

Washoe County



Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys, OD
Sharon Zadra
George Hess, MD
David Silverman
Julia Ratti

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

Health District

WASHOE COUNTY HEALTH DISTRICT

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Telephone 775.328-2410 • Fax 775.328.3752
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MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, April 24, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time/ Item	Agenda Item	Presenter
1:00 p.m. *1.	Call to Order Pledge of Allegiance - Led by Invitation	Mr. Matt Smith
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
4.	Approval/Deletions to Agenda - April 24, 2014 Meeting	Mr. Matt Smith
5.	Approval/Additions/Deletions to Minutes - A. March 6, 2014 Special Meeting B. March 27, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions - A. Promotions - 1. Reclass of Jennifer Howell from Program Coordinator to Health Educator Coordinator retro to 1/1/14	Mr. Matt Smith Mr. Kevin Dick

Time/ Item	Agenda Item	Presenter
	B. Years of Service – <ul style="list-style-type: none"> 1. Steve Fisher, 10 years, hired 3/22/2004 2. Amber English, 10 years, hired 4/26/2004 3. Krista Hunt, 10 years, hired 4/26/2004 4. Julio Pech-Garcia, 10 years, hired 4/26/2004 C. Achievements – <ul style="list-style-type: none"> 1. Clean Air Excellence Award 	Ms. Charlene Albee
7.	Proclamations - <ul style="list-style-type: none"> A. National Bike Month and Bicycle Safety Month and Bike to Work, School and Fun Week B. Teen Pregnancy Prevention Month C. National Women’s Health Week D. National Emergency Medical Services Week 	Mr. Matt Smith Mr. Kevin Dick Ms. Julie Hunter Mr. Steve Kutz Mr. Randall Todd
8.	Consent Agenda - <p>Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> A. Air Quality Management Cases <ul style="list-style-type: none"> 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board <ul style="list-style-type: none"> a. Ozburn-Hessey Logistics – Case No. 1146, NOV No. 5397 b. Tim Carlson – Case No. 1154, NOV No. 5409 B. Budget Amendments / Interlocal Agreements: <ul style="list-style-type: none"> 1. Approval of Grant Agreement #A-00905414-0 from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$540,118 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019. 2. Approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$113,000 for the period 03/29/14 through 03/28/15 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute. 3. Approval of amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program (internal order # 11147) FY 14 budget. 4. Approve Interlocal Agreement between Washoe County Health District and Washoe County School District to open Point of Dispensing (POD) sites at Washoe County School District facilities in the event of a public health emergency; and if approved authorize the Chairman to execute. 	Ms. Charlene Albee Ms. Erin Dixon Ms. Patsy Buxton

Time/ Item	Agenda Item	Presenter
9.	Regional Emergency Medical Services Authority - A. Review and Acceptance of the REMSA Operations Reports for March, 2014 *B. Update of REMSA's Community Activities Since March, 2014	Mr. Jim Gubbels
10.	Approval of the Health Fund Revenue and Expenditure Report for March, 2014	Ms. Eileen Stickney
11.	Fiscal Year 2015 Budget Update with possible direction to staff	Ms. Eileen Stickney
12.	Affirm that Mr. Kevin Dick was Appointed to the Position of District Health Officer by a Vote of the District Board of Health on October 24, 2013; that October 24, 2013 Constitutes the Annual Evaluation and Merit Anniversary Date for Mr. Dick; that Mr. Dick's Appointment Shall Continue for a Period of One Year from October 24, 2013, and Automatically Renew for Successive Periods, as Deemed Appropriate by the Board, Based on Satisfactory Performance as per the Employment Agreement entered into by Mr. Dick and the Board.	Mr. Matt Smith
*13.	Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease – Influenza, Hand Foot and Mouth Disease, Public Health Preparedness and Emergency Medical Services. B. Director, Community and Clinical Health Services - Program Update – Sexual Health, National STD Awareness Month Divisional Update – Insight, Affordable Care Act, Data/Metrics, Program Reports. C. Director, Environmental Health Services - Food Program, Institutions Program, Land Development Program, UST/LUST Program, Vector-Borne Disease Program, Waste Management Program, General Environmental and EHS Inspections / Permits / Plan Review. D. Director, Air Quality Management - Air Quality Management Division, Air Quality Monitoring Activity, Planning & Monitoring Activity, Permitting Activity, Compliance/Inspection Activity, Permitting & Enforcement Activity, Enforcement Activity. E. Administrative Health Services Officer – No report this month. F. District Health Officer - REMSA/EMS, Fundamental Review, Budget, Permit Software Project, Healthy Community Conversation, Community Needs Assessment, Quality Improvement Initiative, Staffing, Other Events & Activities and Health District Media Contacts.	Dr. Randall Todd Mr. Steve Kutz Mr. Robert Sack Ms. Charlene Albee Ms. Eileen Stickney Mr. Kevin Dick

Time/ Item	Agenda Item	Presenter
*14.	Board Comment - Limited to Announcements or Issues for Future Agendas	Mr. Matt Smith
15.	Emergency Items	Mr. Kevin Dick
*16.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
17.	Adjournment	Mr. Matt Smith

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

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

The District Board of Health Meetings are accessible to the disabled. 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 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe

County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES



Members

Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys
Sharon Zadra
Julia Ratti
Dr. George Hess
David Silverman
Kevin Dick, District Health Officer

Thursday, March 6, 2014
1:00 p.m.

Washoe County Administration Complex
Health District South Conference Room
1001 East Ninth Street
Reno, NV

The Washoe County District Board of Health met in special session on Thursday, March 6, 2014, in the Health Department South Conference room, 1001 East Ninth Street, Reno, Nevada.

1. Determination of Quorum

Chair Smith called the meeting to order at 1:00 p.m. Mr. Silverman led the pledge to the flag.

2. Roll Call

The following Members and staff were present:

Members present: Chair Matt Smith
David Silverman
Dr. George Hess
Denis Humphreys
Julia Ratti (arrived at 1:20 p.m.)

Members absent: Vice Chair Kitty Jung
Sharon Zadra

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee, AQM Division Director
Steve Kutz, CCHS Division Director
Robert Sack, EHS Division Director
Eileen Stickney, AHSO
Randall Todd, DrPH, EPHP Division Director
Erin Dixon, Fiscal Compliance Officer, AHS
Patsy Buxton, Fiscal Compliance Officer, AHS
Dawn Spinola, Administrative Secretary/Recording Secretary

3. Public Comment

As there was no one wishing to speak, **Chair Smith closed the public comment period.**

4. Approval/Deletions to Agenda

Dr. Humphreys moved to approve the agenda for the March 6, 2014, District Board of Health meeting. Mr. Silverman seconded the motion which carried four in favor and none opposed.

5. Presentation and Possible Approval/Amendments to the Fiscal Year 15 Washoe County Health District Budget, with Revenues Budgeted at \$8,820,038, General Fund Transfer of \$10,538,327, and Expenditures Budgeted at \$19,571,771.

Mr. Dick explained the budget being presented was preliminary and would be undergoing revision. The Health District was required to submit a budget to the County within a time frame that allowed the County to meet its deadline to submit the overall budget to the State. He noted that it was typical for the Health District to start with an initial budget and make adjustments as more financial data becomes available.

Mr. Dick pointed out the current situation was unusual in that the Fiscal Year (FY) 2014 budget was based on spending down the FY13 Ending Fund Balance (EFB). The FY14 budget year had been adopted with an FY14 Ending Fund Balance of approximately \$276,000. The District Board of Health took action to adopt the Department Fee Schedule at 25% of the Indirect Cost Rate rather than 100% of the Indirect Cost Rate. That action resulted in a negative FY 14 EFB projection of approximately \$3,700. Mr. Dick explained expenses had been handled frugally. The cost of the Fundamental Review (FR) was \$80,000.00 and he opined it was a worthwhile investment for the Health District. He noted open positions had been held vacant. This will provide an Ending Fund balance of approximately \$460,000.00 that can be used during dfor FY 15.

Mr. Dick explained the District will still need to request additional funding from the County through the General Fund transfer. It was not yet known to what level the County would be able to support the FY15 budget. He would make the case that the Health District needed financial stability to be able to move forward with the suggestions from the FR team, working on both revenue generation and cost control.

Mr. Dick passed out and explained graphs that showed revenues and expenses (Exhibit A). From 2008 through 2013, health revenues declined 16 percent. The County transfer has declined 34 percent during that same period. 2013 was the first year the Health District was charged for the County Wide Cost Allocation Plan (COWCAP). In 2013 the Health District expended \$550,000.00 on COWCAP and the County had provided a subsidy to cover the remaining balance.

Mr. Dick further noted that between 2008-2013 the Health District expenditures declined 19 percent and revenue declined by 25 percent. The ending fund balance had to be spent down to cover the deficit. The Health District would be moving forward with suggestions to increase revenue and analyze programs to uncover cost-control opportunities.

Mr. Dick explained the current budget was developed to continue the services that are being provided, with the same funding levels. The exceptions included expanding the Emergency Medical Services (EMS) program to provide EMS oversight, which progresses the Health District down the path towards regional oversight. Improved customer service and access to Vital Records and Immunizations is another goal. He opined this, as well as clinical services billing improvements, would provide increased revenue opportunities.

Mr. Dick reiterated the integration of the Women, Infants and Children's (WIC) Program into Clinical and Community Health Services (CCHS) Division allowed the opportunity to provide necessary health services to mothers and families as they are coming in for their WIC appointments. Currently,

immunizations are not offered on Tuesdays and Thursdays, so being open five days a week is one aspect of the improved service delivery plan.

Dr. Hess asked if the terms GF and County Transfer were synonymous. Mr. Dick stated they were. Dr. Hess asked why the numbers were different. Mr. Dick explained the \$8.6 million included the amount the County was subsidizing, so \$2 million was transferred and normalized out. He reiterated the Health District had paid \$550,000.00 of the indirect cost in FY13. Ms. Stickney explained that in FY13 COWCAP were not shown in a lump sum because they had been allocated back to each of the program areas. Dr. Hess opined this method was very confusing and offered to provide a worksheet that could be used next year to make the numbers easier to understand.

Mr. Dick clarified the amount the County had contributed to the Health District for FY13 was approximately \$6.6 million plus approximately \$2 million for COWCAP, for a total of approximately \$8.6 million. He pointed out that until FY13, the County paid for COWCAP so there had been no need for the Health District to include it in the budget or for the County to provide the extra \$2 million.

Dr Hess expressed his concern that the COWCAP was distributed among Divisions so it appeared as though the numbers did not match. Additionally, he found the headings confusing. Mr. Dick acknowledged his concerns but explained that was how the County's system is set up, so the Health District is limited in the ways it can compile and present the information.

Dr. Hess presented and reviewed a list of challenges he had experienced with the budget format and his suggestions for future improvements (Exhibit B).

[Ms. Ratti arrived at 1:20 p.m.]

Chair Smith also acknowledged Dr. Hess' frustration and noted he had spent quite a bit of time in the County Manager's office attempting to understand it all. In time, it became clear to him. The problem is the entire COWCAP does not show in one place. Additionally, the amount that will be charged to the Health District for COWCAP for the next budget year has yet to be established. He would like to see the County establish a firm amount, because the current situation allows the Board of County Commissioners (BCC) to arrive at a number at will.

Ms. Stickney requested the opportunity to respond to some of Dr. Hess' concerns and thanked him for his input. She explained that the Per Capita sheet was alphabetized in one place and sorted by GF transfer in another at Commissioner Jung's request. She reiterated the columns could be resorted and retitled in whatever way was the most useful for him.

Ms. Stickney asked Chair Smith if he would like her to go ahead with the budget presentation as it may answer some questions the Board had. Chair Smith indicated she should proceed.

Ms. Stickney thanked Ms. Buxton and Ms. Dixon for their assistance with the budget and introduced Ms. Heenan of Finance.

Ms. Stickney proceeded to introduce the proposed FY 2015 budget. She reiterated the numbers were still being negotiated due to the factors Mr. Dick had noted. She explained the Health District works closely with Finance to resolve variances and arrive at a recommendation that will become their FY15 budget. Ms. Stickney stated a more updated picture will be presented to the Board at their regularly-scheduled meeting of March 27.

Ms. Stickney reviewed the budget (Exhibit C) and pointed out numerous prudent details. The Health District is a Special Revenue fund with some revenues restricted for specific purposes and all revenues and expenditures accounted for within the budget. The County does not acquire any excess funds. The Interlocal Agreement requires that the BCC adopt a final budget and that the Health District prepare their budget in the same format and within the same time frame as other County departments.

Ms. Stickney noted Mr. Dick would present the budget as approved by the District Board of Health (DBOH) to the BCC on April 14, 2014. She explained budget preparation assumptions were essentially the same as in past years, with appropriate increases and decreases for permit fees and service charges

projected for FY15 using current year to date actuals. Grant revenue from Federal and State sources are projected as status quo, with adjustments made throughout the year at the direction of the DBOH.

Ms. Stickney stated the budget does utilize the ending fund balance from FY14 as an opening fund balance. She noted there would be savings due to the vacant positions, and those funds would be utilized in FY15. Restricted funds are expensed out as though they will be completely depleted by the close of the FY. If they are not depleted they are carried forward.

Ms. Stickney noted Equipment Services is working with the County to refine some of their financial practices. The Health District is charged an asset management fee to manage the fleet. Health District staff is working with Finance and the Fleet Manager to resolve some concerns and the District is also doing an internal review of the fleet to look for efficiencies.

Ms. Stickney explained the requests for reclassifications and new positions. AQM would like to reclassify a Plans, Permits and Applications Aide to Office Support Specialist to bring the position in line with the required duties. CCHS would like to reclassify a vacant Licensed Practical Nurse position to a .6 full-time employee (FTE) Office Assistant II to assist with staffing Immunizations five days a week. The FR recommended additional support for the District Health Officer (DHO), so the budget includes a reclassification of the Public Information Officer (PIO) to a Public Health Communications Program Manager (PHCPM).

Mr. Dick explained the current PIO's position has changed; he is now the sole PIO in the District. He has also taken on Incident Command System training. He has been asked to address the branding and cohesiveness of the communications being issued from the Health District. In answer to a question posed by Ms. Ratti, Mr. Dick confirmed the action was in support of an FR recommendation.

Ms. Ratti requested that any request presented that supported the FR objectives be noted as such.

Ms. Stickney noted the EMS program had a part-time nurse. That position is being eliminated. Epidemiology and Public Health Preparedness (EHP) has requested an Office Assistant II for the Vital Statistics program, allowing that office to be open five days a week, which was a part of the FR recommendation to make services more accessible. CCHS has a nurse at a .9 FTE level that they would like to bring to full-time. The DHO is requesting that a .75 FTE Public Health Nurse that is currently assisting with the Quality Improvement (QI) Initiative be brought up to a full-time position. This is in support of the FR recommendation to improve support of the DHO.

Mr. Dick noted the Public Health Nurse was currently working under CCHS and her QI duties benefitted the entire District, so it made sense to move the position to the office of the DHO.

Ms. Stickney noted the action taken that had created an EMS Oversight program within the Health District. The EMS program formerly had an EMS Coordinator and the part-time nurse position proposed to be eliminated. The proposed staff would be the EMS Coordinator, an EMS Program Manager and a .53 FTE EMS Coordinator.

Ms. Stickney listed several requests for additional funding for services and supplies, to include one for \$20,000.00 from the DHO to support a community health assessment and \$10,372.00 for a software update that will enhance revenue collection and billing. Both are recommended in the FR.

Ms. Stickney provided an overview of the budget book. She pointed out that in FY15 the Administrative Health Services Office (AHS) would be divided into AHS and the Office of the DHO (ODHO). Staffing for the ODHO would include Mr. Dick, the PHCPM, the Quality Improvement Public Health Nurse and an Administrative Secretary.

Ms. Ratti asked if the \$2.8 million Indirect Cost Rate was for last year and Ms. Stickney explained that would be the projected amount to cover COWCAP for FY15. That number may increase because the COWCAP has not yet been finalized. The amount of \$2.8 million that was received for FY14 was being utilized as a placeholder for budget development until the actual number for FY15 was received.

Ms. Ratti suggested a bit more labeling on the Per Capita Sheet would help to make things more clear.

Ms. Stickney continued her overview of the budget book. She pointed out WIC has been moved to CCHS organizationally, but the financial portion has not. That will be changed before the FY15 budget is adopted.

Ms. Stickney noted the major divisional highlights as follows:

- 1) AHS – WIC moving to CCHS and the \$20,000.00 request for the community health assessment;
- 2) Air Quality Management (AQM) – most of the grants and charges for permits and services are flat, changes in leadership have allowed vacancy savings;
- 3) CCHS – grants fluctuating, revenues for services increasing, increase in advertising costs, staff transitions and vacancy savings somewhat offset by overfills;
- 4) Environmental Health Services (EHS) – revenues decreasing slightly, HazMat grant terminated, expecting credit for vehicles;
- 5) EPHP – grant reductions, review of Vital Statistics revenues.

Ms. Stickney reiterated the Board had taken action to adopt the Department Fee Schedule at 25 percent and the programs had utilized cost control measures to keep expenditures in balance with the revenues received at that level. The District had absorbed the Cost of Living Adjustments (COLA) provided to employees by keeping vacancies open and asking current employees to handle heavier workloads.

Mr. Dick added on to Ms. Stickney's comments about the COLA, reiterating the uncertainty regarding how much the GF transfer would be. The District is holding a number of positions vacant because it does not seem prudent to fill the positions with FY14 dollars if those dollars may not be available in FY15. The dollars saved would be used to supplement the FY15 budget. He noted it was not an ideal situation because the District is short-staffed in critical areas and services are being impacted.

Dr. Humphreys noted an increase in Asset Management costs over the past three years and questioned whether the District had incurred that much of an increase in costs over that time period. He asked if the Asset Management cost increase was due to actual District cost increases or just to County revenue shortfall. Ms. Heenan explained the Equipment Services (ES) fund is facing the same situation as the Health fund; it has to do with the overhead. They need to recoup costs incurred by COWCAP.

Ms. Ratti opined that meant the Health District was being charged for COWCAP twice. Ms. Heenan explained the same items were not being charged twice. Ms. Ratti pointed out Health had reduced expenditures to balance the budget, while ES was just passing their portion of the debt down to the customers it serves. Ms. Heenan explained how ES had trimmed their budget to meet the challenge so the overall charges to the other departments are not as onerous as they may seem. At Ms. Ratti's request, Ms. Heenan listed the areas that were covered by COWCAP. She explained the County was exploring the possibility of direct charging for those services.

Dr. Humphreys asked if the funds set aside for EMS were just to get it started or if that would be a set amount. Mr. Dick explained the amount was based on initial staffing projections. The functions and workflows had yet to be established, so it was an estimate. Over the course of the next year it will be determined whether the anticipated level of staffing will be enough. The goal was to start small and build as necessary.

Dr. Humphreys asked if Health would be carrying all of the EMS expenses. Mr. Dick explained Health would pay for all except 12.5 percent that would be paid by REMSA.

Ms. Ratti noted an increase in the transfer request and asked if the County's overall fiscal status had been considered. Ms. Stickney reiterated the numbers would be changing and she was aware that other departments were also making above-base requests. Ms. Heenan explained the County is anticipating a slight revenue increase in FY15, which will be offset by a 3 percent COLA and increased insurance costs. She confirmed that almost every department was asking for budget increases and the County was hoping it could find the money to fund some of the requests.

Ms. Ratti opined that if the County's budget was essentially flat, it was unlikely the Health District would receive the increased funding it was requesting, and asked what happens then. Mr. Dick explained

the ending fund balances had helped to cover the District's portion of COWCAP in prior years. Those were now spent down, requiring an increase in the subsidy payment from the County. With a few minor exceptions, the Health District budget being proposed was essentially flat.

Dr. Hess opined the District should prepare for a worst-case scenario in case the full amount requested was not granted. Ms. Stickney noted there was room in the budget to reduce expenditures and increase revenues. Dr. Hess asked how decisions would be made regarding cuts and prioritizations if that became necessary. Ms. Stickney stated staff would take direction from the Board.

Ms. Heenan explained the departments would present their budgets to the BCC during the first two weeks in April. The Finance department will then meet with the County Manager to review the requests and the Manager will develop recommendations that he will take to the BCC. By April 15, the County should know how much of the requests can be funded. It is anticipated that there will be \$10 million in requests and that full amount is not available. At that point the Health District will be informed of the exact transfer amount. Ms. Heenan opined the final number would be somewhere in between the +/- \$8 million requested in the previous years and the +/- \$10 million being requested this year.

Ms. Stickney confirmed the Board would be receiving updates during the regularly-scheduled meetings. She reiterated that the Interlocal Agreement (ILA) required them to adopt a proposed budget within certain timelines.

Dr. Hess opined the Board would be discussing cuts at the April meeting, since the final numbers would have been provided to the Health District by then. He asked when that process needed to be completed so the budget could go back to the BCC and on to the State. Ms. Stickney explained April 15 was the deadline for a tentative budget and the County's deadline for final budget submittal to the State was June 1. She opined the Board would need to provide direction to staff at the April meeting.

Ms. Heenan noted the final budget was presented to the BCC for adoption on the third Monday in May. All final budgets must be submitted to Finance before the first of May. Mr. Dick explained staff would either need to make adjustments and bring them to the Board at the April meeting or another meeting would need to be scheduled. He reiterated the numbers were still fluid and would be more refined by the March 27 meeting. He opined the County wished to support the District but agreed with Dr. Hess that it was unlikely the entire request amount would be granted.

Ms. Stickney suggested an otherwise light April agenda so there was adequate time for discussion of final budget issues.

Ms. Ratti opined the Health District budget requests had not been well-received in the past few years and asked if there was a way to demonstrate the District had made every attempt to increase revenue and decrease expenses in an attempt to be good partners in the process. She asked what the net number of new positions was and Ms. Stickney replied it was 2.08 FTEs. Ms. Ratti explained she was trying to find a way to avoid giving the BCC reason to look too closely at the number of small funding requests and potentially overlooking the fact the increased request had to do with subsidizing COWCAP.

Ms. Heenan explained the Health District's requests were reasonable and in line with what most of the other departments were requesting. Ms. Ratti asked if the addition of the two FTEs included EMS and Mr. Dick said it did. The net increase in staffing, when factoring out EMS, was approximately .5 FTE.

Mr. Dick stated the meeting with the City and County managers, required by the ILA, had been held the prior morning. The feedback was that it was a much more collegial meeting than the last. He had provided an overview of accomplishments, a major one being the Regional Emergency Medical Services Authority (REMSA) negotiations and EMS oversight. Acting Sparks City Manager Steve Driscoll complemented the Health District's engagement in the process and opined the relationship between the Health District and REMSA was perceived by the jurisdictions much differently now. Mr. Driscoll was encouraged by the emphasis on the FR recommendation of a community health assessment and its place in the progression towards a strategic plan.

Further discussion included noting the District's favorable position with regards to funding support from the County. It was suggested that if there were an ending fund balance it should be used to support an initiative. Mr. Dick's choice would be to use the funds for the Special Projects position in the OHDO noted earlier. The staff member in that position would help support the community health assessment and the strategic plan. He would also like to see more funding for staffing for the Sexually Transmitted Disease and Chronic Disease programs.

Mr. Dick had explained the staffing situation and the reason for the request for an additional staff member in Vital Statistics to Mr. Slaughter. He noted it was unknown as to how much traffic may increase once that office is open five days a week but felt it was worth the experiment to find out if that action creates a significant revenue increase. Mr. Slaughter asked about the Mosquito Abatement program, noting the FR had targeted it for potential reductions. The program was under review for potential scaling back but it was important to note that mosquito abatement was supported in some areas by Special Assessment Districts. While there may be cost savings, there was a potential for more citizen complaints.

Mr. Dick noted Mr. Slaughter had asked why Immunizations was proposed to be available five days a week at this time. Mr. Dick explained it had primarily to do with efficiencies gained by treating people when they were at the Health District rather than staff driving to the patient's location and quite often finding the patient is not there. Staff was being reallocated to cover the additional hours, so the Health District was not seeking additional funding for that. It also potentially provided an opportunity for more revenue collection.

Mr. Dick further explained they had discussed the indirect cost rate recovery that is being collected through grants. The Health District has increased the indirect costs but there are limitations to what can be collected. Increases in indirect cost rates lead to reductions in program revenue. He clarified the salary increases shown in the budget were due to the COLA.

Dr. Hess stated he was having difficulty correlating the programs to the organizational charts. Ms. Stickney explained the sections were divided alphabetically. The first section showed the overall division and the next showed individual cost areas. Dr. Hess suggested a legend or index would be helpful when attempting to cross-reference. Ms. Stickney explained funding for a staff member may come from one source or may be split. The organization chart is the reporting structure and an individual staff member may be assigned to multiple programs.

Mr. Dick suggested two organizational charts, one showing reporting structure and another that was a functional diagram identifying what programs are supervised in that area. Ms. Ratti noted there was no linear method to make cuts simpler. Because the Health District is funded by grants that are highly designated and also by GF dollars, eliminating a position did not always cleanly help with a GF problem. Staff that remained after cuts were allocated different duties and were paid from different funding sources than they were before. There is no real linear person-to-funding tie.

Dr. Hess noted some programs showed only costs with no revenues. Ms. Ratti pointed out that some income sources are flexible and can be allocated to fund the programs. Flexibility is limited due to the fact a substantial portion of the District's revenues come from grants that can only be used for certain things. Ms. Stickney noted AHS and CCHS are funded by GF dollars, even though a grant administered by AHS would indicate the division is bringing in revenue. The distribution of GF versus permit fees and charges in EHS and AQM has shifted, indicating a potential opportunity to rely less on GF dollars. This would provide more budget flexibility.

Mr. Dick acknowledged there were program budgets that did not show revenue and noted the EMS fund as an example. The bottom line showed the revenue source as the GF. The bottom line in all areas was the GF dollars, whether it be the difference between revenues and expenses or if it was fully funded that way. Ms. Stickney noted Vital Statistics did not use any GFs but they brought in revenue in excess of their expenditures.

Dr. Humphreys opined it should be recognized that the increases in the request were due to the FR recommendations and the Health District was working to reestablish areas of programs that had been cut.

Dr. Humphreys moved to approve the Fiscal Year 2015 budget as presented. The motion was seconded by Ms. Ratti and passed by a vote of five in favor and none against.

6. Board Comment

None.

7. Emergency Items

None.

8. *Public Comment

None.

9. Adjournment

At 3:07 p.m., Mr. Humphreys moved to adjourn. Ms. Ratti seconded the motion which was approved five in favor and none opposed.

Respectfully submitted,



Kevin Dick
District Health Officer



Dawn Spinola, Administrative Secretary/Recording Secretary

Approved by Board in session on _____, 2014.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES



Members
 Matt Smith, Chair
 Kitty Jung, Vice Chair
 Dr. Denis Humphreys
 Sharon Zadra
 Julia Ratti
 Dr. George Hess
 David Silverman

**Thursday, March 27, 2014
 1:00 p.m.**

**Washoe County Administration Complex
 Health District South Conference Room
 1001 East Ninth Street
 Reno, NV**

The Washoe County District Board of Health met in regular session on Thursday, March 27, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Determination of Quorum

Chair Smith called the meeting to order at 1:00 p.m. Mr. Dick led the pledge to the flag.

2. Roll Call

The following Members and staff were present:

Members present: Chair Matt Smith
 Vice Chair Kitty Jung
 David Silverman
 Dr. George Hess
 Sharon Zadra

Members absent: Dr. Denis Humphreys
 Julia Ratti

Staff present: Kevin Dick, District Health Officer
 Leslie Admirand, Deputy District Attorney
 Daniel Inouye, Acting Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Eileen Stickney, Administrative Health Services Officer, AHS
 Randall Todd, DrPH, EPHP Division Director
 Phil Ulibarri, Public Information Officer, AHS
 Latricia Lord, Environmental Specialist Trainee II, EHS
 Brittany Dayton, Emergency Medical Services Coordinator, EPHP
 Heather Holmstadt - Public Health Investigator II, EPHP
 Lauri Mendoza, Air Quality Specialist II, AQM
 Gina Marino, Intern, AQM
 Laurie Griffey, Administrative Assistant 1, AHS
 Dawn Spinola, Administrative Secretary/Recording Secretary, AHS

3. Public Comment

As there was no one wishing to speak, **Chair Smith closed the public comment period.**

4. Approval/Deletions to Agenda

Councilmember Zadra moved to approve the agenda for the March 27, 2014, District Board of Health meeting. Dr. Hess seconded the motion which carried five in favor and none against.

5. Approval of Minutes

Commissioner Jung stated Page 12 of the minutes of February 10, 2014 needed to be changed to reflect that Chair Smith's motion be clarified to indicate that it was being made on behalf of Washoe County District Board of Health.

Councilmember Zadra moved to approve the minutes for the February 10, 2014 District Board of Health concurrent meeting as amended and the minutes of the February 27, 2014 meeting as written. Commissioner Jung seconded the motion which carried five in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Introduction of New Employees:

1. Latricia Lord – Environmental Specialist Trainee II – EHS (2/24/14)

Mr. Sack noted Ms. Lord had previously been employed by the Nevada Division of Environmental Protection and expressed his appreciation that she had chosen to accept employment with the Health District.

2. Brittany Dayton – Emergency Medical Services Coordinator - EPHP (2/19/14)

Dr. Todd noted Ms. Dayton had previously been employed by the Nevada Chapter of the Girl Scouts of America. He stated the Division was glad to have her.

B. Promotions:

1. Heather Holmstadt from Public Health Investigator (PHI) I to PHI II effective 3/10/14

Mr. Dick congratulated Ms. Holmstadt.

C. Years of Service:

1. Lori Mendoza 20 years, hired 3/7/1994

Mr. Dick congratulated Ms. Mendoza for her 20 years of service and the audience supported his statement with a round of applause.

7. Proclamation

Presented by Mr. Dick and Chair Smith

A. STD (Sexually Transmitted Disease) Awareness Month

Mr. Dick read the proclamation.

Dr. Hess moved to adopt the proclamation. Councilmember Zadra seconded the motion which was approved five in favor and none against. Mr. Kutz accepted the signed proclamation on behalf of the Community and Clinical Health Services Division.

Mr. Kutz explained some of the causative factors for the increase in STD numbers. Dr. Hess asked if the statistics would be publicized and Mr. Ulibarri stated a press release had gone out the previous week.

B. National Public Health Week

Mr. Dick read the proclamation.

Councilmember Zadra moved to adopt the proclamation. Dr. Hess seconded the motion which was approved five in favor and none against. Ms. Marino accepted the signed proclamation on behalf of the Air Quality Management Division.

8. Consent Agenda

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Air Quality Management Cases

Staff Representative: Mr. Inouye

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board

- a. Electronics Evolution Tech Inc. – NOV 5406, Case No. 1147
9455 Double R Boulevard, Reno, NV 89521
- b. Kwik Serve Gas – NOV 5216, Case No. 1148
2191 Pyramid Highway, Sparks, NV 89431
- c. Kwik Serve Gas/Boyett Petroleum – NOV 5217, Case No. 1149
601 Mt. Henry Avenue, Modesto, CA 95350
- d. American Assay Labs – NOV 5398, Case No. 1151
1500 Glendale Avenue, Sparks, NV 89431
- e. Val's Midtown Bar – NOV 5218, Case No. 1152
611 West 2nd Street, Reno, NV 89503
- f. Q & D Construction – NOV 5219, Case No. 1153
1050 South 21st Street, Sparks, NV 89431

2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board

None

3. Recommendation for Variance

None

B. Sewage, Wastewater & Sanitation Cases - Recommendation to Approve Variance Case(s)

Presented to the Sewage, Wastewater & Sanitation Hearing Board

None

C. Budget Amendments/Interlocal Agreements

1. **Approval of Notice of Subgrant Award** (continuation award) from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Sexually Transmitted Disease (STD) Prevention and Control Program, for the period January 1, 2014 through June 30, 2014, in the amount of \$59,512 in support of the STD Program, IO 10014; and if approved authorize the Chairman to execute.

Staff Representative: Ms. Buxton.

D. Proposed acceptance of the Air Quality Management Division's portion of the 2013 Truckee Meadows Regional Plan Annual Report. Staff Representative: Mr. Inouye.

- E. **Proposed acceptance of the Environmental Health Service Division's portion of the 2013 Truckee Meadows Regional Plan Annual Report as the Solid Waste Management Authority.** Staff Representative: Mr. Sack.

Councilmember Zadra moved to approve the consent agenda. Dr. Hess seconded the motion which was approved five in favor and none against.

9. Air Pollution Control Hearing Board Cases appealed to the District Board of Health

Staff Representative: Mr. Inouye

None

10. Regional Emergency Medical Services Authority

Presented by Jim Gubbels, President, REMSA

- A. Review and Acceptance of the REMSA Operations Reports for February, 2014

Mr. Gubbels presented the report. Priority One compliance was 92 percent and Priority Two compliance was 95 percent. Eight-minute response was 92 percent, 15-minute response was 96 percent and the 20-minute response was 97 percent. Average Care Flight bill for the month was \$7,573, which brought the year-to-date average to \$7,981. The average Ground Service bill for the month was \$1,064, which brought the year-to-date ground average to \$1,067.

Commissioner Jung moved to accept the REMSA report for February 2014. Councilmember Zadra seconded the motion which was approved five in favor and none against.

- *B. Update of REMSA's Community Activities Since January, 2014

Mr. Gubbels addressed a citizen's letter that had been included in the packet. In January, a REMSA ambulance had slowed traffic to help protect a Highway Patrol officer who was removing debris from the freeway. The citizen had written to commend that action.

Mr. Gubbels noted Reno was receiving national attention due to recent active shooter cases. REMSA Tactical Emergency Management Services (EMS) teams had also been nationally highlighted. Staff from the television show Nightline had contacted REMSA regarding doing a story. REMSA connected Nightline with the Reno Police Department Special Weapons and Tactics (SWAT) team. Nightline does not want to emphasize the shootings, but instead wants to focus on the training being provided to the teams and how the two entities have integrated and are working together.

11. Discussion and possible approval of Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period 7/1/12 through 6/30/13

Dr. Todd recommended the Board find REMSA in substantial compliance with the terms of the franchise agreement. He recognized staff for their efforts. He noted there were a few minor exceptions to the compliance which included number of Board meetings and timeliness of data submission. Health District staff turnover contributed to the timeliness issue. Additional data required and requested had been promptly provided by REMSA.

Dr. Hess asked if the Compliance Review process would continue as part of the revised Interlocal Agreement (ILA). Dr. Todd explained the current compliance year was already nine months old. The new ILA was anticipated to go into effect on July 1 and would change how the process was

conducted, as there would be new elements to review. He stated the Board would still receive an annual compliance update. Dr. Hess complemented staff on the report.

Councilmember Zadra moved to accept the report. Mr. Silverman seconded the motion which was approved five in favor and none against.

12. Approval of the Health Fund Revenue and Expenditure Report for February, 2014

Staff Representative: Ms. Stickney

Ms. Stickney presented the report. She noted staff continues to closely monitor Fiscal Year (FY)14 revenues and expenditures, as well as maintaining cost controls to manage the budget.

Councilmember Zadra moved to accept the report. Commissioner Jung seconded the motion which was approved five in favor and none against.

13. Fiscal Year 2015 Budget Update with possible direction to staff

Staff Representative: Ms. Stickney

Ms. Stickney presented the report. She provided an update of the current budget status to the Board members (Exhibit A) and reviewed the changes. She noted the Opening Fund Balance and the General Fund Transfer amounts are static. Revenues and expenditures reported had been altered due to ongoing analysis of the estimates to complete the FY. Forecasted expenses were reduced in part due to holding vacant positions open. This affected the Ending Fund Balance for FY14 and thus the Opening Fund Balance for FY15, which in turn reduced the amount that would need to be requested from the County for the FY15 General Fund Transfer.

Ms. Stickney reminded the Board that Mr. Dick would present the budget to the BCC on April 14, so by April 15 it was likely the District would be aware of the level of approved funding. That information will be agendized for discussion with the Board at the regularly-scheduled April meeting.

Commissioner Jung asked if the Health District was required to maintain a certain percentage of the budget in reserves. Ms. Stickney explained if the District was a stand-alone agency a specific reserve percentage would be required, but due to the fact it is attached to Washoe County, the reserve can be variable. It must, however, be a positive number.

Commissioner Jung asked what the current ending fund balance percentage would be in relation to the overall budget. Ms. Stickney stated it was typically approximately one percent. She noted restricted funds can alter that percentage.

Mr. Silverman requested further explanation regarding the anticipated reduction of the General Fund transfer request. Ms. Stickney explained it came from projections and the mechanics of the system.

Mr. Dick addressed Commissioner Jung's question regarding the ending fund balance percentage. He explained that \$100,000 was just over one-half percent, so \$212,000 equated to a bit over one percent.

Chair Smith complemented staff on their work. Ms. Stickney thanked the staff members who were working harder so that vacancies could be kept open and money saved that will be available for use in FY15.

Mr. Dick suggested the Board approve the March 27, 2014 budget numbers that had just been reviewed.

Councilmember Zadra moved to accept the report. Dr. Hess seconded the motion which was approved five in favor and none against.

14. Presentation, Discussion, and Possible Direction to Staff regarding implementation of Fundamental Review Recommendations

Staff Representative: Mr. Dick

Mr. Dick presented his proposal to the Board regarding how to approach the implementation of the Fundamental Review recommendations. He noted he had changed the numbering of the recommendations to a uniform sequential format so that each had a unique identifier. The items remained grouped under the time periods recommended by the Fundamental Review team.

Mr. Dick pointed out his report noted the current status of each item. Additionally, some implementation times had been proposed. He suggested the discussion focus on areas of concern or questions rather than a detailed review of each item.

Commissioner Jung requested staff keep the Board updated through a dashboard-model report format.

Mr. Dick stated that request could be accommodated and suggested that additionally a more detailed report be presented to the Board quarterly. Commissioner Jung agreed that was a good idea and complemented the report.

Dr. Hess stated he felt a bit overwhelmed by the thought of completing all of the recommendations within three years. He asked if Mr. Dick felt there was any flexibility in that plan and how the Division Directors (DDs) felt about it. Mr. Dick explained he and the DDs had worked together to arrive at the current plan. Regarding the anticipated finalization of the tasks, he noted the recommendations had been placed in the report under the same timelines suggested by the Fundamental Review team. That format was not meant to indicate that the intention was to get them done within those time frames.

