

Washoe County



Health District

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

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, September 25, 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 September 25, 2014 Regular Meeting	Mr. Matt Smith
5.	Approval of Draft Minutes August 28, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions A. Years of Service 1. Angela Penny, 10 years, hired 7/15/04 – CCHS 2. Josephina Rivera – 15 years, hired 9/1/1999 - CCHS B. New Hires 1. Alexandria Johnson - Public Service Intern – AQM 8/25/14	Mr. Matt Smith Mr. Kevin Dick

Time/ Item	Agenda Item	Presenter
10.	Presentation, Discussion, and Possible Direction to Staff regarding implementation of the opportunities outlined in the ACHIEVE status update	Ms. Kelli Goatley-Seals
11.	Reappointment of Steven Brigman and Michele Dennis to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for three-year terms, acknowledgement of the services of George Georgeson and Bruce MacKay to the Sewage, Wastewater and Sanitation Hearing Board and direction to staff to provide potential appointees for the vacant positions on the SWS Board at the October District Board of Health Meeting	Mr. James English
12.	Acknowledgement of the service of Bill Miller to the Food Protection Hearing and Advisory Board (FPHAB) and direction to staff to provide potential appointees for the vacant position on the FP Board at the October District Board of Health Meeting	Mr. Dave McNinch
13.	Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date August, 2014	Ms. Anna Heenan
14.	Discussion and possible direction to staff to bring back a list of fees associated with Health District activities that are not currently on the Fee Schedule for consideration and possible adoption into the current schedule	Mr. Kevin Dick
15.	Discussion of Process and Presentation of Evaluation Forms for District Health Officer's Annual Review and Possible Direction to Staff	Mr. Matt Smith
16.	Presentation, Discussion and possible Direction to Staff regarding proposed District Board of Health Orientation Manual and Program (Continued from August 28, 2014 Meeting)	Mr. Kevin Dick
*17.	Staff Reports and Program Updates A. Administrative Health Services Officer, Administrative Health Services No report this month. B. Director, Air Quality Management Groundbreaking Research Project; Divisional Update ; Monthly Air Quality Index; Program Reports – Monitoring & Planning; Permitting & Enforcement C. Director, Community and Clinical Health Services Divisional Update, Program Reports	Ms. Anna Heenan Ms. Charlene Albee Mr. Steve Kutz Mr. Robert Sack

Time/ Item	Agenda Item	Presenter
	<p>D. Director, Environmental Health Services Food, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review</p> <p>E. Director, Epidemiology and Public Health Preparedness Communicable Disease, Public Health Preparedness, and Emergency Medical Services and Vital Records</p> <p>F. District Health Officer, Office of the District Health Officer REMSA/EMS, Permit Software Project, Community Health Needs Assessment, New Employee Orientation, Robert Wood Johnson Foundation Grant, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts</p>	<p>Dr. Randall Todd</p> <p>Mr. Kevin Dick</p>
*18.	<p>Board Comment Limited to announcements or issues for future agendas.</p>	Mr. Matt Smith
19.	Emergency Items	Mr. Kevin Dick
*20.	<p>Public Comment Limited to three (3) minutes per person. No action may be taken.</p>	Mr. Matt Smith
21.	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

State of Nevada Website: <https://notice.nv.gov>

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
Dr. Denis Humphreys
Neoma Jardon
Julia Ratti
Dr. George Hess
David Silverman

**Thursday, August 28, 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, August 28, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Chair Smith called the meeting to order at 1:02 p.m.

Dr. Hess led the pledge to the flag.

2. Roll Call

The following members and staff were present:

Members present: Chair Matt Smith
Dr. Denis Humphreys
Dr. George Hess
Julia Ratti (arrived at 1:05 p.m.)
David Silverman
Neoma Jardon

Members absent: Vice Chair Kitty Jung

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Bob Sack, Division Director, EHS
Anna Heenan, Administrative Health Services Officer, AHS
Randall Todd, DrPH, Director, EPHP
Daniel Inouye, Air Quality Supervisor, AQM
Yann Ling-Barnes, Environmental Engineer II, AQM
Kelli Goatley-Seals, Health Educator Coordinator, CCHS
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

Councilmember Jardon moved to approve the agenda for the August 28, 2014, District Board of Health meeting. Mr. Silverman seconded the motion which carried six in favor and none against.

5. Approval of Draft Minutes

Dr. Hess moved to approve the minutes of the July 24, 2014 District Board of Health regular meeting as written. Councilmember Jardon seconded the motion which carried six in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Years of Service

1. Jeffrey Brasel, 20 years, hired 8/22/94 – EHS

Mr. Dick congratulated and thanked Mr. Brasel and presented him with a Certificate of Appreciation.

2. Michael Ezell, 20 years, hired 8/22/94 – EHS

Mr. Dick congratulated and thanked Mr. Ezell and presented him with a Certificate of Appreciation.

B. Promotions

1. Anna Heenan – Finance - Senior Fiscal Analyst to Health - Administrative Health Services Officer 8/4/2014

Mr. Dick introduced Ms. Heenan, stated he has been very impressed with her work thus far and briefly reviewed her professional background.

2. Latricia Lord – From EHS Environmental Health Trainee II to Environmental Health Specialist 8/11/14

Mr. Dick congratulated Ms. Lord and explained she had received the promotion due to the fact she had earned her certificate as a Registered Environmental Health Specialist.

3. Elizabet Munoz – From CCHS Intermittent Hourly Community Health Aide to Permanent Full Time Community Health Aide

Mr. Dick congratulated Ms. Munoz. Ms. Stacy Hardie noted Ms. Munoz had been the lead applicant for the position and CCHS was very happy to have her.

C. Transfers

1. Nicole Alberti, transfer from Health Educator II (EHPH) to Health Educator II (CCHS) effective 6/30/14

Mr. Dick congratulated Ms. Alberti.

7. Proclamation

Presented by Mr. Dick and Chair Smith

A. Healthy Living Day

Mr. Dick read the proclamation and presented it to Ms. Goatley-Seals.

Councilmember Ratti moved to adopt the proclamation. Councilmember Jardon seconded the motion which was approved six in favor and none against.

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: Ms. Albee

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
 - a. Payless Car Rental – NOV No. 5430, Case No. 1162
1395 Airmotive Way, Reno, NV 89502
 - b. Ryder Homes – NOV No. 5419, Case No. 1163
750 Arrow Creek Parkway, Reno, NV 89511
 - c. KDH Builders – NOV No. 5359, Case No. 1164
10625 Double R Blvd, Reno, NV 89521

B. Budget Amendments / Interlocal Agreements:

1. Approval of the Washoe County Smoke Management Program Memorandum of Understanding with the United State Department of Agriculture, U.S. Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chairman to execute.
Staff Representative: Ms. Erin Dixon
2. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$255,322 (with \$25,532.20 or 10% match) for the budget period July 1, 2014 through June 30, 2015 (BP3) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute.
Staff Representative: Ms. Patsy Buxton
3. Approval of Notice of Grant Award dated May 22, 2014 from the Department of Health and Human Services Public Health Service for the period June 30, 2014 to June 29, 2015 in the amount of \$799,800 in support of the Family Planning Program, IO 10025.
Staff Representative: Ms. Patsy Buxton
4. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$685,505 (with \$68,550.50 or 10% match) for the budget period July 1, 2014 through June 30, 2015 in support of the Centers for

Disease Control and Prevention (CDC) Public Health Preparedness Program; approve amendments totaling an increase of \$24,049 in both revenue and expense to the FY15 CDC Public Health Preparedness Federal Grant Program, IO 10713; and if approved authorize the Chairman to execute.

Staff Representative: Ms. Patsy Buxton

Dr. Humphreys moved to approve the consent agenda as presented. Dr. Hess seconded the motion which was approved six in favor and none against.

9. Public Hearing – Adoption of the “Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area”

Staff Representative: Mr. Inouye

Mr. Inouye presented the staff report. He explained during the 1980s and 1990s Washoe County frequently exceeded the PM10 standard. AQM staff had developed and implemented successful strategies to reduce emissions. Currently Washoe County’s air quality meets the national ambient standard.

A similar redesignation request and maintenance plan was adopted by the Board in 2009 and submitted to the Environmental Protection Agency (EPA). EPA had informed AQM that additional documentation would be required. The current plan addresses EPA’s comments and demonstrates continued attainment of the PM10 standard through 2030. There is no fiscal impact as the plan is the same but more documentation is being provided.

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

Chair Smith congratulated the AQM staff. Councilmember Ratti noted it was good news.

Councilmember Ratti moved to adopt the “Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area.” Dr. Humphreys seconded the motion which was approved six in favor and none against.

10. Public Hearing – Adoption of the “Second 10-Year Maintenance Plan for the Truckee Meadows 8-Hour Carbon Monoxide Attainment Area”

Staff Representative: Ms. Ling-Barnes

Ms. Ling-Barnes presented the report, explaining that during the 1970s and 1980s Washoe County frequently exceeded the Carbon Monoxide (CO) standard. Non-attainment areas are required by the Clean Air Act to develop a State Implementation Plan for attainment.

AQM identified and applied reduction strategies that successfully reduced emissions from the largest wintertime CO contributors. Air quality standards were attained in 1995. In 2005 AQM submitted a redesignation request and maintenance plan demonstrating attainment of the CO standard. EPA redesignated the CO standard in 2008. Since then, Washoe County has been consistently 2/3 below the standard.

The plan will provide for the maintenance of the 8-hour CO standard through 2030. The current plan is effective through 2018, and the new plan is being prepared and submitted early in order to align transportation conformity analysis years with the PM10 plan.

Dr. Hess asked what would happen if Washoe County had more than the allowed one episode of exceedance. He opined 2030 was a long time to project out, particularly in light of increasing population and associated pollution.

Ms. Ling-Barnes noted technology was improving and vehicles were being upgraded to reduce emissions. Fuels are also cleaner than they used to be. Mr. Inouye explained the CO plan contained a contingency plan which allowed them to revisit the categories and determine which ones could be reduced more. He provided examples that included the woodstove program, which could be expanded, some types of exemptions reduced and the smog check program made more stringent. He noted the plan provided them flexibility for the future.

Mr. Inouye went on to explain the forecasts for 2030 include planning assumptions used as a region. AQM is required to use the same population estimates as the Regional Transportation Commission (RTC) and the cities.

Chair Smith asked what categories of pollutants were associated with fires. Mr. Inouye stated they contained PM10, PM2.5, CO and ozone. EPA considers those as exceptional events with respect to attainment or non-attainment and excludes them when calculating Washoe County's air quality levels compared to standards.

Councilmember Jardon asked if electric cars and changes in driving habits were factored into the predictions. Mr. Inouye explained the basis of the predictions is an EPA-developed and endorsed model. The main things considered are employment, population and vehicle miles traveled. RTC develops a transportation model and that information is combined with another model to calculate emissions.

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

Dr. Humphreys moved to adopt the "Second 10-Year Maintenance Plan for the Truckee Meadows 8-Hour Carbon Monoxide Attainment Area." Councilmember Ratti seconded the motion which was approved six in favor and none against.

11. Regional Emergency Medical Services Authority

Presented by Jim Gubbels, President, REMSA

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

Mr. Gubbels presented the report. Priority One compliance was 92 percent and Priority Two compliance was 96 percent. 8-minute response zone compliance was at 92 percent, 15-minute response zone was at 97% and 20-minute response zone was at 100%.

Average Care Flight bill for the month was \$7,732, which brought the year-to-date average to \$7,994. The average Ground Service bill for the month was \$1,068, which brought the year-to-date ground average to \$1,067.

Councilmember Jardon moved to accept the REMSA operations report for June 2014. Dr. Hess seconded the motion which was approved six in favor and none against.

B. Review and Acceptance of the REMSA Operations Reports for July, 2014

Mr. Gubbels explained the July report format was different, reflecting the changes enacted under the new Franchise Agreement. Priority One compliance for Zone A is 93

percent. Priority One response for Zones, B, C and D combined was 93 percent and is required to be 90 percent or better. An average response time will be reported, which is currently 5:41 for all zones. Required response times are as follows: Zone A, 8:59; Zone B, 15:59; Zone C, 20:59, and Zone D, 30:59.

The second section reports statistics by jurisdiction. Priority One for Reno is 5:07, Priority Two is 6:33. Priority One for Sparks is 5:59, Priority Two is 6:55. Priority One for unincorporated Washoe County is 8:34, Priority Two is 9:53.

Councilmember Ratti asked if Zones B, C and D were unincorporated Washoe County. Mr. Gubbels replied that was correct, with the exception of the fact that Sparks has 15:59 exceptions for the Priority One calls. Those will be an ongoing study area to see if they can be converted from the 15:59 to the 8:59 response zone times.

Councilmember Ratti requested further clarification, asking if Priority One Zone A was incorporated Reno and Sparks. Mr. Gubbels stated that was correct. He opined he should report that Zone A is the 8:59 zone within the service map. He noted the next segment of the report listed averages by jurisdiction which included all of incorporated Sparks. He stated it includes both the 8:59 and 15:59 areas. Councilmember Ratti clarified the bottom numbers of the graph were by city boundaries and the top numbers were driven by the maps.

The average Ground Service bill for the month was \$1,069, which brought the year-to-date ground average to \$1,069. He pointed out the allowed ground average bill for the current fiscal year did receive the Consumer Price Index (CPI) increase so will now be at \$1,076. The increase was .84, which is the lowest CPI index ever received.

Councilmember Ratti asked if the new data-gathering systems would allow for reports that would help strategic planning for the region and how the Board would receive the data. Mr. Dick explained the reporting would come from the Emergency Medical Services (EMS) program staff, so it would be separate from the REMSA report. The EMS program staff would be responsible for compiling the data from the Fire EMS agencies and REMSA, doing the analysis and presenting the information to the Board.

Councilmember Ratti asked if there will still be an annual franchise review and when it would be held. Mr. Gubbels explained the normal process was that the Health District reports that information to the Board in January for the previous fiscal year.

Dr. Humphreys moved to accept the REMSA operations report for July 2014. Councilmember Ratti seconded the motion which was approved six in favor and none against.

C. Update of REMSA's Community Activities Since June, 2014

Mr. Gubbels introduced J.W. Hodge, the manager of Educational Services for REMSA and Care Flight. Mr. Hodge discussed their latest accreditation through the Commission on Allied Health Education Programs. All paramedic education programs must be accredited for students to be able to take the national examination. New paramedics in Nevada must have national certifications to be licensed by the state. REMSA's three-year average success rate on the national paramedic examination is 100% and they have produced 63 students. The program is one of only four in Nevada.

12. Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date July, 2014

Staff Representative: Ms. Heenan

Ms. Heenan provided an overview of the current fiscal status of the Health District. She offered to make any changes to the report format that the Board would like.

Dr. Hess asked how the District received the committed General Funds from the County. Ms. Heenan explained the majority of the County's cash that comes in is from property tax and sales tax, so there is a lag at the beginning of the year. They hold payouts during that time so that they can cover their bills. The Health District did not need funds to get through the month of July but will receive them from the General Fund when it is necessary.

Dr. Humphreys complemented Ms. Heenan on the readable and understandable report. Councilmember Ratti agreed, noting the included analysis, which is helpful to her.

Ms. Heenan thanked the fiscal staff for their support.

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

13. Presentation, Discussion and possible Direction to Staff regarding proposed District Board of Health Orientation Manual and Program

Staff Representative: Mr. Dick

Mr. Dick introduced the Orientation Manual. He noted one recommendation from the Fundamental Review had been to work on the onboarding and education process for the Board members and had suggested an up-to-date manual as part of that.

Mr. Dick stated staff was looking for feedback regarding whether the manual captured the significant items regarding the Health District's functioning and organization that the Board members needed.

Mr. Dick went on to explain the proposed orientation program, composed of two options for the members, they were welcome to take advantage of one or both. The first is to attend the New Employee Orientation (NEO) meeting, which is a three-hour program comprised of the District Health Officer and each Division Director taking a half hour each to discuss their respective programs. The second option was for the Board members to spend time with each of the division heads individually.

Councilmember Jardon explained she would value the one-on-ones and the NEO session most. Councilmember Ratti opined the manual would be great for some and she would utilize it as a resource when questions arose. She supported the idea of offering the two-part training. Dr. Hess agreed and stated the manual was very well organized.

Councilmember Ratti requested more time to review the materials. Councilmember Jardon supported the idea of alerting new Board members as to the first hot-button items they would face, as well as a review of the basic operations of a meeting. Councilmember Ratti had spent time with the Sparks Finance Director learning about public funding and found that to be very helpful. Dr. Humphreys noted he had found it educational to go out with one of the restaurant inspectors, as that information was pertinent to some policies the Board must decide on.

Chair Smith reiterated the manual and training opportunities had originated from a Fundamental Review recommendation so that one had been completed. He opined it was a great start but the best learning method was to spend time with division heads and other Board members.

Councilmember Ratti moved to table any direction to staff until the next meeting. Dr. Hess seconded the motion which was approved six in favor and none against.

14. Discussion and possible direction to staff regarding process for appointment of Regional Emergency Medical Services (EMS) Advisory Board Members

Staff Representative: Mr. Smith

Chair Smith presented the staff report. He noted the EMS Advisory Board was part of the Interlocal Agreement.

Mr. Dick stated the EMS Advisory Board included the City Managers, the Washoe County Manager, the District Health Officer, and two Board of Health appointed positions, being an emergency room physician and a continuous quality improvement representative from a hospital.

Chair Smith reiterated that the topic was to discuss the process that the Board wished to follow to locate the two individuals in question. Mr. Dick had contacted the local hospitals to notify them the positions would be available and to request that they contact the Health District if anyone was interested.

Dr. Hess asked if the Premedical Hospital Advisory Committee (PMAC) was still active. Mr. Gubbels stated it was, but the members were uncertain of their role in the community. REMSA has requested their input for protocols. He explained the varied membership of the Committee. Dr. Hess clarified to say he had asked because if all of the hospitals were represented, that would provide them with a group to possibly select from as well as a link to other medical professionals.

Chair Smith opined the best way might be to get the word out to the hospitals and see what kind of a response is received. The Board could vote from among potential candidates. Dr. Hess suggested they ask each of the hospitals to nominate one of their physicians.

Mr. Dick explained he had met with the CEOs of the hospitals and asked them to send information regarding anyone who qualifies that might be interested in participating. He will continue to work with them. Mr. Gubbels offered to find out who is the current president of PMAC and get that person's contact information to Mr. Dick.

Councilmember Ratti noted the Board may need to adjust its approach to recruitment based on the number of candidates and the level of interest. She stated she was comfortable with leaving the process up to Mr. Dick.

Ms. Admirand suggested a motion be made to direct Mr. Dick to continue working with the hospitals to ascertain anybody's interest in the two positions.

Chair Smith made the motion based on the language suggested by Counsel. Councilmember Jardon seconded the motion which was approved six in favor and none against.

15. Presentation – Washoe County Chronic Disease Report Card

Staff Representative: Ms. Goatley-Seals

Ms. Goatley-Seals presented the report.

[Councilmember Ratti left the meeting at 2:30 p.m.]

Dr. Hess noted Washoe County's overall statistics were positive but the death rate was higher than the state average. He asked Ms. Goatley-Seals if she could offer any explanation. She opined that this was the data that was available and that they were not able to attribute a cause at this time.

16. Staff Reports and Program Updates

A. Director, Epidemiology and Public Health Preparedness

Dr. Todd stated he had nothing to add but would be happy to answer any questions. Dr. Hess asked if the Health District was collecting data on multi antibiotic-resistant bacteria and Mr. Todd replied it is. He explained a tool that physicians are using to assist them in choosing effective antibiotics. This approach helps combat resistant strains.

B. Director, Community and Clinical Health Services

Mr. Kutz reported the special outreach clinics had immunized almost 400 students. The Immunizations counter will be open five full days a week starting September 2. The next planned phase is to be able to book appointments and offer Wednesday evening clinics.

Mr. Kutz noted that staff had informed him the Governor's office is interested in the Fetal Infant Mortality Review (FIMR) program. Additionally, the National FIMR program staff are happy with the progress and want to offer additional training.

C. Director, Environmental Health Services

Mr. Sack acknowledged the hard work of staff during an extremely busy time period.

D. Director, Air Quality Management

Ms. Albee explained AQM has been involved in the regional license and permitting program (Accela) and is now preparing for deployment. AQM has been doing business process reviews in preparation for conversion to the new system. Time accounting has also commenced. The process uncovered the fact that some asbestos abatement projects have never been charged a fee, so those fees will go into effect beginning October 1, 2014.

E. Administrative Health Services Officer

Ms. Heenan stated she had nothing to add.

F. District Health Officer

Mr. Dick reported that Truckee Meadows Fire Protection District Board had approved the Regional Emergency Medical Services Interlocal Agreement. All other involved agencies had already approved it so it is now official.

He noted the Accela project was ramping up to implementation. It will kick off on September 2. The Community Health Assessment is still on track to be completed by the end of the year.

Mr. Dick pointed out that one of the Fundamental Review items had recommended the development of a performance management system. The Health District will be submitting an application for a grant to support this process. The Public Health Foundation has offered to work with the Health District to develop the performance management system.

Mr. Dick explained the Robert Wood Johnson Foundation grant was originally provided to review cross-jurisdictional sharing of public health program services across the eight

Northern Nevada counties. Through the process, staff has learned that most of these counties do not have a robust public health system and are served primarily by the state. They are not at a point to be able to engage in formal agreements regarding how to deliver public health services. The project is being redirected to help the counties build capacity. The state has been involved but their participation has declined.

17. Board Comment

Dr. Hess suggested changes to the Executive Summary portion of the Board reports.

18. Emergency Items

None.

19. *Public Comment

None.

20. Adjournment

At 2:53 p.m., Councilmember Jardon moved to adjourn. Dr. Humphreys seconded the motion which was approved six in favor and none against.

Respectfully submitted,



Kevin Dick, District Health Officer
Secretary to the District Board of Health



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2014.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Preparedness Month Proclamation

WHEREAS, “National Preparedness Month” creates an important opportunity for everyone in America to learn more about ways to prepare for emergencies, including public health threats, terrorist attacks, and natural disasters; and

WHEREAS, investing in the preparedness can improve response to and recovery from disasters thereby reducing the physical, emotional and financial impact to our community; and

WHEREAS, emergency preparedness is the responsibility of every citizen of Washoe County, and everyone is urged to make preparedness a priority, working together to ensure that individuals, families and communities are prepared for any type of emergency; and

WHEREAS, neighbors and friends are often first on the scene after an emergency; and,

WHEREAS, the Washoe County Health District works with state, local, private and volunteer agencies to educate groups and individuals on how to take responsibility for preparedness; and

WHEREAS, all citizens are then encouraged to visit the website www.ReadyWashoe.com to learn more about three simple preparedness steps: Make a Plan, Assemble a Kit, and Stay Informed;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby join the entire nation in proclaiming September 2014, as

National Preparedness Month

with the theme “Be Disaster Aware, Take Action to Prepare”.

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



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: September 25, 2014

DATE: September 2, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to N.D.O.T. (Nevada Division of Transportation) Case No. 1165, Unappealed Citation No. 5353 with a \$2,300.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5353 be upheld and a fine of \$2,300.00 be levied against Nevada Division of Transportation (NDOT) for failure to obtain a proper dust control permit before disturbing open land located near 16500 Pyramid Lake Highway in Sparks, Nevada. Failure to obtain a dust control permit constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C 3 Dust Control Permit Requirements. This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On Sunday May 10, 2014, Air Quality Specialist Michael Osborn was dispatched to the 16500 area of the Pyramid Lake Highway to investigate a dust complaint. The complainant stated there was blowing dust being generated off a Nevada Division of Transportation (NDOT) road maintenance project.

Upon his arrival to the area Specialist Osborn did observe dust blowing from the newly graded shoulder and drainage ditch adjacent to the highway. The soils observed were very "fly ashy" and tended to become readily airborne. The area near Rangeland Road had been graded to approximately sixty feet wide on each side of the road, and Specialist Osborn estimated the area disturbed along the Pyramid Lake Highway to be approximately ten miles in length. Specialist Osborn was unable to contact the responsible party as there were no dust control signs posted on the mile long strip of highway.

On Monday May 11, 2014, Specialist Osborn was unable to locate a dust control permit for the ground disturbance for this length of the highway in question. Specialist Osborn proceeded to the NDOT office on Galletti Way in Sparks to meet with a Mr. Steve Williams, the Highway

Maintenance Manager to discuss this fugitive dust incident. Mr. Williams advised NDOT had an on-going maintenance project for the Pyramid Lake Highway. Mr. Williams further stated NDOT was blading overgrown vegetation from the ditches and leveling the low areas with fill material for the purpose of creating safer driving environments for motorists and widening the shoulders of the road. During the meeting Mr. Williams was informed that on the previous day a wind storm had created a large amount of fugitive dust from the bladed areas. Specialist Osborn stated during the entire time he was on-site he observed no water trucks being used to control the fugitive dust. Mr. Williams stated, he had he been informed of the fugitive dust issue he would have immediately dispatched a water truck to the site. Specialist Osborn explained to Mr. Williams that these type of fugitive dust problems is why the Air Quality Management Division (AQMD) requires dust control permits to have proper signage and contact information specifying whom to contact during such an event. Specialist Osborn advised he would be issuing Notice of Violation Citation No.5353 to NDOT for operating without a proper dust control permit per Section 040.030 C, 3 Dust Control Permit Requirements of the District Board of Health Regulation Governing Air Quality Management.

On May 14, 2014, a meeting was held with Mr. Williams and his crew foreman; Senior Air Quality Specialist Dennis Cerfoglio and Specialist Osborn. During the meeting photographs of the graded area of concern were provided to Mr. Williams and his crew foreman depicting how bad the fugitive dust was on the day of the complaint. Mr. Williams stated he understood why the citizen complaint was received; and that the dust problem would be corrected. Mr. Williams agreed to apply hydro seed to the areas, which were sixty feet wide in the graded areas, to reduce any further fugitive dust problems in those areas. It was also agreed upon by Ms. Charlene Albee, AQMD Director and Mr. Williams that the citation would be held in abeyance for thirty days beginning On May 14, 2014, pending the completion of the project and abatement of dust control issues; and the completion of a dust control permit application for the affected areas. Specialist Osborn was contacted by Mr. Williams the week of May 25th and advised the hydro seeding in the area of concern had been completed. Specialist Osborn was able to confirm the sixty foot wide graded areas along the roadway were hydro seeded to his satisfaction within the thirty day time line. Specialist Osborn reminded Mr. Williams that NDOT also must apply for a proper dust control prior to the end of the thirty day period in order to have the citation held in abeyance.

Several attempts were made by Specialist Osborn to contact Mr. Williams and then Mr. Cook regarding the permit application. Senior Specialist Cerfoglio was eventually contacted in mid- July 2014 by Mr. Steve Cook from NDOT as to the possibility of holding a meeting with NDOT staff and AQMD staff regarding the citation and application for a dust control permit. On August 12, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Michael Osborn, Specialist Joshua Restori, and four representatives from NDOT, Mr. Steve Williams, Mr. Steve Cook, Mr. Thor Dyson and Mr. Michael Fuess. Specialist Cerfoglio thoroughly explained to the NDOT representatives NDOT's responsibility to apply for and receive a proper dust control permit on any property to be disturbed which is an acre or more in size. Mr. Dyson and Mr. Williams both indicated an understanding of NDOT's responsibility to obtain a proper permit before disturbing any site deemed an acre or more. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5353 be upheld with a fine of \$2,300.00 being levied. Specialist Cerfoglio further advised Mr. Dyson, Head Engineer for NDOT that NDOT is required to apply for the proper dust control permits on all job sites current and future which have a disturbed area of one acre or greater. Mr. Dyson was also informed one of the standard dust control permit

conditions requires proper construction signs posted on job sites with current contact numbers of individuals who would be available twenty four hours a day seven days a week. Mr. Dyson agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5353 issued to Nevada Division of Transportation (NDOT) with a \$2,300.00 negotiated fine. Alternatives to upholding the citation as presented include:

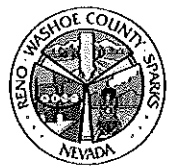
1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5353.
2. The Board may determine to uphold Citation No. 5353 and levy any fine in the range of \$0 to \$2,750.00 per day.

In the event the Board determines to change the penalty, the matter should be continued so that Mr. Dyson may be properly notified.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to approve the Consent Agenda as presented.”



NOTICE OF VIOLATION

NOV 5353

DATE ISSUED: 05/12/14

ISSUED TO: Dept of Transp. District 2 PHONE #: 834-8300

MAILING ADDRESS: 310 Hallock Way CITY/ST: Sparks, NV ZIP: 89431

NAME/OPERATOR: Steve Williams PHONE #: 775-834-8300

PERMIT NO. None COMPLAINT NO. 05/14-0068

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 5/12/14 (DATE) AT 0900 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:

MINOR VIOLATION OF SECTION:

MAJOR VIOLATION OF SECTION:

040.030 DUST CONTROL

030.000 OPERATING W/O PERMIT

040.055 ODOR/NUISANCE

030.2175 VIOLATION OF PERMIT CONDITION

040.200 DIESEL IDLING

030.105 ASBESTOS/NESHAP

OTHER 040.030 3C

OTHER _____

VIOLATION DESCRIPTION: No dust control plan on S.R. 445 shoulder work. Uncontrolled fugitive dust blowing off roads. No water trucks. Citizens complaints

LOCATION OF VIOLATION: Approved RR Hwy

POINT OF OBSERVATION: On site

Weather: 5/12/14 1730 hrs, Windy / Cool 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 _____

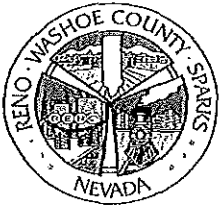
CITATION: You are hereby notified that effective on 5/12/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 0 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 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: Steve R. Williams Date: _____

Issued by: [Signature] Title: AQSD

PETITION FOR APPEAL FORM PROVIDED



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: Aug. 12, 2014

Company Name: State of Nevada WNDOT

Address: 310 Gallatin Way, Sparks, NV 89431

Notice of Violation No.: 5353 Case No.:

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: No Dust Control Plan 040.030

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,300.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on September 25, 2014.

