 12.60 | | | | | |
| ** Other Financing Src/Use | | 12.60 | 12.60 | | | | | |
| **** Total | 693,069.90 | 242,012.24 | 451,057.66 | 35 | 539,737.17 | 353,812.35 | 185,924.82 | 66 |

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 8, FY 2010

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-------------------------------------|---------------|---------------|---------------|------|---------------|---------------|---------------|------|
| 431100 Federal Grants | 2,403,152.00- | 1,181,107.73- | 1,222,044.27- | 49 | 2,343,949.20- | 1,122,208.56- | 1,221,740.64- | 48 |
| 432100 State Grants | 552,556.00- | 198,625.75- | 353,930.25- | 36 | 564,279.80- | 372,168.00- | 192,111.80- | 66 |
| * Intergovernmental | 2,955,708.00- | 1,379,733.48- | 1,575,974.52- | 47 | 2,908,229.00- | 1,494,376.56- | 1,413,852.44- | 51 |
| 460162 Services to Other Agencies | 63,657.69- | 23,909.21- | 39,748.48- | 38 | 86,494.00- | 47,646.24- | 38,847.76- | 55 |
| 460500 Other Immunizations | 110,000.00- | 56,938.39- | 53,061.61- | 52 | 165,000.00- | 76,036.00- | 88,964.00- | 46 |
| 460501 Medicaid Clinical Services | 36,500.00- | 16,280.03- | 20,219.97- | 45 | 30,750.00- | 33,900.13- | 3,150.13 | 110 |
| 460503 Childhood Immunizations | 190,000.00- | 90,764.45- | 99,235.55- | 48 | 190,000.00- | 144,794.80- | 45,205.20- | 76 |
| 460505 Non Title X Revenue | | 1,369.00- | 1,369.00- | | | 3,184.93- | 3,184.93 | |
| 460508 Tuberculosis | 10,000.00- | 5,606.15- | 4,393.85- | 56 | 8,000.00- | 14,171.22- | 6,171.22 | 177 |
| 460515 Medicare Reimbursement | 500.00- | 672.90- | 172.90- | 135 | 250.00- | 892.07- | 642.07 | 357 |
| 460516 Pgm Inc-3rd Pty Rec | 9,000.00- | 4,814.72- | 4,185.28- | 53 | 3,000.00- | 9,365.26- | 6,365.26 | 312 |
| 460517 Influenza Immunization | 5,000.00- | 23,549.06- | 18,549.06- | 471 | 10,000.00- | 7,795.00- | 2,205.00- | 78 |
| 460518 STD Fees | 30,000.00- | 19,828.33- | 10,171.67- | 66 | 60,000.00- | 26,421.93- | 33,578.07- | 44 |
| 460519 Outpatient Services | 12,500.00- | 44,839.01- | 12,500.00- | | 11,500.00- | 6,501.00- | 4,999.00- | 57 |
| 460524 Family Planning | 100,000.00- | 9,623.00- | 55,160.99- | 45 | 100,000.00- | 66,446.53- | 33,553.47- | 66 |
| 460570 Education Revenue | | 298,194.25- | 268,963.44- | 53 | 664,994.00- | 437,155.11- | 227,838.89- | 66 |
| * Charges for Services | 567,157.69- | 100.00- | 100.00- | | | | | |
| 484050 Donations Federal Pgm Income | | 6.00- | 6.00 | | | | | |
| 485300 Other Misc Govt Rev | | 106.00- | 106.00 | | | | | |
| * Miscellaneous | | 106.00- | 106.00 | | | | | |
| ** Revenue | | | | | | | | |
| 701110 Base Salaries | 3,522,865.69- | 1,678,033.73- | 1,844,831.96- | 48 | 3,573,223.00- | 1,931,531.67- | 1,641,691.33- | 54 |
| 701120 Part Time | 3,052,269.37 | 1,645,289.80 | 1,406,979.57 | 54 | 3,350,766.90 | 2,058,489.66 | 1,292,277.24 | 61 |
| 701130 Pooled Positions | 640,119.02 | 385,988.21 | 254,130.81 | 60 | 966,243.97 | 506,047.43 | 460,196.54 | 52 |
| 701140 Holiday Work | 118,637.14 | 56,370.23 | 62,266.91 | 48 | 37,818.00 | 36,645.67 | 1,172.33 | 97 |
| 701150 Contractual Wages | | | | | 17,302.73 | 110.68 | 110.68 | |
| 701200 Incentive Longevity | 54,703.00 | 27,332.98 | 27,370.02 | 50 | 53,890.00 | 31,453.48 | 17,302.73 | 58 |
| 701300 Overtime | 2,175.00 | 3,855.21 | 1,680.21- | 177 | 3,835.57 | 980.07 | 2,855.50 | 26 |
| 701412 Salary Adjustment | 126,642.03 | | 126,642.03 | | 403,856.66- | | 403,856.66- | |
| 701413 Vac Payoff/Sick Pay-Term | | 52,337.82 | 52,337.82- | | | 89,427.11 | 89,427.11- | |
| 701417 Comp Time | | 7,925.32 | 7,925.32- | | | 10,384.80 | 10,384.80- | |
| 701500 Merit Awards | 329,645.39- | | 329,645.39- | | 162,541.00- | | 162,541.00- | |
| * Salaries and Wages | 3,664,900.17 | 2,179,099.57 | 1,485,800.60 | 59 | 3,863,459.51 | 2,733,538.90 | 1,129,920.61 | 71 |
| 705110 Group Insurance | 524,221.04 | 290,948.88 | 233,272.16 | 56 | 558,482.31 | 318,813.65 | 239,668.66 | 57 |
| 705210 Retirement | 803,482.04 | 451,207.90 | 352,274.14 | 56 | 896,036.24 | 528,894.44 | 367,141.80 | 59 |
| 705230 Medicare April 1986 | 48,835.59 | 28,723.29 | 20,112.30 | 59 | 53,887.66 | 34,087.89 | 19,819.77 | 63 |
| 705320 Workmens Comp | 21,231.00 | 14,153.84 | 7,077.16 | 67 | 30,000.00 | 19,999.84 | 10,000.16 | 67 |
| 705330 Unemply Comp | 4,095.00 | 4,085.00 | 10.00 | 100 | 4,875.00 | 4,875.00 | | 100 |
| * Employee Benefits | 1,401,864.67 | 789,118.91 | 612,745.76 | 56 | 1,543,281.21 | 906,650.82 | 636,630.39 | 59 |
| 710100 Professional Services | 236,174.00 | 146,886.88 | 89,287.12 | 62 | 299,863.70 | 90,099.87 | 209,763.83 | 30 |
| 710105 Medical Services | 13,000.00 | 8,566.00 | 4,434.00 | 66 | 13,350.00 | 7,160.50 | 6,189.50 | 54 |
| 710108 MD Consultants | 43,382.00 | 20,737.50 | 22,644.50 | 48 | 45,140.00 | 26,192.50 | 18,947.50 | 58 |
| 710119 Subrecipient Payments | 189,994.00 | 54,481.00 | 135,513.00 | 29 | 304,994.00 | 161,952.50 | 143,041.50 | 53 |
| 710200 Service Contract | 12,200.00 | 7,712.18 | 4,487.82 | 63 | 10,954.00 | 7,119.08 | 3,834.92 | 65 |
| 710205 Repairs and Maintenance | 5,770.00 | 19,818.18 | 14,048.18- | 343 | 5,410.00 | 1,068.50 | 4,341.50 | 20 |
| 710210 Software Maintenance | 350.00 | | 350.00 | | | 350.00 | 350.00- | |
| 710300 Operating Supplies | 67,575.00 | 67,784.44 | 209.44- | 100 | 86,391.00 | 57,444.27 | 28,946.73 | 66 |
| 710312 Special Dept Expense | | | | | | 125.00- | 125.00- | |

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 8, FY 2010

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 710334 Copy Machine Expense | 16,596.00 | 7,437.30 | 9,158.70 | 45 | 17,183.00 | 9,329.46 | 7,853.54 | 54 |
| 710350 Office Supplies | 15,447.00 | 5,383.81 | 10,063.19 | 35 | 16,679.00 | 11,816.47 | 4,862.53 | 71 |
| 710355 Books and Subscriptions | 1,800.00 | 907.62 | 892.38 | 50 | 4,595.00 | 1,488.14 | 3,106.86 | 32 |
| 710360 Postage | 4,864.00 | 3,366.69 | 1,497.31 | 69 | 4,360.00 | 4,870.81 | 520.81 | 112 |
| 710361 Express and Courier | 535.00 | 120.53 | 414.47 | 23 | 3,650.00 | 82.11 | 3,567.89 | 2 |
| 710500 Other Expense | 48,075.30 | 17,838.64 | 30,236.66 | 37 | 43,298.75 | 15,542.15 | 27,756.60 | 36 |
| 710502 Printing | 13,325.24 | 3,094.94 | 10,230.30 | 23 | 16,784.00 | 2,884.77 | 13,899.23 | 17 |
| 710503 Licenses & Permits | 3,800.00 | 745.00 | 3,055.00 | 20 | 4,780.00 | 2,819.20 | 1,960.80 | 59 |
| 710504 Registration | 900.00 | | 900.00 | | | | | |
| 710505 Rental Equipment | 469.00 | | 469.00 | | | | 469.00 | |
| 710506 Dept Insurance Deductible | 273.40 | | 273.40 | | | | | |
| 710507 Network and Data Lines | 1,405.00 | 1,350.90 | 54.10 | 96 | 455.00 | 2,179.82 | 1,724.82 | 479 |
| 710508 Telephone Land Lines | 18,212.00 | 9,819.49 | 8,392.51 | 54 | 24,270.00 | 11,370.41 | 12,899.59 | 47 |
| 710509 Seminars and Meetings | 10,700.00 | 2,095.00 | 8,605.00 | 20 | 34,897.00 | 25,980.50 | 8,916.50 | 74 |
| 710512 Auto Expense | 14,610.00 | 6,034.55 | 8,575.45 | 41 | 20,542.00 | 7,048.29 | 13,493.71 | 34 |
| 710519 Cellular Phone | 462.00 | 550.24 | 88.24 | 119 | 2,178.00 | 720.23 | 1,457.77 | 33 |
| 710529 Dues | 1,550.00 | 819.00 | 731.00 | 53 | 2,050.00 | 300.00 | 1,750.00 | 15 |
| 710535 Credit Card Fees | 5,935.00 | 2,443.24 | 3,491.76 | 41 | | 2,908.16 | 2,908.16 | |
| 710546 Advertising | 28,748.00 | 21,497.63 | 7,250.37 | 75 | 29,092.00 | 30,808.53 | 1,716.53 | 106 |
| 710577 Uniforms & Special Clothing | 350.00 | | 350.00 | | 450.00 | | 450.00 | |
| 710590 Bad Debt Expense | | 459.00 | 459.00 | | | | | |
| 710703 Biologicals | 286,952.00 | 87,541.45 | 199,410.55 | 31 | 282,109.61 | 144,187.34 | 137,922.27 | 51 |
| 710714 Referral Services | 11,300.00 | | 11,300.00 | | 8,700.00 | 1,260.00 | 7,440.00 | 14 |
| 710721 Outpatient | 122,502.00 | 73,496.50 | 49,005.50 | 60 | 140,067.88 | 62,967.59 | 77,100.29 | 45 |
| 710872 Food Purchases | 2,300.00 | 860.58 | 1,439.42 | 37 | 1,850.00 | 1,194.21 | 655.79 | 65 |
| 711010 Utilities | | 228.00 | 228.00 | | | | | |
| 711113 Equip Srv Replace | 1,397.28 | 1,174.32 | 222.96 | 84 | 1,800.00 | 1,313.08 | 486.92 | 73 |
| 711114 Equip Srv O & M | 904.60 | 252.16 | 652.44 | 28 | 3,129.54 | 1,043.96 | 2,085.58 | 33 |
| 711115 Equip Srv Motor Pool | 4,845.00 | 320.00 | 4,525.00 | 7 | 320.00 | 687.50 | 367.50 | 215 |
| 711117 ESD Fuel Charge | 538.69 | | 538.69 | | | | | |
| 711119 Prop & Liab Billings | 21,861.00 | 14,573.92 | 7,287.08 | 67 | 21,675.00 | 14,450.00 | 7,225.00 | 67 |
| 711210 Travel | 43,747.50 | 3,818.76 | 39,928.74 | 9 | 54,991.00 | 13,359.57 | 41,631.43 | 24 |
| 711504 Equipment nonCapital | 5,950.00 | 4,786.09 | 1,163.91 | 80 | 5,017.00 | 1,831.39 | 3,185.61 | 37 |
| * Services and Supplies | 1,257,000.01 | 597,001.54 | 659,998.47 | 47 | 1,511,485.48 | 723,955.91 | 787,529.57 | 48 |
| ** Expenses | 6,323,764.85 | 3,565,220.02 | 2,758,544.83 | 56 | 6,918,226.20 | 4,364,145.63 | 2,554,080.57 | 63 |
| *** Total | 2,800,899.16 | 1,887,186.29 | 913,712.87 | 67 | 3,345,003.20 | 2,432,613.96 | 912,389.24 | 73 |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-------------------------------------|---------------|---------------|--------------|------|---------------|---------------|--------------|------|
| 422503 Environmental Permits | 69,000.00- | 30,713.00- | 38,287.00- | 45 | 125,000.00- | 85,202.21- | 39,797.79- | 68 |
| 422504 Pool Permits | 33,000.00- | 17,770.00- | 15,230.00- | 54 | 100,000.00- | 35,581.00- | 64,419.00- | 36 |
| 422505 RV Permits | 10,500.00- | 7,133.00- | 3,367.00- | 68 | 15,000.00- | 11,144.00- | 3,856.00- | 74 |
| 422507 Food Service Permits | 355,000.00- | 243,348.00- | 111,652.00- | 69 | 410,000.00- | 268,543.00- | 141,457.00- | 65 |
| 422508 Wat Well Const Perm | 44,000.00- | 21,998.00- | 22,002.00- | 50 | 40,000.00- | 18,372.00- | 21,628.00- | 46 |
| 422509 Water Company Permits | 12,000.00- | 3,133.00- | 8,867.00- | 26 | 25,000.00- | 6,890.00- | 18,110.00- | 28 |
| 422511 ISDS Permits | 90,000.00- | 30,307.85- | 59,692.15- | 34 | 125,000.00- | 55,735.00- | 69,265.00- | 45 |
| 422513 Special Event Permits | 75,000.00- | 50,933.20- | 24,066.80- | 68 | 80,000.00- | 60,004.00- | 19,996.00- | 75 |
| 422514 Initial Applic Fee | 38,000.00- | 20,841.00- | 17,159.00- | 55 | 17,440.00- | 17,440.00- | 17,440.00- | 61 |
| * Licenses and Permits | 726,500.00- | 426,177.05- | 300,322.95- | 59 | 920,000.00- | 558,911.21- | 361,088.79- | 61 |
| 431100 Federal Grants | 277,000.00- | 123,226.38- | 153,773.62- | 44 | 277,000.00- | 133,836.57- | 143,163.43- | 48 |
| 432100 State Grants | 75,000.00- | 37,750.00- | 37,250.00- | 50 | 75,250.00- | 38,250.00- | 37,000.00- | 51 |
| 432310 Tire Fee NRS 444A.090 | 370,534.52- | 299,675.99- | 70,858.53- | 81 | 415,000.00- | 276,583.09- | 138,416.91- | 67 |
| * Intergovernmental | 722,534.52- | 460,652.37- | 261,882.15- | 64 | 767,250.00- | 448,669.66- | 318,580.34- | 58 |
| 460162 Services to Other Agencies | | | | | 109,365.10- | 14,929.03- | 94,436.07- | 14 |
| 460509 Water Quality | | | | | | 280.00- | 280.00- | |
| 460510 IT Overlay | 121,001.00- | 70,504.00- | 50,497.00- | 58 | 150,000.00- | 84,255.00- | 65,745.00- | 56 |
| 460513 Other Health Service Charges | 8,000.00- | 2,145.00- | 5,855.00- | 27 | 14,000.00- | 4,765.00- | 9,235.00- | 34 |
| 460514 Food Service Certification | 8,000.00- | 10,798.00- | 2,798.00- | 135 | 8,000.00- | 4,771.00- | 3,229.00- | 60 |
| 460520 Eng Serv Health | 90,500.00- | 37,243.00- | 53,257.00- | 41 | 120,000.00- | 86,020.00- | 33,980.00- | 72 |
| 460521 Plan Review - Pools & Spas | 5,000.00- | 5,395.00- | 395.00- | 108 | 3,000.00- | 3,488.00- | 488.00- | 116 |
| 460523 Plan Review - Food Services | 30,000.00- | 14,937.15- | 15,062.85- | 50 | 40,000.00- | 20,604.46- | 19,395.54- | 52 |
| 460525 Plan Review - Vector | 64,000.00- | 20,304.00- | 43,696.00- | 32 | 75,000.00- | 39,004.00- | 35,996.00- | 52 |
| 460532 Plan Rvw Hotel/Motel | | 299.00- | 299.00- | | | | | |
| 460533 Quick Start | | 344.00- | 344.00- | | | | | |
| 460534 Child Care Inspection | 9,000.00- | 5,395.00- | 3,605.00- | 60 | | | | |
| 460535 Pub Accomod Inspectn | 21,000.00- | 9,437.00- | 11,563.00- | 45 | | | | |
| 460570 Education Revenue | | 2,740.00- | 2,740.00- | | | | | |
| * Charges for Services | 356,501.00- | 179,541.15- | 176,959.85- | 50 | 519,365.10- | 258,116.49- | 261,248.61- | 50 |
| 485100 Reimbursements | | 150.00- | 150.00- | | | | | |
| 485300 Other Misc Govt Rev | | 173.00- | 173.00- | | | | | |
| * Miscellaneous | | 323.00- | 323.00- | | | | | |
| ** Revenue | 1,805,535.52- | 1,066,693.57- | 738,841.95- | 59 | 2,206,615.10- | 1,265,697.36- | 940,917.74- | 57 |
| 701110 Base Salaries | 3,399,403.84 | 1,893,225.32 | 1,506,178.52 | 56 | 3,324,778.61 | 2,109,325.06 | 1,215,453.55 | 63 |
| 701130 Pooled Positions | 90,097.00 | 61,145.24 | 28,951.76 | 68 | 125,737.00 | 45,821.47 | 79,915.53 | 36 |
| 701140 Holiday Work | 1,500.00 | 846.49 | 653.51 | 56 | 1,500.00 | 1,175.92 | 324.08 | 78 |
| 701150 Contractual Wages | 9,500.00 | 6,121.44 | 3,378.56 | 64 | 7,113.35 | 7,113.35 | 7,113.35 | |
| 701200 Incentive Longevity | 52,100.00 | 23,246.17 | 28,853.83 | 45 | 53,900.00 | 23,773.08 | 30,126.92 | 44 |
| 701300 Overtime | 34,288.00 | 18,600.67 | 15,687.33 | 54 | 55,000.00 | 19,106.61 | 35,893.39 | 35 |
| 701406 Standby Pay | 30,000.00 | 22,153.93 | 7,846.07 | 74 | 35,000.00 | 22,600.72 | 12,399.28 | 65 |
| 701408 Call Back | 3,000.00 | 2,180.92 | 819.08 | 73 | 5,000.00 | 2,411.69 | 2,588.31 | 48 |
| 701412 Salary Adjustment | 304.20- | | 304.20- | | | | | |
| 701413 Vac Payoff/Sick Pay-Term | | 21,031.55 | 21,031.55- | | | 18,507.87 | 18,507.87- | |
| 701417 Comp Time | | 10,046.59 | 10,046.59- | | | 560.15 | 560.15- | |
| * Salaries and Wages | 3,619,584.64 | 2,058,598.32 | 1,560,986.32 | 57 | 3,600,915.61 | 2,250,395.92 | 1,350,519.69 | 62 |
| 705110 Group Insurance | 480,654.08 | 271,259.55 | 209,394.53 | 56 | 411,165.33 | 255,804.75 | 155,360.58 | 62 |
| 705210 Retirement | 740,272.62 | 415,619.06 | 324,653.56 | 56 | 692,578.60 | 440,040.66 | 252,537.94 | 64 |
| 705230 Medicare April 1986 | 43,911.91 | 25,981.86 | 17,930.05 | 59 | 42,676.59 | 28,353.63 | 14,322.96 | 66 |
| 705320 Workmens Comp | 18,535.00 | 12,356.56 | 6,178.44 | 67 | 20,800.00 | 13,793.24 | 7,006.76 | 66 |