Chair Smith noted some recommendations could be handled right away and others could be started but may take a long time to complete. He felt the recommendation regarding developing partnerships with other entities and the community was important and should be taken seriously. It will take time and will be time well spent.

[Commissioner Jung left the meeting at 1:47 p.m.]

Councilmember Zadra moved to direct staff to implement the plan. Mr. Silverman seconded the motion which was approved four in favor and none against.

15. Discussion of Timing, Process, and Selection of Management Appraisal Form for District Health Officer's Annual Review and Possible Direction to Staff.

Presented by Chair Smith

Chair Smith noted he had had discussions regarding this topic with Mr. Dick. Chair Smith opined that Mr. Dick's anniversary should be one year after the date that he officially became the District Health Officer by the vote of the Board. Therefore, his appraisal would be done in October of 2014. Chair Smith stated Mr. Dick had agreed to that even though his original contract started on April 26, 2013.

Mr. Dick stated he did agree to that course of action. He noted his contract specified that it was for one year, starting April 26, 2013, and automatically renewing based on satisfactory performance as determined by the Board. He suggested the Board take action to determine if his performance has been satisfactory so the contract may continue.

Chair Smith, after querying Counsel, stated the item would need to be heard at the April Board meeting. He directed staff to bring an item to the Board stating that Mr. Dick's official anniversary date would be in October.

16. Staff Reports and Program Updates

- A. **Epidemiology and Public Health Preparedness** - Communicable Disease – Influenza, Public Health Preparedness and Emergency Medical Services.
Staff Representative: Dr. Todd
Dr. Todd stated he had nothing to add to the report and was available for questions.
- B. **Community and Clinical Health Services** - Program Update – Sexual Health, Divisional Update, Program Reports.
Staff Representative: Mr. Kutz
Mr. Kutz stated he had nothing to add to the report and was available for questions.
- C. **Environmental Health Services** - Food Program, Land Development Program, Vector-Borne Disease Program, Waste Management Program, General Environmental and EHS Inspection Totals.
Staff Representative: Mr. Sack
Mr. Sack stated he had nothing to add to the report and was available for questions.
- D. **Air Quality Management** - Air Quality Management Division, Air Quality Monitoring Activity, Planning & Monitoring Activity, Permitting Activity, Compliance/Inspection Activity, Permitting & Enforcement Activity, Enforcement Activity
Staff Representative: Mr. Inouye
Mr. Inouye stated he had nothing to add to the report and was available for questions.
- E. **Administrative Health Services** - No report this month.
Staff Representative: Ms. Stickney
- F. **District Health Officer** - REMSA/EMS, Fundamental Review, Budget, Permit Software Project, Healthy Community Conversation, Community Needs Assessment, Quality Improvement Initiative, Staffing, Other Events & Activities and Health District Media Contacts.
Staff Representative: Mr. Dick
Mr. Dick presented his report. He noted he had included the BCC staff report regarding the business licensing and permit software project, which provided more detail about the status of the project. He was hoping the ILA would be on the April agenda for the Board to consider.
Dr. Hess asked what the costs to the Health District would be and if they were accounted for in the budget. Mr. Dick explained the subscription cost would be approximately \$68,000 per year. The ILA will propose that the District establish a four percent technology fee to cover those costs. The County has agreed to finance the project at a 1.99 percent rate. The District's payment to the County will not be due until more than one year after the project has started and the technology fee to cover it would be assessed and collected during that time.
Mr. Dick further explained the County is covering implementation costs with Capital Improvement funds currently available. He will propose to the Board that any excess technology fees collected be given to the County to offset some of the costs they are covering for the Health District.
Mr. Dick stated the District and Renown are working with Nevada Public Health Foundation (NPHF) to compile a contract whereby NPHF will be the contractor for a community health assessment. The individual contracted will be located at the Health District and working under Mr. Dick's supervision. Other organizations that wish to contribute to the project have been identified as well.
Mr. Dick reported that next week the District will be receiving a Clean Air Excellence Award for the Keep It Clean campaign developed by the Air Quality Management Division with assistance from Mr. Ulibarri.
-

17. Board Comment

None.

18. Emergency Items

None.

18. *Public Comment

None.

19. Adjournment

At 1:59 p.m., Ms. Zadra moved to adjourn. Dr. Hess seconded the motion which was approved four in favor and none against.

Respectfully submitted,



Kevin Dick
District Health Officer



Dawn Spinola, Administrative Secretary/Recording Secretary

Approved by Board in session on _____, 2014.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Proclamation

WHEREAS, the bicycle is a viable and environmentally sound form of transportation and an excellent form of recreation; and

WHEREAS, there is a need to promote alternative forms of transportation such as walking and bicycling in order to reduce pollution, reduce traffic congestion, reduce America's dependence on fossil fuels, and improve the health and well-being of our citizens; and

WHEREAS, creating bicycle-friendly communities has been shown to improve citizens' health, well-being, and quality of life, to boost community spirit, to improve traffic safety, reduce pollution and congestion, and stimulate economic growth; and

WHEREAS, millions will experience the joys of bicycling during the month of May through educational and safety programs, community events, or just getting out and going for a ride; and

WHEREAS, The Bike Paths and Trails of Washoe County attract thousands of bicyclists each year from around the region, providing economic, health, and scenic benefits to all; and

WHEREAS, these bicycling activities and attractions have great potential to have a positive impact on Washoe County's economy and tourism industry and to stimulate economic development by making the region attractive to businesses and citizens who enjoy the out of doors and healthy lifestyles; and

WHEREAS, the education of bicyclists and motorists as to the proper and safe operation of bicycles is important to ensure the safety and comfort of all users; and

WHEREAS, May has been declared National Bike Month for each of the last 58 years.

NOW, THEREFORE, be it resolved that the members of the Washoe County District Board of Health hereby proclaims

The month of May 2014 as National Bike Month and Bicycle Safety Month; and

May 10-16, 2014, as Bike to Work, School and Fun Week

In and for Washoe County District Board of Health I encourage all citizens to enjoy the benefits of bicycling, recognize the importance of bicycle safety and be more aware of cyclists on our streets.

ADOPTED, this 24th day of April, 2014.

A. M. Smith III, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Proclamation

WHEREAS, despite historic progress over the past two decades, nearly three in 10 teenagers in the United States become pregnant, the highest teen pregnancy rate among comparable countries; and,

WHEREAS, despite significant progress in all 50 states and among all racial/ethnic groups, great disparities in teen pregnancy remain; and,

WHEREAS, children of teen mothers are more likely to be born prematurely and at low birth weight; and,

WHEREAS, these same children are two times more likely to suffer abuse and neglect than would occur if their mothers had delayed childbearing; and,

WHEREAS, between 1998 and 2010, Washoe County decreased the number of teen pregnancies by 15 births per 1,000 among 15-19 year olds according to the most current data available,

NOW, THEREFORE, let it be known that the Washoe County Health District Board of Health hereby proclaims May 2014 as **Prevent Teen Pregnancy Month**.

ADOPTED, this 24th day of April, 2014.

A. M. Smith III, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Proclamation

WHEREAS, Women's Health Week celebrates the extraordinary progress in women's health and recognizes that more needs to be done to safeguard the health of women for generations to come, and

WHEREAS, the Washoe County Health District joins America in promoting awareness, prevention, and education to improve the health of all women, and

WHEREAS, Women's Health Week encourages and empowers women to take time to focus on their health, and to take responsibility for their health through greater knowledge and understanding, and

WHEREAS, Women from all walks of life, and at every stage of life, have unique health needs that should be addressed in their own right, and

WHEREAS, women play a vital role in all aspects of life in Washoe County, and their health is vital to keeping our communities strong, and

WHEREAS, during this week women are encouraged to consider scheduling annual check-ups and screenings; to assess and practice good eating habits; to regularly exercise and properly handle stress; and, to avoid unhealthy behaviors such as smoking.

NOW, THEREFORE, let it be known that the Washoe County Health District Board of Health hereby proclaims May 11th-17th, 2014, to be **Women's Health Week**.

ADOPTED, this 24th day of April, 2014.

A. M. Smith III, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Proclamation

WHEREAS, emergency medical services is a vital public service with personnel ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the emergency medical services system consists of emergency physicians, emergency nurses, emergency medical technicians, paramedics, firefighters, educators, administrators and others; and

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, the EMS commitment to patient care throughout northern Nevada has been an integral factor in our safety and security; and

WHEREAS, the region is proud to have organizations such as Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, REMSA and Care Flight operating throughout the region to ensure the highest quality of patient care and community support; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services by designating Emergency Medical Services Week;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 18-24, 2014, as **Emergency Medical Services Week** with the theme **EMS: Dedicated for Life**.

ADOPTED, this 24th day of April, 2014.

A. M. Smith III, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: April 24, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division

SUBJECT: Ozburn-Hessey Logistics – Case No. 1146
Unappealed Citation No. 5397

Recommendation

Air Quality Management Division Staff recommends Citation No. 5397 be upheld and a fine of \$2,000 be levied against Ozburn-Hessey Logistics for the installation of equipment without obtaining an Authority to Construct. Modification of equipment without an Authority to Construct is a major violation of the District Board of Health Regulations, specifically Section 030.000 Source Permitting and Operation. This is a negotiated settlement.

Recommended Fine: \$2,680.00

Negotiated Fine: **\$2,000.00**

Background

On January 28, 2014, Air Quality Specialist II Michael Osborn arrived at Ozburn-Hessey Logistics, located at 450 Lillard Drive in Sparks, to conduct a new source inspection. An application for an Authority to Construct had been submitted by Steven Coots, Safety Manager, on November 18, 2013, for a 125 kW Katolight Model H generator. Specialist Osborn conferred with Ms. Christine Vestbie, Quality Assurance, who accompanied Specialist Osborn on a walkthrough of the facility.

Upon completion of the inspection of the Katolight generator, Specialist Osborn and Ms. Vestbie walked to the front of the facility at which time another generator set on a pad in an enclosed area was noted. Specialist Osborn reviewed the file and determined there was no record of an application for an Authority to Construct for a 600 kW generator. Specialist Osborn inquired about the status of the required application for an Authority to Construct for the second generator; that Ms. Vestbie indicated she was unsure why the 600 kW generator was not included on the original application.

Specialist Osborn then met with Mr. Coots to determine why the large generator in the front of the building was not included in the application. Mr. Coots stated he thought the large generator was the one that was being permitted. Mr. Coots further stated he had directed an employee to collect the information on the generator. Specialist Osborn explained to Mr. Coots the generator in the back was the small 125 kW Katolight, not the large 600 kW generator located in the front of the facility. Specialist Osborn further explained to Mr. Coots the same procedure required to permit the Katolight Generator was necessary to permit the 600 kW generator. Mr. Coots indicated to Mr. Osborn he had believed he had all of the necessary permits to operate through Action Electric.

Specialist Osborn explained to Mr. Coots the requirement to submit an application and receive an Authority to Construct prior to the installation of any new equipment. Based on the results of the inspection and file review, Specialist Osborn issued Notice of Violation Citation No. 5397 for a major violation of Section 030.000, Source Permitting and Operation.

An application was submitted on January 30, 2014 for the additional 600 kW generator.

Settlement

On February 21, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Osborn and Ms. Christine Vestbie, representing Ozburn-Hessy Logistics. Specialist Cerfoglio explained the importance of submitting an application for an Authority to Construct prior to the installation or modification of any equipment. After reviewing the conditions of the permit and the consideration of all the facts presented in the case, Sr. Specialist Cerfoglio proposed Citation No. 5397 be upheld with a fine of **\$2,000** being levied for a **major violation**. Ms. Vestbie agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

Alternatives

1. The Board may determine that no violation of the regulations has taken place and dismiss Citation No. 5397.
2. The Board may determine to uphold Citation No. 5397 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Ozburn-Hessey Logistics to be properly noticed.



Charlene Albee, Director
Air Quality Management Division

CA/DC: js



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: 2/24/2014

Company Name: OZBURN-HESSEY LOGISTICS

Address: 450 LILLARD DR, SPARKS, NV 89436

Notice of Violation No.: 5397 Case No.: 1146

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.000 CONSTRUCTION/OPERATING WITHOUT PERMIT 600K.W. Generator

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2000⁰⁰/₁₀₀. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on April 24, 2014.


Signature of Company Representative



Signature of District Representative

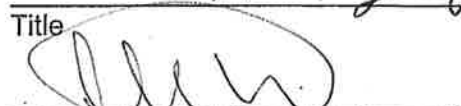
Steve Stallings
Print Name


DENNIS A. CERFOGLIO
Print Name


VP of operations
Title

Sr. Air Quality Spec.
Title


Witness


Witness


Witness


Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 2,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Ozburn-Hessey Logistics
 Contact Name Steve Coots/Steve Stallings/Christine Vestbie

Case 1146 NOV 5297 Complaint CMP14-000

Violation of Section 030.000 Source Permitting and Operation

I. Base Penalty as specified in the Penalty Table = \$ 2500.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.0

Comment: _____

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: _____

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 1.00 = \$ 2500.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2500.00 x Number of Days or Units 1 = \$ 2500.00

Comment: Penalty assessed for one time event in lieu of number of days of operation

D. Economic Benefit

Avoided Costs \$ 80.00 + Delayed Costs \$ 0 = \$ 80.00

Comment: Application Fee

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 80.00 = \$ 2580.00

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>15%</u>
B. Mitigating Factors (0 – 25%)	-	<u> </u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment: _____		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment: _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-25%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>2580.00</u>	x	<u>-25%</u>
Penalty Subtotal		= <u>-645.00</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$

Comment: N/A

Adjusted Penalty:

\$ <u>2580.00</u>	+/-	<u>\$ -645.00</u>	=	<u>\$ 2000.00</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist


Senior AQ Specialist/Supervisor

2/24/14
Date

2/24/14
Date



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5397

DATE ISSUED: 1-28-14

ISSUED TO: Ozburn-Hessy Logistics PHONE #: 775-560-1529 (4)

MAILING ADDRESS: 450 Hillard Dr. CITY/ST: Sparks, NV ZIP: 89434

NAME/OPERATOR: Steve Coats PHONE #: Same

PERMIT NO. NONE COMPLAINT NO. EMP14-0003

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 01-28-14 (DATE) AT 11 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input checked="" type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Failure to permit a Cummins Generator on West side of bldg 450 Hillard Drive Spk, NV. Gen-erator 600 K.W.

LOCATION OF VIOLATION: 450 Hillard Drive, Spk, Nevada 89434

POINT OF OBSERVATION: on site during permit inspection A14-0003

Weather: cool / ATty cloudy Wind Direction From: N E S W

Emissions Observed: NONE
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 1-28-14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 0 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: _____

Issued by: [Signature] Title: AQSI

PETITION FOR APPEAL FORM PROVIDED



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: April 24, 2014
 TO: District Board of Health
 FROM: Charlene Albee, Director, Air Quality Management Division
 SUBJECT: Tim Carlson – Case No. 1154
 Unappealed Citation No. 5409

Recommendation

Air Quality Management Division Staff recommends Citation No. 5409 be upheld and a fine of \$1,425 be levied against Tim Carlson for failure to have an asbestos survey performed by a qualified person and submitted to Air Quality Management for the issuance of an Acknowledgement of Asbestos Assessment prior to the demolition/renovation of a commercial facility. Conducting demolition/renovation activities without submitting an asbestos survey for the issuance of an Acknowledgement of Asbestos Assessment is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107, Hazardous Air Pollutants. This is a negotiated settlement.

Recommended Fine: \$2,680.00

Negotiated Fine: **\$1,425.00**

Background

On January 31, 2014 the Air Quality Management Office received a complaint from the Washoe County Building Department regarding demolition/renovation activities being conducted without a permit in a commercial building located at 795 Mays Boulevard in Incline Village. A review of the file records determined there was no evidence of an asbestos survey for that address. Air Quality Specialist Suzanne Dugger was dispatched to investigate the disturbance of potential asbestos containing materials. Specialist Dugger had no contact information for the owner or any other responsible party associated with the address; therefore, upon her arrival and confirmation of the renovation activities, a Stop Work Order was posted on the front door of the building.

On February 7, 2014, during a routine patrol of the area, Specialist Dugger confirmed the status of the Stop Work Order and noted no activity at the location. On February 10, 2014 Specialist Dugger obtained information identifying Carlson and Associates as the property owner. Specialist Dugger immediately contacted Mr. Tim Carlson to advise him of the issuance of the Stop Work Order and to inquire if asbestos sampling had been performed prior to the renovation. Mr. Carlson stated he had a complete environmental inspection performed five years prior which had included an asbestos sampling. Specialist Dugger advised Mr. Carlson a copy of the sampling survey would be required to verify the absence of asbestos containing materials.

April 24, 2014

DBOH/Mr. Tim Carlson / Case No. 1154

Page 2

On February 11, 2014, Specialist Dugger met with Mr. Carlson to receive a copy of the environmental report performed on the facility. After reviewing the report, Specialist Dugger confirmed no asbestos sampling had been completed. Specialist Dugger directed Mr. Carlson to hire a licensed asbestos consultant to complete a survey of all suspect materials disturbed as part of the renovation activities. Mr. Carlson contracted with Mr. John Johnson, Pezzonella Associates, to complete the survey. On March 6, 2014, Specialist Dugger received a copy of the survey confirming there was no asbestos present in any of the disturbed materials.

On March 7, 2014, Specialist Dugger removed the Stop Work Order and contacted Mr. Carlson to advise he would not be required to submit the results of the survey to Air Quality Management for the issuance of an Acknowledgement of Asbestos Assessment to obtain a permit from the Building Department. Based on the results of the investigation and asbestos survey results, Specialist Dugger issued Notice of Violation Citation No. 5409 for a major violation of Section 030.107 (A) Asbestos Sampling and Notification.

Settlement

On March 18, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Dugger and Mr. Carlton, via telephone. Specialist Cerfoglio explained to Mr. Carlson his responsibility as the property owner to have an asbestos survey performed prior to any renovation activities in a commercial building. After careful consideration of all the facts presented in the case, Sr. Specialist Cerfoglio proposed Citation No. 5409 be upheld with a fine of **\$1,425** being levied for a **major violation**. Mr. Carlson agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

Alternatives

1. The Board may determine that no violation of the regulations has taken place and dismiss Citation No. 5409.
2. The Board may determine to uphold Citation No. 5409 and levy any fine in the range of \$0 to \$10,000 per day.
3. In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Carlson to be properly noticed.



Charlene Albee, Director

Air Quality Management Division

CA/DC: js



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: March 19, 2014
Company Name: Tim Carlson
Address: 3404 Calle Del Torre
Notice of Violation No.: 5409 Case No.: 1154

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.107(A) Failure to conduct proper sampling & make notification to AQMD

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,425.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on April 24, 2014.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

TIM CARLSON
Print Name

DENNIS A. CERFOGLIO
Print Name

PRESIDENT
Title

Sr. Air Quality Spec.
Title

[Signature]
Witness

[Signature]
Witness

LYNNE CARLSON
Witness

SUZANNE DUBER
Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 2,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Tim Carlson
Contact Name Tim Carlson

Case 1154 NOV 5409 Complaint CMP14-0011

Violation of Section 030.107(A) Asbestos Sampling and Notification

I. Base Penalty as specified in the Penalty Table = \$ 2,000

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.0

2. Toxicity of Release

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x **Adjustment Factor** N/A

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. Adjusted Base Penalty

Base Penalty 2,000 x Adjustment Factor 1.0 = **\$ 2,000**

C. Multiple Days or Units in Violation

Adjusted Penalty 2,000 x Number of Days or Units 1 = **\$ 2,000**

D. Economic Benefit

Avoided Costs \$ 1,500 + Delayed Costs \$ 62 = **\$ 1,562**

Avoided Cost of Asbestos Survey and Delayed Cost of Acknowledgement Form

Penalty Subtotal

Adjusted Base Penalty \$ 2,000 + Economic Benefit \$ 1,562 = **\$ 3,562**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) +/- 25 %

B. Mitigating Factors (0 – 25%) +/- 25 %

- 1. Negotiated Settlement
- 2. Ability to Pay
- 3. Other (explain)

C. Compliance History

No Previous Violations (0 – 10%) - 10 %

Similar Violation in Past 12 months (25 - 50%) + _____ %

Similar Violation within past 3 year (10 - 25%) + _____ %

Previous Unrelated Violation (5 – 25%) + _____ %

Total Penalty Adjustment Factors – sum of A, B, & C 60 %

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 3,562</u>	x	<u>-60</u> %	=	<u>\$ -2,137</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training N/A

Adjusted Penalty:

<u>\$ 3,562</u>	+/-	<u>\$ 2,137</u>	=	<u>\$ 1,425</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Negotiated Fine



 Air Quality Specialist

3-19-2014

 Date



 Sr. Air Quality Specialist/Supervisor

March 19, 2014

 Date



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5409

DATE ISSUED: 3-7-2014

ISSUED TO: TIM CARLSON PHONE #: 702-499-1644

MAILING ADDRESS: 3404 CALLE DEL TORRE CITY/ST: LAS VEGAS NV ZIP: 89102

NAME/OPERATOR: TIM CARLSON PHONE #: _____

PERMIT NO. _____ COMPLAINT NO. CMP14-0011

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3-7-2014 (DATE) AT 3:00 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|---|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.107 (A)</u> |

VIOLATION DESCRIPTION: FAILURE TO COMPLY WITH 030.107 (A) ASBESTOS SAMPLING AND NOTIFICATION.

LOCATION OF VIOLATION: 795 MAYS BLVD. INCLINE VILLAGE, NV 89002

POINT OF OBSERVATION: WASHOE COUNTY BUILDING DEPT. COMPLAINT @ 795 MAYS BLVD. INCLINE VILLAGE, NV

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 3-7-2014 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: UNAVAILABLE FOR SIGNATURE Date: 3-7-2014

Issued by: Suzanne Dwyer Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

STOP WORK

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 EAST NINTH ST. SUITE B171 • RENO NV 89512
PHONE (775) 784-7200

DATE 1-31-2014 TIME 10:30 A.M.
OWNER/OPERATOR _____
ADDRESS 795 MAYS BLVD. INCLINE
EQUIPMENT DESCRIPTION VILLAGE

NOTICE OF VIOLATION # _____ DATE 1-31-2014

- 30.105 Asbestos Removal
 40.080 Gas Station Operations
 30.200 Source Operations Without Permit

VIOLATION SECTION POSSIBLE IMPROPER
ASBESTOS REMOVAL

YOU HAVE BEEN DULY NOTIFIED OF THIS VIOLATION AND ARE HEREBY ORDERED TO CEASE CONSTRUCTION, INSTALLATION, ALTERATION, OR OPERATION OF THIS SOURCE.

FAILURE TO CONFORM MAY RESULT IN A FINE OF UP TO \$10,000 PER DAY AS LEVIED BY THE DISTRICT BOARD OF HEALTH PURSUANT TO THE AIR POLLUTION CONTROL REGULATIONS FOR RENO, SPARKS, AND WASHOE COUNTY.

By Suzanne Duggan
Inspector

UNLAWFUL TO REMOVE THIS TAG

H-AIR-13 (REV.04/12)



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: April 24, 2014

DATE: April 9, 2014
TO: District Board of Health
FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District
 775-328-2419, edixon@washoecounty.us
THROUGH: Eileen Stickney, Administrative Health Services Officer
 775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Grant Agreement #A-00905414-0 from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$540,118 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

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 Air Quality Management Division has a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Agreement is attached.

District Board of Health strategic priority: Promote financial accountability and stability.

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of this Grant Agreement also supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

PREVIOUS ACTION

The Washoe County District Board of Health retroactively approved the District Health Officer's acceptance of the Grant Agreement for the period 10/1/12 through 9/30/13 on February 28, 2013.

BACKGROUND

The Grant Agreement was received on April 1, 2014. The Grant Agreement is being presented for District Board of Health approval per the new EPA procedure that does not require signature and return within 21 days of receipt.

Date – April 24, 2014

Subject: - Approval of Grant Agreement #A-00905414-0

Page 2 of 2

The base grant award provides funding for salaries and benefits, training and travel, operating supplies, repairs and maintenance, minor equipment, special clothing, professional services and capital equipment.

FISCAL IMPACT


Should the Board approve the Grant Agreement, no FY14 budget amendments are necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve Grant Agreement #A-00905414-0 from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$540,118 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Move to approve Grant Agreement #A-00905414-0 from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$540,118 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Grant Agreement	GRANT NUMBER (FAIN): 00905414 MODIFICATION NUMBER: 0 PROGRAM CODE: A	DATE OF AWARD 03/25/2014
		TYPE OF ACTION New	MAILING DATE 04/01/2014
		PAYMENT METHOD: Advance	ACH# 90104
		Send Payment Request to: Las Vegas Finance Center, Fax (702) 798-2423	
RECIPIENT TYPE: County		RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
PROJECT MANAGER Erin Dixon P.O. Box 11130 Reno, NV 89520 E-Mail: EDixon@washoecounty.us Phone: 775.328.2419	EPA PROJECT OFFICER Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Ford.Roy@epa.gov Phone: 415-972-3997	EPA GRANT SPECIALIST Renee Chan Grants Management Office, MTS-7 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675	
PROJECT TITLE AND DESCRIPTION FY-2014 Air Pollution Control Program <p>This award provides partial EPA funding in the amount of \$540,118 towards these efforts. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County reduce the risks to human health and the environment.</p>			
BUDGET PERIOD 10/01/2013 - 09/30/2014	PROJECT PERIOD 10/01/2013 - 09/30/2014	TOTAL BUDGET PERIOD COST \$2,211,717.00	TOTAL PROJECT PERIOD COST \$2,211,717.00
NOTICE OF AWARD			
<p>Based on your Application dated 07/19/2013 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$540,118. EPA agrees to cost-share % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$540,118. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.</p>			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Denise Zvanovec - Grants Management Officer			DATE 03/25/2014

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 540,118	\$ 540,118
EPA In-Kind Amount	\$	\$ 0	\$ 0
Unexpended Prior Year Balance	\$	\$ 0	\$ 0
Other Federal Funds	\$	\$ 0	\$ 0
Recipient Contribution	\$	\$ 1,512,386	\$ 1,512,386
State Contribution	\$	\$ 0	\$ 0
Local Contribution	\$	\$ 0	\$ 0
Other Contribution	\$	\$ 0	\$ 0
Allowable Project Cost	\$ 0	\$ 2,052,504	\$ 2,052,504

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	40 CFR PTS 31 & 35 SUBPT A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1409M4S017	14	E1	09M4	102A04	4112			540,118
									540,118

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,251,779
2. Fringe Benefits	\$520,064
3. Travel	\$58,594
4. Equipment	\$31,900
5. Supplies	\$8,000
6. Contractual	\$3,960
7. Construction	\$0
8. Other	\$59,084
9. Total Direct Charges	\$1,933,381
10. Indirect Costs: % Base <u>See Below</u>	\$278,336
11. Total (Share: Recipient % Federal %.)	\$2,211,717
12. Total Approved Assistance Amount	\$540,118
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$540,118
15. Total EPA Amount Awarded To Date	\$540,118

Detailed Table B Budget Page: 1

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. The total approved budget includes -0- in estimated non-federal, non-recurrent costs.	\$
2.	\$
3. Table A, Line 10, Indirect Cost Rate Proposal	\$
4. of 63.69% is based on Personnel &Fringe	\$
5.	\$
6.	\$
7. Cost share requirement: 40% and MOE	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

1. Federal Financial Report (SF 425)

The final Federal Financial Report (FFR) covering the entire project period shall be submitted within 90 days after the end of the project period according to 40 CFR Part 31.23(b) and 31.41(b). The LVFC will make adjustments, as necessary, to obligated funds after reviewing and accepting a final Federal Financial Report. Recipients will be notified and instructed by EPA if they must complete any additional forms for the closeout of the assistance agreement.

For awards with cumulative project and budget periods greater than 12 months, an interim FFR covering the period from "project/budget period start date" to September 30 of each calendar year shall be submitted to the U.S. EPA Las Vegas Finance Center, 4220 South Maryland Parkway, Bldg. C, Room 503, Las Vegas, NV 89193-8515, no later than December 30 of the same calendar year.

The recipient shall identify non-federal, non-recurrent expenditures on a separate page attached to the FFR and submit it to the Grants Management Office, MTS-7. The recipient also agrees to include a statement certifying that supplanting did not occur.

2. Single Audit Act

In accordance with OMB Circular A-133, which implements the Single Audit Act, the recipient hereby agrees to obtain a single audit from an independent auditor, if it expends \$500,000 or more in total Federal funds in any fiscal year. Within nine months after the end of a recipient's fiscal year or 30 days after receiving the report from the auditor, the recipient shall submit the SF-SAC and a Single Audit Report Package. The recipient **MUST** submit the SF-SAC and a Single Audit Report Package using the Federal Audit Clearinghouse's Internet Data Entry System. For complete information on how to accomplish the single audit submissions, you will need to visit the Federal Audit Clearinghouse Web site: <http://harvester.census.gov/fac/>.

3. Central Contractor Registration/System for Award Management and Universal Identifier Requirements.

A. Requirement for Central Contractor Registration (CCR)/System for Award Management (SAM).

Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the SAM until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

B. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:

1. Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.
2. May not make a subaward to an entity unless the entity has provided its DUNS number to you.

C. Definitions. For purposes of this award term:

1. Central Contractor Registration (CCR)/System for Award Management (SAM) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the System for Award Management (SAM) Internet site <http://www.sam.gov>.
2. Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).
3. Entity, as it is used in this award term, means all of the following, as defined at 2 CFR part 25, subpart C:

- a. A Governmental organization, which is a State, local government, or Indian tribe;
- b. A foreign public entity;
- c. A domestic or foreign nonprofit organization;
- d. A domestic or foreign for-profit organization; and
- e. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

4. Subaward:

- a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
- b. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
- c. A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

5. Subrecipient means an entity that:

- a. Receives a subaward from you under this award; and
- b. Is accountable to you for the use of the Federal funds provided by the subaward.

4. Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to www.frs.gov.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at www.frs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if –

i. **The total Federal funding authorized to date under this award is \$25,000 or more;**

ii. In the preceding fiscal year, you received—

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

i. As part of your registration profile at www.ccr.gov.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total

compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if –

- i. in the subrecipient's preceding fiscal year, the subrecipient received—
 - (A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and
 - ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)
2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:
- i. To the recipient.
 - ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions. If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

- i. subawards, and
- ii. the total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:
 - i. A Governmental organization, which is a State, local government, or Indian tribe;
 - ii. A foreign public entity;
 - iii. A domestic or foreign nonprofit organization;
 - iv. A domestic or foreign for-profit organization;
 - v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
2. Executive means officers, managing partners, or any other employees in management positions.
3. Subaward:
 - i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
 - ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
 - iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.
4. Subrecipient means an entity that:
 - i. Receives a subaward from you (the recipient) under this award; and
 - ii. Is accountable to you for the use of the Federal funds provided by the subaward.
5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
 - i. *Salary and bonus* .
 - ii. *Awards of stock, stock options, and stock appreciation rights* . Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. *Earnings for services under non-equity incentive plans* . This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

- iv. *Change in pension value.* This is the change in present value of defined benefit and actuarial pension plans.
- v. *Above-market earnings on deferred compensation which is not tax-qualified .*
- vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

5. Trafficking in Persons

a. Provisions applicable to a recipient that is a private entity

- 1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
 - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - ii. Procure a commercial sex act during the period of time that the award is in effect; or
 - iii. Use forced labor in the performance of the award or subawards under the award.
- 2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity —
 - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
 - ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
 - A. Associated with performance under this award; or
 - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our Agency at 2 CFR 1532.

b. Provision applicable to a recipient other than a private entity . We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—

- 1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
- 2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
 - i. Associated with performance under this award; or
 - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 2 CFR 1532

c. Provisions applicable to any recipient .

- 1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
- 2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
 - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
- 3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. Definitions . For purposes of this award term:

- 1. “Employee” means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
- 2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
- 3. “Private entity”:
 i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

- ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - B. A for-profit organization.
- 4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

6. Recycled Paper

In accordance with Executive Order 13423 (Strengthening Federal Environmental, Energy and Transportation Management dated January 24, 2007), EPA Order 1000.25 and 40 CFR Part 30.16 (as applicable), the recipient shall use recycled paper and double sided printing for all reports which are prepared as a part of this agreement and delivered to EPA. This requirement does not apply to reports prepared on forms supplied by EPA, or to Standard Forms, which are printed on recycled paper and are available through the General Services Administration. The recipient shall give preference in its procurement programs funded with Federal funds to the purchase of recycled products pursuant to EPA's guidelines, as applicable.

Any State agency or agency of a political subdivision of a State shall also comply with the requirements set forth in the Resource Conservation and Recovery Act (RCRA), Section 6002 (42 U.S.C. 6962), which requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA under 40 CFR Part 247. Regulations issued under RCRA Section 6002 apply to any acquisition of an item where the purchase price exceeds \$10,000 or where the quantity of such items acquired in the course of the preceding fiscal year was \$10,000 or more.

7. Hotel and Motel Fire Safety

The recipient agrees to ensure that all conference, meeting, convention, or training funded in whole or in part with Federal funds complies with the protection and control guidelines of the Hotel and Motel Fire Safety Act (PL 101-391, as amended). Recipients may search the Hotel-Motel National Master List at <http://www.usfa.dhs.gov/applications/hotel/> to see if a property is in compliance (FEMA ID is currently not required), or to find other information about the Act. (Refer to 40 CFR Part 30.18 and 15 U.S.C. 2225a, as applicable.)

8. Drug-Free Workplace

The recipient organization of this EPA assistance agreement must make an ongoing, good faith effort to maintain a drug-free workplace pursuant to the specific requirements set forth in Title 2 CFR Part 1536 Subpart B. Additionally, in accordance with these regulations, the recipient organization must identify all known workplaces under its federal awards, and keep this information on file during the performance of the award. Those recipients who are individuals must comply with the drug-free provisions set forth in Title 2 CFR Part 1536 Subpart C.

The consequences for violating this condition are detailed under Title 2 CFR Part 1536 Subpart E. Recipients can access the Code of Federal Regulations (CFR) Title 2 Part 1536 at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=701081165f70316effa8ebf67df73de0&rqn=div5&view=text&node=2:1.2.11.11.2&idno=2>.

9. Debarment, Suspension and Other Responsibility Matters

The recipient shall fully comply with Subpart C of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Responsibilities of Participants Regarding Transactions (Doing Business with Other Persons)." The recipient is responsible for ensuring that any lower tier covered transaction as described in Subpart B of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Covered Transactions," includes a term or condition requiring compliance with Subpart C. The recipient is responsible for further requiring the inclusion of a similar term or condition in any subsequent lower tier covered transactions. The recipient acknowledges that failing to disclose the information as required at 2 CFR 180.335 may result in the delay or negation of this assistance agreement, or pursuance of legal remedies, including suspension and debarment.

Recipients may access suspension and debarment information at <http://www.sam.gov>. This system allows recipients to perform searches determining whether an entity or individual is excluded from receiving Federal assistance. This term and condition supersedes EPA Form 5700-49, "Certification Regarding Debarment, Suspension, and Other Responsibility Matters."

10. Reimbursement Limitation

EPA's financial obligations to the recipient are limited by the amount of federal funding awarded to date as

shown on line 15 in its EPA approved budget. If the recipient incurs costs in anticipation of receiving additional funds from EPA, it does so at its own risk.

11. Management Fees

Management fees or similar charges in excess of the direct costs and approved indirect rates are not allowable. The term "management fees or similar charges" refers to expenses added to the direct costs in order to accumulate and reserve funds for ongoing business expenses, unforeseen liabilities, or for other similar costs which are not allowable under this assistance agreement. Management fees or similar charges may not be used to improve or expand the project funded under this agreement, except to the extent authorized as a direct cost of carrying out the scope of work.

12. Lobbying and Litigation Prohibition

The recipient shall ensure that no grant funds awarded under this assistance agreement are used to engage in lobbying of the Federal Government or in litigation against the United States unless authorized under existing law. The recipient shall abide by 2 CFR 225 (OMB Circular A-87), which prohibits the use of federal grant funds for litigation against the United States or for lobbying or other political activities.

The recipient agrees to comply with Title 40 CFR Part 34, *New Restrictions on Lobbying*. The recipient shall include the language of this provision in award documents for all subawards exceeding \$100,000, and require that subrecipients submit certification and disclosure forms accordingly. In accordance with the Byrd Anti-Lobbying Amendment, any recipient who makes a prohibited expenditure under Title 40 CFR Part 34 or fails to file the required certification or lobbying forms shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.

13. Utilization of Disadvantaged Business Enterprises

The recipient agrees to comply with the requirements of EPA's Program for Utilization of Small, Minority and Women's Business Enterprises in procurement under assistance agreements as set forth in 40 CFR Part 33. The EPA DBE rule can be accessed at <http://www.epa.gov/osbp>. In addition, the recipient agrees to make good faith efforts whenever procuring construction, equipment, services and supplies under an EPA assistance agreement, and to ensure that sub-recipients, loan recipients, and prime contractors also comply with 40 CFR Section 33.301. Records documenting compliance with the six good faith efforts shall be retained.

The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources, as follows:

	MBE	WBE
Construction	12%	10%
Equipment	11%	23%
Services	07%	25%
Supplies	13%	28%

By signing this financial assistance agreement, the recipient is accepting the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as the Nevada Department of Conservation and Natural Resources.

Pursuant to 40 CFR Section 33.404, the recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is not accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study to **Joe Ochab, MTS-7**, the Regional MBE/WBE Coordinator, within 120 days of acceptance of the financial assistance award. EPA will respond to the proposed fair share objectives/goals within 30 days of receiving the submission. If proposed fair share objectives/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objectives/goals are submitted.

A recipient of a Continuing Environmental Program Grant or other annual grant agrees to create and maintain a bidders list. A recipient of an EPA financial assistance agreement to capitalize a revolving loan fund also agrees to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Refer to 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

14. MBE/WBE Utilization Report

The recipient agrees to complete and submit to GrantsRegion9@epa.gov a MBE/WBE Utilization Report (EPA Form 5700-52A), within 30 days after the end of the Federal fiscal year; i.e., by October 30 of each calendar year. Negative reports are required. Only procurements with certified MBE/WBEs are counted towards a recipient's MBE/WBE accomplishments. A final MBE/WBE report must be submitted within 90 days after the end of the project period. Your grant cannot be officially closed without all MBE/WBE reports. EPA Form 5700-52A may be obtained from the EPA Office of Small Business Program's Home Page on the internet at www.epa.gov/osbp.