[Signature] -NDOT
Signature of Company Representative

[Signature]
Signature of District Representative

IHOR DYSON
Print Name

DENNI SA. CERFOGLIO
Print Name

District Engineer
Title

Sr. Air Quality Spec
Title

[Signature]
Witness

[Signature]
Witness

[Signature]
Witness

[Signature]
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
030.000 040.030	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 State of Nevada - NDOT District
 Contact Name Steve Williams

Case 1165 NOV 5353 Complaint CMP14-0068

Violation of Section 040.030.C.3 - Dust Control Permit Requirements

I. Base Penalty as specified in the Penalty Table = \$ 1500.00

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 1.00

Comment: Major - Failure to Obtain a Dust Control Permit

2. Toxicity of Release

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

Comment: Criteria Pollutant - Particulate Matter

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

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

Comment: Negligible due to location

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

B. Adjusted Base Penalty

Base Penalty \$ 1500.00 x Adjustment Factor 1.00 = \$ 1500.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 1500.00 x Number of Days or Units 1.0 = \$ 1500.00

Comment: _____

D. Economic Benefit

Avoided Costs \$ 1237.00 + Delayed Costs \$ 0.00 = \$ 1237.00

Comment: Cost of a 10 acre dust control permit

Penalty Subtotal

Adjusted Base Penalty \$ 1500.00 + Economic Benefit \$ 1237.00 = \$ 2737.00

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

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) - 15%

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

Comment _____

C. Compliance History
No Previous Violations (0 – 10%) - 0%

Comment _____

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: _____

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -15%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>2737.00</u>	x	<u>-15%</u>	=	<u>-410.55</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

\$ <u>2737.00</u>	+/-	<u>\$ -410.55</u>	=	<u>\$ 2300.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

Air Quality Specialist

Date

Senior AQ Specialist/Supervisor

Date

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP14-0068**

Complaint Status: ASSIGNED

Source of Complaint: CITIZEN

Complaint Type: CNSTDUST

Date Received: 05/12/2014

Time: 4:30: PM

Inspector: MOSBORN

Inspector Area: 2

Complaint Description: DUST FROM ROADWAY/NO DUST CONTROL PLAN IN PLACE

Address:

Location: PYRAMID HGWY (WHISKEY SPRINGS/GRASS VLY)

Parcel Number:

Related Permit Number: none

Complainant:

WANDA WRIGHT
16500 PYRAMID HIGHWAY
RENO NV
89510
851-8225

Responsible Party:

NV DEPT OF TRANSPORTATION
STEVE WILLIAMS HWY MNTNCE MGR
1263 SO STEWART STREET
310 GALLETTI WAY SPARKS NV 89431
775-834-8300

Investigation:

Specialist Osborn was contacted at home on May 10th, 2014 and dispatched to the Pyramid Lake area reference a dust complaint from Wanda Wright. The complaint revolved around dust blowing off pyramid lake hwy. road maintenance project. Specialist Osborn departed for the area at 4:45 p.m.

On arrival to the area there were some areas of dust blowing from the ditch area which had just been graded. The soil was very fly ashy and tended to blow easily in the wind. It is believed that the winds were higher prior to Osborn's arrival as a storm (wind) was exiting the area. One Areas of concern to this specialist was near Rangeland Road. For Unknown reason this area had been graded from the road to the fence line which opened up a considerable area. Specialist Osborn stepped off the area and found the grading was approximately 60 feet on each side of the road. This project runs (shoulder work) from Ax Handle Road and will end near Pyramid Lake Reservation. There are several areas that had been widened making it more susceptible to winds. See attached photos of an example of the open areas. A check of current dust control plans in the mobile unit revealed no responsible party that could be notified to activate the water trucks.

On Monday at approximately 7:00 a.m. Specialist Osborn checked the Washoe County Dust Control Plan file to see what conditions were needed to be adhered to by NDOT. No Dust control plan could be located at the office. Specialist Osborn then went to the NDOT office on Galletti way and met with Steve Williams, the Highway Maintenance Manager for a discussion on this incident. Mr. Williams stated that they indeed have an on-going maintenance project for Pyramid Lake Hwy. He stated that

it had gotten so overgrown with vegetation that they bladed it to allow for new growth and to smooth the ditches out by leveling some areas and filling lower areas with material. This would also create a safer driving environment for motorists by widening the shoulder area. Mr. Williams was also advised that there were no water trucks out working the area on Saturday. He was also advised that a wind storm had created a lot of fugitive dust from the bladed areas and blown into the residences near the roadway. The complainant Wanda. Wright states that The valley was totally under dust on Sunday (video available). Mr. Williams stated that if someone would have called him he would have made sure water trucks were on site to take care of the problem. I then explained to Mr. Williams that is one of the reasons we have dust control plans. So in an event such as this we could have notified the responsible person.

This Specialist was contacted by NDOT on May 12, 2014 by an individual who was preparing to hydro seed the problem areas. It was further explained that they are required to leave an eight foot wide path to facilitate vehicles pulling off the roadway.

On Wednesday May 14, 2014 A meeting was held between Mr. Williams, his crew foreman, Supervisor Cerfoglio and Specialist Osborn. Photographs were shown of the graded and denuded areas of concern. Mr. Williams stated that the graded area of concern was an error in their grading procedures and it will be corrected. Mr. Williams stated that he understands why the citizen complaint was received and that the dust was not their intention. It was agreed upon by AQMD and Mr. Williams that NDOT submit a dust control plan for one hundred acres of work and would notify AQMD of their area of work via e-mail. It is believed that this would suffice for a year to eighteen months work (ref routine maintenance and shoulder work). It was further agreed that this plan would have a responsible party available for dispatching water trucks when needed.

It was further agreed to by the Director of AQMD and Mr. Williams that the citation will be held in abeyance for thirty days starting on May 14th 2014, pending the completion and abatement of dust control issues on the sixty foot graded areas reference to this initial complaint.

A check was completed of warnings and violations issued to NDOT during the last three years with negative results concerning same or similar violations.
Mr. Williams was issued NOV #5353 for 030.000; operating without a permit (Dust Control Plan).

Michael Osborn, AQSII
Air Quality Management Division
Washoe County Health District

Enforcement Activities

Warning Citation...:	Citation Number: 0
NOV.....: 05/12/2014	NOV Number....: 5353
	Case Number.....: 0
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 9/25/14

DATE: September 9, 2014

TO: District Board of Health

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

SUBJECT: Approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$335,053 for the Immunization Program Grant (IOs 10028 & 10029); 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 received a Subgrant Amendment from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health which provides for grant funding for the on-going Immunization Program, IOs 10028 & 10029. A copy of the Award is attached.

District Board of Health strategic priority: Achieve targeted improvements in health outcomes and health equity.

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

Approval of the Notice of Subgrant Amendment #2 also supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

The Washoe County District Board of Health approved a Notice of Subgrant Award for Calendar Year 2014 in the amount of \$111,685, representing "Round 1" of funding, in support of the Immunization Program on February 27, 2014.

On June 26, 2014, the Board approved an additional \$111,685 (included in Subgrant Amendment #1 in the total amount of \$223,370) representing "Round 2" of funding.

Subject: Subgrant Amendment

Date: September 25, 2014

BACKGROUND

The Division of Public and Behavioral Health has received “Round 3” of funding from the Centers for Disease Control and Prevention (CDC). As such, the Amendment reflects the subgrant period of January 1, 2014 through December 31, 2014, with additional funding of \$111,685. This represents 100% of our total funding request.

FISCAL IMPACT

No budget amendments are necessary as sufficient budget authority is available through June 30, 2015.

RECOMMENDATION

Staff recommends that the District Board of Health approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$335,053 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$335,053 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: **14265**
 Budget Account: 3213
 Category: 20
 GL: 8516
 Job Number: 9326814

SUBGRANT AMENDMENT # 2

Program Name: Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2014 through December 31, 2014.	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: The Nevada State Immunization Program received Round 3 funding from the CDC issued on 7/30/2014. It is necessary for the program to increase the subgrant award so that the subgrantee can accomplish the scope of work set out in the original subgrant. This amendment increases the original subgrant budget by \$111,683 for a total budget award of \$335,053.

Required Changes:

Current Language: N/A
Amended Language: N/A

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 184,522.00	\$ 92,263.00	\$ 276,785.00
2. Travel	\$ 5,034.00	\$ 2,516.00	\$ 7,550.00
3. Operating	\$ 1,334.00	\$ 666.00	\$ 2,000.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 6,190.00	\$ 3,094.00	\$ 9,284.00
7. Indirect	\$ 26,290.00	\$ 13,144.00	\$ 39,434.00
Total	\$ 223,370.00	\$ 111,683.00	\$ 335,053.00

Incorporated Documents:

Exhibit A: Original Notice of Subgrant Award and all previous amendments; and
 Exhibit B: Amended Budget Detail (Please see attached)

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Name/Title	Signature	Date
Matt Smith, Chairman District Board of Health, WCHD		
Karissa Loper, MPH Program Manager, Immunizations		8/25/14
Christine Mackie Bureau Chief, BCFCW		8/22/14
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

EXHIBIT B-1
S-14265 Washoe County Health District
Amendment #2 Subgrant Award
Budget Breakout per funding component

	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Funds
Personnel	\$ 181,294		\$ 95,491		\$ 276,785
Travel	\$ 3,350		\$ 4,200		\$ 7,550
Operating	\$ 1,500		\$ 500.00		\$ 2,000
Equipment	\$ -		\$ -		\$ -
Contractual	\$ -		\$ -		\$ -
Other	\$ 9,284		\$ -		\$ 9,284
Indirect	\$ 25,595		\$ 13,839.00		\$ 39,434
Total	\$ 221,023		\$ 114,030		\$ 335,053

EXHIBIT B-2
S-14265 Washoe County Health District

317 Ops Approved Budget					317 Ops Round 1 Award - 12/17/2013					317 Ops Round 2 Award - 04/10/2014					317 Ops Round 3 Award - 03/25/2014					
Qty	Total Wages	Time	Total		Qty	Rate	Time	Total		Qty	Rate	Time	Total		Qty	Rate	Time	Total		
Mertz, Nicole	1	103,036	0.32545	\$ 33,533	33% of \$95,491	1	95,491	0.333333	\$ 31,830	33% of \$95,491	1	95,491	0.333333	\$ 31,830	33% of \$95,491	1	95,491	0.333338	\$ 31,831	
Koster, Becky	1	105,761	0.38868	\$ 41,107	(rounded)					(rounded)					(rounded)					
Cabrales, Jessica	1	66,310	0.03936	\$ 2,610																
Shore, Lynn	1	107,962	0.11746	\$ 12,681																
Peek, Melissa	1	111,200	0.05	\$ 5,560																
Total Wages include Fringe				\$ -																
Total Personnel:				\$ 95,491	Total Personnel:				\$ 31,830	Total Personnel:				\$ 31,830	Total Personnel:					\$ 31,831
Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	
Mileage	29.76		0.56	12 mos. \$ 200.00	33% of \$4,200	1	\$ 4,200.00	0.333333	\$ 1,400	33% of \$4,200	1	\$ 4,200.00	0.333333	\$ 1,400	33% of \$4,200	1	\$ 4,200.00	0.333333	\$ 1,400	
Out of State Travel	1		1500	n/a \$ 1,500.00																
Out of State Travel	1		2000	n/a \$ 2,000.00																
Registration Fees	2		250	n/a \$ 500.00																
Total Travel:				\$ 4,200.00	Total Travel:				\$ 1,400	Total Travel:				\$ 1,400	Total Travel:					\$ 1,400
Operating/Supplies:	Qty	Rate	Time	Total	Operating/Supplies:	Qty	Rate	Time	Total	Operating/Supplies:	Qty	Rate	Time	Total	Operating/Supplies:	Qty	Rate	Time	Total	
General Office Supplies	1		41.67	12 mos. \$ 500.00	33% of \$500	1	\$ 500.00	0.3333	\$ 167	33% of \$500	1	\$ 500.00	0.3333	\$ 167	33% of \$500	1	\$ 500.00	0.332	\$ 166	
Total Operating:				\$ 500.00	Total Operating:				\$ 167	Total Operating:				\$ 167	Total Operating:					\$ 166
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	
Total Equipment:				\$ -	Total Equipment:				\$ -	Total Equipment:				\$ -	Total Equipment:					\$ -
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	
Total Contractual:				\$ -	Total Contractual:				\$ -	Total Contractual:				\$ -	Total Contractual:					\$ -
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	
Total Other:				\$ -	Total Other:				\$ -	Total Other:				\$ -	Total Other:					\$ -
Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	
(rounded)	95,491		0.144925	\$ 13,839.00	33% of \$13,839	1	\$ 13,839.00	0.3333	\$ 4,613	33% of \$13,839	1	\$ 13,839.00	0.3333	\$ 4,613	33% of \$13,839	1	\$ 13,839.00	0.3333	\$ 4,613	
Total Indirect:				\$ 13,839.00	Total Indirect:				\$ 4,613	Total Indirect:				\$ 4,613	Total Indirect:					\$ 4,613
Total 317 Ops Budget:				114,030.00	Total 317 Ops Budget:				\$ 38,010	Total 317 Ops Budget:				\$ 38,010	Total 317 Ops Budget:					\$ 38,010

VFC Ops Approved Budget					VFC Ops Round 1 Award - 12/17/2013					VFC Ops Round 2 Award - 04/10/2014					VFC Ops Budget Approved - 10/23/2013					
Personnel:	Qty	Rate	Time	Total	Personnel:	Qty	Rate	Time	Total	Personnel:	Qty	Rate	Time	Total	Personnel:	Qty	Rate	Time	Total	
Mertz, Nicole	1	103,036	0.62455	\$ 64,352	33% of \$181,294	1	181,294	0.33	\$ 60,431	33% of \$181,294	1	181,294	0.33	\$ 60,431	33% of \$181,294	1	181,294	0.33	\$ 60,432	
Koster, Becky	1	105,761	0.36132	\$ 38,214	(rounded)					(rounded)					(rounded)					
Cabrales, Jessica	1	66,310	0.36064	\$ 23,914																
Shore, Lynnne	1	107,962	0.22254	\$ 24,026																
Peek, Melissa	1	109,957	0.28000	\$ 30,788																
Total Wages include Fringe																				
Total Personnel:				\$ 181,294	Total Personnel:				\$ 60,431	Total Personnel:				\$ 60,431	Total Personnel:				\$ 60,432	
Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	
Mileage	89.29		0.56 12 mos.	\$ 600.00	33% of \$3,350	1	\$ 3,350.00	0.33333	\$ 1,117	33% of \$3,350	1	\$ 3,350.00	0.33333	\$ 1,117	33% of \$3,350	1	\$ 3,350.00	0.3331	\$ 1,116	
In-state Travel	1		500 n/a	\$ 500.00					\$ -					\$ -					\$ -	
Out of State Travel	1		2000 n/a	\$ 2,000.00					\$ -					\$ -					\$ -	
Registration Fees	1		250 n/a	\$ 250.00					\$ -					\$ -					\$ -	
Total Travel:				\$ 3,350.00	Total Travel:				\$ 1,117	Total Travel:				\$ 1,117	Total Travel:				\$ 1,116	
Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total	
General Office Supplies	1		125 12 mos.	\$ 1,500.00	33% of \$1,500	1	\$ 1,500.00	0.33333	\$ 500	33% of \$1,500	1	\$ 1,500.00	0.33333	\$ 500	33% of \$1,500	1	\$ 1,500.00	0.33333	\$ 500	
Total Operating:				\$ 1,500.00	Total Operating:				\$ 500	Total Operating:				\$ 500	Total Operating:				\$ 500	
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	
Total Equipment:				\$ -	Total Equipment:				\$ -	Total Equipment:				\$ -	Total Equipment:				\$ -	
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	
Total Contractual:				\$ -	Total Contractual:				\$ -	Total Contractual:				\$ -	Total Contractual:				\$ -	
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	
MD Consultant	1		3,782 n/a	\$ 3,782	33% of \$9,284	1	9,284	0.33333	\$ 3,095	33% of \$9,284	1	9,284	0.33333	\$ 3,095	33% of \$9,284	1	9,284	0.3333	\$ 3,094	
Service Contract (Refrigerator Alarm)	1		2,268 n/a	\$ 2,268					\$ -					\$ -					\$ -	
Repair & Maintenance	1		568 n/a	\$ 568					\$ -					\$ -					\$ -	
Copy Machine	1		108.33 12 mos	\$ 1,300					\$ -					\$ -					\$ -	
Books & Subscription	1		500 n/a	\$ 500					\$ -					\$ -					\$ -	
Postage	1		8.33 12 mos	\$ 100					\$ -					\$ -					\$ -	
Printing	1		46 n/a	\$ 46					\$ -					\$ -					\$ -	
Telephone	1		60 12 mos	\$ 720					\$ -					\$ -					\$ -	
Total Other:				\$ 9,284	Total Other:				\$ 3,095	Total Other:				\$ 3,095	Total Other:				\$ 3,094	
Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	
	181,294		0.14118	\$ 25,595	1	\$ 25,595.00	0.333346	\$ 8,532	1	\$ 25,595.00	0.333346	\$ 8,532	1	\$ 25,595.00	0.3333	\$ 8,531	1	\$ 25,595.00	0.3333	\$ 8,531
Total Indirect:				\$ 25,595.00	Total Indirect:				\$ 8,532	Total Indirect:				\$ 8,532	Total Indirect:				\$ 8,531	
Total VFC Ops Budget:				221,023.00	Total VFC Ops Budget:				73,675	Total VFC Ops Budget:				73,675	Total VFC Ops Budget:				73,675	



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: 14265
 Budget Account: 3213
 Category: 20
 GL: 8516
 Job Number: 9326814

SUBGRANT AMENDMENT # 1

Program Name: Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2014 through December 31, 2014.	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: The Nevada State Immunization Program received Round 2 funding from the CDC issued on 4/10/2014. It is necessary for the program to increase the subgrant award so that the subgrantee can accomplish the scope of work set out in the original subgrant. This amendment increases the original subgrant budget by \$111,685 for a total budget award of \$223,370.

Required Changes:

Current Language: N/A

Amended Language: N/A

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 92,261.00	\$ 92,261.00	\$ 184,522.00
2. Travel	\$ 2,517.00	\$ 2,517.00	\$ 5,034.00
3. Operating	\$ 667.00	\$ 667.00	\$ 1,334.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 3,095.00	\$ 3,095.00	\$ 6,190.00
7. Indirect	\$ 13,145.00	\$ 13,145.00	\$ 26,290.00
Total	\$ 111,685.00	\$ 111,685.00	\$ 223,370.00

Incorporated Documents:

- Exhibit A: Original subgrant Notice of Subgrant Award and all previous amendments; and
- Exhibit B: Amended Budget Detail (Please see attached)

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Matt Smith, Chairman District Board of Health, WCHD		6-22-14
Karissa Loper, MPH Program Manager, Immunizations		5/22/14
Christine Mackie Bureau Chief, BCFCW		5/22/14
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		7/1/14

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

(hereinafter referred to as the DIVISION)

EXHIBIT A

Budget Account # 3213

Category#: 20

GL #: 3500 8501

Job Number: 9326814

NOTICE OF SUBGRANT AWARD

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
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Address: 1150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
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Subgrant Period: January 1, 2014 through December 31, 2014	Subgrantee's EIN#: 88-6000138 Vendor#: T40283400 Q Dun & Bradstreet#: 73786998
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Reason for Award: To eliminate cases of vaccine-preventable diseases in Washoe County by raising immunization rates.

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

Approved Budget Categories:

	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Cost
Personnel	\$60,431		\$31,830		\$92,261
Travel	\$1,117		\$1,400		\$2,517
Operating	\$500		\$167		\$667
Equipment					
Contractual/ Consultant					
Other	\$3,095				\$3,095
Indirect	\$8,532		\$4,613		\$13,145
Total Cost	\$73,675		\$38,010		\$111,685

Category adjustments must be approved through the Immunization Program Manager. Written permission must be obtained and can be done via e-mail. Categorical adjustments are capped at 10%.

Reimbursement 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 \$111,685 during the subgrant period.

Source of Funds: Centers for Disease Control and Prevention	% of Funds: 100%	CFDA#: 93.268	Federal Grant #: 5H23IP000727-02
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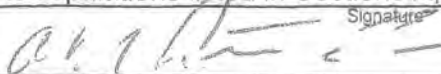

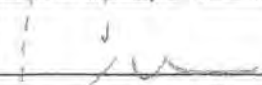

Terms and Conditions

By accepting these grant funds, it is understood that:

· Expenditures must comply with appropriate state and/or federal regulations.

· This award is subject to the availability of appropriate funds.

· Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
		2-27-14
Arissa Loper, MPH Program Manager		1/9/14
Christine Mackie FCW Interim Bureau Chief		1/10/14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health		3/27/14

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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.

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.

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.

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 or for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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 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.**

Nevada Department of Health
NOTICE OF SUBGRANT AWARD
SECTION B

Description of services, scope of work, deliverables and reimbursement

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults. The activities addressed in this contract are required under the federal Immunizations and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention, and identified within the Immunization Program Operations Manual (IPOM) dated 1/1/2013 – 12/31/2017.

Funds from the CDC are received in Rounds. Therefore, this subgrant only has enough funds for four months. Subgrant will be amended with additional funds when the Nevada State Immunization Program also receives additional funds from the CDC.

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

CHAPTER A – PROGRAM STEWARDSHIP AND ACCOUNTABILITY

VFC COMPLIANCE VISITS

VFC compliance visits ensure that federally provided vaccine is stored and handled appropriately. Please note that for every VFC compliance visit, (if the provider practice is large enough) an AFIX assessment is also required. All county Quality Assurance Coordinators are required to work closely with state Provider Quality Assurance Manager.

Goal: Enhance stewardship and accountability for all publicly purchased vaccine and VFC and Section 317 funding.			
Objectives	Activities	Date Due By	Documentation
(IPOM A-7) By 12/31/2014, assure that VFC-enrolled providers comply with VFC Program requirements through annual compliance site visits to at least <u>50%</u> of active VFC-enrolled providers and other means as defined in the current VFC Operations Guide.	1) Throughout 2014, state Provider Quality Assurance Manager and county coordinators are responsible for conducting compliance visits including the required VFC component training on a minimum of 50% of enrolled 317 & VFC providers. State and county coordinators are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC compliance visits. This will help coordinators meet their goal of 50%. The following are required for VFC compliance visits: a) Utilize the most current VFC compliance visit questionnaire and VFC non-compliance checklist as provided by the Nevada State Immunization Program (NSIP). b) Conduct VFC compliance visits on 100% of newly enrolled VFC providers. c) Conduct VFC compliance visits on newly enrolled VFC	12/31/2014	<ul style="list-style-type: none"> o Mid-Year & End-of-Year Progress Report o Within 30 days of the VFC compliance visit submit the following documentation for visits completed: <ul style="list-style-type: none"> o VFC Areas of Non-compliance o Post visit letter o Enter the compliance visit data into the PAPA online tool within 2 weeks of the visit. o Enter follow up provider contacts until 100%

... (30) days and no later than 120 days of completion of enrollment.

- Utilize the VFC compliance visit questionnaire and original reporting sheet to note deficiencies while conducting compliance visits with newly enrolled providers.
 - d) Provide technical assistance and/or follow-up visits as directed by the NSIP.
 - e) Complete the required VFC Program requirements training. Document pre/post-test results in Excel spreadsheet.
- 2) As assigned by the state Vaccine Manager, perform unannounced VFC Provider Storage & Handling Visits.

compliance is reached.

- ◊ Within 30 days of the unannounced VFC Provider Storage & Handling visit, submit the required VFC Areas of Non-Compliance Report.

AFIX ASSESSMENTS

AFIX is a continuous quality improvement process that is used to improve provider practice and raise immunization coverage rates. Please note that for every VFC compliance visit (if provider practice is large enough) an AFIX assessment is also required. All county Quality Assurance Coordinators are required to work closely with the state Provider Quality Assurance Manager.

Goal: Assess program performance for program improvement.			
Objectives	Activities	Date Due By	Documentation
<p>(IPOM B-3) By 12/31/2014, work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components, as appropriate and move toward use of IIS as primary source of data for provider coverage level assessment by the end of the project period.</p>	<p>1) Throughout 2014, state Provider Quality Assurance Manager and county coordinators will conduct AFIX assessments on all VFC providers who immunized 10 or more children born in 2011. The following will be conducted with each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the immunization series 4.3.3.3.1.4 and the individual antigen rates. d) Utilizing the online PAPA tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. e) The required follow-up session within six (6) months of the feedback session will include an assessment on the same age cohort. f) Promote coalition reminder/recall program and NILE activities during provider visits. g) Perform immunization assessments for all Nevada WebIZ users in jurisdiction for the annual Silver Syringe Awards. <ul style="list-style-type: none"> - Coordinate with NSIP staff to conduct an immunization assessment on all VFC providers/users that use Nevada WebIZ. 	12/31/2014	<ul style="list-style-type: none"> o Mid-Year & End-of-Year Progress Report o Within 30 days of the AFIX visit submit the following documentation for visits completed: <ul style="list-style-type: none"> o AFIX series 4.3.1.3.3.1.4 Summary Report – page 1 and Single Antigen Report. o Submit by the fifth (5th) day of each month the previous month's assessment data in a CoCASA export on an FTP site as designated by the NSIP. o Enter the AFIX visit data into the PAPA online tool within two (2) weeks of the visit. o Progress in Quality Improvement Activities will be documented at each follow-up visit.

	<p>AFIX assessments on 4 VFC providers who immunized 10 or more adolescents born in 2000. The following will be conducted with each AFIX visit:</p> <ol style="list-style-type: none"> Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. After receiving the updated immunization information from providers, generate the antigen series rate in CoCASA for 1 Tdap, 1 MCV4, 3 HPV, 3 HepB, 2 MMR, 2 Varicella. Utilizing the online PAPA tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. The required follow-up session within six (6) months of the feedback session will include an assessment on the same age cohort. Progress in selected Quality Improvement Activities will be assessed during 2014. Goal: Increase adolescent immunization rates by 15%. 		<ul style="list-style-type: none"> ◦ Mid-Year & End-of-Year Progress Report ◦ Within 30 days of the AFIX session, submit the paper reports of the adolescent immunization assessment. ◦ Submit by the fifth (5th) day of each month the previous month's assessment data in a CoCASA export on an FTP site as designated by the NSIP. ◦ Enter the AFIX visit data into the PAPA online tool within two (2) weeks of the visit. ◦ Progress in the Quality Improvement Activities will be documented at each follow-up visit.
<p>(IPOM B-1d) By 12/31/2014, promote evidence-based strategies.</p>	<p>1) Throughout 2014, determine providers in jurisdiction that have immunization rates of 24-35 month olds below 80%. Rates will be increased by conducting at least two (2) AFIX assessments and educating provider on the reminder/recall feature in Nevada WebIZ.</p> <p>Goal = increase immunization rates by 15%</p>	<p>12/31/2014</p>	<p>Mid-Year & End-of-Year Progress Report</p>

PERINATAL HEPATITIS B PREVENTION

Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However this goal cannot be achieved without the assistance from the immunization grantees, especially the Perinatal Hepatitis B prevention coordinators. All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator.

All jurisdictions are required to use the Perinatal Hepatitis B Module within Nevada WebIZ to conduct case management activities for all infants born to HBsAg positive mothers. Case, infant and contact information including serology, HBIG and hepatitis B vaccination dates must be documented in this module.

The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart no later than March 1, 2013.

Goal: Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission.			
Objectives	Activities	Date Due By	Documentation
(IPOM C-5a) By 12/31/2014, identify HBsAg-positive pregnant women.	1) Throughout 2014, educate prenatal, postpartum, and pediatric providers on the importance of screening all women during every pregnancy for HBsAg.	12/31/2014	Mid-Year & End-of-Year Progress Report
	2) Throughout 2014, improve mechanisms to identify women who are HBsAg-positive and pregnant.	12/31/2014	Mid-Year & End-of-Year Progress Report
	3) Throughout 2014, identify household and sexual contacts. Offer testing and Hepatitis B vaccination.	12/31/2014	Mid-Year & End-of-Year Progress Report
(IPOM C-5b) By 12/31/2014, prophylax newborns with hepatitis B vaccine and HBIG.	1) Throughout 2014, provide technical assistance to each birthing hospital to establish mechanisms to confirm women's HBsAg status at time of delivery and, if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.	12/31/2014	Mid-Year & End-of-Year Progress Report
	2) Throughout 2014, if mother is HBsAg-positive, establish policies or mechanisms to administer hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, administer hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.	12/31/2014	Mid-Year & End-of-Year Progress Report

	<p>mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the Perinatal Hepatitis B Prevention Program.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
	<p>4) Throughout 2014, review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening to program when results become available.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
	<p>5) Throughout 2014, provide technical assistance to each birthing hospital to develop policies or procedures for administering the first dose of hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
<p>(IPOM C-5c) By 12/31/2014, increase timely completion of doses two and three.</p>	<p>1) Throughout 2014, review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required vaccine doses of the hepatitis B vaccine series on schedule.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
	<p>2) Throughout 2014, review and improve protocols to actively follow up with families that do not receive the full hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
	<p>3) Throughout 2014, review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to identified infants born to HBsAg-positive women.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
<p>(IPOM C-5d) By 12/31/2014, increase post-vaccination serology.</p>	<p>1) Throughout 2014, identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
	<p>2) Throughout 2014, develop and implement action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST. Provide a copy of the plan to State Perinatal Hepatitis B Coordinator.</p>	6/30/2014	Mid-Year & End-of-Year Progress Report <ul style="list-style-type: none"> o Copy of action plan

entities that may be able to reduce or eliminate identified factors outside program control that prevent infants from obtaining timely and appropriate PVST.	12/31/2014	Mid-Year & End-of-Year Progress Report
4) Throughout 2014, develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due.	12/31/2014	Mid-Year & End-of-Year Progress Report
5) Throughout 2014, review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations.	12/31/2014	Mid-Year & End-of-Year Progress Report
6) Throughout 2014, review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection.	12/31/2014	Mid-Year & End-of-Year Progress Report
7) Throughout 2014, review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to hepatitis B infection to revaccinate infant with 2 nd hepatitis B vaccine series and receive PVST after the completion of the 2 nd hepatitis B vaccine series.	12/31/2014	Mid-Year & End-of-Year Progress Report
8) Throughout 2014, review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, health care provider, etc.).	12/31/2014	Mid-Year & End-of-Year Progress Report

SEASONAL INFLUENZA VACCINATION

Goal: Conduct seasonal influenza vaccine activities to improve preparedness for an influenza pandemic.