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 705330 Unemply Comp | 3,575.00 | 3,575.00 | | 100 | 3,380.00 | 3,453.32 | 73.32- | 102 |
| * Employee Benefits | 1,286,948.61 | 728,792.03 | 558,156.58 | 57 | 1,170,600.52 | 741,445.60 | 429,154.92 | 63 |
| 710100 Professional Services | 179,930.29 | 75,871.00 | 104,059.29 | 42 | 131,160.62 | 57,676.88 | 73,483.74 | 44 |
| 710105 Medical Services | 500.00 | 1,758.50 | 1,258.50- | 352 | 150.00 | 414.00 | 264.00- | 276 |
| 710115 Prof Eng Services | | | | | | 1,208.31 | 1,208.31- | |
| 710200 Service Contract | 87,300.00 | 45,361.44 | 41,938.56 | 52 | 104,700.00 | 62,534.48 | 42,165.52 | 60 |
| 710205 Repairs and Maintenance | 1,000.00 | 969.48 | 30.52 | 97 | 1,100.00 | 768.70 | 331.30 | 70 |
| 710210 Software Maintenance | | 17,802.29 | 17,802.29- | | | | | |
| 710300 Operating Supplies | 23,593.05 | 8,897.84 | 14,695.21 | 38 | 14,392.81 | 9,338.39 | 5,054.42 | 65 |
| 710302 Small Tools & Allow | 1,385.00 | 750.33 | 634.67 | 54 | 2,950.00 | 2,950.00 | 2,950.00 | |
| 710308 Animal Supplies | 2,000.00 | | 2,000.00 | | 2,000.00 | | 2,000.00 | |
| 710312 Special Dept Expense | | | | | | 25.00 | 25.00- | |
| 710319 Chemical Supplies | 560,707.00 | 360,810.19 | 199,896.81 | 64 | 621,588.00 | 361,579.46 | 260,008.54 | 58 |
| 710334 Copy Machine Expense | 1,280.00 | 413.01 | 866.99 | 32 | 4,550.00 | 607.92 | 3,942.08 | 13 |
| 710350 Office Supplies | 9,150.00 | 7,035.89 | 2,114.11 | 77 | 9,075.00 | 6,464.36 | 2,610.64 | 71 |
| 710355 Books and Subscriptions | 1,600.00 | 838.24 | 761.76 | 52 | 2,000.00 | 2,692.43 | 692.43- | 135 |
| 710360 Postage | 5,900.00 | 6,655.59 | 755.59- | 113 | 1,250.00 | 4,657.63 | 3,407.63- | 373 |
| 710361 Express and Courier | 300.00 | 93.38 | 206.62 | 31 | 7,100.00 | 123.23 | 6,976.77 | 2 |
| 710391 Fuel & Lube | 100.00 | | 100.00 | | 100.00 | 108.60 | 8.60- | 109 |
| 710500 Other Expense | 800.00 | | 800.00 | | 3,400.00 | 2,911.55 | 488.45 | 86 |
| 710502 Printing | 3,225.00 | 1,452.07 | 1,772.93 | 45 | 4,060.00 | 1,351.83 | 2,708.17 | 33 |
| 710503 Licenses & Permits | 2,335.00 | 1,965.00 | 370.00 | 84 | 3,135.00 | 2,180.00 | 955.00 | 70 |
| 710505 Rental Equipment | | | | | 8,000.00 | | 8,000.00 | |
| 710506 Dept Insurance Deductible | | 450.00 | 450.00- | | | 263.74 | 263.74- | |
| 710507 Network and Data Lines | 3,200.00 | 1,350.90 | 1,849.10 | 42 | | 2,325.59 | 2,325.59- | |
| 710508 Telephone Land Lines | 11,425.00 | 6,387.19 | 5,037.81 | 56 | 22,845.00 | 6,640.64 | 16,204.36 | 29 |
| 710509 Seminars and Meetings | 11,200.00 | 5,228.00 | 5,972.00 | 47 | 15,850.00 | 3,845.00 | 12,005.00 | 24 |
| 710512 Auto Expense | 375.00 | 60.78 | 314.22 | 16 | 350.00 | 55.56 | 294.44 | 16 |
| 710519 Cellular Phone | 8,405.00 | 4,647.12 | 3,757.88 | 55 | 16,813.00 | 5,454.98 | 11,358.02 | 32 |
| 710529 Dues | 896.00 | 1,214.00 | 318.00- | 135 | 1,800.00 | 1,061.00 | 739.00 | 59 |
| 710535 Credit Card Fees | 4,959.78 | 2,079.87 | 2,879.91 | 42 | 30,500.00 | 265.98 | 29,983.28 | 2 |
| 710546 Advertising | 500.00 | 84.31 | 415.69 | 17 | | 516.72 | 1,950.00 | |
| 710577 Uniforms & Special Clothing | 1,700.00 | 1,094.08 | 605.92 | 64 | 1,950.00 | | 1,950.00 | |
| 710590 Bad Debt Expense | | 444.40 | 444.40- | | | | | |
| 710600 LT Lease-Office Space | 40,636.89 | 30,335.94 | 10,300.95 | 75 | 40,636.89 | 29,626.11 | 11,010.78 | 73 |
| 710721 Outpatient | 6,048.00 | | 6,048.00 | | 4,922.00 | | 4,922.00 | |
| 711113 Equip Srv Replace | 67,963.08 | 57,410.74 | 10,552.34 | 84 | 78,780.00 | 61,069.01 | 17,710.99 | 78 |
| 711114 Equip Srv O & M | 56,517.86 | 24,443.25 | 32,074.61 | 43 | 123,072.96 | 51,047.04 | 72,025.92 | 41 |
| 711115 Equip Srv Motor Pool | 7,000.00 | 5,240.00 | 1,760.00 | 75 | 18,500.00 | 3,145.00 | 15,355.00 | 17 |
| 711117 ESD Fuel Charge | 39,610.63 | 20,007.77 | 19,602.86 | 51 | | | | |
| 711119 Prop & Liab Billings | 19,085.00 | 12,723.36 | 6,361.64 | 67 | 15,028.00 | 10,018.64 | 5,009.36 | 67 |
| 711210 Travel | 35,650.00 | 8,393.42 | 27,256.58 | 24 | 44,136.62 | 6,588.87 | 37,547.75 | 15 |
| 711504 Equipment nonCapital | 2,643.97 | | 2,643.97 | | 36,202.42 | 2,044.44 | 34,157.98 | 6 |
| * Services and Supplies | 1,198,921.55 | 712,269.38 | 486,652.17 | 59 | 1,372,098.32 | 698,611.09 | 673,487.23 | 51 |
| ** Expenses | 6,105,454.80 | 3,499,659.73 | 2,605,795.07 | 57 | 6,143,614.45 | 3,690,452.61 | 2,453,161.84 | 60 |
| ** Other Financing Src/Use | 350,000.00- | | 350,000.00- | | 350,000.00- | | 350,000.00- | |
| 621001 Transfer From General | 350,000.00- | | 350,000.00- | | 350,000.00- | | 350,000.00- | |
| *** Total | 3,949,919.28 | 2,432,966.16 | 1,516,953.12 | 62 | 3,586,999.35 | 2,424,755.25 | 1,162,244.10 | 68 |

Washington County Health District
Epidemiology and Public Health Preparedness
Pds 1 - 8, FY 2010

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-------------------------------------|---------------|---------------|---------------|------|---------------|-------------|---------------|------|
| 431100 Federal Grants | 3,414,126.66- | 1,165,332.92- | 2,248,793.74- | 34 | 1,953,739.25- | 834,166.24- | 1,119,573.01- | 43 |
| 431105 Federal Grants - Indirect | 31,540.00- | 12,505.93- | 19,034.07- | 40 | | 11,320.41- | 11,320.41 | |
| * Intergovernmental | 3,445,666.66- | 1,177,838.85- | 2,267,827.81- | 34 | 1,953,739.25- | 845,486.65- | 1,108,252.60- | 43 |
| 460511 Birth and Death Certificates | 215,000.00- | 142,901.00- | 72,099.00- | 66 | 230,000.00- | 145,202.20- | 84,797.80- | 63 |
| * Charges for Services | 215,000.00- | 142,901.00- | 72,099.00- | 66 | 230,000.00- | 145,202.20- | 84,797.80- | 63 |
| 485300 Other Misc Govt Rev | | 90.00- | 90.00 | | | | | |
| * Miscellaneous | | 90.00- | 90.00 | | | | | |
| ** Revenue | 3,660,666.66- | 1,320,829.85- | 2,339,836.81- | 36 | 2,183,739.25- | 990,688.85- | 1,193,050.40- | 45 |
| 701110 Base Salaries | 1,123,682.40 | 650,940.34 | 472,742.06 | 58 | 1,128,945.85 | 648,246.57 | 480,699.28 | 57 |
| 701120 Part Time | 35,577.94 | 53,140.68 | 17,562.74- | 149 | 54,341.12 | 37,827.70 | 16,513.42 | 70 |
| 701130 Pooled Positions | 38,400.00 | 25,419.29 | 12,980.71 | 66 | | | | |
| 701150 Contractual Wages | 196,000.00 | 52,433.20 | 143,566.80 | 27 | 29,037.14 | 13,214.94 | 15,822.20 | 46 |
| 701200 Incentive Longevity | 8,141.00 | 2,895.48 | 5,245.52 | 36 | 7,910.50 | 2,896.09 | 5,014.41 | 37 |
| 701300 Overtime | 253,000.00 | 98,609.86 | 154,390.14 | 39 | 2,000.00 | 3,670.13 | 1,670.13- | 184 |
| 701412 Salary Adjustment | 64,406.92 | | 64,406.92 | | 26,900.35 | | 26,900.35 | |
| 701413 Vac Payoff/Sick Pay-Term | | 5,536.75 | 5,536.75- | | | 428.93 | 428.93- | |
| 701417 Comp Time | | 7,537.51 | 7,537.51- | | | | | |
| * Salaries and Wages | 1,719,208.26 | 896,513.11 | 822,695.15 | 52 | 1,249,134.96 | 706,284.36 | 542,850.60 | 57 |
| 705110 Group Insurance | 140,445.78 | 90,049.26 | 50,396.52 | 64 | 135,468.26 | 69,129.20 | 66,339.06 | 51 |
| 705210 Retirement | 250,368.19 | 140,152.86 | 110,215.33 | 56 | 244,226.49 | 138,302.69 | 105,923.80 | 57 |
| 705230 Medicare April 1986 | 15,824.28 | 11,775.30 | 4,048.98 | 74 | 16,553.27 | 9,385.72 | 7,167.55 | 57 |
| 705320 Workmens Comp | 6,307.45 | 2,246.64 | 4,060.81 | 36 | 8,000.00 | 5,066.64 | 2,933.36 | 63 |
| 705330 Unemploy Comp | 1,170.00 | 1,160.00 | 10.00 | 99 | 1,300.00 | 1,235.00 | 65.00 | 95 |
| 705360 Benefit Adjustment | 11,009.31 | | 11,009.31 | | | | | |
| * Employee Benefits | 425,125.01 | 245,384.06 | 179,740.95 | 58 | 405,548.02 | 223,119.25 | 182,428.77 | 55 |
| 710100 Professional Services | 1,366,450.02 | 54,331.44 | 1,312,118.58 | 4 | 409,145.21 | 168,010.39 | 241,134.82 | 41 |
| 710105 Medical Services | 100.00 | 690.00 | 590.00- | 690 | 200.00 | 8,000.00 | 200.00 | 67 |
| 710108 MD Consultants | 12,000.00 | 7,000.00 | 5,000.00 | 58 | 12,000.00 | 8,000.00 | 4,000.00 | 67 |
| 710200 Service Contract | 1,610.00 | 4,571.19 | 2,961.19- | 284 | 600.00 | 851.78 | 251.78- | 142 |
| 710205 Repairs and Maintenance | 600.00 | 942.00 | 342.00- | 157 | 1,233.00 | 299.75 | 933.25 | 24 |
| 710210 Software Maintenance | | 9,000.00 | 9,000.00- | | | 9,000.00 | 9,000.00- | |
| 710300 Operating Supplies | 93,666.88 | 16,310.47 | 77,356.41 | 17 | 45,397.85 | 22,540.12 | 22,857.73 | 50 |
| 710334 Copy Machine Expense | 2,300.30 | 1,626.94 | 673.36 | 71 | 3,362.98 | 1,523.37 | 1,839.61 | 45 |
| 710350 Office Supplies | 19,102.26 | 6,567.66 | 12,534.60 | 34 | 10,279.55 | 10,560.14 | 280.59- | 103 |
| 710355 Books and Subscriptions | 2,663.00 | 1,700.49 | 962.51 | 64 | 1,799.50 | 1,115.08 | 684.42 | 62 |
| 710360 Postage | 12,400.44 | 1,545.39 | 10,855.05 | 12 | 1,351.57 | 2,034.04 | 682.47- | 150 |
| 710361 Express and Courier | | | | | 3,700.00 | 3,700.00 | 3,700.00 | |
| 710500 Other Expense | 31,826.00 | 12,432.13 | 31,826.00 | | 3,620.00 | 3,541.76 | 78.24 | 98 |
| 710502 Printing | 24,573.00 | 869.00 | 12,140.87 | 51 | 9,029.48 | 3,743.44 | 5,286.04 | 41 |
| 710505 Rental Equipment | 1,000.00 | 270.18 | 131.00 | 87 | | | | |
| 710507 Network and Data Lines | | 2,900.16 | 7,223.89 | | 2,680.48 | 3,489.89 | 304.69- | |
| 710508 Telephone Land Lines | 10,124.05 | 1,130.00 | 90.00 | 29 | 6,249.00 | 2,310.00 | 809.41- | 130 |
| 710509 Seminars and Meetings | 1,220.00 | 934.84 | 698.70- | 93 | 1,003.18 | 652.01 | 3,939.00 | 37 |
| 710512 Auto Expense | 236.14 | 1,616.72 | 1,036.72- | 396 | 686.00 | 1,086.82 | 351.17 | 65 |
| 710519 Cellular Phone | 580.00 | 50.00 | 590.00 | 279 | 40.00 | 345.00 | 400.82- | 158 |
| 710529 Dues | 640.00 | 544.86 | 544.86- | 8 | | | 305.00- | 863 |
| 710535 Credit Card Fees | | 1,059.31 | 359.31- | | 334.52 | | | |
| 710546 Advertising | 700.00 | | | 151 | | | 334.52 | |

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 8, FY 2010

| Accounts | 2010 Plan | 2010 Actuals | Balance | Act% | 2009 Plan | 2009 Actual | Balance | Act% |
|-----------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 710585 Undesignated Budget | 31,540.05 | | 31,540.05 | | | | | |
| 710590 Bad Debt Expense | | 390.00 | 390.00- | | | | | |
| 710620 LT Lease-Equipment | | | | | 5,940.00 | 2,971.00 | 2,969.00 | 50 |
| 710703 Biologicals | 4,300.68 | 224.22 | 4,076.46 | 5 | 4,900.00 | | 4,900.00 | |
| 710721 Outpatient | 3,000.00 | 523.04 | 2,476.96 | 17 | 3,000.00 | 1,195.25 | 1,804.75 | 40 |
| 711010 Utilities | | 1,071.00 | 1,071.00- | | | | | |
| 711114 Equip Srv O & M | 200.00 | 504.75 | 504.75- | | 100.00 | 470.38 | 470.38- | |
| 711115 Equip Srv Motor Pool | 1,200.00 | 37.50 | 162.50 | 19 | | 75.00 | 25.00 | 75 |
| 711117 ESD Fuel Charge | 6,246.00 | | 1,200.00 | | | | | |
| 711119 Prop & Liab Billings | 54,281.00 | 4,164.00 | 2,082.00 | 67 | 5,491.00 | 3,660.72 | 1,830.28 | 67 |
| 711210 Travel | 61,364.14 | 2,344.12 | 51,936.88 | 4 | 33,453.60 | 7,419.12 | 26,034.48 | 22 |
| 711504 Equipment nonCapital | 1,743,923.96 | 117,471.74 | 56,107.60- | 191 | 57,061.61 | 24,641.20 | 32,420.41 | 43 |
| * Services and Supplies | 279,716.50 | 252,823.15 | 1,491,100.81 | 14 | 622,658.53 | 279,840.95 | 342,817.58 | 45 |
| * Capital Outlay | 4,167,973.73 | 87,704.12 | 192,012.38 | 31 | 404,326.00 | 83,688.59 | 320,637.41 | 21 |
| ** Expenses | 507,307.07 | 1,482,424.44 | 2,685,549.29 | 36 | 2,681,667.51 | 1,292,933.15 | 1,388,734.36 | 48 |
| *** Total | | 161,594.59 | 345,712.48 | 32 | 497,928.26 | 302,244.30 | 195,683.96 | 61 |

DBOH, Item # 11.A
3/25/2010

WASHOE COUNTY HEALTH DISTRICT
FISCAL YEAR 11
MARCH 25, 2010

FY 10 VACANT POSITIONS - CURRENTLY IN RECRUITMENT

| PC# | CC/IO | Title | Program | Cost to Local | Start Date/Delay |
|----------|------------------|------------------------------|---------|----------------------|------------------|
| 70002261 | 1723/10019/10021 | Air Quality Specialist | AQM | \$ 67,904.19 | |
| 70002291 | 171700 | Epidemiologist | Epi | \$ 91,666.92 | |
| 70002238 | 172400 | Environmental Health Spec. | Gen EHS | \$ 87,056.64 | |
| 70002240 | 172400 | Environmental Health Spec. | Gen EHS | \$ 87,056.64 | |
| 70004308 | 10708 | Public Hlth Emerg Resp Coord | PHP | \$ - | |
| 70002186 | 1746/10031 | Community Health Aide | WIC | \$ - | |
| | | | | \$ 333,684.39 | |

FY 11 VACANT POSITIONS - FUNDED

| PC# | CC/IO | Title | Program | Cost to Local | Start Date/Delay |
|----------|------------|---|-------------|----------------------|------------------|
| 70002170 | 170200 | Administration Assistant I | AHS | \$ 74,787.96 | 7/1/10 |
| 70002303 | 1723/10019 | Public Information Officer* | AQM | \$ 47,608.27 | 10/1/10 |
| 70002294 | 171700 | Sr. Epidemiologist | Epi | \$ 72,592.11 | 10/1/10 |
| 70002289 | 170400 | EMS Coordinator | EMS | \$ 91,666.92 | 7/1/10 |
| 70002229 | 172404 | Sr. Environmental Health Spec. | Food | \$ 83,595.12 | 3 mos from promo |
| 70002237 | 172404 | Environmental Health Spec. | Food | \$ 43,528.32 | 1/1/11 |
| 70002248 | 20269 | Environmental Health Spec. *(reclass to be determined) | Solid Waste | \$ - | 7/1/10 |
| | | | | \$ 413,778.70 | |


FY 11 VACANT POSITIONS - HELD FY11

| PC# | CC/IO | Title | Program | Cost to Local |
|----------|------------|---------------------------|---------|---------------|
| 70004775 | 170200 | GIS Specialist | AHS | \$ - |
| 70002161 | 1723/10019 | Administrative Sec. Supv. | AQM | \$ - |
| 70002298 | 172400 | Licensed Engineer | Gen EHS | \$ - |
| | | | | \$ - |

DBOH Item # 11.B.
3/25/10

**Budget Presentation
Fiscal Year 11**


Mary A. Anderson, MD, MPH, FACPM
District Health Officer
5 April 2010



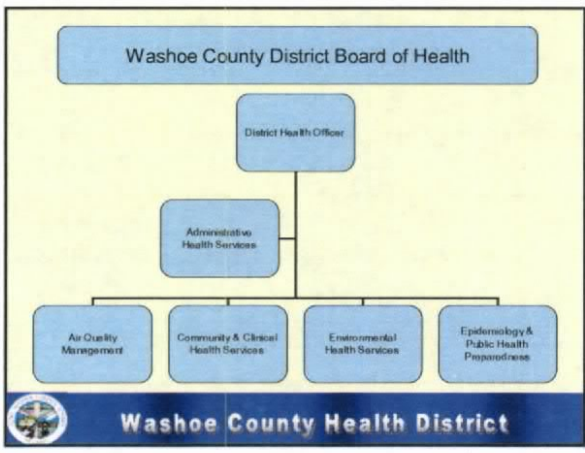
Washoe County Health District

Mission

The Washoe County Health District protects and enhances the physical well being and quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and environmental services.