15. Indirect Costs

The cost principles of 2 CFR Part 225 (OMB Circular A-87), "Cost Principles for State, Local, and Indian Tribal Governments," applies to this agreement.

If the recipient does not have a previously established indirect cost rate, it agrees that it will prepare its indirect cost rate proposal and/or cost allocation plan in accordance with OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." For proposal preparation, the recipient may use the appropriate completeness checklist located at: <http://www.aqd.nbc.gov/services/ICS.aspx>

The local government recipient whose cognizant federal agency has been designated by the Office of Management and Budget (OMB) must develop and submit its indirect cost rate proposal to its cognizant agency within six (6) months after the close of the governmental unit's fiscal year. If the cognizant federal agency has not been identified by the OMB, the local government recipient must still develop (and when required, submit) its proposal within that period.

The interstate agency recipient must send its proposal to its cognizant federal agency within six (6) months after the end of its fiscal year. If EPA is the cognizant federal agency of the interstate agency, local government, or special district, the recipient must send its indirect cost rate proposal within six (6) months after the end of its fiscal year to:

Regular Mail

Office of Grants and Debarment
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW, MC 3903R
Washington, DC 20460
Attn: OGD Indirect Cost Rate Proposal Control Desk

Mail Courier (e.g. FedEx, UPS, etc.)

Office of Grants and Debarment
U.S. Environmental Protection Agency
1300 Pennsylvania Avenue, NW, 5th floor
Washington, DC 20004
Attn: OGD Indirect Cost Rate Proposal Control Desk

Electronic submissions of proposals may be sent via email to OGD_IndirectCost@epa.gov.

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the

indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.

Pursuant to 40 CFR 31.26, recipient agrees to comply with the audit requirements prescribed in the Single Audit Act Amendments, and revised OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," including Subpart C Section 305(b) which addresses the restriction on auditors preparing indirect cost proposals.

16. Civil Rights Obligations

GENERAL

This term and condition incorporates by reference the signed assurance provided by the recipient's authorized representative on: 1) EPA Form 4700-4, "Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance"; and 2) Standard Form 424B or Standard Form 424D, as applicable. These assurances and this term and condition obligate the recipient to comply fully with applicable civil rights statutes and implementing EPA regulations.

STATUTORY REQUIREMENTS

In carrying out this agreement, the recipient must comply with:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, color, and national origin, including limited English proficiency (LEP), by entities receiving Federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against persons with disabilities by entities receiving Federal financial assistance; and
- The Age Discrimination Act of 1975, which prohibits age discrimination by entities receiving Federal financial assistance.

If the recipient is conducting an education program under this agreement, it must also comply with:

- Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in education programs and activities operated by entities receiving Federal financial assistance.

If this agreement is funded with financial assistance under the Clean Water Act (CWA), the recipient must also comply with:

- Section 13 of the Federal Water Pollution Control Act Amendments of 1972, which prohibits discrimination on the basis of sex in CWA-funded programs or activities.

REGULATORY REQUIREMENTS

The recipient agrees to comply with all applicable EPA civil rights regulations, including:

- For Title IX obligations, 40 C.F.R. Part 5; and
- For Title VI, Section 504, Age Discrimination Act, and Section 13 obligations, 40 C.F.R. Part 7.
- As noted on the EPA Form 4700-4 signed by the recipient's authorized representative, these regulations establish specific requirements including maintaining compliance information, establishing grievance procedures, designating a Civil Rights Coordinator, and providing notices of non-discrimination.

TITLE VI – LEP, Public Participation and Affirmative Compliance Obligation

- As a recipient of EPA financial assistance, you are required by Title VI of the Civil Rights Act to provide meaningful access to LEP individuals. In implementing that requirement, the recipient agrees to use as a guide the Office of Civil Rights (OCR) document entitled "*Guidance to Environmental Protection Agency Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.*" The guidance can be found at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2004_register&docid=fr25jn04-79.pdf
- If the recipient is administering permitting programs under this agreement, the recipient agrees to use as a guide OCR's Title VI Public Involvement Guidance for EPA Assistance Recipients Administering Environmental Permitting Programs. The Guidance can be found at <http://edocket.access.gpo.gov/2006/pdf/06-2691.pdf>.
- In accepting this assistance agreement, the recipient acknowledges it has an affirmative obligation to implement effective Title VI compliance programs and ensure that its actions do not involve discriminatory treatment and do not have discriminatory effects even when facially neutral. The recipient must be prepared to demonstrate to EPA that such compliance programs exist and are being implemented or to otherwise demonstrate how it is meeting its Title VI obligations.

17. Payment to Consultants

Per 40 CFR Part 31.36(j), EPA's participation in the salary rate (excluding overhead and travel) paid to individual consultants retained by recipients or by a recipient's contractors or subcontractors shall be limited to the maximum daily rate for a Level IV of the Executive Schedule, to be adjusted annually. The Federal Executive Schedule (i.e., Salary Table) is located at: <http://www.opm.gov/oca/> This limit applies to consultation services of designated individuals with specialized skills and if the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. This rate does not include overhead or travel costs and the recipient may pay these in accordance with its normal travel practices.

Subagreements with firms or individuals for services which are awarded using the procurement requirements in 40 CFR Part 31, are not affected by this limitation unless the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. See 40 CFR Part 31.36(j)(2).

18. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with EPA regulations under 40 CFR Part 30.43, 31.36 or 35.6555, as applicable. In accordance with 40 CFR Part 30.45, 31.36(f) or 35.6585, as applicable, the grantee and subgrantee(s) must perform a cost or price analysis in connection with every procurement action, including contract modifications.

19. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,512,322 (final MOE from FY-2013), whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

Programmatic Conditions

P1. This award represents PARTIAL funding in the amount of \$540,118 for Fiscal Year 2014 (FY-14). Full funding of this assistance agreement at the estimated FY-14 amount is not guaranteed and is subject to the availability of funds. In the event that additional funding is not received, the recipient's final performance (progress) report submitted in accordance with 40 CFR 31.40 or 30.51 shall also address which workplan tasks were not accomplished as a result of the reduction in EPA funding.

P2. This grant includes environmental monitoring, therefore QA documentation is required. The Washoe County Health District Department's Air Program Quality Management Plan (QMP) was conditionally approved on August 7, 2013. Washoe County's Quality Assurance Project Plan for ambient air and PM2.5 monitoring was approved on February 12, 2013. During the forthcoming grant period, Washoe County Health District should address the remaining concerns on its QMP and submit it to EPA for final full approval.

P3. The recipient shall submit mid-year and end-of-year progress reports to the EPA Project Officer. The mid-year report is due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.

P4. EPA may terminate the assistance agreement for failure to make sufficient progress so as to reasonably ensure completion of the project within the project period, including any extensions. EPA will measure sufficient progress by examining the performance required under the workplan in conjunction with the milestone schedule, the time remaining for performance within the project.

P5. Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.

P6. Unless the event(s) and all of its components (i.e., receptions, banquets and other activities that take place after normal business hours) are described in the approved workplan, the recipient agrees to obtain prior approval from EPA for the use of grant funds for light refreshments and/or meals served at meetings, conferences, training workshops, and outreach activities (events). The recipient must send requests for approval to the EPA Project Officer and include: (1) An estimated budget and description for the light refreshments, meals, and/or beverages to be served at the event(s); (2) A description of the purpose, agenda, location, length and timing for the event; and (3) An estimated number of participants in the event and a description of their roles.

Recipients may address questions about whether costs for light refreshments and/or meals for events are allowable to the recipient's EPA Project Officer. However, the Agency Award Official or Grant Management Officer will make final determinations on allowability. Agency policy prohibits the use of EPA funds for receptions, banquets and similar activities that take place after normal business hours unless the recipient has provided a justification that has been expressly approved by EPA's Award Official or Grants Management Officer.

Note: U.S. General Services Administration regulations define light refreshments for morning, afternoon or evening breaks to include, but not be limited to, coffee, tea, milk, juice, soft drinks, donuts, bagels, fruit, pretzels, cookies, chips, or muffins. (41 CFR 301-74.11)

--End of Agreement--



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: April 24, 2014

DATE: April 14, 2014
TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
 775-328-2418, pbuxton@washoecounty.us
THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$113,000 for the period 03/29/14 through 03/28/15 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.

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 Division of Public and Behavioral Health for the period March 29, 2014 through March 28, 2015 in the amount of \$113,000 in support of the Tobacco Prevention and Control Program. A copy of the Subgrant Award is attached.

District Board of Health strategic priority: Promote financial accountability and stability

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of this Subgrant Award Also supports the Health District Tobacco Prevention and Education Program's mission to empower our community to be tobacco free through education, collaboration, policy, and evaluation.

PREVIOUS ACTION

The Washoe County District Board of Health approved the FY13/FY14 Notice of Subgrant Award in support of the Tobacco Prevention and Control Program on April 25, 2013.

BACKGROUND

The Health District has received from the Division of Public and Behavioral Health a Subgrant Award for the period March 29, 2013 to March 28, 2014 in support of the Tobacco Education and Prevention Program in the total amount of \$113,000.

This Subgrant provides funding for personnel, including intermittent-hourly, travel and training, operating supplies, educational supplies, advertising, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, behavioral reinforcers, etc.).

FISCAL IMPACT

The adopted budget for this subgrant award is \$113,000; no budget amendments are necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$113,000 for the period 03/29/14 through 03/28/15 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$113,000 for the period 03/29/14 through 03/28/15 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Budget Account # 3220
 Category#: 10
 GL #: 8506
 Job Number: 9328314

(hereinafter referred to as the DIVISION)

NOTICE OF SUBGRANT AWARD

<p>Program Name: Tobacco Prevention and Control Program Bureau of Child Family and Community Wellness Division of Public and Behavioral Health</p>	<p>Subgrantee Name: Washoe County Health District (WCHD)</p>																														
<p>Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009</p>	<p>Address: P.O. Box 11130 Reno, Nevada 89520</p>																														
<p>Subgrant Period: March 29, 2014 by all parties through March 28, 2015</p>	<p>Subgrantee's EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 73-786-998</p>																														
<p>Reason for Award: To provide tobacco prevention and education activities and services in Northern Nevada</p>																															
<p>County(ies) to be served: () Statewide (X) Specific county or counties: Washoe</p>																															
<p>Approved Budget Categories:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1. Personnel</td> <td style="width:15%; text-align: right;">\$</td> <td style="width:15%; text-align: right;">106,845</td> <td rowspan="7" style="width:40%; vertical-align: top; padding-left: 20px;"> Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without 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. Budget expenditures must be made by March 28, 2015 for guaranteed reimbursement. </td> </tr> <tr> <td>2. Travel</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,333</td> </tr> <tr> <td>3. Operating</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,822</td> </tr> <tr> <td>4. Equipment</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>5. Contractual/Consultant</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">2,000</td> </tr> <tr> <td>6. Other</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7. Indirect</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total Cost</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">113,000</td> <td></td> </tr> </table>		1. Personnel	\$	106,845	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without 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. Budget expenditures must be made by March 28, 2015 for guaranteed reimbursement.	2. Travel	\$	2,333	3. Operating	\$	1,822	4. Equipment	\$	0	5. Contractual/Consultant	\$	2,000	6. Other	\$	0	7. Indirect	\$	0	Total Cost					\$	113,000	
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Total Cost																															
	\$	113,000																													
<p>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 <i>specific to this subgrant</i>. Total reimbursement will not exceed \$113,000.00 during the subgrant period.</p>																															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Source of Funds:</td> <td style="width:15%;">% of Funds:</td> <td style="width:15%;">CFDA#:</td> <td style="width:30%;">Federal Grant #:</td> </tr> <tr> <td>1. Center for Disease Control and Prevention (CDC)</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">93.283</td> <td style="text-align: center;">3U58DP002003-06</td> </tr> </table>		Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:	1. Center for Disease Control and Prevention (CDC)	100%	93.283	3U58DP002003-06																						
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<p>Terms and Conditions In accepting these grant funds, it is understood that:</p> <ol style="list-style-type: none"> 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award. 																															
Matt Smith III Chairman, WCHD	Signature	Date																													
Natalie Powell, MPH Tobacco Program Coordinator																															
Christine Mackie Bureau Chief																															
Richard Whitley, MS Administrator, Division of Public and Behavioral Health																															

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, 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 Division of Public and Behavioral Health.
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 Division of Public and Behavioral Health, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division of Public and Behavioral Health 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 Division of Public and Behavioral Health 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 Division of Public and Behavioral Health. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division of Public and Behavioral Health.
 - 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 Division of Public and Behavioral Health 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.
6. 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 offer 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.

8. 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 Division of Public and Behavioral Health, as required by 45 C.F.R 164.504 (e).
9. 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.
10. 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 influencing 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.
11. Division of Public and Behavioral Health subgrants are subject to inspection and audit by representatives of the Division of Public and Behavioral Health, 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.
12. 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 Division of Public and Behavioral Health (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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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. **To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Goal 1: Prevent the initiation of tobacco use				
Objective	Activity	Target Population	Timeline	Evaluation Tool
Maintain the percent of cigarette use among youth from 17% to 17% by March 2015	<ul style="list-style-type: none"> - Continue work with Washoe County School District (WCSD) on implementation of an e-cigarette policy - Inform community and WCSD leaders on the importance of e-cigarette policies - Work with partners through NTPC and Northern Nevada Action Committee to support putting minimum age e-cigarette policies in place at the local and/or state level. 	Youth	March 2015	Number and type of information provided (presentations, meetings, articles, letters, etc.) Number of activities/actions supporting policies (presentations, white papers, meetings, etc.)
Goal: Eliminate exposure to second-hand smoke				
Objective	Activity	Target Population	Timeline	Evaluation Tool
Increase the number of communities in Washoe County with 100% smoke free community efforts from 0 – 1	<ul style="list-style-type: none"> - Promote the importance of smoke free environments for all employees - Support efforts and meet with community groups and leaders to garner support for a 100% smoke free community 	Youth and Adults	March 2015	Number of activities/events, messaging, articles published, websites, hits/updates, articles, etc. Meeting dates
Increase the number of organizations offering 100% smoke free meeting and event spaces in Washoe County by five	<ul style="list-style-type: none"> - Promote existing smoke free meeting and event spaces - Maintain and update program website with information on smoke free meeting and event spaces - Provide educational articles to area publications 	Adults	March 2015	Promotional and educational materials developed and number distribution Number of website updates and website hits Dates and where articles are published
Maintain the number of educational activities and events	<ul style="list-style-type: none"> - Participate in NTPC including executive board, Policy Committee & General 	Statewide Health Promotion	March 2015	Meeting dates and attendance

at 6 in an effort to change environments & policies pertaining to the Nevada Clean Indoor Air Act (NCIAA)	Meetings - Facilitate the Northern Nevada Action Committee - Educate decision makers & influential leaders on the importance of tobacco free policies.			Number of presentations and/or educational opportunities offered, leaders contacted.
Goal: Promote quitting among adults and youth				
Objective	Activity	Target Population	Timeline	Evaluation Tool
Maintain the number of cessation classes in Washoe County	- Promote all cessation opportunities in Northern Nevada - Provide education related to opportunities for tobacco cessation made available with ACA changes - Provide information to physicians regarding reimbursement for tobacco cessation services	Adults	March 2015	Cessation resources confirmed and posted on websites Number educated on tobacco cessation services available through PCPs Number of PCP educated related to reimbursement for tobacco cessation related services

- 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 Division of Public and Behavioral Health through Grant Number 5U58DP002003-06 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Division of Public and Behavioral Health nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Division of Public and Behavioral Health by Grant Number 5U58DP002003-06 from the Centers for Disease Control and Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 106,845		
		\$ 50,422	Health Educator II – .50 FTE of \$100,844.
		\$ 51,443	Health Education Coordinator - .50 FTE of \$102,886.
		\$ 4,980	Intermittent Health Educator @ \$27.67/hr x 9 hr per week x 20 weeks
2. Travel	\$ 2,333		
		\$ 500	Registration – 1 staff
		\$ 333	\$0.56 per mile x approximately 595 miles
		\$ 1,500	Hotel, per diem for statewide/national trainings
3. Operating	\$ 1,822		
		\$ 597	Educational materials
		\$ 200	Copy Machine
		\$ 300	Office Supplies
		\$ 50	Postage
		\$ 50	Express Courier
		\$ 25	Special Awards
		\$ 200	Printing
		\$ 300	Telephone
		\$ 100	Equipment
4. Equipment	\$ 0		
		\$ 0	
5. Contractual Consultant	\$ 2,000		
		\$ 2,000	Advertising placement
6. Other	\$ 0		
		\$ 0	
7. Indirect	\$ 0		
		\$ 0	
Total Cost	\$ 113,000		
In-Kind Match	\$ 39,550	(35% of Grant Award)	

- **This subgrantee is asked to provide an in-kind match of up to 25% of the total grant award (reflected above). The in-kind match will be reported on quarterly basis with the deliverables, and can include any type of work, service, time, personnel, supplies, etc., that relate to the scope of work in this subgrant that is paid by a non-federal source, this can include Healthy Nevada Funding. Basically any contribution toward the scope of work that was not funded by a federal source and utilized for an in-kind match for other funding.**
- **Subgrantee is required to provide an in-kind match equal to or greater than 25% of their total project cost.**
- **Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, 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 quarterly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the quarterly reporting cycle and no later than 30 days of the end of the subgrant period which is March 28, 2015.
- The Maximum amount available under this subgrant is \$113,000.
- Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Coordinator.
- NSHD reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, NSHD is not obligated to issue continuation funding.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided on a quarterly basis to the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.
- 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 Division of Public and Behavioral Health within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division of Public and Behavioral Health at that time, or if not already requested, shall be deducted from the final award.

Subgrantee agrees to participate in the following Technical Assistance calls throughout the project period. Participation in a minimum of two calls is required.

- Friday, April 18, 2014 – 10:00am
- Friday, July 18, 2014
- Friday, October 17, 2014 – 10:00am
- Friday, January 16, 2015 – 10:00am

Teleconference Number: (877) 848-7030 Access Code: 2541093

Subgrantee agrees to provide quarterly reports according to the schedule specified below and in accordance with the quarterly report template.

- Quarter 1 (March – June) – Due by July 15, 2014 – CDPHP Report Template/Table Format
- Quarter 2 (July - Sept) – Due by Oct 15, 2014 – CDPHP Report Template /Table Format

- Quarter 3 (Oct - Dec) – Due by Jan 15, 2015 – CDPHP Report Template /Table Format
- Quarter 4 (Jan – March) – Due by April 15, 2015 – CDPHP Report Template /Table Format
- 2014 ANNUAL Report (March 2014 – March 2015) – Due by April 15, 2015 – CDPHP Report Template

Report Template:

Nevada State Division of Public and Behavioral Health (NSDPBH)
Chronic Disease Prevention and Health Promotion (CDPHP) Section
Subgrantee Quarterly Report Template

- 1) Summary of work over project period (period date)
 - Target Audiences
 - Partners
 - Activities
 - Setting
- 2) Refer to goals & objectives
- 3) Evaluation design
 - Collection and Analysis tools and/or methodologies for demonstrating outcomes

Provide information on the outcome/deliverable(s)
- 4) Reach and impact
 - i.e. numbers of people reached, organizations or systems covered by policies and what that represents of the whole
- 5) Key Successes and Wins

Barriers:

- 6) If you did not work on an objective, state what the barriers or challenges were to this; if it was changed with approval explain why
 - Unanticipated benefits/challenges
- 7) Request Technical Assistance: Yes or No
 - Explain request

The Nevada State Division of Public and Behavioral Health agrees:

- The Division of Public and Behavioral Health shall provide technical assistance, upon request from the Subgrantee;
- The Division of Public and Behavioral Health shall provide prior Approval of reports or documents to be developed;
- The Division of Public and Behavioral Health shall forward reports to the CDC.
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

- The Division of Public and Behavioral Health reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division of Public and Behavioral Health.

Both parties agree:

An annual site visit will be performed by the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Coordinator.

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 Division of Public and Behavioral Health.

- Both parties agree that no work related to this subgrant may begin until a Business Associate Agreement has been signed and placed on file with the Nevada State Division of Public and Behavioral Health's Administration Office. To satisfy this requirement, for this agreement, fill out and sign Section E.

All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health 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 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 Division of Public and Behavioral Health, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH**

NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- '()o A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- '()o Reimbursement is based on actual expenditures incurred during the period being reported.
- '()o Payment will not be processed without all reporting being current.
- '()o Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below. The cells are pre-programed and will auto populate when data is entered.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the current expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

****An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

**Nevada Department of Health and Human Services
Division of Public and Behavioral Health**

Health Division # 14355
Bureau Program # 3220
GL # 8516
Draw #: _____

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706	Address: P.O. Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2014 through March 28, 2015	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q Dun & Bradstreet#: 73-786-998

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ **Calendar Year:** _____

Approved Budget Category		A	B	C	D	E	F
		Approved Budget	Total Prior Requests	Current Request	Year To Date Total	Budget Balance	Percent Expended
1	Personnel	\$ 106,845	\$ 0	\$ 0	\$ 0	106,845	0%
2	Travel	\$ 2,333	\$ 0	\$ 0	\$ 0	2,333	0%
3	Operating	\$ 1,822	\$ 0	\$ 0	\$ 0	1,822	0%
4	Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
5	Contract/Consultant	\$ 2,000	\$ 0	\$ 0	\$ 0	2,000	0%
6	Indirect	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
7	Other	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
8	Total	\$ 113,000	\$ 0	\$ 0	\$ 0	113,000	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: _____

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

NOTICE OF SUBGRANT AWARD
SECTION D

NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
AUDIT INFORMATION REQUEST

1. Non-Federal entities that **expend** \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES NO
3. When does your fiscal year end? 6/30/14
4. Official name of organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? Bill Approved 11/12/13
7. What time period did it cover? 7/1/12 - 6/30/13
8. Which accounting firm conducted the audit? Kafoury, Armstrong, + Co.

Elean Strickling Administrative Health Services Officer 4/14/14
SIGNATURE TITLE DATE

SECTION E

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BUSINESS ASSOCIATE ADDENDUM

BETWEEN

The Division of Public and Behavioral Health
Herein after referred to as the "Covered Entity"

and

Washoe County Health District
Herein after referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, Public Law 111-5 this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with HIPAA, the HITECH Act, and regulation promulgated there under by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA Regulations and

WHEREAS, Business Associate may have access to and/or create, receive, maintain or transmit certain protected health information from or no behalf of the Covered Entity, in fulfilling its responsibilities under such arrangement; and

WHEREAS, HIPAA Regulations require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information,

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms in this Addendum shall have the same meaning as those terms in the HIPAA Regulations: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Health Record, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Use.

1. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
2. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
3. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
4. **Parties** shall mean the Business Associate and the Covered Entity.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity or an individual, access to inspect or obtain a copy of protected health information about

- the individual that is maintained in a designated record set by the Business Associate or its agents or subcontractors, in order to meet the requirements of HIPAA Regulations. If the Business Associate maintains an electronic health record, the Business Associate, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under HIPAA Regulations.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with HIPAA Regulations.
 3. **Accounting of Disclosures.** Upon request, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with HIPAA Regulations.
 4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to such information. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under HIPAA Regulations.
 5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of HIPAA Regulations.
 6. **Audits, Investigations, and Enforcement.** If the data provided or created through the execution of the Contract becomes the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency, the Business Associate shall notify the Covered Entity immediately and provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently, to the extent that it is permitted to do so by law. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach or violation of HIPAA Regulations.
 7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or HIPAA Regulations by Business Associate or its agents or subcontractors. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with HIPAA Regulations. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate or its agent or subcontractor is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate, or its agents or subcontractors has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with HIPAA Regulations. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in HIPAA Regulations has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with HIPAA Regulations and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to HIPAA Regulations, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.

10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it creates, receives or maintains, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation by Business Associate of HIPAA Regulations or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with HIPAA Regulations.
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA Regulations.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity and availability of the protected health information the Business Associate creates, receives, maintains, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with HIPAA Regulations. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined in HIPAA Regulations.
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA Regulations; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of HIPAA Regulations.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.

The Business Associate agrees to these general use and disclosure provisions:

1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate HIPAA Regulations, if done by the Covered Entity.
- b. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with HIPAA Regulations.

- c. Except as otherwise limited by this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with HIPAA Regulations.

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with HIPAA Regulations.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, unless the Covered Entity obtained a valid authorization, in accordance with HIPAA Regulations that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF THE COVERED ENTITY:

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with HIPAA Regulations, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with HIPAA Regulations, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under HIPAA Regulations, if done by the Covered Entity.

V. TERM AND TERMINATION.

1. **Effect of Termination:**

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or if it is not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS.

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of HIPAA Regulations.
2. **Clarification.** This Addendum references the requirements of HIPAA Regulations, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Contract that any conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA Regulations. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA Regulations.
5. **Regulatory Reference.** A reference in this Addendum to HIPAA Regulations means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

COVERED ENTITY

BUSINESS ASSOCIATE

Division of Public and Behavioral Health

4150 Technology Way

Carson City, NV 89706

(775)684-4200

(775)684-4211

Richard Whitley
Administrator



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: April 24, 2014

DATE: April 14, 2014

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program (internal order # 11147) FY 14 budget.

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 Washoe County Health District accepted an award in the total amount of \$10,463 from the Division of Public and Behavioral Health in support of the Ryan White Part B Program. A copy of the Award is attached.

District Board of Health strategic priority: Experience a low rate of communicable diseases.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

There has been no previous action taken by the Board.

BACKGROUND

The Washoe County Health District worked with the State of Nevada, Division of Public and Behavioral Health to identify possible funding resources as a way to mitigate the reduction in the Calendar Year 2014 CDC (Centers for Disease Control and Prevention) HIV Prevention Program award.

The District Health Officer accepted an award in the total amount of \$10,463 for the period January 1, 2014 through March 31, 2014 to provide outreach services to reach those in at-risk populations for new and existing Ryan White Part B clients in Washoe County.

The WCHD will assist the Ryan White CARE Act Program in meeting goals related to identifying people with unknown HIV disease, know their status but not enrolled in care or treatment services, or out-of-care and link them into healthcare, health education and risk reduction to enhance their health and well-being.

The \$10,463 in funding will be used to support personnel expenditures and indirect costs associated with carrying out the scope of work outlined in the award.

This award was not anticipated in the FY14 budget. A budget amendment in the total amount of \$9,512 is necessary to bring the Award into alignment with the program budget.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the total adopted FY14 budget will be **increased by \$9,512** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11147-431100	Federal Revenue	\$9,512
2002-IO-11147-701412	Salary Adjustment	9,512
	Total Expenditures	\$9,512

The difference between the Notice of Subgrant Award amount of \$10,463 and the budget amendment is \$951 which will be collected in indirect revenue. No budget adjustment is needed for the indirect revenue.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program (internal order # 11147) FY 14 budget.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program (internal order # 11147) FY 14 budget.

Department of Health and Human Services
DIVISION of Public and Behavioral Health
 (hereinafter referred to as the DIVISION)

AL SH

Division #: S14287

Budget Account # 3215

Category #: 24

GL #: 8516

Job Number: 9391713A/04

NOTICE OF SUBGRANT AWARD

Program Name: Ryan White Part B Program-HIV/AIDS Section Bureau of Child, Family and Community Wellness Nevada State Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD) Contact Person: Stacy Hardie 775-328- 3752 6144
---	--

Address: 4150 Technology Way, Suite # 106 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street Reno, NV 89512
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Subgrant Period: Upon approval by all parties through March 31, 2014. <i>January 1, 2014 - March 31, 2014</i>	Subgrantee's EIN#: 88-6000138 Vendor#: T40283400 Dun & Bradstreet#: 073786998
--	--

Reason for Award: Outreach Services for Ryan White Part B clients

County(ies) to be served: () Statewide (x) Specific county or counties: Washoe

Approved Budget Categories:

1. Personnel	\$	9,512
2. Travel	\$	0
3. Equipment	\$	0
4. Supplies	\$	0
5. Contractual/Consultant	\$	0
6. Other	\$	0
7. Administrative Costs	\$	951
Total Cost	\$	10,463

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 \$ 10,463.00 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Health Resources and Services Administration (HRSA)	100	93.917	6 X07HA00001-23-02

Terms and Conditions
 In accepting these grant funds, it is understood that:
 1. Expenditures must comply with appropriate state and/or federal regulations.
 2. This award is subject to the availability of appropriate funds.
 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

Authorized Sub-grantee Official Title	<i>[Signature]</i>	Date
Dan Olsen, MPH Program Manager	<i>[Signature]</i>	3/27/14
Christine Mackie Health Program Specialist III	<i>[Signature]</i>	1/15/14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health	<i>[Signature]</i>	5-28-14

8. 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 Division of Public and Behavioral Health, as required by 45 C.F.R 164.504 (e). If no Protected Health Information will be disclosed, as in this case, then a Confidentiality Agreement will be entered into.
9. 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.
10. 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 influencing 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.
11. Division of Public and Behavioral Health subgrants are subject to inspection and audit by representatives of the Division of Public and Behavioral Health, 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.
12. 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 Division of Public and Behavioral Health (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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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. To ensure this requirement is met Section D of this subgrant must be filled out and signed.

Evaluation

- Activity #1
 - Number of candidates that agree to become recruiters after receiving orientation to SNS. Number of social network associates will be connected to clinical and diagnostic testing services, Early Intervention Services (EIS) or Outpatient/Ambulatory Health Services.
- Activity #2
 - Number of identified network associates per recruiter. Number of network associates that undergo clinical and diagnostic testing.
 - Data collection and tracking of activities, referrals and client level information.
 - Develop a recruitment plan and ongoing communication between staff and client to address challenges, session accomplishments and implementing evaluation activities.

Program Requirements

- **Subgrantee** shall provide Care and Support Services to HIV/AIDS infected persons regardless of age, race, ethnicity, religion, gender, gender identity or gender expression and sexual orientation which services are culturally sensitive, linguistically appropriate and appropriate to patients' functional acuity level.
- **Subgrantee** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such persons as to the grievance procedure. Subgrantee shall submit resolved grievances to the Ryan White Part B Grantee staff quarterly by the 15th of the month following the end of the quarter.
- **Subgrantee** shall obtain written approval from RWPB prior to making programmatic changes in the scope of the project.
- **Subgrantee** will utilize the ARIES system to manage eligible client data, provided by RWPB. Encounter data must be entered within one (1) business day of delivery of service to client.
- **Subgrantee** shall ensure that 100% of clients are registered in the ARIES system prior to the receipt of services.
- **Subgrantee** shall refer 100% of clients for eligibility assessment, to a RWPB funded Case Management agency.
- **Subgrantee** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subgrantee** must work in partnership with all Ryan White CARE Act providers.
- **Subgrantee** shall participate in RWPB sustainability planning activities and strategies for system sustainability.
- **Subgrantee** shall supply RWPB with a copy of the most recent Office of Management and Budget (OMB) A-133 Audit within six (6) months of completion of Subgrant Period.
- **Subgrantee** must use RWPB funds in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.
- **Subgrantee** shall 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 #2 X07HA00001-23-00 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Health Resources and Services Administration."
- **Subgrantee** shall acknowledge any activities performed under this subgrant that the funding was provided through the State Health Division by Grant #2 X07HA00001-23-00 from the Health Resources and Services Administration.

Reporting Requirements

- **Subgrantee** shall complete and submit to RWPB/HRSA all federally mandated Program Data no later than the due dates specified by HRSA.

Clients to be Served & Service Unit Definitions: Encounter Data

- Clients to be served – Goal: 6 unduplicated RWPB eligible clients.
- 1 unit = 1 RWPB Eligible client – unduplicated within the quarter
(Unduplicated: individual client counted once during the reporting period)
- 1 unit = 1 RWPB Eligible client – unduplicated within the grant year
(Unduplicated: running unduplicated client count within the grant year)
- 1 unit = 1 RWPB Eligible client referral to RW service – tracking to include the following:
 - Date referred
 - Type of RW Service referred to
- 1 unit = 1 RWPB Eligible client referred and linked to medical care.
- 1 unit = 1 day = Span of time from enrollment and inclusion with medical care
- 1 unit = 1 session with client
 - 1 unit = 1 - 15 min. increment = length of individual client session

(continued on next page)

- Requests for Reimbursement will be accompanied by supporting documentation such as, ledgers, check #'s, dates and amounts of payments, including a line item description of expenses incurred;
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2014.
- The maximum amount of funding available through this subgrant is \$10,463.
- 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 30 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 Division of Public and Behavioral Health agrees:

- Annual program monitoring will occur with technical assistance available throughout the grant period. The new site monitoring tool to be provided at a later date.
- Provide reimbursements, not to exceed a total of \$10,463 for the entire subgrant period.
- Provide technical assistance as requested and within our ability to provide it.
- Provide the Health Resources and Services Administration with all OMB A-133 Audits submitted by the Subgrantee.
- The Public and Behavioral 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 Nevada State Public and Behavioral Health Division will conduct a programmatic and fiscal site monitor if needed by the program or upon request of the subgrantee.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section E., which is specific to this subgrant, and will be in effect for the term of this subgrant.

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 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

PUBLIC and BEHAVIORAL HEALTH

Division # 514387
 Bureau Program # 3218/24
 GL # 5043
 Draw # _____

REQUEST FOR REIMBURSEMENT

Program Name: Ryan White Part B Program HIV/AIDS Section Bureau of Child, Family, & Community Wellness	Subgrantee Name: Washoe County Health District WCHD:
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2609	Address: 1001 E. 9th Street Reno, NV 89512
Subgrant Period: Upon approval by all parties through March 31, 2014	Subgrantee EIN#: Subgrantee Vendor#:

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar Year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D New To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$9,512.00	\$0.00	\$0.00	\$0.00	\$9,512.00	0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
3 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
4 Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
6 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
7 Administrative	\$951.00	\$0.00	\$0.00	\$0.00	\$951.00	0%
8 Total	\$10,463.00	\$0.00	\$0.00	\$0.00	\$10,463.00	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 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 _____

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION



Signature



Signature

Kevin Dick

Print Name

Richard Whitley

Print Name

Distnet Health Officer

Title

Administrator

Title



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: April 24, 2014

DATE: April 14, 2014

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer
775-328-2417, estickney@washoecounty.us

SUBJECT: Approve Interlocal Agreement between Washoe County Health District and Washoe County School District to open Point of Dispensing (POD) sites at Washoe County School District facilities in the event of a public health emergency; and if approved authorize the Chairman to execute.

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.

District Board of Health Strategic Priority: Be assured that the public health system operates at the highest level of integrity during an all hazards event.

BCC Strategic Objective supported by this item: Safe, secure, and healthy communities.

PREVIOUS ACTION

There has been no previous action taken by the Board.

BACKGROUND

The Washoe County Health District (WCHD) POD Manual states that the Health District staff will open POD sites at Washoe County School District (WCSD) facilities in the event of a public health emergency. A verbal agreement currently exists between the WCHD and WCSD; however, the Interlocal Agreement clarifies the responsibilities that each agency will assume during a declared health emergency.

WCHD will move POD materials from their storage facilities to the WCSD POD site(s) that have been selected and are available for response (to include signage, office supplies, vaccines or medications, proper containers for medication storage).

WCSD will provide custodial assistance for POD set-up and clean-up; WCSD security personnel; and access to a locked storage room and/or kitchen are for storage of medications.

A signed declaration of a public health emergency will activate this Interlocal Agreement.

FISCAL IMPACT

There will be no additional direct fiscal impact to the Health District associated with the approval of this Interlocal Agreement.

RECOMMENDATION

Staff recommends that the District Board of Health approve Interlocal Agreement between Washoe County Health District and Washoe County School District to open Point of Dispensing (POD) sites at Washoe County School District facilities in the event of a public health emergency; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Interlocal Agreement between Washoe County Health District and Washoe County School District to open Point of Dispensing (POD) sites at Washoe County School District facilities in the event of a public health emergency; and if approved authorize the Chairman to execute.

**Interlocal Agreement
between
Washoe County Health District
and
Washoe County School District**

This Interlocal Agreement is developed and entered into between the Washoe County Health District and the Washoe County School District, hereinafter referred to as the Health District and WCSD respectively.

Introduction: The rationale for this Interlocal Agreement is to help define the relationship between the Health District and WCSD as partners preparing for and responding to incidents that may involve acts of terrorism, the aftermath and response to weapons of mass destruction, or a naturally occurring large scale disease outbreak (as outlined in Nevada Revised Statutes 414.020). The purpose of this Interlocal Agreement is to delineate which responsibilities of the partnership each party will assume during a declared health emergency.

Authority: The Health District is authorized to provide for the organization, mobilization, coordination and direction of medical and health services, both public and private, during a declared health emergency. Such authority is granted by the Nevada Revised Statutes: Chapter 439 – Public Health and Safety. All authorities and services provided by the Health District will be of high quality and will conform to current professional standards.

WHEREAS, the Health District is authorized by the Center for Disease Control and Prevention (CDC) and the Department of Homeland Security (DHS) to provide mass prophylaxis to residents and visitors in Washoe County using antibiotics, vaccinations and/or medical supplies from the CDC's Strategic National Stockpile (SNS) in the event of a declared public health emergency.

WHEREAS, WCSD has the facilities that will accommodate large numbers of people in need of medications during a public health emergency, such as a large scale disease outbreak.

Therefore, it is mutually agreed between the parties as follows:

1. Health District and WCSD shall mutually support each other in planning for an emergency incident, including WCSD providing a contact person(s) to work with the Health District on the development of a plan for receiving and distributing medications to Washoe County residents and visitors on or within WCSD facilities.
2. Health District will move POD materials from their storage facilities to the WCSD POD site(s) that have been selected and are available for response (to include signage, office supplies, vaccines or medications, proper containers for medication storage).
3. WCSD will provide custodial assistance for POD set-up and clean-up; WCSD security personnel; and access to a locked storage room and/or kitchen area for storage of medications.
4. A signed declaration of a public health emergency will activate this Interlocal Agreement.

This Interlocal Agreement may be modified at any time by written agreement signed by both parties. Either party may terminate this Interlocal Agreement by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 30 calendar days from the date of the mailing or hand delivery of the notice.