Objectives	Activities	Date Due By	Documentation
(IPOM E-3) Throughout the 2014-2015 Influenza Season work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic, including school-located vaccination.	1) Work with Immunize Nevada, Washoe County School District and other local partners, especially those who serve groups at high risk for complications from influenza infection and/or in underserved population groups, to increase demand for seasonal influenza immunization.	12/31/2014	◦ Mid-Year & End-of-Year Progress Report
	2) In partnership with Immunize Nevada and the Washoe County School District, conduct school-located vaccination clinics during the 2014-2015 influenza season. a) Reports should include, where feasible, the number of flu clinics held, total number of individuals targeted, dates of clinics with respect to jurisdiction's influenza season, and a description of target population by age and race/ethnicity.	12/31/2014	◦ Mid-Year & End-of-Year Progress Report

- 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 & Behavioral Health through Grant Number 5H23IP000727-02 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 & Behavioral Health or the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP000727-02 from the Centers for Disease Control and Prevention.
- When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

The following individuals agree to this Scope of Work:

Karissa Loper
Karissa Loper, MPH
Nevada Immunization Program Manager

1/6/14
Date

Linda Gabor
Linda Gabor, MSN, RN
WCHD, Immunization Director

1/6/14
Date

Subgrantee agrees to adhere to the following budget (1/3 of anticipated budget):

	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Cost
Personnel	\$60,431		\$31,830		\$92,261
VFC/AFIX Visits					
Peri Hep B					
Adolescent AFIX					
Seasonal Influenza					
Travel	\$1,117		\$1,400		\$2,517
VFC/AFIX Site Visits					
Peri Hep B					
Adolescent AFIX					
NIC & State IZ Conf					
Operating	\$500		\$167		\$667
VFC/AFIX Site Visits					
Equipment					
Contractual/					
Consultant					
Other	\$3,095				\$3,095
Indirect	\$8,532		\$4,613		\$13,145
Total Cost	\$73,675		\$38,010		\$111,685

The following activities will be paid for out of the following sub-organs:

ACTIVITIES	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)
VFC/AFIX Site Visits	X			
Adolescent AFIX			X	
Perinatal Hepatitis B			X	
Travel to NIC & State Conference			X	

- Funds are awarded to the Nevada State Immunization Program throughout the year in ROUNDS from the CDC. Therefore subgrants will be amended with additional funds when further rounds are received from the CDC.
- Any categorical adjustments must be approved through the State Immunization Program Manager. Written permission must be obtained and can be done via e-mail.
- 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). Rates can be found at www.gsa.gov.
- Costs associated with food or meals are NOT permitted unless included with per diem as part of official travel. Meals cannot be claimed within 50 miles of the employee's official workstation.

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.

Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses.

The maximum available through this subgrant is \$111,685

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Reimbursements will not be processed without all mandatory reporting documents such as:
 - a. Request for Reimbursement Form
 - b. Reimbursement Worksheet
 - c. Receipts for supplies, travel, equipment, and other items purchased. *Only allowable purchases per the 2013-2017 Immunization Program Operations Manual (IPOM) will be accepted for reimbursement. Any unallowable items purchased will not be reimbursed.* IPOM can be found at www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm.
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below.
- Submit one hard copy via postal mail of your original, signed Request for Reimbursement, Reimbursement Worksheet and copies of receipts.
- Mid-Year and End-of-Year Progress Reports are required and must be submitted to the state Immunization Program Manager via e-mail. Any additional items that are required for documentation (flyers, reports, etc.) may be submitted via e-mail or postal mail. Mid-Year Progress Report is due no later than 7/11/2014. End-of-Year Progress Report is due no later than 2/14/2015. This does not need to be a large narrative. Please see attached template.
- Monthly submission of CoCASA data is due the fifteenth (15th) day of each month for the prior month. In addition, Areas of Noncompliance paperwork should be submitted within 30 days of the VFC compliance visit. Please submit the originals to the state Provider Quality Assurance Manager via postal mail.
- Reimbursement will not be processed without all reporting being current.
- Reimbursement will only be claimed for expenditures approved within the Notice of Subgrant Award.
- Additional expenditure detail will be provided upon request from the Division.

ditionally, 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.

e Nevada State Health Division agrees:

- To provide technical assistance to subgrantee, upon request.
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee.
- Submit reimbursement request to Nevada State Health Division's Fiscal Services within five business days but only upon receipt of all mandatory reporting documents.

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

Both parties agree:

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

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

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall 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, terminated, or impaired.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- ⓪ 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.
- ⓪ Reimbursement is based on actual expenditures incurred during the period being reported.
- ⓪ Payment will not be processed without all reporting being current.
- ⓪ 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-programmed and will auto populate when data is entered.

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

2. Total Prior Requests: List the total expenditures for all previous reimbursement periods in this column, or 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.

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

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

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

6. 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
PUBLIC and BEHAVIORAL HEALTH

HD #: _____
Bureau Program #: _____
GL #: _____
Job #: _____
Draw #: _____

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Immunization Program Bureau of Community Health Nevada State Health Division	Subgrantee Name:
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706	Address:
Subgrant Period:	Subgrantee EIN#: Subgrantee Vendor#:

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 Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Operating	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Contract/Consultant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Training	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0

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

Authorized Signature - blue ink only _____ Title _____ Date _____

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

FOR PUBLIC & BEHAVIORAL HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____
 Person for contact: _____
 Final review/approval date: _____ Signed: _____
 Date of Work review/approval date: _____ Signed: _____
 Signature of 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? 7/31/14
4. Official name of organization? Nevada State Dept of Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? December 31, 2013
7. What time period did it cover? 7/1/13 - 6/30/14
8. Which accounting firm conducted the audit? Watts & Tamplin

[Handwritten Signature]

SIGNATURE

Director of Public Health

TITLE

3/17/14

DATE

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
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 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 on 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.

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.

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.

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.

I **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

Washoe County Health District
(Business Name)

4150 Technology Way

PO Box 11130
(Business Address)

Carson City, NV 89706

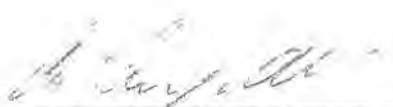
Reno, NV 89520
(City, State and Zip Code)

(775) 684-4200

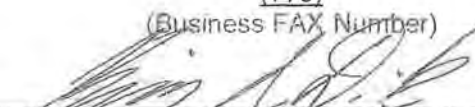
(775)
(Business Phone Number)

(775) 684-4211

(775)
(Business FAX Number)



(Authorized Signature)



(Authorized Signature)

Richard Whitley

Administrator

Kevin Dick
(Print Name)

District Health Officer

(Title)



(Date)



(Date)



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
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STAFF REPORT

BOARD MEETING DATE: September 25, 2014

DATE: September 11, 2014

TO: District Board of Health

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

SUBJECT: Approve amendments totaling an increase of \$60,802 in both revenue and expense to the FY15 Ryan White CARE Act Program – Health Education/Risk Reduction Federal Grant Program, IO 11147.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Subgrant Amendment #1 from the Division of Public and Behavioral Health for the subgrant period April 1, 2014 through March 31, 2015 in the total amount of \$67,164 in support of the Ryan White CARE Act Program – Health Education/Risk Reduction program. A copy of the Subgrant Amendment #1 is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

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

Approval of Amendment #1 also supports the District's Community & Clinical Health Services Division Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health this fiscal year.

BACKGROUND

The Nevada Division of Public and Behavioral Health awarded the Washoe County Health District \$67,164 for the budget period April 1, 2014 through March 31, 2015 to support the Ryan White CARE Act Program – Health Education/Risk Reduction.

The Washoe County Health District will develop a client-centered approach through the delivery of the Anti-Retroviral Therapy Access Study (ARTAS) project. The overarching goal of ARTAS is to increase the instance of successful and timely linkage to medical care for individuals

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2410 FAX (775) 328-3752

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Subject: Ryan White CARE Act Program

Date: September 25, 2014

recently diagnosed with HIV. Based on social cognitive theory, this client-level, multi-session intervention provides a science-based approach to self-efficacy. The four core elements of ARTAS are:

- Build an effective, working relationship between the Linkage Coordinator and clients
- Assist clients in identifying personal strengths and using individualized assets (e.g., positive characteristics) to stay engaged in medical care
- Facilitate the clients' ability in developing a step-by-step plan for achieving such goal(s), by addressing potential barriers, misconceptions, and stigma associated with diagnosis and treatment
- Maintain a client driven approach through ARTAS sessions, case management, linkage to referrals, and advocacy on behalf of the clients' needs

Funds will be used to support personnel and operating expenditures. Items include but are not limited to: client incentives (non-cash value gift cards such as Walmart, Starbucks, etc).

This grant was not projected in the FY15 Budget. The total award amount is \$67,164 A budget amendment in the amount of \$60,802 is necessary to bring the Notice of Subgrant Award into alignment with the program budget. A budget adjustment is not necessary for the indirect revenue.

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

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$60,802** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11147	-431100	Federal Revenue	\$60,802
		Total Revenue	\$60,802
2002-IO-11147	-701412	Salary Adjustment	42,720
2002-IO-11147	-705360	Benefit Adjustment	17,342
2002-IO-11147	-710350	Office Supplies	500
2002-IO-11147	-710500	Other Expense	240
		Total Expenditures	\$60,802

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$60,802 in both revenue and expense to the FY15 Ryan White CARE Act Program – Health Education/Risk Reduction Federal Grant Program, IO 11147.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$60,802 in both revenue and expense to the FY15 Ryan White CARE Act Program – Health Education/Risk Reduction Federal Grant Program, IO 11147.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: 14460-1
 Budget Account: 3215
 Category: 24
 GL: 8516
 Job Number: 9391714

SUBGRANT AMENDMENT #1

Program Name: Ryan White CARE Act Program Bureau of Child, Family and Community Wellness Division of Public & Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD) Health Education/Risk Reduction Contact Person: Stacy Hardie 775-328-3752
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2009	Address: 1664 North Virginia Street/MS 325 Reno, NV 89557
Subgrant Period: April 1, 2014 through March 31, 2015	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: The purpose of this amendment is to increase the award amount by \$50,373.00 to award the remaining funds for FY 2014.

Required Changes:

Current Language: 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 **\$16,791** during the subgrant period.

Amended Language: 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 **\$67,164** during the subgrant period.

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 15,016.00	\$ 45,046.00	\$ 60,062.00
2. Travel	\$ 0.00	\$ 0.00	\$ 0.00
3. Operating	\$ 125.00	\$ 375.00	\$ 500.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Training	\$ 0.00	\$ 0.00	\$ 0.00
7. Other	\$ 60.00	\$ 180.00	\$ 240.00
8. Administrative Cost	\$ 1,590.00	\$ 4,772.00	\$ 6,362.00
Total	\$ 16,791.00	\$ 50,373.00	\$ 67,164.00

Incorporated Documents:

Exhibit A: Original subgrant Notice of Subgrant Award and all previous amendments; and
 Exhibit B: Amended Budget Detail (if applicable)

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Kevin Dick District Health Officer	Signature	Date
	<i>Charlene Albee</i>	<i>9/11/14</i>
Dan Olsen, MPH Program Manager		
Christine Mackie Bureau Chief, CFCW		
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

**RYAN WHITE CARE ACT
2014-2015
SUB-GRANT BUDGET DETAIL
WASHOE COUNTY HEALTH DISTRICT/HERR HD# 14460
12 MONTH BUDGET**

CATEGORY	DESCRIPTION	QTY	COST PER UNIT	3 Month	9 Month	Grant Cycle
				FUNDING SOURCE	FUNDING SOURCE	FUNDING SOURCE
				RWPB Funds	RWPB Funds	RWPB Funds
PERSONNEL						
Disease Intervention Specialist	Base Salary \$77,022 x 30%			\$ 5,776.00	\$ 17,331.00	\$ 23,107.00
Incentive	\$ 700 x 30%			\$ 53.00	\$ 157.00	\$ 210.00
Fringe	\$32,024 x 30%			\$ 2,402.00	\$ 7,207.00	\$ 9,609.00
				\$ -	\$ -	\$ -
Disease Intervention Specialist	Base Salary \$77,234 x 25%			\$ 4,827.00	\$ 14,481.00	\$ 19,308.00
Incentive	\$ 1,800 x 25%			\$ 113.00	\$ 337.00	\$ 450.00
Fringe	\$29,514 x 25%			\$ 1,845.00	\$ 5,533.00	\$ 7,378.00
Total:				\$ 15,016.00	\$ 45,046.00	\$ 60,062.00
TRAVEL						
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Total:				\$ -	\$ -	\$ -
OPERATING/SUPPLIES						
	Office Supplies			\$ 125.00	\$ 375.00	\$ 500.00
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Total:				\$ 125.00	\$ 375.00	\$ 500.00
EQUIPMENT						
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Total:				\$ -	\$ -	\$ -
CONTRACT/CONSULTANT						
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Total:				\$ -	\$ -	\$ -
OTHER						
Incentives-WCHD (bus passies, taxi vouchers and gift cards)	6 clients x \$20/session x 2 sessions			\$ 60.00	\$ 180.00	\$ 240.00
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Total:				\$ 60.00	\$ 180.00	\$ 240.00
INDIRECT						
Salaries Only 15%				\$ -	\$ -	\$ -
Disease Intervention Spec FTE \$77,022 @ 30%	\$23,106 x 15% = \$3,466			\$ 866.00	\$ 2,600.00	\$ 3,466.00
Disease Intervention Spec FTE \$77,234 @ 25%	\$19,308 x 15% = \$2,896			\$ 724.00	\$ 2,172.00	\$ 2,896.00
				\$ -	\$ -	\$ -
Total:				\$ 1,590.00	\$ 4,772.00	\$ 6,362.00
				TOTAL:	\$ 16,791.00	\$ 50,373.00
ADMINISTRATIVE COSTS:						
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
				\$ -	\$ -	\$ -
Totals				\$ -	\$ -	\$ -
BUDGET TOTAL:				\$ 16,791.00	\$ 50,373.00	\$ 67,164.00



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
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STAFF REPORT

BOARD MEETING DATE: September 25, 2014

DATE: September 11, 2014

TO: District Board of Health

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

SUBJECT: Approve amendments totaling an increase of \$32,241 in both revenue and expense to the FY15 Ryan White CARE Act Program – Outreach Services Federal Grant Program, IO 11201.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Subgrant Amendment #1 from the Division of Public and Behavioral Health for the subgrant period April 1, 2014 through March 31, 2015 in the total amount of \$35,487.50 in support of the Ryan White CARE Act Program – Outreach Services program. A copy of the Subgrant Amendment #1 is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

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

Approval of Amendment #1 also supports the District's Community & Clinical Health Services Division Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health this fiscal year.

BACKGROUND

The Nevada Division of Public and Behavioral Health awarded the Washoe County Health District \$35,487.50 for the budget period April 1, 2014 through March 31, 2015 to support the Ryan White CARE Act Program – Outreach Services.

Social Network Strategy (SNS) involves recruiting HIV positive and high risk negative persons to identify persons (Network Associates) from their social, sexual and drug using networks who may be

Subject: Ryan White CARE Act Program

Date: September 25, 2014

at risk for infection. Recruiters provide their Network Associates with information on access to HIV testing services. Incentives for the recruiter and network associates are provided as an enabler to participate in the project. The SNS is a Center for Disease Control (CDC) supported, evidence-based intervention that has been proven to identify more people with HIV infection through social networks rather than focusing on recruiting an HIV positive individual's sex and needle sharing partners. This program pairs well with existing HIV prevention efforts, including Partner Services. The ultimate goal is to connect HIV positive individuals to care and decrease the transmission of HIV.

Funds will be used to support personnel and operating expenditures. Items include but are not limited to: client incentives (non-cash value gift cards such as Walmart, Starbucks, etc).

This grant was not projected in the FY15 Budget. The total award amount is \$35,487. A budget amendment in the amount of \$32,241 is necessary to bring the Notice of Subgrant Award into alignment with the program budget. A budget adjustment is not necessary for the indirect revenue.

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

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$32,241** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11201	-431100	Federal Revenue	\$32,241
		Total Revenue	\$32,241
2002-IO-11201	-701412	Salary Adjustment	22,095
2002-IO-11201	-705360	Benefit Adjustment	9,320
2002-IO-11201	-710500	Other Expense	540
2002-IO-11201	-710502	Printing	286
		Total Expenditures	\$32,241

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$32,241 in both revenue and expense to the FY15 Ryan White CARE Act Program – Outreach Services Federal Grant Program, IO 11201.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$32,241 in both revenue and expense to the FY15 Ryan White CARE Act Program – Outreach Services Federal Grant Program, IO 11201.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: 14459-1
 Budget Account: 3215
 Category: 24
 GL: 8516
 Job Number: 9391714

SUBGRANT AMENDMENT #1

Program Name: Ryan White CARE Act Program Bureau of Child, Family and Community Wellness Division of Public & Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD) Outreach Contact Person: Stacy Hardie 775-328-3752
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2009	Address: 1664 North Virginia Street/MS 325 Reno, NV 89557
Subgrant Period: April 1, 2014 through March 31, 2015	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

- Scope of Work
 Term
 Budget

Reason for Amendment: The purpose of this amendment is to increase the award amount by \$26,615.50 to award the remaining funds for FY 2014.

Required Changes:

Current Language: 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 **\$8,872** during the subgrant period.

Amended Language: 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 **\$35,487.50** during the subgrant period.

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 7,863.00	\$ 23,587.50	\$ 31,450.50
2. Travel	\$ 0.00	\$ 0.00	\$ 0.00
3. Operating/Supplies	\$ 63.00	\$ 187.00	\$ 250.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Training	\$ 0.00	\$ 0.00	\$ 0.00
7. Other	\$ 135.00	\$ 405.00	\$ 540.00
8. Administrative Cost	\$ 811.00	\$ 2,436.00	\$ 3,247.00
Total	\$ 8,872.00	\$ 26,615.50	\$ 35,487.50

Incorporated Documents:

- Exhibit A: Original subgrant Notice of Subgrant Award and all previous amendments; and
- Exhibit B: Amended Budget Detail (if applicable)

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Kevin Dick District Health Officer	Signature <i>Charlene Cebee</i>	Date 9/10/14
Dan Olsen, MPH Program Manager		
Christine Mackie Bureau Chief, CFCW		
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

**RYAN WHITE CARE ACT
2014-2015
SUB-GRANT BUDGET DETAIL
WASHOE COUNTY HEALTH DISTRICT/OUTREACH HD# 14459
12 MONTH BUDGET**

CATEGORY	DESCRIPTION	QTY	COST PER UNIT	3 Month	9 Month	Grant Cycle	
				FUNDING SOURCE	FUNDING SOURCE	FUNDING SOURCE	
				RWPB Funds	RWPB Funds	RWPB Funds	
PERSONNEL							
Sexual Health Program Coordinator	Base Salary \$72,155 x 30%			\$ 5,411.00	\$ 16,235.50	\$ 21,646.50	
Incentive	\$ 1,300 x 30%			\$ 98.00	\$ 292.00	\$ 390.00	
Fringe	\$31,381 x 30%			\$ 2,354.00	\$ 7,060.00	\$ 9,414.00	
				\$ -	\$ -	\$ -	
Total:				\$ 7,863.00	\$ 23,587.50	\$ 31,460.50	
TRAVEL							
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Total:				\$ -	\$ -	\$ -	
OPERATING/SUPPLIES							
Printing Supplies		\$250		\$ 63.00	\$ 187.00	\$ 250.00	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Total:				\$ 63.00	\$ 187.00	\$ 250.00	
EQUIPMENT							
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Total:				\$ -	\$ -	\$ -	
CONTRACT/CONSULTANT							
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Total:				\$ -	\$ -	\$ -	
OTHER							
Incentives-WCHD (bus passies, taxi vouchers and gift cards)	6 recruiter x \$20/assoc. x 3 assoc. 3 assoc. x \$10/test x 6 recruiters			\$ 90.00 \$ 45.00	\$ 270.00 \$ 135.00	\$ 360.00 \$ 180.00	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Total:				\$ 135.00	\$ 405.00	\$ 540.00	
INDIRECT							
For Salaries Only (FTE @ 30% of \$72,155)	\$21,647 x 15%			\$ 811.00	\$ 2,436.00	\$ 3,247.00	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Total:				\$ 811.00	\$ 2,436.00	\$ 3,247.00	
				TOTAL:	\$ 8,872.00	\$ 26,615.50	\$ 35,487.50
ADMINISTRATIVE COSTS:				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	
Totals				\$ -	\$ -	\$ -	
BUDGET TOTAL:				\$ 8,872.00	\$ 26,615.50	\$ 35,487.50	



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
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STAFF REPORT BOARD MEETING DATE: 9/25/14

DATE: September 12, 2014

TO: District Board of Health

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

SUBJECT: Retroactive approval of District Health Officer acceptance of an additional \$40,500 as reflected in Subgrant Amendment #3 from the Division of Public and Behavioral Health for the period October 1, 2012 to September 30, 2014 in the amount of \$2,184,496 in support of the Women, Infants and Children (WIC) Program.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District's WIC program received an additional \$40,500 from the Division of Public and Behavioral Health which is reflected in Subgrant Amendment #3 for the period October 1, 2012 to September 30, 2014 in the total amount of \$2,184,496. A copy of Subgrant Amendment #3 is attached.

District Board of Health strategic priority: Be assured that mandates are met and needed services are delivered.

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

It also supports the Washoe County Health District's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) mission. It is to provide supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons.

PREVIOUS ACTION

The District Board of Health approved Subgrant Amendment #2 in the total amount of \$2,143,996 on September 26, 2013.

BACKGROUND

In preparation for the transition to Mountain Plains MIS, the State WIC program is updating the computer systems in their clinics and offered additional funding to the Washoe County Health District to update our computers in the WIC program. As the subgrant period ends September 30, 2014 and

Subject: Retroactive approval of District Health Officer acceptance of WIC Grant
Date: September 25, 2014

time is of the essence to make purchases, the District Health Officer accepted the amendment on August 28, 2014.

A review was conducted of computer needs and it was determined that due to the recent refresh of Washoe County computers, most computers that staff have will work with the new WIC system that is expected next year. In order to maximize funding, the State has authorized this additional funding to be used for other operational costs such as signage, medical/office supplies, office furniture, etc. in addition to the purchase of computers.

FISCAL IMPACT

Should the Board retroactively approve the District Health Officer acceptance of Subgrant Amendment #3 there will be no additional fiscal impact to the FY15 WIC program budget. A budget amendment is not necessary at this time as sufficient budget authority is available through June 30, 2015.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health retroactively approve of District Health Officer acceptance of an additional \$40,500 as reflected in Subgrant Amendment #3 from the Division of Public and Behavioral Health for the period October 1, 2012 to September 30, 2014 in the amount of \$2,184,496 in support of the Women, Infants and Children (WIC) Program.

POSSIBLE MOTION

Move to retroactively approve of District Health Officer acceptance of an additional \$40,500 as reflected in Subgrant Amendment #3 from the Division of Public and Behavioral Health for the period October 1, 2012 to September 30, 2014 in the amount of \$2,184,496 in support of the Women, Infants and Children (WIC) Program.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: 12031
 Budget Account: 3214
 Category: 14
 GL: 8516
 Job Number: 1055714A

SUBGRANT AMENDMENT # 3

Program Name: Women, Infants and Children (WIC) Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, Suite #102 Carson City, NV 89706-2009	Address: 1099 East 9 th Street PO Box 11130 Reno, NV 89520
Subgrant Period: October 1, 2012 through September 30, 2014.	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: Increase subgrantee award to cover equipment purchases.

Required Changes:

Current Language: The total dollar amount for a two (2) year term of the subgrant is \$2,143,996.00. Annual reimbursement will not exceed \$1,071,998.00.

Amended Language: The total dollar amount for a two (2) year term of the subgrant is \$2,184,496.00. Annual reimbursement will not exceed \$1,071,998 for Year One (1) and \$1,112,498.00 for Year Two (2).

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 2,014,178.00	\$ 0.00	\$ 2,014,178.00
2. Travel	\$ 11,500.00	\$ 0.00	\$ 11,500.00
3. Operating	\$ 118,318.00	\$ 0.00	\$ 118,318.00
4. Equipment	\$ 0.00	\$ 40,500.00	\$ 40,500.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Training	\$ 0.00	\$ 0.00	\$ 0.00
7. Other	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 2,143,996.00	\$ 40,500.00	\$ 2,184,496.00

Incorporated Documents:

Exhibit A: Amended Budget Detail ; and
 Exhibit B: Original subgrant Notice of Subgrant Award and all previous amendments

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Subgrantee Official	Signature	Date
Title		8/28/14
Michelle Walker Program Manager		8/26/14
Christine Mackey Bureau Chief, Bureau initials		
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

EXHIBIT A:

Amended Budget Detail

Washoe County Health District, WIC

4. EQUIPMENT: \$40,500 (27 Dual monitor desk top computers. 27 @ \$1500 Each)

Buxton, Patsy

From: Bayan, Beverly
Sent: Thursday, September 11, 2014 2:12 PM
To: Heenan, Anna
Cc: Buxton, Patsy; Kutz, Steve
Subject: FW: WIC Grant FY14 Contract Amendment Purchases

Anna,

Per your request, here is the confirmation from the State WIC Office. Please let me know if there is anything else you need.

Bev

From: Michelle Walker [<mailto:mwalker@health.nv.gov>]
Sent: Thursday, September 11, 2014 1:09 PM
To: Bayan, Beverly
Subject: RE: WIC Grant FY14 Contract Amendment Purchases

Bev,

This is correct.

Thank you

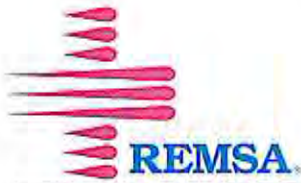
From: Bayan, Beverly [<mailto:BBayan@washoecounty.us>]
Sent: Thursday, September 11, 2014 11:52 AM
To: Michelle Walker
Subject: WIC Grant FY14 Contract Amendment Purchases

Dear Michelle,

This is to confirm our conversation today regarding allowable purchases with the contract amendment for \$40,500. Due to the recent refresh of Washoe County computers, most computers staff currently have should work with the new WIC system expected next year. My understanding is we can spend this money on any operational supplies including residual needed computers/software/accessories (e.g. 8 laptops for satellite clinics, larger desktop monitors for staff who need them), office furniture, divider panel in the clinic, signage, medical/office supplies, etc.

Please confirm or modify as needed. Thank you so much for your assistance!