Washoe County Health District



Authorized Positions/FTEs

| | | |
|-------|-----|--------|
| AHS | 35 | 33.78 |
| AQM | 21 | 20.38 |
| CCHS | 54 | 49.44 |
| EHS | 58 | 53.66 |
| EPHP | 22 | 19.42 |
| TOTAL | 190 | 176.68 |

FY 10 Positions = 203



Washoe County Health District

District Board of Health

| | |
|------------------|---|
| ➤ City of Reno | ❖ Councilman Dan Gustin ❖ Mr. Matt Smith |
| ➤ City of Sparks | ❖ Councilwoman Julia Ratti ❖ Dr. Denis Humphreys, OD |
| ➤ Washoe County | ❖ Commissioner Kitty Jung ❖ Dr. George Furman, MD |
| ➤ DBOH Appointee | ❖ Dr. Amy Khan, MD, MPH |



Washoe County Health District

DBOH Strategic Priorities

- Monitor health status and understand health issues facing the community
- Protect population from health problems and health hazards
- Give people information they need to make healthy choices
- Enforce public health laws & regulations
- Develop our workforce
- Promote financial accountability and stability



Washoe County Health District

Washoe County Health District

- Is intertwined with Public Safety
 - ❖ Enforces laws and regulations that protect health and ensure safety
- Identifies and addresses health threats
 - ❖ Responds "24/7" to outbreaks, environmental threats
- Improves longevity and quality of life
- Informs, educates & empowers people about health issues



Washoe County Health District

Major Accomplishments FY 09/10

- Designated as U.S. EPA "NCore" site
 - ❖ One of only 52 such monitoring sites
- Held 1st Childhood Obesity Forum in NV
 - ❖ Released Body Mass Index data from schools
- Sustained response to H1N1
 - ❖ >20,500 inoculations for County residents
 - ❖ Exceptional teamwork among all divisions
 - ❖ Extraordinary volunteerism – CERT & MRC



Washoe County Health District

Organizational Optimization

- In FY08, District Board of Health:
 - ❖ Implemented long-term restructuring strategy
 - ❖ Prioritized programs, resources, and positions
- FY11 reduction target of \$253,000
 - ❖ Represents 3% of General Fund transfer
 - ❖ Achieved through savings from structural changes



Washoe County Health District

FY11 Budget

| | |
|-----------------------|-----------------|
| Opening Fund Balance | \$ 1,970,368 |
| General Fund Transfer | \$ 8,542,500* |
| Revenues - Operations | \$ 8,697,738 |
| Expenditures | \$ (18,495,330) |
| Ending Fund Balance | \$ 715,276 * |

- ❖ Includes \$253,000 General Fund reduction (3.0%)
- ❖ FY10 General Fund Transfer was \$8,795,500
- ❖ Ending Fund Balance is 3.9% of FY11 Expenditures



Washoe County Health District

Impact of Legislative Actions

➤ 2010 Special Session:

- ❖ "Fund for a Healthy Nevada"
 - Part of the Master Tobacco Settlement
 - Tobacco Prevention Allocation swept by State

❖ Past funding:

- FY09 \$222,957
- FY10 \$192,883
- FY11 \$ -0-



Washoe County Health District

Regulatory Pressures

➤ Air Quality

- ❖ Environmental Protection Agency regulations
- ❖ Poor air quality resulting in non-attainment

➤ Environmental Health

- ❖ Food & Drug Administration uniform food code
- ❖ Recycling rate (25%) – possible increase (75%)
 - Statewide repercussions and legislation



Washoe County Health District

Public Health Challenges - Services

- Increased demands on public health
- Decreased ability to provide services
 - ❖ Loss of experienced public health specialists
 - ❖ "Bare bones" preventive efforts
- Nationwide problems - local effects
 - ❖ Unknown behavior of H1N1 or "new flu"
 - ❖ Mumps, measles & chickenpox on the rise
 - ❖ Foreclosures – abandoned property issues



Washoe County Health District

Public Health Challenges - Fiscal

- State Legislative or State Administrative actions
- Instability of public health grants - Federal & State
- Economic impacts on fees
- Availability of Vector Control Funds
- Stability of General Fund transfer at 3% reduction

Nevada ranks 51st in the nation
in State Funding for Public Health.



Washoe County Health District



Public Health
Prevent. Promote. Protect.
www.washoecounty.us/health



Washoe County Health District



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: March 25, 2010

DATE: March 8, 2010

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
775-325-8068, lcooke@washoecounty.us *LC*

THROUGH: Eileen Coulombe, Administrative Health Services Officer
775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Public Hearing – Proposed revisions to the Health Department Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health Department Fee Schedule. Revisions are being proposed to the Department Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations

AGENDA ITEM # 12.

Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction. A copy of the proposed schedule is attached.

Goal supported by this item: Approval of the proposed fees supports the District Board of Health's strategic priority: *Promote financial accountability and stability.* It also supports the Washoe County Priority/Goal: *Government Efficiency and Financial Stability.*

PREVIOUS ACTION

The District Board of Health approved revisions to the Department Fee Schedule on the following dates:

- Administrative Health Services:
Board approved on February 26, 2009 with an effective date of July 1, 2009
- Air Quality Management:
Board approved on February 26, 2009 with an effective date of July 1, 2009
- Community and Clinical Health Services:
Board approved on February 26, 2009 with an effective date of July 1, 2009
- Environmental Health Services:
Board approved on February 26, 2009 with an effective date of July 1, 2009
- Epidemiology and Public Health Preparedness:
Board approved on February 26, 2009 with an effective date of July 1, 2009

BACKGROUND

Revisions to the Department Fee Schedule have been prepared to account for changes in total personnel costs (salaries and benefits), the amount of staff time necessary to perform the activity and the indirect cost rate. The Washoe County FY10 budget included NO cost of living salary increase for supervisory and non-supervisory employees. The fee calculations represent a weighted compilation of the following factors:

- An hourly wage decrease due to employee shared cost of PERS contribution increase, effective July 20, 2009
- An increase in the employer provided PERS contribution, effective July 20, 2009
- An increase in the average health insurance cost per employee, effective July 1, 2009
- A decrease in the average longevity cost per employee, effective July 1, 2009

- A reduction in the Indirect Cost Rate, effective July 1, 2009

A fee justification notebook includes the methodology for each fee. The proposed fee schedule revisions are attached.

Since the last District Board of Health approval on February 26, 2009, the Community and Clinical Health Services Division requested four interim revisions that were approved by the Administrative Health Services Officer. The requests reflected changes to the fees for:

- 1) Vaccines to account for reactivation of procedure codes (lab/outpatient and pharmaceutical) that were excluded from the adopted FY10 fee schedule;
- 2) Updated vaccine costs, cost of personnel, direct supplies, indirect cost rate, and update the Influenza and Pneumococcal immunization fees consistent per the agreement with community providers for the upcoming season;
- 3) Change the clinic sliding fee schedule from 0%, 30%, 60%, 90%, 100% to 0%, 25%, 50%, 75%, 100% per federal grant requirements and;
- 4) Add Tuberculosis procedures and pharmaceuticals specific to pediatric treatment

Public workshops were noticed in the Reno Gazette Journal on December 4 (Fri.); December 7 (Mon); and December 9 (Wed) of 2009. On December 14, 2009, 7,968 notices, copy attached, were mailed to affected permit holders, businesses, as well as other identified stakeholders and members of industry, giving notice of the proposed revisions and the public workshops. To date only 62 (0.78%) of the notices have been returned. A list of the parties that received the mailings is not attached, but can be provided upon request.

Public workshops were held on Friday, January 8, 2010 at 9:00 a.m.; Monday, January 11, 2010 at 2:00 p.m.; and Wednesday, January 13, 2010 at 5:30 p.m. The proposed fee schedule was made available for the attendees. In total, 8 members of the public attended the three workshops; all questions/concerns were addressed. In addition, 16 inquiry requests were fielded. Inquiries from the public workshops and additional inquiries can be categorized as follows:

- Am I required to attend the public workshops or public hearing?
- Why did I receive a notification?
- Requests for copies of the proposed fee schedule
- Which fees apply to particular businesses?
- Food Protection Instructor Certification/Re-certification
 - The individuals affected by the fee were offered a separate workshop on Friday, December 9, 2009 at 9:00 am.

The proposed fee schedule for Air Quality Management and Environmental Health Services was posted to the Health Department Internet on Tuesday, December 8, 2009. The proposed fee schedules for Administrative Health Services, Clinical and Community Health Services, and Epidemiology and Public Health Preparedness were posted to the Health Department Internet on Thursday, January 7, 2010.

A Public Hearing Notice on the proposed revisions to the Washoe County District Health Department's Fee Schedule was published in the Reno Gazette-Journal on February 3 (Wed),

February 5 (Fri), and February 8 (Mon) of 2010.

Business impact statements have been prepared in accordance with NRS 237.090 and are attached. If approved the proposed revisions to the fee schedule will have an effective date of July 1, 2010.

FISCAL IMPACT

Should the Board approve the proposed revisions, there will be a decrease in FY11 revenues in the following amounts:

| AHS | AQM | CCHS | EHS | EPHP | DEPARTMENT TOTAL |
|-------|----------|---------|----------|-------|---------------------|
| \$-0- | \$22,586 | \$3,829 | \$54,214 | \$-0- | \$80,629 |

The calculated revenue decreases are based on current activity levels. Regarding CCHS fees, the revenue declines are based on the budgeted fees as affected by the average decreases per program. However, clients pay based on a schedule of discounts using an income-based sliding scale based on federal poverty guidelines. As such, CCHS revenues might have a more or less significant decrease depending on collection rates versus fee rates.

In addition to the reductions calculated based on the fee revisions, any anticipation of decline of activity level have been included and brought forth as part of the FY11 budget process.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Proposed revisions to the Health Department Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

ALTERNATIVES

The District Board of Health may elect to approve, deny, modify, or revise the proposed fee schedule.

WASHOE COUNTY HEALTH DISTRICT

NOTICE OF PUBLIC WORKSHOPS

The Washoe County Health District is proposing revisions to the District's Fee Schedule. Revisions are specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

Public workshops will be conducted at the Washoe County Health District, 1001 E. 9th Street, Reno to discuss the proposed revisions on the following dates and times:

Friday, January 8, 2010 in Auditorium B at 9:00 a.m.

Monday, January 11, 2010 in Auditorium B at 2:00 p.m.

Wednesday, January 13, 2010 in Auditorium B at 5:30 p.m.

Questions or comments regarding the proposed revisions may be addressed to the Washoe County Health District, Administrative Health Services Division, Attention: Lori Cooke, P.O. Box 11130, Reno, NV 89520. Ms. Cooke can be contacted by telephone at (775) 325-8068 or via email at lcooke@washoecounty.us. Disabled members of the public who require special accommodations or assistance at the meeting(s) are requested to notify Health Administration by calling (775) 328-2400, or in writing to Washoe County Health District, P.O. Box 11130, Reno, Nevada 89520.

**Washoe County Health District
Fee Schedule
Proposed Effective Date: July 1, 2010**

Administrative Health Services

| Page # | Description | Current Fee | Proposed Fee |
|--------|--|-------------|-----------------|
| 1 | 1st Tape Recording of Public Meetings (60 minutes) | \$ 6.00 | \$ 6.00 |

Epidemiology and Public Health Preparedness

| | | | |
|---|-------------------------------------|----------|----------|
| 2 | Certified Copy of Birth Certificate | \$ 13.00 | \$ 13.00 |
| 2 | Certified Copy of Death Certificate | \$ 11.00 | \$ 11.00 |
| 2 | Vital Records Search | \$ 8.00 | \$ 8.00 |
| 2 | Verification Copy | \$ 8.00 | \$ 8.00 |

Washoe County Health District
Fee Schedule-Air Quality Management
Proposed Effective Date: July 1, 2010

| |
|-------------------------------|
| Air Quality Management |
|-------------------------------|

| Page # | Description | Current Fee | Proposed Fee |
|--------|--|-------------|--------------|
| 1 | Plan Review - Fuel Burning Equipment Only | \$ 58.00 | \$ 53.00 |
| 1 | Plan Review - < 100 tons per year | \$ 385.00 | \$ 353.00 |
| 1 | Plan Review - > 100 tons per year | \$ 1,850.00 | \$ 2,825.00 |
| 2 | Small Stationary Source Operating Permit | \$ 87.00 | \$ 80.00 |
| 3 | Stationary Source Operating Permit | \$ 52.00 | \$ 47.00 |
| 3 | Annual Emission Fee (source emitting > 2 lbs/day) | \$ 14.00 | \$ 15.00 |
| 4 | Stationary Source Toxics Permit | \$ 72.00 | \$ 66.00 |
| 4 | Annual Toxic Emission Fee (source emitting > 1 lb/day) | \$ 5.00 | \$ 6.00 |
| 5 | Operating Permit Transfer Fee (person to person) | \$ 32.00 | \$ 30.00 |
| 6 | Late Permit Application Processing Fee | \$ 226.00 | \$ 207.00 |
| 7 | Gasoline Service Station Permit Fee per Nozzle | \$ 44.00 | \$ 41.00 |
| 8 | Asbestos Assessment Plan Review | \$ 45.00 | \$ 42.00 |
| 9 | <u>Notification of Asbestos App/Removal Fees:</u> | | |
| 9-a | Non-NESHAP Demolition | \$ 123.00 | \$ 113.00 |
| 9-a | 260<520 Linear ft or 160<320 sq ft | \$ 307.00 | \$ 281.00 |
| 9-a | 520<1000 Linear ft or 320<1000 sq ft | \$ 613.00 | \$ 563.00 |
| 9-a | >1000 Linear or Square Feet | \$ 1,373.00 | \$ 1,260.00 |
| 9-a | Facility Annual Notification | \$ 2,044.00 | \$ 1,877.00 |
| 10 | Building Plan Review | \$ 39.00 | \$ 35.00 |
| 11 | Registration of Neutral Inspectors (Annual) | \$ 105.00 | \$ 97.00 |
| 12 | Woodstove Notice of Exemption | \$ 14.00 | \$ 13.00 |
| 13 | Geothermal Well Drilling Permit | \$ 382.00 | \$ 358.00 |
| 14 | Air Quality Variance Request | \$ 249.00 | \$ 228.00 |
| 15 | Dust Control Plan Review per Acre | \$ 122.00 | \$ 112.00 |
| 16 | Expert Witness Fee (per hour) | \$ 301.00 | \$ 276.00 |
| 17 | Air Quality Permit to Operate Late Fee (% of Total Fee Due) | 25% | 25% |

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse affects have been identified related to costs for individuals or businesses requesting: Asbestos Assessment Plan Reviews, and Notification of Asbestos Application/Removal Fees.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff in the Asbestos Program. The costs to businesses requesting Asbestos Assessment Plan Reviews, and Notification of Asbestos Application/Removal Fees will be reduced.

Direct Effects: The Air Quality Management Division will assess and collect fees from individuals or businesses requesting services from the Asbestos program. These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with asbestos program activities (including plan reviews, field inspection,

and completing the necessary documentation) was conducted by Air Quality Specialists. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Asbestos program currently charges a permit/review fee. The revisions will reflect decreases to fees for activities that are currently being performed. The Health District will have reduced revenues in the approximate amount of \$13,408 annually (\$2,271-Asbestos Assessment Plan Reviews; \$640-Non-NESHAP Demolition; \$988-260<520 Linear ft; \$6,350-520<1000 Linear ft; \$2,825- > 1000 Linear ft; \$334-Facility Annual Notification.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Dust Control Plan Reviews.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff in the Dust Control program. The costs to businesses requesting Dust Control Plan Review Fees will be reduced.

Direct Effects: The individuals or businesses requesting services from the Dust Control program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with dust control plan activities (including plan review, evaluation of control measures, and the number of field visits needed) was conducted by

Engineers, Air Quality Specialists and an Air Quality Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Dust Control program currently charges a review fee. The revisions will reflect decreases to fees for activities that are currently being performed. The Health District will have reduced revenues in the amount of \$10 per acre.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses that do not pay within the 30 day invoice schedule.

Beneficial Effects: The late fee amount is directly proportionate to the annual permit to operate fee. The fee is 25% of the total fee due.

Direct Effects: The individuals or businesses receiving services from the Air Quality Management Division will be charged a fee for paying late.

Indirect Effects: The additional expense realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

The proposed late fee will impact those businesses that choose not to pay the permit to operate fees on time. Since the late fee is calculated as a percentage of the permit fee, the anticipated late fees incurred by individuals or businesses will likely be less as permit fees, in general, have decreased.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Air Quality Management division currently assesses a late fee equal to 25% of the annual permit amount.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee, or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses being certified as Neutral Inspectors.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff. The costs to individuals or businesses being certified as Neutral Inspectors will be reduced.

Direct Effects: The individuals or businesses being trained as Neutral Inspectors will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with processing and training applicants was conducted by

the Division Director and the Air Quality Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Air Quality Management Division currently trains inspectors and charges a registration fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$264 as a result of the proposed decreases in fees related to Neutral Inspector certification.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for businesses requiring: Plan Reviews.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff.

Direct Effects: The Air Quality Management Division will assess and collect fees from businesses for plan reviews. These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with processing and training applicants was conducted by the Division Director and the Air Quality Supervisor.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Plan Review program currently charges a review fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$4,278 annually (\$150-Plan Review-Fuel Burning Equipment Only; \$1,760-Plan Review <100 tons per year; \$unknow-Plan Review>100 tons per year; \$2,320-Building Plan Review; \$48-Geothermal Well) as a result of the proposed increases in fees related to Plan Reviews.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for businesses requiring: Stationary Source permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff. The costs to businesses requiring Stationary Source permits will be reduced.

Direct Effects: The Air Quality Management Division will assess and collect fees from businesses that are required to have Stationary Source permits. These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with stationary source permitting program activities was conducted. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Stationary Source permitting program currently charges a permit fee. The revisions will reflect a combination of increases and decreases to fees for activities that are currently being performed. The Health District will have net reduced revenues in the approximate amount of \$371 annually (+\$401-Stationary Source Toxic Permit; <\$5,247>-Gasoline Service Station Permit; +\$4,475-Small Stationary Source Operating Permit) as a result of the proposed decreases in fees related to Stationary Sources.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for inspectors who verify that a residence is in compliance with the regulations.

Beneficial Effects: The modified fee schedule more accurately represents actual costs incurred by the Air Quality Management Division for services performed by staff in the Woodstove Compliance program.