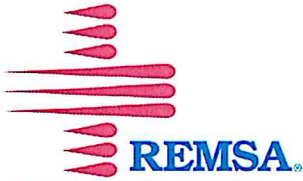
The parties agree at all times to comply with all applicable laws, ordinances and regulations concerning the subject of this Agreement. The parties do not waive and intend to assert their respective available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes and all emergency related laws and regulations. Contract liability of both parties shall not be subject to punitive damages. This Agreement is not intended to create or be construed to create any right or action on the part of any person or entity not signatory to this Agreement, nor create the status of third party beneficiaries for any person or entity.

By: _____
Washoe County School District

Date: _____

By: _____
Chairman
Washoe County District Board of Health

Date: _____



Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

FOR

MARCH 2014

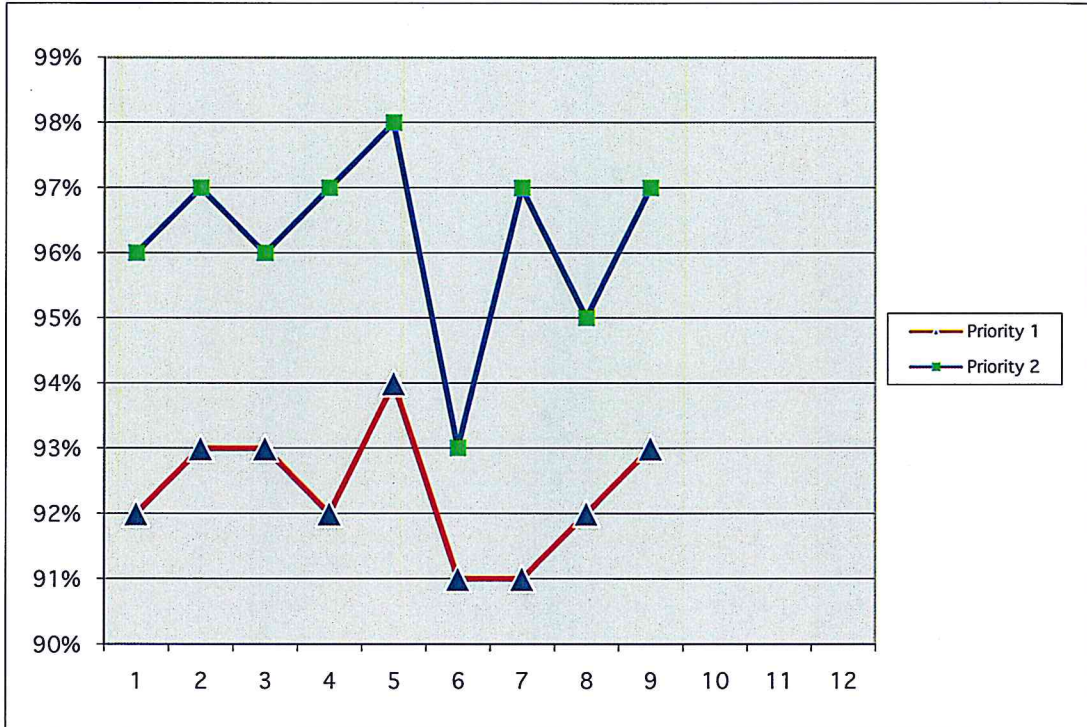
Monthly Payments

REMSA
Monthly Debt Payments
as of 4/14/2014

Acct No	Current Monthly Payment (P&I)
7197508-5001	\$ 14,977.27
7197608-5002	10,241.51
7197608-9042	16,480.17
7197608-9047	10,279.43
7197608-9048	6,572.61
7197608-9049	14,993.51
7197608-9050	4,787.55
7197608-9051	22,530.20
7197608-9053	2,196.54
7197608-9054	2,435.75
7197608-9055	8,353.72
7197608-9057	17,511.94
7197608-9058	25,972.42
7197608-9059	46,400.25
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 239,964.65

Fiscal 2014

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul. 2013	5 mins. 56 secs.	5 mins. 3 secs.	92%	96%
Aug.	6 mins. 0 secs.	5 mins. 3 secs.	93%	97%
Sept.	5 mins. 46 secs.	4 mins. 47 secs.	93%	96%
Oct.	5 mins. 50 secs.	4 mins. 50 secs.	92%	97%
Nov.	5 mins. 29 secs.	4 mins. 39 secs.	94%	98%
Dec.	6 mins. 14 secs.	5 mins. 21 secs.	91%	93%
Jan. 2014	5 mins. 50 secs.	4 mins. 54 secs.	91%	97%
Feb.	5 mins. 44 secs.	4 mins. 43 secs.	92%	95%
Mar.	5 mins. 45 secs.	4 mins. 51 secs.	93%	97%
Apr.				
May				
June 2014				



Care Flight

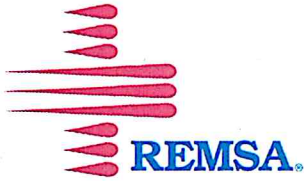
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	15	\$116,951	\$7,797	\$7,797
Aug.	20	\$183,197	\$9,160	\$8,576
Sept.	15	\$129,788	\$8,653	\$8,599
Oct.	11	\$80,637	\$7,331	\$8,370
Nov.	7	\$53,811	\$7,687	\$8,300
Dec.	12	\$82,429	\$6,869	\$8,085
Jan. 2014	3	\$20,080	\$6,693	\$8,035
Feb.	11	\$83,307	\$7,573	\$7,981
Mar.	13	\$96,656	\$7,435	\$7,915
Apr.			\$0	\$7,915
May			\$0	\$7,915
June			\$0	\$7,915
Totals	107	\$846,856	\$7,915	\$7,915

Adjusted Allowed Average Bill - \$7,641.00

REMSA Ground

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	3528	\$3,760,993	\$1,066	\$1,066
Aug.	3361	\$3,580,384	\$1,065	\$1,066
Sept.	3269	\$3,475,246	\$1,063	\$1,065
Oct.	3376	\$3,597,764	\$1,066	\$1,065
Nov.	3316	\$3,543,650	\$1,069	\$1,066
Dec.	3559	\$3,824,810	\$1,075	\$1,067
Jan. 2014	3393	\$3,622,271	\$1,068	\$1,067
Feb.	3051	\$3,246,776	\$1,064	\$1,067
Mar.	3278	\$3,504,742	\$1,069	\$1,067
Apr.			\$0	\$1,067
May			\$0	\$1,067
June			\$0	\$1,067
Totals	30131	\$32,156,635	\$1,067	\$1,067

Allowed ground avg bill - \$1,067.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
MARCH 2014**



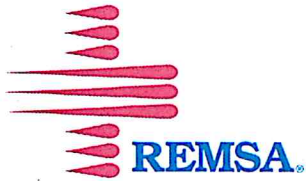
**CARE FLIGHT OPERATIONS REPORT
MARCH 2014
WASHOE COUNTY**

- ❖ **In Town Transfer:**
 0 Ground ITTs were completed
- ❖ **Outreach, Education, & Marketing:**
 ➤ **0 Community Education & Public Events**

❖ **Statistics**

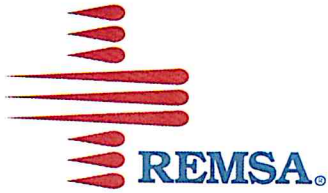
Washoe County Flights

	# patients
Total Flights:	13
Total Patients	13
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	11
Hospital Transports	2
Cardiac	0
Trauma	5
Medical	3
Pulmonary	2
High Risk OB	0
Neuro	2
Pediatrics	1
Newborn	0
Full Arrest	0
Surgical	0
Total	13



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
MARCH 2014



GROUND AMBULANCE OPERATIONS REPORT

March 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5563
Total Number Of Responses In Which No Transport Resulted	2287
Total Number Of System Transports	3276

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		48%
OB		1%
Psychiatric/Behavioral		5%
Transfers		17%
Trauma		23%
	Trauma – MVA	6%
	Trauma – Non MVA	17%
Unknown/Other		4%
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
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 3308 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
2/24/2014	REMSA	11
3/2/2014	Matt Brown	4
3/6/2014	REMSA	11
3/10/2014	EMS CES 911	3
3/12/2014	REMSA	7
3/13/2014	Riggs Ambulance Service	9
3/14/2014	Great Basin College	9
3/17/2014	REMSA	9
3/25/2014	REMSA	10
3/31/2014	EMS CES 911	4

Advanced Cardiac Life Support Recert

Date	Course Location	Students
2/27/2014	REMSA	24
3/2/2014	Molly Turner	4
3/4/2014	EMS CES 911	4
3/4/2014	Saint Mary's Regional Medical Center	6
3/5/2014	Humboldt General Hospital	8
3/12/2014	Eastern Plumas Healthcare	5
3/15/2014	John Mohler & Co.	12
3/17/2014	EMS CES 911	7

3/17/2014	Great Basin College	1
3/19/2014	Tahoe Pacific Hospital - SM	2
3/19/2014	REMSA	13
3/20/2014	Christopher Baird	7
3/21/2014	John Mohler & Co.	21
3/25/2014	EMS CES 911	2
3/25/2014	John Mohler & Co.	14
3/26/2014	EMS CES 911	2
3/26/2014	Tahoe Douglas Fire Department	1
3/27/2014	Saint Mary's Cardiology - REMSA	9
3/29/2014	REMSA	12
3/31/2014	REMSA	12

Advanced Cardiac Life Support Skills

Date	Course Location	Students
3/5/2012	REMSA	2
3/5/2014	REMSA	2
3/13/2014	Great Basin College	11
3/14/2014	Riggs Ambulance Service	1
3/31/2014	Tahoe Pacific Hospital - SM	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
3/5/2014	REMSA	3

Bloodborne Pathogen

Date	Course Location	Students
3/3/2014	JC Penny Distribution Center - REMSA	6

3/4/2014	JC Penny Distribution Center - REMSA	8
3/21/2014	ABC Fire	14

Basic Life Support Instructor

Date	Course Location	Students
3/1/2014	REMSA	12
3/8/2014	Riggs Ambulance Service	11

Family & Friends CPR Awareness

Date	Course Location	Students
2/24/2014	Saint Mary's Maternal Child Services	8

Health Care Provider CPR

Date	Course Location	Students
11/26/2013	Florida Canyon Mining Inc	2
1/29/2014	Nevada Department of Corrections	7
1/29/2014	Nevada Department of Corrections	8
2/4/2014	Humboldt General Hospital	23
2/11/2014	Nevada Department of Corrections	1
2/12/2014	Milan Institute	6
2/19/2014	Milan Institute	2
2/25/2014	Regent Care Center Reno	5
2/25/2014	Milan Institute	12
2/26/2014	Milan Institute	36
2/27/2014	REMSA	8
3/1/2014	RIGGS Ambulance Service	8
3/2/2014	Keith Tatsukawa	6
3/3/2014	Nevada Air Guard	1

3/4/2014	REMSA	7
3/5/2014	Lander County Community Health	1
3/5/2014	Nye County Sheriff's Office	1
3/5/2014	Nye County Sheriff's Office	1
3/5/2014	Storey County Fire Department	2
3/6/2014	EMS CES 911	8
3/6/2014	REMSA	8
3/7/2014	Career College of Northern Nevada	13
3/8/2014	REMSA	9
3/8/2014	Nye County Sheriff's Office	4
3/9/2014	EMS CES 911	5
3/10/2014	Sierra Nevada Job Corps	1
3/11/2014	Nye County EMS	8
3/11/2014	Work of Heart	1
3/13/2014	RIGGS Ambulance Service	8
3/14/2014	West Hills Hospital	9
3/14/2014	West Hills Hospital	9
3/14/2014	Silver Legacy	1
3/14/2014	Lander County Community Health	1
3/14/2014	Great Basin College	15
3/18/2014	Milan Institute	13
3/19/2014	REMSA	10
3/20/2014	Scott Zettelmeyer	1
3/20/2014	Nevada Department of Corrections	1
3/21/2014	National Guard	1
3/21/2014	REMSA	7

3/22/2014	EMS CES 911	8
3/22/2014	Molly Turner	1
3/25/2014	REMSA	7
3/25/2014	Sandy Snider	5
3/27/2014	REMSA	10
3/27/2014	CPR Plus	6
3/28/2014	UNR EHS	7
3/29/2014	Work of Heart	1
3/30/2014	Jennifer Kraushaar	9

Health Care Provider Employee

Date	Course Location	Students
3/15/2014	REMSA	1
3/27/2014	REMSA	1
3/27/2014	REMSA	2
3/15/2014	REMSA	1
3/27/2014	REMSA	1
3/27/2014	REMSA	2

Health Care Provider Recert

Date	Course Location	Students
2/18/2014	Tahoe Forest Hospital	8
2/25/2014	Concentra - REMSA	14
2/26/2014	REMSA	10
2/28/2014	REMSA	9
2/28/2014	Humboldt General Hospital	3
3/1/2014	Airport Fire Department	6

3/2/2014	EMS CES 911	1
3/3/2014	REMSA	9
3/4/2014	Nampa Fire Department	9
3/4/2014	Nampa Fire Department	8
3/5/2014	Nampa Fire Department	4
3/6/2014	Washoe County School District	1
3/6/2014	EMS CES 911	1
3/6/2014	Nye County EMS	2
3/7/2014	Nampa Fire Department	3
3/8/2014	David Long	16
3/10/2014	Elko Fire Department	6
3/10/2014	Humboldt General Hospital	15
3/11/2014	REMSA	10
3/11/2014	Reno Family Physicians - REMSA	11
3/11/2014	Wayne Mackey	25
3/12/2014	Nampa Fire Department	3
3/13/2014	Eastern Plumas Healthcare	7
3/13/2014	Great Basin College	5
3/13/2014	Lander County Community Health	12
3/13/2014	Nampa Fire Department	8
3/13/2014	REMSA	9
3/14/2014	EMS CES 911	1
3/14/2014	Nampa Fire Department	7
3/14/2014	REMSA	10
3/14/2014	Humboldt General Hospital	14
3/15/2014	REMSA	8

3/17/2014	Elko Fire Department	5
3/18/2014	Regent Care Center Reno	6
3/18/2014	Tahoe Forest Hospital	9
3/18/2014	REMSA	7
3/18/2014	Humboldt General Hospital	6
3/19/2014	Casey Quinlan	2
3/19/2014	REMSA	5
3/20/2014	REMSA	8
3/20/2014	Humboldt General Hospital	5
3/21/2014	Nampa Fire Department	8
3/22/2014	National Guard	5
3/22/2014	Christopher Baird	7
3/23/2014	EMS CES 911	4
3/24/2014	REMSA	9
3/25/2014	EMS CES 911	3
3/26/2014	REMSA	6
3/27/2014	Nampa Fire Department	5
3/27/2014	EMS CES 911	1
3/27/2014	Kevin Hoff	1
3/28/2014	REMSA	10
3/29/2014	REMSA	8
3/29/2014	Elko Fire Department	1
3/29/2014	Ralph Renteria	1
3/30/2014	EMS CES 911	5
3/31/2014	REMSA	9
3/31/2014	Elko Fire Department	5

Health Care Provider Skills

Date	Course Location	Students
1/17/2014	Willow Springs Center	2
1/31/2014	Willow Springs Center	2
2/20/2014	Tahoe Pacific Hospital - SM	1
2/21/2014	Tahoe Forest Hospital	1
2/28/2014	Willow Springs Center	1
3/3/2014	RIGGS Ambulance Service	1
3/5/2014	REMSA	1
3/5/2014	Tahoe Pacific Hospital - SM	1
3/5/2014	REMSA	1
3/6/2014	MAJEN	1
3/7/2014	Willow Springs Center	1
3/10/2014	Tahoe Forest Hospital	2
3/12/2014	Elko County School District	1
3/12/2014	Tahoe Forest Hospital	1
3/12/2014	REMSA	1
3/14/2014	Tahoe Forest Hospital	1
3/17/2014	Riggs Ambulance Service	1
3/17/2014	Tahoe Forest Hospital	1
3/18/2014	Tahoe Pacific Hospital - SM	3
3/18/2014	Tahoe Forest Hospital	1
3/19/2014	Tahoe Forest Hospital	8
3/19/2014	Tahoe Forest Hospital	1
3/20/2014	Tahoe Forest Hospital	1
3/24/2014	Tahoe Forest Hospital	1

3/24/2014	Tahoe Forest Hospital	1
3/25/2014	Orvis School of Nursing	1
3/25/2014	Tahoe Forest Hospital	2
3/26/2014	Willow Springs Center	2
3/26/2014	Tahoe Forest Hospital	1
3/27/2014	REMSA	1
3/27/2014	Riggs Ambulance Service	1
3/28/2014	REMSA	2
3/28/2014	Majen	1
3/31/2014	Tahoe Pacific Hospital - SM	1

Heart Saver CPR/AED

Date	Course Location	Students
1/31/2014	Aaron Boyce	4
1/31/2014	Aaron Boyce	6
2/26/2014	Humboldt General Hospital	8
3/1/2014	Washoe County School District	6
3/3/2014	Washoe County School District	3
3/3/2014	Airport Fire Department	5
3/4/2014	Brad Demitropoulos	1
3/5/2014	Washoe County School District	3
3/5/2014	Storey County Fire Department	12
3/6/2014	MAJEN	2
3/7/2014	Sierra Nevada Job Corps	11
3/8/2014	Washoe County School District	3
3/9/2014	CPR Plus	8
3/10/2014	UNR EHS	5

3/12/2014	Erica Krysztof	2
3/12/2014	Dustin Hopfe	2
3/12/2014	Christopher McNally	17
3/12/2014	Elko County School District	3
3/12/2014	REMSA	10
3/14/2014	Majen	2
3/14/2014	Paula Green	3
3/14/2014	Paula Green	8
3/15/2014	Washoe County School District	3
3/17/2014	Washoe County School District	4
3/19/2014	Nampa Fire Department	12
3/20/2014	ABC Fire	11
3/20/2014	ABC Fire	7
3/20/2014	ABC Fire	8
3/20/2014	Washoe County School District	6
3/21/2014	Christopher McNally	6
3/22/2014	Washoe County School District	5
3/22/2014	South Reno Curves - REMSA	10
3/22/2014	Reno Family Co-Op Preschool - REMSA	8
3/22/2014	REMSA	9
3/25/2014	Washoe County School District	5
3/26/2014	Sawyer Lionel & Collins - REMSA	4
3/26/2014	Washoe County School District	6
3/26/2014	Christopher McNally	10
3/27/2014	Nampa Fire Department	7
3/28/2014	Humboldt General Hospital	7
3/28/2014	Jennifer Kraushaar	10

3/29/2014	Eric Murphy	4
3/30/2014	EMS CES 911	3
3/30/2014	Nampa Fire Department	11

Heart Saver CPR/First Aid

Date	Course Location	Students
1/15/2014	Majen	7
1/16/2014	Sierra Nevada Job Corps	1
1/16/2014	Nevada Department of Corrections	38
2/13/2014	Nevada Department of Corrections	22
2/21/2014	Airport Fire Department	3
2/24/2014	JS Redpath	4
2/27/2014	JS Redpath	6
3/1/2014	Mark Bosco	6
3/1/2014	Susan Phillips	6
3/1/2014	Newmont	1
3/1/2014	REMSA	7
3/1/2014	Seniors Helping Seniors - REMSA	7
3/3/2014	Newmont	12
3/3/2014	JC Penny Distribution Center - REMSA	6
3/3/2014	Barrick DR	3
3/4/2014	MAJEN	5
3/4/2014	Humboldt General Hospital	4
3/4/2014	JC Penny Distribution Center - REMSA	8
3/5/2014	Amazon	3
3/5/2014	Barrick DR	3
3/6/2014	MAJEN	6

3/6/2014	Sierra ARMY Depot Training Division	9
3/6/2014	Work of Heart	16
3/7/2014	Dairy Farmers of America - REMSA	10
3/7/2014	Sierra Army Depot Training Division	3
3/7/2014	Barrick DR	4
3/8/2014	Riggs Ambulance Service	9
3/8/2014	Riggs Ambulance Service	11
3/9/2014	John Ascuaga's Nugget	5
3/9/2014	John Ascuaga's Nugget	2
3/10/2014	John Ascuaga's Nugget	3
3/10/2014	John Ascuaga's Nugget	1
3/11/2014	South Lake Tahoe Police Department	4
3/11/2014	EMS CES 911	2
3/11/2014	Nampa Fire Department	3
3/11/2014	John Ascuaga's Nugget	3
3/12/2014	Newmont	14
3/12/2014	Amazon	4
3/13/2014	Sierra Army Depot Training Division	8
3/13/2014	Sierra Nevada Job Corps	6
3/13/2014	Nevada Department of Corrections	20
3/14/2014	Sierra Nevada Job Corps	6
3/14/2014	Majen	12
3/15/2014	ABC Fire	2
3/15/2014	Riggs Ambulance Service	1
3/15/2014	REMSA	9
3/16/2014	John Ascuaga's Nugget	4

3/17/2014	Majen	6
3/17/2014	Sierra Nevada Job Corps	12
3/17/2014	Newmont	18
3/18/2014	Majen	10
3/18/2014	Sierra Nevada Job Corps	3
3/18/2014	John Ascuaga's Nugget	4
3/18/2014	Great Basin Sierra Club - REMSA	12
3/18/2014	Humboldt General Hospital	6
3/18/2014	Humboldt General Hospital	6
3/19/2014	Susan Phillips	4
3/19/2014	Humboldt General Hospital	6
3/19/2014	Humboldt General Hospital	5
3/20/2014	Sierra Army Depot Training Division	4
3/20/2014	Community Living Options	2
3/20/2014	Joe Dabrowski	8
3/20/2014	Humboldt General Hospital	4
3/20/2014	Riggs Ambulance Service	17
3/21/2014	Eastern Plumas Healthcare	6
3/21/2014	Joe Dabrowski	8
3/21/2014	Sierra Nevada Job Corps	8
3/25/2014	Susan Phillips	5
3/26/2014	Jennifer Kraushaar	12
3/26/2014	Newmont	14
3/26/2014	Nampa Fire Department	3
3/27/2014	Sierra Army Depot Training Division	5
3/27/2014	Sierra Nevada Job Corps	9

3/30/2014	Elko County Sheriff's Office - REMSA	2
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Heart Saver CPR/First Aid Skills

Date	Course Location	Students
3/24/2014	Elko County School District	1

Heart Saver First Aid

Date	Course Location	Students
2/13/2014	Milan Institute	9
2/13/2014	REMSA	2
2/26/2014	Milan Institute	9
2/27/2014	Milan Institute	36
3/5/2014	Airport Fire Department	7
3/5/2014	EMS CES 911	2
3/7/2014	Career College of Northern Nevada	13
3/9/2014	EMS CES 911	5
3/13/2014	Airport Fire Department	2
3/13/2014	Sierra Nevada Job Corps	15
3/13/2014	REMSA	0
3/14/2014	Silver Legacy	2
3/19/2014	Milan Institute	12
3/20/2014	Community Living Options	4
3/21/2014	Washoe County School District	5
3/24/2014	Airport Fire Department	1

Heart Saver CPR/AED/ First Aid – Spanish

Date	Course Location	Students
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3/20/2014	Barrick Pueblo Viejo	8
3/21/2014	Barrick Pueblo Viejo	8

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
3/1/2014	Christopher McNally	9
3/2/2014	Jennifer Kraushaar	4
3/8/2014	REMSA	7
3/22/2014	Alex MacLennan	15

International Trauma Life Support

Date	Course Location	Students
1/21/2014	REMSA	9

Pediatric Advanced Life Support

Date	Course Location	Students
3/13/2014	Humboldt General Hospital	5
3/14/2014	REMSA	10
3/20/2014	REMSA	9

Pediatric Advanced Life Support Recert

Date	Course Location	Students
2/28/2014	REMSA	10
3/3/2014	EMS CES 911	1
3/11/2014	REMSA	10
3/12/2014	EMS CES 911	3
3/17/2014	Molly Turner	2
3/19/2014	EMS CES 911	4
3/21/2014	Christopher Baird	7

3/24/2014	REMSA	4
3/26/2014	EMS CES 911	3

Pediatric Advanced Life Support Skills

Date	Course Location	Students
3/4/2014	RIGGS Ambulance Service	1
3/24/2014	Great Basin College	11

CE Courses

Date	Course Location	Students
3/11/14	REMSA	28

Ongoing Courses

Date	Course Description / Location	Students
2/1/14	REMSA Education- Paramedic	14
8/14/13	REMSA Education – Paramedic	13
1/7/14	REMSA Education – EMT	25
1/18/14	REMSA Education – EMT	21
Total Students This Report		2173

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

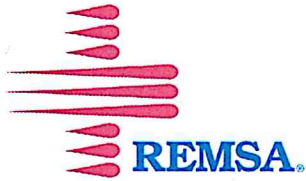
Date	Description	Attending
3/24-3/28/14	National Child Passenger Safety Certification Training	11 students
3/29/14	Child Safety Seat Checkpoint, hosted by Northern Nevada Medical Group, Ion Drive, Sparks; 34 cars and 38 seats inspected. Covered by KTVN (Channel 2) and KRNV (Channel 4).	27 volunteers, 4 staff

Safe Kids Washoe County

Date	Description	Attending
3/1/14	Annual Immunize Nevada Silver Syringe Awards, Reno.	2 staff, 2 guests
3/3/14	Give Kids A Boost subcommittee meeting, Reno.	3 volunteers, 1 student intern
3/4/14	2014 Nevada Health Conference Planning, Reno.	1 staff
3/5/14	Cribs for Kids presentation to Legislative Committee on Health Care, Carson City.	1 staff
3/5/14	Safe Kids Worldwide New Media Materials webinar.	1 staff
3/5/14	Safe Kids Worldwide new Coalition agreements webinar.	1 staff
3/5/14	Esther Bennett Safety Committee meeting, Sun Valley.	5 volunteers, 1 student intern, 1 staff
3/7/14	Maternal and Child Health Advisory Board Meeting, Statewide.	1 staff
3/11/14	Washoe County Commission proclamation for Nevada Moves with the Esther Bennett Safety Patrol, Reno.	3 volunteers, 3 students
3/17/14	Safe Kids Coalition monthly meeting, Sparks.	25 volunteers, 1 staff
3/12/14	Not Even For A Minute subcommittee meeting, REMSA.	3 volunteers, 1 student intern
3/13/14	Chronic Disease Coalition quarterly meeting, Washoe County Health District.	1 staff
3/17/14	Northern Nevada Maternal and Child Health coalition monthly meeting, Reno.	2 staff, 2 student interns
3/18/14	Safe Kids Day subcommittee meeting, Reno.	4 volunteers, 1 student intern
3/19/14	Give Kids A Boost subcommittee meeting, Sun Valley.	9 volunteers, 1 student intern
3/19/14	Immunize Nevada Coalition monthly meeting, Reno.	1 staff, 2 student interns
3/20/14	Esther Bennett Photovoice final presentation with Safety Patrol, Sun Valley.	2 volunteers, 5 staff, 65 students, 1 student intern
3/22/14	Nevada State Association of School Nurses Conference, provided information table, Reno.	2 student interns
3/25/14	Prescription Drug Monitoring Programs webinar.	1 staff
3/27/14	Cribs for Kids presentation with Saint Mary's Mommy Support Group, Reno.	1 staff

Public Relations

Date	Description	Attending
3/17/14	Interview with Bob Carroll for Reno 13 program; discussed Safe Kids Washoe County, REMSA Nurse Health Line, and flu shots.	1 staff



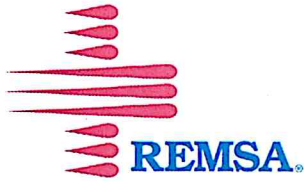
Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
MARCH 2014**

INQUIRIES

March 2014

There were no inquiries in the month of March.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
MARCH 2014**

GROUND AMBULANCE CUSTOMER COMMENTS MARCH 2014

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1 (During 2009?, 2010, 2011, 2012 - numerous trips (4?-5?). You have been courteous, positive, informative, comforting, competent!	Already doing 100%.	Always prompt and competent! One time in January, when mom needed help, the firemen commented on my dried up Christmas tree. While the paramedics took care of mom, they took the ornaments off my tree and took it outside. They must have known that caregivers often do not have enough time in the day to do everything that needs to be done. The years that followed were so demanding, I just never had a chance to say, THANK YOU! All of you have been great! I never would have gotten through those difficult years without you!
2 Everything is OK.		
3 All.		
4 Fast and efficient.		
5 Patient, caring, cleaned up my vomit (!). The ambulance was a smooth ride!	Not much - your response was very fast.	
6 Fast and efficient.		
7 Prompt, courteous, efficient and caring.		The patient, my husband, died 12/30/13. Sorry I'm taking so long answering this - it has been and still is a very difficult time for me.
8 Courteous, listened to my condition after accident. Relayed situation professionally to ER staff.		
9 I was not aware of anything for 2 days, but my sister said the ambulance team was fantastic. Thank you.		My sister said she wrote you a letter thanking you and comments about your efficient staff. My apologies for this delay and blank responses. I don't know, and my sister is away.
10 Everyone was very helpful during this scary event.	Nothing. Everyone did a great job.	No.
11 Ambulance staff was great and really helped to keep me calm when I was bleeding.		
12 Everything.	Keep up same high level.	As a patient, it is difficult to be focused on service when physical condition is reason for need of REMSA.
13 He was saved - so very good job in my opinion.	No.	There were a couple of paramedics that came back to check on him and it was AMAZING of them. It was nice to know they care.
14 Speed of arrival; degree of their ambulance.		
15 Everything went well.	Please inform whoever, what emergency room, not only take care of patient - but his belongings.	I'm very thankful for all the crew of Unit 5, God Bless you all. (P.S. - I lost my jacket, cell phone, key of my house and locker key, never found, went home by bus without my jacket and it was really cold that night and came from accident. The hospital is Renown.)
16 Communicated the necessary information to my family members.		
17 You took very good care of me. Gave oxygen, took my blood sugar, etc.	I don't know.	I have no complaints. They took very good care of me.
18 Help ease pain.	Great crew! - Nothing.	Very professional in every way!
19 No complaints.		
20 Came quick.	-0-	Very good.
21 I was treated and taken care of.		
22 Very professional and nice to me. I was in shock and they were unable to give me a pain med. It was a very short ride to the hospital, but I was treated as important as someone critical. I broke my finger...anyway lots of pain. They covered up my hand so I would not freak out looking at it. Totally cool guys.	I don't know what could be better. They took care of me when I was hurt.	I have needed REMSA twice since living in Reno. Never had a problem with how I was taken care of.
23 No complaints.		
24 Everything.	Nothing that I know of.	
25 You took the time to help me out and took the time to explain everything.	Keep up the good work and listen to the patient.	Everyone was very gracious and helpful.
26 Everything! Especially thankful for taking care of the dog and making sure everything was locked up and secure.		
27	They lost my cane. Have you got it yet?	
28 Everything.	Nothing.	In all honesty, I really don't remember too much.
29 Very well! All questions were asked in a timely fashion. They were very concerned, however, used a calm and nice tone of voice.	I really can't think of much else.	I agree.
30 Service was fast and excellent. Thank you.		
31 Very professional treatment along with pleasant conversation to relieve boredom.		Rode in newer ambulance; much better ride.
32 Fast and efficient.		
33 Very professional. Asked for my input to make loading onto gurney less painful. Much appreciated.	Let us drive our own car so we don't get hit with a huge bill. My situation was not serious!!!	Retired Reno PD/current member Washoe Co. Search and Rescue. Have always had good dealings with REMSA staff on ALL occasions. Keep up the great work!!
34 Calm and funny.		
35 Everything. It was scary for me, but they made me feel better.	Can't think of anything.	My husband is a vet. There were no beds at that time, so he was taken to St. Mary's Hospital.
36		I must have been unconscious. I don't remember this run, but I made it. Thank you very much.
37 Everything!!		
38 Everything.		
39 On time, courteous, caring and kind. Took good care of my fragile husband.		Had no contact with dispatcher or billing as of March 1, 2014.
40 Gave great care during transportation.		
41 I had a pleasant conversation with the EMT. A short ride out-but enjoyable - thanks.		
42 Prompt response. Courteous. Dispatcher and ambulance personnel were excellent.		I first contacted the non-emergency "nurse" line. She was not well trained and, therefore, was not helpful.
43 Compassionate, kind and considerate employees.		
44 Responded to my medical emergency in a rapid response.	Be part of A First Responder and be part of the Care Flight response team.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
45	Keeping everyone calm.		Appreciated conversation. It helped keep me calm.
46	They were speedy.		Fast and good.
47	Yes.		
48	The service was so fast and everyone was so helpful and courteous.	You are doing excellent job.	Just thankful to everyone who had come to rescue my husband. Million thanks.
49	Very knowledgeable flight crew and nurses.	?	
50		Nothing.	Great.
51	You were very friendly and caring about my partner. Thank you.		
52	Attentive.	Thought it was a free ride.	
53	Displayed patience in talking my mom into going to the ER. She wasn't really with it and didn't think she needed to go.		Everyone was very kind and helpful.
54	Safe delivery from airport to St. Mary's. Staff was friendly, accommodating, professional.	Keep your focus on quality patient care. You are a wonderful service!	None.
55	Yes.		
56	Everything was great! Everybody was prompt and efficient.		Thank you!
57	Everything.	Everything was great and very prompt and efficient!	Thank you!
58	Everything.	Stay the same.	All were busy and on the job. All very nice both times.
59	Your responding people were wonderful!		Thank you!
60	Very helpful - no complaints.		
61	Everything.		
62	Everything that could be done.		
63	Service.		
64	Kind and courteous.		
65	Make me wonder if Amerigroup will pay for all of it, because I can't work.	By not stuffing tubes "up your nose" before being asked.	As long as I don't get a bill from you, you get an "A+" - otherwise an "F". (Please leave my phone # off of your paperwork and mine.)
66	Everyone was kind and courteous, helpful and thoughtful to me and arrived to the scene very fast.		I wish they would have told me more like blood pressure - symptoms I had - was it a concussion? I felt like throwing up and nauseated at the time. Thank you! P.S. - Can you please send me a copy of the report that they took? Thank you!
67	Everything.		
68	The crew that took care of me was extremely pleasant and kind. I could not ask for better service.	Nothing. They were the best.	Thank you!
69	Transport was arranged by Manorcare Wingfield. All seemed A-OK to us.		
70	Everything!	Nothing.	
71	All. I was treated with respect and compassion.	Happy with your service.	Thank you to all who helped me.
72	Everything!		
73	All of it because, of course, my husband and I both thought I had split my head open.	Maybe let know that some insurance don't pay or not very much like our Senior Dimensions. \$201 is all they paid. However, thank God your billing department - \$25 per month til balance paid off.	We hope we can have your ambulance yearly fee, as we never knew how much / can cost. We live on railroad retirement, which is only \$2,000 per month and we can even afford w/o payments, which is too much also to our budget.
74	Removed me from the scene safely.	Listen to the patient's request for which hospital they require for their insurance.	Medic and EMT were nice, but I would have appreciated them giving report to my fiance over the phone. I asked for this and explained she was also a paramedic. However, this did not occur.
75	All was done very well.		
76	Prompt, professional, caring.	Ain't broke - don't fix it.	Dealing with your people is always so comforting.
77	Provided continuous information on my health status and the flight.		
78	Extremely friendly and calming (and funny). Fantastic service.	Nothing.	I remember my billing contact! She was fantastic!!
79	You guys are the best.	My mom kept asking where the boys were! She's 92!	
80	Got me to St. Mary's OK.	Be more reasonable on Med Express wheelchair van - we can't afford it.	The lady tech wasn't able to get an IV in my arm. Other than that, I had a good ride.
81	That you did not leave the patient until after all diagnosis are given.	As per services rendered, nothing more we can ask.	Your care and services are excellent.
82	Drivers were very kind.		
83	Courteous and helpful.		
84	Your concerns as to my well being.	So far, as I'm concerned, you did a very professional job.	
85	REMSA crew was wonderful in every way - professional - helpful and very nice.	Only frustration is that you sent a bill when we are Silver Saver members.	
86	Very caring.		
87	Everybody did their job properly.		Fine service!
88	What you had to do.	Not a thing.	Good care and service.
89	Everything.		
90	Being professional.		
91	Everything possible!		The crew excelled in every way: comforting me, consoling me in my pain at home and in the ambulance!
92	My replacement glasses cost \$614.	Give me back my \$600 glasses.	Before I give you my insurance, I need \$614 for the glasses you lost.
93	I didn't have any contact with billing staff, but the emergency crew was wonderful.	The medical staff was wonderful, loving and compassionate and did everything amazingly.	The dispatcher (911) was extremely rude and disrespectful. I almost hung up several times, even though my life was in danger.
94	You got here quickly.		
95	Everything.	Nothing.	N/A
96	Once I got in ambulance, I do not remember anything until 3 days later when waking up in the hospital.	I was having a bad allergic reaction and was put under.	REMSA arrived within minutes and my wife and myself are very appreciative.
97	Everyone was so kind to me. I was in a lot of pain from a fall and they were careful.		Excellent care by all.
98	Explained to "me" and "my family" what was going on.		
99	Everything.	Teach others how to do it like you do.	Great care.
100	Everything! The response was timely and the EMTs were very compassionate with my wife.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
101	Crew was caring and concerned, informative.		I thought I would never need you, but you were great. I am ready to utilize you again.
102	Crew brought me to Renown and they saved my life. Thank you.	Continue your excellent service.	Crew is awesome. Continue the good service, especially patients like me. Please provide me the names of the crew and their phone numbers so I could thank them.
103	The dispatcher was very concerned. The ride was smooth, the medics were very understanding.	N/A	N/A
104	Patient, kind, understanding, informative, friendly. All around wonderful.	You were perfect!!	
105	(No bill yet.)		Very helpful. The anti nausea IV worked immediately.
106	Got to house very quickly and professional.	I just felt overwhelmed - so many people.	In all, very good services.
107	Outstanding response time. Professional. Thank you.		
108	Everything was very good. Thank you.		
109		Couldn't do better, _____ mile to get to me. 30 mi.	Very good, excellent.
110	Did a great job calming and maintaining open communication.	Patient is a minor. Parent should have been discussed with immediately.	
111	Everything.	We will call, if ever needed.	Excellent service/reliable. Thank you.
112	Very friendly and showed concern.	You serviced me well, if you read my attitude and reacted accordingly (bravo).	Very professional, worked like a team.
113	Escorting to St. Mary Emergency Hospital. Furthermore, the billing price is outrageous - \$1,029 for a 2 block trip from RTC to St. Mary.	None. N/A. I will never call your ambulance company again for lousy service.	I was enduring severe pain from a left leg fracture tibial bone injury. I was afforded a wheelchair to comfort me during my release after x-rays from St. Mary Orthopedic Clinic. Nor was I able to get REMSA ambulance company to afford me a return trip back to my house. Just pitiful, miserable pain I had to undergo. I am applaud (appalled?)! Thanks for nothing.
114	The crew was very prompt and attentive.		
115			Mary was sent to St. Mary's hospital by Arbors. She was picked up by private car.
116	Were able to administer pain killing drugs right away.	?	Your people and fire department got me out of recliner (where I was paralyzed with pain) in an exemplary way and to the hospital expediently way.
117	The whole services.	Well done already.	Prompt.
118	Excellent, could not have been better.	Nothing.	
119	I was close to death and unable to get out of bed. The REMSA crew was very resourceful in getting me from bed to gurney.		REMSA was here before my friend could get to front door. The crew was considerate of my being and feelings. Thank you.
120	Everything.		
121	Very satisfied.	To have an explanation of below statement, feel free to call me.	Teach dispatchers to be cool on a call.
122	Did very well.		
123	Professional and competent.		VERY good service.
124	Everything.	Nothing.	
125	Considerate and understanding, as well as friendly, kind and helpful.	N/A	N/A
126	Everything! Thank you for coming back to the hospital to check up on him!!		
127	Did their job very well.		
128	Everything.		
129	Immediate attention. Friendly.	No complaints. Excellent service.	Absolutely no complaints. Thank you!!
130		I was promised by dispatcher and the attendant that I would be given the docs for the "Silver Saver" program, but it hasn't happened.	
131	EMT in back kept asking driver questions. Made me think he was new to the job!		
132	Yes, took good care of me.		Was very pleased with my care.
133			No problems - very helpful.
134	Personal care nice touch.		EMT is great.
135	Everything.	Did everything great.	It was great service. Thank you for the help.
136	Everything.	Nothing that I can think of.	I knew I was not well. Actually, I didn't know how sick I was. I had serious pneumonia and a serious heart problem. I was in ICU for two days before ICU stabilized me. I credit the REMSA crew in getting me to the hospital in time. I'm extremely thankful for their assistance.
137	Everything - you have always been there for me.		Excellent.
138	Arrived quickly. Treated patient and family with respect and patience.	N/A	
139	Transfer from Manor Care to St. Mary's.	The service was good.	
140	Arrived promptly and transported me to Renown South Meadows ER.		Personnel was very helpful and calming.
141	Response time and caring for patient.	All good.	
142	Your staff was very professional and caring. They tried for quite a while to revive my husband, however, it became clear that he had passed away. They were visibly upset that they were unable to help.		
143		Nothing.	Great care. Great service.
144	Everything.	Nothing.	
145	Everything.	It was fine.	
146	Everything!		
147	Nothing - 64 yr. old with insurance, veteran was treated less than a slug. Bad, bad, bad.	Treat people like human beings.	Was taken by ambulance, made to sit up and was, basically, put in the waiting room to be ignored COMPLETELY. They had me sit up in the inside of ambulance and put their computer on the gurney. Waited in hospital for 45 min. in emergency room. No one would help me. Not even the ambulance. (Ambulance dumped me off.) I walked myself barely to the ambulance.
148	Very good - nice.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
149	REMSA was here fast, and care was taken to provide as much comfort as possible.	Hopefully, you won't need to come again.	I'm not qualified to judge.
150	Everything was done well!	N/A	
151	Everything.	It is hard to improve on perfection.	
152	Was able to make my pain manageable.	It was very hard for me to get in the bed.	Everyone was polite.
153			I was not "with it" during most of your care.
154	You were here quickly. You gave me oxygen right away. These guys saved my life.	I can't think of a thing.	Excellent.
155	Thorough Q/A with reason for being called.	-0-	All personnel were knowledgeable and pleasant. No complaints.
156	They reassured me and made it much more easy on me and my sister.	You're wonderful - no complaints!	Could not ask for better help!
157	My son was born premature at our local hospital in Quincy. Some hospital staff didn't feel he needed a transport to Renown. He did! I am thankful you guys came.		Thank you for caring for my son. We knew he was in good hands.
158	You guys did a terrific job! Although I had a concussion from a skiing accident and don't remember my flight, my girlfriend said you guys were great (and she is a flight medic herself). You even went the extra mile and brought the keys to our rental car (which were in my pocket) back to her so she could drive to the hospital, which was a huge relief. Thank you so much, Greg		
159			Name is spelled incorrectly! It might be a good idea to see if patient survived prior to sending out survey. This is a difficult time and this survey is not what loved ones need to deal with.
160	They came very fast and did a good job.	Nothing, they were very good. I think you have a good crew!	Very good.
161	Customer service.	?	They went the extra mile.
162	They were very considerate cuz we had no power at the time.	Perfect. Just stay that way. Great personalities.	I've got nothing.
163	Showed up - got to St. Mary's.	Nothing.	No further comment.
164	Talking to me about my seizures.		
165	Couldn't have better servic3.		
166	Handling of my accident was extremely professional.	Nothing.	
167	Gave good care with all of service.	Same.	None.
168	All was great.	N/A	
169	Keeping me and my mom informed about what was going on. Took my mom to the facility she requested.	Keep up the good work.	
170	You were competent, caring, friendly, encouraging and compassionate.	Please don't give the patient/family a day and time of transport until the insurance has given the final OK. Patient and I were stuck in Reno an extra day without our belongings because my husband was on his way to the rehab center in CA. We were supposed to leave on the 12th, but had to stay until the 13th.	
171			The two people who transported me were very professional, kind and helpful.
172	Everything.		
173	The staff had great attention to detail and relayed all that to the doctor/nurses.	-	Very personable staff that helped make a tense situation less anxiety ridden.
174	Let me know what would happen while in REMSA - and waited until I was turned over to hospital personnel.	Nothing.	
175	Communication is very important for me. They did an excellent job.	Be doing the same training.	
176	Good job! Saved my life.		Very happy!!
177	Everything.	Nothing.	
178	Good communication.	Keeping it simple.	I appreciate that they listen.
179	Everything. You have a wonderful crew. Many thanks.		
180			Very good - I was transported from Renown ICU to airport for Care Flight to UC Davis - Sacramento.
181	Always helpful and caring to the patient and family.		
182	Very compassionate and calming. They treated me EXCEPTIONALLY well and advised me what they were doing.	I cannot think of anything. The EMTs did a great job. I was very satisfied.	They were great with their treatment. I was very pleased with their care and concern for me. They were very polite and reassuring. Please feel free to call me, if you need any further comments.
183			Crew assisted the fire department after firemen put her on list. Your crew either didn't get information or forgot to give to ER. She was admitted as unknown name.
185	The emergency techs were great.	They couldn't have done a better job.	
186	Everything.	Not much.	
187	Everything.	Not much.	
188	They took wonderful care of me and took good care of my husband.	Thanks for all the loving care. It made me feel better.	
189	Yes. Everyone did good, was polite and calmed me.		
190	I did not see any billing staff. I have the card from REMSA that pays my bill. Silver Saver is paid for.		Good.
191	Everything.		As I have said before, your crews are fantastic.
192	Great flight - even though I was drugged out and weak - no blood.		I have your Care Flight insurance. Thank you!!
193	As a newcomer to Nevada, I was impressed in a satisfied matter.	I can't believe how much better it can get. A+ for the care that was given.	Excellent care!
194	Exceptionally.	Can't think of a thing.	
195	Kept me occupied and comfortable.	What you did.	I was pleased with my care and service.
196	Everyone was very kind in a sorry situation.		
197	Very caring and professional. Was sensitive to my modesty. Told me what was going to happen ahead of time.	I really can't think of one thing. They did GOOD!! GREAT!!	I was transferred from Renown So. Meadows ER to the main hospital. I didn't talk to dispatch. Also billing. Thank you for taking such great care of me, especially in my time of need.
198	Calmed me, got me warm, found a vein "impossible".	"Cure me" ha-ha.	
199	REMSA employees refused to take me to the VA hospital.		
200	You were all very professional and comforting.	You were superb! My husband and I could not have asked for better service.	Unfortunately, my husband passed away February 20, 2014. Thank you so much for your service.