Sincerely,
Beverly Bayan
WIC Program Manager



Regional Emergency Medical Services Authority

REMSA

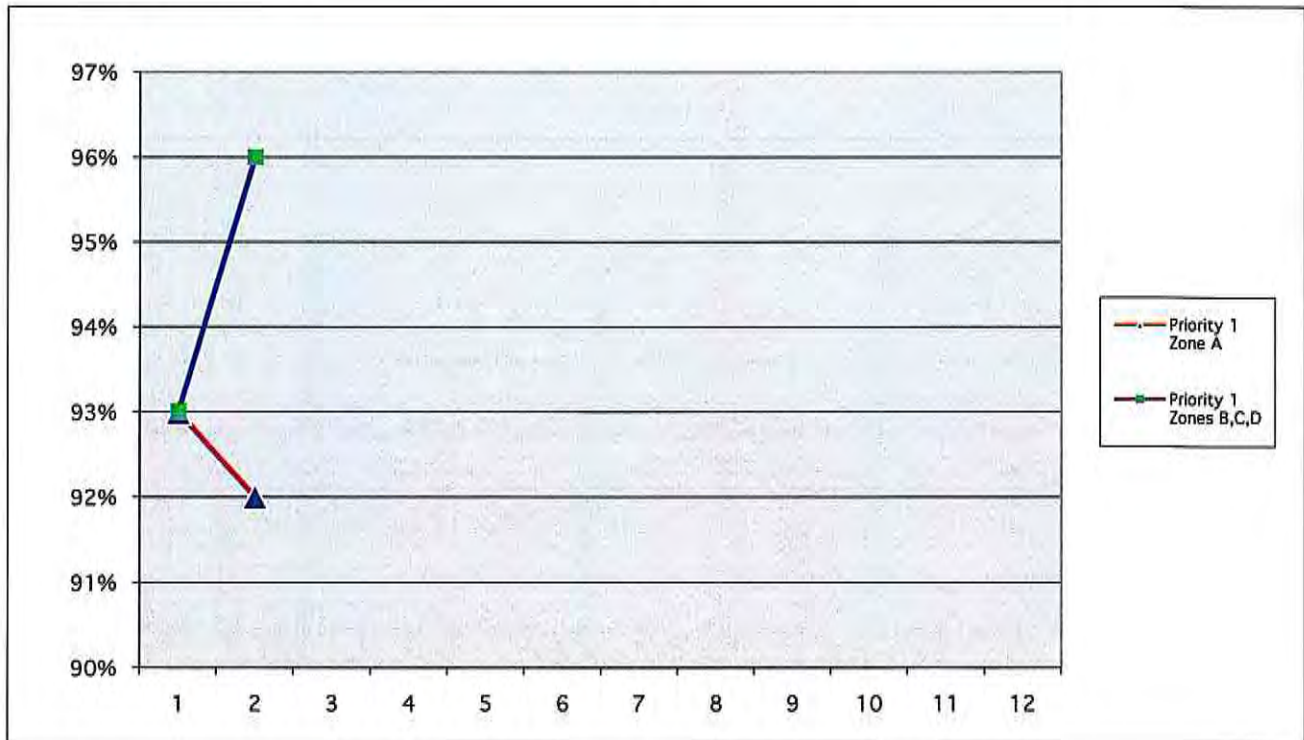
OPERATIONS REPORTS

FOR

AUGUST 2014

Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2015			
Feb.			
Mar.			
Apr.			
May			
June 2015			



August 2014

Average Response Times by Entity			
Priority	Reno	Sparks	Washoe County
P-1	6:06	6:11	9:07
P-2	6:54	6:51	10:03

REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.			\$0	\$1,069
Oct.			\$0	\$1,069
Nov.			\$0	\$1,069
Dec.			\$0	\$1,069
Jan. 2015			\$0	\$1,069
Feb.			\$0	\$1,069
Mar.			\$0	\$1,069
Apr.			\$0	\$1,069
May			\$0	\$1,069
June 2015			\$0	\$1,069
Totals	7732	\$8,263,279	\$1,069	

Allowed ground avg bill - \$1,076.00



GROUND AMBULANCE OPERATIONS REPORT

August 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5667
Total Number Of Responses In Which No Transport Resulted	1675
Total Number Of System Transports	3992

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		48%
OB		3%
Psychiatric/Behavioral		5%
Transfers		19%
Trauma		20%
	Trauma – MVA	6%
	Trauma – Non MVA	14%
Unknown/Other		3%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/ oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3290

Total number of above calls receiving QA reviews: 222

Percentage of charts reviewed from the above ALS transports: 7%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

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
8/4/2014	REMSA	11
8/8/2014	REMSA	6
8/10/2014	EMS CES 911 Training Site	2
8/15/2014	Scott Kesler	2
8/18/2014	EMS CES 911 Training Site	2
8/20/2014	REMSA	7

Advanced Cardiac Life Support Recert

Date	Course Location	Students
5/30/2014	John Mohler & Co	12
8/6/2014	Saint Mary's Regional Medical Center	5
8/7/2014	EMS CES 911 Training Site	2
8/19/2014	REMSA	11
8/23/2014	REMSA	6
8/25/2014	REMSA	10
8/26/2014	EMS CES 911 Training Site	8
8/27/2014	Zack Marcus	1
8/31/2014	EMS CES 911 Training Site	2

Advanced Cardiac Life Support Skills

Date	Course Location	Students
7/23/2014	REMSA	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
8/1/2014	REMSA	9

Bloodborne Pathogen

Date	Course Location	Students
8/25/2014	Career College of Northern Nevada	4
8/25/2014	Career College of Northern Nevada	6

Family & Friends CPR Awareness

Date	Course Location	Students
8/24/2014	Kyle Pong	9

Health Care Provider CPR

Date	Course Location	Students
6/13/2014	Nevada Department of Corrections	5
6/23/2014	Nevada Department of Corrections	4
7/16/2014	Nevada Department of Corrections	4
7/17/2014	Milan Institute	27
7/28/2014	Newmont	5
7/31/2014	Silver Legacy	4
8/1/2014	Barrick Cortez Goldmines	14
8/2/2014	REMSA	10
8/2/2014	Riggs Ambulance	5
8/3/2014	Majen	1

8/3/2014	EMS CES 911 Training Site	1
8/5/2014	REMSA	9
8/5/2014	EMS CES 911 Training Site	8
8/7/2014	REMSA	10
8/8/2014	Career College of Northern Nevada	8
8/8/2014	Great Basin College	14
8/9/2014	REMSA	8
8/9/2014	EMS CES 911 Training Site	9
8/11/2014	EMS CES 911 Training Site	2
8/14/2014	West Hills Hospital	3
8/14/2014	REMSA	9
8/14/2014	ConAgra Foods - REMSA	1
8/14/2014	EMS CES 911 Training Site	3
8/14/2014	Eastern Plumas Healthcare	3
8/14/2014	Lander County Community Health	8
8/14/2014	Eastern Plumas Healthcare	5
8/15/2014	Trent Waechter	1
8/17/2014	EMS CES 911 Training Site	1
8/17/2014	Nye County Emergency Management	6
8/17/2014	Nye County Emergency Management	7
8/18/2014	REMSA	9
8/18/2014	National Guard	1
8/18/2014	Nye County Sheriff's Office	1
8/20/2014	Morrison University - REMSA	6
8/20/2014	Morrison University - REMSA	7
8/20/2014	REMSA	10

8/20/2014	EMS CES 911 Training Site	1
8/20/2014	Nye County Emergency Management	3
8/22/2014	Chris McNally	6
8/23/2014	General Vascular Associates - REMSA	4
8/24/2014	Jennifer Kraushaar	3
8/24/2014	EMS CES 911 Training Site	13
8/25/2014	Lander County Community Health	6
8/25/2014	CPR 1st Aid Training	1
8/26/2014	REMSA	8
8/27/2014	REMSA	8
8/27/2014	Milan Institute	10
8/28/2014	Lander County Community Health	5

Health Care Provider Employee

Date	Course Location	Students
8/1/2014	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
7/15/2014	Tahoe Forest Hospital	8
7/19/2014	REMSA	9
7/31/2014	CPR + Medici	6
8/4/2014	REMSA	1
8/4/2014	REMSA	4
8/5/2014	Lander County Community Health	3
8/6/2014	REMSA	9
8/12/2014	REMSA	7

8/13/2014	Regent Care Center Reno	4
8/14/2014	ConAgra Foods - REMSA	6
8/15/2014	REMSA	8
8/16/2014	REMSA	9
8/18/2014	Nampa Fire Department	2
8/19/2014	Tahoe Forest Hospital	17
8/20/2014	EMS CES 911 Training Site	2
8/20/2014	EMS CES 911 Training Site	2
8/21/2014	REMSA	9
8/23/2014	General Vascular Associates - REMSA	4
8/23/2014	EMS CES 911 Training Site	1
8/25/2014	REMSA	9
8/25/2014	EMS CES 911 Training Site	1
8/26/2014	REMSA	14
8/26/2014	REMSA	10
8/26/2014	Nampa Fire Department	1
8/26/2014	Eastern Plumas Healthcare	1
8/26/2014	EMS CES 911 Training Site	1
8/26/2014	Riggs Ambulance	1
8/27/2014	REMSA	7
8/28/2014	Sierra Army Depot	3
8/28/2014	REMSA	10
8/29/2014	REMSA	2
8/31/2014	EMS CES 911 Training Site	2

Health Care Provider Skills

Date	Course Location	Students
6/30/2014	REMSA	1
6/30/2014	REMSA	1
7/11/2014	REMSA	1
7/14/2014	Tahoe Forest Hospital	1
7/21/2014	Daniel Mascret	1
7/23/2014	REMSA	1
7/24/2014	REMSA	2
7/29/2014	REMSA	1
7/31/2014	Tahoe Forest Hospital	1
8/1/2014	REMSA	2
8/4/2014	UNR Orvis School of Nursing	2
8/6/2014	Tahoe Pacific Hospital	1
8/6/2014	Majen	1
8/6/2014	Tahoe Forest Hospital	1
8/6/2014	Willow Springs Center	1
8/7/2014	Majen	1
8/8/2014	Heidi Johnston	1
8/11/2014	Elko County School District	1
8/11/2014	Tahoe Forest Hospital	1
8/12/2014	REMSA	1
8/12/2014	REMSA	1
8/13/2014	Tahoe Forest Hospital	1
8/15/2014	Elko County School District	2
8/15/2014	Heidi Johnston	1

8/18/2014	Elko County School District	2
8/18/2014	Health Sciences Academy at Hug High	6
8/19/2014	Majen	1
8/20/2014	Tahoe forest Hospital	1
8/20/2014	Majen	7
8/21/2014	Daniel Mascret	1
8/26/2014	UNR Orvis School of Nursing	1
8/26/2014	Tahoe Pacific Hospital	1
8/27/2014	Majen	1
8/27/2014	Tahoe Pacific Hospital	2
8/27/2014	Willow Springs Center	3
8/27/2014	Willow Springs Center	1
8/28/2014	Majen	9
8/29/2014	REMSA	1
8/29/2014	Riggs Ambulance	1
8/31/2014	Meeta Patel	1

Heart Saver CPR/AED

Date	Course Location	Students
7/23/2014	Barrick Pueblo Viejo MTC	8
7/26/2014	Barrick Goldstrike	6
8/7/2014	Dustin Hopfe	9
8/7/2014	Dustin Hopfe	9
8/8/2014	Hug Athletic Department	1
8/8/2014	Sierra Nevada Job Corps	6
8/8/2014	Aaron Boyce	5
8/9/2014	Nampa Fire Department	5

8/13/2014	REMSA	11
8/14/2014	UNR EHS	6
8/18/2014	Majen	10
8/19/2014	UNR Athletics - REMSA	30
8/19/2014	Erica Krysztof	8
8/20/2014	UNR Athletics - REMSA	25
8/20/2014	Majen	21
8/21/2014	Elko County School District	14
8/22/2014	Erica Krysztof	2
8/22/2014	Elko County School District	9
8/22/2014	Elko County School District	25
8/22/2014	Elko County School District	24
8/23/2014	REMSA	7
8/24/2014	EMS CBS 911 Training Site	2
8/25/2014	Erica Krysztof	4
8/26/2014	Erica Krysztof	3
8/27/2014	Dustin Hopfe	2
8/27/2014	Washoe County School District	4

Heart Saver CPR/First Aid

Date	Course Location	Students
3/27/2014	Nevada Department of Corrections	35
5/1/2014	Nevada Department of Corrections	39
5/15/2014	Nevada Department of Corrections	7
7/10/2014	Nevada Department of Corrections	29
7/17/2014	Sierra Nevada Job Corps	6
7/27/2014	Eastern Plumas Healthcare	8

7/30/2014	Sierra Nevada Job Corps	4
7/30/2014	Nevada Department of Corrections	29
7/31/2014	Jennifer Kraushaar	15
7/31/2014	Jennifer Kraushaar	7
8/1/2014	Sierra Nevada Job Corps	13
8/1/2014	Jennifer Kraushaar	7
8/2/2014	REMSA	9
8/4/2014	Community Living Options	5
8/4/2014	EMS CES 911 Training Site	1
8/5/2014	Lyon County School District - REMSA	44
8/5/2014	Susan Phillips	4
8/5/2014	WCSD PD	18
8/6/2014	Lyon County School District - REMSA	42
8/6/2014	Barrick DR	8
8/6/2014	Amazon	5
8/7/2014	Majen	5
8/7/2014	Sierra Nevada Job Corps	6
8/7/2014	Barrick DR	12
8/11/2014	Community Living Options	5
8/11/2014	Eagle Valley	6
8/12/2014	Majen	9
8/12/2014	EMS CES 911 Training Site	6
8/13/2014	Majen	4
8/15/2014	Nye County Emergency Management	7
8/15/2014	Sierra Nevada Job Corps	16
8/16/2014	REMSA	9

8/18/2014	Sierra Nevada Job Corps	1
8/18/2014	Sierra Nevada Job Corps	1
8/19/2014	Majen	10
8/19/2014	Susan Phillips	5
8/19/2014	Susan Phillips	3
8/20/2014	Elko County School District	4
8/20/2014	Sierra Nevada Job Corps	7
8/20/2014	Amazon	3
8/21/2014	Community Living Options	2
8/21/2014	Devin Heimstra	5
8/22/2014	Sierra Nevada Job Corps	5
8/26/2014	Majen	7
8/27/2014	Paula Steinmetz	18
8/28/2014	Elko County School District	1
8/28/2014	Sierra Nevada Job Corps	4
8/28/2014	Mark Bosco	10
8/28/2014	Mark Bosco	2
8/29/2014	Majen	10
8/29/2014	Sierra Nevada Job Corps	10

Heart Saver First Aid

Date	Course Location	Students
7/31/2014	Silver Legacy	4
8/1/2014	Sierra Nevada Job Corps	3
8/4/2014	EMS CES 911 Training Site	1
8/8/2014	Community Living Options	3
8/8/2014	Aaron Boyce	2

8/12/2014	EMS CES 911 Training Site	1
8/13/2014	Pyramid Lake Clinic - REMSA	17
8/14/2014	REMSA	1
8/25/2014	Lander County Community Health	6
8/28/2014	Lander County Community Health	5

Heart Saver CPR/AED/ First Aid – Spanish

Date	Course Location	Students
8/20/2014	Barrick Pueblo Viejo MTC	7

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
8/9/2014	REMSA	7
8/12/2014	EMS CES 911 Training Site	6
8/12/2014	EMS CES 911 Training Site	1

International Trauma Life Support

Date	Course Location	Students
7/23/2014	REMSA	6

Pediatric Advanced Life Support

Date	Course Location	Students
3/13/2014	Tahoe Douglas Fire Department	5
8/6/2014	REMSA	10
8/12/2014	REMSA	4
8/22/2014	EMS CES 911 Training Site	3

Pediatric Advanced Life Support Recert

Date	Course Location	Students
8/4/2014	EMS CES 911 Training Site	3
8/13/2014	EMS CES 911 Training Site	1
8/13/2014	Eastern Plumas Healthcare	3
8/16/2014	REMSA	5
8/18/2014	REMSA	8
8/19/2014	EMS CES 911 Training Site	1
8/25/2014	EMS CES 911 Training Site	4
8/27/2014	EMS CES 911 Training Site	6

Pediatric Advanced Life Support Skills

Date	Course Location	Students
7/23/2014	REMSA	1

Ongoing Courses

Date	Course Description / Location	Students
7/15/14	REMSA Education – EMT	29
4/15/14	REMSA Education - A EMT	27
2/1/14	REMSA Education - Paramedic	13
8/26/13	REMSA Education – Paramedic	14
8/14/13	REMSA Education -- Paramedic	13
Total Students This Report		1630

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
8/16/14	Child Safety Seat Checkpoint, hosted by UNR Early Head Start, Reno; 11 cars and 14 seats inspected.	7 volunteers, 3 staff

Northern Nevada Fitting Station Project

Date	Description	Attending
8/20/14	Fitting Station partners special meeting, Renown.	1 staff, 3 volunteers
8/22/14	Fitting Station partners special meeting, REMSA.	6 volunteers

Safe Kids Washoe County

Date	Description	Attending
8/1/14	Washoe County Child Death Review bi-monthly meeting, Reno.	2 staff
8/7/14	RTC Transit Open House, Washoe County Senior Center.	1 staff
8/5/14	2014 Nevada Health Conference Planning meeting, Reno.	1 staff
8/12/14	Safe Kids Coalition monthly meeting, Sparks.	9 volunteers, 3 staff
8/12/14	Join Together Northern Nevada Prescription Drug Round Up subcommittee meeting, Reno.	1 staff, 1 guest
8/13/14	Cribs for Kids attended Pregnancy and Infant Loss support Organization of the Sierras (PILSOS) coalition meeting at Renown Hospital, Reno.	1 staff
8/19/14	Safe Kids Board of Directors regular bimonthly meeting, REMSA. Guest speaker, Heather Ochs, MPH, on Sports Injury Prevention project for SKWC.	8 volunteers, 1 staff
8/18/14	Northern Nevada Maternal and Child Health coalition monthly meeting, Reno.	1 staff
8/20/14	Cribs for Kids meets Sharron Pryor, Nurse at Reed High School and four other schools to deliver Safe Sleep brochures and posters, Sparks.	1 staff
8/21/14	Esther Bennett Elementary School Safety Committee meeting, Sun Valley.	1 staff, 8 volunteers
8/23/14	Cribs for Kids attends 40th Anniversary Inter Tribal Council WIC Community Outreach Event, Sparks.	1 staff approximately 100 attendees
8/26/14	Cribs for Kids viewed webinar by Consumer Product Safety Commission from the staff briefing Commissioners on Infant Sling Carriers - Proposed Rule (Section 104), Reno.	1 staff

8/26/14	Immunize Nevada quarterly Executive Board meeting, Reno.	1 volunteer
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Public Relations

Date	Description	Attending
8/8/14	Wellness Wednesday interview for Saint Mary's on Channel 4 on Not Even For A Minute.	1 staff
8/11/14	Reno Gazette Journal column for back to school pedestrian safety.	1 staff



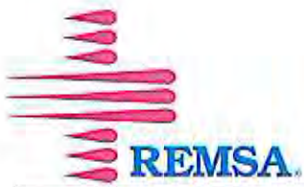
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
AUGUST 2014**

INQUIRIES

August 2014

There were no inquiries in the month of August.



Regional Emergency Medical Services Authority

**CUSTOMER SERVICE
FOR
AUGUST 2014**

08/28/2014

RECEIVED
AUG 29 2014

Remsa

450 Edison Ave.,

Reno, NV 89502

To Whom It May Concern:

While attending a Reno Aces baseball game on the evening of 08/27/14, I was hit on the head by a foul ball. The Aces Staff called Remsa personnel, who staff a first aid office on site. Paramedic Carey Lewis and EMT Wayne Mackey responded to my location, almost immediately. They took my vitals, and questioned me about my condition: Concentrating on my awareness as to date, time, etc., this being done to ascertain if there was any injury that would require further examination, and or transportation to the hospital.

I Was impressed, by the professionalization and expertise demonstrated by the two aforementioned emergency responders.

It is gratifying to know that such treatment and care is so readily available. I want to thank Remsa, Cary and Wayne, for the excellent care they provided, and for relieving me of the anxiety and stress that would naturally occur as a result of such an incident.

I'm sure you are aware of the value these employees add to the Remsa reputation. You must be proud to have them in your employ. Once again, my thanks to you and them.

Earl

A handwritten signature in cursive script that reads "Earl".