Direct Effects: The individuals or businesses requesting services from the Woodstove Compliance program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The Air Quality Management Division reviewed the fees charged for the forms used by the independent inspectors and the woodstove dealers to report compliance with the regulations.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the cost of forms and the length of time associated with woodstove compliance activities (including

processing applications) was conducted by the Division Director and Air Quality Supervisor.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Woodstove Compliance program currently charges a fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$4,265 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

Washoe County District Health Department Fee Schedule

Proposed Effective Date: July 1, 2010

Community & Clinical Health Services

| Page # | Description | Adopted Fee | Proposed Fee |
|---|---|-------------|--------------|
| 1 | Day Care Facility Employee Training | \$ 23 | \$ 23 |
| 2 | Day Care Facility Employee Re-Issue Certification | \$ 7 | \$ 7 |
| 4 | STD Exam - Limited | \$ 62 | \$ 61 |
| 4 | STD Exam - Extended | \$ 79 | \$ 78 |
| 4 | STD Exam - Comprehensive | \$ 96 | \$ 95 |
| 4 | STD Visit - Low risk | \$ 39 | \$ 39 |
| 5 | Tuberculosis Risk Assessment | \$ 19 | \$ 28 |
| 5 | Tuberculin Skin Test | \$ 25 | \$ 13 |
| 5 | TST Reading | \$ 8 | \$ 29 |
| 5 | Chest X-ray review by physician | \$ 10 | \$ 15 |
| 5 | Abnormal diagnostic results review | \$ 16 | \$ 15 |
| 5 | Abnormal chest X-ray review by physician | \$ 10 | \$ 15 |
| 5 | Office Visit - medication start | \$ 80 | \$ 79 |
| 5 | Office Visit - medication refill | \$ 25 | \$ 28 |
| 5 | Office Visit - brief (10) | \$ 16 | \$ 15 |
| 5 | Office Visit - DOT (5) | \$ 16 | \$ 9 |
| 5 | Office Visit - DOT (10) | \$ 16 | \$ 15 |
| 5 | Office Visit - DOT (15) | \$ 22 | \$ 21 |
| 5 | Home Visit Services - (M-F) | \$ 16 | \$ 16 |
| 5 | Home Visit Services - (S-S & Holiday) | \$ 16 | \$ 16 |
| 5 | Home Visit Services - New patient/limited | \$ 46 | \$ 45 |
| 5 | Home Visit Services - New patient/extended | \$ 80 | \$ 140 |
| 5 | AFB Collection | \$ 27 | \$ 26 |
| 8 | New Patient Visit (Brief) | \$ 38 | \$ 43 |
| 8 | New Patient Visit (Limited-20) | \$ 44 | \$ 50 |
| 8 | New Patient Visit (Limited-30) | \$ 57 | \$ 62 |
| 8 | New Patient Visit (Intermediate) | \$ 76 | \$ 81 |
| 8 | Established Patient Brief (10 minutes) | \$ 25 | \$ 27 |
| 8 | Established Patient Brief (20 minutes) | \$ 38 | \$ 39 |
| 8 | Established Patient Intermediate (30 minutes) | \$ 51 | \$ 52 |
| 8 | Established Patient Extended (40 minutes) | \$ 64 | \$ 64 |
| 8 | Initial Comprehensive Preventative Med (age 12-17) | \$ 57 | \$ 62 |
| 8 | Initial Comprehensive Preventative Med (age 18-39) | \$ 51 | \$ 56 |
| 8 | Initial Comprehensive Preventative Med (age 40-64) | \$ 51 | \$ 56 |
| 8 | Periodic Comprehensive Preventative Med (age 12-17) | \$ 38 | \$ 39 |
| 8 | Periodic Comprehensive Preventative Med (age 18-39) | \$ 32 | \$ 33 |
| 8 | Periodic Comprehensive Preventative Med (age 40-64) | \$ 32 | \$ 33 |
| 8 | IUD Consultation | \$ 30 | \$ 31 |
| 8 | Vasectomy Counseling | \$ 90 | \$ 87 |
| <p>* If the client completes the vasectomy process, \$452 is billed to the WCHD Family Planning program from Family Medicine Center. The client is subsequently billed for the cost based on application of the sliding fee schedule. Some clients complete the counseling but decide against going through with the procedure.</p> | | | |
| 9 | IUD (Paragard Comprehensive visit) *not including device | \$ 58 | \$ 59 |
| 9 | IUD (Mirena Insert ARCH Foundation) *not including device | \$ 58 | \$ 59 |
| 9 | Genital Wart Treatment | \$ 32 | \$ 33 |
| 9 | Contraceptive Implant Removal | \$ 44 | \$ 45 |

**Washoe County District Health Department
Fee Schedule
Proposed Effective Date: July 1, 2010
Community & Clinical Health Services**

| Page # | Description | Adopted Fee | Proposed Fee |
|--|--|-----------------------|--------------|
| Interim Immunization Clinic Fee Schedule Effective September 21, 2009 | | | |
| <u>VFC Eligible</u> | | | |
| 12 | Routine Child Immunization (per shot) | \$ 16 | \$ 16 |
| <u>Non VFC Eligible</u> | | | |
| 12 | Influenza - Pediatric P-Free (6-35 months) | \$ 36 | \$ 34 |
| 12 | PCV7 - Pneumococcal 7-valent (Prenar to age 5) | \$ 109 | \$ 106 |
| 12 | RV - Rotorix (6-32 weeks) | \$ 108 | \$ 106 |
| 12 | RV - Rotateq (6-32 weeks) | \$ 95 | \$ 92 |
| 12 | HAV - Hepatitis A (age 1-18) | \$ 38 | \$ 35 |
| 12 | HBV - Hepatitis B (child - through 19) | \$ 35 | \$ 32 |
| 12 | DTaP - Daptacel | \$ 48 | \$ 45 |
| 12 | DTaP - Infanrix | \$ 39 | \$ 36 |
| 12 | DTaP - HBV-IPV - Pediarix | \$ 74 | \$ 71 |
| 12 | DTaP - IPV - Kinrix | \$ 57 | \$ 55 |
| 12 | DTaP - Hib-IPV - Pentacel | \$ 98 | \$ 95 |
| 12 | HAV - Hepatitis A - Havrix | \$ 46 | \$ 43 |
| 12 | HAV-HBV - Hepatitis A-Hepatitis B (Twinrix adult) | \$ 67 | \$ 64 |
| 12 | HBIG - Hepatitis B Immune Globulin (per cc) | \$ 118 | \$ 115 |
| 12 | HBV - Hepatitis B (Perinatal-mother, child or contact) | \$ 52 | \$ 49 |
| 12 | HBV - Hepatitis B (Engerix-B adult) | \$ 52 | \$ 49 |
| 12 | Hib - PedvaxHIB | \$ 48 | \$ 45 |
| 12 | Hib - ActHIB | \$ 48 | \$ 45 |
| 12 | HPV - Human Papillomavirus (Gardasil age 9-26) | \$ 155 | \$ 153 |
| 12 | IG - Immune Globulin | \$ 40 | \$ 38 |
| 12 | Influenza - Intranasal (age 5-49) | \$ 44 | \$ 42 |
| 12 | Influenza (age 3 & older) | \$ 28 | \$ 28 |
| 12 | Influenza (age 18 & older) | \$ 28 | \$ 28 |
| 12 | IPV - Polio (adult) | \$ 49 | \$ 46 |
| 12 | MCV - Meningococcal (Menactra age 11-55) | \$ 124 | \$ 121 |
| 12 | MMR - Measles-Mumps-Rubella (adult) | \$ 73 | \$ 71 |
| 12 | MMRV - Proquad | \$ 154 | \$ 151 |
| 12 | MPSV - Meningococcal (Menomune age 3 & older) | \$ 126 | \$ 123 |
| 12 | PPV-23 - Pneumococcal (Pneumovax age 2 & older) | \$ 50 | \$ 50 |
| 12 | TD - Tetanus-Diphtheria - Decavac | \$ 45 | \$ 42 |
| 12 | TDaP - Tetanus, Diphtheria & Acellular Pertussis | \$ 62 | \$ 60 |
| 12 | TDaP - Tetanus, Diphtheria & Acellular Pertussis | \$ 53 | \$ 50 |
| 12 | VZV - Varicella (Varivax) | \$ 106 | \$ 103 |
| 13 | Laboratory/Outpatient Fee Schedule | See attached schedule | |
| 14 | Pharmaceutical Fee Schedule | See attached schedule | |

Fees in bold are determined by verbal agreements with other providers in the community.

Note: Fees may be adjusted throughout the year to match increases/decreases by vendors supplying vaccine.

Washoe County Health District
Fee Schedule - Environmental Health Services
 PROPOSED EFFECTIVE DATE: JULY 1, 2010

Environmental Health Services

| Page # | Description | Current Fee | Proposed Fee |
|--|---|-------------|---------------|
| 1 | Information Technology (IT) Overlay | \$ 13.00 | \$ 11.00 |
| <u>Development Review</u> | | | |
| 2 | Change of Land Use | \$ 156.00 | \$ 150.00 |
| 3 | Minor/Major Special Use Permit Review/Development Agreement | \$ 141.00 | \$ 200.00 |
| 4 | Parcel Map Review - Sewer Available | \$ 278.00 | \$ 268.00 |
| 4 | Parcel Map Review - Sewer Not Available | \$ 643.00 | \$ 623.00 |
| 5 | Special Use Permit Conditions Inspection | calculated/ | calculated/ |
| 6 | Tentative Subdivision Review - Sewer Available | \$ 313.00 | \$ 302.00 |
| 6 | Tentative Subdivision Review - Sewer Not Available | \$ 875.00 | \$ 849.00 |
| 6 | Amended or Lapsed Subdivision - Sewer Available | \$ 313.00 | \$ 302.00 |
| 6 | Amended or Lapsed Subdivision - Sewer Not Available | \$ 875.00 | \$ 849.00 |
| 7 | Final Map Review | \$ 208.00 | \$ 200.00 |
| 8 | Community Development Application Review | \$ 69.00 | \$ 65.00 |
| <u>Construction Plan Review</u> | | | |
| 9 | Food Service Establishment Construction-Quick Start | \$ 29.00 | \$ 28.00 |
| 10 | Food Service Establishment Construction-Plan Review | | |
| 10-a | 'Base Fee' | \$ 114.00 | \$ 109.00 |
| 10-a | Project less than 1,000 square feet | \$ 111.00 | \$ 108.00 |
| 10-a | Project 1,000 to 2,999 square feet | \$ 154.00 | \$ 151.00 |
| 10-a | Project 3,000 or greater square feet | \$ 226.00 | \$ 221.00 |
| 11 | Food Service Establishment Construction Remodel Plan Review-'Base Fee' | \$ 114.00 | \$ 109.00 |
| 11-a | Food Service Establishment Construction Remodel Plan Review | \$ 96.00 | \$ 94.00 |
| 12 | Facility Construction Revised Plan Review-Land Dev. Group | \$ 128.00 | \$ 123.00 |
| 13 | Facility Construction Revised Plan Review-Facility | \$ 106.00 | \$ 102.00 |
| 14 | Hotel/Motel Plan Review - Engineering | \$ 153.00 | \$ 147.00 |
| 15 | Hotel/Motel Plan Review - Base Rate-Environmental | \$ 69.00 | \$ 66.00 |
| 15 | Hotel/Motel Plan Review - Per Room Charge-Environmental | \$ 5.00 | \$ 5.00 |
| 16 | Mobile Home/Recreational Vehicle Park Plan Review | \$ 327.00 | \$ 316.00 |
| 17 | Recreational Vehicle Dump Station Permit to Construct | \$ 153.00 | \$ 147.00 |
| 18 | General Environmental Health Services Construction Plan Review-Land Dev. | \$ 104.00 | \$ 99.00 |
| 19 | Sewage Disposal - On Site Construction Permit (per/bldg) | \$ 540.00 | \$ 525.00 |
| 20 | Sewage Disposal - On Site Abandonment Permit | \$ 180.00 | \$ 174.00 |
| 21 | Sewage Disposal - On Site System Advisory Inspection | \$ 151.00 | \$ 146.00 |
| 22 | Sewage Disposal - On Site Re-inspection (Sewage) | \$ 97.00 | \$ 93.00 |
| 22 | Sewage Disposal - On Site Re-inspection (Wells) | \$ 97.00 | \$ 93.00 |
| 22 | Sewage Disposal - On Site Re-inspection (VA/FHA) | \$ 69.00 | \$ 66.00 |
| 23 | Sewage Disposal - On Site Plan Review Only | \$ 180.00 | \$ 174.00 |
| 24 | Water Treatment Plant Construction Permit and Inspections >1000 Connections | \$ 1,450.00 | \$ 1,408.00 |
| 24 | Water Treatment Plant Construction Permit and Inspections <1000 Connections | \$ 399.00 | \$ 387.00 |
| 25 | Swimming Pool or Spa Construction Plan Review | \$ 453.00 | \$ 451.00 |
| 26 | Swimming Pool or Spa Remodel Plan Review | \$ 146.00 | \$ 179.00 |
| 27 | Swimming Pool or Spa Construction Reinspection | \$ - | \$ 134.00 New |
| 28 | Water System Const. Plan Review - New Facility Community | \$ 376.00 | \$ 364.00 |
| 28 | Water System Const. Plan Review - New Facility Non-Community | \$ 236.00 | \$ 228.00 |
| 29 | Water System Expansion or Modification - Community | \$ 254.00 | \$ 245.00 |
| 29 | Water System Expansion or Modification - Non-Community | \$ 166.00 | \$ 160.00 |
| 30 | Water Well Abandonment Permit | \$ 246.00 | \$ 239.00 |
| 30 | Water Well Construction Permit | \$ 303.00 | \$ 294.00 |
| 30-a | New Replacement Well Construction/Abandonment of Existing Well | \$ - | \$ 349.00 New |
| 22 | Water Well Construction Re-Inspection | \$ 97.00 | \$ 93.00 |

*Minor & Major combined

Environmental Health Services

| Page # | Description | Current Fee | Proposed Fee |
|--|--|--|--|
| <u>Food Service Establishment Permits</u> | | | |
| 31 | Food Service Establishment-Application | \$ 96.00 | \$ 92.00 |
| 32-a | Bakery Permit | \$ 111.00 | \$ 107.00 |
| 32-a | Bar Permit | \$ 111.00 | \$ 107.00 |
| 32-a | Delicatessen Permit | \$ 125.00 | \$ 121.00 |
| 32-a | Food Manufacturing Permit | \$ 125.00 | \$ 121.00 |
| 32-a | Grocery Store Permit | \$ 111.00 | \$ 107.00 |
| 32-a | Meat Market Permit | \$ 111.00 | \$ 107.00 |
| 32-a | Mobile Food Service Depot Permit | \$ 97.00 | \$ 93.00 |
| 32-a | Mobile Food Service Permit | \$ 97.00 | \$ 93.00 |
| 32-a | Pre-Packaged Food w/inspection Permit | \$ 111.00 | \$ 107.00 |
| 32-a | Pre-packaged w/o inspection Permit | \$ 27.00 | \$ 25.00 |
| 32-a | Restaurant Permit | \$ 139.00 | \$ 135.00 |
| 32-a | Satellite Food Distribution Site Permit | \$ 69.00 | \$ 66.00 |
| 32-a | School Kitchen Permit Permit | \$ 238.00 | \$ 231.00 |
| 32-a | Snack Bar Permit | \$ 111.00 | \$ 107.00 |
| 32-a | Support Kitchen Permit | \$ 125.00 | \$ 121.00 |
| 32-a | Warehouse Permit | \$ 111.00 | \$ 107.00 |
| <u>Temporary Foods/Special Events Permits</u> | | | |
| 33 | 1-Day Event Permit | \$ 42.00 | \$ 39.00 |
| 33 | 2-Day Event Permit | \$ 71.00 | \$ 67.00 |
| 33 | 3-Day Event Permit | \$ 82.00 | \$ 79.00 |
| 33 | 4-7 Day Event Permit | \$ 163.00 | \$ 157.00 |
| 33 | 8-14 Day Event Permit | \$ 307.00 | \$ 298.00 |
| 33 | 1-7 Day Event Low Risk Permit | \$ 42.00 | \$ 39.00 |
| 33 | 8-14 Day Event Low Risk Permit | \$ 76.00 | \$ 73.00 |
| 33 | Non Profit 1-14 Days Permit | \$ 25.00 | \$ 25.00 |
| 33 | Non-Profit Conditional Maximum Permit | \$ 200.00 | \$ 200.00 |
| 33 | Cumulative Maximum Permit | 3x Permit Fee Permit Fee; Not to exceed \$100 | 3x Permit Fee Permit Fee; Not to exceed \$100 |
| 33 | Late Fee | \$ 99.00 | \$ 95.00 |
| 33 | Annual Farmer's Market Produce Sample Permit | \$ 99.00 | \$ 95.00 |
| 33 | Annual Sampling Permit | \$ 99.00 | \$ 95.00 |
| 33 | Promoters Fees | \$ 347.00 | \$ 337.00 |
| | Special Event Permit to Operate | \$ 497.00 | \$ 484.00 |
| | Recurrent Special Event Permit to Operate | | |
| 33 | Reinspection | \$ | Permit Fee, Not to exceed original permit fee New |
| <u>Food Protection Managers</u> | | | |
| 34 | Food Protection Instructor Examination Proctoring | \$ 25.00 | \$ 25.00 |
| 35 | Certificate and Photo ID Issuance & Renewal-Certified Food Protection Managers | \$ 30.00 | \$ 28.00 |
| 36 | Certificate/Photo ID Reissuance | \$ 6.00 | \$ 6.00 |
| 37 | Food Protection Manager Reciprocity | \$ 30.00 | \$ 28.00 |
| 38 | Certificate and Photo ID Issuance & Renewal-Certified Food Protection Instructors* | \$ 242.00 | \$ - |
| *Regulations are currently being revised to reflect updated activity; the corresponding calculated fee will be included as part of the next fee schedule proposal. | | | |
| <u>Permitted Facilities</u> | | | |
| 39 | Permitted Facilities Re-Inspection | \$ 71.00 | \$ 67.00 |
| 40 | Mobile Home or Recreational Vehicle Park Permit - 1-20 spaces | \$ 103.00 | \$ 99.00 |
| 40 | Mobile Home or Recreational Vehicle Park Permit - 21-39 spaces | \$ 103.00 | \$ 99.00 |
| 40 | Mobile Home or Recreational Vehicle Park Permit - 40 or more spaces | \$ 120.00 | \$ 115.00 |
| 17 | RV Dump Station Annual Permit | \$ 71.00 | \$ 67.00 |
| 41 | Swimming Pools/Spas - Seasonal Permit | \$ 124.00 | \$ 120.00 |
| 42 | Swimming Pools - Year Round Permit | \$ 139.00 | \$ 133.00 |