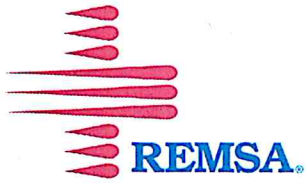
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
201	There isn't enough good to say about your paramedics. They were great!	You are good enough now!	Excellent care.
202	Everything - your service is most valuable and we thank you for it.		
203	Everything.	Nothing.	
204	Everything. I was very well satisfied.	Nothing.	
205	Husband did not want to go to hospital. Your staff talked to him in such a way that he decided to go.	Nothing that I can think of.	Staff was very compassionate to husband and family. Thank you!
206			Nursing home made call. I was not involved, so cannot comment.
207	Everything done well.	Everything was good.	They were very nice, helpful, gentle. I will never forget all the saintly faces.
208	Made us feel comfortable in a scary situation. Thank you so much!!		
209	Quick response.		
210	Careful and gentle handling of my mother who is fragile due to arthritis.	Unknown.	
211	My daughter was extremely stressed about situation. Guys were awesome at calming her!	Fix Comment Card website.	
212	Everything.	Keep it the same.	It all was excellent.
213	Everything.	Nothing!	
214	Again, your team is great in every way.		
215	They were very nice and made me feel very at ease.		The first fireman that came in was very rude to me.
216	The actual member who worked on me was a little callus, but the crew members with him were great!!		
217	All.		
218	Transferred me to the emergency room. My only complaint is it was cool in the ambulance.	Keep up the good service.	Everything was fine. I just hope I don't need your service often, but if I do, I'm glad you are here.
219	Responded quickly.	Take quickest route to hospital.	Took McCarran west to I-80 to Wells south to Mill. Should have taken McCarran south to I-50 north to Mill.
220	Very professional - prompt.		Super job - thanks!
221	Everything.	Same as you have.	Very, very good.
222	Everything. The REMSA personnel paramedics saved my life. They were fast and knowledgeable.	Send the same crew, if I ever need help again.	They were great!! Thanks to everyone that came.
223	Emergency staff were rude!		
224		When we give a copy of my medications, please give it to the ER nurses - family member having to repeat the whole list.	
225	I was reassured by the paramedics.	You did well.	
226	Everything.		
227	It did not take long to get to my house and to the hospital.		Very good care and service.
228	Listened to patient and family member. Thank you.	Do not send fire truck when not needed.	Most of the EMTs are great. Have not met them yet, but working on it. Thanks for all your help. So glad you all are on the job.
229	All staff very professional.	You've been great.	
230	Courtesy, empathy.		
231	All was fine and professional.	Nothing.	
232	Calmed my child.	When a child is having anaphylaxis - use epipen!!! This was not done!	The school nurse was going to administer the epipen, REMSA took over and dropped the ball. They could have cost my son his life.
233	Nothing.	Keep family members informed of patient destination hospital, medical condition.	I don't know why my wife wasn't allowed to ride with me to the hospital.
234			Excellent service.
235	Everything was well done. They were excellent and helpful, all nine of them, but I just feel nine of them was way too much in my small home.		
236	Response time.	Expressed care and concern - gave confidence.	(and thank you!)
237	89 year old B/29 pilot. I'm not a cripple. You never should have been called. Home Care Plus is responsible for any costs regarding contract signed. It was OK, but this order came from an employee of Home Care Plus. It was unnecessary, as the order came from her. I had a written contract and they should be responsible for payment. NOT ME! I was not unable to go to the VA Hospital on my own. I have a friend veteran who was my transportation. Employee of Home Care Plus should be held ACCOUNTABLE!		
238	Everything.	Serve cocktails. LOL.	I now have Medicaid. Bill them - 00001718573.
239	All of the above and everyone was very professional.	Be professional from start to finish. 110 percent to any who is at your medical help.	I felt that when I was transported from my apartment to the REMSA unit without oxygen on, they told me to hold on. With Stage 4 COPD they need to be more professional.
240	Prompt, informative.		The firemen were making comments (negative) about me owning a cat and the smell.
241	Promptitude and neat.		Very good service life saving. Thank you.
242	Always very prompt, professional and efficient. I am never worried, once they arrive.	You already to the best.	It is the best. Can always count on you.
243	Very prompt and efficient.	Hopefully, nothing.	
244	Friendly, very knowledgeable - efficient in caring for me. Felt very safe in their care.	Perfect.	Excellent.
245	Took kind and caring attitude. Saw to her every need. You guys did a great job! Thanks.		
246	Everyone was wonderful, polite, compassionate.	Nothing.	The gentleman who tended me in the ambulance was new - he was great.
247	Timely service.		
248	You got me to the hospital (3 blocks away).		I was unconscious when ambulance arrived from a stroke.
249	They were safe, very polite and I felt well cared for.	It was perfect.	
250	Immediate action.		
251	Everyone was very professional, helpful and kind.		
252	Very pleasant.	Have warmer conditions or better, warmer blankets.	Received good care, but wait was too long.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
253	Treated wife with the utmost respect and kept her very calm.	Nothing comes to mind.	Maybe being able to hit vein in hand better (but could have been my little veins!).
254	Everything!		
255	All.		Great staff.
256	Everything. Very polite, helpful and informative.	Just keep doing what you do.	I'm very impressed with how helpful and friendly they are!
257	Everything, very happy with service.		
258	Took care of the patient very well and very helpful.	Everything is well organized.	
259	"Great" everything.		
260	Everything.	Keep hiring excellent professionals.	
261	All care outstanding.		
262	Established the problem.		
263	Were very helpful and patient.	When I need you, be there.	
264	As far as I'm concerned, it was one of the worst times in my life.		The male paramedic was the worst, tried to give me an IV. Failed both times. Very painful. I told him I was taking (warfarin?). He acted like he didn't know what it was. Man handled my arm like no other. It's been more than one month. I am still bruised on my arm. PS - I have had IVs in my arm more than 200 times, and I want to say the crew was rude. I'll say they were unskilled and arrogant.
265	Timely arrival.	Appeared worn out, but very professional. Helpful and courteous.	
266	Friendly.		
267	Everything was very efficient from LA to Reno. The paramedics in LA were especially great.	Not much.	I am grateful to you for helping in getting my father home safe and sound.
268	Everything that I would expect.	? Can't think of anything.	REMSA staff has always been polite, respectful and professional.
269	Everything.		
270	I was scared and very upset when the crew arrived, but they all were friendly, informative and professional. I was soon more at ease.	I was treated very well and can't think of anything you can do better.	
271	Prompt.	An IV should not be placed directly into nerve and bone of wrist joint!	When the patient says STOP, I suggest you STOP. The woman was fine!
272	You took good care of me.	Just keep on doing what you do.	None.
273	Transportation to hospital - excellent.	Timing?	
274	Everything.		Very nice, polite and friendly. Thank you.
275	Everything.	Nothing. Everything is perfect.	Very, very, good.
276	Calm me down and made me comfortable.	Keep up the good work.	
277	They were very professional.	Nothing.	I paid for a year but, according to letter, I was to get additional 5 months til 5 or 6 of 15.
278	Very professional personnel.	You did the right thing (no comment).	You did well to my mother.
279	All.	Just same.	Was good.
280	Everything possible!	All was done with comfort and care!	Sorry I am late in answering the survey. I'm still in pain.
281	Your people are awesome!		
282	The flight crew transported me from Plumas District Hospital with polite and professional efficiency.		My condition was potentially life threatening - I was glad you were there.
283	The crew was very gentle.	Nothing.	
284	Total very good care.	Unable to comment anything to do better.	
285	Everything.		
286	Crew was very helpful, professional, kind. I couldn't ask for more. Excellent skills. Sympathetic. I wish I remember the names of the 2 crew (a man and a woman).		No bill yet as of 3/14/14.
287	From the things I remember, things went very well.		
288	Put the IV in properly.	Nothing.	They did a great job.
289	Calmed patient. Explained what needed to be done. Very considerate and helpful and kind.		
290	Charging me for transport that I did not call or want or need. (Personnel - ignored what I wanted. Not all information was communicated, for example, my BP was going up, but this was never relayed to us.)	The paramedics ignored my wishes to not be transported to the hospital and used fear tactics with my husband to impose their will on us. I did not want to be taken to the hospital, but ended up in the ER anyway. How does that happen?	
291	Yes. They made every effort to keep me comfortable and at ease. They answered any questions. I'd never hesitate to ask them for help.		You should be very proud of your group.
292	Very quick response time! They calmed me down during a very scary situation.		
293	Everything.		
294	Very polite and efficient.	In this case - absolutely nothing!	
295	The entire process of pick up and delivery.		
296	Excellent.	Nothing.	Great job.
297	Attendants, especially one young man, kept me verbally posted on meds they were administering and vitals.	Hire/recruit more people like the one paramedic.	Billing Staff: I was not involved with that process (obviously).
298	Very polite and kind to my daughter. Talked to us the whole way to the ER.	Nothing. Everything was great.	
299	Everything was done well. Your employees were professional, knowledgeable, kind, compassionate, etcetera.	My mom's service was impeccable. One couldn't improve on any aspect of her experience.	Superlative service.
300	Everything.	Nothing.	A lot of people would not be alive, if it were not for your service.
301	Explained every thing they were doing. Took my mom to the hospital we requested.	Keep up the good work.	
302	I have no idea. I was not conscious.		
303	Surgery.	Nothing.	
304	The 3 EMTs who took my dad from Renown South to Renown were excellent with my dad - knowledgeable and caring.		Very good attentive care!
305	Very reassuring and polite. I give them an A+.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
306	The two EMTs were WONDERFUL to my son and family.	There is not one thing that could have made it better.	Our experience was great. They were friendly, funny and helped us through our son's first broken leg better than anyone could have. They were very professional. Thank you!
307	You were compassionate and understanding.	Communicate a little better.	On Sunday, I was to be transferred from St. Mary's to NMHI. Instead, went to West Hills where my ex-hubby works! The ambulance could figure out why.
308	The EMTs were excellent. Fast, efficient and kept me well informed.	My husband called 911. The dispatcher called me back and began questioning me as to why I didn't make the call and told me to make my own call the next time. I had a lot of chest pain and really wasn't in any mood to be scolded by the dispatcher. He was probably right, but I really didn't care at the time.	Overall, care was excellent!
309	Everything.	Nothing.	The crew was perfect. They saved my life.
310	Concern for the patient's comfort.		
311	Response was great, personnel was professional, helpful. Keep up the great job!	Keep the wonderful program you have to help people stay out of the hospital.	
312	Everything.	Nothing.	Nothing could be improved.
313	Very professional service. I'd recommend REMSA to anyone.		I didn't speak to the dispatcher. I haven't received a bill yet, so I couldn't answer those questions.
314	Everything. My baby was transported by some of the best people I know and trust.		
315	Everything that was necessary.	Service was excellent.	
316	Thanks!		
317	Very well.		
318		Nothing.	OK. He did not have trouble driving around. Only the doctors and rehab center let him fall - broke his shoulder.
319	Everything!		
320	Saved our son's life!	We're very happy. Thank you!	
321	Everything.		
322	Came very quickly.		
323	Everything.		
324	Listened to problem - took time to make me feel as comfortable as possible.	Doing a great job.	All staff were very professional.
325	You got me from point "A" to point "B" safely, and I do appreciate that.		Honestly, I was too sedated to know anything!
326	Showed compassion. Very helpful in a stressful situation.		
327	Very professional staff. Showed concern for my welfare.	Nothing.	
328	Everything.	Nothing, but continue to serve as you do.	Excellent service.
329	Got me off the floor - very patient with me - put my groceries in the refrigerator.		
330	Everything - calm manner and knowledge depth very reassuring.		
331	Treat patient.		Very good.
332	They were nice and compassionate and took control of the situation.	Nothing.	
333		Extend your protective gear to include shoe coverings. What you bring in is the same you take home (dirt-germs).	
334	Everything.		
335	Showed me the reading that my heart rate was feeble. Said fainting without cause should be checked out, after listened to my frightened chatter without interruption, while I thought about their recommendation.		I was very afraid, and they did not leave me alone before staff finally came. I know now that I was in real trouble and not have gone to ER, if they hadn't repeated their reasons and waited REMSA until I could understand. Thank you!
336	Very professional and caring.		
337	Staff was/seemed concerned about well being. Described the process and talked me through what was going on.	I feel the actions of the EMT were exceptional.	Respond team was prompt and professional.
338	Compassionate.		
339	All was great.	Nothing, for you are very helpful.	
340	Came promptly.	Dispatcher asking too many questions, when caller is a nurse.	Treat a medical personnel with respect and not keep saying calm down when they are explaining the situation.
341	Arrived promptly - everyone was polite. Thank you.	More info to the patient while treating and testing. Also, the spouse (scared and worried). "What we are doing now is."	It is so good to know you are there for us.
342	Everything. We have needed your services a few times over the years and your people have always been wonderful.	Just keep up the great work.	
343	Very satisfied.		
344	I was not there. I cannot answer the questions.		
345	I was not there. I cannot answer the questions.		
346	Professional and patient and personable.	You did a superb job.	I cannot overstate the competence and care of your people. Thank you, to all.
347	The crew was courteous and helpful.	Continue the good, kind way.	Prompt and kind. This could be a scary experience.
348	They told me what they were going to do before they did it. Also, they were very careful not to hurt me.	I think your crew was great. Thank you for being there!	Not knowing what was broken, they were extremely careful. It was my pelvis.
349	Made patient feel at ease. Told 94 year old mom that he was in good hands. So nice to call the next AM!!	Nothing - you're great.	
350	Came quickly. You never complain, even if you were called for something "minor".	Continue to do what you're doing.	
351	Everything. (Daughter whom she lives with called Lifeline.)	Keep up the good work.	We are very much appreciative for all who were involved.
352	Very considerate.	Service was very good.	
353	(Personnel: 1 was rude, 1 was very professional) One of the 2 men displayed empathy for what I was going through. The other just came off with attitude.	Speak to your employees about compassion for the family member who may be very distraught.	If there had been only the 1 person to deal with, that would have been terrible.
354	Everything.	Nothing.	Cannot think of anything.
355	Helped me to stay relaxed. Listened to my explanation of why I needed their help. Response time excellent.		
356	Everything.	Keep up the good work.	

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
357	All.	You guys are super!	Thank you all!
358	Patient told me all the transportation treated him A-1. It was the VA hospital didn't do well, nor the rehab center, he passed away last Monday, 6AM.		
359	Took care of me.		Paramedics took great care of me. 8:00PM shift.
360	Being professional and courteous.		
361	People who helped me were very professional and courteous.	None.	Keep up the great service.
362	Very good - appreciated.		
363	Dispatcher was rude!		Other than the rude dispatcher, everything was fine.
364			I was legal 2000 and I do not recall all of the incident. What was it you injected me with? Someone wants to know!
365	Fast response time.		
366	Fast response.		
367	Brought my low blood pressure back to normal.		Excellent.
368	Excellently in both promptness and professionalism.	Nothing.	Since I am living and writing this, I consider your services a huge success. Thanks to the crew!
369	Quick arrival time, courteous, caring, informative, attention to detail, polite, knowledgeable.	Nothing, if this is just a sample of all.	Excellent!!!
370	Everyone was very nice during a very stressful time.	?	Everything was fine. The crew was nice and very helpful.
371	Everything.	Nothing. Everything is fine.	Perfect care.
372	Excellent. You did very good, asking me if I'm okay while we were going to the hospital.		In the hospital everybody is nice, the doctor and staff. Thank you!
373	Communication, did IV well, drove safe. Made me feel comfortable.		
374	Prompt arrival - professional care.		Good communication with Renown.
375	Prompt service - professional care.	No comment.	Care during transport was good! Hand-off to Renown - good.
376	Had a very positive attitude and encouragement to get a better health.	N/A	
377	Everything was good.	Everything was fine with me.	
378	The crew arrived quickly while the 911 operator kept me talking. They calmed me down by joking during transport. I felt safe in their care.		
379	(Was the Dispatcher helpful? Yes and No) Your EMTs are always polite, concerned and helpful. They are GREAT!	The dispatcher suggested I pull my 200+ lb. husband off the chair onto the floor - not a good idea!	
380	Was not there to assess (questions asked).		IV was started in left arm; had radical mastectomy/has lymphedema in that arm. However, the veins in the right arm are totally shot and VERY difficult to find.
381	Everything.		Excellent service!!
382	Respond quickly.		
383	Kept me calm. I wasn't scared. Told me everything that was helpful and made my day.	They let me know that I was going to be OK. They are really helpful.	REMSA is the best and friendliest helpers.
384	The service was excellent. Good attention and respect.		My family was so happy with the service.
385	Got me there.	?	Thank you for ride.
386	Answered questions, reviewed medicine conditions after my fall, and advised me to go to ER for further examination.	Keep doing what you are doing.	
387	Very well (everything).		
388	All you could.		Prompt and professional.
389	Your staff is so caring and helpful. I won't want anyone else.	Just keep your staff well trained (like they are).	I don't know if you can improve on perfection.
390	The staff was friendly and made me comfortable, and I felt safe in their hands.		
391	The response was quick and the personnel were calm and professional.		
392	Got me to the hospital - St. Mary's.	Nothing.	
393	Everything from A to Z.	Keep up the great work!	
394	Fast response. Thorough.	?	Efficient and knowledgeable personnel.
395	Very professional!	Use emergency card in my wallet!!	Good job.
396	Responded promptly and got patient to hospital.	Explain billing procedures more clearly to the family, if the patient is taken from an assisted living facility.	REMSA was called by the assisted living facility and not the family. Dispatch did not talk to family.
397	You were very helpful and very professional.	I don't think you need to do any different.	
398	Everything.	You did everything well.	Very good care.
399	Talked to me all the way to the hospital.		Very good to me all the way.
400	Everything. Many Thank "U"s for all you do - very much appreciated.	Nothing.	
401	Being here in a matter of minutes.	Better communication with patient.	
402		Good service.	Good.
403	Very polite and professional.	You guys are FINE!	When I told the location of my list of meds (via Medic Alert), I'm not sure anyone looked for them.
404	The men were very professional and great.	Stay the same.	Don't change anything.
405	Made me feel at ease!		Excellent.
406	Thorough, quick to get here.	Take a more direct route to hospital.	Do not remember all details.
407	Attention to my husband.	Nothing.	Your people were very kind and kept me informed on everything they were doing, even at the hospital.
408	All aspects.	??	Very good.
409	Everything was done well. The crew kept me informed about everything that they were doing from start to finish.		
410	Everything. You took perfect care of me!	Nothing, all was wonderful!	You do a wonderful job taking care of me. Thank you!
411	Everything.	Nothing.	Wonderful. Great employees.
412	Response time: Communication was very clear and positive. Very respectful.		
413	Everything. They were very professional and very reassuring to my wife.	Nothing. You're doing everything good.	
414	Move me to gurney.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
415	They handled everything efficiently and took care of pain, which was severe.		
416	Everything.	Nothing.	
417	Everything went well. Response time was very good.		Not too much conversation with the crew.
418	The staff was more than kind, they made me feel OK to go to hospital.	N/A	The care was very good and helpful.
419	Everything very professional and helpful. Thank you.		
420	Everything.	Nothing.	I was very pleased with the help I received. Thank you so very much.
421	Everything - excellent.		
422	The dispatcher was good at informing me of what to expect, that the fire department would probably arrive first.		Everyone was kind and courteous. The ambulance driver was reassuring and competent.
423	Friendly, courteous, professional personnel.	Just keep up the good job.	
424	Everything.	Nothing.	Everyone so concerned and so polite. Thank you.
425	Crew was professional and courteous!	Can't think of anything.	Service was quite good.
426	Information to patient.	Keep up the good work.	No.
427	Very thorough and concerned.		
428	The only thing I remember is someone sitting in front of me talking very kindly and that they kept my S.O. away from me so I felt safe, especially safe in talking to them.		I honestly do not remember much about this event. I wish I could thank everyone from that night (or day?) personally - however, I don't know any names - so maybe you can thank them for me - for their kindness and for keeping my S.O. away from me during this time. Great job!
429	Kept a cheerful and helpful attitude, in spite of my agitation.	Exactly what you are doing.	I was unhappy that REMSA was called before I was consulted, however, I may have been uncooperative, not realizing the seriousness.
430	Everything. Attendants were polite and careful with my husband.	Nothing.	Keep up the good work.
431	Staff was professional and assuring at all times.		
432	The entire procedure.	Not much.	I have to wait and see what my insurances pay!!!
433	Communication with ER doctor about the account of events when arrived at Park Place.		
434	Took good care of my husband.		Good. (My husband passed away 3/10/14.)
435	The crew was prompt, professional and very helpful.		
436	Explained clearly and calmly all procedures to me and my family members.		Wonderfully helpful to me and family members. Thank you!
437	Everything was done well.		
438	Communication and care.		
439	Yes.	No.	
440		They ripped Grandpa's toe nail off of his right foot.	VA x-ray'd toe to check for a broken foot. Also, female driver did a crappy job and was rude. (There were a lot of witnesses.) Do not send her to this house - send someone else because if she is rude again - I will put her in her place.



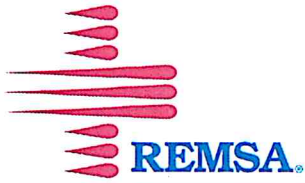
Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
MARCH 2014**



CARE FLIGHT CUSTOMER COMMENTS MARCH 2014

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1			
2	Information to my family		
3	Everything	Nothing	
4	Everything! Awesome crew. Took great care of my 3 year old son.	Nothing, you guys were great!	
5	Yes	You do just fine.	you save my life, thank you.
6	Crew extremely helpful and calming to my son and myself.		
7	Both nurses on my flight were very calming. Thank you.		
8	Smiled, friendly.	Nothing personal, but I do not want to break my neck again!!	
9			Good service.
10	You arrived exactly in the time you stated it would take to get to our little rural hospital, immediately loaded him up after a quick assessment by your highly trained staff and he was quickly Care Flighted to a major hospital in Reno where he could get the care he needed. I knew my husband was in good hands.		
11	He's alive.	Nothing	Happy with service.
12	My father loved the flight, thank you for taking such good care of him.		
13	Everything.		
14	Care Flight EMT's were very courteous and did their best to help me feel comfortable.	Larger helicopters, I am 6'3" tall and my feet had to go beside the pilots seat with the EMT.	
15	Very helpful and informative.		
16	Outstandingly well. The flight crew were very professional working quickly yet remained friendly.	I don't know.	Excellent
17	Everything. Follow up call by nurse to advise condition.	Great experience in emergency situation. Don't know!	



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
MARCH 2014

PUBLIC RELATIONS

March 2013

ACTIVITY	RESULTS
Wrote Emergency Medical Dispatchers week press release for April.	Press release will go out in April
Began planning for 100,000 th student trained press event.	Event should take place in May

Reno Rebirth profile: Cindy Green of REMSA

March 2, 2014



Cindy Green is a paramedic and education coordinator for REMSA.

/ Yvonne Beasley/RGJ

WHY WE'RE PROFILING HER:

Cindy Green, 33, helps save lives and teaches others to do the same. She is a paramedic with REMSA, an EMS supervisor and REMSA's paramedic education coordinator. She's been working in the field for 15 years.

WHAT'S IT LIKE TO DO YOUR JOB?

Green: When I teach, it's quite fun. I get to both instruct adults in the EMS field and prepare people to go out and work in the medical field. When I get on an ambulance, it's completely different. In that job, I get to actually do the things I teach, help the patients and work with co-workers I don't get to see every day.

WHAT KIND OF EDUCATION DID YOU NEED?

Green: There are three levels of EMTs: Basic ... that course takes three months and you learn the basics behind emergency medical services. After that course is done, you have to take a national exam to get your license. Then, you're eligible for the advanced class. That builds on basic skills you learned in the EMT course: more medications, the different body systems, assessments and treatment modalities. Then, the paramedic program is a one-year program.

Medications and skills are at a higher level in a paramedic; you learn to read cardiac rhythms, give medications to save a life, recognize a stroke. You're able to give a higher level of care. At REMSA, on our ambulances we have an advanced EMT and a paramedic.

WHAT IF YOUR KID WANTS TO DO THIS?

Green: To basically just throw them into the fire, at age 18 they're able to do a ride-along at REMSA. That would be the best way, if you have a kid that's almost 18, get them talking about getting into the ride-along program. Before 18, you can put them into a CPR class, or a first responder class (available on the REMSA's Reno campus; go to www.remsa.education.com). We have classes for all ages. And, they can come and tour our facility just to see what it's like.

And ask questions, lots of questions. Expose them to everything: a paramedic on an ambulance, a nurse in a hospital, a doctor.

When I first started college, I thought I wanted to be a firefighter. Through studies, I found out what I wanted to do. Definitely look into paramedics. Yes, we're not extremely rich individuals or very highly paid, but it's the most rewarding job I could ever have gotten into.

WHY DID YOU CHOOSE RENO?

Green: I am from Reno. When everybody graduates high school, if you grow up here, you think, "Man,

should I branch out or stay in Reno?" I decided to start college right away, and that led me into the EMS field and I wound up getting really good jobs so I stayed here. My husband's a Reno police officer, and we are grounded here.

WHAT'S THE BEST PART OF YOUR JOB?

Green: The people I get to work with.

WHAT'S THE MOST FRUSTRATING PART?

Green: Sometimes dealing with the emotions that you have to handle when situations are difficult (is) the thing that catches you off-guard the most.

AND WHAT'S THE MOST SURPRISING PART?

Green: The heart that people have in this field. The individuals that work on ambulances, with the fire department and police have the biggest hearts that I've ever seen.

WHAT'S YOUR FAVORITE PHONE APP?

Green: Right now, it's Pinterest.

ABOUT THIS COLUMN: It's part of the RGJ's "Reno Rebirth" initiative. Contact Yvonne Beasley: ybeasley@rgj.com.



2014

realHEROES 2014 - Page 2

American Red Cross

The American Red Cross Northern Nevada Chapter would like to personally welcome everyone to the 11th Annual Real Heroes Luncheon recognizing the Everyday Heroes who live and work around us.

Heroes can be found on every street corner, every neighborhood and in every industry across our state. Their actions represent the heart and soul of our communities. We've experienced a great deal of anguish this year with several shootings that have deeply impacted each and every one of us. Just like our heroes, the American Red Cross was there 24/7 to offer support to those in need and

worked closely with our dedicated regional emergency management representatives and community partners.

In Northern Nevada, we are fortunate to have an abundance of heroes in Washoe, Douglas, Carson City, Churchill, Lyon, Storey, Mineral and Nye counties.

The actions of our Real Heroes have captured the attention of our community leaders as well. Certificates of appreciation have been given from Gov. Brian Sandoval, U.S. Sen. Harry Reid, U.S. Sen. Dean Heller, U.S. Congressman Mark Amodei, State Sen. Debbie Smith, City of Sparks Mayor Geno Martini, City of

Carson Mayor Bob Crowell, City of Reno Mayor Bob Cashell, City of Fallon Mayor Ken Tedford and many others.

Last year alone, the Northern Nevada Chapter provided support to 769 families of active duty military members and veterans through its programs for communication, comfort and care. All Red Cross Disaster Relief, support and 24/7 assistance to military members and their families is available to our communities for free. The Red Cross is able to provide these services because of the generosity of our local donors.

The Red Cross relies on the dedication and expertise of its on-

call volunteers to respond to any disaster on a moment's notice. Our communities continue to be safer and stronger because of your support of the Red Cross. It is through the generosity of the sponsors that the Red Cross has been able to make the 2014 Real Heroes program possible. Again, thank you for the Hero in all of us.

*Respectfully,
Clara Andriola,
Regional Chief Executive Officer
American Red Cross
Northern Nevada Chapter
and the Board of Directors.*

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2014 Real Heroes Selection Committee

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Julia Ratti, Sparks City Councilwoman
Dave Cochran, Division Chief, Reno Fire Department

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Northern Nevada Medical Center
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2014 Real Heroes Planning Team

Thanks to everyone for your time, talent and support in making this event a great success.

April Chester
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Clara Andriola
Paulette Bridges
Karli Epstein
Mike Hartnett
Caressa Kruth
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American Red Cross
realHEROES 2014



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Medical professionals use skills on duty and off



Elizabeth Gameros

While walking across the parking lot to her vehicle last year, Elizabeth

Gameros saw a man fall to the ground. She rushed over and found the man had been shot.

Fortunately for the man, Gameros is a special events emergency medical technician with REMSA. In fact, she had just finished a long day working an event. She immediately started CPR.

When the ambulance crew arrived, they took note of Gameros' calm and collected manner, despite the fact she had entered into a tense situation filled with difficult people. When the ambulance crew asked for riders, Gameros immediately volunteered and continued as part of the provider team during transport. She even helped clean out the back of the ambulance after the call!

For Gameros, this was the first time she had performed CPR or responded to this type of incident. Today, she works full time on an ambulance and has performed many more life-saving calls.



George Reade

While on his way to a prenatal check-up with his wife, George

Reade was thinking of many things, but playing the hero wasn't one of them.

In the hospital parking garage, a woman was yelling for help. Reade, a REMSA dispatcher and emergency medical technician, climbed several flights of stairs to assess the man's condition. He found the man in his vehicle, unconscious. Reade pulled the man from his vehicle and quickly assessed he was in cardiac arrest. George quickly called 9-1-1 and then started CPR. He instructed other bystanders to retrieve an automated external defibrillator.

Thanks to Reade's administrations, the man had regained his pulse by the time the paramedics had arrived.

Tactical Paramedic Matthew Dixon responded to two "Active Shooter" events last fall, placing his life in jeopardy to come to the aid of people in need.



Matthew Dixon

The first was the Sparks Middle School shooting in October. Dixon was in the first REMSA ambulance, reaching the scene within four minutes of the call. He immediately donned his tactical equipment and linked up with police officers who were making entry into the school.

Dixon proceeded to an unsecured area of the school, where he found victims of the incident. He was able to render immediate life-saving interventions and took one victim to an awaiting ambulance.

The second was in December, when a shooting occurred at Renown Regional Medical Center. Dixon was one of the first of the REMSA tactical medics on the scene. After linking up with law enforcement officers, he proceeded into unsecured, potentially life-threatening portions of the building to reach victims of the incident.