Reno, NV

GROUND AMBULANCE CUSTOMER COMMENTS AUGUST 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Everything as expected.		
2	Everything.		
3		Keep on keeping on.	
4	The medical team was outstanding with my son & I travelling to Salt Lake.	Continue being who you are.	Thank you again for your great work.
5	Very fast response.		
6	The short trip was very pleasant.	Everything is OK.	They did a very good job making me feel comfortable with my situation.
7	Attitude! Very polite! Thank you for your patience.		
8	You did good!		
9			
10	Rapid arrival time - I could not have been treated better. Wonderful care given! Thank you!	Start IV better.	
11	Note: I was unconscious upon their arrival. Regained consciousness halfway to hosp. They did an excellent job under circumstances. I am a retired paramedic. They were very professional!!		
12	Got me to the hospital in one piece.	Nothing.	
13	Everything was great.		The care and service was super.
14	Very caring of me since my dad had just died.	Tell the crew thank you for working so hard on my dad, then me.	I love Silver Saver.
15		The professionalism could not have been better. Thank you very much.	The services performed for my wife from your staff were of the highest quality.
16	Everything! I'm hard of hearing and they all spoke clearly to me.		
17	Very kind & informative thru entire trip.		I had classic symptoms of subarachnoid hemorrhage (which was my diagnose - ICU X 1 week). Wondering why/when does ambulance service use all the sirens or not? Our drive was slow & comfortable - but again why no sirens? When time is of the essence? Thank you.
18	Put us at ease about my husband.	I don't think anything was lacking.	It was very good care.
19	You took good care of me when I was sick.	Nothing.	Thank you for your help.
20	The REMSA ambulance girls were the best! Professional & caring. Awesome job!	Nothing! Thank you!	
21	EMTs very friendly & helpful.	Keep having friendly & caring EMTs.	I was pleased with all.
22	Saw that patient was comfortable & warm.	See that pt is warm is warm. Pt was very cold.	Pt commented & was ignored.
23	Saved his life!		
24	The whole staff was very friendly & courteous.	Keep hiring friendly & professional personnel.	They made me feel comfortable.
25			Very happy with the care!
26	Everything.	Everything was great. Thanks.	Thank you for all your do! God Bless.
27	Stuck the needle in my arm vein with one try -	Increase the blower fan speed to get higher flow of cold air.	
28	All aspects!	Nothing.	The care and services were outstanding!
29	Arrived quickly, very caring.	?	
30	Great at listening.	Just keep up the great job that they do.	Great crews doing a good job.
31	Very courteous and gentle with me.	No complaints.	Fast service and very professional. - As told to me by my mother. I filled out questionnaire for her.
32	The blower fan on the air was strong in this unit.	No one at the Renown told me I was being transferred to West Hills, I walked to ambulance and sat on side bench. No one buckled me to the belts, I had to hold onto belt to keep from falling of bench.	
33			You saved my life.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
34	Very clear in explaining as they went through process while transporting to hospital.	Keep the personnel that responded to this operation.	Excellent.
35	You came quickly. My husband died on the 1st of July though... But, you were kind and patient with him.	Be there when needed.	
36	Provided great care and comfort. Were very nice, caring, and provided comfort!!		
37	Very helpful and communicative.	Did everything right.	N/A
38	Everyone was both professional and personable.	-	The staff was very caring and patient throughout the process.
39	Courteous and competent.		Great care and transport service.
40	Arrived in timely manner. Efficient.		
41	A nice job done professionally.		
42	Got me to Care Flight.	Be more decisive.	Seemed a little discombobulated.
43	The staff checked on everything before they left while they were in flight and even later at the hosp. Very caring.	Nothing. They were very thorough and caring to us.	
44	Make sure that I was OK & comfortable with the way I was removed from 2nd fl of the Amtrak train I was being taken from.	Have no idea - I was pretty ill and just recall how polite, courteous & informative.	I felt very much in good hands & that meant a lot to me. I do not recall the names of your staff, but I'd really appreciate it if they were told how grateful I was/am to them. I'm the Amtrak employee that's supposed to be the one taking care of my passengers so when the coin flipped I really could feel from them that I was in good hands.
45	Save my life!		
46	Kind, caring, empathetic when my husband had a stroke.	Not sure?	Excellent - I really appreciated your kind support.
47	Caring & courteous.	Keep doing what your doing.	Excellent care and went out of the way to be of service.
48	All.	Find out what is really wrong w/me.	Service was great.
49	Everything.	As far as I am concerned all your staff are wonderful and caring.	
50	Everything.		
51	Timely.		
52	Your EMT personnel were actually worried about my knee. They were truly helpful.	I really don't know.	In general, your care & service are magnificent.
53	Everything! Perfect.	Nothing. Install a miny bar with TVs?? Just kidding.	You guys were AWESOME as usual.
54	Let us not feel scared. We're are always feeling better when you get here.	Nothing - everything always goes well.	
55	I have no recollection of that night. It must be good, as I survived.		
56	Everything.	Lower the cost.	
57		Medicare when told to! No Medicare card was even given to drivers. He is 100% service connected disabled vet. All services paid by V.A. Do not herass wife for your mistake!	
58	Fast service and great communication with what they were doing. Quick decisions on how to get me out of home.	The only thing was getting IV. If they would have asked, I could have told them the best places on me. I have been through this and hospitalized many times. Hands and feet are very painful places for IVs to be placed.	
59	Got me to St. Mary's speedily -	Why 2 or 3 companies all @ once???	
60	Everything!	Your OK!	
61	You have the greatest crews!	Not one thing.	
62	Everything!	Can't get any better.	A # 1.
63	They did everything humanly possible to help with the pain I was in. I am impress.	Assist the patient with all your expertise.	That was the first time in your care and was very happy with all the EMT who took really care of me.
64	Response time was excellent. Communication on scene was good.		
65	Found the vein in my arm on the first try.		Make sure that the family knows what hospital the patient is being taken to.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
66	Fast, efficient, very professional.	Do not need the fire engine.	Friendly and very professional. Knew what they were doing.
67	Everything! My son & myself was exceptionally satisfied with REMSA.	Nothing I can think of.	I want to say "thank you" to the people who took care of me that night. You saved my life!!!
68	EMT and his assistant were so good at what they do. I felt at ease the whole time. Loved the jokes. And I missed them.	There's nothing that could of been better. Thank you.	My care was so good. Thank you.
69	The men were nice & caring.	Two of the men tried NUMEROUS times to start my IV, but never could get it in.	Except for the IV, they were fine.
70	Asking same questions over & over again, i.e., dispatcher, firemen, paramedics.	Not sure.	
71	Transported quickly from the Reno Aces game.	Could have had the paramedic take more care in sitting right away so as not to fall on patient as well as explain what was happening to the patient due to IV.	Overall care was good.
72	Very help full and very accomodating.		
73	You stopped the vomiting & got me to the hospital quickly.		I was very out of it from blood loss & they were great - patient & professional.
74	As far as I know everything.		
75	I felt (as patient's wife) that the burden was taken from me and that patient was in the best care & all would be OK.	All was done in a timely manner and was greatly appreciated. I was afraid & anxious before they arrived.	They offered to give me a ride to the hospital & I had my daughter come for me later.
76	Nothing could have been better. Thank you.		
77	Everything.		
78	Made me comfortable.		They came promptly and helped me immediately.
79	Everything.	Nothing.	The care I was given was good.
80	Everything.		
81	You helped us to keep my mom with us as long as possible.	Please forgive any outstanding balances, mom was poor and she passed away.	Everone was very kind and helpful, always.
82	Pt care.	Send Workers Comp claims to Workers Comp company.	
83	All.		
84	Everything.	Help was great - thanks!	We were very happy with "Uncle Jeff" and driver. Very nice & efficient.
85	Quick response, kind, knowledgeable, professional.	Amazing service!	
86	The medics treated me very well. Asked how I felt and were very nice (good job).	Keep up the good work.	Sometimes older people feel like a burden when we're ill, but REMSA cares.
87	All OK.		
88	Everything. Excellent service. Thank you.		
89	You people due great as always. A car knocked me down at Carrows restaurant Plumb Lane.	Just be helpful as always.	None. Thank you. Keep those hotties coming. LOL.
90	You helped a great deal.	Not a thing.	It was excellent. She was very helpful.
91	Quick response, very good care. Thank you!		
92	Quick.		Made me feel comfortable.
93	Keeping my grandma, myself, and my family calm and explainig every step of the way, they cared I could tell.	Nothing. Everything was great.	
94	Keep patient calm w/soothing voice & not get overly concerned about his disability.		Overall, all was okay. Quick ride to hospital.
95	Very well. They made me feel comfortable, safe.	Job well done!	
96	Arrived quickly, was efficient and polite. Transferred to hospital quickly.		
97	Everything! Never been in an ambulance before. Your staff is great.	Keep up the good work.	
98	Communication and care.	Nothing.	
99	From start to finish it was indeed professional.		Excellent. Keep up the fine work.
100	Excellent service. Helpful, professional.		
101	Everything.		It was very well. Took care right away.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
102	Everything.	None.	
103	Handled my problem with efficiency & care.	The staff performed perfectly. Thank you!	
104			Very promp - Helpful.
105	I felt the personnel was very confident and comforting.		
106	Everything.	Not sure. Never had an ambulance ride before.	
107	Appropriate care and transport.		This is work comp. Waiting to hear from your billing dept.
108		I am the son of the patient. My mom just had a rob on. They listen to her heart. But I had to ask them 2 or 3 times if they could cover her up when they were done. As a son I didn't want to see that. Plus there was like 5 or 6 guys there. Fire & REMSA.	
109	Respond immediately and very professional.		Great service.
110	Kept me calm.	Nothing.	
111	Got here fast.		
112	Hired helpful young men. Well versed in our language.	Can't find anything.	You hire great young & helpful young men.
113	The showed concern.	Keep up.	
114	Everything. Thank you.		
115	Excellent care.		
116			Excellent!
117	Came quickly.		
118	Very courteous & caring.		All went smoothly & with lots of guidance.
119	Helpful in answering questions, very reassuring and helped us to stay calm.	They did great. Hopefully we won't be needing your services very often.	My son was injured, I was panicked. They helped me calm down and feel at ease. Great job!
120	Everything done beautifully.	Can't think of anything.	The guys that responded were very respectful, courteous and compassionate.
121	Very well.		
122	Rapid response. Coordinated treatment & positive attitude on crew's part.	Can't think of any - service was highly satisfactory.	
123	Calmed the patient. Got him to ER in a timely manner.	Nothing to add.	None.
124	The ambulance guys were terrific. They, especially the one who rode with me, explained everything, kept me at ease. He was really great.	Nothing -	
125	Everyone was very helpful. I would call again, if needed.		Thank you for your help!
126	You were professional & helpful.	Nothing. You were great.	
127	Everything was professional and curtious. Very good EMTs.		
128	Timely response. Good rapport with patient and family.		
129	Your people are very compassionate, thoughtful, and well trained. Need for pain meds was filled immediately!	I can't think of anything - they even talked to our dog!!	
130	Getting me to hospital ASAP.	Did great. Nothing could be better.	REMSA reacted as well as a ambulance could.
131	Thankful for your help. And satisfied with the service all around.		
132	Very friendly, eased my mind, and I knew I was in good hands.	No complaints, no idea what to do better.	Great care, great people. Thank you!
133	I felt my personal info was handled w/care & privacy.	I am satisfied w/everything.	My insurance info was mailed today.
134			It was great!
135		Mt. Rose Highway was under construction & very bumpy - a bad time to start IV - should have maybe done before leaving home. Thanks.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
136	Excellent response time, very help with explaining what there we doing for my husband.	Thank you for your service and personal.	
137	Very friendly & nice - made you relax.		
138	Everything - very courteous and comforting.		
139	Listened to what I needed, respected that & did what they could to accomodate - never frantic either, totally calm.	Leave names/cards of care givers so can give good feedback @ those great ones.	Very impressed at speed of arrival, care & courtesy shown & professionalism.
140	I got a lot of very useful information that no one even gave me later on at the hospital.	If I had to give a grade - A+++.	Very caring crew gave lots of info, very comforting and caring talk & care.
141	Everything.		Excellent service.
142	Everything - saved my husband's life - crew was awesome.		Awesome.
143	Everything.		Every one of the ambulance staff was kind and courteous to me. Most likely I'll be using you again.
144		Nothing.	
145	Very attentive, let me know what was going to happen in process.	Little more explanation of meaning of various readings.	Really excellent care by entire staff.
146	Everything!		
147	Got me to calm down before getting to hospital.		
148	Personnel were very professional and talked to me giving the status of my condition. Very helpful.	Care was great. I have no recommendations.	Service was great & very helpful.
149	Service was great!	Can't think of anything.	When you pull up patient (when she calls in "beeps") if you can hi-lite that she had a stroke and can ONLY answer yes & no questions, this will make her less panicky & anxious. You can always call me, her sister.
150	Everything.	Not a thing.	Never taken care of better then by the 2 that came after me.
151	Delivered to VA emergency for detox.		Very intoxicated and service was great. Kudos to personnel.
152	All.	All was well.	
153	Everything.	You are the best.	Great.
154	Everything was done perfectly.	All was good.	Excellent.
155	Everything.	Keep up good work.	
156	Let me know why you were there to help.	Nothing better needed, I believe.	
157	Prompt response.		
158	Responded in a timely manner; answered questions in a knowledgeable manner.		Good job!
159	Prompt, knowledgeable, professional and caring.	-0-	Very good.
160	Examined and confirmed the needed hospital care.	Continue being helpful and caring.	
161	Professional & courteous - they understood patient was on hospice & honored his wishes.		
162		No.	
163	Convinced me to go to the hospital.	Just being there is important. Police scanner that needs re-programmed? Call me.	I have a...
164	Organization, compassion, explanation.		
165	I was not present - she was in Manor Care Nursing - and later passed away.	Your service was alway excelant, when we used it before.	
166	I was unconscious during transfer from Carson Valley Hospital to Carson Tahoe Regional Hospital.		Have recovered fully from heat stroke, thank you.
167	Gave comfort to patient.		
168	You were prompt in transporting me to Northern Med Hosp. since I fell (for no reason known) in my apt & could not get up. Anything happens when one is 90!!		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
169	Everything was wonderful!	Nothing I can think of. All was perfect for me!	All was great! Thank you for helping me!
170	Arrived promptly. And professional.	Air shocks! (haha)	
171	Very professional & caring.	Nothing.	
172	Very kind & compassionate.	-0-	
173	The medics were efficient in getting me stabilized. I appreciated their calm manner & the way they kept me informed of my status. They were caring & personable.	I appreciate getting the survey so I could comment regarding the exceptional care provided by the medics!	
174	Fast, efficient and effective help, knowledgeable and attentive.	Keep up the great service. Thank you.	
175	They were very nice and helpful. Made me feel like I was being taken care of.		
176	They were friendly and seemed to care.	You were fine.	It all went very well, handling and transportation.
177	Got here fast. Very helpful.		
178	Yes. Didn't make me feel bad when they helped me up of the toilet.	Did great for me.	Did great job!
179	The service is excellent.		
180	Made my mother feel related and felt well cared for - good communication with her, as she was alone. Thank you.		
181	Your attention and care.	You are very professional.	Excellent.
182	Everything!		
183	Got here quickly - very attentive to my needs.		
184	Prompt, reassuring, very kind and helpful very comforting in a scary situation.	Nothing.	
185	Pain relieve before lifting/moving me; calm & pleasant.	Excellent!	
186	All very good. Highly professional.		
187	Very professional and very kind.	Not a thing.	
188	Got me to hospital.	You were great.	
189	Getting me to Renown quickly & safely.	N/A	You guys are just great.
190	REMSA crew was very caring and listened attentively to what I was saying & family input.	Very satisfied with care provided.	Really appreciated all service from REMSA. Thank you -
191	What seemed like minutes, the personnel were in my hotel room. Then, I was taken to St. Mary's emergency.		Your care was excellent. My daughter was with me all the way, and I was a "little" out of it, she said your care and service was beyond all expectations. Thank you so much.
192	Crew was efficient, friendly and assuring.	Not a thing!	Excellent!
193	Came to my home promptly. Took me to St. Mary's Hospital quickly.	Care and service very good.	
194	Your personnel always do a great!! job with my husband. Thank you.		
195	Everything!!	Absolutely nothing!	EMT of REMSA's CHF program came first & he convinced mom to go to hosp. & he called ambulance. EMT saved her life (!) & the two he called were wonderful! I live in KS & have worked in health care for 31 yrs. & I have never been more impressed than I am w/REMSA.
196	Rapid response - very professional.		Thank you.
197	Everything was good.	Everything was good.	
198	You did it all well.		It was all good.
199	These guys are awesome!! Addressed my needs immediately & professional, kind, courteous.	Thank you, thank you, so very much!!	
200	Handled the patient very carefully and kind.		Your response was timely.
201			My first ride & was satisfactory.
202	Very professional.	Just keep being caring.	Excellent service.
203	Made sure I was okay and hooked me up to the heart monitor to make sure something wasn't wrong.		Was fast to response and made sure my small son wasn't freaked out.
204	Everything. The medics are so kind & caring.	Nothing. You are all great!	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
205	Walked all through steps of what was happening. Good communications with all.	N/A	Great service from 911 call to hospital.
206	Prompt, courteous.		
207	Everything.	Keep up the good work.	
208	Everything.		Care & service is excellent.
209	Everything.	I don't know.	
210	Everything!!!		We cannot thank you enough for the care and concern you showed our father. Thank you!
211	Everything.		
212	The staff made sure that I got the medical attention needed and patient care.	Continue to give the best patient care and good service.	No comment.
213	Everything (great) - 1 to 10 (12).	Not a thing.	
214	Your staff was polite & professional.	N/A. 100% satisfied with care received.	
215	Gives me advice on my health problems.	None.	They cared about there patient.
216	All around great care.		
217	Your staff was professional throughout the entire time.		The EMTs were great! They didn't push us aside, but explained everything.
218	Diagnosed problem quickly.		
219	They effectively processed our request for service and this service arrived quickly.	N/A	
220	Everything.	Nothing because everything was perfect thanks.	
221	I was taken care of very well, all personele were polite and thoughtfull.		
222	Everything.	Nothing because everything was perfect thanks.	
223	Everything was great.	Nothing because everything was perfect thanks.	
224		Continue as you are: kind, helpful, careing - made you feel secure.	Thank you.
225	All was well.	Nothing.	Everything was great.
226	Sent the survey before the bill. Young lady EMT - ER Tech @ South Meadows - advocated for me to be taken to South Meadows instead of Renown main. Thank you.		
227	Getting me to the hospital in a short time - giving me oxygen.	Nothing different. Good job.	
228	Helped me calm down, were gental and caring for my daughter, explained everything.	My oppion nothing.	Great care and services.
229	Great bedside manners, very caring & courteous.		Excellent service & care.
230	Quick response, professional and knowledgeable care, very caring.	Nothing.	
231			You left your blanket here.
232		Put better shocks on vehicle. Very bumpy ride.	
233	Everything.	Nothing.	
234	Nurses and doctors were very helpful.	I was very pleased overall.	No other concerns, excellent care!!
235	Giving first aid, to save life.		Awesome.
236	Knowledgeable & friendly. Answered all our questions. Explained what they were doing and why.	Already doing fine.	Helpful. Put us at ease.
237	Everything.	Can't think anything.	We have used REMSA quite a few time, and always with your service.
238	Rapid response, excellent service in home & ambulance - crew showed real concern & competence.	Nothing except to send me their names so I can write a thank you.	
239	Our daughter 21 mos was very well cared for by the crew and were professional & explanatory of the situation.	May some toys in ambulance.	Appreciate their service. Thank you.
240	Everything.	Air in the back of the plane.	
241	Very professional and made the trip worry free.	No improvements I can think of.	I believe the techs went above board to make me feel relaxed.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
242	Could have not been better.	Do not know.	
243	Everything.	Everything.	
244	Applied neck collar. Told me V.A. wouldn't accept this type of injury (V.A. confirmed). Careful transport.		Excellent.
245	Very nice and considerate.	She was really happy with the service.	
246	The crew made me aware of my problem and made me feel they knew what to do.		
247	They were kind & very helpful in quieting me down. Looked at my head & said I MIGHT have to have stitches.	Nothing I can think of now.	They were at The Villas in a short time and took me to Northern Hospital.
248	Everything.	Nothing.	
249	Everything was handle well.	Nothing. Very well done.	Service was wonderful.
250	All went well. Thank you.		
251	Everything.	Nothing.	thank the crew for there kindness & helpness.
252	Everything.	Be there.	All were terrific.
253	Cheerful, comforting, I was scared! Professional and quick. Good crew.	Nothing.	Thank you for your service. So good I felt like tipping!
254	Overall (all of the above) did an excellent job "the dispatcher, personnel, the crew."	For me, everyone who had help me that day 7/23/14, they're all great and just keep it up. Thank you.	The care and service was a superb - job well done.
255	Took care of me.		
256	1. Such a speedy response (very reassuring), 2) Very competent emergency measures in ambulance.	Less repetition! Different personnel asking same questions can be trying.	On the whole my first experience with REMSA was very positive and I'm grateful.
257			I do not know how to answer these questions. My father, the patient, passed away on 7/26/14.
258	They were wonderfull They started an IV as soon as I got in the ambulance.	Nothing. They did it all perfectly.	
259	Assist very promptly.	Just be as you were.	Caring was excellent. Services I would not change anything, crews were very helpful.
260	Came to help at the casino where I became ill; were very capable & professional.		The medics were great about communicating with me & my husband.
261	Everything.	Your fine as you are.	Great service.
262	Relieved my anxiety - there was blood flying all over the place.	deltoid muscle in half on broken glass right down to the bone. I am right-handed. Doing great now under doctor's care.	
263	Prompt service.		They were fine.
264	Putting me & my family at easy.		
265	Approachable and knowledgeable.	N/A	Wonderful team. Professional, kind, concerned and competent.
266		Nothing.	
267	Everything.	I have no complaints. The crew members were very concern & they really showed it.	No comment.
268	Explained what was happening.	Don't ATTEMPT to put in an IV when the ambulance is moving and you're one block from the ER where they will do it better.	
269	Ambulance EMTs were very professional and explained conditions very well.		
270	Communication w. pt. & family.	You were great.	
271	Everything - very professional & caring. They make a "great" team.		
272	The crew was very gentle and helpful - very reassuring.	Can't think of anything.	Very good crew!
273	My first time with 911 was handled very well by the 4 men sent here.		
274	Everything.	None.	N/A
275	Response time from call into 911 & REMSA on scene was 2 mins. Could not have asked for better timing.		Thank you so much for the efficient and professional service. My husband would not be here today without REMSA.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
276	REMSA was very quick. This was not an emergency. Patient had an VTI and couldn't be taken in a car.		
277	I, the patient's mother, believe everything was great!	N/A	
278	The calm, efficiency of the crew was MOST reassuring!	Nothing needed!	
279	This was a simple transfer from South Meadows to downtown. I could have driven myself.	The crew was efficient, and very friendly.	
280	Let me know my options and what was gonna go on.		More than professional for their service.
281	Came to my house fast.		Crew was very nice.
282	Everything.	Nothing.	Excellent response and care. Thank you very much.
283	Very patient & courteous with me.	Nothing.	
284			Thank you for your considerate transportation of my father from the VA Hospital to Renown.
285	Everything.		
286	All of the emergency personnel were fantastic! Very professional, yet polite and kind. Could not have asked for better care!! Thank you!		
287	Transported personal wheelchair as well as me.	Maybe to clarify if transport was necessary (by ambulance).	Need to clarify who will pay since I was on "divert" from S. Meadows to Renown main.
288	Everything. Personnel arrived quickly, were friendly, polite, yet professional. Exceptional service.	Nothing that I can think of.	
289	Everything. Great, great medical expertise.	How can you improve on their great expertise? No improvement is necessary.	Your care and service is 1,000 percent great. I thank you from the bottom of my heart. The REMSA teams saved my husband's life. Gratefully,
290	Showed up quickly.		
291	Helpful, kind, professional.	Not a thing.	
292	The men could not have been more professional, helpful, polite and reassuring -- OUTSTANDING!!! If you can identify them by name, please pass on my THANK YOU.		
293	Everything.	Nothing.	
294	Very professional & very kind & caring while communicating the necessary information.	You did a great job.	
295	Everything.	You can't.	Although my initial symptoms were terrifying, the final diagnosis was non-life threatening. Next time I'll probably die in bed!
296	Eased the pain.		Did great job.
297	Professional & friendly.		
298	Everything.	Nothing.	
299	Took care of me very well.	Nothing.	
300	Transporting me to the hospital.	N/A. Everyone was very kind, pleasant & explained everything they were doing.	
301	You took care of my emergency needs professionally, efficiently, & with concern for my well being - Thank you.		
302	Everything. Very nice people.	Can't imagine.	Very good. Thank you.
303	Took good care of me.		
304	All aspects.	Stay off streets w/speed bumps for patient comfort.	
305	Everything. Thank you for caring for my husband and bringing him with me as he is terminally ill and can't be left alone.	Just keep up the good work.	I really appreciate you bringing my husband with me as he is terminally ill and can't be left alone. It was VERY comforting to me to have my husband taken to ER with me. Thank you.
306	My husband requires multiple explanations at times which they provided with no problem.		
307	Informative, attentive, quick responses, respectful, and compassionate.		Communicated in lay terms I could understand.

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
308	Everything.	I don't know.	Everyone & everything went well.
309	Got me to ER in a timely manner.		
310	Showed concern, made sure I understood what was going on, and what my options were.	Nothing. Thank you for always being there when I needed you.	Thank you for sending the information about the nurses line and phone #. I always said I wish there was someone I call if I need just to talk to when I have a panic attack, and do not need to call 911. Thank you again.
311	Everything.		
312	In general you all did a great in taking my wife to Renown Hospital.	Keep doing the great job you always do.	P.S - My wife passed away on 4 Aug. 14. Thank you.
313	Professional and calming.	You are wonderful. We at the Vistas have always been satisfied with your service. We know we will get the best of care when our office staff calls you.	



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
AUGUST 2014**



PROCLAMATION

WHEREAS, the Regional Emergency Medical Services Authority (REMSA) is a private, nonprofit medical agency, operating without local taxpayer funding and dedicated to improving the health care services in northern Nevada; and

WHEREAS, since its beginning in 1986, REMSA has grown from 50 employees to more than 330; and

WHEREAS, REMSA is devoted to responding to medical emergencies in the least time possible with the best trained staff and the most up-to-date equipment and procedures; and

WHEREAS, REMSA is a nationally recognized leader in community paramedicine and one of the best-known emergency response systems in the country;

WHEREAS, over the past 28 years, REMSA has been a vital part of the local health care system, integrating its services with those of hospitals, search and rescue organizations, law enforcement agencies, and other community institutions; and

WHEREAS, REMSA is also a postsecondary educational institution, offering courses in cardiopulmonary resuscitation (CPR) and advanced cardiac life support for emergency medical technicians, nurses, paramedics, physicians, businesses, and members of the general public; and

WHEREAS, REMSA provides medical support for a variety of large public events including sport tournaments, concerts, races, and rodeos; and

WHEREAS, REMSA sponsors a large and active public outreach program to encourage good health practices in the community at large, promotes fitness and healthy eating, and supports community initiatives such as the Safe Sleep for Your Baby event, the Child Safety Seat Checkpoint, and free CPR demonstrations for the public; and


WHEREAS, REMSA recently broke new ground with its 24-hour Nurse Health Line, a free public service that is expected to save over \$10 million in health costs over the next three years; now, therefore, be it

PROCLAIMED, That REMSA is to be commended for its exemplary contributions to the health and well-being of the people of Nevada; and be it further

PROCLAIMED, That the people of Nevada express their gratitude and appreciation for the many lives that have been saved and the many citizens whose health has been improved through the diligence and skill of REMSA and its devoted employees.

DATED this 28th day of August, 2014.




James Oscarson
Nevada State Assemblyman



REMSA hosts paramedic conference at Atlantis

Published: 9/03 9:35 pm

Updated: 9/03 9:56 pm

RENO, Nev. (MyNews4.com & KRNV) -- REMSA has been granted the honor of hosting an International Community Paramedicine conference.

About 200 Emergency Medical Services executives from all over the world gathered at the Atlantis Casino on Wednesday morning. The focus of the conference is to discuss using novel health care delivery models to access remote areas.

REMSA was selected to hold the event, due to its launch of the Local Community Paramedicine program in 2013 as part of REMSA's Community Health programs. The conference continues through Friday.



Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

September 2, 2014

CONTACT: Scott Walquist, KPS3, 775-686-2116, scottkps3.com

REMSA HOSTS INTERNATIONAL EMS CONFERENCE IN RENO TO DISCUSS HEALTHCARE INNOVATION

MEDIA NOTE: The media is invited to attend the official opening ceremony at 8:30 a.m. on Wednesday, Sept. 3 at the Atlantis in Reno (Grand 4-7). Representatives from REMSA, as well as EMS agencies from Australia and United Kingdom, will be available for interviews before the ceremony at 8 a.m., as well as after the ceremony at 9:30 a.m.

Reno, Nev. – REMSA (Regional Emergency Medical Services Authority) will be the local host of the 10th annual International Roundtable on Community Paramedicine (IRCP) conference to be held Sept. 2-5 at the Atlantis Casino Resort in Reno. Approximately 200 EMS (emergency medical services) administrators, chiefs, executive directors, CEOs and other managers from Australia, Canada, New Zealand, United Arab Emirates, United Kingdom and the United States will attend the event.

The IRCP promotes the international exchange of information and experience related to the provision of flexible and reliable health care services to residents of rural and remote areas using novel health care delivery models. The IRCP is also a resource to public policy makers, systems managers, and others. While its focus is on rural and remote medicine, the lessons learned may prove beneficial to the better provision of urban health care.

REMSA was selected to host the event due to its launch of a local Community Paramedicine program in 2013 as part of REMSA's Community Health Programs. These programs will create new care and referral pathways which assure patients who have entered the 9-1-1 emergency medical services system with urgent, low-acuity medical conditions receive the safest, and most appropriate, levels of quality care at a lower overall cost. Funded by a Centers' for Medicare and Medicaid Services Health Care Innovation Award, the goal of these programs is to reduce total patient care expenditures by \$10.5 million over three years.

The IRCP facilitates discussions, meetings and research focused on designing EMS systems that will ensure patients' needs continue to be met in environments and circumstances where health services are less available and provision of care is increasingly challenging. Integral to this vision is the provision of services by paramedics with an expanded role. These "Second Generation" Paramedics (G2P) will provide services through unique models of delivery and enhanced protocols through an integrated collaborative network with other health care providers.



Regional Emergency Medical Services Authority

About REMSA

REMSA is a private non-profit emergency medical services system serving northern Nevada. REMSA's state-of-the-art 9-1-1 dispatch medical communications center is fully accredited, as are all emergency medical transport services of the company. REMSA provides quality patient care with no taxpayer support or other subsidies.



National EMS Memorial Bike Ride Returns to Reno

Posted: Wed 12:49 PM, Aug 27, 2014

For the second consecutive year, the National EMS (Emergency Medical Services) Memorial Bike Ride, also known as the Muddy Angels, will hold a west coast cycling event that will start in Reno on Monday, Sept. 22 and will conclude in San Francisco on Saturday, Sept. 27. The bike ride, which will feature cyclists from across the county, will hold a pre-race ceremony at REMSA (Regional Emergency Medical Services Authority), located at 450 Edison Way in Reno, at 8 a.m. on Monday, Sept. 22 prior to the racers starting.

The bike ride was created to honor EMS personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve everyday, those who have become sick or injured while performing their duties, and those who have died in the line of duty. The bike ride has been in existence since 2000.

Prior to creating the west coast event, the National EMS Memorial Bike Ride has only gone as far west as Colorado.

Registration for the ride is \$75 for a day, or \$300 for the entire four days. Those who wish to participate and go on the trip, but not cycle can register as a "wingman" for \$15 per day, or \$50 for the entire trip.

Rout details include:

- Sept. 22 Reno, Nev. to Stateline, Nev.
- Sept. 23 Stateline, Nev. to Stateline, Nev. (around Lake Tahoe)
- Sept. 24 Stateline, Nev. to Placerville, Calif.
- Sept. 25 Placerville, Calif. to Sacramento, Calif.
- Sept. 26 Sacramento, Calif. to Napa, Calif.
- Sept. 27 Napa, Calif. to San Francisco, Calif.

For more information and to register for the ride, visit www.muddyangels.com

REMSA is a private emergency medical services system serving northern Nevada. REMSA's state-of-the-art 9-1-1 dispatch communications center is fully accredited, as are all emergency medical transport services of the company. REMSA provides quality patient care with no taxpayer support or other subsidies.

Back To School Tips To Keep Children Safe Around Traffic

Saint Mary's Regional Medical Center | 1:51 a.m. PDT August 11, 2016

Prevent your child from being one of the 19,200 kids who seek medical attention for injuries sustained while walking with these tips for parents, teens and drivers.

(Photo: Adam Crowley Getty Images)



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Back to school is a busy time for children and families. Between school supplies, new clothes and sports tryouts, parents may not think about safety issues. During back to school

time, Saint Mary's Regional Medical Center is partnering with [Safe Kids Washoe County](#) to remind parents to talk to their children about how to stay safe.

"With students heading back to school this month, we want to ensure their safety when it comes to distracted driving and crossing the streets," said Deb Doran, Saint Mary's director of emergency services. "Our community can come a long way in preventing pedestrian accidents by taking safety precautions and setting a good example for our children."

Pedestrian safety is very important this time of year as more than 19,200 children seek medical attention for injuries sustained while walking, and almost 500 children die every year in pedestrian accidents. According to a 2012 report by Safe Kids, pedestrian injuries among 16-19 year olds increased 25 percent over the previous five years. Teens now account for half of all pedestrian deaths among children 19 and under.

"Distraction is a big problem, both while driving and walking," said Melissa Krall, Safe Kids Washoe County coordinator. "As kids head back to school, we're urging parents to talk to their kids to make sure they are paying full attention when crossing the street. And we adults need to follow our own advice. If we put our devices down, our kids are more likely to do the same."

Tips for Parents

- From the first conversation you have with young children about crossing the street safely, talk about the dangers of distraction.
- Walk with your kids to the bus stop and wait with them until it arrives. **Tell kids to stand at least three giant steps back from the curb as the bus approaches and board the bus one at a time.**

- Talk to teens about putting down mobile devices while walking and remind them of the importance of looking up, listening and making eye contact when crossing the street.
- Set a good example by putting devices down when you are driving or walking around cars.

Tips for Teens

- Put devices down, look up, listen, and make eye contact with drivers before crossing the street.
- Remember to watch out for cars that are turning or backing up. Walk on sidewalks or paths and cross at street corners with traffic signals and crosswalks when possible.
- Be aware of others who may be distracted—and speak up when you see someone who is distracted.
- If you need to use a cell phone, stop on the sidewalk and find a safe area to talk.
- If you are wearing headphones, pull them down before you cross the street or turn the volume off.
- Driveways and parking lots can be especially dangerous because we are walking close to moving cars. Turn off devices in places where cars are going in unexpected directions, like backing out of a parking spot or turning out of a driveway.

Tips for Drivers

- When driving, look both ways for bikers, walkers or runners who may not be immediately visible or may step into the street unexpectedly.
- Slow down and be especially alert in residential neighborhoods and school zones.
- Eliminate any distractions inside your car so you can concentrate on the road and your surroundings.
- Make sure your carpool is safe. Carpooling is a great way to save time for busy families. Make sure each child in the carpool has a car seat, booster seat or safety belt, based on individual age, weight and height. If there isn't, find an alternative way for your child to get to and from school.

For more safety information, please visit saintmarysreno.com or safekidswc.com.

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Local News

Local News

Road Conditions

Car Safety Seat Check This Saturday in Reno

Posted: Aug 12, 2014 10:24 AM PDT

Updated: Aug 12, 2014 10:24 AM PDT

By Kellene Stockwell - email

You can make sure your child's car seat is properly installed at an event this Saturday morning at UNR Early Head Start inside the Nelson Building in Reno.

REMSA, in partnership with UNR Early Head Start, will hold a child safety seat inspection checkpoint starting at 9am at 401 West Second Street in Reno.

There, safety technicians will make sure the seat is properly installed and the right kind for the age and weight of your child.

REMSA says 3 out of 4 car seats are not installed correctly. And according to the National Highway Traffic Safety Administration, car crashes are the number one cause of death for all children.

The event is limited to 30 cars so you'll want to get there early.

For more information, call 858-KIDS.

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PUBLIC RELATIONS

August 2014

ACTIVITY	RESULTS
Wrote and distributed a press release regarding Brends Staffan speaking at Pinnacle event.	The Northern Nevada Business Weekly ran the article on August 25.
Wrote and distributed EMS Memorial Bike Ride press release.	KOLO ran the story on their website. A reminder release will go out in September.



WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION



Public Health
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STAFF REPORT

BOARD MEETING DATE: September 25, 2014

DATE: September 12, 2014
TO: District Board of Health
FROM: Kelli Goatley-Seals, MPH
 775-328-6160; kseals@washoecounty.us
SUBJECT: Presentation, Discussion, and Possible Direction to Staff regarding implementation of the opportunities outlined in the ACHIEVE status update.

ACHIEVE (Action Communities for Health, Innovation, & Environmental Change) Status Update

The Chronic Disease Prevention Program concluded a three year Washoe County ACHIEVE project in September 2012. The project entailed an assessment of the community looking at policy, systems and environmental strategies employed in five sectors: Community-at-large, Community Institution/Organization, Health Care, Schools, and Work Site. The modules examined leadership, chronic disease management, physical activity, tobacco, and nutrition at 16 sites in Washoe County through interviews and secondary data collection.

Assessment conclusions included the following findings:

- Nutrition was the lowest scoring area overall
- Tobacco was the highest scoring area overall, perhaps in part due to effects of the Nevada Clean Indoor Air Act (NCIAA)
- Environmental factors generally scored higher than implemented policy, indicating a need for sustaining existing practices with written policies (i.e. employees are encouraged to have healthy foods at company functions, although there is no policy stating this has to happen. For sustainability it is recommended to put a healthy meetings policy in place.)
- Within sectors, nutrition again scored lowest in policy (followed by physical activity)

A Community Action Plan (CAP) was developed based on the assessment and identified areas of need. The objectives outlined and completed in the CAP encompass the following:

- Customize a model healthy food plan for Washoe County
- Incorporate obesity prevention strategies in regional and local planning boards
- Develop a regional Food Policy Council
- Work with childcare and out-of-school time providers to develop and implement wellness policies
- Engage families with family wellness initiatives
- Expand the role of the Chronic Disease Coalition
- Participate in community initiatives effecting chronic disease in Washoe County

While the funding and ACHIEVE award has concluded, there are several aspects of ACHIEVE that have been sustained in our community. An update of these projects includes:

- Food Policy Council (FPC) –Is charged with implementing the goals of the Washoe County Food Plan which was developed as a community effort through ACHIEVE. http://www.gethealthywashoe.com/fb_files/Wc%20Healthy%20food%20plan_v3.pdf
The FPC is a 10 member voluntary council that was established by the Washoe County Board of Health in October 2011 and works towards reducing barriers that residents can face accessing healthy food. For additional information on FPC activities see the report provided to the DBOH June, 2014.
- Washoe County Code analysis and change to support healthy eating – Efforts to change Washoe County Code related to foods and barriers restricting access to healthy foods began with ACHIEVE. As policy change is a long process, these efforts have continued and most recently the Washoe County Board of County Commissioners were introduced to and adopted an ordinance that would authorize community gardens and increase opportunities for food production. The changes were adopted on August 26, 2014, effective September 5, 2014.
- Childcare and out-of-school time (i.e. before and after school) wellness policies – This project works with childcare and out-of-school-time providers to implement voluntary wellness policies incorporating nutrition and physical activity to positively impact the children in their care. Toolkits were created and play equipment purchased through ACHIEVE. A close partnership was formed with the American Heart Association in an effort to implement wellness policies with childcare centers. Next steps involve work with out-of-school time providers in providing technical assistance as they develop and implement their wellness policies.
- Family engagement – A toolkit was created to be used by staff and educators that want to engage families in health and wellness. These were distributed in the community with ACHIEVE in 2012, and are available on the Get Healthy Washoe website. In July of this year a community partner, Safe Kids Washoe County, included the family engagement materials in a mailing that targeted over 400 health care and childcare providers.

Chronic Disease Prevention Program staff is committed to the following:

- Keeping a focus on policy, system, and environmental change
- Garnering support by presenting a united front and empowering ourselves and partners
- Becoming more action oriented – push the limits
- Chronic disease surveillance

Opportunities for the DBOH to help to sustain ACHIEVE and chronic disease prevention efforts:

- Commitment to a “Health in All Policies” approach to decision making
- Support sufficient staffing for the Chronic Disease Prevention program
 - Recommendation from National Association of County & City Health Officials (NACCHO) for a health district of our population size is a minimum of eight FTEs (recommendation is a minimum of two staff per 100,000 population).*
- Determine parameters of influence and realms of authority for the DBOH and act within them. For example:
 - Resolution to make all outdoor parks & facilities smoke free
 - Require a chronic disease report card every four years
- DBOH members take issues and ideas back to respective Councils, Boards and Committees

* From the NACCHO publication “Roadmap for Chronic Disease Prevention”

Subject: ACHIEVE Status Report

Date: September 25, 2014

- City and County development plans that eliminate barriers to growing or access to fresh produce
- Policies that impact active transportation

Possible Motion

The Board may take action as desired. No specific recommendation for motion provided.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



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STAFF REPORT

DBOH MEETING DATE: 9/25/2014

TO: District Board of Health Members

FROM: James English, Environmental Health Specialist Supervisor
jenglish@washoecounty.us; 775-328-2610

SUBJECT: Reappointment of Steven Brigman and Michele Dennis to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for three-year terms, acknowledgement of the services of George Georgeson and Bruce MacKay to the Sewage, Wastewater and Sanitation Hearing Board and direction to staff to provide potential appointees for the vacant positions on the SWS Board at the October District Board of Health Meeting

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) reappoint Steven H. Brigman, P.E.; and Michele Dennis, P.E. to the SWS Board for three year terms.