Environmental Health Services

| Page # | Description | Current Fee | Proposed Fee |
|--------|---|-----------------------|---------------------------|
| 43 | Child Care Inspection | \$ 82.00 | \$ 80.00 |
| 44 | <u>Variances</u> | | |
| 45 | Swimming Pools Variance Request (Construction) | \$ 488.00 | \$ 469.00 |
| 46 | Well Construction Variance Request (Construction) | \$ 536.00 | \$ 514.00 |
| 47 | Mobile Home/Recreational Vehicle Park Variance (Construction) | \$ 453.00 | \$ 435.00 |
| 48 | On-Site Subdivision Variance | \$ 781.00 | \$ 752.00 |
| 48 | Sewage Disposal - On Site Variance Request | \$ 781.00 | \$ 752.00 |
| 49 | Food Service Variance (Permitted Facility) | \$ 304.00 | \$ 296.00 |
| 50 | General Variance Request | \$ 233.00 | \$ 226.00 |
| | <u>Waste Management</u> | | |
| 51 | Solid Waste System Plan Review | \$ 268.00 | \$ 260.00 |
| 52 | Waste Release Permit - Grease Trap & Asbestos Release | \$ 37.00 | \$ 35.00 |
| | | + \$5 cust slip | + \$5 cust slip |
| 52 | Waste Release Permit - Sandoil Separator Release | \$ 47.00 | \$ 44.00 |
| 52 | Waste Release Permit - Non-Hazardous Special Waste Release | \$ 59.00 | \$ 56.00 |
| 52 | Waste Release Permit - Each Custody Record | \$ 1.00 | \$ 1.00 |
| 52 | Waste Release Permit - Each Additional Custody Slip Record | \$ 5.00 | \$ 5.00 |
| 53 | Non-Standard Industrial Waste Permit | \$ 99.00 | \$ 99.00 |
| 54 | Garbage Exemptions (A,B,C,D,E) | \$ 106.00 | \$ 106.00 |
| 55 | Biohazardous Waste Transfer Station Permit | \$ 140.00 | \$ 140.00 |
| 56 | Biohazardous Waste Treatment Facility Permit | \$ 122.00 | \$ 123.00 |
| 57 | Biohazardous Waste Transporter Permit | \$ 111.00 | \$ 111.00 |
| 58 | Biohazardous Waste Generator | \$ 128.00 | \$ 129.00 |
| 59 | Biosolids Permit | \$ 99.00 | \$ 99.00 |
| 60 | Waste Tire Management Facility | \$ 151.00 | \$ 152.00 |
| 61 | Waste Reduction/Recycling Facility Permit | \$ 88.00 | \$ 88.00 |
| 62 | Composting Facility Permit | \$ - | \$ 158.00 New |
| 63 | Landfill Operations Permit | \$ 704.00 | \$ 717.00 |
| 64 | Municipal Solid Waste/Green Waste Transfer Station Permit | \$ 192.00 | \$ 193.00 |
| 65 | Municipal Solid Waste System Inspection-Extra Hours | \$ - | \$ 52.00 per hour/ New |
| 66 | Waste Hauler Operations Permit-Domestic | \$ 85.00 | \$ 85.00 |
| 66 | Waste Hauler Operations Permit-Import | \$ 99.00 | \$ 123.00 |
| 67 | Waste Tire Hauler Permit-Domestic | \$ 94.00 | \$ 93.00 |
| | <u>Miscellaneous</u> | | |
| 68 | Limited Advisory Inspection | \$ 125.00 | \$ 124.00 |
| 68 | Limited Advisory Inspection-Non-Standard Hours | \$ 76.00 per h | \$ 78.00 per hour |
| 69 | Public Accommodations Inspection | | |
| | Up to 50 rooms | \$ 108.00 | \$ 104.00 |
| | 50 to 100 rooms | \$ 120.00 | \$ 115.00 |
| | 101-200 rooms | \$ 170.00 | \$ 165.00 |
| | 201-300 rooms | \$ 131.00 | \$ 126.00 |
| | 301-500 rooms | \$ 131.00 | \$ 126.00 |
| | 501-1000 rooms | \$ 182.00 | \$ 176.00 |
| | More than 1000 rooms | \$ 210.00 | \$ 203.00 |
| 70 | Invasive Body Decoration Establishment Permit | \$ 108.00 | \$ 104.00 |
| 71 | Invasive Body Decoration Temporary Permit (w/o wheels) | \$ 88.00 | \$ 85.00 |
| 72 | Invasive Body Decoration Mobile Permit (w/wheels) | \$ 55.00 | \$ 53.00 |
| 73 | Hazardous Waste/Materials Spill Response | \$ 120.00 | \$ 115.00 |
| 74 | Hazardous Waste/Materials Site Assessment/Remediation | \$ 49.30 per h | \$ 51.00 per hour |

| |
|--------------------------------------|
| Environmental Health Services |
|--------------------------------------|

| Page # | Description | Current Fee | Proposed Fee |
|---------------------------|--|-------------|--------------|
| 75 | Water Sample/Septic Sys Eval/Mortgage Loan-Certification only | \$ 31.00 | \$ 29.00 |
| 75 | Water Septic System Evaluation Only | \$ 132.00 | \$ 155.00 |
| 75 | Water Sample/Septic Sys Eval/Sample Evaluation-lab fee only | \$ 112.00 | \$ 112.00 |
| 76 | Liquid/Oil/Waste Hauler Vehicle Permit | \$ 56.00 | \$ 53.00 |
| | | | |
| <u>Vector Fees</u> | | | |
| 77 | Vector - Construction Plan Review | \$ 153.00 | \$ 148.00 |
| 78 | Vector - Limited Advisory Review | \$ 55.00 | \$ 52.00 |
| 79 | Vector - Final Map Review | \$ 97.00 | \$ 93.00 |
| 80 | Vector - Parcel Map Review (sewer available/not available) | \$ 210.00 | \$ 203.00 |
| 81 | Vector - Special Use Permit/Site Plan/Major Special Use Permit Review | \$ 97.00 | \$ 93.00 |
| 82 | Vector - Subdivision Review (tentative map, amended or lapsed) | \$ 153.00 | \$ 148.00 |
| 83 | Vector - Zoning Map/Master Plan/Major Project/Change of Land Use Plan Review | \$ 69.00 | \$ 66.00 |
| 84 | Vector - Mobile Home/Recreational Vehicle Park Plan Review | \$ 153.00 | \$ 148.00 |
| 85 | Vector - Community Development Application Review | \$ 125.00 | \$ 121.00 |

Note: *Non-profit fee established by the District Board of Health

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for child care facility inspection fee, under the authority of NRS 432A.180 and NRS 439.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requiring: Child Care Facility inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Child Care Facility Inspection program.

Direct Effects: The individuals or businesses requiring services from the Child Care Facility Inspection program for inspections will be charged an amount that reflects the current cost for services being performed

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the amount of time it takes to complete each inspection (including travel time) associated with Child Care Facility Inspections was conducted by an Environmental Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County for enforcement of the modified fee schedule. The Environmental Health Services Division already performs the activities associated with Child Care Facility Inspections. The Health District will have reduced revenues in the approximate amount of \$242 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District (Land Development Program), under the authority of the District Board of Health Regulations Governing Sewage, Wastewater and Sanitation and Well Construction.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Water Well-Abandonment, Construction and Re-inspection. However, the proposed fee schedule also includes decreases that will result in decreased costs for individuals or businesses requesting: Land Development Review, Sewage Disposal and Hotel/Motel Construction Plan Reviews, and Water Sample/Septic System Evaluations.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Land Development Program.

Direct Effects: The individuals or businesses requesting services from the Land Development program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with land development activities was conducted by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Land Development program currently charges a permit/review fee. The revisions will reflect a net decrease to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$10,641 annually (\$759-land development, \$8,498-sewage disposal, including variance requests, \$1,384-water well abandonment, construction, reinspection).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

It is unknown what additional revenue, if any, the Health District will receive annually based on the New Replacement Well Construction/Abandonment of Existing Well fee.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District (Food Program), under the authority of the District Board of Health Regulations Governing Food Establishments.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Food Protection Instructor Certification/Re-certification. However, the proposed fee schedule includes decreases that will result in decreased costs for individuals or businesses requesting all other food services.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Food Program.

Direct Effects: The individuals or businesses requesting services from the Food Program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with the food establishment program activities was conducted. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The revisions will reflect a net decrease to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$17,316 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Invasive Body Decorations (IBDs).

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Invasive Body Decoration Establishment Permits. However, the proposed fee schedule includes decreases that will result in decreased costs for individuals or businesses requesting: Invasive Body Decoration Temporary Permits, with and without wheels.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Invasive Body Decoration program.

Direct Effects: The individuals or businesses requesting services from the Invasive Body Decoration program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with invasive body decoration permit activities was conducted by a Environmental Supervisor and Senior Environmental Health Specialist. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Invasive Body Decoration program currently charges a permit fee. The revisions will reflect decrease to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$350 annually (\$212- IBD Establishments, \$138-IBC Temporary Permit without wheels, \$0-Temporary IBD Permit with wheels).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requesting: Mobile Home and Recreational Vehicle Park permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Mobile Home and Recreational Vehicle Park program.

Direct Effects: The individuals or businesses requesting services from the Mobile Home and Recreation Vehicle Park program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with mobile home and recreational vehicle park permit activities was conducted by an Environmental Supervisor and Senior Environmental Health Specialist. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The mobile home and recreational vehicle park program currently charges a permit fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$11,958 annually (\$2,478-1-20 spaces, \$4,720-21-39 spaces, and \$4,760-40+ spaces).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Public Bathing Places and Public Spas.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requesting: Swimming Pool/Spa Construction Plan Reviews, Remodel Plan Reviews and Permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Swimming Pool/Spa program.

Direct Effects: The individuals or businesses requesting services from the Swimming Pool/Spa program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with swimming pool/spa permit activities was conducted by a Environmental Supervisor. The activities associated with swimming pools/spa construction plan review were reviewed by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Swimming Pool/Spa program currently charges a permit/review fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$2,803 annually (\$1,650-Pool Permits, \$111-Plan Review, \$1,042-Spa Permits, \$unknown-Pool/Spa Construction Reinspection).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

It is unknown what additional revenue, if any, the Health District will receive annually based on the Pool/Spa Construction Reinspection fee.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for public accommodation inspection fee.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes charging a fee that will result in increased costs for individuals or businesses requiring: Public Accommodation inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs for plan reviews incurred by the Environmental Health Services Division for services performed by staff in the Public Accommodation program.

Direct Effects: The individuals or businesses requiring services from the Public Accommodations program for inspections will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with public accommodations inspections was conducted by an Environmental Supervisor and Senior Environmental Health Specialist. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County for enforcement of the modified fee schedule. The revisions will reflect decrease to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$730 annually (\$252-up to 50 rooms, \$195-51-100 rooms, \$195-101-200 rooms, \$0-201-300 rooms, \$40-301-500 rooms, \$48-501-1000 rooms, and \$0-more than 1000 rooms).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Food Establishments, Section 170.106

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses, including special event promoters, requiring Temporary Foods/Special Events permits.

Beneficial Effects: The modified schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Temporary Food/Special Event Programs.

Direct Effects: The individuals or businesses, including special event promoters, will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fee may be passed on to the temporary food service operators.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, the Senior Environmentalist and Environmental Health Specialist Supervisor conducted an analysis of the time spent in meetings and for travel in addition to reviewing the time spent on reviewing event layout, support requirements, vendor list and location. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Temporary Food/Special Events program currently charges permit fees. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$4,796 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

It is unknown what additional revenue, if any, the Health District will receive annually based on the Temporary Food/Special Event Reinspection fee.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Solid Waste Management.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Garbage Exemptions, RV Dump Station Permits and Waste Reduction/Recycling Facility. However, the proposed fee schedule includes decreases that will result in decreased costs for individuals or businesses requesting activities related to: Solid Waste System Plan Review, Waste Release Permits, and Municipal Solid Waste Inspections. The proposed fee schedule unbundles the activities previously charged as one fee named the Municipal Solid Waste Inspection fee.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Solid Waste Management program.

Direct Effects: The individuals or businesses requesting services from the Solid Waste Management program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with land development activities was conducted by Licensed Engineers, Environmental Health Supervisors and Senior Environmental Health Specialists. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Solid Waste Management program currently charges permit/review fees. The revisions will reflect a net decrease to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$2,579 annually (\$24-Solid Waste System Plan Review, \$2,479-Waste Release Permits, \$64-RV Dump Station, \$19-Waste Haulers, +\$7-Municipal Solid Waste Transfer Station).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

It is unknown what additional revenue, if any, the Health District will receive annually based on the Composting Facility Permit and Municipal Solid Waste System Inspection-Extra Hours fee.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for construction plan review of water company permits.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requesting: Water System Plan Review.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Water program.

Direct Effects: The individuals or businesses requesting services from the Water program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with water permit activities was conducted by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Water program currently charges a permit/review fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$462 annually (\$12-Water System Construction Plan Review, \$450-Water System Expansion or Modification Plan Review).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on March 25, 2010. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for those agencies such as developers and engineering firms that submit grading plans, map reviews, special use permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Vector-Borne Disease Program.

Direct Effects: The permit holder or agency will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fee may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, program staff reviewed the type of and length of time for activities performed. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Vector-Borne Diseases program currently charges these fees. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$2,337 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

REMSA FRANCHISE
COMPLIANCE OVERSIGHT

FRANCHISE AUTHORITY

- Interlocal Agreement Concerning the Washoe County Health District
 - "The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service."

NRS 266.081 and 266.083

- NRS 268 081 The governing body of an incorporated city may, to provide adequate, economical and efficient services to the inhabitants of the city and to promote the general welfare of those inhabitants, displace or limit competition in any of the following areas
 - 1. Ambulance service
- NRS 268 083 The governing body of an incorporated city may
 - 1. Provide those services set forth in NRS 268 081 on an exclusive basis or, by ordinance, adopt a regulatory scheme for providing those services or controlling development on an exclusive basis within the boundaries of the city; or
 - 2. Grant an exclusive franchise to any person to provide those services within the boundaries of the city

NRS 244.187 and 244.188

- NRS 244.187 A board of county commissioners may, to provide adequate, economical and efficient services to the inhabitants of the county and to promote the general welfare of those inhabitants, displace or limit competition in any of the following areas:
 - 1 Ambulance service.
- NRS 244.188 Except as otherwise provided in subsection 3 and NRS 269.128 and 269.129, a board of county commissioners may, outside the boundaries of incorporated cities and general improvement districts:
 - (a) Provide those services set forth in NRS 244.187 on an exclusive basis or, by ordinance, adopt a regulatory scheme for controlling the provision of those services or controlling development in those areas on an exclusive basis, or
 - (b) Grant an exclusive franchise to any person to provide those services

FRANCHISE PROVISIONS

- District Board of Health
 - Appoints three (3) representatives to the governing body of REMSA
 - One representative from the legal profession
 - One representative from the accounting profession
 - One consumer representative
 - District Health Officer serves as Ex-Officio representative

- Reviews:
 - Dispatch compliance annually
 - Personnel orientation and participation in ambulance services and dispatch center operations compliance annually
 - EMT and EMD training annually
 - Operational activities monthly including a summary of quality assurance review activities
 - Organizational, performance and operational compliance annually

- Approves the amount of the maximum average patient bill for ground and rotary wing ambulance transport to be charged by REMSA
- Establishes the limit for the number of times prepaid ambulance service may be used by an individual in a membership year
- Approves the process for handling receipts for billing

- District Health Officer
 - Reviews recommended EMS market area to be studied to determine if further negotiations or a competitive bid process is to be conducted for vendor contracts
 - Reviews recommended independent entity to collect data on market areas
 - With REMSA, determines if competitive bid shall be conducted or further negotiation shall take place
 - Adjusts specific map grids and assigned response times after periodic analysis of operational and response data and presents such revisions to DBOH
 - Reviews time exemptions monthly
 - Review disputes in time exemptions and makes final binding determination on dispute between REMSA and ambulance contractor(s)

- District Health Officer
 - Approves use of penalty fund for cost of operational or educational matters
 - Informs REMSA of the CPI adjustment amount annually
 - Receives REMSA financial audit and IRS Form 990 annually
 - Receives compliance data for organizational, performance and operational criteria
 - Reports REMSA's annual performance to the DBOH within ninety days of the beginning of each calendar year

- District Health Department
 - Monitors REMSA for compliance
 - Weekly dispatch sampling
 - 1 PT RN 1
 - EMS Program Coordinator
 - Assists and participates in CPR and public educational activities



Washoe County Health District

STAFF REPORT
BOARD MEETING DATE: 3/25/10

DATE: February 23, 2010
TO: District Board of Health
FROM: Phillip Ulibarri, Washoe County Health District
 Statewide Child Abuse Prevention Campaign Coordinator (775) 328-2448
THROUGH: M.A. Anderson, MD, MPH
 District Health Officer
SUBJECT: Proclaim April 2010 as Child Abuse Prevention Month and adopt the attached Proclamation

SUMMARY

Proclaim April 2010 as Child Abuse Prevention Month and adopt the attached Proclamation. Child abuse and neglect is a community concern that can be addressed through vigilance and reporting. This is particularly meaningful to Washoe County, which has directed five statewide Child Abuse Prevention Campaigns since 2001.

PREVIOUS ACTION

On April 23, 2009, the Board proclaimed April 2009 as Child Abuse Prevention Month.

BACKGROUND

The Washoe County Health District has conducted local and statewide child abuse prevention public information campaigns through grant funding since 2001. Proclamations from city, county and state agencies and offices are an important part of raising public awareness about April being National Child Abuse Prevention Month and about the physical, mental and financial impact child abuse has on children, families and our communities.

FISCAL IMPACT

There is no fiscal impact associated with adopting the Proclamation.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health proclaim April 2010 as Child Abuse Prevention Month and adopt the attached Proclamation.

POSSIBLE MOTION

Move to Proclaim April 2010 as Child Abuse Prevention Month and adopt the attached Proclamation.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

PROCLAMATION

WHEREAS, Preventing child abuse and neglect is a community problem that depends on involvement among people throughout the community; and

WHEREAS, Child maltreatment occurs when people find themselves in stressful situations, without community resources, and don't know how to cope; and

WHEREAS, The majority of child abuse cases stem from situations and conditions that are preventable in an engaged and supportive community; and

WHEREAS, Child abuse and neglect can be reduced by making sure each family has the support they need to raise their children in a healthy environment; and

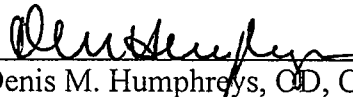
WHEREAS, Child abuse and neglect not only directly harm children, but also increase the likelihood of criminal behavior, substance abuse, health problems such as heart disease and obesity, and risky behavior such as smoking; and

WHEREAS, All citizens should become involved in supporting families in raising their children in a safe, nurturing environment; and

WHEREAS, Effective child abuse prevention programs succeed because of partnerships created among social service agencies, schools, faith communities, civic organizations, law enforcement agencies, and the business community; and therefore let it be

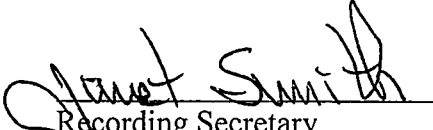
PROCLAIMED, By the DISTRICT BOARD OF HEALTH that April 2010 be recognized as Child Abuse Prevention Month in Washoe County; and call upon all citizens, community agencies, faith groups, medical facilities, and businesses to increase in their participation in our efforts to support families, thereby preventing child abuse and strengthening the communities in which we live.

ADOPTED this 25th day of March, 2010

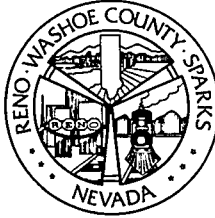


Denis M. Humphreys, OD, Chairman

ATTEST:



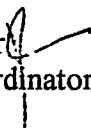
Recording Secretary




DISTRICT HEALTH DEPARTMENT

March 25, 2010

TO: District Board of Health

FROM: Jennifer M. Hadayia, MPA, Public Health Program Manager 
Jennifer Howell, MPH, CHES, Sexual Health Program Coordinator

THROUGH: Mary-Ann Brown, RN, MSN, Division Director, Community and Clinical Health Services (CCHS) 

SUBJECT: Presentation of 2009 Annual Sexual Health (HIV/STD) Report:

1. National and State HIV/STD Data Trends
2. Local HIV/STD Data Trends
3. Health District Program Response
4. 2010 GYT Social Marketing Campaign

SUMMARY

The 2009 Annual Sexual Health (HIV/STD) Report is now available for the Board's review. It summarizes HIV and STD surveillance data collected by the CCHS Sexual Health Program (SHP) for 2009 as well as disease investigation and contact tracing activities, HIV/STD testing volume and positivity, and other grant-directed program deliverables. Highlights are below.

NATIONAL AND STATE HIV/STD TRENDS

- The Centers for Disease Control and Prevention (CDC) released new HIV prevalence estimates in 2009.ⁱ Currently, 1.1 million adolescents/adults are HIV+ in the U.S.
- Men Who Have Sex With Men (MSM) account for 53% of all HIV/AIDS cases in the U.S. Black/African Americans account for 51% of all cases, with a rate of 76.7 per 100,000 compared to 9.2 per 100,000 for whites.
- The CDC also estimates that one in five persons with HIV is unaware of their infection. This is an improvement from prior years, but underscores the continued importance of HIV testing.

LOCAL HIV/STD TRENDS

- In 2009, 40 new cases of HIV and AIDS were reported to the Health District; this represents a rate of 9.43 per 100,000 populationⁱⁱ and is comparable to prior reporting years.
- Notable demographic variances among new HIV/AIDS cases in 2009 include the following:
 - 72% of new HIV cases occurred among Men Who Have Sex with Men (MSM) compared to 53% of HIV cases occurring cumulatively in this group.

- 28% of new HIV cases occurred among young adults (aged 19 – 24) compared to 15% of HIV cases occurring cumulatively in this group.
- One pediatric AIDS case was reported during the period.
- Per direction from the CDC, a new HIV/AIDS risk category was added: “heterosexual contact with a known HIV+ individual.” In Washoe County, this new risk category represented 20% of cases.
- 1,243 new cases of Chlamydia and 131 new cases of gonorrhea were reported to the Health District in 2009; this represents a rate of 293 and 31 per 100,000 population, respectively.ⁱⁱⁱ
- 25 syphilis cases were reported in 2009, a higher number than in prior reporting years; however, the majority of cases (84%) were of latent or unknown duration and not infectious.