As soon as he encountered the victims, Dixon and another paramedic immediately provided life-saving medical measures. They extricate all immediate victims and transported them to the emergency room.





**American
Red Cross**
Northern Nevada Chapter



April 9, 2014

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

Dear Ms Zalmana,

On behalf of the Northern Nevada Chapter of the American Red Cross, thank you for your sponsorship of the 11th annual Real Heroes Awards. We were pleased and proud to honor this year's award recipients for their contributions to the community. Nearly three hundred guests attended the awards luncheon and were moved by the honorees' inspiring stories.

In Northern Nevada, your local Red Cross chapter helps people prevent, prepare for and respond to emergencies - whether in their home, their neighborhood or at their work site. Whether through assistance to families who have lost their homes to fire or flood, or by providing the public with CPR training, the Northern Nevada Chapter delivers services to the community 24 hours a day, 365 days a year.

We value your support in this endeavor.

If we can provide you with additional information about our work here in Northern Nevada, please let us know. In the meantime, thank you again. I look forward to working with you again next year on the Real Heroes program and throughout the year.

Sincerely,

A handwritten signature in cursive script that reads "Clara Andriola".

Clara Andriola
Chief Executive Officer

This letter serves as the tax receipt for your gift. The American Red Cross is a tax-exempt, nonprofit organization as described in section 501(c) (3) of the IRS Code for 1984, as amended; the tax identification number is 53-0196605. Thank you for your \$350 payment on 3/12/2014 for the Real Heroes Awards luncheon. For tax purposes, \$150 is deductible.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES



Public Health
Prevent. Promote. Protect.

April 11, 2014

To: Members District Board of Health

From: Eileen Stickney

Subject: Approval of the Health Fund Revenue and Expenditure Report for March 2014

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for March 2014 of fiscal year 14.

Background

The attached reports are for the accounting period 9/14 and the percentages should approximate 75% of the year. The total revenues and expenditures for the current year (FY14) compared to last year (FY13) are as follows:

MAR 2014	FY14 – REV	FY13 – REV	FY14 – EXP	FY13 – EXP
Overhead-GF			\$2,173,525.47 75%	\$1,276,686.00 50%
AHS	\$701,993.34 55%	\$789,585.95 64%	\$1,772,585.28 68%	\$1,845,703.40 71%
AQM	\$1,672,277.27 61%	\$1,481,377.56 66%	\$1,565,503.91 53%	\$1,716,525.30 59%
CCHS	\$1,004,608.28 42%	\$1,347,494.98 55%	\$3,284,600.13 67%	\$3,374,919.39 68%
EHS	\$1,180,592.77 58%	\$1,135,377.97 64%	\$6,574,297.98 63%	\$3,544,519.64 61%
EPHP	\$1,037,680.18 62%	\$1,147,713.60 62%	\$1,448,623.21 68%	\$1,435,139.92 60%
Adjustments			\$59.36	\$103.22
TOTAL	\$5,597,151.84 55%	\$5,901,550.06 62%	\$13,819,195.34 65%	\$13,193,596.87 62%
GF Transfer	\$5,735,927.36 67%	\$4,311,947.00 50%		

The Environmental Oversight Account balance for March is \$108,326.71.

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

Washoe County Health District
REVENUE EXPENSE
Pd 1-9, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	49,771.00-	13,406.00-	79	51,500.00-	47,206.00-	4,294.00-	92
422504 Pool Permits	74,690.00-	54,654.00-	20,036.00-	73	68,000.00-	39,586.00-	28,414.00-	58
422505 RV Permits	13,306.00-	9,011.00-	4,295.00-	68	10,500.00-	8,165.00-	2,335.00-	78
422507 Food Service Permits	492,181.00-	337,152.00-	155,029.00-	69	369,000.00-	296,307.00-	72,693.00-	80
422508 Wat Well Const Perm	23,567.00-	20,753.00-	2,814.00-	88	20,000.00-	17,215.00-	2,785.00-	86
422509 Water Company Permits	3,200.00-	6,810.00-	3,610.00	213	2,500.00-	2,484.00-	16.00-	99
422510 Air Pollution Permits	584,012.00-	387,989.75-	196,022.25-	66	448,037.00-	339,133.00-	108,904.00-	76
422511 ISDS Permits	66,522.00-	64,248.00-	2,274.00-	97	49,000.00-	39,572.00-	9,428.00-	81
422513 Special Event Permits	99,623.00-	55,025.00-	44,598.00-	55	79,000.00-	42,697.00-	36,303.00-	54
422514 Initial Applic Fee	35,226.00-	25,990.00-	9,236.00-	74	27,000.00-	22,096.00-	4,904.00-	82
* Licenses and Permits	1,455,504.00-	1,011,403.75-	444,100.25-	69	1,124,537.00-	854,461.00-	270,076.00-	76
431100 Federal Grants	5,288,119.05-	2,418,666.16-	2,869,452.89-	46	5,860,619.51-	3,224,112.99-	2,636,506.52-	55
431105 Federal Grants - Indirect	243,178.41-	165,441.78-	77,736.63-	68	125,376.00-	63,894.47-	61,481.53-	51
432100 State Grants	741,802.00-	224,822.37-	516,979.63-	30	281,857.00-	236,925.97-	44,931.03-	84
432105 State Grants-Indirect	2,205.00-	1,073.00-	1,132.00-	49				
432310 Tire Fee NRS 444A.090	468,548.00-	177,315.54-	291,232.46-	38	418,766.00-	241,500.45-	177,265.55-	58
432311 Pol Ctrl 445B.830	300,000.00-	552,770.83-	252,770.83	184	300,000.00-	234,745.00-	65,255.00-	78
* Intergovernmental	7,043,852.46-	3,540,089.68-	3,503,762.78-	50	6,986,618.51-	4,001,178.88-	2,985,439.63-	57
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	37,590.07-	51,409.93-	42	89,000.00-	45,800.00-	43,200.00-	51
460501 Medicaid Clinical Services	8,200.00-	1,677.50-	6,522.50-	20	36,200.00-	44.46	36,244.46-	0-
460503 Childhood Immunizations	20,000.00-	11,739.75-	8,260.25-	59	30,000.00-	14,053.50-	15,946.50-	47
460508 Tuberculosis	4,100.00-	3,267.63-	832.37-	80	4,100.00-	3,457.96-	642.04-	84
460509 Water Quality								
460510 IT Overlay	35,344.00-	26,696.00-	8,648.00-	76	113,400.00-	88,592.00-	24,808.00-	78
460511 Birth and Death Certificates	450,000.00-	340,367.00-	109,633.00-	76	400,000.00-	357,053.00-	42,947.00-	89
460512 Duplication Service Fees		791.18-	791.18			262.18-	262.18	
460513 Other Healt Service Charges		370.00-	370.00		2,700.00-	1,479.75-	1,220.25-	55
460514 Food Service Certification	19,984.00-	14,077.00-	5,907.00-	70	13,900.00-	12,891.00-	1,009.00-	93
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,879.51-	17,129.51	1,079	2,250.00-	5,000.00-	2,750.00	222
460517 Influenza Immunization	7,000.00-	4,659.25-	2,340.75-	67	7,000.00-	7,952.00-	952.00	114
460518 STD Fees	21,000.00-	13,717.17-	7,282.83-	65	23,000.00-	15,842.31-	7,157.69-	69
460519 Outpatient Services								
460520 Eng Serv Health	50,707.00-	37,878.00-	12,829.00-	75	44,000.00-	24,693.00-	19,307.00-	56
460521 Plan Review - Pools & Spas	3,816.00-	4,517.00-	701.00	118	2,500.00-	1,069.00-	1,431.00-	43
460523 Plan Review - Food Services	18,765.00-	15,178.00-	3,587.00-	81	17,000.00-	20,766.00-	3,766.00	122
460524 Family Planning	27,000.00-	25,583.07-	1,416.93-	95	44,000.00-	20,979.82-	23,020.18-	48
460525 Plan Review - Vector	36,021.00-	42,474.00-	6,453.00	118	30,000.00-	29,553.00-	447.00-	99
460526 Plan Review-Air Quality	65,272.00-	22,023.00-	43,249.00-	34	40,000.00-	26,204.00-	13,796.00-	66
460527 NOE-AQM	113,934.00-	87,068.00-	26,866.00-	76	100,000.00-	66,677.00-	33,323.00-	67
460528 NESHAP-AQM	135,389.00-	59,062.00-	76,327.00-	44	84,000.00-	58,009.00-	25,991.00-	69
460529 Assessments-AQM	57,888.00-	35,588.00-	22,300.00-	61	41,000.00-	35,493.00-	5,507.00-	87
460530 Inspector Registr-AQ	14,655.00-	2,113.00-	12,542.00-	14	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	101,535.00-	86,155.00-	54	95,000.00-	94,876.00-	124.00-	100
460532 Plan Rvw Hotel/Motel		480.00-	480.00			322.00-	322.00	
460533 Quick Start						87.00-	87.00	
460534 Child Care Inspection	10,560.00-	5,961.00-	4,599.00-	56	8,500.00-	5,553.00-	2,947.00-	65

Washoe County Health District
REVENUE EXPENSE
Pd 1-9, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
460535 Pub Accomod Inspectn	22,540.00-	13,897.00-	8,643.00-	62	17,300.00-	11,465.00-	5,835.00-	66
460570 Education Revenue	2,900.00-	796.00-	2,104.00-	27	5,700.00-	970.00-	4,730.00-	17
* Charges for Services	1,403,515.00-	927,985.13-	475,529.87-	66	1,253,150.00-	951,894.06-	301,255.94-	76
484050 Donations Federal Pgm Income	37,550.00-	27,800.92-	9,749.08-	74	41,934.00-	29,845.67-	12,088.33-	71
484195 Non-Gov'tl Grants	88,263.36-	82,152.36-	6,111.00-	93	114,750.00-	58,763.00-	55,987.00-	51
484197 Non-Gov. Grants-Indirect	5,125.00-	5,125.00-		100				
485100 Reimbursements								
485110 Workers Comp Reimb								
485121 Jury Reimbursements		80.00-	80.00			240.00-	240.00	
485300 Other Misc Govt Rev	62,228.75-	2,515.00-	59,713.75-	4		5,167.45-	5,167.45	
* Miscellaneous	193,167.11-	117,673.28-	75,493.83-	61	156,684.00-	94,016.12-	62,667.88-	60
** Revenue	10,096,038.57-	5,597,151.84-	4,498,886.73-	55	9,520,989.51-	5,901,550.06-	3,619,439.45-	62
701110 Base Salaries	9,182,420.90	6,320,874.45	2,861,546.45	69	9,442,227.37	6,454,103.80	2,988,123.57	68
701120 Part Time	565,939.67	313,617.62	252,322.05	55	529,904.89	397,203.04	132,701.85	75
701130 Pooled Positions	464,480.66	322,896.01	141,584.65	70	522,298.86	266,254.07	256,044.79	51
701140 Holiday Work	2,818.65	3,144.59	325.94-	112	1,450.00	1,786.94	336.94-	123
701150 xcContractual Wages								
701200 Incentive Longevity	165,425.50	83,144.03	82,281.47	50	158,292.00	85,224.97	73,067.03	54
701300 Overtime	69,919.68	38,769.49	31,150.19	55	50,325.11	25,137.84	25,187.27	50
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701408 Call Back	1,000.00	146.96	853.04	15	1,000.00	182.10	817.90	18
701412 Salary Adjustment	230,084.60-		230,084.60-		52,986.54		52,986.54	
701413 Vac Payoff/Sick Pay-Term		73,652.59	73,652.59-			64,356.37	64,356.37-	
701415 Physical Fitness Pay								
701417 Comp Time		9,750.50	9,750.50-			20,986.42	20,986.42-	
701419 Comp Time - Transfer		6,038.40	6,038.40-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	10,221,920.46	7,171,934.64	3,049,985.82	70	10,758,484.77	7,324,959.38	3,433,525.39	68
705110 Group Insurance	1,420,794.93	979,697.09	441,097.84	69	1,449,189.10	1,005,378.77	443,810.33	69
705210 Retirement	2,513,415.69	1,719,352.94	794,062.75	68	2,410,125.05	1,641,807.03	768,318.02	68
705215 Retirement Calculation								
705230 Medicare April 1986	136,579.49	96,696.00	39,883.49	71	139,962.64	98,762.40	41,200.24	71
705320 Workmens Comp	66,992.03	49,603.59	17,388.44	74	64,187.41	47,949.48	16,237.93	75
705330 Unemply Comp	15,375.22	15,179.40	195.82	99	15,533.45	15,533.45		100
705360 Benefit Adjustment					10,656.00		10,656.00	
705510 Severance Pay								
* Employee Benefits	4,153,157.36	2,860,529.02	1,292,628.34	69	4,089,653.65	2,809,431.13	1,280,222.52	69
710100 Professional Services	1,211,769.83	289,418.29	922,351.54	24	1,091,804.38	287,398.87	804,405.51	26
710105 Medical Services	9,173.00	5,452.50	3,720.50	59	9,264.00	2,379.00	6,885.00	26
710108 MD Consultants	46,950.00	40,087.50	6,862.50	85	46,900.00	33,025.00	13,875.00	70
710110 Contracted/Temp Services	53,500.03	39,531.01	13,969.02	74	71,051.00	41,028.46	30,022.54	58
710119 Subrecipient Payments								
710200 Service Contract	103,593.00	45,598.16	57,994.84	44	105,243.00	37,890.93	67,352.07	36
710205 Repairs and Maintenance	11,470.00	7,966.55	3,503.45	69	20,549.91	4,769.92	15,779.99	23
710210 Software Maintenance	15,636.00	15,530.00	106.00	99	16,200.00	13,920.00	2,280.00	86
710300 Operating Supplies	134,869.77	79,463.65	55,406.12	59	132,737.55	81,670.78	51,066.77	62
710302 Small Tools & Allow	10,685.00	1,113.67	9,571.33	10	3,685.00	584.98	3,100.02	16

Washoe County Health District
REVENUE EXPENSE
Pd 1-9, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	343.91	1,656.09	17
710312 Special Dept Expense						100.00	100.00-	
710319 Chemical Supplies	232,300.00	232,321.33	21.33-	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	28,447.00	19,448.59	8,998.41	68	28,274.89	16,815.62	11,459.27	59
710350 Office Supplies	41,073.50	25,442.81	15,630.69	62	44,171.01	27,471.31	16,699.70	62
710355 Books and Subscriptions	7,594.00	5,894.08	1,699.92	78	8,413.00	3,931.32	4,481.68	47
710360 Postage	24,435.00	12,595.40	11,839.60	52	21,954.00	19,505.42	2,448.58	89
710361 Express and Courier	735.00	99.36	635.64	14	610.75	655.23	44.48-	107
710391 Fuel & Lube	100.00	78.52	21.48	79	100.00		100.00	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	24,931.96	23,137.90	1,794.06	93	45,973.51	23,021.08	22,952.43	50
710502 Printing	33,970.00	9,915.30	24,054.70	29	31,499.00	10,509.44	20,989.56	33
710503 Licenses & Permits	7,887.00	3,555.00	4,332.00	45	8,870.00	6,012.39	2,857.61	68
710504 Registration						99.99	99.99-	
710505 Rental Equipment	1,900.00		1,900.00		5,178.00	1,300.00	3,878.00	25
710506 Dept Insurance Deductible		333.86	333.86-			452.58	452.58-	
710507 Network and Data Lines	5,530.00	7,808.40	2,278.40-	141	6,486.00	7,579.92	1,093.92-	117
710508 Telephone Land Lines	42,484.00	25,820.89	16,663.11	61	46,535.00	28,098.31	18,436.69	60
710509 Seminars and Meetings	36,065.00	32,392.19	3,672.81	90	32,320.00	25,044.50	7,275.50	77
710512 Auto Expense	19,102.20	8,494.05	10,608.15	44	19,784.00	10,421.15	9,362.85	53
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	11,920.00		100
710519 Cellular Phone	15,660.00	8,748.07	6,911.93	56	18,447.00	8,570.64	9,876.36	46
710524 Utility relocation								
710529 Dues	10,756.01	4,195.00	6,561.01	39	11,926.00	9,219.00	2,707.00	77
710535 Credit Card Fees	11,925.00	9,326.68	2,598.32	78	11,455.00	8,136.15	3,318.85	71
710546 Advertising	47,600.00	10,628.00	36,972.00	22	44,728.86	57,188.71	12,459.85-	128
710550 Small Differences								
710551 Cash Discounts Lost		95.59	95.59-			103.22	103.22-	
710577 Uniforms & Special Clothing	25,500.00	4,569.88	20,930.12	18	3,000.00	2,297.83	702.17	77
710585 Undesignated Budget	62,228.75		62,228.75		71,077.00		71,077.00	
710600 LT Lease-Office Space	109,115.00	59,733.56	49,381.44	55	113,439.00	84,171.42	29,267.58	74
710620 LT Lease-Equipment								
710703 Biologicals	246,790.79	152,710.38	94,080.41	62	249,583.98	140,075.99	109,507.99	56
710714 Referral Services	6,328.00	452.00	5,876.00	7	9,040.00	3,164.00	5,876.00	35
710721 Outpatient	93,092.55	51,532.19	41,560.36	55	110,399.15	48,366.33	62,032.82	44
710872 Food Purchases	10,175.50	450.08	9,725.42	4	11,675.00	3,229.09	8,445.91	28
711010 Utilities	180.00		180.00		2,700.00		2,700.00	
711100 ESD Asset Management	47,436.00	36,783.00	10,653.00	78	17,040.00	12,648.00	4,392.00	74
711113 Equip Srv Replace	27,084.14	26,120.56-	53,204.70	96-	25,938.64	20,443.93	5,494.71	79
711114 Equip Srv O & M	46,868.56	29,946.02	16,922.54	64	42,163.13	29,141.31	13,021.82	69
711115 Equip Srv Motor Pool	16,741.00		16,741.00		18,346.00		18,346.00	
711117 ESD Fuel Charge	55,492.05	30,725.29	24,766.76	55	51,253.35	37,208.54	14,044.81	73
711119 Prop & Liab Billings	74,502.09	55,876.77	18,625.32	75	80,283.41	60,212.52	20,070.89	75
711210 Travel	269,811.03	63,268.61	206,542.42	23	251,954.25	45,393.69	206,560.56	18
711300 Cash Over Short		40.00	40.00-					
711399 ProCard in Process								

**Washoe County Health District
REVENUE EXPENSE
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
711400 Overhead - General Fund	2,898,034.00	2,173,525.47	724,508.53	75	2,553,372.00	1,276,686.00	1,276,686.00	50
711504 Equipment nonCapital	134,698.36	88,187.75	46,510.61	65	155,955.08	109,278.61	46,676.47	70
* Services and Supplies	6,327,740.12	3,692,715.54	2,635,024.58	58	5,897,250.85	2,883,616.96	3,013,633.89	49
781004 Equipment Capital	332,748.07	94,016.14	238,731.93	28	397,107.01	175,589.40	221,517.61	44
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	432,748.07	94,016.14	338,731.93	22	397,107.01	175,589.40	221,517.61	44
** Expenses	21,135,566.01	13,819,195.34	7,316,370.67	65	21,142,496.28	13,193,596.87	7,948,899.41	62
485193 Surplus Supplies Sales		652.80-	652.80					
485196 Insur Reimb-F/A Loss						150.00-	150.00	
* Other Fin. Sources		652.80-	652.80			150.00-	150.00	
621001 Transfer From General	8,603,891.00-	5,735,927.36-	2,867,963.64-	67	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
* Transfers In	8,603,891.00-	5,735,927.36-	2,867,963.64-	67	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
811001 Transfer to General								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	5,736,580.16-	2,867,310.84-	67	8,623,891.00-	4,312,097.00-	4,311,794.00-	50
*** Total	2,435,636.44	2,485,463.34	49,826.90-	102	2,997,615.77	2,979,949.81	17,665.96	99

**Washoe County Health District
Administrative Health Services
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,109,048.06-	599,413.27-	509,634.79-	54	1,109,658.25-	725,692.95-	383,965.30-	65
431105 Federal Grants - Indirect	1,921.50-	15,302.71-	13,381.21	796				
* Intergovernmental	1,110,969.56-	614,715.98-	496,253.58-	55	1,109,658.25-	725,692.95-	383,965.30-	65
460511 Birth and Death Certificates								
460512 Duplication Service Fees						5.00-	5.00	
* Charges for Services						5.00-	5.00	
484195 Non-Gov't'l Grants	88,263.36-	82,152.36-	6,111.00-	93	114,750.00-	58,763.00-	55,987.00-	51
484197 Non-Gov. Grants-Indirect	5,125.00-	5,125.00-		100				
485100 Reimbursements								
485300 Other Misc Govt Rev	62,228.75-		62,228.75-			5,125.00-	5,125.00	
* Miscellaneous	155,617.11-	87,277.36-	68,339.75-	56	114,750.00-	63,888.00-	50,862.00-	56
** Revenue	1,266,586.67-	701,993.34-	564,593.33-	55	1,224,408.25-	789,585.95-	434,822.30-	64
701110 Base Salaries	1,610,653.89	1,123,788.50	486,865.39	70	1,620,335.85	1,158,662.29	461,673.56	72
701120 Part Time						1,482.51	1,482.51-	
701130 Pooled Positions	5,000.00	10,281.56	5,281.56-	206	5,000.00	11,628.15	6,628.15-	233
701140 Holiday Work								
701200 Incentive Longevity	33,265.00	15,493.52	17,771.48	47	30,755.00	15,107.67	15,647.33	49
701300 Overtime	1,200.00	2,326.75	1,126.75-	194	1,200.00	1,526.97	326.97-	127
701412 Salary Adjustment	3,642.80		3,642.80		10,554.54		10,554.54	
701413 Vac Payoff/Sick Pay-Term		2,035.12	2,035.12-			3,173.40	3,173.40-	
701417 Comp Time		2,890.17	2,890.17-			18.92	18.92-	
701419 Comp Time - Transfer		1,885.60	1,885.60-					
701500 Merit Awards								
* Salaries and Wages	1,653,761.69	1,158,701.22	495,060.47	70	1,667,845.39	1,191,599.91	476,245.48	71
705110 Group Insurance	258,484.26	185,652.43	72,831.83	72	254,302.59	185,192.75	69,109.84	73
705210 Retirement	421,998.67	291,963.19	130,035.48	69	384,397.43	279,036.88	105,360.55	73
705215 Retirement Calculation								
705230 Medicare April 1986	22,856.87	15,874.15	6,982.72	69	22,639.74	16,463.99	6,175.75	73
705320 Workmens Comp	11,691.26	8,768.52	2,922.74	75	11,339.00	8,504.28	2,834.72	75
705330 Unemply Comp	2,683.24	2,683.24		100	2,755.00	2,755.00		100
705510 Severance Pay								
* Employee Benefits	717,714.30	504,941.53	212,772.77	70	675,433.76	491,952.90	183,480.86	73
710100 Professional Services	36,743.00	26,095.00	10,648.00	71	45,500.00	50,353.98	4,853.98-	111
710105 Medical Services	150.00	130.50	19.50	87	350.00	54.00	296.00	15
710108 MD Consultants								
710110 Contracted/Temp Services		2,896.70	2,896.70-					
710200 Service Contract	500.00	3.83	496.17	1	1,500.00		1,500.00	
710205 Repairs and Maintenance	200.00	279.50	79.50-	140	400.00	540.69	140.69-	135
710300 Operating Supplies	9,397.00	8,650.76	746.24	92	9,100.00	6,348.09	2,751.91	70
710312 Special Dept Expense						100.00	100.00-	
710334 Copy Machine Expense	3,500.00	5,499.00	1,999.00-	157	4,500.00	4,835.91	335.91-	107
710350 Office Supplies	10,963.50	5,509.79	5,453.71	50	9,993.00	4,954.42	5,038.58	50
710355 Books and Subscriptions	1,000.00	3,271.94	2,271.94-	327	1,000.00	791.44	208.56	79
710360 Postage	1,680.00	596.60	1,083.40	36	1,625.00	2,990.34	1,365.34-	184
710361 Express and Courier	100.00	15.00	85.00	15	100.00	26.07	73.93	26
710500 Other Expense	1,600.00	860.10	739.90	54	1,600.00	1,085.59	514.41	68

**Washoe County Health District
Administrative Health Services
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710502 Printing	4,480.00	664.33	3,815.67	15	4,780.00	451.63	4,328.37	9
710503 Licenses & Permits	1,992.00	300.00	1,692.00	15	2,340.00	446.00	1,894.00	19
710507 Network and Data Lines	630.00	398.83	231.17	63	630.00	467.17	162.83	74
710508 Telephone Land Lines	9,580.00	5,239.81	4,340.19	55	10,080.00	6,049.28	4,030.72	60
710509 Seminars and Meetings	2,800.00	1,681.50	1,118.50	60	5,300.00	2,056.50	3,243.50	39
710512 Auto Expense	2,336.00	1,065.77	1,270.23	46	3,336.00	1,724.28	1,611.72	52
710519 Cellular Phone	1,520.00	329.56	1,190.44	22	1,470.00	998.05	471.95	68
710529 Dues	4,030.02	676.00	3,354.02	17	2,850.00	3,480.00	630.00-	122
710546 Advertising	150.00		150.00		150.00	99.00	51.00	66
710551 Cash Discounts Lost								
710585 Undesignated Budget								
710600 LT Lease-Office Space	67,464.00	28,898.56	38,565.44	43	71,788.00	53,841.42	17,946.58	75
710872 Food Purchases	2,725.50		2,725.50		2,725.00		2,725.00	
711010 Utilities					1,000.00		1,000.00	
711100 ESD Asset Management								
711114 Equip Srv O & M								
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge								
711119 Prop & Liab Billings	13,169.78	9,877.32	3,292.46	75	14,239.00	10,679.31	3,559.69	75
711210 Travel	36,428.55	5,962.13	30,466.42	16	41,165.00	6,692.38	34,472.62	16
711300 Cash Over Short		40.00	40.00-					
711504 Equipment nonCapital	3,456.01		3,456.01		4,275.00	3,085.04	1,189.96	72
* Services and Supplies	216,595.36	108,942.53	107,652.83	50	241,796.00	162,150.59	79,645.41	67
** Expenses	2,588,071.35	1,772,585.28	815,486.07	68	2,585,075.15	1,845,703.40	739,371.75	71
485193 Surplus Supplies Sales		652.80-	652.80					
* Other Fin. Sources		652.80-	652.80					
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use		652.80-	652.80					
*** Total	1,321,484.68	1,069,939.14	251,545.54	81	1,360,666.90	1,056,117.45	304,549.45	78

Washoe County Health Distirct
Air Quality Management
Pd 1-9, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422510 Air Pollution Permits	584,012.00-	387,989.75-	196,022.25-	66	448,037.00-	339,133.00-	108,904.00-	76
* Licenses and Permits	584,012.00-	387,989.75-	196,022.25-	66	448,037.00-	339,133.00-	108,904.00-	76
431100 Federal Grants	756,090.00-	199,751.84-	556,338.16-	26	912,531.00-	434,878.96-	477,652.04-	48
431105 Federal Grants - Indirect	29,372.00-	42,089.85-	12,717.85	143	30,224.00-	6,509.04-	23,714.96-	22
432100 State Grants	496,381.00-	182,000.00-	314,381.00-	37	182,000.00-	182,000.00-		100
432311 Pol Ctrl 445B.830	300,000.00-	552,770.83-	252,770.83	184	300,000.00-	234,745.00-	65,255.00-	78
* Intergovernmental	1,581,843.00-	976,612.52-	605,230.48-	62	1,424,755.00-	858,133.00-	566,622.00-	60
460513 Other Healt Service Charges		206.00-	206.00					
460526 Plan Review-Air Quality	65,272.00-	22,023.00-	43,249.00-	34	40,000.00-	26,204.00-	13,796.00-	66
460527 NOE-AQM	113,934.00-	87,068.00-	26,866.00-	76	100,000.00-	66,677.00-	33,323.00-	67
460528 NESHAP-AQM	135,389.00-	59,062.00-	76,327.00-	44	84,000.00-	58,009.00-	25,991.00-	69
460529 Assessments-AQM	57,888.00-	35,588.00-	22,300.00-	61	41,000.00-	35,493.00-	5,507.00-	87
460530 Inspector Registr-AQ	14,655.00-	2,113.00-	12,542.00-	14	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	101,535.00-	86,155.00-	54	95,000.00-	94,876.00-	124.00-	100
* Charges for Services	574,828.00-	307,595.00-	267,233.00-	54	362,600.00-	284,097.00-	78,503.00-	78
485121 Jury Reimbursements		80.00-	80.00					
485300 Other Misc Govt Rev						14.56-	14.56	
* Miscellaneous		80.00-	80.00			14.56-	14.56	
** Revenue	2,740,683.00-	1,672,277.27-	1,068,405.73-	61	2,235,392.00-	1,481,377.56-	754,014.44-	66
701110 Base Salaries	1,286,296.83	878,662.59	407,634.24	68	1,345,462.49	924,562.83	420,899.66	69
701130 Pooled Positions	27,646.29	4,969.00	22,677.29	18	93,151.68	6,327.88	86,823.80	7
701140 Holiday Work	418.65		418.65		250.00	140.18	109.82	56
701150 xcContractual Wages								
701200 Incentive Longevity	20,530.00	10,141.08	10,388.92	49	19,210.00	9,449.98	9,760.02	49
701300 Overtime	3,616.68	2,073.45	1,543.23	57	10,045.11	2,493.78	7,551.33	25
701408 Call Back								
701412 Salary Adjustment								
701413 Vac Payoff/Sick Pay-Term		28,316.58	28,316.58-			2,023.44	2,023.44-	
701417 Comp Time		5,838.68	5,838.68-			918.38	918.38-	
701419 Comp Time - Transfer		3,721.88	3,721.88-					
701500 Merit Awards								
* Salaries and Wages	1,338,508.45	933,723.26	404,785.19	70	1,468,119.28	945,916.47	522,202.81	64
705110 Group Insurance	178,506.32	128,440.16	50,066.16	72	172,127.11	121,361.83	50,765.28	71
705210 Retirement	335,623.75	227,034.52	108,589.23	68	324,109.95	221,618.71	102,491.24	68
705230 Medicare April 1986	18,296.62	12,908.51	5,388.11	71	19,385.69	13,193.25	6,192.44	68
705320 Workmens Comp	8,275.26	6,206.49	2,068.77	75	7,585.40	5,689.08	1,896.32	75
705330 Unempoly Comp	1,899.24	1,899.28	0.04-	100	1,843.00	1,843.00		100
* Employee Benefits	542,601.19	376,488.96	166,112.23	69	525,051.15	363,705.87	161,345.28	69
710100 Professional Services	590,571.26	55,894.84	534,676.42	9	385,103.78	81,989.46	303,114.32	21
710105 Medical Services	1,525.00	1,265.50	259.50	83	1,416.00	1,112.00	304.00	79
710200 Service Contract	1,600.00	196.25	1,403.75	12	500.00	171.33	328.67	34
710205 Repairs and Maintenance	1,000.00	1,977.40	977.40-	198	10,741.91	2,739.10	8,002.81	25
710210 Software Maintenance	3,386.00	3,530.00	144.00-	104	4,200.00	4,170.00	30.00	99
710300 Operating Supplies	2,558.77	4,879.66	2,320.89-	191	11,079.55	16,503.61	5,424.06-	149
710302 Small Tools & Allow								
710334 Copy Machine Expense	4,400.00	3,532.53	867.47	80	4,400.00	2,164.71	2,235.29	49
710350 Office Supplies	3,500.00	3,391.81	108.19	97	4,000.00	2,848.35	1,151.65	71
710355 Books and Subscriptions	100.00	288.03	188.03-	288	224.00	334.13	110.13-	149

Washoe County Health Distirct
Air Quality Management
Pd 1-9, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710360 Postage	3,000.00	2,158.47	841.53	72	2,900.00	2,918.16	18.16-	101
710361 Express and Courier	75.00	16.47	58.53	22	80.75	480.17	399.42-	595
710500 Other Expense	100.00	5,277.52	5,177.52-	5,278	100.00	118.85	18.85-	119
710502 Printing	800.00	823.14	23.14-	103	800.00	917.97	117.97-	115
710503 Licenses & Permits					135.00	232.39	97.39-	172
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	
710506 Dept Insurance Deductible		33.86	33.86-					
710507 Network and Data Lines		4,320.00	4,320.00-			3,715.00	3,715.00-	
710508 Telephone Land Lines	5,500.00	2,638.72	2,861.28	48	6,500.00	3,220.98	3,279.02	50
710509 Seminars and Meetings		4,329.99	4,329.99-		3,005.00	2,799.00	206.00	93
710512 Auto Expense	500.00	114.15	385.85	23	1,000.00	238.67	761.33	24
710519 Cellular Phone	4,700.00	2,520.31	2,179.69	54	4,700.00	2,358.95	2,341.05	50
710529 Dues	3,250.00	1,133.00	2,117.00	35	4,435.00	3,950.00	485.00	89
710535 Credit Card Fees	2,300.00	2,342.92	42.92-	102	1,600.00	1,954.89	354.89-	122
710546 Advertising	1,650.00	1,893.00	243.00-	115	1,000.00	11,388.00	10,388.00-	1,139
710550 Small Differences								
710577 Uniforms & Special Clothing	100.00	2,979.21	2,879.21-	2,979	1,100.00	1,247.97	147.97-	113
710585 Undesignated Budget	25,879.62		25,879.62					
710600 LT Lease-Office Space								
710721 Outpatient								
711100 ESD Asset Management	6,432.00	6,030.00	402.00	94	2,592.00	1,992.00	600.00	77
711113 Equip Srv Replace	9,523.78	7,144.02	2,379.76	75	8,499.58	7,143.24	1,356.34	84
711114 Equip Srv O & M	11,981.33	8,466.66	3,514.67	71	10,384.74	6,381.59	4,003.15	61
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	12,156.58	6,593.22	5,563.36	54	10,687.05	7,783.27	2,903.78	73
711119 Prop & Liab Billings	9,321.78	6,991.38	2,330.40	75	9,525.40	7,144.02	2,381.38	75
711210 Travel	54,419.48	9,179.00	45,240.48	17	36,088.25	8,905.42	27,182.83	25
711300 Cash Over Short								
711399 ProCard in Process								
711504 Equipment nonCapital	34,300.35	19,965.74	14,334.61	58	37,117.08	45,740.33	8,623.25-	123
* Services and Supplies	796,430.95	169,906.80	626,524.15	21	565,715.09	232,663.56	333,051.53	41
781004 Equipment Capital	249,176.82	85,384.89	163,791.93	34	342,770.01	174,239.40	168,530.61	51
* Capital Outlay	249,176.82	85,384.89	163,791.93	34	342,770.01	174,239.40	168,530.61	51
** Expenses	2,926,717.41	1,565,503.91	1,361,213.50	53	2,901,655.53	1,716,525.30	1,185,130.23	59
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	186,034.41	106,773.36-	292,807.77	57-	666,263.53	235,147.74	431,115.79	35

**Washoe County Health District
Community and Clinical Health Services
PD 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,890,000.86-	803,422.20-	1,086,578.66-	43	2,131,855.53-	1,180,884.18-	950,971.35-	55
431105 Federal Grants - Indirect	92,460.00-	37,010.84-	55,449.16-	40	15,300.00-	7,026.14-	8,273.86-	46
432100 State Grants	195,421.00-	17,572.37-	177,848.63-	9	24,857.00-	15,925.97-	8,931.03-	64
432105 State Grants-Indirect	2,205.00-	1,073.00-	1,132.00-	49				
* Intergovernmental	2,180,086.86-	859,078.41-	1,321,008.45-	39	2,172,012.53-	1,203,836.29-	968,176.24-	55
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	37,590.07-	51,409.93-	42	89,000.00-	45,800.00-	43,200.00-	51
460501 Medicaid Clinical Services	8,200.00-	1,677.50-	6,522.50-	20	36,200.00-	44.46-	36,244.46-	0-
460503 Childhood Immunizations	20,000.00-	11,739.75-	8,260.25-	59	30,000.00-	14,053.50-	15,946.50-	47
460508 Tuberculosis	4,100.00-	3,267.63-	832.37-	80	4,100.00-	3,457.96-	642.04-	84
460512 Duplication Service Fees		60.00-	60.00					
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,879.51-	17,129.51	1,079	2,250.00-	5,000.00-	2,750.00	222
460517 Influenza Immunization	7,000.00-	4,659.25-	2,340.75-	67	7,000.00-	7,952.00-	952.00	114
460518 STD Fees	21,000.00-	13,717.17-	7,282.83-	65	23,000.00-	15,842.31-	7,157.69-	69
460519 Outpatient Services								
460524 Family Planning	27,000.00-	25,583.07-	1,416.93-	95	44,000.00-	20,979.82-	23,020.18-	48
460570 Education Revenue	2,400.00-	540.00-	1,860.00-	23	4,500.00-	744.00-	3,756.00-	17
* Charges for Services	180,450.00-	117,713.95-	62,736.05-	65	240,050.00-	113,785.13-	126,264.87-	47
484050 Donations Federal Pgm Income	37,550.00-	27,800.92-	9,749.08-	74	41,934.00-	29,845.67-	12,088.33-	71
484195 Non-Govt'l Grants								
485110 Workers Comp Reimb								
485300 Other Misc Govt Rev		15.00-	15.00			27.89-	27.89	
* Miscellaneous	37,550.00-	27,815.92-	9,734.08-	74	41,934.00-	29,873.56-	12,060.44-	71
** Revenue	2,398,086.86-	1,004,608.28-	1,393,478.58-	42	2,453,996.53-	1,347,494.98-	1,106,501.55-	55
701110 Base Salaries	2,046,242.25	1,429,181.91	617,060.34	70	2,237,201.94	1,477,877.56	759,324.38	66
701120 Part Time	541,787.10	307,287.16	234,499.94	57	505,752.32	378,494.74	127,257.58	75
701130 Pooled Positions	233,706.33	214,063.93	19,642.40	92	175,944.41	153,940.74	22,003.67	87
701140 Holiday Work		366.60	366.60-			477.11	477.11-	
701150 xcContractual Wages								
701200 Incentive Longevity	47,486.00	27,263.48	20,222.52	57	48,012.00	30,503.07	17,508.93	64
701300 Overtime	1,280.00	2,360.75	1,080.75-	184	1,280.00	373.46	906.54	29
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701412 Salary Adjustment	34,459.06-		34,459.06-		75.00-		75.00-	
701413 Vac Payoff/Sick Pay-Term		30,367.66	30,367.66-			32,009.03	32,009.03-	
701415 Physical Fitness Pay								
701417 Comp Time		209.82	209.82-			7,718.60	7,718.60-	
701419 Comp Time - Transfer		430.92	430.92-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	2,836,042.62	2,011,432.23	824,610.39	71	2,968,115.67	2,091,118.14	876,997.53	70
705110 Group Insurance	414,555.78	266,007.62	148,548.16	64	433,968.28	295,253.34	138,714.94	68
705210 Retirement	651,180.47	451,512.72	199,667.75	69	658,011.56	447,851.72	210,159.84	68
705230 Medicare April 1986	35,230.23	26,094.83	9,135.40	74	36,909.75	27,321.77	9,587.98	74
705320 Workmens Comp	19,765.83	14,183.82	5,582.01	72	18,435.65	13,826.70	4,608.95	75
705330 Unemply Comp	4,536.42	4,340.52	195.90	96	4,479.25	4,479.25		100
* Employee Benefits	1,125,268.73	762,139.51	363,129.22	68	1,151,804.49	788,732.78	363,071.71	68
710100 Professional Services	204,547.00	95,264.28	109,282.72	47	75,150.71	58,262.45	16,888.26	78