Recruitment is underway for seats that will be vacated on October 27, 2014 by George Georgeson, P.E. and Bruce MacKay. [One (1) member shall be licensed in Nevada as a general engineering contractor or a general building contractor as defined in [NRS 624.215](#)]

BACKGROUND

The SWS Board considers regulation changes and variance applications pertaining to sewage, wastewater and sanitation and well drilling. Over the years, staff has sought professionals in their field who can provide expertise valuable to the Board to supplant technical knowledge provided by staff.

The two recommended reappointments are valuable members on the SWS Board and have expressed interest in further three (3) year appointments.

Mr. Steven Brigman has served since 1999. His experience in small and medium scale water treatment design provides a needed level of knowledge.

Ms. Michele Dennis has served since 1999. Her experience in both the private sector as an on-site system designer and the public sector as an engineer adds to the technical expertise and to the balance of the SWS Board.

FISCAL IMPACT

There will be no fiscal impact to the Washoe County Health District associated with these reappointments.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be “Move to reappoint Mr. Steven H. Brigman and Ms. Michele Dennis to the Sewage, Wastewater and Sanitation Hearing Board for three-year terms. Also, move to acknowledge the services of Mr. Georgeson and Mr. MacKay to the Sewage, Wastewater and Sanitation Hearing Board and to

Subject: Reappointments to the Sewage, Wastewater and Sanitation Hearing Board
Date: September 25, 2014

direct staff to provide names for potential appointees for consideration at the October District Board of Health Meeting.”

SWS Hearing Board Members

Members	Appt/Reappt
Ron Anderson, P.E., Chairman Anderson & Associates Engineering	2/28/01 – 2/28/2013 Expires: 2/28/2016
Steven H. Brigman, P.E., Vice Chairman Shaw Engineering	10/27/99 – 12/23/2011 Expires: 10/23/2014
Michele C. Dennis, P.E. Regional Transportation Commission	10/27/1999 – 10/23/2011 Expires: 10/23/2014
George J. Georgeson, P.E. CSA, Inc. (Consulting Services Associates, Inc.)	8/22/2001 – 10/23/2014 Expires: 10/23/2014
Bruce MacKay, Pump and Well Service	10/27/2011 Expires: 10/27/2014
Jeanne Rucker, R.E.H.S.	9/23/2012 Expires: 9/23/2015
Mark Simons, Attorney Law Offices of Robison, Belaustegui, Sharp and Low	9/28/2006 – 9/23/2012 Expires: 9/23/2015

One (1) Member of the Board shall be an attorney admitted to practice law in the State of Nevada.

One (1) Member of the Board shall be an engineer registered in this State of Nevada.

One (1) Member of the Board shall be a person who is not an employee of the Health Authority and:

1. Have at least two (2) years of experience in sanitary engineering or public health sanitation; or
2. Is knowledgeable in the construction and operation of on-site sewage disposal systems.

Members of the Board shall be residents of the Washoe County Health District.

All appointments are for three (3) years.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



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STAFF REPORT

DBOH MEETING DATE: 9/25/2014

DATE: September 25, 2014

TO: District Board of Health Members

FROM: David McNinch, Environmental Health Specialist Supervisor
dmcninch@washoecounty.us 775-328-2645

SUBJECT: Acknowledgement of the service of Bill Miller to the Food Protection Hearing and Advisory Board (FPHAB) and direction to staff to provide potential appointees for the vacant position on the FP Board at the October District Board of Health Meeting

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) acknowledge the service of Mr. Bill Miller (formerly with Circus Circus) to the FPHAB. Mr. Miller has moved outside Washoe County to pursue career opportunities and is no longer eligible to serve on the FPHAB. Staff is in the process of providing a possible replacement for the Board's consideration.

BACKGROUND

The FPHAB considers appeals by aggrieved persons and variance applications pertaining to the Regulations Governing Food Establishments. Over the years, staff has sought professionals in their field who can provide expertise valuable to the FPHAB to supplant technical knowledge provided by staff.

FISCAL IMPACT

There will be no fiscal impact to the Washoe County Health District associated with new appointments.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be "Move to acknowledge the service of Mr. Bill Miller to the Food Protection Hearing and Advisory Board and to direct staff to provide names for potential appointees for consideration at the October District Board of Health Meeting."

Food Protection Hearing and Advisory Board

The Food Protection Hearing and Advisory Board (FPHAB) is a fair and unbiased panel that hears appeals when a negotiated resolution cannot be achieved. The FPHAB meets the first Thursday of the month as needed in the South Auditorium, located at 1001 East Ninth Street, Building B, Reno, Nevada.

The FPHAB consists of [seven members](#) who are recommended by the Environmental Health Services Division and approved by the District Board of Health. Two members of the board shall be representative of the local food service industry.

The FPHAB shall hold hearings to consider appeals to compliance action taken by the Health Authority on any permit required by the Regulations Governing Food Establishments or consider variance requests to any section of those regulations.

Any person may bring an appeal to the FPHAB if they feel they have been aggrieved in any of the following ways:

- Any permit or certificate, as required by the Regulations Governing Food Establishments, has been issued, denied, renewed, suspended or revoked; or,
- The Health Authority has taken any action pursuant to the authority of the Regulations Governing Food Establishments, which has adversely affected said person in any manner.

After receiving evidence and conducting a hearing, the FPHAB shall forward its findings and recommendations to the District Board of Health for final decision.

Food Protection Hearing and Advisory Board Members

Member	Qualification	Term Expires
Michael Chaump	Former owner Sinbad's Hot Dogs	n/a
David DeMars	Model Dairy	n/a
Vern Martin	Owner, Designer Associates	n/a
Jerry Montoya	Former owner El Barracho Restaurant	n/a
J.P. Pinocchio	Pinocchio's Bar & Grill	n/a
Christopher Romm	Bonanza Casino	n/a
vacant	vacant	n/a

Hearing Board Member Qualifications

- Two (2) members of the Board shall be representative of the local food service industry.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



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STAFF REPORT

BOARD MEETING DATE: September 25, 2014

TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date August, 2014.

SUMMARY

The second month of fiscal year 2015 (FY15) ended with a cash balance of \$288,519. Total revenues for the first two months of the fiscal year were \$1.2 million, 6.4% of budget and an increase of 54.5% compared to fiscal year 2014 (FY14). The increases in August are mainly due to receiving grant reimbursements that had not been received until September in FY14. The Health Fund received \$105,000 from the County General Fund to help cover costs for the two months. With 16.7% of the fiscal year completed the expenditures totaled \$3.2 million, 15.3% of the budget and 2.1% more than FY14. Two significant one-time expenditures for August included: a labor negotiated one-time lump-sum payout totaling \$112,500; and one-time payouts of \$68,142 to retirees for accumulated vacation, sick-leave and compensatory time.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

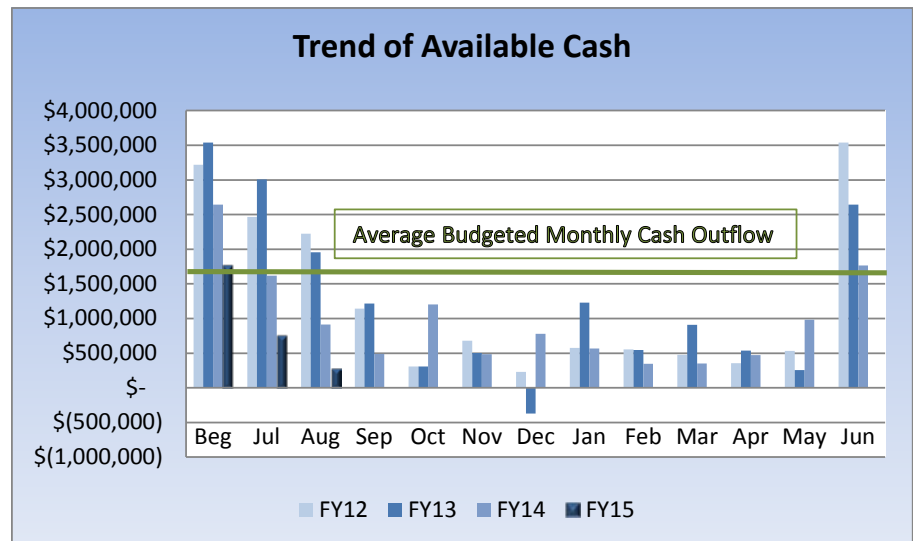
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

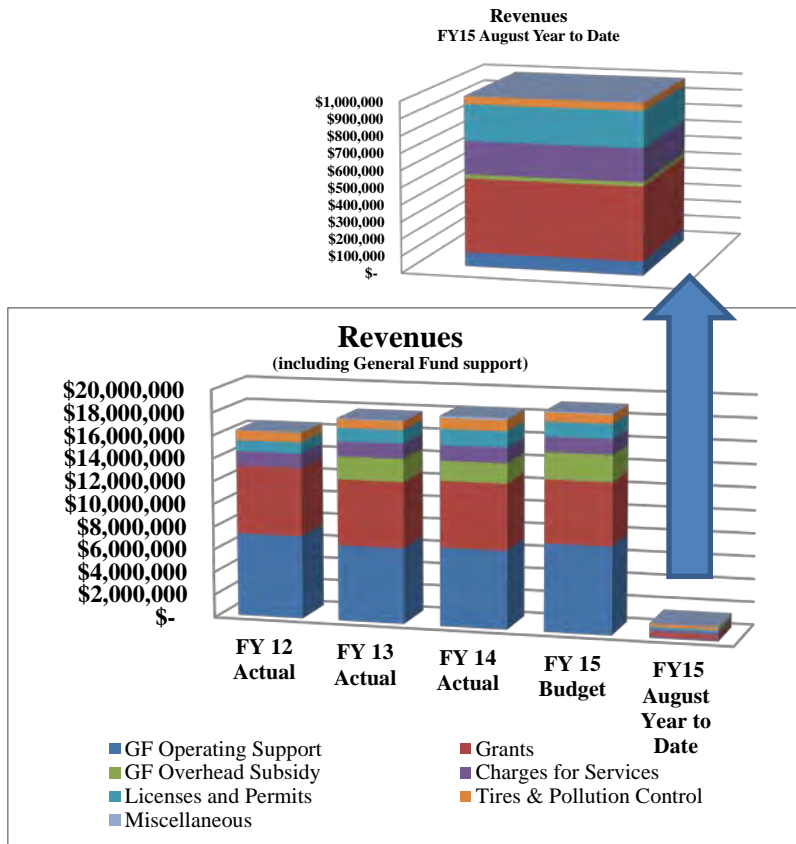
Review of Cash

The available cash at the end of the second month of FY15 was \$288,519 which was 17% of the average budgeted monthly cash outflow, \$1.7 million, for the fiscal year. However, the average budgeted cash inflow, excluding general fund support, is \$751,443 allowing for financial stability during the first two months of the fiscal year. The County General Fund will transfer funding to the Health District Fund if cash levels drop below the amount required for expenditures.



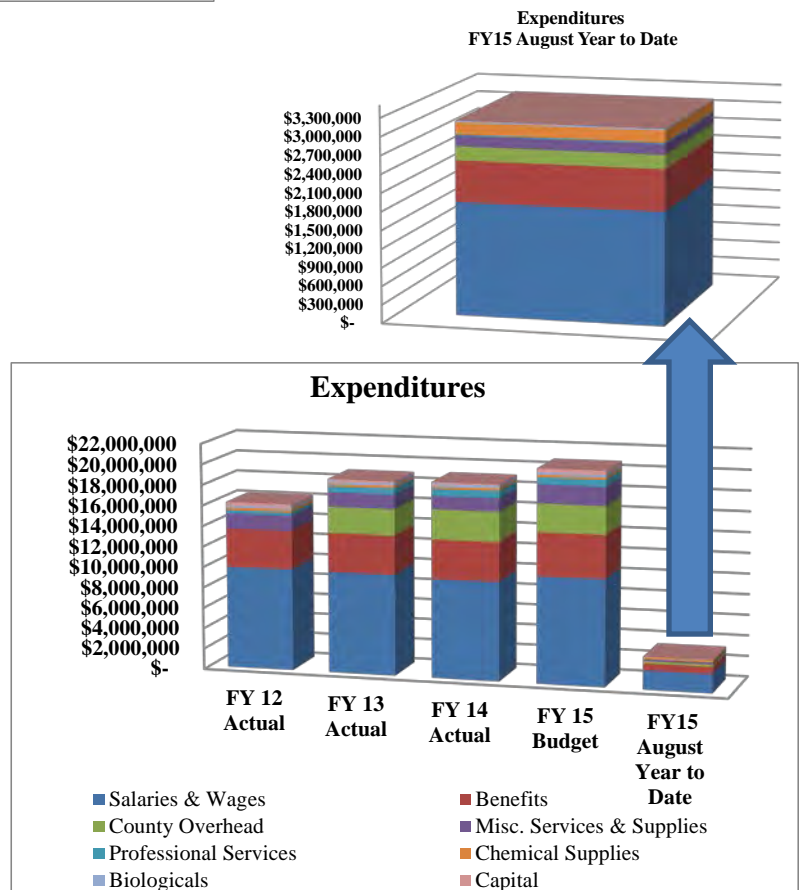
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund.

Review of Revenues (including transfers from General fund) and Expenditures by category



Revenues for FY15 year to date August were up 54.5% from the same time last fiscal year and were 6.4% of budget. Monthly billing for grants started in September of FY14 so comparing August FY15 to the same time last year shows an increase of federal reimbursements of \$148,376, 86.3%, over FY14, which is due to the timing of the billings for grant reimbursement and not new federal reimbursements. The annual budgeted General Fund support is \$10.0 million and \$105,000 of that funding was transferred during the first two months of the fiscal year to cover expenditures.

Expenditures for year to date August increased 2.1%, \$65,357, compared to the same time frame for last fiscal year 2014. Salaries and benefit costs for the first two months of FY15 were \$2.5 million, 14.0% increase, \$310,097, over the prior year. The majority of the year over year increase was due to: \$72,794 for a one-time payout to retirees for accrued benefits (i.e. accumulated vacation, sick leave and compensatory time); and, \$112,500 for a onetime lump-sum payout to employees from a negotiated agreement during the FY15 labor negotiations. It is anticipated that one-third of the onetime lump-sum payments, approximately \$37,000, will be recovered with grant funding.



Review of Revenue and Expenditures by Division

AQM, EHS and EPHP are starting to receive grant reimbursements for the July expenditures thus increasing the percent of revenue compared to budget. In August EHS received an additional \$77,532 in Tire Fee Revenue (NRS 444A.090) bringing the total increase compared to budget to 39.4%, \$184,685. County General Fund transferred \$105,000 of the budgeted transfer to help pay for the expenditures in August.

With 16.7% of the fiscal year completed the total expenditures were slightly less at 15.3% of total budget, \$3.2 million. Administrative Health Services spent 23.4% of budget mainly due to a, \$67,673, one-time payout of accumulated vacation, sick-leave and compensatory time for an employee that retired. The County general fund overhead for August, \$228,422, was not billed by the County; however, September will have two months of bills for the County overhead charges. No other major expenditure variances are noted.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through July Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End (unaudited)	August Year to Date	Adjusted Budget	August Year to Date	Percent of Budget	FY15 Increase over FY14
Revenues (all sources of funds)								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	-	-	-	-	-
AQM	1,966,492	2,068,697	2,491,036	246,899	2,177,183	419,707	19.3%	70.0%
CCHS	3,706,478	3,322,667	3,388,099	194,157	3,435,055	165,761	4.8%	-14.6%
EHS	1,755,042	1,828,482	1,890,192	262,026	1,862,623	368,916	19.8%	40.8%
EPHP	1,670,338	1,833,643	1,805,986	90,389	1,542,458	166,836	10.8%	84.6%
GF Operating	7,250,850	6,623,891	6,853,891	-	7,666,420	80,496	1.0%	-
GF Overhead Subsidy	-	2,000,000	1,750,000	-	2,333,772	24,504	1.0%	-
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$ 793,471	\$19,017,510	\$ 1,226,220	6.4%	54.5%
Expenditures								
ODHO	-	-	-	-	437,477	74,190	17.0%	-
AHS	1,202,330	1,305,407	1,247,924	198,501	1,004,343	234,859	23.4%	18.3%
AQM	1,955,798	2,297,077	2,170,911	331,952	2,752,520	343,988	12.5%	3.6%
CCHS	6,086,866	5,757,304	5,779,003	850,922	5,894,603	955,223	16.2%	12.3%
EHS	4,848,375	4,772,942	4,804,597	916,195	5,533,991	1,005,445	18.2%	9.7%
EPHP	2,084,830	2,129,310	2,022,331	312,121	2,263,147	315,927	14.0%	1.2%
GF Overhead Charge	-	2,553,372	2,898,034	483,006	2,741,061	228,422	8.3%	-52.7%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$ 3,092,697	\$20,627,142	\$ 3,158,054	15.3%	2.1%
Revenues (sources of funds) less Expenditures:								
ODHO	-	-	-	-	(437,477)	(74,190)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(198,501)	(1,004,343)	(234,859)		
AQM	10,694	(228,380)	320,125	(85,053)	(575,337)	75,719		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(656,765)	(2,459,548)	(789,463)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(654,170)	(3,671,368)	(636,529)		
EPHP	(414,492)	(295,666)	(216,345)	(221,731)	(720,689)	(149,091)		
GF Operating	7,250,850	6,623,891	6,853,891	-	7,666,420	80,496		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(483,006)	(407,289)	(203,918)		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ (2,299,226)	\$ (1,609,632)	\$ (1,931,833)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799		\$ 546,168			
FB as a % of Expenditures	24.2%	14.9%	11.4%		2.6%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

The environmental oversight account balance is \$108,335.79 for August, 2014.

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date August, 2014.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date August, 2014.

Attachment:

Health District Fund summary report with line item detail

Period: 1 thru 2 2015
 Accounts: GO-P-L F&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
422503 Environmental Permits	46,317-	4,435-	41,882-	10	63,177-	9,798-	53,379-	16
422504 Pool Permits	97,000-	4,623-	92,377-	5	74,690-	3,624-	71,066-	5
422505 RV Permits	11,000-	1,515-	9,485-	14	13,306-	1,938-	11,368-	15
422507 Food Service Permits	420,000-	68,745-	351,255-	16	492,181-	76,168-	416,013-	15
422508 Wat Well Const Perm	30,000-	5,520-	24,480-	18	23,567-	8,302-	15,265-	35
422509 Water Company Permits	5,000-	3,564-	1,436-	71	3,200-	594-	2,606-	19
422510 Air Pollution Permits	474,103-	86,461-	387,642-	18	584,012-	98,271-	485,741-	17
422511 ISDS Permits	75,000-	11,160-	63,840-	15	66,522-	18,893-	47,629-	28
422513 Special Event Permits	105,000-	25,957-	79,043-	25	99,623-	32,360-	67,263-	32
422514 Initial Applic Fee	31,000-	3,392-	27,608-	11	35,226-	5,096-	30,130-	14
* Licenses and Permits	1,294,420-	215,372-	1,079,048-	17	1,455,504-	255,044-	1,200,460-	18
431100 Federal Grants	4,944,643-	304,793-	4,639,851-	6	5,301,515-	166,400-	5,135,115-	3
431105 Federal Grants - Indirect	235,667-	15,498-	220,169-	7	243,178-	5,514-	237,664-	2
432100 State Grants	311,068-	116,899-	194,169-	38	741,802-		741,802-	
432105 State Grants-Indirect	16,026-	100-	15,926-	1	2,205-		2,205-	
432310 Tire Fee NRS 444A.090	468,548-	184,685-	283,863-	39	468,548-	63,665-	404,883-	14
432311 Pol Ctrl 445B.830	318,667-	81,771-	236,896-	26	300,000-	78,739-	221,261-	26
* Intergovernmental	6,294,620-	703,746-	5,590,874-	11	7,057,248-	314,318-	6,742,931-	4
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	4,961-	84,039-	6	89,000-	11,054-	77,946-	12
460501 Medicaid Clinical Services	8,200-	381-	7,819-	5	8,200-	334-	7,866-	4
460503 Childhood Immunizations	20,000-	2,336-	17,664-	12	20,000-	3,389-	16,612-	17
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	1,216-	2,884-	30	4,100-	678-	3,422-	17
460509 Water Quality								
460510 IT Overlay	35,344-	5,580-	29,764-	16	35,344-	7,555-	27,789-	21
460511 Birth and Death Certificates	480,000-	72,509-	407,491-	15	450,000-	79,859-	370,141-	18
460512 Duplication Service Fees						9-	9	
460513 Other Healt Service Charges								
460514 Food Service Certification	18,000-	3,431-	14,569-	19	19,984-	3,101-	16,883-	16
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-	123-	1,627-	7	1,750-	183-	1,567-	10
460517 Influenza Immunization	7,000-	15-	6,986-	0	7,000-	37-	6,964-	1
460518 STD Fees	21,000-	2,057-	18,943-	10	21,000-	3,434-	17,566-	16
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	5,448-	44,552-	11	50,707-	7,507-	43,200-	15
460521 Plan Review - Pools & Spas	3,600-	1,086-	2,514-	30	3,816-	1,052-	2,764-	28
460523 Plan Review - Food Services	20,000-	953-	19,047-	5	18,765-	4,673-	14,092-	25
460524 Family Planning	32,000-	4,662-	27,338-	15	27,000-	6,041-	20,959-	22
460525 Plan Review - Vector	42,000-	6,220-	35,780-	15	36,021-	9,560-	26,461-	27
460526 Plan Review-Air Quality	57,889-	6,701-	51,188-	12	65,272-	4,433-	60,839-	7
460527 NOE-AQM	116,984-	28,647-	96,337-	18	113,934-	14,440-	99,494-	13

Period: 1 thru 2 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
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Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
460528 NESHAP-AQM	99,333-	13,874-	85,459-	14	135,389-	19,816-	115,573-	15
460529 Assessments-AQM	51,336-	7,440-	43,896-	14	57,888-	9,424-	48,464-	16
460530 Inspector Registr-AQ	2,162-	607-	1,555-	28	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	28,414-	113,989-	20	187,690-	19,663-	168,027-	10
460532 Plan Rvw Hotel/Motel		1,920-	1,920					
460533 Quick Start								
460534 Child Care Inspection	8,514-	2,214-	6,300-	26	10,560-	1,968-	8,592-	19
460535 Pub Accomod Inspectn	19,000-	3,234-	15,766-	17	22,540-	3,507-	19,033-	16
460570 Education Revenue					2,900-	480-	2,420-	17
* Charges for Services	1,329,615-	196,029-	1,133,586-	15	1,403,515-	214,310-	1,189,205-	15
484050 Donations Federal Pgm Income	37,550-	4,732-	32,818-	13	37,550-	7,299-	30,251-	19
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-		88,263-	
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-		5,125-	
485100 Reimbursements								
485121 Jury Reimbursements								
485300 Other Misc Govt Rev		1,341-	1,341		62,229-	2,500-	59,729-	4
* Miscellaneous	98,663-	6,073-	92,590-	6	193,167-	9,799-	183,368-	5
** Revenue	9,017,318-	1,121,220-	7,896,098-	12	10,109,435-	793,471-	9,315,964-	8
701110 Base Salaries	9,153,739	1,582,455	7,571,284	17	9,191,190	1,406,955	7,784,235	15
701120 Part Time	467,728	84,026	383,702	18	565,940	67,666	498,273	12
701130 Pooled Positions	504,876	75,996	428,880	15	464,481	71,929	392,552	15
701140 Holiday Work	4,319	789	3,530	18	2,819	926	1,893	33
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	496	154,604	0	165,426	525	164,901	0
701300 Overtime	61,280	7,081	54,199	12	69,920	8,905	61,015	13
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000		1,000	
701412 Salary Adjustment	9,949		9,949		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		79,553	79,553-			15,518	15,518-	
701417 Comp Time		11,771	11,771-			3,012	3,012-	
701419 Comp Time - Transfer						1,849	1,849-	
701500 Merit Awards								
* Salaries and Wages	10,357,991	1,842,166	8,515,825	18	10,230,689	1,577,184	8,653,505	15
705110 Group Insurance	1,457,971	238,127	1,219,843	16	1,422,035	225,928	1,196,107	16
705210 Retirement	2,517,459	399,686	2,117,773	16	2,515,667	369,895	2,145,772	15
705215 Retirement Calculation								
705230 Medicare April 1986	135,173	25,334	109,839	19	136,701	21,220	115,482	16
705320 Workmens Comp	67,787	11,298	56,489	17	66,992	11,023	55,969	16
705330 Unemploy Comp	15,179	2,530	12,649	17	15,375	3,795	11,580	25
705360 Benefit Adjustment								
* Employee Benefits	4,193,569	676,975	3,516,594	16	4,156,770	631,860	3,524,910	15
710100 Professional Services	647,412	21,590	625,822	3	1,211,770	7,085	1,204,685	1
710105 Medical Services	9,323	240	9,084	3	9,173	1,004	8,169	11

Period: 1 thru 2 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
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Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710108 MD Consultants	83,908	1,225	82,683	1	46,950	3,200	43,750	7
710110 Contracted/Temp Services	7,407	1,636	5,771	22	53,500	7,119	46,381	13
710119 Subrecipient Payments								
710200 Service Contract	120,720	16,151	104,569	13	103,593	19,014	84,579	18
710205 Repairs and Maintenance	5,538		5,538		11,470	267	11,203	2
710210 Software Maintenance	16,285	9,363	6,922	57	15,636	12,000	3,636	77
710300 Operating Supplies	116,534	4,144	112,390	4	134,870	11,370	123,500	8
710302 Small Tools & Allow	22,685	200	22,485	1	10,685	230	10,455	2
710308 Animal Supplies	1,600		1,600		1,600	583	1,017	36
710319 Chemical Supplies	231,900	190,221	41,679	82	232,300	168,635	63,665	73
710325 Signs and Markers								
710334 Copy Machine Expense	25,275	4,185	21,090	17	28,447	3,407	25,040	12
710350 Office Supplies	54,244	3,138	51,106	6	41,074	2,554	38,519	6
710355 Books and Subscriptions	6,964	375	6,589	5	7,594	1,340	6,254	18
710360 Postage	21,380	2,979	18,401	14	24,435	2,686	21,749	11
710361 Express and Courier	560	15	545	3	735	48	687	7
710391 Fuel & Lube	100		100		100		100	
710412 Do Not Use								
710500 Other Expense	26,920	974	25,946	4	24,932	1,582	23,350	6
710502 Printing	20,636	984	19,652	5	33,970	2,189	31,781	6
710503 Licenses & Permits	6,331	1,225	5,106	19	7,887	445	7,442	6
710505 Rental Equipment	1,800		1,800		1,900		1,900	
710506 Dept Insurance Deductible						34	34-	
710507 Network and Data Lines	11,295	1,856	9,439	16	5,530	1,754	3,776	32
710508 Telephone Land Lines	40,485	5,540	34,945	14	42,484	6,203	36,281	15
710509 Seminars and Meetings	46,298	1,840	44,458	4	36,065	4,458	31,608	12
710512 Auto Expense	13,894	1,053	12,841	8	19,102	2,308	16,795	12
710514 Regulatory Assessments	11,920	4,999	6,921	42	11,920	2,980	8,940	25
710519 Cellular Phone	15,294	2,175	13,119	14	15,660	2,386	13,274	15
710524 Utility relocation						200	200-	
710529 Dues	11,867	1,941	9,926	16	10,756	1,530	9,226	14
710535 Credit Card Fees	12,665	3,259	9,406	26	11,925	2,510	9,415	21
710546 Advertising	263,720	903	262,817	0	47,600	1,264	46,336	3
710551 Cash Discounts Lost		4	4-			8	8-	
710563 Recruitment		301	301-					
710577 Uniforms & Special Clothing	12,350	1,143	11,207	9	25,500	200	25,300	1
710585 Undesignated Budget	90,642		90,642		62,229		62,229	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	109,115	19,923	89,192	18	109,115	19,064	90,051	17
710620 LT Lease-Equipment								
710703 Biologicals	224,882	25,508	199,374	11	246,791	11,252	235,538	5
710714 Referral Services					6,328		6,328	
710721 Outpatient	88,786	5,830	82,957	7	93,093	292	92,800	0

Period: 1 thru 2 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
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Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710872 Food Purchases	5,064	30	5,034	1	10,176	7	10,169	0
711010 Utilities					180		180	
711100 ESD Asset Management	66,526	10,947	55,579	16	47,436	8,174	39,262	17
711113 Equip Srv Replace	27,586	4,507	23,079	16	27,084	4,601	22,483	17
711114 Equip Srv O & M	41,529	7,567	33,962	18	46,869	7,689	39,180	16
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	10,163	38,428	21	55,492	9,732	45,760	18
711119 Prop & Liab Billings	74,502	12,417	62,085	17	74,502	12,417	62,085	17
711210 Travel	202,819	15,481	187,337	8	269,811	19,012	250,799	7
711300 Cash Over Short								
711400 Overhead - General Fund	2,741,061	228,422	2,512,639	8	2,898,034	483,006	2,415,028	17
711504 Equipment nonCapital	83,475	14,461	69,015	17	135,712	8,306	127,406	6
* Services and Supplies	5,676,888	638,913	5,037,975	11	6,328,754	854,144	5,474,610	13
781004 Equipment Capital	373,694		373,694		332,748	29,508	303,240	9
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694		398,694		432,748	29,508	403,240	7
** Expenses	20,627,142	3,158,054	17,469,088	15	21,148,962	3,092,697	18,056,265	15
485193 Surplus Supplies Sales								
* Other Fin. Sources								
621001 Transfer From General	10,000,192-	105,000-	9,895,192-	1	8,603,891-		8,603,891-	
* Transfers In	10,000,192-	105,000-	9,895,192-	1	8,603,891-		8,603,891-	
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	105,000-	9,895,192-	1	8,603,891-		8,603,891-	
*** Total	1,609,632	1,931,833	322,202-	120	2,435,636	2,299,226	136,411	94



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: September 25, 2014

TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
328-2416, kdick@washoecounty.us

SUBJECT: Discussion and possible direction to staff to bring back a list of fees associated with Health District activities that are not currently on the Fee Schedule for consideration and possible adoption into the current schedule.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule. Prior to bringing new fees to the Board staff is requesting direction to bring back to the Board the fees not currently on the Fee Schedule for consideration and possible adoption into the current schedule.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

PREVIOUS ACTION

April 25, 2013 the Board approved the current Fee Schedule.

BACKGROUND

During a review of our business processes for the Accela Regional License and Permits project and the reassessment of all other business processes and associated fees it was discovered that there are several activities that the current fee schedule does not allow for the Health District to charge a fee.

As a cost recovery measure, we are requesting direction from the Board to research and bring back the fees for possible establishment in the Fee Schedule for the following list of services in the Air Quality Management Division and the Environmental Health Division.

Air Quality Management

- 1) National Emission Standards for Hazardous Air Pollutants (NESHAP) Asbestos Abatement Notifications when an administrative modification is necessary for a change in general or abatement contractors.
- 2) NESHAP demolition notifications following abatement. The current schedule only allows for non-NESHAP demolition notices.
- 3) Dust control permit administrative modifications for change of contractor, developer, and size of project.
- 4) Transfer of Woodstove Certificates of Compliance for a change of title or loan companies.

Date: September 25, 2014

Subject: Direction to staff to bring back new fees

Page 2 of 3

- 5) Review of Smoke Management Plans for annual review of overall plan and review of individual projects prior to commencement of burns.

Environmental Health Services (EHS)

- 1) New application/Change of ownership fee for every facility with a recurring permit. The following facilities are currently not being charged this type of fee: Invasive Body Decoration Establishments, Hotel/Motel, Child care, Mobile Home or Recreational Vehicle Park, Schools (public and private), Pool/Spa, Recreational Vehicle Dump Station, all Biohazardous and Solid Waste Annual Permits, Biohazardous Waste Generator, and Liquid-Oil-Waste Hauler Vehicles.
- 2) School Institution inspections pursuant to requirements under NRS 444.335 related to the state school regulations for environmental and safety standards.
- 3) Underground Storage Tank Inspection fee. This would include new construction, remodels, and decommissioning of systems.
- 4) Expand the Limited Advisory Inspection Fee to a Per Hour Fee for all customer service based requests that don't fit within current fee structure. This is for Normal Working Hours and Non-standard Working Hours requests. Currently this fee can only be charged for Food Inspections.
- 5) Implement a Re-inspection Fee for re-inspections above what is included in an original permit fee. The current fee schedule only allows for re-inspection fees to be charged to Foods, Special Events, Pool/Spa Construction, and Pool/Spa Inspection.
- 6) Adjust the current refund fee to reduce staff time and customer confusion.
- 7) Cost recovery fee for verified Foodborne Illness Outbreak(s) or verified Permitted Facility Complaints.
- 8) Expand Quick Start. Currently the Quick Start Fee is only charged for Food Construction Establishments and services are being requested for other construction activities. Expanding the definition will allow us to charge for these services.
- 9) Water System Construction Plan Review Fee. Currently the fee justification allows for a \$1.00 charge for each water connection in addition to the base fee. We are not currently charging the additional water connection fee.
- 10) Late payment fee for all permitted facilities. Air Quality Management currently charges a 25% Permit to Operate Late Fee. Adding this fee for EHS would increase timely payment and provide consistency across divisions.

These activities require staff time and miscellaneous services and supplies to be able to work with contractors, developers, Land Managers and other parties involved with the activities and the cost is currently not being recovered. The activities are fundamental for the protection of public health so it is recommended that they be researched and brought back to the board for possible adoption into the fee schedule.

Direction to bring back the new fees is consistent with the Fundamental Review Recommendation goal 5: update fee schedules and billing processes for all clinical and environmental services; section b and c, identify costs for regulatory programs and permits and services that could be included in the fee schedule.

Date: September 25, 2014

Subject: Direction to staff to bring back new fees

Page 3 of 3

FISCAL IMPACT

No fiscal impact associated with direction being given to staff. Actual fee schedule increases will be brought back to the Board for approval to implement.

RECOMMENDATION

Staff recommends that the District Board of Health give direction to bring back to the Board the fees not currently on the Fee Schedule for consideration and possible adoption into the current Fee Schedule.

POSSIBLE MOTION

Move to direct staff to bring back to the Board the fees not currently on the Fee Schedule for consideration and possible adoption into the current Fee Schedule.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: Presentation, Discussion and possible Direction to Staff regarding proposed District Board of Health Orientation Manual and Program

SUMMARY

Office of the District Health Officer staff have reviewed and updated the District Board of Health Orientation Manual and established a Board member training program.

District Health Strategic Objective supported by this item: *Strengthen WCHD as an innovative, high-performing organization.*

Fundamental Review recommendation supported by this item: *Develop a Washoe County District Board of Health orientation manual and program.*

PREVIOUS ACTION

A District Board of Health Orientation Manual has been utilized in the past to provide members with guidance through their duties. Board members have received training through interaction with staff and other members and by gaining experience over time.

BACKGROUND

The Health District is a complex organization with jurisdiction over health issues for all of Washoe County. The District Board of Health is the policy-making board with jurisdiction over all public health matters in the Health District.

The Washoe County District Board of Health Orientation Manual and Program has been developed to help new members gain an understanding of the operations of the Health District as well as the rules and regulations that govern both the District and the actions of the member.

Staff reviewed and updated the manual June –August of 2014. Beginning September 15, 2014, the Health District will begin hosting quarterly sessions in which the Health Officer and staff from each division will provide a 30-minute overview of their division, programs, and the resulting positive impacts on public health. The Board members will be invited to attend these sessions.

The District Health Officer will meet with each new Board member and each Division Director will offer their time to meet with the members individually. Any new Board member that does not already hold an elected office will be invited to meet with the Deputy District Attorney to learn about the Nevada Open Meeting Law.

The information in the Orientation Manual will be updated by the District Health Officer to maintain the currency of the document. Significant changes to the contents of the Orientation Manual will be brought before the Board for approval.

To reduce printing resources and expenses, the Orientation Manual is not included with this staff report. This document is 402 pages and can be accessed from the "District Board of Health" home page at <http://www.washoecounty.us/repository/files/4/2014-DBOH-Orientation-Manual.pdf>. A hard copy is available by contacting Ms. Dawn Spinola of the ODHO at (775) 328-2415 or dspinola@washoecounty.us.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board approve the proposed District Board of Health Orientation Manual and Program.

RECOMMENDATION

Staff recommends the Board approve the proposed District Board of Health Orientation Manual and Program.

POSSIBLE MOTION

Should the Board agree with Staff's recommendation, a possible motion would be: "I move to approve the District Board of Health Orientation Manual and Program."



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

DIVISION DIRECTOR STAFF REPORT **BOARD MEETING DATE: September 25, 2014**

DATE: September 12, 2014

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update – Groundbreaking Research Project; Divisional Update; Monthly Air Quality Index; Program Reports – Monitoring & Planning; Permitting & Enforcement

1. Program Update

a. Groundbreaking Research Project

The Nevada State Constitution was amended to authorize patients, on the advice and with written authorization of their physicians, to obtain and use marijuana for medical purposes. State Law and County Code provide for four types of establishments to provide medical marijuana: cultivation, production, independent testing laboratories, and dispensaries. The Washoe County Health District Regulations Governing Air Quality Management, specifically Section 030.200, requires facilities with the potential to emit air contaminants above 2 pounds per day to obtain an Authority to Construct/ Permit to Operate. Existing cultivation facilities in other states have experienced explosions when not properly ventilated, therefore, it is reasonable to assume there are volatile organic compound (VOC) emissions generated from the cultivation process and a public health and safety risk must be considered.

Estimated emissions from industrial processes are typically calculated with the application of an emission factor developed through research or from actual source tests. AQMD staff began researching the availability of emission factors for the cultivation of marijuana as soon as the state law was adopted but to no avail. Staff research even included making contact with our international air quality peers in the Netherlands and Spain. After finally coming to the conclusion there are no emission factors available, staff began to look for a surrogate and found hops to be the closest botanical relative to marijuana. AQMD staff approached the Desert Research Institute (DRI) and the University of Nevada, Reno College of Agriculture (UNR) with a proposal to quantify the VOC emissions from the cultivation of hops in a controlled environment. Both DRI and UNR conducted independent investigations of the subject matter to determine what information was available prior to committing to the project. Their conclusions matched that of the AQMD staff, there is no information available regarding the VOC emissions from marijuana or hops. Based on this discovery, both entities were excited about the opportunity to complete ground breaking research and agreed to participate in the project. AQMD has committed \$50,000 from the State of Nevada

Department of Motor Vehicles Pollution Control Account Excess Reserves (Washoe County Health District Account #20392) to fund the project.

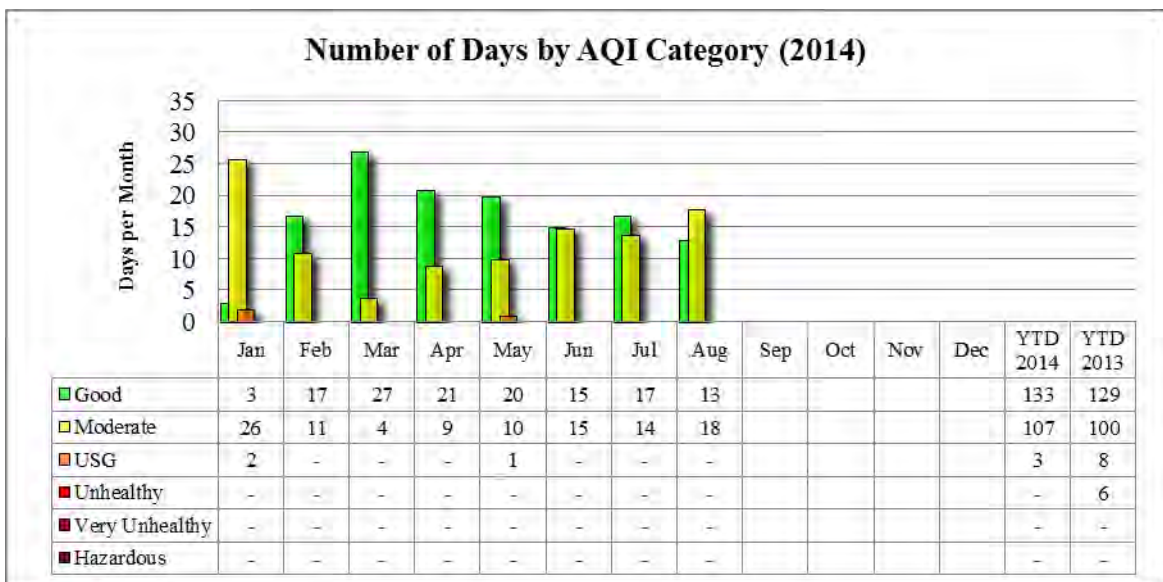
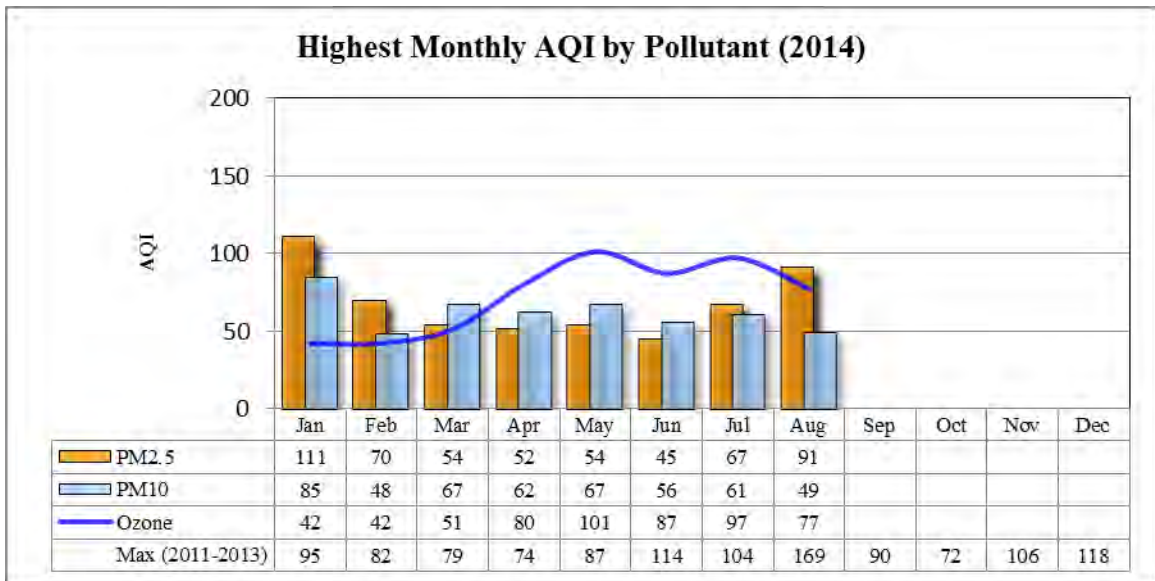
The project will involve the use of one of the DRI EcoCELL grow chambers located at the Dandini Boulevard Facility. The EcoCELL is equipped with environmental controls and all of the monitoring and sampling equipment necessary to analyze the VOC emissions generated from the growth cycle, planting through budding of the hops. The hops cuttings will be acquired from Urban Roots, a nonprofit educational farm and community center, who has evaluated the feasibility of growing hops in Nevada. In collaboration with UNR, the EcoCELL will be blacked out and equipped with grow lights to represent the indoor growing conditions required of the legalized cultivation facilities. Sampling will be conducted following U.S. Environmental Protection Agency protocols established in the *“Technical Assistance Document for Sampling and Analysis of Ozone Precursors”* (U.S. EPA 1998; U.S. EPA 2009). Following the approval of the Sole Source purchasing agreement, the project began in August and results from the project are expected to be presented in April. The ultimate goal is a VOC emission factor expressed in micrograms per plant that can be applied to the cultivation facilities during the engineering reviews required as part of the air quality permitting process.

Even though the Nevada State law has approved the use of medical marijuana, Federal law still considers the possession or use of marijuana to be a federal offense. AQMD recognizes the legal disparity but made the determination that the public health and safety of the citizens of Washoe County is worth the investment in the project. U.S. EPA Region IX has been made aware of the research project and expressed their surprise that Washoe County has initiated the research project and will be permitting the activities. Region IX identified thirty-eight (38) air agencies located in the states that have legalized some form of marijuana and, with the exception of Puget Sound Clean Air Agency in Oregon; none have expressed an interest in permitting the associated activities.

This project is just one more example of the commitment of AQMD staff to *“Keep it Clean”*.

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of August. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit www.OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standards during the month of August.

Staff have been making improvements to the Know the Code program in preparation for this winter season. The most noticeable improvement will be replacing the standard twice a day (morning and late afternoon) update with a single mid-afternoon update. The single daily update will provide the media and public improved consistency. Delivery of the burn code will be through OurCleanAir.com, EnviroFlash, Facebook, Twitter, and the Air Quality Hotline. Partners such as the local media and National Weather Service play an important role during Know the Codes season by using their resources to inform the public. Know the Code season begins November 1.

EPA completed the final report for their September 2013 Technical Systems Audit (TSA) of the monitoring program. TSAs ensure that monitoring programs meet federal requirements for data quality. In general, EPA found that the AQMD's program is robust and meets EPA requirements. As with any audit, this TSA uncovered some program areas that can be strengthened. The AQMD will develop a plan and timeline to correct these findings. This plan will be submitted to EPA by mid-October 2014.

AQMD is an active member of the Washoe County Green Team (GT). The GT is a cross-departmental committee encouraging sustainable practices in the County's operations. The GT submitted a successful proposal for a County Special Community Project grant to install hydration stations at 15 County facilities. Site selection criteria included high general public foot traffic. Hydration stations reduce the number of disposable single-use water bottles discarded into the environment. The first station is expected to be installed at the Washoe County Senior Center in September 2014. The Health District lobby is included in the list of the 15 facilities to receive a station.

b. Permitting & Enforcement

Type of Permit	2014		2013	
	August	YTD	August	Annual Total
Renewal of Existing Air Permits	94	642	98	1339
New Authorities to Construct	8	80	3	88
Dust Control Permits	11 (117 acres)	83 (880 acres)	10 (96 acres)	105 (1420 acres)
Wood Stove Certificates	31	237	42	329
WS Dealers Affidavit of Sale	5	64 (43 stoves removed)	13 (7 replacements)	134 (83 replacements)
WS Notice of Exemptions	465 (4 stoves removed)	4580 (48 stoves removed)	342 (3 stoves removed)	7346 (83 stoves removed)
Asbestos Assessments	55	533	97	828
Asbestos Demo and Removal (NESHAP)	16	137	15	199

Staff reviewed seventeen (17) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The Permitting Section continues work on the new regional permitting system dubbed “One”. The Accela core training is complete and was attended by Air Quality’s designated Subject Matter Expert (SME) Lauri Mendoza. The training covered the terminology and functionality of the system. This training was to prepare the SME for the upcoming analysis sessions with the Accela staff. Air Quality has submitted all required documentation to Technology Services for review and analysis scheduling.
- Inspectors continue to monitor the progress of the installation of emissions control devices at the Truckee Meadows Water Reclamation Facility (TMWRF). A major component of the new system was scheduled for delivery in the middle of September has a new delayed delivery date in the middle of October. This amended delivery date may not affect the overall completion date for the project.
- The vacant Permitting Engineer position interviews were completed and a candidate selected. The candidate has accepted the offer for the position and is scheduled to start September 22, 2014. Once the new permit engineer reports the AQMD Permitting and Enforcement Branch will be fully staffed.

Staff conducted fifty-four (54) stationary source renewal inspections in August 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2014		2013	
	August	YTD	August	Annual Total
Asbestos	4	16	6	18
Burning	1	4	0	8
Construction Dust	3	23	7	0
Dust Control Permit	3	13	0	7
General Dust	4	35	3	46
Diesel Idling	0	3	0	8
Odor	1	12	2	16
Spray Painting	0	4	0	5
Permit to Operate	3	25	2	55
Woodstove	0	8	0	16
TOTAL	19	143	20	209
NOV's	August	YTD	August	Annual Total
Warnings	8	25	4	46
Citations	0	7	4	40
TOTAL	8	32	8	86

*Discrepancies in totals between monthly reports can occur due to data entry delays.



WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION



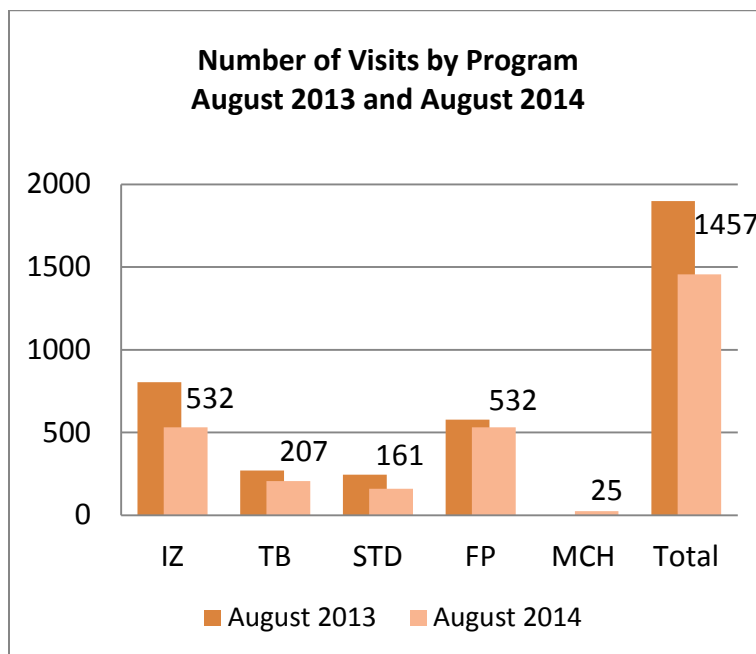
Public Health
Prevent. Promote. Protect.

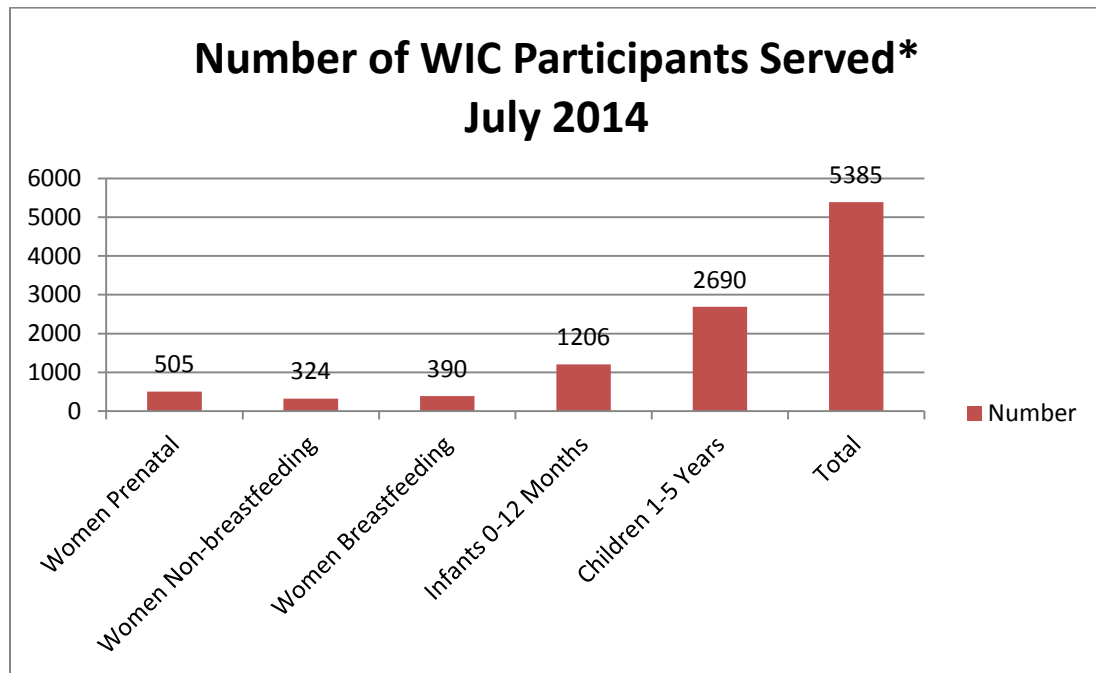
DIVISIONAL STAFF REPORT
BOARD MEETING DATE: September 25, 2014

DATE: September 12, 2014
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update, Program Reports

1. Divisional Update

- a. Insight – Project management conference calls with Netsmart (vendor for Insight) for Family planning and STD Field Questions modules and Plexus custom reports continue, with implementation for these projects planned for later this calendar year. An upgrade to our Insight database will now proceed with the addition of our new Department Systems Specialist.
- b. Affordable Care Act (ACA) – Aetna Health Insurance has contacted CCHS, as they are interested in contracting for clinical services.
- c. Data/Metrics –





*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.

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, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – STD staff is meeting weekly to evaluate schedules and assignments related to a number of staffing changes in the program. Rebecca Gonzales and Becky Koster continue to orient to the STD clinic. Staff will receive their annual lab evaluation/training in October. HIV staff is also meeting weekly to manage staffing changes and to monitor completion of programmatic goals.
- b. **Immunizations** – The Immunization Program has expanded clinic hours to serve the public five full days per week beginning September 2, 2014. School Located Vaccination Clinics (SLVCs) are scheduled to begin in late September, in partnership with Immunize Nevada and the Nevada State Immunization Program.

Kathy Sobrio will be transitioning into the immunization program September 22, 2014. Kathy's strong clinical background and experience working with health care providers in the Sexual Health Program will provide a strong foundation for this position.

Staff are working on the 2015 Immunization Subgrant application.

- c. Tuberculosis Prevention and Control Program – Staff has had two new case investigations in the last eight weeks as well as following up on an extra pulmonary TB case. This brings Washoe County's total active TB cases (that the program is allowed to count, per national guidelines) to five for CY 2014. Staff is responsible for coordinating investigations, which can and do span across several states and countries. Holly McGee continues to train as a case manager in the Tuberculosis program. Staff will be attending a web-based training on September 23, 2014 which is provided by Curry International Tuberculosis Center, provided at no cost to staff. Topics will include information on pediatric TB, new and rapid diagnostic tests, school based TB contact investigations and new medications and medication regimens on the horizon.
- d. **Family Planning/Teen Health Mall** – The Family Planning Program supervisor is working with the University of Nevada Family Medicine Center to develop an Interlocal Agreement for a Medical Director for the Program. Previously Susan Hsu, MD, served as the medical director, but she resigned in August 2014 after 14 years with the program.
- e. **Chronic Disease Prevention Program (CDPP)** – Final arrangements are being made for the 2014 Washoe County Healthy Living Forum, being held September 18, 2014.

Staff provided information to the Washoe County School District (WCSD) promoting inclusion of e-cigarettes in the tobacco policy. The new WCSD Alcohol and Tobacco Policy was recently released which includes e-cigarettes.

A statewide chronic disease capacity assessment was completed for the Nevada State Division of Public & Behavioral Health. Additional information has also been submitted to assist with strategic planning efforts.

Lona Cavallera has joined the team as an intermittent hourly Health Educator. Her initial primary focus will be working on tobacco grant activities.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff has been granted access to the health information management systems at Saint Mary's Regional Medical Center and Renown Regional Medical Center which will allow for data collection on fetal and infant deaths. The National FIMR (NFIMR) office will be providing on-site technical support and training for the Case Review Team and the Community Action Team in October 2014 at no cost to the WCHD. The NFIMR Director praised the Washoe County FIMR staff for their progress with implementing the first FIMR program in Nevada. FIMR staff was contacted by Governor Sandoval's office to inquire about the FIMR program. The Governor's office is working on an initiative to improve birth outcomes in Nevada and expressed interest in participating on the FIMR Community Action Team.

Subject: CCHS Division Director's Report

Date: September 25, 2014

The Maternal Child Health Clinic is entering its second month of providing services at the Health District. Staff continues to build community awareness about the program through outreach. Staff is working with WIC to coordinate services while clients are already on-site with the goal of not missing an opportunity to meet their needs and preventing a return visit.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – WIC participated in the Liquid Gold 5K on August 2nd at UNR for World Breastfeeding Month. Beginning October 1st, 2014, women and children 2 years and older will only receive fat free or 1% milk on WIC. District Health WIC has been asked to pilot the new WIC paperless computer system expected next year.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: September 25, 2014

DATE: September 12, 2014
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
 775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- The Waste Management/Land Develop Program received a review letter from the Nevada Division of Environmental Protection (NDEP). They commended our efficient and effective solid waste management program as demonstrated by our response to over 340 solid waste complaints in each of the last two years. They commented on the fact we permit a diverse universe of solid waste facilities; including transfer stations, recycling and treatment centers and used tire and solid waste haulers. Our municipal solid waste recycling efforts for 2013 were 36.5% and significantly exceeded the state average of 25.1%. (see attached)

PROGRAM UPDATES

Food

- Special Events/Temporary Food: Currently working the Air Races
 - Best in the West Rib Cook-Off - Sixteen staff members volunteered to work the event, completing 566 temporary food establishment inspections in the seven days of the event.

Land Development

- The Nevada Division of Environmental Protection (NDEP) has asked to conduct joint training inspections for onsite septic inspections with our agency. The purpose of these inspections is to build consistency and provide field experience for NDEP staff.

Vector-Borne Disease

- The Vector-Borne Diseases Program completed their final helicopter application the week of September 8, treating approximately 800 acres in the Truckee Meadows. Surveillance trapping has been negative since August for mosquito transmitted diseases in the Truckee Meadows. There were 9 positive mosquito samples collected in the Gerlach community for West Nile virus. Individuals as part of the Burning man event spending time in Gerlach were more susceptible to these positive mosquitoes than those

participating in the event at Black Rock 14 miles from Gerlach. Finding positive mosquitoes in our trapping methods is typically like finding a needle in a hay stack. The 9 positive samples at one time in an area indicated a possible high infection rate. Our Program is not currently aware of any human cases in Gerlach. The one positive human case in Nevada is a neuroinvasive case in Las Vegas.

- Staff received numerous calls from the Donner Springs area, including Dodson Elementary regarding biting mosquitoes days after the final aerial application. This outbreak of adult mosquitoes is an indicator that aerial treatments are spaced too far apart. Staff advised the principal to not allow children to play outdoors on the school grounds as the species in this area are potential carriers. The same message will be provided to Pine Middle School to keep the students indoors. The soccer league that practices at DePaoli Middle School contacted our office as well and staff will provide treatment for all these areas with fogging/adulticiding. Most, if not all, of the adult mosquitoes are originating from the Bella Vista Ranch due to poor irrigation practices that allow standing water in their pastures.
- Staff was asked by the City of Reno Parks Department and Communications Director to take the lead on the public health implications concerning the toxins from the harmful algae blooms in Virginia Lake. We advised that the public and their pets should avoid all contact with the water through November and or until colder temperatures decrease the bloom of blue green algae. If contact occurs on the skin and or accidental ingesting of the water, these individuals should seek medical treatment. Symptoms normally show up within one week after exposure. If pets drink water from the water's edge the owner should contact their veterinarian.
- Staff has been busy with inspections on building projects, signing off on ten projects with the owners receiving their Certificate of Occupancy (C of O).
- Our Program is in the initial stage of working again with industry in modifying catch basin designs/standards. There are over 20,000 of these basins in the Truckee Meadows Community with the sumps holding water. As water flows down the curb of streets it is discharged to the catch basins that hold water. There is much effort to survey and control these basins which produce several species of mosquitoes that vector West Nile virus. Design efforts in the past have not met with success when collaborating with the City of Reno, City of Sparks and Washoe County. With the potential new modification design, staff will be setting up pilot projects with the entities while working with the public works staff and community development engineers to resolve any failings with the new design.