HEALTH DISTRICT PROGRAM RESPONSE

- *Counseling, Testing, and Referral (CTR)*. Regular HIV and STD testing is provided at the onsite STD Clinic and at multiple off-site locations targeting high-risk populations.
 - In 2009, 2,721 HIV tests and 12,703 Chlamydia, gonorrhea, and syphilis tests were provided. The HIV positivity rate has remained steady at <1%.
 - Of the total number of clients who received an HIV test, 68% received their test result; however, 100% of HIV+ clients received test results.

To increase volume of HIV testing, the SHP is adding rapid testing as well as exploring electronic test results. The SHP also operates the area’s only HIV Testing and Results Line.
- *Partner Counseling and Referral Services (PCRS)*. Disease investigators elicit, trace, and examine, test, and treat the sex and needle-sharing contacts of all HIV/AIDS and STD cases.
 - In 2009, investigators identified 78 contacts to new HIV/AIDS (contact ratio of 1.95:1) with 29% testing positive.
 - Investigators also identified 1,589 contacts to Chlamydia, gonorrhea, and syphilis cases; of new contacts able to be examined, 96%, 99%, and 33% were treated, respectively.
- *Community Planning*. Communities that receive federal HIV prevention funding must develop an HIV Prevention Plan biennially outlining priority populations. SHP staff serve in a leadership capacity by coordinating the local Community Planning Group. Federal funding distributed by the program through its Interlocal Agreement with the Nevada State Health Division and competitive Request for Applications process must also focus on the priority groups outlined in the plan. Priority populations in the 2009-2011 HIV Prevention Plan are:
 - Men Who Have Sex with Men (MSM)
 - HIV+
 - Young Adults (25 years and younger)
 - Intravenous Drug Users (IDU)
- *Evaluation*. Communities that receive federal HIV prevention funding must also participate in a national web-based data management system called PEMS (Program Evaluation and Monitoring System). SHP staff oversee the Washoe County “instance” of PEMS including all HIV testing data. An interdivisional team was formed to establish a seamless interface between the CCHS database, Insight, and PEMS to avoid duplicate data entry. The first electronic upload of HIV testing data from Insight into PEMS was completed January 2010.

- *Health Education and Risk Reduction (HE/RR)*. Through the Interlocal Agreement and competitive Request for Applications process referenced above, the SHP is funding two community-based organizations to implement proven HIV prevention interventions (a.k.a., DEBIs --Diffusion of Effective Behavioral Interventions) to priority populations:
 - Planned Parenthood Mar Monte (PPMM) for *Street Smart*, targeting high-risk young adults. PPMM will reach 100 youth in 2010 and 2011 with the *Street Smart* curriculum and an additional 2,500 youth each year via outreach.
 - Nevada Hispanic Services (NHS) for *VOCES*, targeting Hispanic MSM and high-risk heterosexuals. NHS will reach 320 individuals in 2010 and 400 in 2011.

- *Health Communications/Public Information (HC/PI)*. The SHP coordinates social marketing and other advertising campaigns to promote HIV testing and risk reduction. In 2009, the GYT or *Get Your Test* social marketing campaign was launched. GYT was developed by the Kaiser Family Foundation and MTV for use with youth and young adults. GYT and the program's routine HIV testing advertising resulted in the following media reach in 2009:^{iv}
 - 43 print advertisements with 4,166,700 duplicate impressions
 - Six online advertisements with 5,794,921 duplicate impressions
 - Two television advertisements with 387,234 duplicate impressions

2010 GYT SOCIAL MARKETING CAMPAIGN

The SHP is in negotiation with media buyers to re-launch GYT for 2010. Examples of static GYT campaign products are attached to this report; examples of online advertising and television spots will be shown during the Board meeting. A localized GYT website is also under development. All campaign products and the website have been processed through the CCHS public information approval algorithm (attached) and reviewed by the District Health Officer.

ATTACHMENTS

1. GYT Campaign Examples – Print Advertising
2. GYT Campaign Examples – Online “Flash” Advertising
3. Public Information Review and Approval Algorithms

ⁱCenters for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: pp. 5-10.

ⁱⁱDisease rates calculated using 2008 total population estimates provided by the Nevada State Demographer

ⁱⁱⁱIbid

^{iv}Impression estimates based on circulation, website usage, and broadcast and cable viewership volume provided by media buyer

THIS IS ONLY A TEST

3x9 (9-20 V)

GYT

**GET YOURSELF TESTED TODAY!
YOU'RE HERE... WHY NOT?**

**1 IN 2 SEXUALLY ACTIVE YOUNG PEOPLE
WILL GET AN STD BY 25
- MOST WON'T KNOW IT.**

GYT09.ORG



OR 328.2671

This message is provided through funding from The Nevada State Health Division through Grant #5U62PS001038-02 from the Center For Disease Control And Prevention.

NEWS & REVIEW BUSINESS USE ONLY

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| DESIGNER | ISSUE DATE | ACCT. EXEC. |
| MTH | 11.19.09 | BLS |
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| WASHOEGYT_111909R2 | NEW | |

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PLEASE NOTE ANY CORRECTIONS FOR YOUR AD, SIGN AND FAX BACK TO THE RENO NEWS & REVIEW BY _____ TODAY, OTHERWISE THE AD WILL RUN AS SHOWN.

APPROVED "AS-IS", NO CORRECTIONS SIGNATURE _____

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**PLEASE SIGN & FAX
BY _____ TODAY
TO: 775.324.2515**

**THANK YOU FOR CHOOSING
THE RENO NEWS & REVIEW!**

OMG.

GYT

3x9 (9-20 V)

**GET YOURSELF TESTED TODAY!
YOU'RE HERE... WHY NOT?**

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GYT09.ORG



OR 328.2671

This message is provided through funding from The Nevada State Health Division through Grant #5U62PS001038 from the Center For Disease Control And Prevention.

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PLEASE NOTE ANY CORRECTIONS FOR YOUR AD, SIGN AND FAX BACK TO THE RENO NEWS & REVIEW BY _____ TODAY, *OTHERWISE THE AD WILL RUN AS SHOWN.*

APPROVED "AS-IS", NO CORRECTIONS SIGNATURE _____

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**PLEASE SIGN & FAX
BY _____ TODAY
TO: 775.324.2515**

**THANK YOU FOR CHOOSING
THE RENO NEWS & REVIEW!**

**OPEN UP
AND SAY**

**AAHHHHHH
HHHHH...**

**GYT
GYT09.ORG**

OR 328.2671

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APPROVED "AS-IS", NO CORRECTIONS SIGNATURE _____

APPROVED WITH CORRECTIONS AS NOTED SIGNATURE _____

**PLEASE SIGN & FAX
BY _____ TODAY
TO: 775.324.2515**

THANK YOU FOR CHOOSING
THE RENO NEWS & REVIEW!

OMG, BRB, LOL...
GYT
 GYT09.ORG
 OR 328.2671
 NOW INTRODUCING

NEWS & REVIEW BUSINESS USE ONLY

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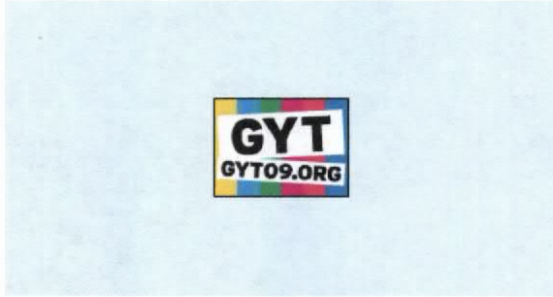
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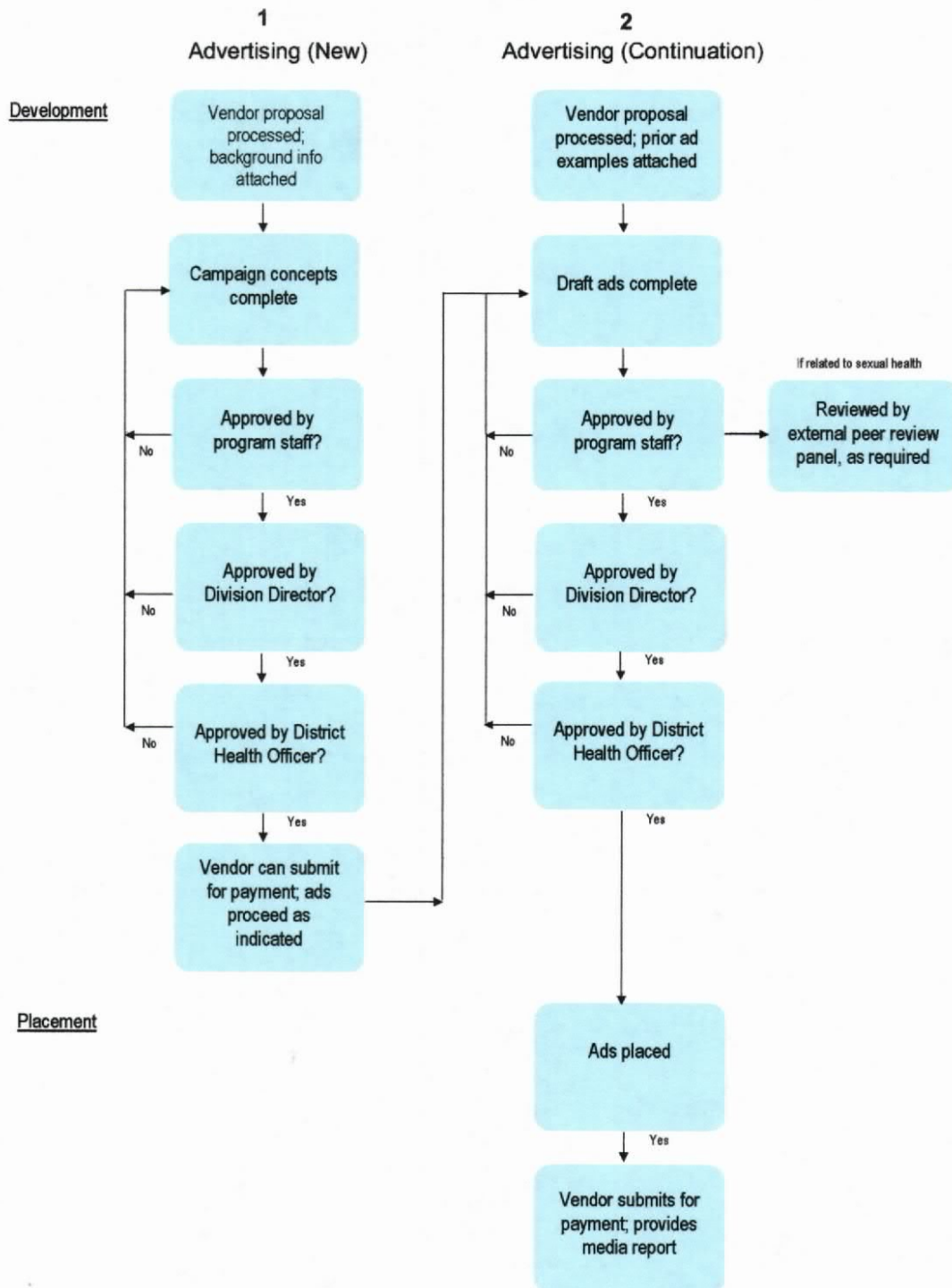
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- APPROVED WITH CORRECTIONS AS NOTED SIGNATURE _____

PLEASE SIGN & FAX BY _____ TODAY TO: 775.324.2515

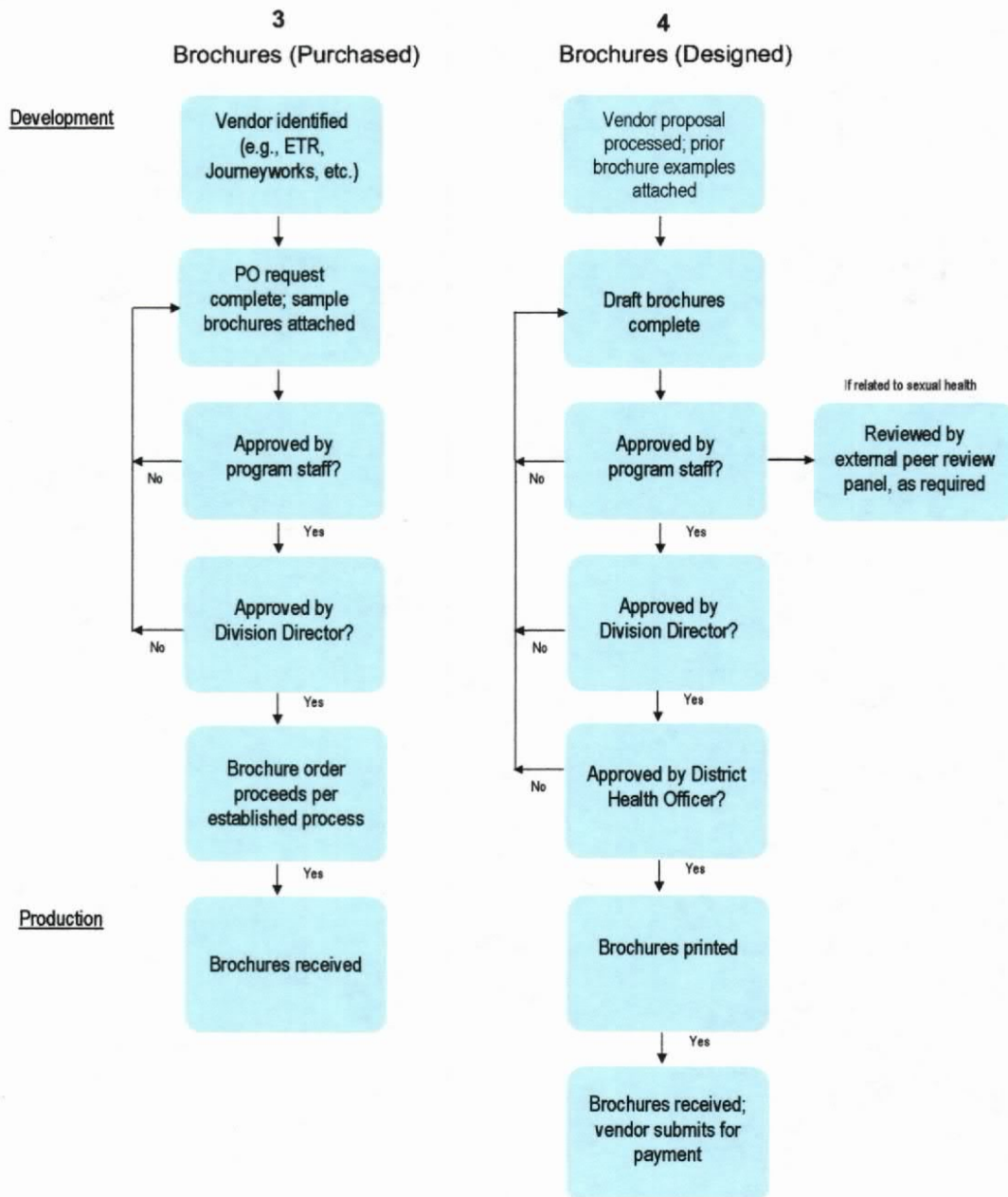
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Washoe County Health District Public Information Review and Approval Algorithms

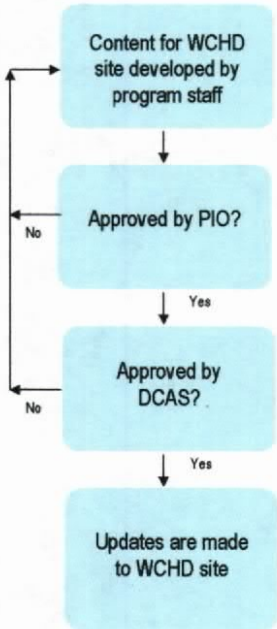


Washoe County Health District Public Information Review and Approval Algorithms

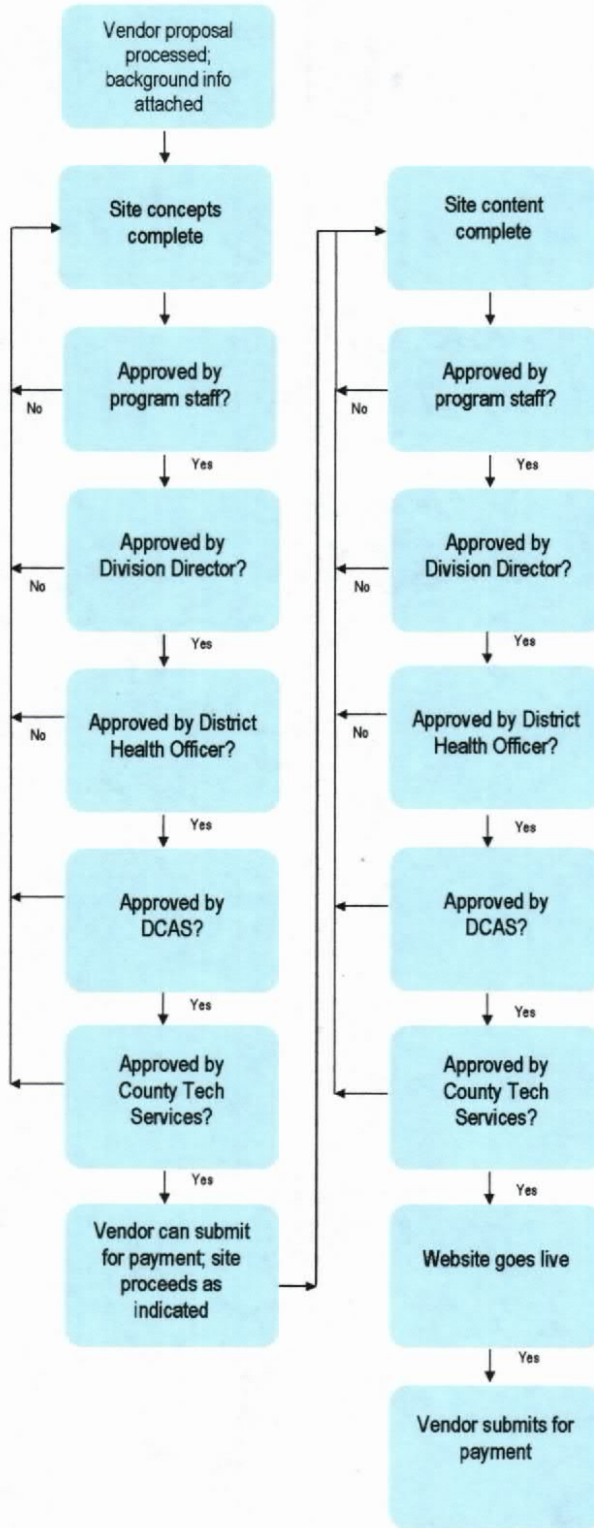


Washoe County Health District Public Information Review and Approval Algorithms

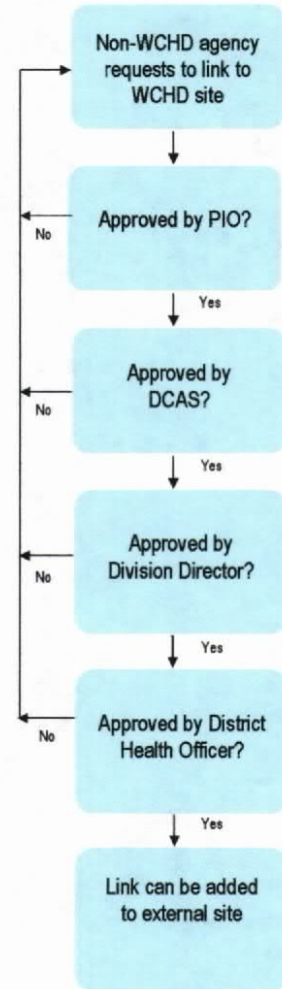
5 Website (WCHD)



6 Website (External)



7 Website Links



DBOH 2/25/10
Item # 15.