**Washoe County Health District
Community and Clinical Health Services
PD 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710105 Medical Services	850.00	550.00	300.00	65	850.00	594.00	256.00	70
710108 MD Consultants	46,950.00	31,087.50	15,862.50	66	46,900.00	33,025.00	13,875.00	70
710110 Contracted/Temp Services	1,000.00	15,653.25	14,653.25-	1,565	1,000.00	8,056.20	7,056.20-	806
710119 Subrecipient Payments								
710200 Service Contract	3,798.00	2,730.00	1,068.00	72	6,048.00	2,834.25	3,213.75	47
710205 Repairs and Maintenance	3,770.00	4,394.32	624.32-	117	3,800.00	1,226.75	2,573.25	32
710210 Software Maintenance								
710300 Operating Supplies	75,502.00	32,379.94	43,122.06	43	76,719.00	51,927.03	24,791.97	68
710334 Copy Machine Expense	14,797.00	7,687.84	7,109.16	52	13,847.00	7,546.48	6,300.52	54
710350 Office Supplies	12,760.00	6,191.16	6,568.84	49	13,520.01	8,828.52	4,691.49	65
710355 Books and Subscriptions	2,250.00	629.70	1,620.30	28	2,060.00	2,053.85	6.15	100
710360 Postage	3,675.00	3,560.43	114.57	97	4,490.00	1,908.50	2,581.50	43
710361 Express and Courier	335.00	47.88	287.12	14	245.00	114.18	130.82	47
710412 Do Not Use								
710500 Other Expense	15,595.96	10,716.06	4,879.90	69	30,602.51	16,069.09	14,533.42	53
710502 Printing	13,700.00	4,200.72	9,499.28	31	9,675.00	6,316.03	3,358.97	65
710503 Licenses & Permits	3,055.00	905.00	2,150.00	30	3,555.00	3,254.00	301.00	92
710504 Registration						99.99	99.99-	
710505 Rental Equipment								
710506 Dept Insurance Deductible						152.58	152.58-	
710507 Network and Data Lines	2,080.00	1,351.49	728.51	65	2,560.00	1,845.53	714.47	72
710508 Telephone Land Lines	13,354.00	8,583.56	4,770.44	64	13,975.00	8,904.34	5,070.66	64
710509 Seminars and Meetings	5,650.00	4,334.70	1,315.30	77	4,750.00	3,405.00	1,345.00	72
710512 Auto Expense	13,966.20	6,524.44	7,441.76	47	13,318.00	7,259.91	6,058.09	55
710519 Cellular Phone	360.00	883.31	523.31-	245	540.00	299.48	240.52	55
710524 Utility relocation								
710529 Dues	800.00	1,250.00	450.00-	156	1,350.00	824.00	526.00	61
710535 Credit Card Fees	3,215.00	1,358.80	1,856.20	42	3,245.00	1,617.68	1,627.32	50
710546 Advertising	30,145.00	8,735.00	21,410.00	29	34,903.86	45,201.71	10,297.85-	130
710551 Cash Discounts Lost		9.58	9.58-					
710577 Uniforms & Special Clothing	200.00		200.00		200.00		200.00	
710585 Undesignated Budget					15,300.00		15,300.00	
710703 Biologicals	243,370.00	151,809.30	91,560.70	62	246,163.19	140,075.99	106,087.20	57
710714 Referral Services	6,328.00	452.00	5,876.00	7	9,040.00	3,164.00	5,876.00	35
710721 Outpatient	90,957.55	50,616.83	40,340.72	56	108,264.15	46,865.89	61,398.26	43
710872 Food Purchases	6,450.00	450.08	5,999.92	7	6,550.00	3,006.41	3,543.59	46
711010 Utilities					1,700.00		1,700.00	
711100 ESD Asset Management	1,608.00	603.00	1,005.00	38	288.00	216.00	72.00	75
711114 Equip Srv O & M	546.37	438.10	108.27	80	550.44	463.54	86.90	84
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	711.35	587.65	123.70	83	711.35	530.56	180.79	75
711119 Prop & Liab Billings	21,303.49	15,977.70	5,325.79	75	23,150.65	17,362.89	5,787.76	75
711210 Travel	33,713.00	14,177.86	19,535.14	42	28,184.00	5,690.91	22,493.09	20
711399 ProCard in Process								
711504 Equipment nonCapital	5,950.00	18,255.66	12,305.66-	307	6,530.00	4,715.73	1,814.27	72
* Services and Supplies	883,292.92	502,397.14	380,895.78	57	809,735.87	493,718.47	316,017.40	61
781004 Equipment Capital	30,378.00	8,631.25	21,746.75	28	17,000.00	1,350.00	15,650.00	8
* Capital Outlay	30,378.00	8,631.25	21,746.75	28	17,000.00	1,350.00	15,650.00	8

**Washoe County Health District
Community and Clinical Health Services
PD 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
** Expenses	4,874,982.27	3,284,600.13	1,590,382.14	67	4,946,656.03	3,374,919.39	1,571,736.64	68
811001 Transfer to General								
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	2,476,895.41	2,279,991.85	196,903.56	92	2,492,659.50	2,027,424.41	465,235.09	81

**Washoe County Health District
Environmental Health Services
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	49,771.00-	13,406.00-	79	51,500.00-	47,206.00-	4,294.00-	92
422504 Pool Permits	74,690.00-	54,654.00-	20,036.00-	73	68,000.00-	39,586.00-	28,414.00-	58
422505 RV Permits	13,306.00-	9,011.00-	4,295.00-	68	10,500.00-	8,165.00-	2,335.00-	78
422507 Food Service Permits	492,181.00-	337,152.00-	155,029.00-	69	369,000.00-	296,307.00-	72,693.00-	80
422508 Wat Well Const Perm	23,567.00-	20,753.00-	2,814.00-	88	20,000.00-	17,215.00-	2,785.00-	86
422509 Water Company Permits	3,200.00-	6,810.00-	3,610.00	213	2,500.00-	2,484.00-	16.00-	99
422511 ISDS Permits	66,522.00-	64,248.00-	2,274.00-	97	49,000.00-	39,572.00-	9,428.00-	81
422513 Special Event Permits	99,623.00-	55,025.00-	44,598.00-	55	79,000.00-	42,697.00-	36,303.00-	54
422514 Initial Applic Fee	35,226.00-	25,990.00-	9,236.00-	74	27,000.00-	22,096.00-	4,904.00-	82
* Licenses and Permits	871,492.00-	623,414.00-	248,078.00-	72	676,500.00-	515,328.00-	161,172.00-	76
431100 Federal Grants	412,818.04-	176,944.41-	235,873.63-	43	340,000.00-	142,355.59-	197,644.41-	42
431105 Federal Grants - Indirect	27,470.00-	12,894.64-	14,575.36-	47				
432100 State Grants	50,000.00-	25,250.00-	24,750.00-	51	75,000.00-	39,000.00-	36,000.00-	52
432310 Tire Fee NRS 444A.090	468,548.00-	177,315.54-	291,232.46-	38	418,766.00-	241,500.45-	177,265.55-	58
* Intergovernmental	958,836.04-	392,404.59-	566,431.45-	41	833,766.00-	422,856.04-	410,909.96-	51
460509 Water Quality								
460510 IT Overlay	35,344.00-	26,696.00-	8,648.00-	76	113,400.00-	88,592.00-	24,808.00-	78
460512 Duplication Service Fees		696.18-	696.18			257.18-	257.18	
460513 Other Healt Service Charges		164.00-	164.00		2,700.00-	1,479.75-	1,220.25-	55
460514 Food Service Certification	19,984.00-	14,077.00-	5,907.00-	70	13,900.00-	12,891.00-	1,009.00-	93
460520 Eng Serv Health	50,707.00-	37,878.00-	12,829.00-	75	44,000.00-	24,693.00-	19,307.00-	56
460521 Plan Review - Pools & Spas	3,816.00-	4,517.00-	701.00	118	2,500.00-	1,069.00-	1,431.00-	43
460523 Plan Review - Food Services	18,765.00-	15,178.00-	3,587.00-	81	17,000.00-	20,766.00-	3,766.00	122
460525 Plan Review - Vector	36,021.00-	42,474.00-	6,453.00	118	30,000.00-	29,553.00-	447.00-	99
460532 Plan Rvw Hotel/Motel		480.00-	480.00			322.00-	322.00	
460533 Quick Start						87.00-	87.00	
460534 Child Care Inspection	10,560.00-	5,961.00-	4,599.00-	56	8,500.00-	5,553.00-	2,947.00-	65
460535 Pub Accomod Inspectn	22,540.00-	13,897.00-	8,643.00-	62	17,300.00-	11,465.00-	5,835.00-	66
460570 Education Revenue	500.00-	256.00-	244.00-	51	1,200.00-	226.00-	974.00-	19
* Charges for Services	198,237.00-	162,274.18-	35,962.82-	82	250,500.00-	196,953.93-	53,546.07-	79
485100 Reimbursements						240.00-	240.00	
485121 Jury Reimbursements								
485300 Other Misc Govt Rev		2,500.00-	2,500.00					
* Miscellaneous		2,500.00-	2,500.00			240.00-	240.00	
** Revenue	2,028,565.04-	1,180,592.77-	847,972.27-	58	1,760,766.00-	1,135,377.97-	625,388.03-	64
701110 Base Salaries	2,961,482.51	2,034,717.95	926,764.56	69	3,018,372.82	2,075,216.38	943,156.44	69
701130 Pooled Positions	195,228.04	76,992.71	118,235.33	39	236,872.77	74,704.25	162,168.52	32
701140 Holiday Work	2,400.00	2,660.05	260.05-	111	1,200.00	1,123.27	76.73	94
701150 xcContractual Wages								
701200 Incentive Longevity	50,522.50	24,028.86	26,493.64	48	50,800.00	23,903.84	26,896.16	47
701300 Overtime	62,123.00	28,575.71	33,547.29	46	36,600.00	20,155.53	16,444.47	55
701406 Standby Pay								
701408 Call Back	1,000.00	146.96	853.04	15	1,000.00	182.10	817.90	18
701412 Salary Adjustment	199,268.34-		199,268.34-					
701413 Vac Payoff/Sick Pay-Term		3,522.66	3,522.66-			24,260.54	24,260.54-	
701415 Physical Fitness Pay								
701417 Comp Time		644.69	644.69-			10,144.53	10,144.53-	
701500 Merit Awards								

**Washoe County Health District
Environmental Health Services
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
* Salaries and Wages	3,073,487.71	2,171,289.59	902,198.12	71	3,344,845.59	2,229,690.44	1,115,155.15	67
705110 Group Insurance	412,145.94	292,343.78	119,802.16	71	434,110.13	296,967.94	137,142.19	68
705210 Retirement	773,216.95	528,285.64	244,931.31	68	728,879.94	497,659.12	231,220.82	68
705230 Medicare April 1986	41,494.29	29,332.46	12,161.83	71	41,940.99	29,879.73	12,061.26	71
705320 Workmens Comp	19,168.03	14,376.06	4,791.97	75	18,838.38	14,128.83	4,709.55	75
705330 Unemply Comp	4,399.22	4,399.24	0.02-	100	4,577.10	4,577.10		100
* Employee Benefits	1,250,424.43	868,737.18	381,687.25	69	1,228,346.54	843,212.72	385,133.82	69
710100 Professional Services	247,318.30	26,595.00	220,723.30	11	325,401.67	6,881.31	318,520.36	2
710105 Medical Services	6,548.00	3,453.00	3,095.00	53	6,548.00	443.00	6,105.00	7
710110 Contracted/Temp Services	35,000.03	5,056.42	29,943.61	14	65,000.00	6,513.54	58,486.46	10
710200 Service Contract	95,300.00	39,494.58	55,805.42	41	95,300.00	32,125.27	63,174.73	34
710205 Repairs and Maintenance	5,500.00	1,028.38	4,471.62	19	4,600.00	263.38	4,336.62	6
710210 Software Maintenance	250.00		250.00					
710300 Operating Supplies	31,900.00	22,999.84	8,900.16	72	20,100.00	6,575.39	13,524.61	33
710302 Small Tools & Allow	10,685.00	1,113.67	9,571.33	10	3,685.00	584.98	3,100.02	16
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	343.91	1,656.09	17
710319 Chemical Supplies	232,300.00	232,321.33	21.33-	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	2,800.00	819.20	1,980.80	29	2,250.00	789.70	1,460.30	35
710350 Office Supplies	7,250.00	5,788.91	1,461.09	80	9,100.00	5,735.12	3,364.88	63
710355 Books and Subscriptions	2,100.00	731.85	1,368.15	35	2,400.00	342.00	2,058.00	14
710360 Postage	13,130.00	4,895.31	8,234.69	37	9,775.00	9,974.18	199.18-	102
710361 Express and Courier	175.00	5.68	169.32	3	175.00		175.00	
710391 Fuel & Lube	100.00	78.52	21.48	79	100.00		100.00	
710500 Other Expense	200.00	209.47	9.47-	105	8,300.00	192.80	8,107.20	2
710502 Printing	12,600.00	1,163.49	11,436.51	9	11,525.00	1,154.02	10,370.98	10
710503 Licenses & Permits	2,690.00	2,350.00	340.00	87	2,690.00	2,080.00	610.00	77
710505 Rental Equipment								
710506 Dept Insurance Deductible		300.00	300.00-			300.00	300.00-	
710507 Network and Data Lines	2,220.00	1,030.14	1,189.86	46	2,500.00	925.26	1,574.74	37
710508 Telephone Land Lines	8,960.00	5,942.49	3,017.51	66	9,710.00	6,553.93	3,156.07	67
710509 Seminars and Meetings	21,315.00	14,522.00	6,793.00	68	13,415.00	5,769.00	7,646.00	43
710512 Auto Expense	50.00		50.00		100.00	29.69	70.31	30
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	11,920.00		100
710519 Cellular Phone	6,600.00	2,798.08	3,801.92	42	6,600.00	3,188.01	3,411.99	48
710529 Dues	1,565.99	691.00	874.99	44	1,661.00	605.00	1,056.00	36
710535 Credit Card Fees	4,410.00	4,246.13	163.87	96	4,610.00	3,111.42	1,498.58	67
710546 Advertising	13,030.00		13,030.00		6,050.00	500.00	5,550.00	8
710551 Cash Discounts Lost		26.65	26.65-					
710577 Uniforms & Special Clothing	25,200.00	1,590.67	23,609.33	6	1,700.00	1,049.86	650.14	62
710585 Undesignated Budget	36,349.13		36,349.13					
710600 LT Lease-Office Space	41,651.00	30,835.00	10,816.00	74	41,651.00	30,330.00	11,321.00	73
710721 Outpatient								
711100 ESD Asset Management	32,964.00	22,914.00	10,050.00	70	11,856.00	8,712.00	3,144.00	73
711113 Equip Srv Replace	17,182.42	33,548.08-	50,730.50	195-	17,061.11	13,017.19	4,043.92	76
711114 Equip Srv O & M	32,731.24	20,879.96	11,851.28	64	30,573.49	21,178.42	9,395.07	69
711115 Equip Srv Motor Pool	16,741.00		16,741.00		16,741.00		16,741.00	
711117 ESD Fuel Charge	42,624.12	23,544.42	19,079.70	55	39,776.37	28,880.15	10,896.22	73

**Washoe County Health District
Environmental Health Services
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
711119 Prop & Liab Billings	21,592.09	16,194.06	5,398.03	75	23,656.38	17,742.33	5,914.05	75
711210 Travel	94,000.00	25,030.32	68,969.68	27	81,150.00	9,576.68	71,573.32	12
711399 ProCard in Process								
711504 Equipment nonCapital	89,242.00	42,626.97	46,615.03	48	62,544.00	2,097.07	60,446.93	3
* Services and Supplies	1,227,794.32	534,271.21	693,523.11	44	1,184,175.02	471,616.48	712,558.54	40
781004 Equipment Capital	53,193.25		53,193.25		25,000.00		25,000.00	
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	153,193.25		153,193.25		25,000.00		25,000.00	
** Expenses	5,704,899.71	3,574,297.98	2,130,601.73	63	5,782,367.15	3,544,519.64	2,237,847.51	61
485196 Insur Reimb-F/A Loss						150.00-	150.00	
* Other Fin. Sources						150.00-	150.00	
621001 Transfer From General								
* Transfers In								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use						150.00-	150.00	
*** Total	3,676,334.67	2,393,705.21	1,282,629.46	65	4,021,601.15	2,408,991.67	1,612,609.48	60

**Washoe County Health District
Epidemiology Public Health Preparedness
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,120,162.09-	639,134.44-	481,027.65-	57	1,366,574.73-	740,301.31-	626,273.42-	54
431105 Federal Grants - Indirect	91,954.91-	58,143.74-	33,811.17-	63	79,852.00-	50,359.29-	29,492.71-	63
* Intergovernmental	1,212,117.00-	697,278.18-	514,838.82-	58	1,446,426.73-	790,660.60-	655,766.13-	55
460511 Birth and Death Certificates	450,000.00-	340,367.00-	109,633.00-	76	400,000.00-	357,053.00-	42,947.00-	89
460512 Duplication Service Fees		35.00-	35.00					
* Charges for Services	450,000.00-	340,402.00-	109,598.00-	76	400,000.00-	357,053.00-	42,947.00-	89
** Revenue	1,662,117.00-	1,037,680.18-	624,436.82-	62	1,846,426.73-	1,147,713.60-	698,713.13-	62
701110 Base Salaries	1,277,745.42	854,523.50	423,221.92	67	1,220,854.27	817,784.74	403,069.53	67
701120 Part Time	24,152.57	6,330.46	17,822.11	26	24,152.57	17,225.79	6,926.78	71
701130 Pooled Positions	2,900.00	16,588.81	13,688.81-	572	11,330.00	19,653.05	8,323.05-	173
701140 Holiday Work		117.94	117.94-			46.38	46.38-	
701150 xcContractual Wages								
701200 Incentive Longevity	13,622.00	6,217.09	7,404.91	46	9,515.00	6,260.41	3,254.59	66
701300 Overtime	1,700.00	3,432.83	1,732.83-	202	1,200.00	588.10	611.90	49
701412 Salary Adjustment					42,507.00		42,507.00	
701413 Vac Payoff/Sick Pay-Term		9,410.57	9,410.57-			2,889.96	2,889.96-	
701417 Comp Time		167.14	167.14-			2,185.99	2,185.99-	
701500 Merit Awards								
* Salaries and Wages	1,320,119.99	896,788.34	423,331.65	68	1,309,558.84	866,634.42	442,924.42	66
705110 Group Insurance	157,102.63	107,253.10	49,849.53	68	154,680.99	106,602.91	48,078.08	69
705210 Retirement	331,395.85	220,556.87	110,838.98	67	314,726.17	195,640.60	119,085.57	62
705230 Medicare April 1986	18,701.48	12,486.05	6,215.43	67	19,086.47	11,903.66	7,182.81	62
705320 Workmens Comp	8,091.65	6,068.70	2,022.95	75	7,988.98	5,800.59	2,188.39	73
705330 Unemply Comp	1,857.10	1,857.12	0.02-	100	1,879.10	1,879.10		100
705360 Benefit Adjustment					10,656.00		10,656.00	
* Employee Benefits	517,148.71	348,221.84	168,926.87	67	509,017.71	321,826.86	187,190.85	63
710100 Professional Services	132,590.27	85,569.17	47,021.10	65	260,648.22	89,911.67	170,736.55	34
710105 Medical Services	100.00	53.50	46.50	54	100.00	176.00	76.00-	176
710108 MD Consultants		9,000.00	9,000.00-					
710110 Contracted/Temp Services	17,500.00	15,924.64	1,575.36	91	5,051.00	26,458.72	21,407.72-	524
710200 Service Contract	2,395.00	3,173.50	778.50-	133	1,895.00	2,760.08	865.08-	146
710205 Repairs and Maintenance	1,000.00	286.95	713.05	29	1,008.00		1,008.00	
710210 Software Maintenance	12,000.00	12,000.00		100	12,000.00	9,750.00	2,250.00	81
710300 Operating Supplies	15,512.00	10,553.45	4,958.55	68	15,739.00	316.66	15,422.34	2
710334 Copy Machine Expense	2,950.00	1,910.02	1,039.98	65	3,277.89	1,478.82	1,799.07	45
710350 Office Supplies	6,600.00	4,561.14	2,038.86	69	7,558.00	5,104.90	2,453.10	68
710355 Books and Subscriptions	2,144.00	972.56	1,171.44	45	2,729.00	409.90	2,319.10	15
710360 Postage	2,950.00	1,384.59	1,565.41	47	3,164.00	1,714.24	1,449.76	54
710361 Express and Courier	50.00	14.33	35.67	29	10.00	34.81	24.81-	348
710500 Other Expense	7,436.00	6,074.75	1,361.25	82	5,371.00	5,554.75	183.75-	103
710502 Printing	2,390.00	3,063.62	673.62-	128	4,719.00	1,669.79	3,049.21	35
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	100.00		100.00		3,378.00	1,300.00	2,078.00	38
710506 Dept Insurance Deductible								
710507 Network and Data Lines	600.00	707.94	107.94-	118	796.00	626.96	169.04	79
710508 Telephone Land Lines	5,090.00	3,416.31	1,673.69	67	6,270.00	3,369.78	2,900.22	54
710509 Seminars and Meetings	6,300.00	7,524.00	1,224.00-	119	5,850.00	11,015.00	5,165.00-	188
710512 Auto Expense	2,250.00	789.69	1,460.31	35	2,030.00	1,168.60	861.40	58

**Washoe County Health District
Epidemiology Public Health Preparedness
Pd 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710519 Cellular Phone	2,480.00	2,216.81	263.19	89	5,137.00	1,726.15	3,410.85	34
710529 Dues	1,110.00	445.00	665.00	40	1,630.00	360.00	1,270.00	22
710535 Credit Card Fees	2,000.00	1,378.83	621.17	69	2,000.00	1,452.16	547.84	73
710546 Advertising	2,625.00		2,625.00		2,625.00		2,625.00	
710585 Undesignated Budget					55,777.00		55,777.00	
710620 LT Lease-Equipment								
710703 Biologicals	3,420.79	901.08	2,519.71	26	3,420.79		3,420.79	
710721 Outpatient	2,135.00	915.36	1,219.64	43	2,135.00	1,500.44	634.56	70
710872 Food Purchases	1,000.00		1,000.00		2,400.00	222.68	2,177.32	9
711010 Utilities	180.00		180.00					
711100 ESD Asset Management	6,432.00	7,236.00	804.00-	113	2,304.00	1,728.00	576.00	75
711113 Equip Srv Replace	377.94	283.50	94.44	75	377.95	283.50	94.45	75
711114 Equip Srv O & M	1,609.62	161.30	1,448.32	10	654.46	1,117.76	463.30-	171
711115 Equip Srv Motor Pool					1,605.00		1,605.00	
711117 ESD Fuel Charge					78.58	14.56	64.02	19
711119 Prop & Liab Billings	9,114.95	6,836.31	2,278.64	75	9,711.98	7,283.97	2,428.01	75
711210 Travel	51,250.00	8,919.30	42,330.70	17	65,367.00	14,528.30	50,838.70	22
711504 Equipment nonCapital	1,750.00	7,339.38	5,589.38-	419	45,489.00	53,640.44	8,151.44-	118
* Services and Supplies	305,592.57	203,613.03	101,979.54	67	542,456.87	246,678.64	295,778.23	45
781004 Equipment Capital					12,337.00		12,337.00	
* Capital Outlay					12,337.00		12,337.00	
** Expenses	2,142,861.27	1,448,623.21	694,238.06	68	2,373,370.42	1,435,139.92	938,230.50	60
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	480,744.27	410,943.03	69,801.24	85	526,943.69	287,426.32	239,517.37	55

**Washoe County Health District
Undesignated
PD 1-9, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710400 Payments to Other Agencies								
711400 Overhead - General Fund	2,898,034.00	2,173,525.47	724,508.53	75	2,553,372.00	1,276,686.00	1,276,686.00	50
** Expenses	2,898,034.00	2,173,525.47	724,508.53	75	2,553,372.00	1,276,686.00	1,276,686.00	50
621001 Transfer From General	8,603,891.00-	5,735,927.36-	2,867,963.64-	67	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
* Transfers In	8,603,891.00-	5,735,927.36-	2,867,963.64-	67	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	5,735,927.36-	2,867,963.64-	67	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
*** Total	5,705,857.00-	3,562,401.89-	2,143,455.11-	62	6,070,519.00-	3,035,261.00-	3,035,258.00-	50

Washoe County Health District
Miscellaneous
Pd 1-9, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710551 Cash Discounts Lost		59.36	59.36-			103.22	103.22-	
*** Total		59.36	59.36-			103.22	103.22-	



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES



Public Health
Prevent. Promote. Protect.

HEALTH DISTRICT
FISCAL YEAR 15
TENTATIVE

SOURCES	
Licenses & Permits	\$1,294,420
Intergovernmental	\$6,178,973
Charges for Services	\$1,329,615
Miscellaneous	\$98,663
SUBTOTAL REVENUE	\$8,901,671
General Fund Transfer	\$10,000,192
Beginning Fund Balance	\$621,380
TOTAL SOURCES	\$19,523,243
USES	
Public Health Administration	\$1,383,011
Air Quality Management	\$2,090,956
Community & Clinical Health Services	\$5,911,713
Environmental Health Services	\$5,077,634
Epidemiology & Public Health Preparedness	\$2,250,953
Overhead	\$2,741,061
SUBTOTAL FUNCTIONS	\$19,455,328
Ending Fund Balance	\$67,915
TOTAL USES	\$19,523,243



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES



Public Health
Prevent. Promote. Protect.

Staff Report

Board Meeting Date: April 24, 2014

DATE: April 10, 2014

TO: District Board of Health

THROUGH: Eileen Stickney, Administrative Health Services Officer *ES*

FROM: Laurie Griffey, Admin Assistant I / HR Rep, Washoe County Health District *LHG*
775-328-2403, lgriffey@washoecounty.us

SUBJECT: Affirm that Mr. Kevin Dick was Appointed to the Position of District Health Officer by a Vote of the District Board of Health on October 24, 2013; that October 24, 2013 Constitutes the Annual Evaluation and Merit Anniversary Date for Mr. Dick; that Mr. Dick's Appointment Shall Continue for a Period of One Year from October 24, 2013, an Automatically Renew for Successive Periods, as Deemed Appropriate by the Board, Based on Satisfactory Performance, as per the Employment Agreement entered into by Mr. Dick and the Board.

RECOMMENDATION:

Staff recommends that the District Board of Health affirm Mr. Kevin Dick was appointed to the position of District Health Officer by a vote of the District Board of Health on October 24, 2013; that October 24, 2013 constitute the annual evaluation and merit anniversary date for Mr. Dick; that Mr. Dick's appointment shall continue for a period of one year from October 24, 2013, an automatically renew for successive periods, as deemed appropriate by the Board, based on satisfactory performance, as per the Employment Agreement entered into by Mr. Dick and the Board.

PREVIOUS ACTION:

On April 26, 2013, the District Board of Health appointed Mr. Kevin Dick as the Interim District Health Officer.

On October 24, 2013, the District Board of Health voted to appoint Mr. Kevin Dick to the position of District Health Officer and to begin contract negotiations.

On January 23, 2014, the District Board of Health approved an Employment Agreement with Mr. Kevin Dick, for the position of District Health Officer, which was retroactive to April 26, 2013.

SUMMARY:

In accordance with Section 8.B. of the District Health Officer’s Employment Agreement, Mr. Kevin Dick and the Chairman of the District Board of Health (Mr. Matt Smith) mutually agreed it was in the best interest of the Health District to move Mr. Dick’s annual performance evaluation and merit anniversary date to October 24, 2013; in alignment with the date the District Board of Health officially appointed him to the position.

FISCAL IMPACT:

No fiscal impact as this item addresses anniversary date only.

POSSIBLE MOTION:

Should the Board agree with Staff’s recommendation, a possible motion would be: “Move to approve Mr. Kevin Dick’s annual evaluation and merit anniversary date be moved to October 24, 2013; that Mr. Dick’s appointment shall continue for a period of one year from October 24, 2013, an automatically renew for successive periods, as deemed appropriate by the Board, based on satisfactory performance, as per the Employment Agreement entered into by Mr. Dick and the Board.”



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



Public Health
Prevent. Promote. Protect.

April 14, 2014

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, April 2014

Communicable Disease - Influenza

For the week ending April 5, 2014 (CDC Week 14) eleven of the twelve participating healthcare providers reported a total of 59 patients with influenza-like illness (ILI) out of a total of 5,565 patients seen for an ILI percentage of 1.1%. This is below the regional baseline of 2.9%. During the previous week (13) the national ILI percentage was 1.6%. On a regional level the ILI percentage ranged from 0.6% to 3.7%.

Also, during week 13 one death certificates were received listing pneumonia (P) or influenza (I) as a factor contributing to death. The total number of death certificates submitted for week 13 was 76. This reflects a P&I ratio of 1.3% which is below the epidemic threshold set by CDC for week 13 at 7.3%. Nationally the P&I was 6.5%. There have been a total of 203 P&I deaths registered in Washoe County since the beginning of this influenza season. The CDC estimates that about 8% of P&I deaths may be truly caused by influenza. This would equate to about 17 deaths and may include individuals who were not Washoe County residents but died in Washoe County. The number of deaths among Washoe County residents with laboratory-confirmed influenza is currently holding at 9.

Hand Foot and Mouth Disease

Communicable Disease Staff are once again receiving reports from local child care centers experiencing increases in Hand Foot and Mouth Disease (HFMD) cases. Based on the severity and types of symptoms as well as the recent history of Coxsackievirus A6 in Washoe County, staff are recommending that all sporadic cases, as well as outbreaks be treated as if they are caused by this strain. An issue of the EpiNews outlining specific steps for daycare providers to take has been distributed. Parent fact sheets have also been developed and made available to daycare providers for distribution.

Public Health Preparedness (PHP) –

As part of National Public Health Week's "Don't Panic" Preparedness Day on April 8th, PHP staff coordinated a Psychological First Aid Training, facilitated by leaders from the Northern Nevada Chapter of the American Red Cross, which had 22 attendees. Additionally staff worked with the Nevada Public

Health Association on other National Public Health Week events in the community, including coordinating a food drive for Health District staff to help increase the Food Bank's stockpile of food.

PHP collaborated with the Northern Nevada Regional Intelligence Center (a Washoe County Sheriff's Office program) to coordinate training on Creating Vigilant, Prepared, and Resilient Communities for Homeland Security. This two-day intensive training had 20 attendees, and was part of PHP's effort to build upon the community recovery capability identified by CDC.

A series of half-day Continuity of Operation Plan (COOP) training and tabletop exercises for WCHD staff began in April and will wrap up at the beginning of May. This staff training opportunity came out of the recommendations provided at the last management COOP training and tabletop exercise.

Staff is working with Private POD partners to assist in the development of their individual Private POD Plans. Staff continues to work on updated internal plans as well. Specifically, staff is working to update the Department Emergency Management Plan (DEMP), which includes the general annual updates. Furthermore, staff is in the process of updating the Medical Countermeasure Distribution and Dispensing Plan.

Several Medical Reserve Corps volunteers (MRC) along with the staff coordinator participated in the Remote Area Medical (RAM) event, April 11-13, 2014 at Hug High School. RAM is an international organization that travels the country and throughout the world providing free medical services with no qualifications required. RAM has been featured on "60-Minutes" and "Nightline" for its humanitarian efforts.

PHP staff have trained all regional hospitals on the new Statewide Healthcare Requesting Procedures. These procedures would be utilized in the event of an emergency either within the facilities or community that requires additional supplies or personnel to respond.

PHP staff is collaborating with the Medical Examiner's Office to further develop the Northern Nevada Disaster Victim Recovery Team. This is volunteer team that would assist the ME's office in the event of a mass fatality situation that requires additional personnel during the recovery phase. The outreach for this team included all of Northern Nevada and border Counties from California, to include the Medical Reserve Corps.

PHP staff has been asked to participate with the Washoe County School District on the update of their Emergency Operations Plan, specifically being asked to focus on recovery and resiliency. These meetings focus on parent reunification as well as the days, weeks, months after an incident. Completion of this plan update is anticipated to finish prior to the new school year beginning.

PHP staff retained a contractor to coordinate a statewide training related to call centers and emergency response capabilities. As part of this project, Nevada 211 will update their emergency response protocols and include the interface between regional call centers so citizens are given accurate information and resources during an emergency response.

Emergency Medical Services (EMS) –

The new EMS Coordinator is undergoing a three-day training on Emergency Medical Dispatch. Although dispatch is not a part of the job for the EMS Coordinator, this training has proven to be very useful in terms of assuring that this position is able to communicate effectively with REMSA and other entities which form part of the overall EMS system.

The District Health Officer, EPHP Division Director, and the EMS Coordinator have been working together with REMSA staff to negotiate a new franchise agreement that conforms to the Principles of Agreement developed by the EMS Working Group over the last year.

Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



WASHOE COUNTY HEALTH DISTRICT



Public Health
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Staff Report

DATE: April 24, 2014

TO: District Board of Health Members

FROM: Steve Kutz, RN, MPH, Division Director
Community and Clinical Health Services
(775) 328-6159 skutz@washoecounty.us

SUBJECT: Community and Clinical Health Services (CCHS) Division Report,
April 2014 District Board of Health Meeting

1. Program Update - Sexual Health – National STD Awareness Month
2. Divisional Update
 - a. Insight
 - b. Affordable Care Act
 - c. Data/Metrics
3. Program Reports

1. Program Update – Sexual Health Program – National STD Awareness Month

- a. April marks the annual observance of STD Awareness Month. Individuals, health care providers, and community-based organizations are encouraged to bring a renewed sense of enthusiasm and focus to their STD awareness and prevention efforts throughout the month.
- b. The Centers for Disease Control and Prevention (CDC) estimates that treating STDs costs \$16 billion every year. Like STDs, HIV is most commonly transmitted through sex, therefore individuals who are at risk for STDs are also at risk for HIV. STD testing is a key opportunity to increase HIV testing, identify HIV-positive individuals, and link them to treatment and care. Clinics that test for HIV also have a role to play in reducing the STD epidemic, by offering STD testing to all individuals with STD risk factors.

STDs can make people living with HIV more likely to transmit the virus. Active STDs like gonorrhea increase the quantity of HIV particles found in semen. For men who have sex with men, a history of two prior STD infections is associated with an eight-fold increased risk of HIV infection. An increase in STD testing, treatment, and risk reduction counseling may reduce the number of STD infections, and may also lower the associated risk of HIV infection.

Drug resistant gonorrhea threatens HIV and STD prevention. Gonorrhea is rapidly building resistance to the last class of antibiotics approved to treat the disease. Gonorrhea testing and surveillance provides valuable data that helps public health officials address both the STD and HIV epidemics.

- c. STD testing is a great opportunity for medical professionals to educate people about their health choices. A recent study revealed a startling missed opportunity—that half of all patients with gonorrhea were not tested for HIV at the time of diagnosis or treatment. Partner services for people with STDs, including HIV, are instrumental in finding and testing individuals who are at increased risk of HIV infection due to having a partner with HIV and/or having an STD infection.

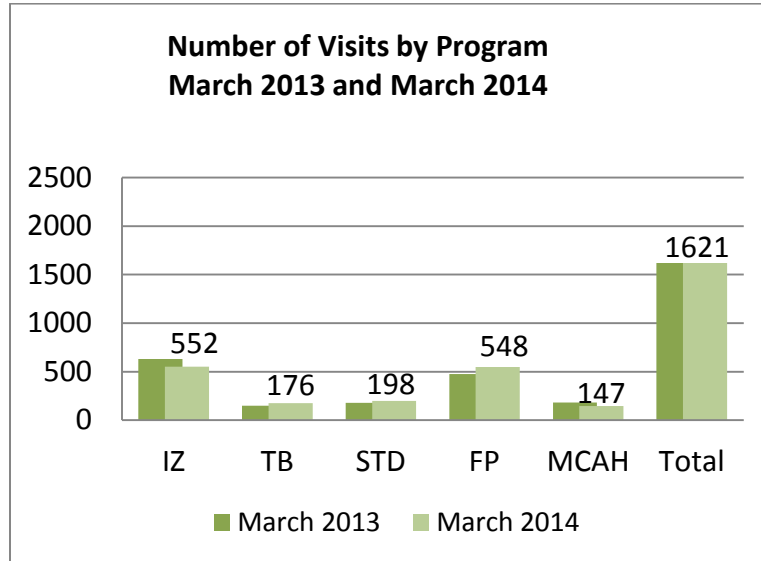
Strong STD prevention, testing, and treatment programs play a critical role in comprehensive HIV prevention, treatment, and monitoring. STD infection is a marker of HIV risk and can offer insights into where the HIV epidemic may grow. When we prevent STDs, we save resources, educate people, and protect our communities from HIV. In addition, the Sexual Health Program has launched social media outreach.