Waste Management

- At our bi-monthly meeting with Waste Management (WM), they indicated approximately 25% of customers receiving new single stream recycling containers in Reno had requested either an increase or decrease in container size. All those requests have been completed. WM is also continuing to work with Washoe County and Sparks to implement their single stream recycling programs as well.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	YTD	Avg
Child Care	6	3	7	13	10	27	25	14	105	13
Complaints	70	74	68	96	101	97	139	117	762	95
Food	499	312	452	388	475	364	288	420	3,198	400
General	63	67	118	62	383	134	190	290	1,307	163
Plan Review (Comm. Food/Pool/Spas)	14	3	4	3	14	14	4	3	55	7
Plan Review (Residential Septic)	21	29	32	39	41	47	46	39	294	37
Residential Septic Inspections	22	29	37	45	33	74	44	27	311	39
Well Permits	11	0	5	6	6	15	12	12	67	8
Waste Management	12	20	29	9	12	21	13	13	129	16
TOTAL	718	537	752	661	1,075	789	761	935	6,228	779

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



STATE OF NEVADA

Department of Conservation & Natural Resources
DIVISION OF ENVIRONMENTAL PROTECTION

Brian Sandoval, Governor
Leo M. Drozdoff, P.E., Director
Colleen Cripps, Ph.D., Administrator

August 20, 2014

Mr. Jim English, REHS, CP-FS
Environmental Health Specialist Supervisor
Waste Management/Land Development Programs
Washoe County Health District
PO Box 11130
Reno, NV 89520

RECEIVED
AUG 27 2014
Washoe County Health District
Environmental Health

Dear Mr. English:

In accordance with the Nevada Revised Statutes (NRS), the Washoe County Health District (WCHD) is the solid waste management authority for Washoe County. As such, WCHD's solid waste management program for the county is subject to periodic review by the State per NRS 444.570.1(d). This letter from the Nevada Division of Environmental Protection serves as that review. In preparation, I have examined WCHD's annual solid waste reports for 2012 and 2013.

The Washoe County Health District is to be commended for operating an efficient and effective solid waste management program. This is demonstrated by your ability to respond to over 340 solid waste complaints in each of the last two years. The data in the reports also shows that WCHD permits a diverse universe of solid waste facilities; including transfer stations, recycling and treatment centers and used tire and solid waste haulers.

WCHD's municipal solid waste recycling efforts are also successful. Your 2013 recycling rate of 36.5% significantly exceeds the state average of 25.1%

WCHD's Solid Waste Management Plan is current, having been updated in 2011. There have been no new solid waste regulations drafted since the used tire regulations in 2011. Should the Washoe County Health District draft any new solid waste regulations, please advise us early in the process. This will insure we can review and comment on them in a timely fashion.

Despite many recent staff changes, frequent communication and exchange of information between our two agencies is ongoing. I am confident that WCHD will continue to successfully perform its solid waste management responsibilities. Again, congratulations on a job well done. Please contact me at (775) 687-9478 if you have any questions.

Sincerely,

Jim Trent
Solid Waste Staff Supervisor
Nevada Bureau of Waste Management

cc: Bob Sack, WCHD
Kevin Dick, WCHD
Eric Noack, Chief-BWM
Dave Emme, Deputy Administrator-NDEP



Mosquito Spraying Continues in Washoe County Wednesday AM

Updated: Wed 8:28 AM, Sep 10, 2014

By: Pat Thomas/News Release [Email](#)



RENO, NV – The Washoe County Health District Vector-Borne Disease Prevention Program will be conducting its fifth and final scheduled mosquito abatement operation this year beginning at approximately 6AM Wednesday, September 10. Helicopter [applications](#) of Vectolex will be applied to 800 acres of wetlands in Red Hawk, Kiley Ranch, Rosewood Lakes, Butler Ranch, South Meadows and Damonte Ranch.

Health officials say the recent trappings in Gerlach that tested positive for West Nile [virus](#) are a reminder that mosquito season is not over. The Washoe County Health District Vector-Borne Diseases Prevention Program will continue surveillance via weekly trapping, identifying and delivering adult mosquitoes to the Animal Diseases Laboratory for virus testing.

Risk of being bitten by mosquitoes can be lowered with some precautions:

- Wear pants and long-sleeved shirts and apply repellent such as Deet, Picaridin, Oil of Lemon Eucalyptus, or other natural products to protect you from biting mosquitos. Two layers of repellent may be applied, one on the skin and a second on clothing.
- Repair tears in doors and window screens around [your home](#) or office, or keep them closed to keep mosquitos outside.
- Remove standing water or any objects that can trap or collect water around your property which make breeding grounds for mosquitos.
- If you have ponds, troughs or water features around your property, contact the Vector-Borne Disease Prevention Program to see if free Mosquito Fish are appropriate for use.
- If you notice increased mosquito activity, call the Vector-Borne Disease Prevention Program at (775) 785-4599 to investigate the source of the mosquitos.

Note from the health district regarding Vectolex applications: Vectolex is a biological larvacide that consists of a naturally occurring bacterium called Bacillus sphaericus. It provides selective control of mosquito larvae preventing them from becoming adults. The product is target specific, affecting mosquito larvae with no affect to humans, fish, water fowl, or other non-targeted organisms.

Burning Man warns Burners about West Nile virus

Steve Timko, RGJ 2:18 p.m. PDT September 7, 2014



Images of Burning Man participants during a dusty morning on the Black Rock Desert north of Gerlach on Aug. 29. (Photo: Andy Barron/RGJ)

16 CONNECT [6 TWEET](#)[LINKEDIN](#)COMMENTEMAILMORE

Burning Man organizers have told participants that West Nile virus was found in mosquitoes caught in traps near Gerlach just before the counterculture event began this year.

About 66,000 people attended Burning Man this year.

In its Jackrabbit Speaks newsletter that goes to more than 200,000 email addresses, organizers say that people going to or from Burning Man risk exposure to the virus.

"We have been briefed by the Nevada Health Department," said Jim Graham, special projects senior advisor for the Burning Man communications team. "We are going to give participants a heads up via our Jackrabbit Speaks newsletter. But we have no reason to believe this is a major issue since there are almost no mosquitoes on the events site."

The Washoe District Health Department said the traps were checked Aug. 22 and were sent to the state lab on Aug. 25. Results came on Tuesday, according to health department spokesman Phil Ulibarri.

The Centers for Disease Control and Prevention said 70 percent to 80 percent of the people who get the disease show no symptoms.

"About 1 in 5 people who are infected will develop a fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea, or rash. Most people with this type of West Nile virus disease recover completely, but fatigue and weakness can last for weeks or months," the CDC said.

About 1 percent of the infected people develop the most serious form of the disease, the CDC reported:

The symptoms of neurologic illness can include headache, high fever, neck stiffness, disorientation, coma, tremors, seizures, or paralysis.

People with certain medical conditions, such as cancer, diabetes, hypertension and kidney disease are also at greater risk for serious illness.

Recovery from severe disease may take several weeks or months. Some of the neurologic effects may be permanent.

About 10 percent of people who develop neurologic infection due to West Nile virus will die.

West Nile Virus-infected mosquitoes near Burning Man

Steve Timko, RGJ 8:14 a.m. PDT September 4, 2014



A field sample of mosquitoes that could carry West Nile Virus is seen at offices of the Riverside County Department of Environmental Health on April 26, 2007 in Hemet, Calif. (Photo: David McNew/Getty Images)

158 CONNECT [18 TWEET](#)[LINKEDIN](#)COMMENTEMAILMORE

Mosquito traps set near Gerlach just before the annual Burning Man counter-cultural festival have tested positive for West Nile Virus, the Washoe District Health Department reports.

The traps were checked Aug. 22 and were sent to the state lab on Aug. 25 and they got the state results on Tuesday, said health department spokesman Phil Ulibarri.

On Aug. 6, the health department announced it found the West Nile Virus in the Kiley Ranch area of Spanish Springs, the first West Nile Virus case this year in Washoe County.

The Gerlach General Improvement District will take measures this week to kill the mosquitoes, Ulibarri said.

"We decided to help them with surveillance this year," Ulibarri said. "We didn't have the funding to go out there and do abatement."

A person has tested positive for West Nile Virus in Clark County this summer. Nevada health officials have identified positive mosquito pools in Clark, Washoe, Elko and Mineral County, the county health department said. With so many pools with the virus, the state said other West Nile Virus cases are expected in humans.

The health department gives these tips to combat the virus:

- * Mosquitoes bite in the early morning and evening so it is important to wear proper clothing and repellent containing DEET, picaradin, oil of lemon eucalyptus or IR3535. Repellents keep the mosquitoes from biting you. DEET can be used safely on infants and children 2 months old and older.
- * Remove standing water from around homes. Anything that can hold even a cap-full of water can give mosquitoes the space they need to survive.
- * Make sure that your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes.
- * Vaccinate your horses for the virus.

More information: washoecounty.us/health/ehs/vbdp.html.

West Nile virus found in Washoe County

Staff report 5:52 a.m. PDT August 7, 2014



In this file photo, a mosquito is sorted according to species and gender before testing.(Photo: AP file photo)

The Washoe County Health District said it has confirmed that mosquitoes in a small pool of water in the Spanish Springs/Kiley Ranch area have tested positive for West Nile virus.

This marks the first positive identification of West Nile virus in Washoe County this year, the health district said in a news release Wednesday night.

As a result of the West Nile identification, the health district said it would increase mosquito surveillance and conduct controlled early-morning fogging in the Henry Orr Parkway, Turnberry Drive and Vista del Rancho area, beginning at 5:30 a.m. Thursday.

"We should not be surprised to see West Nile virus in the area," Washoe County District Health Officer Kevin Dick in the news release. "According to our Vector Borne Disease Prevention Program staff, increased standing water in the area due to the recent rains over the last month has created a prime habitat for the mosquitoes that can carry transmittable disease." West Nile usually surfaces in Northern Nevada at this time of year, Dick said. "...This is a reminder to all of us that we need to take precautions to keep the mosquitoes at bay and bites to a minimum," he said.

Dick said that to reduce contact with mosquitoes and mosquito bites, people should remember to clear standing water from around their homes. "Any area can become a problem and a potential breeding-ground, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls," he said. "Anything that can hold even a capful of water can give mosquitoes the space they need to survive."

The health district says: Mosquitoes bite in the early morning and evening so it is important to wear proper clothing and repellent containing DEET, picaridin, oil of lemon eucalyptus or IR3535 according to label instructions.

Repellents keep the mosquitoes from biting you. DEET can be used safely on infants and children 2 months of age and older.

Make sure that your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes; and,

Horse owners should vaccinate their horses for West Nile virus

The health district monitors for mosquitoes carrying diseases and in early June confirmed that St. Louise encephalitis had been identified in the Sun Valley area, the statement said. Until now, that had been the only sign of any virus present in the local mosquito population, the district said.

Six facts about the West Nile Virus

Bridget Meade, Health Source writer 4:17 p.m. PDT August 25, 2014

[The recent rainfall in Northern Nevada makes excellent conditions for mosquitoes but increases the risk for contracting West Nile Virus. Get information on the virus, it's symptoms and who is at risk.](#)



West Nile virus is an arbovirus most commonly spread by mosquitoes. It can cause fevers, brain swelling, or meningitis (swelling of the lining of the brain and spinal cord). (Photo: Henrik_L Getty Images/iStockphoto)

Most mosquito bites are only an itchy nuisance but with a confirmed West Nile Virus case reported a few weeks ago, that bug bite may have severe consequences. Here is what you need to know:

What is West Nile Virus?

West Nile virus is an arbovirus most commonly spread by mosquitoes. It can cause fevers, brain swelling, or meningitis (swelling of the lining of the brain and spinal cord). While the first North American confirmed case was in 1999, it has been documented in Europe and the Middle East, Africa, India, parts of Asia, and Australia. Since 1999, the virus has spread across the continental United States and Canada.

How do mosquitoes become infected?

Mosquitoes are infected with the West Nile Virus when they feed on infected birds. They then pass it on to humans and other animals.

Who is at risk?

Anyone who lives in affected areas can be infected. The virus has been confirmed in all lower 48 states with people who spend a significant amount of time outdoors being at greater risk.

West Nile Virus symptoms

- No symptoms. According to the CDC, 70-80 percent of people who are infected with the West Nile Virus do not develop symptoms.
- Fever. One in 5 people will develop a fever. This can be accompanied by a rash, headaches, body aches, joint pain, and vomiting. While most recover from the symptoms, fatigue and weakness can last for months.
- Neurological illness. The chances on developing a neurological illness such as encephalitis or meningitis are less than 1%. Symptoms include neck stiffness, head ache, high fever, disorientation, coma, and tremors. Those over 60 or people with medical conditions such as cancer, diabetes, hypertension, and kidney disease are at greater risk for developing a neurological illness from West Nile Virus.

When do West Nile symptoms appear?

After being bitten by an infected mosquito, the incubation period is 2 to 6 days but can range 2 to 14 days. This may vary for people with compromised immune systems.

Update on Toxic Water at Virginia Lake

Updated: Tue 4:38 PM, Sep 09, 2014

By: Paul Harris [Email](#)

RENO, NV-- The ongoing drought has caused an algae bloom creating toxic conditions at Virginia Lake. According to health officials the lake will not be [safe](#) for pets or humans until the spring thaw of 2015.

The City of Reno has proposed a three-phase plan which includes removing the island to help return the lake to its natural balance.

"If we can get the island out. Bring it down to a level that allows circulation even in low flow conditions and then we bring in aeration system. That is sort of the logical system of steps that we have lined up," said Lynell Garfield, hydrologist with the City of Reno.

Phase one is scheduled to begin in late October at an estimated cost of \$64,000. Phase two and three do not have not secured [funding](#) as of yet but officials said the goal is to have the entire project completed by 2016.

Public urged to avoid Reno's Virginia Lake

September 7, 2014

RENO, Nev. (AP) — The city of Reno is urging the public to avoid contact with Virginia Lake, saying its water is contaminated as a result of an algae bloom.

Caution signs are being posted around the lake, which is popular with walkers, joggers and dog owners.

City officials say the drought, the lake's low water level and high phosphorous levels have combined to create ideal conditions for the algae bloom.

They say the presence of the algae promotes the growth of a class of toxins known as microcystins, and levels of it have been found in concentrations sufficient to pose a health risk to people as well as fish, birds and mammals, especially when ingested.

The public also is being urged to keep dogs away from the lake's waters.

People and Pets Advised to Use Caution Around Virginia Lake

Posted: Sat 11:43 PM, Sep 06, 2014

By: Pat Thomas/News Release

RENO, NV - The City of Reno has been notified by the **Washoe County Health District** that people and domestic animals should avoid all contact with the water of Virginia Lake until further notice. As KOLO 8 News Now has reported, the lake water is contaminated as a result of the algae bloom.

City of Reno Parks and Recreation staff is working with Washoe County Health District staff to post caution signs around the perimeter of Virginia Lake.

The combined drought-induced low-water condition, high phosphorus levels, and extremely low flow/circulation has created ideal conditions for the blue-green algae bloom. The presence of the algae promotes the growth of a [class](#) of toxins known as microcystins (also known as cyanobacteria/cyanotoxins).

The levels of the toxin were found to be in concentrations of concern for the public's health, as well as for fish, birds, and mammals, especially when ingested.

"Due to the drought and the low level of the water in the Truckee River, the water can't physically enter into Cochran Ditch, so we are unable to bring water in and properly circulate Virginia Lake," Reno Hydrologist Lynell Garfield says. Signs will be posted at Virginia Lake in English and Spanish advising the public of this information. In addition, this information will be posted on the city of Reno's website and social media. The [alert](#) includes the prohibition of fishing, eating of waterfowl, consumption of water, swimming, or permitting domesticated dogs to access the water.

For detailed information about the water toxins in Virginia Lake, visit the United States Environmental [Protection](#) Agency website.

A Public Information Meeting regarding the Virginia Lake Water Quality Improvement Project is scheduled for Thursday, September 18. The meeting will be held at Swill Coffee & Wine (3366 Lakeside Drive) from 5:30 to 7 p.m.



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS



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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: September 25, 2014

DATE: September 16, 2014
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Public Health Preparedness, Emergency Medical Services, and Vital Records

Communicable Disease (CD) -

Pertussis - CD staff have continued investigating pertussis cases. During the past 30 days, 6 more cases were investigated. To date, 47 cases have been reported and investigated in 2014. By comparison 22 cases were reported for the whole year in 2013.

Outbreaks - CD staff investigated three suspected outbreaks of Hand, Foot, & Mouth Diseases in three day care facilities. Outbreaks for two of three facilities were over and one was not closed. Two gastroenteritis outbreaks were reported and investigations are ongoing. One was in middle school and one was in elementary school.

Publications - A manuscript on the hepatitis A outbreak associated with frozen berries was just published in The Lancet Infectious Diseases on September 4th, 2014. Representing WCHD, Sr. Epidemiologist, Dr. Lei Chen is one of contributors from multiple states. The Lancet is a well-respected and well-received peer-reviewed journal in the medical field.

Ebola - CD staff is attending the Regional Ebola Working Group meetings on a regular basis in an effort to have a better preparedness for Ebola Virus Disease (EVD) and to provide assistance for Northern Nevada International Center.

Enterovirus D68 – Although no cases have been reported locally, the Nevada Division of Emergency Management requested information about this illness which has been in the news recently and caused outbreaks in other parts of the country. CD staff prepared a two-page informational sheet in response and will utilize this locally as needed. Enterovirus D68 (EV-D68) is one of many non-polio enteroviruses. It is thought to occur less commonly than infections with other enteroviruses. It was first identified in California in 1962 but has been rarely reported in the United States over the last 40 years.

In mid-August, the CDC received reports of an increased number of cases of severe respiratory illness in children in Missouri and Illinois caused by EV-D68. As of September 8, several other states were investigating clusters of children with severe respiratory illness, possibly due to EV-D68.

Public Health Preparedness (PHP) –

Staff participated in the kick off meeting for the Washoe County Hazard Mitigation Plan with Emergency Management. PHP staff will be updating and revision the Health portions of this plan as part of the FEMA mandated five year update.

The State of Nevada PHP team convened the first meeting for Jurisdictional Risk Assessment (JRA) Planning with each of the Local Health Districts. The planning began with discussion of the best JRA assessment tool to capture the needed information. This JRA is a grant requirement for local and State health departments. Next steps are to review a JRA tool created by the Texas Department of Health.

The WCHD's Medical Reserve Corps Volunteer Program (MRC) finalized an MOU with Saint Mary's Regional Medical Center (SMRMC). The MOU specifies how WCHD's MRC volunteers will prepare and respond to an event or emergency situation that would result in a medical "surge" of patients admitted to SMRMC. This is the first and only MOU that exist in Nevada between an MRC unit and a Hospital.

The PHP Program is coordinating a full-scale pandemic influenza exercise at the Reno Sparks Livestock Event Center on October 9, 2014. Participating organizations include: Amateur Radio Emergency Services; City of Reno on behalf of Reno Fire Department and Reno Police Department; City of Sparks on behalf of Sparks Fire Department; Community Emergency Response Team; Immunize Nevada; Northern Nevada Medical Center; Reno Sparks Livestock Event Center; Renown Medical Group; Saint Mary's Regional Medical Center; and Truckee Meadows Fire Protection District; University of Nevada, Reno. Five hundred doses of seasonal influenza vaccine will be provided to UNR students who will drive through POD operations to learn how the Washoe County Health District and community partners would respond to a large scale public health emergency.

PHP Staff attended Northern Nevada Access and Functional Needs Workgroup meeting, which Christina Conti is the co-founder and co-chair of. The workgroup meetings quarterly and recently finalized the Access & Functional Needs Toolkit that was given to regional emergency managers to help them with response and recovery documents relating to citizens with specialized needs.

The MOU for the "Active-Assailant" Go-Kits was finally approved and has been given to regional hospitals for signature and go-kit delivery. These kits are a part of a state-wide effort to ensure healthcare facilities have the means to respond to an active-assailant situation if they were not in the emergency department and had to shelter-in-place.

Emergency Medical Services (EMS) –

The Inter Local Agreement (ILA) for EMS Oversight was approved by the Board of Fire Commissioners on Tuesday, August 26. EMS staff is now working on the structure of the EMS oversight program, specifically data procedures.

The initial interviews for the EMS Program Manger have been completed and the second round of interviews will be scheduled for later this month. It is anticipated that the EMS Program Manager will start in October; one of the first tasks will be hiring the part-time EMS Coordinator, whose primary responsibility will be data analysis.

As mentioned last month, EMS staff created an Improvement Plan based off experiences from the full-scale Broken Wing exercise in May 2014. All thirteen areas for improved have either been completed, or are currently in progress. Some highlights of projects include a small logistics drill with REMSA dispatch, regional hospitals and the WCHD, and the creation of a Family Assistance Center (FAC) Annex to the Multi-Casualty Incident Plan.

There is an After Action meeting schedule on Friday, September 12 with all the community stakeholders to debrief the Discovery Museum MCI that occurred on September 3, 2014. All partners will have an opportunity to discuss any successes and/or shortfalls and then WCHD EMS staff will write an AAR/IP.

Vital Records –

A new full-time staff member has been added to the Vital Records office. This now allows customers to obtain service at the window five days per week while still maintaining existing service levels for online and mail-in customers.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER

**Public Health**
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DISTRICT HEALTH OFFICER STAFF REPORT

BOARD MEETING DATE: September 25, 2014

DATE: September 17, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report - REMSA/EMS, Permit Software Project, Community Health Needs Assessment, New Employee Orientation, Robert Wood Johnson Foundation Grant, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts.

REMSA / EMS

The Regional EMS Interlocal Agreement was approved during the August 26, 2014 Truckee Meadows Fire Protection District Board meeting. They are the final signatory to the agreement. Recruitment has begun to fill the two EMS Program staff; interviews were conducted during the week of September 15-19. Recruitment of potential candidates for appointment to the EMS Advisory Board is underway. (Fundamental Review Item 16).

Permit Software Project

September 2nd marked the official kick-off of the Regional License & Permits Software Project with over 100 staff members from the Cities of Reno and Sparks, Washoe County, and the Health District gathering at the Reno City Council Chambers. As a demonstration of the management support for the project, the assembly was addressed by each of the jurisdictions Project Sponsors which included Mr. Andrew Clinger (Reno City Manager), Mr. Steve Driscoll (Sparks City Manager), Mr. John Slaughter (County Manager), and Bob Sack (Acting Health Officer). Each of the sponsors expressed their commitment to the successful completion of the regional project and their appreciation for the efforts staff have put into the project to date and their upcoming efforts.

The Health District Staff from Air Quality Management (AQM) and Environmental Health Services (EHS) completed the collection of the required information enabling Washoe County Information Technologies (IT) to create each of the Division portfolio's allowing the Accela staff to review existing processes prior to the initial analysis sessions scheduled for September 23rd. It is worth noting that IT was responsible for scheduling the initial analysis sessions to review the Top 5 Record Types for each permit category including business license, building, planning, engineering, code enforcement, and health. Upon review of the portfolios from each of the departments/divisions, IT made the decision to schedule the Health District analysis sessions first because AQM and EHS had the most complete portfolios and were the most prepared to proceed. This selection illustrates the dedication of the Health District staff to the successful completion and implementation of the Regional Accela Project. (Fundamental Review Item 7). (Fundamental Review Item 7)

Community Health Needs Assessment

Work continues on the Community Health Needs Assessment (CHNA) through the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin.

I provided updates on the CHNA at the REMSA Innovation Grant Program update event on September 16, the Healthy Living Forum on September 18, and the Regional Jobs Network meeting on September 18.

Ms. Kerwin's work is directed through a Community Health Need Assessment Subcommittee of the Truckee Meadows Healthy Communities Conference Planning Committee. The subcommittee meets biweekly and updates to the planning committee are provided on a monthly basis. The CHNA is expected to be completed by the end of December 2014. (Fundamental Review Item 14)

New Employee Orientation

A new employee orientation for Health District staff was held on September 15. The orientation is a new element of staff training to provide staff a better understanding of the variety of programs and services provided through the Health District, the structure and governance of the District, the direction of the District, and the support services provided through Administrative Health Services Division. The orientation was also developed to allow staff to engage with other new employees across the District, and to assist in breaking down silos which may develop around the Division structure. The orientation is planned to be provided on a quarterly basis.

Robert Wood Johnson Foundation Grant

Program Leads Randall Todd and John Packham will be visiting with each of the jurisdictions during a rural tour October 6-8. They will discuss the individual counties desired public health goals, the results of the surveys conducted earlier in the project, and the health dashboards that were created to provide graphical representations of the health status of the citizens of each county.

A Site Review is scheduled for December 8-10. RWJ Foundation Center members and other project participants will come to Reno to attend an all-day conference on December 9. Attendees of the conference will include program staff, Nevada State Health officials, Commissioners and Health officials from the seven subject counties. The main topic will be to assist the development of the County's Health Board's institutional capacity and increase their understanding of public health services and roles, and public health needs. The group will attend a Churchill County District Board of Health meeting which will educate participants in the process, roles and possibilities associated with having a standing District Board of Health.

Fundamental Review

A grant proposal was developed and submitted to NACCHO seeking funding for additional training and support from the Public Health Foundation to support the development of a performance management system for the Health District.

Work is underway on the cost/benefit analysis of Administrative Health Services.

A current dashboard of the Fundamental Review recommendations implementation is attached.

Staffing

A. New Hires –

1. Alexandria Johnson - Public Service Intern – AQM 8/25/14
2. Lona Cavallera – Intermittent Hourly Health Educator II – CCHS (tobacco program) 9/8/14
3. Mary Clauson – OA II – EPHP (Vitals) 9/8/14
4. Brantley Hancock – Department System Specialist – AHS 9/8/14

Other Events and Activities

I met with the Division Directors on September 17. I conduct individual meetings with the Division Directors, Communication Manager, and QI Coordinator on a bi-weekly schedule.

I attended the REMSA Community Health Programs Update on September 16, and provided welcoming remarks.

I attended the Healthy Living Forum at UNR on September 18, and provided welcoming remarks.

I attended the Regional Jobs Network meeting on September 18 with Phyllis Freyer, V.P. Renown Health to provide a presentation on the Community Health Needs Assessment project and the upcoming Truckee Meadows Healthy Communities Conference.

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. The DOE grant to the Nevada Office of Energy has concluded.

Health District Media Contacts: August 23 - September 16, 2014

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
9/16/2014	Capitol Public Radio - 90.5 FM Sacramento	Ed Joyce	King Fire - Inouye
9/16/2014	UNIVISION	Ivet Contreras	King Fire - Inouye
9/16/2014	KTVN CH2 - CBS Reno	Landon Miller	King Fire - Inouye
9/15/2014	Reno Gazette - Journal	Marcella Corona	King Fire - Inouye
9/15/2014	KOLO CH8 - ABC Reno	Paul Harris	King Fire - Inouye
9/15/2014	Sparks Tribune	Andrea Landis	King Fire - Inouye
9/15/2014	KRNV CH4 - NBC Reno	Ryan Kern	King Fire - Inouye
9/9/2014	KUNR 88.7 FM Radio - NPR Reno	Michelle Bliss	Wild Fire Smoke - Inouye
9/8/2014	San Francisco Weekly	Rachel Swan	West Nile in Black Rock City - Ulibarri
9/8/2014	Centers for Disease Control and Prevention	Christen Nordwin	West Nile Burning Man Story in Huffington Post
9/8/2014	UNIVISION	Laura Calzada	Blue green algae and cyanotoxins - Shaffer/Ulibarri
9/8/2014	KRNV CH4 - NBC Reno	Van Tieu	Blue green algae and cyanotoxins - Shaffer/Ulibarri
9/8/2014	KTVN CH2 - CBS Reno	Jennifer Burton	Blue green algae and cyanotoxins - Shaffer/Ulibarri
9/8/2014	KOLO CH8 - ABC Reno	Paul Harris	Blue green algae and cyanotoxins - Shaffer/Ulibarri
9/5/2014	Capitol Public Radio - 90.5 FM Sacramento	Ky Plaskon	Blue green algae and cyanotoxins - Shaffer/Ulibarri
9/4/2014	Huffington Post	Pricilla Frank	West Nile in Black Rock City - Ulibarri
9/4/2014	KRNV CH4 - NBC Reno	Jaime Hayden	West Nile in Gerlach - Ulibarri/Shaffer
9/4/2014	Reno Gazette - Journal	Steve Timko	West Nile in Gerlach - Ulibarri
9/2/2014	KOLO CH8 - ABC Reno	Terri Russell	West Nile in Gerlach - Ulibarri
8/29/2014	KRNV CH4 - NBC Reno	Terri Hendri	Gastro intestinal outbreak - Ulibarri
8/23/2014	KLAS CH8 - CBS Las Vegas	Glen Meek	Classic Car Smog Regulations - Inouye

Press Releases/Media Advisories/Editorials

9/9/2014	Press Release	PIO Ulibarri	Mosquito Abatement continued in September
9/3/2014	Press Release	PIO Ulibarri	Positive West Nile Virus in Gerlach
8/28/2014	Talking Points for Interviews	PIO Ulibarri	Ebola Key Messages and CDC Information
8/28/2014	Press Release	PIO Ulibarri	EMS Interlocal Agreement Finalized



WASHOE COUNTY HEALTH DISTRICT



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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
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 9/25/14
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established.
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established. Consider opportunities and costs for weekend clinical services
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service began July 1, 2014
	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.	ILA and contract with Accela signed. 16-month implementation

Fundamental Review Recommendation Status

	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer was established on July 1, 2014
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is underway.
	10	Perform cost analysis of all programs
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot will commence in August.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	The CHA is being conducted.
	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.	Franchise Agreement approved, EMS Oversight ILA approved by all agencies.
	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. Cross-Divisional Q-Team established and Divisional QI projects conducted.
	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
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health