GYT

**GET YOURSELF TALKING
GET YOURSELF TESTED**

Sexual Health (HIV/STD) Program 2009 Annual Report

Washoe County Health District
Community and Clinical Health Services Division
Sexual Health (HIV/STD) Program
March 25, 2010

PROGRAM OVERVIEW

- Purpose: Prevention and control of STDs, including HIV/AIDS (NRS 441a)

- Budget: \$1,328,589 (FY10 adopted)
 - » Combination of grants and local funding
 - » Revenue generated by STD Clinic
 - » HIV activities are 100% grant-funded

- Staffing: 10.25 FTEs (FY10 adopted)
 - » 2.0 FTE Public Health Nurses
 - » 4.0 FTE Disease Investigators
 - » 1.0 FTE Health Educator
 - » 1.0 FTE Program Coordinator
 - » 2.0 Office Assistant II
 - » 0.8 Management

Item # 15

NATIONAL TRENDS

- 15% increase in HIV rate
- 1.1 million adolescents/adults are HIV+
 - 53% Men Who Have Sex With Men (MSM)
 - 32% High-Risk Heterosexuals
 - 51% Black/African Americans
- 20% are unaware of their status
- 36% progress to AIDS within 12 months

Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: pp. 5-10.

LOCAL TRENDS

- 837 people living with HIV/AIDS
 - 54% Men Who Have Sex with Men (MSM)
 - 10% Heterosexual Contact
 - 10% Young Adults (aged 13 – 24)
 - 13% Black/African American
- 49 new cases of HIV and AIDS reported in 2009.
Of new HIV cases:
 - 72% Men Who Have Sex with Men (MSM)
 - 28% Heterosexual Contact/Contact with HIV+
 - 28% Young Adults (aged 19 – 24)
 - 8% Black/African American

Nevada State Health Division, eHARS (July 2009)

Washoe County Health District, eHARS (January 2010)

PROGRAM HIGHLIGHTS

- *Clinical Services*
 - 1,525 clients seen in STD Clinic; 1,703 visits
 - 2,721 HIV tests provided; 1% positive
 - 12,703 Chlamydia, gonorrhea, and syphilis tests provided
 - 68% received HIV test result
 - 78 contacts to new HIV/AIDS identified; 29% positive
 - 1,589 contacts to Chlamydia, gonorrhea, and syphilis identified

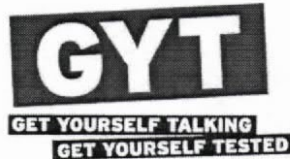
PROGRAM HIGHLIGHTS

- *Planning and Evaluation*
 - Northern Nevada Planning Council (NNPC)
 - 2009-2011 HIV Prevention Plan priorities:
 - Men Who Have Sex with Men (MSM)
 - HIV+
 - Young Adults (25 years and younger)
 - Intravenous Drug Users (IDU)
 - Electronic uploads from Insight to PEMS

PROGRAM HIGHLIGHTS

- *Health Education*
 - Two CBOs implementing DEBI programs
 - Planned Parenthood Mar Monte -- *Street Smart*
 - Nevada Hispanic Services -- *VOCES*
 - GYT and routine HIV testing advertising
 - 43 print ads with 4,166,700 duplicate impressions
 - Six online ads with 5,794,921 duplicate impressions
 - Two TV ads with 387,234 duplicate impressions

2010 CAMPAIGN



- Print ads
 - Television ads
 - Online ads (*Reno Passport; January-March only*)
 - Localized website in development
- + routine (non-GYT) HIV testing print ads

**A REPORT ON YOUR ENDOWMENT
University of Nevada, Reno Foundation**

Washoe County District Board of Health Scholarship Endowment

During this past year our alumni and friends have made great strides toward keeping the University competitive following difficult state budget cuts and in this contracted financial environment. The University of Nevada, Reno Foundation's pooled endowment funds total stood at more than \$87.2 million as of September 30, 2009.

The University of Nevada, Reno Foundation endowment funds are responsibly managed by the Investment Committee of the Foundation which receives independent professional investment advice from Wilshire Consulting. As of September 30, 2009, the funds were invested at the ratio of 52% in equities, 25% in fixed income, 9% in private equity and 14% in real estate and alternative investments. The goal of this allocation is to produce a return that meets spending obligations, maintains or increases the real value of the endowment, and protects against the effects of inflation.

For the period October 1, 2008, through September 30, 2009, the Foundation had a net return of -5.35%, compared to the S&P 500 Equity Index at -6.93% and Barclays Aggregate Bond Index at +10.56% for the same period of time. As of September 30, 2009, our three- and five -year overall average rate of returns for the endowment, net of fees, were -2.04% and +3.43% respectively. While we are disappointed to report negative returns this year, we were pleased that our diversified portfolio mix positively assisted us during these turbulent financial times.

When managing the investments of the endowment funds, the Foundation considers our goal of maintaining the purchasing power of the endowment. The endowment, at minimum, should cover current distributions while growing at least by the rate of inflation to cover distributions for the future. As such, market performance and the health of the underlying economy are of great importance to the financial well being of the endowment. Our ability to provide support for the University's current and future students and programs are tied most closely to these fundamental economic issues.

We are disappointed that some of our newer endowment funds have not been invested for a long enough period of time to protect them sufficiently during the down-turn in the market, therefore not returning enough to make the normal distributions to programs. While we cannot control the markets, we believe very strongly that it is our duty to respond prudently and responsibly to them.

We are confident that our prudent, rational, long-term investment strategy meets the needs of both our donors and the purposes for which they established their fund at the University of Nevada, Reno.

175439 Washoe County District Board of Health Scholarship Endowment (Medicine)

**A REPORT ON YOUR ENDOWMENT
University of Nevada, Reno Foundation**

Washoe County District Board of Health Scholarship Endowment

| | |
|--|-----------------|
| Historical Gift Value | \$11,166 |
| Market Value September 30, 2009 | \$13,553 |

The above information excludes any additions made after August 31, 2009 which will be included in the next quarterly investment buy.

The Foundation continued to set aside 5% of the 12-quarter average market value for distribution purposes as outlined in the Foundation's investment policy. An annual one percent management fee is assessed on the Foundation's endowment each year for administrative expenses associated with managing the endowment funds. The Foundation's policy is administered in accordance with the Uniform Management of Institutional Funds Act. The Investment Policy of the Foundation can be found on the University's website at: <http://giving.unr.edu/foundation.aspx>.

175439 Washoe County District Board of Health Scholarship Endowment (Medicine)



DISTRICT HEALTH DEPARTMENT

March 16, 2010

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, March 2010

Communicable Disease –

Influenza - For the week ending March 13 (week 10) six of seven participating sentinel healthcare providers in Washoe County saw 80 patients presenting with influenza-like-illness (ILI) out of 4,393 total patients. This yields a total ILI percentage of 1.8%. This is below the regional baseline of 2.8%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (09) was 1.9%. Regionally the ILI levels ranged from 0.8 to 2.8%. Laboratory surveillance continues to yield relatively few isolates that are positive for influenza. For the positive isolates that are being reported and typed, 2009 H1N1 continues to be the dominant strain. Although there is room for cautious optimism that the novel strain of H1N1 will not produce a significant amount of severe illness this season, it should be noted that last year's dramatic increase in late season and off season cases did not commence until week 17.

Varicella - The Outbreak Management Team continues its investigation of a varicella (chickenpox) outbreak at a private school in Reno. The case count is now up to 12 cases with the majority of cases occurring among students who had not received the optimal two doses of varicella vaccine.

Multi Drug Resistant Pseudomonas - A local hospital obtained a pseudomonas isolate from a patient that exhibited an unusual pattern of resistance to antimicrobial drugs. A private reference laboratory reported the isolate as an extremely rare type that is resistant to a large number of antimicrobial drugs and that can easily transfer this pan resistance characteristic to other microorganisms. The hospital notified the

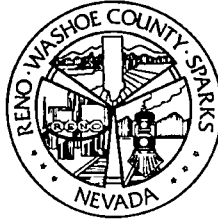
Nevada State Health Division which recommended enhanced patient isolation procedures that were immediately put in place. Although this organism is becoming more common in other parts of the world, it is very rare in the United States. There has only been one U.S. outbreak reported. Because of the rarity of the organism and its seriousness, the Centers for Disease Control and Prevention (CDC) was invited to assist with the further investigation of this case. Fortunately, further testing (by CDC reference laboratories) of the suspect isolate as well as additional pseudomonas isolates from the hospital failed to confirm the presence of this rare subtype. Even though this was not confirmed as the rare subtype, it is clear that multi drug resistant organisms are a continuing threat. This situation did serve to underscore the importance of surveillance for drug resistant organisms and area hospitals are working collaboratively to enhance this surveillance as well as other control measures.

Public Health Preparedness (PHP) Activities –

The PHP program in conjunction with partners from Community and Clinical Health Services has continued to offer H1N1 vaccinations on a walk-in basis on weekdays. The hours of operation have now been adjusted to coincide with those of the immunization clinic due to poor utilization during the evening hours.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

TO: District Board of Health Members

FROM: Robert Sack, Division Director
Environmental Health Services

DATE: March 16, 2010

SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 17.C.

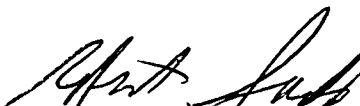
UPDATE - FOOD REGULATIONS

For several years now, the State of Nevada and the Washoe County Health District have been developing new food protection regulations in accordance with the Food and Drug Administration Model Food Code. A decision was made to have a state-wide food code with local jurisdictions having their own permitting, appeals, enforcement and other local unique sections.

Public workshops are being scheduled for April and May, with the completed regulations coming before the District Board of Health for approval in either June or July.

UPDATE – SOLID WASTE REGULATIONS

Public workshops are being held at the end of this month on updates and new regulations for the Solid Waste Management Regulations. This addresses the recycling issues, as well as the Material Recovery Facility (MRF) issue brought before the Board the last several months. These regulations will be presented to the District Board of Health for approval in May.



Robert O. Sack, Division Director
Environmental Health Services Division

ROS:jzn

DBOH AGENDA ITEM # 17.C.

1001 EAST NINTH STREET / P.O. BOX 11130; RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: March 25, 2010

To: District Board of Health

From: Andrew Goodrich, Director, Air Quality Management

Re: Monthly Report for Air Quality Management

Agenda Item: 17.D.

The enclosed Air Quality Management Division Report is for the month of February 2010 and includes the following sections:

- Air Quality
- Monitoring Activity
- Planning Activity
- Permitting Activity
- Compliance/Inspection Activity
- Enforcement Activity

DBOH AGENDA ITEM # 17.D.

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Director's Report February 2010

Identifying the sources

In late December and early January, the Air Quality Management Division measured high levels of PM2.5 or fine particulate matter. These elevated pollutant concentrations may trigger the requirement of a new State Implementation Plan (SIP) to be developed for the area. The goal of a SIP is to ultimately reduce pollutant concentrations below the federal allowable limits. However, before we can design any air quality plan we must be able to accurately determine and quantify the sources of the pollution. There are several means to accomplish this task and we will rely on a least two familiar techniques.

First, periodic emission inventories are developed utilizing federal guidance based on the suspected and known sources of air pollution. Activity levels are determined through surveys, government and industry reports, observations, permit information, or population derived national default values. Examples of common activity numbers are the amount of wood burned in fireplaces and wood stoves or the number of miles driven by motor vehicles in a geographical area. These activity data are then used as input to computer models to calculate emissions estimations for each source category. The AQM Division has completed several emission inventories and is very proficient at this work.

Another means of identifying the sources of pollution is to analyze actual collected samples of the suspended fine particulate matter. One method of this analysis is known as Chemical Mass Balance (CMB) analysis. A sample is collected and the mass of a variety of chemical species are determined and proportioned against known "fingerprints" of various sources. CMB requires very sophisticated chemical laboratory testing and some heavy computer data crunching. Fortunately, the Desert Research Institute (DRI) is a world leader in this work and is a local resource we can call on for assistance.

Once all the analysis work is complete, we can reconcile any difference between the methods and turn our attention to reducing emissions from the identified sources.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR FEBRUARY

| Air Quality Index Range | # OF DAYS FEB 2010 | # OF DAYS FEB 2009 |
|--|-----------------------|-----------------------|
| GOOD 0 to 50 | 22 | 19 |
| MODERATE 51 to 100 | 6 | 10 |
| UNHEALTHY FOR SENSITIVE GROUPS 101 to 150 | 0 | 0 |
| UNHEALTHY 151 to 200 | 0 | 0 |
| VERY UNHEALTHY 201 to 300 | 0 | 0 |
| TOTAL | 28 | 29 |

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

| POLLUTANT | FEBRUARY 2010 | Highest for 2010 | FEBRUARY 2009 | Highest for 2009 |
|-----------------------------------|---------------|------------------|---------------|------------------|
| CARBON MONOXIDE (CO) | 20 | 29 | 25 | 37 |
| OZONE 8 hour (O3) | 39 | 40 | 49 | 93 |
| PARTICULATES (PM _{2.5}) | 69 | 112 | 48 | 149 |
| PARTICULATES (PM ₁₀) | 71 | 83 | 60 | 94 |

For the month of February, there were no exceedances of Carbon Monoxide, Particulate Matter or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of February was seventy-one (71) for PM₁₀. There were twenty-two (22) days in the month of February where the Air Quality was in the good range and six (6) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network/laboratory upgrade activities continued throughout the month. Work has begun on the Network Monitoring Plan and the Network Assessment Plan both of which are due to EPA by mid-year. Additionally, two new PM_{2.5} Beta Attenuation Continuous Monitors have been purchased increasing our network continuous PM_{2.5} monitoring capabilities.

The Residential Wood Combustion (Green, Yellow, Red) Program for the 2009-2010 winter season came to a close on Sunday, February 28th. The 2010-2011 winter season program will begin on November 1st.

Duane Sikorski, Air Quality Supervisor

Planning Activity

The Division is in the process of re-examining the County's Residential Wood Combustion regulation in order to bring to your Board recommendations for updating the program in time for the 2010-2011 winter season.

The process of completing a county-wide green-house gas emissions inventory continued while staff was developing the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

| TYPE OF PERMIT | 2010 | | 2009 | |
|---------------------------------|-------------------|-------------------|-----------------|---------------------|
| | FEBRUARY | YTD | FEBRUARY | ANNUAL TOTAL |
| Renewal of Existing Air Permits | 111 | 218 | 95 | 1320 |
| New Authorities to Construct | 4 | 5 | 12 | 80 |
| Dust Control Permits | 10 (271 acres) | 19 (376 acres) | 7 (55 acres) | 128 (1550 acres) |

| | | | | |
|------------------------------|---------------------------|---------------------------|----------------------------|------------------------------|
| Wood Stove Certificates | 20 | 24 | 15 | 170 |
| WS Dealers Affidavit of Sale | 8 (5 replacements) | 20 (12 replacements) | 14 (10 replacements) | 250 (145 replacements) |
| WS Notice of Exemptions | 258 (2 stoves removed) | 534 (5 stoves removed) | 225 (11 stoves removed) | 5358 (145 stoves removed) |

| | | | | |
|--------------------------------|----|-----|----|-----|
| Asbestos Assessments | 64 | 100 | 40 | 740 |
| Asbestos Removal Notifications | 14 | 28 | 20 | 263 |

Compliance/Inspection Activity

Staff reviewed twenty-nine (29) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted eighty-two (82) stationary source renewal inspections in February. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting/Enforcement
Activity

Staff plans on having an "asbestos/demolition" seminar for consultants and abatement companies in the near future. Subjects to be addressed include proper paperwork to be filed with the AQMD (asbestos acknowledgment form/federal renovation/demolition form), adequate information to be included in the asbestos survey for a completeness determination, proper work practices to be in compliance with both the local and federal regulations, and proper handling/disposal techniques. This seminar will be especially valuable for new consultants/abatement firms that have recently established offices in the Reno/Sparks area, as well as a "refresher" for local established companies. The AQMD is a "delegated" local agency from the Environmental Protection Agency (EPA), and we must be certain that all asbestos requirements are being followed as part of the "105 grant money" we receive annually from EPA for implementation of the asbestos program.

Noel Bonderson, Air Quality Supervisor

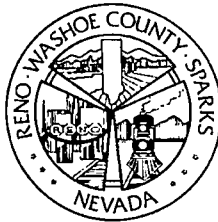
Enforcement Activity

| COMPLAINTS | 2010* | | 2009 | | |
|---------------------------|----------|----------|-----------|-----------|--------------|
| | FEBRUARY | YTD | FEBRUARY | YTD | Annual Total |
| Asbestos | 0 | 1 | 2 | 4 | 21 |
| Burning/Smoke | 0 | 2 | 1 | 2 | 16 |
| Dust | 0 | 1 | 12 | 20 | 134 |
| Gas Station/Oxy Fuel | 0 | 0 | 0 | 0 | 0 |
| Miscellaneous | 0 | 0 | 0 | 0 | 7 |
| Odor | 1 | 1 | 1 | 3 | 30 |
| Painting (spray painting) | 1 | 1 | 0 | 0 | 6 |
| Permit Violation | 2 | 3 | 0 | 1 | 12 |
| TOTAL | 4 | 9 | 16 | 30 | 226 |
| NOV'S | FEBRUARY | YTD | FEBRUARY | YTD | Annual Total |
| Warnings | 0 | 2 | 0 | 3 | 13 |
| Citations | 2 | 2 | 0 | 0 | 10 |
| TOTAL | 2 | 4 | 0 | 3 | 23 |

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were a total of two (2) Notice of Violations (NOVs) issued in February 2010. There were two (2) NOV Citations issued; both for expired dust control permit, and one (1) for no dust control sign. There were no NOV Warnings issued in February, 2010.



Washoe County Health District

DBOH AGENDA ITEM NO. 17.F

March 18, 2010

TO: Members, District Board of Health
FROM: Mary A. Anderson, MD, MPH, FACPM
SUBJECT: District Health Officer's Report

American College of Preventive Medicine (ACPM) Conference Follow-up

The ACPM meeting was held in the Washington, DC area during the period of February 17 – 20, 2010. During "Advocacy Day" on Capitol Hill ACPM members met with their respective state legislators to provide information on the specialty of Preventive Medicine and to educate them on the need for a stable source of funding for residencies in Preventive Medicine. Because most of the activities of public health and preventive medicine residents take place outside of the hospital setting, training for Preventive Medicine physicians is not funded through Medicare or Medicaid as are the residencies for clinical specialties. This situation has led to a marked and increasing shortage of physicians who specialize in Public Health and Preventive Medicine (PH&PM). Senator Udall has circulated a letter to his Senate colleagues in support of including \$5M in the HRSA budget to increase funding from the current \$2.3M available for PH&PM training, but his effort has not received adequate additional sponsorship as of this date.

Infectious Disease Issues

In the last month, The Centers for Disease Control sent a team of infectious disease experts to assist with the definitive identification and management of the potential appearance of a resistant strain of Pseudomonas aeruginosa that is very rare in the U.S. Though the unusual strain did not prove to be present, a strain of Pseudomonas with resistance to newer antibiotics was found. The CDC Team provided valuable insights and "lessons to be taught" on infection control to prevent the emergence and spread of resistant strains.

The outbreak of chickenpox in a school setting mentioned in last month's report is ongoing with 12 cases reported—the most recent one on March 12, 2010. Additional measures have been taken to prevent further spread of the illness. All students at the school who have not had the illness will be required to obtain two doses of varicella (chickenpox) vaccine to maximize their immunity.

National Association of County and City Health Officials (NACCHO) Conference

Tweet! Tweet! The "early bird" registration date for the NACCHO Conference is "on or before June 11, 2010" for a savings of \$45.00. This year's conference will be held in Memphis, TN from July 14- 16.

DBOH AGENDA ITEM # 17.F.

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National Association of Local Boards of Health (NALBOH) Conference

Go Green! The dollar-saving deadline for NALBOH Conference registration is July 9, 2010 for a savings of \$50.00. The 18th Annual Conference will be held August 5-7, 2010 in Omaha, NE.

Mary A. Anderson MD, MPH

Mary A. Anderson, MD, MPH, FACPM
District Health Officer

DIABETES IN WASHOE COUNTY

Diabetes is a significant health concern, as it is the sixth leading cause of death in the United States¹. Diabetes is classified as a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both.² The two most common forms of diabetes are type 1 and type 2 diabetes.

- **Type 1 diabetes** develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin which regulates blood glucose. In adults type 1 diabetes accounts for 5% or 10% of all diagnosed diabetes cases. There is no known way to prevent type 1 diabetes as the causes may be autoimmune, genetic, or environmental.
- **Type 2 diabetes** usually begins as insulin resistance, and as the need for insulin rises the pancreas gradually loses its ability to produce it. In adults, type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. Further, Type 2 diabetes is being diagnosed more frequently among children and adolescents. Obesity, family history of diabetes, older age, physical inactivity, and impaired glucose metabolism are among risk factors for developing the disease.

If diabetics do not properly manage their disease, serious health complications may occur, including: heart disease, blindness, kidney disease, lower-extremity amputations, diabetic ketocidosis, hyperosmolar coma, and death.³

DATA & DISCUSSION

Data presented in this section were based on Behavioral Risk Factor Surveillance System (BRFSF) unless data sources were specified otherwise.

Diabetes Morbidity and Mortality

Diabetes prevalence in Washoe County has been consistently lower than those of Nevada and the United States (Figure 1). Yet the mortality rate for diabetes is significantly higher in Washoe County compared to Nevada (Figure 2).

Figure 1. Prevalence of Diabetes, Adults, Washoe County, Nevada, and US; 2005-2008

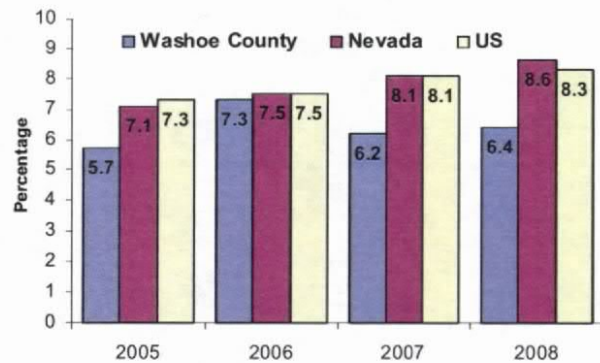
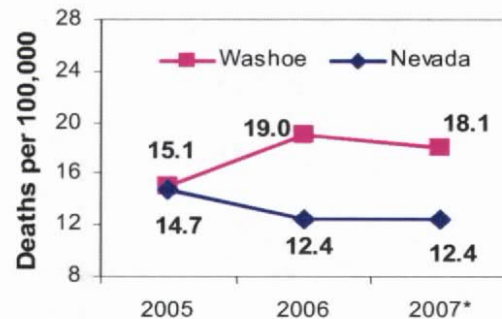


Figure 2. Age-Adjusted Death Rates for Diabetes Mellitus, Washoe County; 2005-2007.**



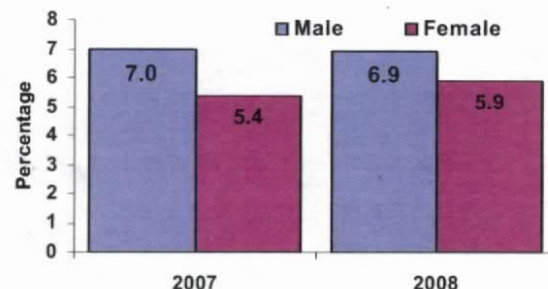
*These counts are not final and are subject to change.

**Age-adjusted Death Rates are per 100,000 population and are adjusted to the 2000 U.S. Standard population.

Data Source: Vital Statistics, Nevada State Health Division

Further, more males in Washoe County report a diabetes diagnosis compared to females (Figure 3).

Figure 3. Prevalence of Diabetes by Gender, Washoe County; 2007-2008.



Diabetes Management

Diabetes management includes adopting behaviors such as: receiving an annual flu vaccination, receiving a pneumonia vaccination, exercising regularly, not smoking, attending a diabetes management class, and receiving proper medical care.

Since diabetes often compromises the immune system, diabetics are vulnerable to severe cases of the flu and pneumonia. Thus, it is recommended that they receive an annual flu vaccination and a pneumonia vaccination. In Washoe County, diabetics are more likely to receive an annual flu shot and a pneumonia shot compared with non-diabetics (Figure 4 and Figure 5).

Figure 4. Received Flu Shot by Diabetes Diagnosis, Washoe County; 2007-2008.

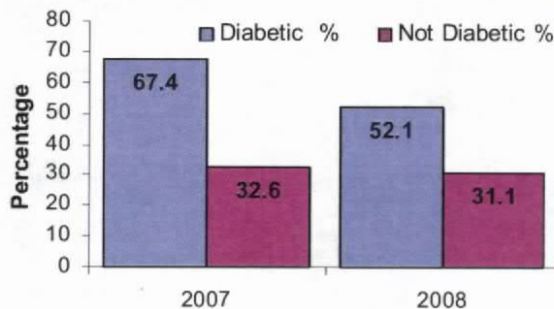
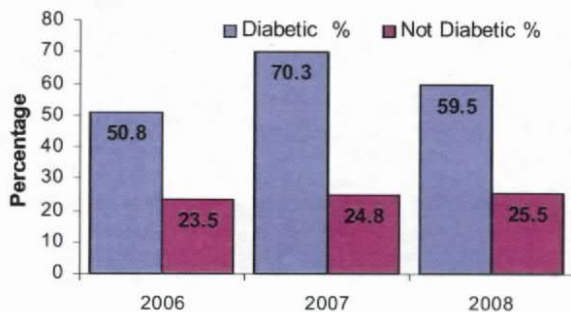


Figure 5. Received Pneumonia Shot by Diabetes Diagnosis, Washoe County; 2006-2008.



Exercise helps control blood glucose, weight, blood pressure, and cholesterol; therefore, it is another recommended strategy for managing diabetes. In Washoe County people with diabetes are less likely to have reported exercise in the past 30 days (Figure 6).

If a diabetic is obese, it is recommended that he or she lose weight. Not only is obesity a risk factor for developing diabetes, it also makes managing the disease more difficult. In Washoe County diabetics report rates of obesity at nearly double the adult general population (Figure 7).

To prevent complications of diabetes, it is also recommended that diabetics avoid tobacco use and

exposure since it raises blood glucose, cholesterol, and blood pressure. Fortunately, smoking among local diabetics has dropped significantly in recent years (Figure 8).

Figure 6. Exercise in past 30 days by Diabetes Diagnosis, Washoe County; 2005-2008.

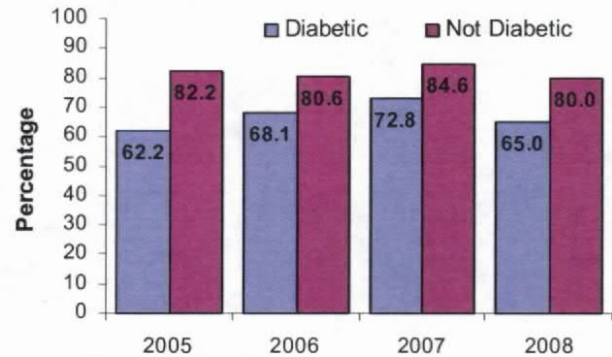


Figure 7. Prevalence of Obesity by Diabetes Diagnosis, Washoe County; 2005-2008.

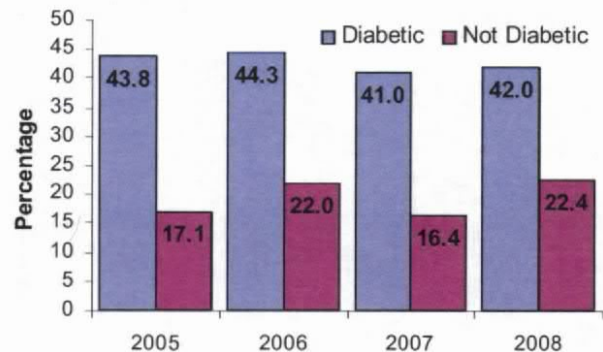
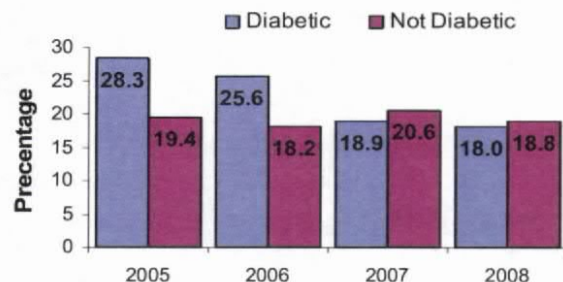


Figure 8. Prevalence of Smoking by Diabetes Diagnosis, Washoe County; 2005-2008.



Participation in self-management education or training has helped diabetics improve their health outcomes and quality of life. About 57%, 67%, and 57% of individuals with diabetes reported attending diabetes management class in Washoe County in 2006, 2007, 2008, respectively. About 80% in 2006, and 87% in 2007 and 2008 of individuals with diabetes reported visiting a doctor in past 12 months.

Proper medical care is crucial to successful diabetes management. The Centers for Disease Control and Prevention² recommends that all individuals with diabetes be checked for the following:

- ◆ blood pressure at every visit;
- ◆ feet for sores at every visit, and a thorough foot exam at least once a year;
- ◆ a glycated hemoglobin (A1C) test at least twice a year;
- ◆ urine and blood tests to check kidney function, at least once a year;
- ◆ blood lipid tests.

In Washoe County diabetics are reporting regular doctor visits, A1C checks, and foot exams. While Washoe County is higher than the 50% Healthy People 2010 goal for annual A1C tests, there is significant improvement to be made to reach the Healthy People 2010 goal of 75% for doctors providing an annual foot exam³ (Figure 9 and Figure 10).

Figure 9. Individual with Diabetes reporting doctor checked A1C in past 12 months, Washoe County; 2006-2008.

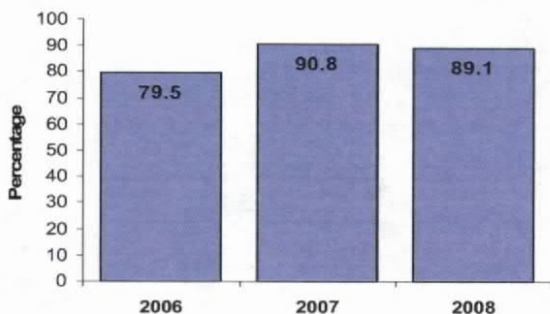
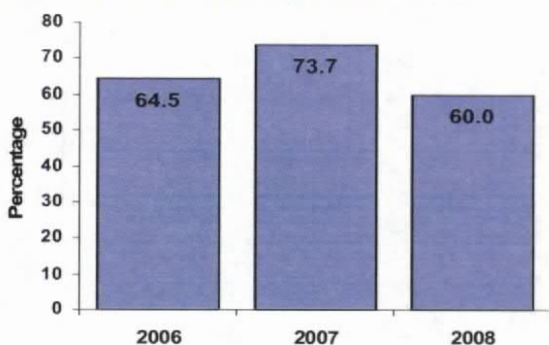


Figure 10. Individual with Diabetes reporting Doctor checked feet in past 12 months, Washoe County; 2006-2008.



RECOMMENDATIONS

Recommendations for health care professionals:

One of the best things you can do to help patients prevent or delay the onset of type 2 diabetes is to encourage them to eat healthy, be physically active, and maintain a healthy weight.² Also, encourage overweight or obese patients to lose weight. In some cases you may need to refer patients to a registered dietician to assist them in making healthy food choices.

For your patients who have been diagnosed with diabetes, encourage them to manage their diabetes by:

- ◆ receiving an annual flu vaccination,
- ◆ receiving a pneumonia vaccination,
- ◆ incorporating regular exercise into their daily routine,
- ◆ avoiding tobacco,
- ◆ attending a diabetes management class,
- ◆ receiving regular medical care, and
- ◆ losing weight if they are overweight or obese, or maintaining a healthy weight.

Local Resources:

The website www.gethealthywashoe.com has information on diabetes, including resources and information on physical activity, nutrition, and avoiding tobacco use and exposure.

Free assistance is available for those interested in quitting using tobacco products. 1-800-Quit-Now provides professional counselors to assist in cessation.

The Sanford Center for Aging, housed at the University of Nevada, Reno, also provides disease self-management courses for older adults. For more information call 775-784-4774.

REFERENCES

1. Centers for Disease Control and Prevention (2009). Deaths: Final Data for 2006. National Vital Statistics Reports, 57: 14
http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf
2. Centers for Disease Control and Prevention (2007). National Diabetes Fact Sheet.
http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf
3. Healthy People 2010 (2000). Diabetes.
<http://www.healthypeople.gov/DOCUMENT/html/volume1/05Diabetes.htm>

Please contact Erin Dixon of the Washoe County Chronic Disease Coalition at 775-328-2442 should you have any questions regarding this edition of Epi-News.



World TB Day – March 24 TB ELIMINATION: TOGETHER WE CAN!



More than one and a quarter centuries ago, Robert Koch, a German physician, discovered *Mycobacterium tuberculosis*, the cause of tuberculosis (TB). In less than 100 years

following the discovery, antibiotics and a vaccine were developed against tuberculosis. Optimism abounded that this disease that had plagued man for thousands of years would soon be eliminated.

Improved social conditions, effective treatment and cure of tuberculosis have produced encouraging decreases in the number of TB cases in industrialized nations leading many to believe that TB is a disease of the past.

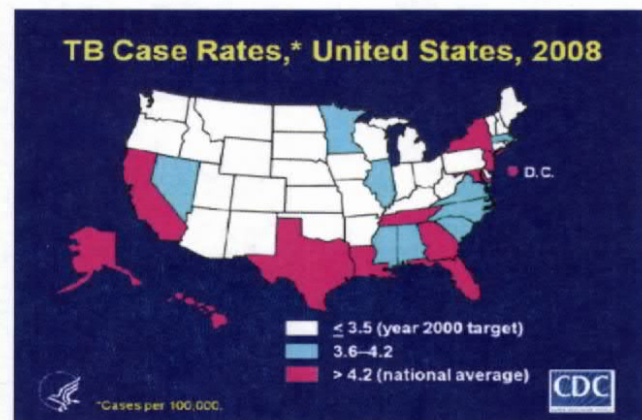
Yet tuberculosis remains the second leading cause of death among infectious diseases, and seventh leading cause of death among all causes in the world.¹

The number of cases of tuberculosis in the United States is the lowest it has ever been since the Center for Disease Control and Prevention (CDC) began collecting data on TB cases in 1953 and continues to decrease each year. Nevada is a medium incidence state with approximately 100 cases per year. Washoe County treats on average only 15 cases per year.

This year's World TB Day theme: **TB Elimination: Together We Can** rings true for Washoe County. TB elimination is dependant on health care providers, employers and community members remaining aware that TB is still a threat to our wellbeing.

Because TB continues to wreak havoc around the world and does not respect geographical boundaries; it is important to remain vigilant and "Think TB" even though Washoe County encounters only a few cases each year.

Prompt diagnosis and effective treatment reduce the infectious period and decreases the risk of transmission. Treatment of latent tuberculosis infection (LTBI) reduces the opportunity for TB to strike future generations.



Prompt diagnosis includes obtaining appropriate diagnostic tests: Tuberculin Skin Test (TST) or Blood Assay for *Mycobacterium tuberculosis* (BAMT) such as Quantiferon TB in tube, chest radiography, sputa and/or tissue specimens for acid fast bacilli (AFB) smear and culture. Tissue samples must be placed in an appropriate transport medium, not formalin. Even when extra-pulmonary TB is diagnosed, approximately 9% of cases also have pulmonary TB, making chest radiography and sputa for AFB critical components in the complete evaluation of these patients.

Effective curative treatment of TB disease requires the use of multiple anti-tuberculosis drugs in adequate doses for a sufficient duration of time to ensure tuberculocidal effects and prevent the development of drug resistance.

¹
<http://www.who.int/mediacentre/factsheets/fs310/en/index.html>

The Washoe County Health District Tuberculosis Prevention and Control Program (TBPCP) staff and contract physicians provide the most current and effective treatment regimens to persons residing in Washoe County who have been diagnosed with TB disease.

Think TB

When a person has:

- ◆ Symptoms – Cough, weight loss, loss of appetite, night sweats, fever, fatigue, etc.
- ◆ Unexplained, unresolved pneumonia
- ◆ Traveled to or resided in a TB endemic country
- ◆ Lived or lives in a congregate setting (eg. correctional facilities, homeless shelters, extended care facilities)
- ◆ A positive TST or Blood Assay for *Mycobacterium tuberculosis* (BAMT) (may be negative if immunosuppressed)
- ◆ A chest x ray consistent with TB – upper lobe infiltrates, cavitary lesions, pleural effusions, lymphadenopathy
- ◆ Immunosuppressive conditions (Diabetes, HIV, etc)
- ◆ Risk factors for extra-pulmonary TB – consumption of unpasteurized milk products, traveled or resided in Mexico or Central America.

The TBPCP utilizes directly observed therapy (DOT) throughout treatment for TB disease. The use of DOT provides persons with TB disease the support and encouragement needed to get through a minimum of 6 months of treatment. Additionally, DOT is a proven effective method to reduce the risk of drug resistance, assess response to therapy, and provide early identification of potentially harmful medication side effects.

The TBPCP welcomes your questions and referrals: 775-785-4785. Please visit our website for additional information and links to other TB resources:

<http://www.washoecounty.us/health/cchs/tbp.html>

Washoe County TB Statistics

Figure 1. Reported Cases of TB by Gender, Washoe County, 1999-2008

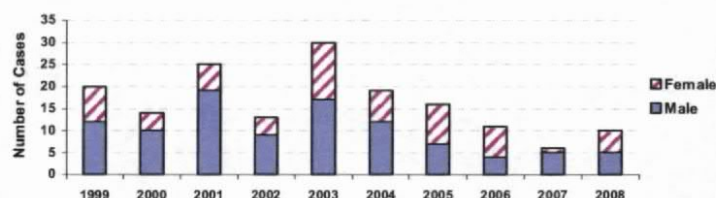


Figure 2. Incidence Rates (per 100,000) of Reported Cases of TB, Washoe County, 1999-2008

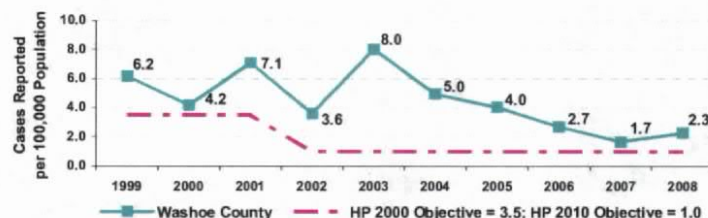


Figure 3. Incidence Rates (per 100,000) of Reported Cases of TB by County, Nevada, 1999-2008

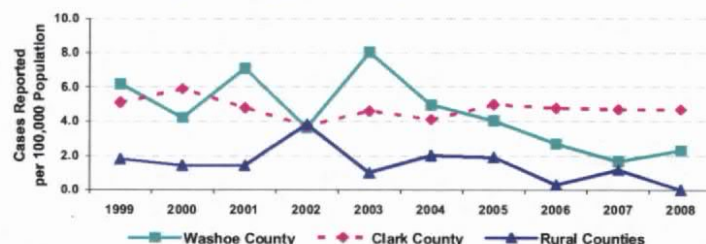
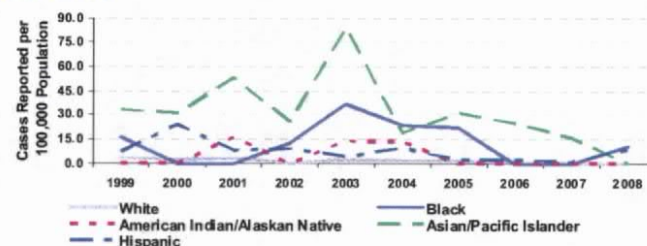


Figure 4. Incidence Rates (per 100,000) of Reported Cases of TB by Race/Ethnicity, Washoe County, 1999-2008



TB Elimination: Together We Can!