Ongoing efforts to manage Washoe County's increase in gonorrhea and syphilis incidence include outreach to area healthcare providers. An Epi-News issue will be distributed to area providers that will include changes to Partner Services (i.e. disease and contact investigation), current morbidity, and a review of appropriate syphilis treatment.

2. Divisional Update

- a. Insight – The contract amendment for Revenue Cycle Management (RCM) has been executed. Staff will be working with Netsmart to develop a playbook for them to be able to provide billing services for CCHS clinical services. Staff recently had a conference call with Netsmart staff with regards to professional services to enhance our ability to more easily retrieve data and metrics necessary for reporting, as well as clinic visit summaries as requested by clients or to share with healthcare providers as part of clients' treatment.
- b. Affordable Care Act (ACA) – Beginning April 18, 2014, a Washoe County Social Services certified application counselor (CAC) will be at the Health District weekly to assist clients with signing up for health insurance through the Nevada Silver State Health Insurance Exchange. The Family Planning Program is exploring a Title X grant opportunity that would provide funding for additional CAC time to continue with enrollment into Medicaid and other qualified health plans (QHPs).

c. Data/Metrics –



Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, resulting in a reduction of direct services available.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – HIV and STD testing activities will resume at the Community Resource Center on weekly basis starting this month. Increased offsite testing is an HIV Prevention grant deliverable, as well as an opportunity to address increasing STD infection among the homeless population.
- b. **Immunizations** – On March 4th an off-site flu clinic was held at Career College of Northern Nevada, in partnership with Immunize Nevada. A total of 31 flu vaccinations were administered.

Two staff members attended the workshop “Creating Vigilant, Prepared and Resilient Communities for Homeland Security”.

- c. **Tuberculosis Prevention and Control Program** –The CDC/State site visit took place March 26th - March 27th. WCHD TB program staff were complimented on their thoroughness, ease of partnering and collaborating on various projects, frequent sharing of information, and providing clinical technical assistance to the State TB Program Manager. Information was provided to the team regarding the comprehensive five year CDC grant that will begin CY2015. Nevada had a 9.5% increase in TB cases in 2013 and there were 20 cases in the 0-19 year old age range.

- d. **Family Planning/Teen Health Mall** – The Family Planning Program will begin working with Netsmart to implement the Family Planning Module into the Insight Electronic Health Record. This program will enhance documentation and allow for easier required Title X reporting.
- e. **Chronic Disease Prevention Program** – University of Nevada Reno announced plans to ban the use of all forms of tobacco, including chewing tobacco and e-cigarettes, starting August 1, 2015. The CDPD program has a contract in place with the UNR Student Health Center to educate UNR students, staff, faculty and administration on the health benefits of tobacco free spaces. (See the full article on page six of this report).



A three week media campaign targeting young adults to promote quitting smoking has dramatically increased the program's Facebook presence from a baseline weekly reach of 4 to high of 137,282; baseline people engaged from 1 to 395. Additionally, there were a total of 3,760 web hits for all tobacco prevention and control pages on both the WCHD and GetHealthyWashoe.com websites in March (a 36% increase from the previous month). The campaign included TV, radio and Facebook ads.

Staff have been working with childcare centers and before and after school centers to develop wellness policies that improve the nutrition and physical activity of children while they are in care. This past year staff have been partnering with the American Heart Association. In March, two childcare facilities who had successfully implemented wellness policies were presented with play equipment kits. KTVN Channel 2 covered one of the events.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) team will be presenting to the State Child Death Review Board later this month, providing an update regarding the progress of FIMR implementation in Washoe County. The team is developing the FIMR policy and procedures, as well as meeting with community stake holders. The home visitation program is notifying community agencies of the closure of the program as of June 30, 2014. The nurses continue to work with families and are providing alternative resources.

- g. **WIC** – Staff attended the second and final of two “Bridges Over Poverty” trainings. The purpose was to develop recommendations on ways to implement principles learned in the first training and to then weave these into clinic operations and daily practice.

Number of WIC Participants Served* - February 2014:

Women Prenatal	Women Postpartum Non-breastfeeding	Women Postpartum Breastfeeding	Infants 0-12 Months	Children 1-5 Years	TOTAL
458	355	433	1,225	3,020	5,491

*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

UNR plans for tobacco ban

Preparations include classes, assistance

By Lenita Powers

lpowers@rqj.com

The clock is ticking on tobacco use at the University of Nevada, Reno — 16 months and counting.

UNR President Marc Johnson announced in January that the campus would ban the use of all forms of tobacco, including chewing tobacco and e-cigarettes, effective Aug. 1, 2015.

That prohibition would apply to the main campus and all UNR properties off campus. It also will include the skyboxes at Mackay Stadium.

On Monday, he announced that planning will start on how to prepare UNR to join about 1,200 colleges and universities across the country as a tobacco-free campus.

"This has been the method used by the other campuses: to give at least a year for preparation to write our policies, get signage up and get people ready with a lot of cessation education and assistance on campus prior to the ban going into effect," Johnson said.

The university plans to provide tobacco-cessation classes, hotlines, nicotine replacement therapy and kits to help the campus community kick the habit.

UNR currently prohibits anyone from using tobacco products within 25 feet of a building.

The new ban would apply to visitors to the campus as well as students,

See BAN, Page 6A

Continued from Page 1A

faculty and staff.

"A survey last fall showed that 85 percent of our students already are tobacco-free, so we are well along," Johnson said. "I think this tobacco-free initiative will be effective and I think people are largely responsive to pro-health issues."

Johnson said the effort now has been supported formally through resolutions passed by the Faculty Senate, the Staff Employees Council and student government representatives of graduate and undergraduate students.

"This is just a continuation of the university's efforts to support the development of the mind, body and spirit of all our students," Johnson said. "In the last two years, we have done several things to focus on the health and wellness of all students."

He said among those were identifying healthy meal choices at student residential dining halls and deciding to build a student fitness center.

More than 440,000 people die each year from tobacco-related illnesses, according to the Centers for Disease Control and Prevention. Secondhand smoke causes nearly 50,000 deaths annually.

When the ban begins, violators won't face fines or penalties.

"This is an educational campaign and we will give everyone license to remind one another when this becomes a smokefree campus that it is for the health benefit of everyone coming on campus," Johnson said.



WASHOE COUNTY HEALTH DISTRICT



Public Health
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ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: April 11, 2014
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
SUBJECT: Environmental Health Services Division Report for April 2014

Food Program

- Staff attended the Good Manufacturing Practices Training sponsored by The State of Nevada Division of Public and Behavioral Health and the U.S. Food & Drug Administration.
- A total of 123 inspections were completed and 122 permits issued for temporary foods/special events in the first quarter of calendar year 2014 (3rd quarter FY14).

Institutions Program

- Pool and Spa opening season has arrived. Opening inspections are currently being scheduled through the Health District website.
- Invasive Body Decoration (IBD) Program inspected 58 temporary permits at the Lady Luck Exposition. They were shadowed by Placer County and the State Health Division who view Washoe County as a premier IBD program.
- The IBD regulation revision draft is near completion.

Land Development Program

- The program is working on tracking and reporting activities in all areas of the program. This is the first Division Director's Report where residential septic system inspections have been reported on a monthly basis. For the month of March, 37 inspections were conducted.

UST/LUST Program

- Staff attended a week long intensive underground storage tank systems construction inspection course at the request and special funding of US EPA and NDEP. The training was attended with staff counterparts from Carson City NDEP and the Southern Nevada Health District to assist in building consistency across the state in the areas of fueling station construction inspections and standards.

Vector-Borne Disease Program

- Staff attended a workshop in Fernley for continuing education of our pesticide applicators license. Also attending were our Vector counterparts from Churchill, City of Fernley, Mason Valley and Carson City Health District.

- The U.S Public Health Service for Indian Health Services invited staff to provide PowerPoint presentations for Tribal leaders and Council members to assist in developing a Mosquito Control Program using the guidelines from the National Association of County and City Health Officials (NACCHO). Along with this topic, disease surveillance, mosquito biology of the 38 mosquito species found in Nevada, vegetation and good water management, design standards for wetlands, and new and existing infrastructures were presented to the Tribal leaders.
- Staff will be meeting with the South Meadows Business Association to evaluate efforts in vegetation management of the channels and ditches under their authority.
- The Program was invited as a stakeholder in the Alum Creek Water Quality project at Caughlin Ranch. The first phase of the project will sample elements in the creek that are impairing water quality. The second phase is constructing wetlands to mitigate the impairments to improve water quality in Alum Creek.

Waste Management Program

- The program assisted in supporting the City of Reno's Cleanup Project in the 9th Street area as part of a community wide cleanup project. This was conducted in conjunction with the City of Reno Code Enforcement Office. Approximately 240 cubic yards of waste was collected during the four hour round-up on March 29 (see attached article).

General Environmental

- The Board of County Commissioners unanimously approved ordinances Tuesday night for various zoning and land-use regulations governing the emerging medical marijuana industry.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	YTD	Mo. Avg
Child Care	6	3	7	16	5
Complaints	70	74	68	212	71
Food	499	312	452	1,263	421
General	63	67	118	248	83
Plan Review (Commercial Food/Pools/Spas)	14	3	4	21	7
Plan Review (Residential Septic)	21	29	32	82	27
Residential Septic Inspections			37	37	37
Well Permits	11	0	5	16	5
Waste Management	12	20	29	61	20
TOTAL	696	508	715	1,919	640

*General Inspections Include: Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.


 Robert O. Sack, Division Director
 Environmental Health Services Division

City of Reno organizes Ninth Street neighborhood cleanup event

Updated: Tuesday, March 25 2014, 03:36 PM EDT

[More Sharing Services](#)



RENO - The City of Reno has collaborated with community partners to provide a free Neighborhood Cleanup and Dump Day for residents of the Ninth Street area.

On March 29th from 9 a.m. to noon, large dumpsters will be available at the Boys and Girls Club of Truckee Meadows parking lot as part of their neighborhood cleanup. Bring your trash, weeds, dead vegetation, furniture, appliances, tires and any other types of discarded household items to dump.

Among other activities, volunteers and staff will be clearing trash from the highway overpasses, removing graffiti and trash from Teglia's Paradise Park and assisting residents with trash disposal. Once the eight trash dumpsters are full, the event will close, and no additional items can be dumped.

Participants must prove they live or own property in the neighborhood and are encouraged to bring a picture ID or utility bill. If residents need assistance with the transport of items, call Reno Direct at 334-INFO to schedule a pick-up time.

To volunteer, or for more information, call 334-INFO. A Ward Three boundary map is available for download at Reno.gov/Cleanup.

WASTE MANAGEMENT HELPS KEEP WASHOE COUNTY CLEAN WITH RESIDENTIAL DUMP DAYS

RENO, Nev. - March 31, 2014 - In an effort to assist residents with household cleanups and curb illegal dumping, Waste Management announced the next "Residential Dump Days," scheduled for Saturday, April 5 and Sunday, April 6. Residential Dump Days are held only at the Waste Management transfer stations in Reno. In addition, Waste Management will be holding the "Lockwood Landfill Annual Spring Free Dump Event" on nine specific days throughout the months of April.

"Providing Residential Dump Days help keep thousands of yards of waste and bulky items from being dumped illegally in our open space," said Sarah Polito, Waste Management of Nevada's spokesperson. "We are committed to helping the communities that we serve with their environmental service needs."

Identified materials commonly associated with illegal dumping will be accepted at no charge. These specific items include eligible household appliances (freon-free refrigerators, hot water heaters, stoves, dishwashers and washers/dryers) and eligible bulky waste (sofas, chairs, mattresses and box springs).

"With spring cleaning season coming, this event provides our customers with the opportunity to dispose of their bulky waste and other Municipal Solid Waste (MSW) at a discounted rate," said Polito.

Any material that falls outside of these parameters will be accepted at more than 50 percent off the regular gate rate (rates outlined below).

The reduced dump rates accompanied by free dumping for specific items during Residential Dump Days are the result of a partnership between Washoe County government and Waste Management. This program helps residents clean up their homes and our communities, which in turn, decreases the amount of illegal dumping in our area. Both Washoe County and Waste Management recognize the role of citizens in making this effort successful by ensuring citizens understand what is eligible for free dumping versus reduced dump rates during this two-day event.

Residential Dump Days

Rates

- | | |
|---|------------------|
| 1. Standard pick-up truck with MSW | \$10.00 flat fee |
| 2. Small pick-up truck with MSW | \$6.50 flat fee |
| 3. All eligible common household appliances | No charge |

And bulky items as identified below

Acceptable Household Appliances:

- Refrigerators (additional charge for Freon recovery)
- Hot Water Heaters
- Stoves/Dishwashers
- Washers/Dryers

Acceptable Bulky Waste:

- Sofas
- Chairs
- Mattresses
- Box Springs

WM Transfer Station Locations

1390 E. Commercial Row Reno, NV 89512		13890 Mt. Anderson Road Reno, NV 89506	
Saturday:	8:00 a.m. - 4:30 p.m.	Saturday:	8:00 a.m. - 4:00 p.m.
Sunday:	8:00 a.m. - 4:30 p.m.	Sunday:	8:00 a.m. - 4:00 p.m.

Lockwood Landfill Annual Spring Free Dump Event: In addition to the quarterly Residential Dump Days, Waste Management is offering its annual free dump weekends at the Lockwood Landfill throughout April. Three weekends have been chosen for the “Lockwood Annual Spring Free Dump Event” to give residents several options, including three Saturdays, which will help reduce wait times. The dates at Lockwood Landfill are:

Dates

- Event 1: April 3, 4 and 5
- Event 2: April 10, 11 and 12
- Event 3: April 17, 18 and 19

Lockwood Landfill Location and Hours of Operation

2401 Canyon Way
Sparks, NV 89434

Monday - Friday:	8:00 a.m. - 4:30 p.m.
Saturday:	8:00 a.m. - 4:30 p.m. (only for the Lockwood Annual Spring Free Dump Event)
Sunday:	Closed

Please Note:

1. Both events are for residents only - commercial customers will be charged the normal rates
2. Lockwood Landfill is closed on Saturdays and Sundays outside of these selected dates;
3. Electronic Waste/Recycling will **NOT** be accepted at this event
4. Hazardous waste will not be accepted at any time
5. Tires are limited to four per residential household

For more information on Residential Dump Days, please call Waste Management at (775) 329-8822.

ABOUT WASTE MANAGEMENT OF NEVADA

Waste Management of Nevada is a community-based provider of environmental solutions. As the leading provider for commercial and residential curbside collection for recycling and disposal, Waste Management of Nevada delivers local solutions with the knowledge and resources of the nation’s largest recycler, Waste Management. For over a decade, Waste Management of Nevada has employed over 250 employees and serves approximately 131,000 customers in northern Nevada. The Landfill Gas-to-Energy facility at the Lockwood Regional Landfill produces 3.2 megawatts of electricity that powers more than 1,800 homes by using landfill gases. The Lockwood Regional Landfill is a Wildlife Habitat Council site that provides protection for various raptors in northern Nevada. To learn more about Waste Management of Nevada, visit www.Reno.WM.com.

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Director's Report

MARCH 2014

EPA CLEAN AIR EXCELLENCE AWARD

The U.S. Environmental Protection Agency (EPA) has awarded the Air Quality Management Division with a 2014 Clean Air Excellence Award for the Keep it Clean Program. The Gregg Cooke Visionary Program Award was presented in recognition of the air quality project or program that most successfully demonstrates excellence in more than one of the five general award categories (i.e., Clean Air Technology, Community Action, Education/Outreach, Regulatory/Policy Innovations and Transportation Efficiency Innovations). This prestigious award has been presented in the past to the SC Johnson Global Sustainability Program (2011), Kohl's – Sustainability Strategy (2009), and 3M's Sustainability Program Reducing Air Emissions Worldwide (2006). EPA acknowledged the Keep it Clean Program increases public awareness and engages the citizens of Reno, Sparks and Washoe County on air quality issues. AQMD was able to send Senior Air Quality Specialist Julie Hunter to Washington, D.C. to receive the award from Ms. Janet McCabe, Acting Assistant Administrator, U.S. EPA.



AIR QUALITY COMPARISON FOR MARCH

Air Quality Index Range		# OF DAYS MARCH 2014	# OF DAYS MARCH 2013
GOOD	0 to 50	27	22
MODERATE	51 to 100	4	9
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

EPA RESOLUTION TO ADDRESS SIP BACKLOG

As a result of national litigation proceedings, the EPA has given direction to all Regional offices to complete their review of the backlog of State Implementation Plans (SIPs) over the next four (4) years. On March 25th, the Nevada Air Agencies meeting was held in Las Vegas with attendees representing EPA Region IX, the State of Nevada Division of Environmental Protection (NDEP), the Clark County Department of Air Quality, and Washoe County Health District's AQMD. The meeting provided an opportunity for all of the air agencies to discuss the SIP review schedule, in addition to many other issues and challenges. As a result of the meeting, AQMD has submitted a letter to NDEP requesting the withdrawal of three previously submitted SIPs, the oldest with a submittal date of April 15, 1991. Staff made the determination that subsequent SIP submittals would supersede these older submittals rendering them unnecessary. Region IX staff was very pleased with the determination to withdraw the three SIPs.

Charlene Albee, Director

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	MARCH 2014	YTD for 2014	MARCH 2013	Highest for 2013
CARBON MONOXIDE (CO)	14	31	14	29
OZONE 8 hour (O3)	51	51	58	104
PARTICULATES (PM _{2.5})	54	111	55	105
PARTICULATES (PM ₁₀)	67	85	48	74

For the month of March 2014, the highest Air Quality Index (AQI) value reported was sixty-seven (67) for PM10. There were no exceedances of Carbon Monoxide, Ozone or PM2.5. There were twenty-seven (27) days the air quality was in the good range, and four (4) days the air quality was in the moderate range.

MONITORING

Staff attended hands-on training provided by Met One Instruments. Met One manufactures particulate matter samplers used at six AQMD monitoring stations in the Truckee Meadows. These instruments provide near real time PM2.5 and PM10 concentrations and is a critical element of the Air Quality Index and Know the Code programs.

PLANNING

Staff is leading Inter-Agency Consultation (IAC) meetings to review carbon monoxide and PM10 Motor Vehicle Emission Budgets (MVEB). The purpose of these meetings is to ensure that long and short range transportation plans (i.e., 2035 Regional Transportation Plan) conform with the MVEB and air quality State Implementation Plans (SIP). The Washoe County Transportation Conformity SIP was adopted by the DBOH in 2013 and ensures that stakeholders such as the Metropolitan Planning Organization and Federal Highway Administration are involved in the MVEB development process.

In October 2013, the DBOH suspended the oxygenated fuels program (Regulation 040.095). The program helped reduce carbon monoxide emissions from motor vehicles in the 1990's, but technology and other federal requirements have minimized the incremental benefits of the program. A report summarizing the 2013-2014 season is attached to this Director's Report and also available at OurCleanAir.com. Without the requirement for the oxygenated fuels program: 1) Ambient carbon monoxide concentrations remained well below the federal standard, and 2) oxygenate content remained above 2.7%.

Planning & Monitoring Activity

Permitting Activity

TYPE OF PERMIT	2014		2013	
	MARCH	YTD	MARCH	ANNUAL TOTAL
Renewal of Existing Air Permits	104	311	103	1356
New Authorities to Construct	7	21	6	71
Dust Control Permits	7 (71.200 acres)	23 (253.99 acres)	8 (50 acres)	119 (1150 acres)

Wood Stove Certificates	36	68	13	364
WS Dealers Affidavit of Sale	5 (5 replacements)	17 (16 replacements)	6 (4 replacements)	99 (61 replacements)
WS Notice of Exemptions	567 (5 stoves removed)	1530 (19 stoves removed)	250 (3 stoves removed)	8356 (88 stoves removed)

<i>Combined Total for both: Asbestos Assessments and Asbestos Demo and Removal (NESHAP)</i>	93	143	78	1027
Asbestos Assessments	88+	104	66	828
Asbestos Demo and Removal (NESHAP)	5	39	12	199

Compliance &
Inspection Activity

Staff reviewed twenty-one (21) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-seven (47) stationary source renewal inspections in March 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

The Permitting Staff continues to prepare for the new Regional Licensing & Permitting Software Program. The San Diego Air Quality Management District has been using Accela Automation for approximately four (4) years. They were the pioneers of the air quality module much like we were the pioneers of the Permits Plus air quality compositions. The air quality module incorporates the basic land management functions that the Business License and Building Departments will be using but has been modified to include air quality requirements. The demo confirmed the Accela Automation System will be capable of accommodating our plans to modify some work practices to increase efficiency and accuracy of the permitting process.

The Permitting & Enforcement Staff attended a Gasoline Dispensing Facility training course in preparation for the next round of routine gas station inspections. The class was presented by the California Air Resources Board (CARB). I originally asked if they could come to Reno to present the class but travel outside of the State of California was not allowed. In order to meet the needs of our staff, the CARB instructor made arrangements to present the class in Truckee. This location allowed for the entire staff to attend without a significant travel expenditure.

*Charlene Albee,
Division Director*

Enforcement Activity

COMPLAINTS	2014*		2013		
	MARCH	YTD	MARCH	YTD	Annual Total
Asbestos	2	6	2	6	18
Burning	1	3	1	3	8
Construction Dust	6	10	2	7	30
Dust Control Permit	0	5	3	4	7
General Dust	2	13	5	11	46
Diesel Idling	0	1	0	1	8
Odor	0	5	2	1	16
Spray Painting	0	1	1	0	5
Permit to Operate	5	8	0	11	55
Woodstove	2	10	3	6	16
TOTAL	18	62	19	50	209
NOV'S	MARCH	YTD	MARCH	YTD	Annual Total
Warnings	3	7	4	14	46
Citations	2	6	4	7	40
TOTAL	5	13	8	21	86

* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were four (4) Notice of Violations (NOV's) issued in the month of March, 2014. There was three (3) NOV Warnings and two (2) NOV Citations.

2013 - 2014 Oxygenated Fuels Program for Washoe County

April 2014

Draft
14-2014

Washoe County Health District
Air Quality Management Division
P.O. Box 11130
Reno, Nevada 89520-0027
(775) 784-7200
www.OurCleanAir.com

Acronyms and Abbreviations

AQMD	Washoe County Health District - Air Quality Management Division
CO	Carbon monoxide
DBOH	District Board of Health
EISA	Energy Independence and Security Act of 2007
EPA	U.S. Environmental Protection Agency
MOVES	Motor Vehicle Emission Simulator
NAAQS	National Ambient Air Quality Standard
NDOA	Nevada Department of Agriculture
RVP	Reid Vapor Pressure

Draft
(4-4-2014)

Background

The oxygenation of gasoline reduces carbon monoxide (CO) emissions from motor vehicles during the winter months, when climatic factors tend to exacerbate CO problems. In 1992, the U.S. Environmental Protection Agency (EPA), under authority of the Clean Air Act Amendments of 1990, mandated an oxygenated fuel (oxy-fuel) program for 39 urban areas in 23 states, including the Truckee Meadows, which had violated the health-based National Ambient Air Quality Standard (NAAQS) for CO.

The Truckee Meadows was designated as a moderate CO non-attainment area on November 15, 1990. Washoe County began its oxy-fuel program in December 1989 and subsequently adopted the EPA's oxy-fuel program in 1992.

In November 2005, the Washoe County Health District - Air Quality Management Division (AQMD) submitted a request to EPA for redesignation of the Truckee Meadows from a moderate CO non-attainment area to an attainment/maintenance area. The redesignation to attainment/maintenance became effective on August 4, 2008.

The Energy Independence and Security Act of 2007 (EISA) required that eight (8) billion gallons of renewable fuels be blended in transportation fuels by 2008 and that thirty-six (36) billion gallons of renewable fuels be blended in transportation fuels by 2028. In October 2012, the DBOH directed AQMD staff to research elimination of the oxygenated fuels program in Washoe County. Because of the low monitored CO concentrations and anticipated gasoline oxygen content from EISA, AQMD staff has determined that the Truckee Meadows will maintain compliance with the CO NAAQS with suspension of the oxygenated fuels program.

On October 24, 2013, the DBOH suspended the oxy-fuel program (DBOH Regulations Governing Air Quality Management Section 040.095). The oxy-fuel program remains in the CO maintenance plan as a contingency measure to be reevaluated if the Truckee Meadows violates the CO NAAQS.

Although this oxy-fuel report is not required, it supports the October 2013 DBOH action to suspend the program and that the Truckee Meadows will continue to maintain the CO NAAQS.

2013 - 2014 Program Details

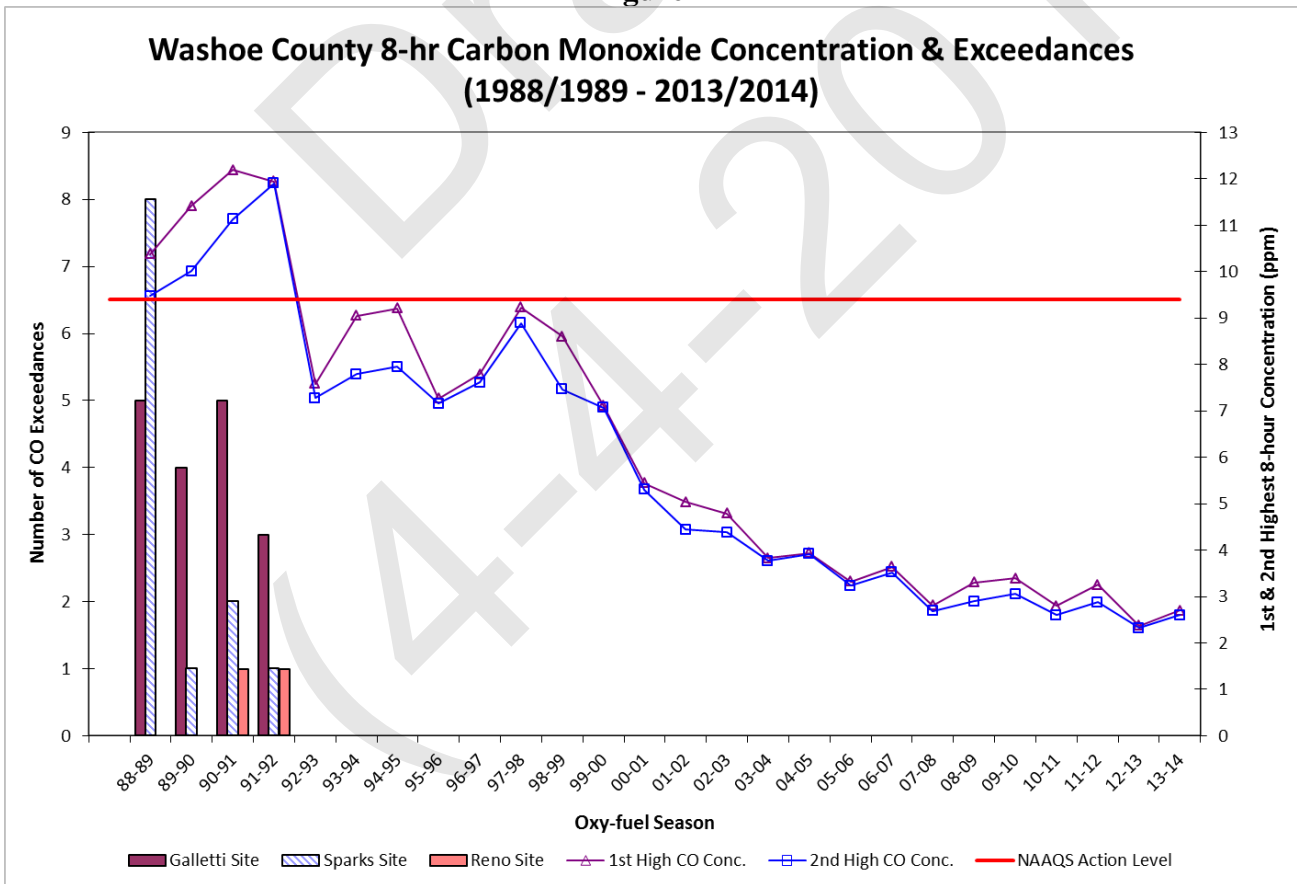
This was the first season that oxygenates were not required because the oxy-fuel program was suspended as of October 24, 2013. According to the State of Nevada, Department of Motor Vehicles, approximately 54 million gallons of gasoline were delivered in Washoe County between October 1, 2013, and January 31, 2014.

Air Quality

NAAQS for CO are based on 1-hour and 8-hour averaging times. The 2013-2014 oxy-fuel season was a clean season for CO, and levels were comparable to those observed in 2012-2013. No exceedances of either the 1-hour or 8-hour NAAQS for CO were measured at any of the air quality monitors in Washoe County this season. The AQMD has never measured an exceedance of the 1-hour NAAQS and the last exceedance of the 8-hour standard occurred on December 13, 1991.

Figure 1 illustrates the number of CO exceedances since 1988 at the Galletti, Sparks, and Reno monitoring sites. These are the sites in the AQMD's ambient air monitoring network that typically measure the highest CO levels.

Figure 1



Additionally, Figure 1 graphically depicts the first and second highest 8-hour CO concentrations from 1988-1989 to 2013-2014.

Costs

Normal fluctuations in market prices make it difficult to isolate the increase in gasoline prices due to oxygenates. According to Western Energetix, LLC, a major local gasoline distributor, oxygenates have not contributed to any gasoline price increase in the last decade. Because the oxy-fuel program was suspended in October 2013, no additional costs to the public were incurred from the oxy-fuel program.

Air Quality Emission Reductions

According to the 2011 Washoe County Emissions Inventory, on-road motor vehicles accounted for approximately 40% (34,641 tons per year) of the CO emissions in the Washoe County. Based on the EPA Motor Vehicle Emission Simulator (MOVES) computer model, oxygenates in gasoline continued to reduce CO emissions from this category by approximately 1,114 tons in Washoe County during the 2013-2014 season.

According to the 2011 Washoe County Emissions Inventory, non-road mobile sources contributed 30% (25,753 tons per year) of the total county-wide CO emissions. Based on the EPA NONROAD 2008a computer model, oxygenates in fuel continue to reduce CO emission by an additional 1,400 tons.

Compliance and Enforcement

Because the oxy-fuel program was suspended in October 2013, no AQMD compliance or enforcement action was required.

The Nevada Department of Agriculture (NDOA) is responsible for testing gasoline octane, Reid Vapor Pressure (RVP), and oxygenates. The NDOA collected and tested 74 samples during the 2013-2014 season. All samples were analyzed using gas chromatography. Ethanol was the only oxygenate fuel in the market. Of the 74 samples tested, the oxygenate content of these samples was between 2.86 and 3.1%.

Summary

Washoe County's oxy-fuel program was successful as demonstrated by the fact that the AQMD has not measured an exceedance of the CO NAAQS since 1991. Ambient CO concentrations continued to remain low during the first winter season without the oxy-fuel program because of: 1) The Inspection and Maintenance (smog check) program, 2) cleaner on-road motor vehicles, 3) cleaner non-road vehicles and equipment, 4) other federal requirements for oxygenates in gasoline, and 5) the Wood Stove/Fireplace Insert Emission regulation (040.051).

Since implementing the oxy-fuel program in 1989, Washoe County's population has increased 60%¹, vehicle miles traveled has increased 35%², and gasoline sales during the oxy-fuel season has increased 26%, from 44.5 million gallons in 1989-1990 to 54 million gallons in 2013-2014.

Although the oxy-fuel program was suspended prior to the 2013-2014 season, all 74 gasoline samples analyzed by NDOA contained more than the 2.7% oxygen content required by the suspended Rule 040.095. Oxygenates in this season's gasoline accounted for approximately 3% reduction of CO emissions from on-road mobile sources and 5% reduction from non-road mobile sources as compared to the most recent, comprehensive 2011 Washoe County's emissions inventory.

This is the final report for the oxy-fuel program. If future CO concentrations exceed or violate the NAAQS, contingency measures such as the oxy-fuel program will be reevaluated as a potential control strategy to reduce CO emissions.

¹ Washoe County Community Development Planning Department.

² RTC of Washoe County, Planning Department for 2010 and 2015 Travel Demand Model runs (2013 VMT interpolated).



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

TO: District Board of Health Members
FROM: Kevin Dick
 District Health Officer
DATE: April 24, 2014
SUBJECT: April 2014 District Health Officer Report

REMSA / EMS

The District Attorney's Office is assisting the Health District in amending the REMSA Franchise Agreement. Ms. Admirand provided a restated draft agreement and the wording of the agreement language was further negotiated between the Health District and REMSA. Meetings of the EMS Executive Committee occurred on April 4th and 18th to track progress on the legal work and provide input on issues needing to be addressed as the document development proceeds. The full EMS Working Group also convened on April 4th to track progress on the document development.

During the April 4th Executive Committee meeting it was determined that there would not be a concurrent meeting held on May 5th. The Restated Franchise Agreement will be presented to the District Board of Health for Approval and the Interlocal Agreement to establish Regional EMS Oversight under the District Board of Health will be presented to the various bodies for approval separately.

Fundamental Review

Work to implement the Fundamental Review recommendations continues. A sample implementation dashboard is attached for your review.

Budget

I presented the Washoe County Health District FY15 Budget request to the Board of County Commissioners on April 14, 2014. Subsequently, Washoe County Finance notified me that the County Manager has included a General Fund transfer of \$10,000,192 to the Health District in his tentative budget for FY15.

On May 13th, the County Manager will present his recommendations for the FY15 Budget to the BCC for approval. On May 19th, the BCC will hold a public hearing and adopt the FY15 budget.

Permit Software Project

Staff and I continue to work with the local jurisdictions to draft an interlocal agreement to support a Regional Business License and Permit Software Platform. I attended a meeting with the City Managers of Reno and Sparks, and the Washoe County Manager to finalize the approach on April 17th. The Interlocal Agreement is anticipated to be presented for Board consideration during the May 22, 2014 meeting.

Healthy Community Conversation

Planning Meetings for a forum for a Healthy Community Conversation continued with participation of a variety of community partners. A Zip Code tour of the 89512, 89431, 89502, and 89501 zip codes was conducted on April 11th to inform the Committee for selection of a demonstration neighborhood

zip code to guide discussion during the forum. Subcommittees are addressing Venue, Sponsorship, Agenda, Outreach, and Community Needs Assessment. The Forum is planned for January 2015.

Community Needs Assessment

The Health District, Renown Health, and the Nevada Public Health Foundation (NPHF) have worked to develop a contract for NPHF to serve as a fiscal agent for the project, which will allow them to utilize funds provided by collaborating partners to support the Community Health Assessment through an independent contractor.

Quality Improvement Initiative

The Q Team continues to meet to advance the initiative, and the QI Public Health Nurse and Mr. Sack who is the Division Director liaison for the initiative brief me regularly.

Staffing

I have approved initiation of recruitment activities for vacant positions as we await approval of the Health District General Fund Transfer in Washoe County's budget for FY 15.

Other Events and Activities

Division Director Meetings were held on April 7th and a Division Director/Supervisors meeting on April 17th. I conduct individual meetings with the Division Directors on a bi-weekly schedule.

On April 18th I attended the REMSA Board meeting.

On April 18th, I met with Tahoe Forest Health System representatives as well as Nevada and Placer County Public Health Officials to discuss the Community Needs Assessment they are engaged in and our plans for a Community Health Assessment.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit, Home Performance with Energy Star Provider for the State of Nevada.

Health District Media Contacts: March 19 - April 15, 2014

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
4/7/2014	UNIVISION	Yvette Contreras	Immunizations - Shore
4/4/2014	KRNV CH 4 - NBC Reno	Ashley Cullins	Elder Abuse - Ulibarri
4/3/2014	KOLO CH 8 - ABC Reno	Terri Russell	MMWR Report on e-cigarettes - Seals
4/2/2014	Reno News & Review	Dennis Meyers	Environmental - Ulibarri/Sack
3/31/2014	Reno Gazette Journal	Steve Timko	Restaurant Inspections - Ulibarri
3/31/2014	KRNV CH 4 - NBC Reno	Ashley Cullins	Measles
3/28/2014	UNIVISION	Laura Calzada	E-cigarettes and nicotine liquid - Seals

Press Releases/Media Advisories/Editorials

4/1/2014	Press Release	PIO Ulibarri/EPA Public Affairs	AQMD Wins Clean Air Award
3/28/2014	Letter to the Editor	PIO Ulibarri/Bullock/Todd	CDC & Influenza Surveillance



Kevin Dick
District Health Officer



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Fundamental Review Recommendation Status

Legend:

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

Status Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective 1/21/14
	2	Develop a DBOH orientation manual and program
	a.	Design an orientation program and compile a draft manual for possible approval 8/28/14
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Establish a Land Development and Construction User Group and a Food Service User Group
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ and Vital Statistics five days a week, accept IZ walk ins
	b.	Consider opportunities and costs for extended hours/weekend clinical services
	c.	Explore opportunity to utilize Interactive Voice Response software
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Improve clinical billing through utilization of a third-party billing service by 8/1/14
	b.	Identify costs for permits and services that could be included in fee schedules/propose
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill
	6	Explore tiered level of services for Environmental Health programs and inspections
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	7	Participate in the business process analysis across all building permitting in the county
	a.	Continue to implement this recommendation through DBOH approval of an ILA

Fundamental Review Recommendation Status

	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer is established in the FY14/15 budget
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, assess expanding enhanced time coding in other programs
	10	Perform cost analysis of all programs
	a.	Develop a schedule and methodology for conducting cost analysis of programs
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Assess need for fiscal staffing and administrative staffing as program cost analysis is conducted
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Continue to work with County Manager and Finance
	13	Align programs and services with public demand
	a.	Shift home visiting resources to provide additional clinical services
	b.	Assess changes in service levels and program alignment with respect to CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	Discussions are underway for a collaborative effort
	15	Develop metrics for organizational success and improved community health
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Guiding documentation approved. Update franchise agreement and ILA, implement
	17	Maintain current levels of local and state financial support
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed January 16, 2014. Determine future schedule to repeat
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	20	Implement a performance management system
	a.	Use results of program cost analysis and SP to develop and implement performance mgmt. system
	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role

Fundamental Review Recommendation Status

	23	Develop an organizational culture to support quality by taking visible leadership steps
		a. Training & discussion sessions provided to develop management support and invest in QI
	24	Seek Public Health Accreditation Board accreditation
		a. Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement