

## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING NOTICE AND AGENDA

### Members

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, December 17, 2015  
1:00 p.m.

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

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### PUBLIC HEARING ITEMS SCHEDULED ON THIS AGENDA

(Complete item descriptions on second page.)

- **Proposed Adoption of Revisions to the Health District Fee Schedule**

**Items for Possible Action.** 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.

**1:00 p.m.**

**1. \*Roll Call and Determination of Quorum**

**2. \*Pledge of Allegiance**

**3. \*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**4. Approval of Agenda**

December 17, 2015

**5. Approval of Draft Minutes**

November 19, 2015

**6. Recognitions**

A. Years of Service

1. Christina Conti Rodriguez, 10 years, 12/5/05 through 12/5/15 – EPHP
2. Julie Hunter, 10 years, 12/27/05 through 12/17/15 – AQM

B. Departures

1. Mark Wickman, 10 ½ years, June 13, 2005 to December 4, 2015 – EHS

C. Congratulations

1. Dr. John Novak elected to the National Association of Local Boards of Health, Board of Directors effective January 1, 2016.

**7. Proclamation**

1. National Radon Action Month  
Accepted by Susan Howe and Frankie Vigil of the University of Nevada Cooperative Extension

**8. Consent Items**

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. Budget Amendments/Interlocal Agreements

1. Approval of Award from the Association of Food and Drug Officials (AFDO) for total funding of \$2,500 for the period January 4, 2016 through September 16, 2016 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards, IO TBD; approve amendments totaling an increase of \$2,273 to the Retail Program Standards Grant, IO TBD  
Staff Representative: Erin Dixon
2. Retroactive approval of Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health, for the period November 1, 2015 through June 30, 2015 in the total amount of \$56,382 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO TBA; Approve amendments totaling an increase of \$53,140 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO TBA  
Staff Representative: Erin Dixon
3. Approval amendments totaling an increase of \$24,005 in both revenue and expense to the FY 16 ASPR Public Health Preparedness – Carryover Federal Grant Program, IO TBA  
Staff Representative: Erin Dixon

- B. Possible Approval of 2016 Washoe County District Board of Health Meeting Calendar  
Staff Representative: Kevin Dick

**9. PUBLIC HEARING – Discussion and proposed adoption of revisions to the Health Department Fee Schedule, specific to Air Quality Management and Environmental Health Services, (Development Review, Construction Plan Review, Food Service Establishment Permits, Temporary Foods/Special Events Permits, Permitted Facilities, Variances, Waste Management, Miscellaneous, Vector Fees, Underground Storage Tanks), as may be determined by the District Board of Health, with collection beginning on or after February 1, 2016**

Staff Representative: Erin Dixon

**10. Regional Emergency Medical Services Authority**

Presented by Jim Gubbels

- A. Review and Acceptance of the REMSA Operations Reports for October, 2015
- \*B. Update of REMSA’s Community Activities during October, 2015

**11. Acknowledge receipt of the Health District Fund Financial Review for November Fiscal Year 2016**

Staff Representative: Anna Heenan



**12. Discussion, acknowledge and possible direction to staff on the Phase Two and Three Cost Analysis for the Health District – Fundamental Review Recommendation #10**

Staff Representative: Anna Heenan

**13. \*Staff Reports and Program Updates**

**A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

**B. Community and Clinical Health Services, Steve Kutz, Director**

Divisional Update, Program Reports

**C. Environmental Health Services, Bob Sack, Director**

EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease and EHS Inspections / Permits / Plan Review

**D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director**

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

**E. Office of the District Health Officer, Kevin Dick, District Health Officer**

Community Health Improvement Plan, Truckee Meadows Healthy Communities, Health District Interlocal Agreement, Other Events and Activities and Health District Media Contacts

**14. \*Board Comment**

Limited to announcements or issues for future agendas.

**15. Emergency Items**

**16. \*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**17. Adjournment**

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**Possible Changes to Agenda Order and Timing.** 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 agenda.

**Special Accommodations.** 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.

**Public Comment.** During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

**Response to Public Comment.** 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.”

**Posting of Agenda; Location of Website.**

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

Washoe County Main Library, 301 S. Center St., Reno, NV  
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](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

**How to Get Copies of Agenda and Support Materials.** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> 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](mailto:dspinola@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Members

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, November 19, 2015  
1:00 p.m.

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

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1:00 p.m.

1. \*Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair  
Julia Ratti, Vice Chair (arrived at 1:32 p.m.)  
Dr. George Hess  
Dr. John Novak  
Mike Brown (attended 1:00 p.m. - 1:34 p.m. via telephone)

Members absent: David Silverman  
Neoma Jardon

**Ms. Spinola verified a quorum was present.**

Chair Jung announced the item regarding the Business Impact Statements for proposed fees would not be opened until Councilmember Ratti arrived

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Anna Heenan, Administrative Health Services Officer, AHS  
Charlene Albee, Division Director, AQM  
Steve Kutz, Division Director, CCHS  
Randall Todd, Division Director, EPHP  
Bob Sack, Division Director, EHS  
Christina Conti, EMS Program Manager, EPHP  
Erin Dixon, Fiscal Compliance Officer, AHS  
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. \*Pledge of Allegiance

**Audience member J.P. Pinocchio led the pledge to the flag.**

3. \*Public Comment

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

4. Approval of Agenda

November 19, 2015

**Dr. Hess moved to approve the agenda for the November 19, 2015, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved four in favor and none against.**

5. Approval of Draft Minutes

October 22, 2015

**Dr. Novak moved to approve the minutes of the October 22, 2015 District Board of Health regular meeting as written. Dr. Hess seconded the motion which was approved four in favor and none against.**

6. Recognitions

A. Years of Service

1. Heather Holmstadt, 5 years, 11/8/10 through 11/8/15 – EPHP

Ms. Holmstadt was not in attendance.

B. Retirements

1. Rebecca Koster, 15 years, 1/10/00 through 11/30/15 – CCHS

Mr. Dick thanked Ms. Koster for her service and presented her with a commemorative clock.

Mr. Dick recognized the four Public Health Associates currently working with the Health District to gain experience and assist staff. He introduced Julie Baskin, Pita Gomez, Rudy Perez, and Tai Osunlalu.

7. Consent Items

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. Budget Amendments/Interlocal Agreements

1. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$647,090 (with \$64,709 or 10% match) for the budget period July 1, 2015 through June 30, 2016 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

2. Approve Notice of Subgrant Award for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System; Approve amendments totaling an increase of \$2,815 in both revenue and expense to the FY16 CDC ELC Grant Program, IO 10984; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

3. Approve the abolishment of one vacant Permanent Part-time (.55FTE) Benefitted Advanced Practitioner of Nursing position (PC# 70002192); Approve Notice of Grant Award dated September 3, 2015 from the Department of Health and Human Services Public Health Service for the period June 30, 2015 through June 30, 2016 in the amount of \$938,780 (\$799,800 federal share and \$138,980 non-federal share) in support of the Family Planning Program Grant (IO-10025).

Staff Representative: Patsy Buxton

B. Air Quality Management Cases

Staff Representative: Charlene Albee

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

- a. Loverde Builders Case No. 1176, Notice of Violation No. 5464 to Uphold the Recommendation of the Hearing Board to Dismiss the Citation

C. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 16

Staff Representative: Laurie Griffey

**Dr. Novak moved to accept the Consent Agenda as presented. Dr. Hess seconded the motion which was approved four in favor and none against.**

8. PUBLIC HEARING: Proposed approval and adoption of a revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, collection to commence once the Accela Regional License & Permit platform is available for public use.

Staff Representative: Charlene Albee

Chair Jung opened the public hearing. She noted she had viewed Ms. Albee's interview on Nevada Newsmakers and congratulated her on her performance.

Ms. Albee presented the staff report. She stated the proposed fee would be four percent of the price of a license and/or permit and the funds will support the new software system. The system itself has a built-in annual review, to assure that the costs being recovered are not in excess of actual costs. As the capital expenditures are recovered, the fees will be reduced proportionately.

Ms. Albee noted the Business Impact Statement had been presented to the Board in October, and since then, a letter of comment had been received from The Chamber. Chamber Representative Tray Abney had written that they were in support of the fee as it will help to provide a service that local businesses have been requesting for some time, which was to have access to more online services. The Chamber requested the fee not be charged until the system goes live. Ms. Albee explained that was built into the system, so the fees could not be collected until then. The Chamber also requested an annual review, which had been addressed earlier.

Mr. Dick noted the Chamber had requested their letter be submitted for the record and each of the Board members had received a copy.

Dr. Novak asked Ms. Albee to remind him what the total implementation fees were. She explained that Washoe County Tech Services paid for the initial capital investment. The Health District's first year annual subscription fee was \$58,081.

Chair Jung called for public comment and received no response.

**Dr. Novak moved to approve and adopt the revision to the Health District fee schedule**

**for regional technology fees. Dr Hess seconded the motion.**

Cheryl Huett asked if the technology fee affected the fees that were to be discussed in the next item. Chair Jung stated she would clarify during the discussion portion of the deliberation.

Chair Jung explained the fee was completely different than the one to be discussed in the next meeting item. Dr. Hess opined the fees that would be heard next month would have a four percent technology fee added to them. Chair Jung noted he was correct.

Chair Jung closed the public hearing.

**The motion was approved four in favor and none against.**

Chair Jung reiterated Item 9 would not be heard until Councilwoman Ratti arrived, and her estimated time of arrival was 1:30 p.m.

10. \*Regional Emergency Medical Services Authority Presentation:  
Community Health Programs Preliminary Outcomes  
Representative: Brenda Staffan

Ms. Staffan presented the information to the Board along with a handout that provided a broader overview. She stated citizens from three zip codes in the area utilized the system most often.

Dr. Novak noted REMSA had one more year on the initial grant and asked if it was renewable. Ms. Staffan stated it was not. The goal at the outset was to make the program sustainable, so they would be working with the payers to achieve that.

Chair Jung asked if the grant covered the County or the State. Ms. Staffan stated the grant was intended to cover Washoe County, and there had been a successful campaign to get the word out about the Nurse Health Line. Calls were being received from all of the rural counties in Northern Nevada, and have started to come in from Southern Nevada. Ms. Staffan opined it was a testament to how important the service was.

Chair Jung asked if one of the three zip codes noted earlier was 89502, corresponding with the Community Health Improvement project, and Ms. Staffan stated it was. She listed the five zip codes that utilized that service the most often and noted 89502 was one area that had been targeted during initial outreach.

Chair Jung noted Ms. Staffan had explained the money saved would be reinvested in the program to keep it sustainable, and asked how much it would cost and where it would come from. Ms. Staffan explained that savings are generated by helping patients access care in a more efficient way. The healthcare insurers are the ones who save, with Medicaid saving the most. REMSA is working with Medicaid to reinvest the savings so the programs can continue.

Ms. Staffan noted the primary care capacity in the community was expanding and that will help to generate more savings.

Chair Jung noted the standard REMSA report would not be heard due to the compressed meeting time frame caused by the holidays. They would resume next month.

11. Acknowledge receipt of the Health District Fund Financial Review for October Fiscal Year 2016  
Staff Representative: Anna Heenan

Ms. Heenan presented the staff report. She stated revenues were up and expenses were also up due to payouts to employees agreed to during labor negotiations and to the first payment for



the maintenance fee of the new Accela software system. If those had not occurred, expenditures would be down, as efforts have been made to be conservative.

Dr. Hess asked if the amount coming from the General Fund was variable. Ms. Heenan explained the full amount was established in the County budget and cannot be taken away for that fiscal year. It can be negotiated for the following year. Dr. Hess asked Ms. Heenan if she anticipated the number would be approximately the same for the next fiscal year. She explained it depended on the subsidy for the costs for the services shared with the County. It was anticipated the Health District would be encouraged to find a way to cover those costs to eventually move away from the subsidy.

[Vice Chair Ratti arrived at 1:32 p.m.]

Chair Jung noted that Vice Chair Ratti had arrived and requested Chief Brown remain on the line through the vote to acknowledge receipt of the report. She expressed the Board's gratitude that he could call in and assist in allowing the meeting to progress.

[Chief Brown disconnected the call at 1:34 p.m.]

**Dr. Novak moved to accept the report as presented. Chair Jung seconded the motion which was approved four in favor and none against.**

9. Review, discussion and approval of Business Impact Statements regarding Washoe County Health District Air Quality Management and Environmental Health Proposed Fees, with a finding that the proposed Air Quality Management and Environmental Health fees do not impose a direct and significant economic burden on a business, and do not directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of Proposed Fees for December 17, 2015 at 1:00 pm.

Staff Representative: Erin Dixon

Chair Jung reminded the Board that the intent of the item was to evaluate the Business Impact Statements (BIS) for the proposed fees, it was not the time to discuss adoption, amendment or phasing of the fees, as that will occur at the December meeting. She explained to the audience their comments were welcome at both meetings.

Ms. Dixon presented the staff report. She noted additional comments had been received and distributed to the Board members for review. Fee compilation methodology had expanded to include not only staff time, but also operating expenses and indirect costs. It did not include cost recovery for activities and supplies considered necessary for public health outreach and safety not tied to a specific permit type. She went on to provide a listing of changes that had been made to some specific fees.

Ms. Dixon explained that extensive public notice had been provided, to include 5,154 postcards, two public workshops and individual meetings with business groups had been held, and the topic had been covered through various media outlets a total of 28 times. Community feedback included the challenge to business with increases at this time as multiple agencies were raising fees, expectation that the General Fund continue to support the permitting process, and that overall the changes made sense, but were still unwelcome.

J.P. Pinocchio expressed concern regarding the amount the fees were being raised. He acknowledged the importance of the role of the Health District in the community. He pointed out the Special Event permit fees would be increasing by 180 percent. He did not feel that was competitive with other jurisdictions, and noted that in some cases that was partly due to different practices for the same service. He opined special events were important to the community.

Roberta Hudson stated she supported everything Mr. Pinocchio said, and listed the different types of permits her business was required to obtain from the County. She opined there were areas of potential revenue that were being missed, such as a Cottage Food booth passing out samples with no permit. She noted Vendors were not required to post health permits in view of the public when at special events, and suggested that should be implemented to make inspections easier for staff. She also suggested color coding the permits.

Fausta Apambire stated she supported the comments of the previous speakers. She opined the increase would cause some businesses to have to close, defeating the purpose of increasing the fees in the first place. She noted she was unclear as to how the Health District was able to operate previously with the lower fee percentages and why the fees were suddenly being substantially increased. She urged a reduction in the level of increase for the sake of benefitting the businesses and ultimately the Health District.

Kathleen Cooke opined the noticing methodology was not effective, and suggested that none of the childcare facility owners were aware that the topic was being addressed and heard by the Board. She noted the fee increases would impact the parents of the children who utilized the facilities. She understood the need to raise fees and stated she hoped there could be a compromise. She pointed out other fees were increasing as well, adding pressure to the business owners.

Lea Tauchen, Retail Association of Nevada, explained they were a statewide trade association representing many different types of businesses in Washoe County, so they appreciate the uniform cost methodology used for analysis. She stated they appreciate the outreach efforts made. The Association is concerned that the increases are significant and businesses are still recovering from the recession. She reiterated there was a substantial list of fees that were increasing, which have to be absorbed or passed along.

Brian Reeder, Nevada Chapter Associated General Contractors (AGC), stated they represented more than 250 members throughout the local construction industry. They also appreciate the methodology and outreach efforts, but feel the timing is bad because of the other tax increases. He noted the new fees would increase the cost of construction. He requested they be implemented in annual increments.

Teri Bath reiterated Washoe County was a special events community and the fees would hurt the events and vendors, particularly the smaller businesses. She also reiterated that the Cottage Food vendors do not obtain the proper permits, which hurts the vendors who do.

Cheryl Huett stated she agreed with most of what had been said. She opined the consumers were not aware of the increases, which they would ultimately pay for. She suggested the fees be tiered in over several years.

Jay Rathmann opined that if the increases were levied all at once, it would be hard on businesses, particularly with the other increases that were occurring. He did not understand why it was happening so abruptly and the increases were so steep in some areas.

Chair Jung closed the public hearing.

Dr. Hess noted a comment made regarding the dust control fee being on a per acre per hour basis. He stated he agreed with approximately 90% of what had been said by the speakers. He asked if the fee was correct and requested an explanation of how it had been set at \$120 per acre. He opined the fees for a 10-acre parcel should not be 10 times as much as the fees for a one-acre parcel.

Ms. Albee explained it was a per-acre charge and covered 18 months. She pointed out a one-acre parcel had a much smaller potential for emissions in the form of dust than a 100-acre parcel. Depending on conditions, the inspectors will need to conduct more routine surveys and respond to more complaints. The per-acre fee is based on the number of hours inspectors typically spend monitoring the project. Dr. Hess asked if the costs could be documented. Ms. Albee noted a recent enforcement case on a 300-acre parcel resulting in a \$10,000 fine due to the hundreds of hours of staff time required to address it. She stated all inspections were documented. Dr. Hess requested an email showing the fee breakout. He opined that even if that level of oversight did cost the County that amount of money, it was necessary to review the impact on the businesses and potentially consider lowering the proposed amount.

Chair Jung asked if the fees charged by the surrounding counties had been used for comparison purposes. Ms. Dixon stated they had. She had looked at Carson City, Las Vegas, Sacramento and Boise. In some cases Washoe County was higher, in some cases, lower. Chair Jung requested that be included in the next staff report so it was a part of public record.

Chair Jung asked if the inspectors were proactive in terms of making sure all vendors who require permits have them. Mr. Sack explained staff is authorized and directed to address unpermitted activity. That typically involves shutting down the offender. He further explained that Cottage foods are exempted from the requirement for sampling permits by the State. Cottage food is defined as low risk, is allowed to be made in the home and allowed to be directly marketed.

[Dr. Hess left the meeting at 2:07 p.m.]

Chair Jung asked Mr. Sack if there was a reason the vendors were not required to publicly display their permits.

Deputy District Attorney (DDA) Admirand requested the meeting be stopped until Dr. Hess's return.

[Dr. Hess returned to the meeting at 2:09 p.m.]

Chair Jung repeated her question to Mr. Sack regarding if there was a reason the vendors were not required to publicly display their permits, in a color-coded fashion. Mr. Sack stated it just had never been done. The inspectors are aware of who does and does not have permits. Vice Chair Ratti asked if that could be done administratively or if it would require a change to ordinance. Mr. Sack suggested it could possibly be done either way.

Chair Jung asked Ms. Dixon how businesses had been notified of the policy and process that had been going on since well before 2012. Ms. Dixon reiterated that 5,154 postcards had gone out with few returned, there had been three postings in the Reno Gazette-Journal, a press release had gone out, it was posted on the Health District website and she was aware that the inspectors were talking to their permit holders. Additionally, staff had conducted meetings with different business groups.

Vice Chair Ratti noted that it had been implied that Washoe County's process may be more rigorous than that of other jurisdictions. She asked if the comparisons had included processes, or just fees. Ms. Dixon stated she had only compared fees. Vice Chair Ratti requested some processes be compared and the information provided to the Board so that they could possibly make adjustments if it was decided there was an overabundance of effort. She clarified she was mostly interested in the special events.

Dr. Hess asked if the fees affecting the contractors had also been compared, in particular, the

ones that had increased substantially. He requested Ms. Dixon compare septic, demolition and construction costs. Dr. Hess went on to opine the fees would have a strong impact on some businesses in the area.

Vice Chair Ratti stated the Board always owes the public an explanation.

Chair Jung noted The Chamber had requested their letter be acknowledged and be put in the record. Mr. Dick stated the letter noted The Chamber grudgingly understood the need for some increases, but urged consideration of several factors. They state there must be a phased-in approach, annual permits should be reviewed to determine if renewals require less work, the fees and services should be continually evaluated to ensure core functions are being performed efficiently and effectively, and to be aware that other costs are being imposed on businesses.

Vice Chair Ratti addressed the testimony regarding the public notice process. She stated she was sympathetic to the fact that not all people read the paper or watch the news, but the reality was that in a multi-media world, there is no way to communicate with everyone. She suggested membership in trade associations, as they are a good source of information.

Vice Chair Ratti went on to explain the increases. She stated she had been on the Board for seven years and fees are discussed every year. During the recession, the business community requested the Board not raise fees, in spite of the fact the costs to the District were increasing. The District had replied that would mean a significant increase in the future, because it would be necessary to catch up, and that time is now.

Vice Chair Ratti indicated she was sympathetic to their situation, because everything they were saying was true. She stated she did not know how to address the difficulty they faced, because it was the Board's job to balance the budget of the Health District and protect public health. Additionally, the Board has no control over other types of income, but they can manage expenses. There have been significant reductions in staff, as well as employees who have given back a portion of their salaries. She opined the Board had done the best job possible managing expenses. The only option they had left for balancing the budget was to raise fees, which had not been done for seven years.

Vice Chair Ratti stated she appreciated the public testimony, as it had provided interesting ideas about how to address the topic. She encouraged participation at the next meeting as that was when deliberation would take place, and options to reduce impact may be discussed.

Vice Chair Ratti noted the reason other expenses were going up at the same time was because most of the jurisdictions had made the same decision as the Health District, which was not to raise fees during the recession. The increases could not be held off any longer. She reiterated it was the Board's job to make sure the District has the income it needs to be able to protect public health.

Vice Chair Ratti noted the Board was approving the BIS so that next month they could decide how to implement the fees in the way that was least impactful for the community.

**Vice Chair Ratti moved to improve the Business Impact Statements regarding Washoe County Health District Air Quality Management and Environmental Health proposed fees with the finding that the proposed Air Quality Management and Environmental Health fees do not impose a direct and significant economic burden on a business and do not directly restrict the formation, operation or expansion of a business, and set a public hearing for the possible adoption of the proposed fees for December 17, 2015, at 1:00 p.m. Dr. Novak seconded the motion.**

Dr. Hess opined that in some cases the fees did impose a significant economic impact on a business and asked if it could be worded in any other way so that the hearing could proceed. He stated he must vote against the motion as it had been worded.

DDA Admirand stated the law requires the Board consider the BIS. She suggested that if the Vice Chair would like to amend the motion, it could be changed from approval to acknowledgement.

Vice Chair Ratti stated she was striking her motion and starting over, and asked if the seconder agreed. Dr. Novak stated he agreed.

**Vice Chair Ratti moved that the Board had heard and acknowledged the BIS and would like to set a public hearing for December 17, 2015 at 1:00 p.m. to consider the fees. Dr. Novak seconded the motion which passed four in favor and none against.**

Chair Jung invited the members of the audience to contact her directly and provided her cell phone number.

12. Presentation, discussion and possible approval for the authority to be delegated to the Chair to make the decision and cast the vote for any NALBOH elections on behalf of the District Board of Health

Staff Representative: Kevin Dick

Mr. Dick explained the item was being presented so that the process could be streamlined by not requiring the vote to be heard at a meeting.

Dr. Novak asked if the proposed process would allow Board feedback to the Chair regarding the selection of candidates. Mr. Dick opined that could be accomplished through a motion.

Vice Chair Ratti noted collection of feedback via email was a violation of the Open Meeting Law. She pointed out that the problem that had occurred with the last vote was that the time period was not aligned with a Board meeting. Dr. Novak indicated he understood the meaning for the request and was comfortable with it.

**Dr. Novak moved to approve providing the authority to the Chair to cast the vote for the NALBOH elections on behalf of the Board. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

13. Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 5% Wage Increase, retroactive to his annual evaluation date of October 24, 2015

Presented by Kitty Jung

Chair Jung apologized for not being present when the item was presented at the October meeting. She requested confirmation that the Board had agreed that Mr. Dick's performance had been more than satisfactory, and the members acknowledged that was correct.

Chair Jung opined they may have been unclear as to what the wage increase represented, and if it was in line with the way the rest of the County does business regarding department heads that are evaluated by an appointing authority.

Chair Jung explained all employees had received a three percent cost of living (COLA) raise and how that had come about. On a separate matter, an authority conducting a performance evaluation has the option to provide between a zero and five percent merit increase to reward an employee for performance. She opined Mr. Dick had accomplished much and she was completely comfortable with providing him with the five percent merit increase.



Vice Chair Ratti explained one question that had come up in October had to do with how the merit system worked and that it was capped once an employee reached the upper limit of the pay range for that job. After that the only raise would come from COLA. Chair Jung stated that was correct. Vice Chair Ratti went on to opine that since the District Health Officer was relatively new to the position, he had started at the bottom of the pay range and was working his way up towards a more reasonable, market-based level salary.

Dr. Novak noted part of the issue had been that the COLA and merit added up to eight percent, which was confusing to some.

**Vice Chair Ratti moved to approve the five percent merit wage increase retroactive to the annual evaluation date of October 24, 2015. Dr. Novak seconded the motion which was approved four in favor and none against.**

14. \*Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director  
Program Update, Divisional Update, Program Reports

Ms. Albee explained to the Board that the Regional Administrator of the Environmental Protection Agency in San Francisco Region 9 had signed the approval of the Air Quality Management Redesignation for the PM10 national ambient air quality standard. This recognizes that Washoe County has attained the health standard and now has a maintenance plan to operate under. This is the first time since the standard was adopted in 1987 that the County has been able to demonstrate compliance with the standard, and they also recognized it is the first time the entire State of Nevada is now attaining all of the ambient air quality standards. The focus would now move more towards ozone.

Vice Chair Ratti noted a discussion that had been held regarding improving ongoing communication and relations with the other jurisdictions and opined this was a good opportunity for the District to share good news with them. The economic development consequences of poor air quality are not widely known, so sharing positive information buffers the difficulty when it is necessary to occasionally discuss challenges. Ms. Albee agreed and stated she would pursue the opportunity with each of the jurisdictions.

Dr. Novak asked if the information had been distributed to the media. Ms. Albee replied that it had not yet as it had only been recently received, but it had been sent to Mr. Ulibarri for distribution. Dr. Novak supported Vice Chair Ratti's statements regarding distribution of good news and commended Ms. Albee and her staff for their efforts regarding the reduction in the numbers of woodstoves.

B. Community and Clinical Health Services, Steve Kutz, Director  
Divisional Update, Program Reports

Mr. Kutz thanked Chair Jung and Mr. Dick for taking the time to recognize the Public Health Associates, and noted the program was beneficial for both them and the District.

C. Environmental Health Services, Bob Sack, Director  
EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease and EHS Inspections / Permits / Plan Review

Mr. Sack explained the division was in the process of hosting a statewide strategic planning session with the other environmental health agencies, led by the FDA. The goal was to learn to consistently implement the food program standards.



Dr. Novak noted the staff report had stated vending machines had previously been exempt from inspection. Mr. Sack explained that the nature of food that was dispensed from the machines had changed over the years and staff would start looking at the ones that contained high-risk food.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director  
Program Updates for Communicable Disease, Public Health Preparedness, and  
Emergency Medical Services

Dr. Todd explained the Norovirus outbreak was still occurring. The number of schools with ongoing outbreaks has been reduced to four. Staff will meet with the school district to discuss prevention of repeat occurrences. The duration of this outbreak was substantially longer than others.

Dr. Todd noted the E-coli outbreak was unrelated to the Chipotle incidents. Washoe County had 21 confirmed and probable cases. 18 had eaten at one restaurant and two children have developed complications and are being treated at UC Davis.

Dr. Hess asked if it had been determined that the restaurant was the source of the outbreak. Dr. Todd explained the restaurant had voluntarily closed and discussed aspects of the investigation.

Dr. Novak asked when the District had been notified of the most recent case and Dr. Todd stated it was approximately two days previously. He noted the incubation period defined a narrow timeframe that had occurred before the restaurant decided to close.

Vice Chair Ratti stated her understanding was that the restaurant not only closed, but was continuing to pay their employees during that time. She opined they were being incredibly responsible.

Mr. Sack stated the restaurant had been extremely cooperative and he reviewed some of the investigative steps being taken.

Dr. Todd explained how an in-depth investigation such as this one could take up a substantial amount of staff time and reviewed some of the steps taken.

Dr. Todd referred to an addendum being distributed which contained additional information about the Emergency Medical Services Advisory Board (EMSAB) meeting of October 23, 2015, and noted staff would be happy to answer questions.

E. Office of the District Health Officer, Kevin Dick, District Health Officer  
Community Health Improvement Plan, Truckee Meadows Healthy Communities,  
HeartSafe Communities, Health District Interlocal Agreement, Other Events and  
Activities and Health District Media Contacts

Mr. Dick noted the Board had requested he meet with City and County managers about the 15-day termination clause contained within the Interlocal Agreement establishing the Health District. He stated they did not feel it was a priority at this time to work with their governing bodies to make any changes to the agreement.

Mr. Dick stated he had met with Chief Brown and Ms. Conti regarding the HeartSafe Community Initiative and had sent invitations to law enforcement and EMS agencies to join together with the District to work on the initiative.

Mr. Dick thanked Chair Jung for encouraging him to accept the District Health Officer position and stated it was his privilege to serve the Board and the community.

15. \*Board Comment

Vice Chair Ratti announced the City of Sparks had passed some Urban Agriculture ordinances. It was good news as that was in alignment with the food plan.

Vice Chair Ratti stated she had received her flu shot at a Chicago airport through a public health program. She opined it was a great program and noted that Immunize Nevada may look at it.

Chair Jung noted she had received a copy of the cancelled check from Debbie Leonard showing that the amount of the fine that had originally been proposed for Woodside Village had been donated to the school district as promised.

Chair Jung requested a staff report to address why public display of color-coded permits is not required at special events and what it would take to get that implemented.

16. Emergency Items

None.

17. \*Public Comment

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

18. Adjournment

**At 2:50 p.m., Dr. Novak moved to adjourn. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

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Respectfully submitted,



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



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Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on \_\_\_\_\_, 2015.

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

# *Proclamation*

## **RADON ACTION MONTH, January 2016**

**WHEREAS**, many Washoe County residents need to know that radon is a colorless, odorless, naturally occurring radioactive gas that is the leading cause of lung cancer among nonsmokers; and

**WHEREAS**, the EPA estimates 21,000 people in the U.S. die each year from lung and bronchial cancers caused by indoor radon exposure, killing more people annually than any other cancer; and

**WHEREAS**, radon kills more people than secondhand smoke, drunken driving, falls in the home, drowning or home fires; and

**WHEREAS**, any home could have elevated radon levels, even if neighboring homes don't, with homes averaging radon levels of 4 picocuries per liter of air posing a cancer risk similar to smoking about half a pack of cigarettes a day; and

**WHEREAS**, easy and inexpensive testing can identify radon problems in order that they can be fixed; and

**WHEREAS**, the Washoe County Health District, University of Nevada Cooperative Extension, the American Lung Association, the Nevada Division of Public and Behavioral Health and the U.S. Environmental Protection Agency support testing homes for radon, mitigating radon problems, and building new homes with radon-reducing features,

*NOW THEREFORE, BE IT RESOLVED, that the Washoe County District Board of Health does hereby proclaim January 2016, as*

## **Radon Action Month**

in Washoe County.

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Kitty Jung, Chair  
Washoe County District Board of Health

DD	AH	_____
DHO	_____	_____
DA	LA	_____
Risk	DME	_____

**Staff Report**  
**Board Meeting Date:** December 17, 2015

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** Approval of Award from the Association of Food and Drug Officials (AFDO) for total funding of \$2,500 for the period January 4, 2016 through September 16, 2016 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards, IO TBD; approve amendments totaling an increase of \$2,273 to the Retail Program Standards Grant, IO TBD.

**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 Environmental Health Services Division received an Award from the AFDO, which provides for new grant funding for the EHS Retail Program Standards, IO TBD. A copy of the Award is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

**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.

**PREVIOUS ACTION**

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

**BACKGROUND**

The Environmental Health Division has been reviewing standards and best practices to improve efficiencies and public health outcomes. The grant provides funding for salaries and benefits for staff to complete an assessment of the nine FDA Standards. This self-assessment will determine where to adjust strategic plans for the Food Program according to gaps and will help to determine where best to spend time and monies for the prevention of foodborne illness.

**FISCAL IMPACT**

The FY16 budget did not include any funding for this grant. The total grant award is \$2,500 and a budget amendment in the amount of \$2,273 is necessary to bring the Award into alignment with the program budget. No amendment is necessary for indirect revenue and expenses.

Should the Board approve these budget amendments, the total adopted FY16 budget will be increased by \$2,273 by adjustments to the following accounts.

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBA</b>	<b>-431100</b>	<b>Federal Revenue</b>	<b>\$2,273</b>
		<b>Total Revenue</b>	<b>\$2,273</b>
2002-IO-TBA	-701110	Base Salaries	2,273
		<b>Total Expenditures</b>	<b>\$2,273</b>

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve Award from the Association of Food and Drug Officials (AFDO) for total funding of \$2,500 for the period January 4, 2016 through September 16, 2016 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards, IO TBD; approve amendments totaling an increase of \$2,273 to the Retail Program Standards Grant, IO TBD.

### **POSSIBLE MOTION**

Move to approve Award from the Association of Food and Drug Officials (AFDO) for total funding of \$2,500 for the period January 4, 2016 through September 16, 2016 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards, IO TBD; approve amendments totaling an increase of \$2,273 to the Retail Program Standards Grant, IO TBD.

## G-SP-1510-03238

### washoe County health district

Average of Rating: 37.5

### washoe County health district

\$2,500.00 | 10/8/2015 | Grant: Year 3 (Sept/Oct 2015)

G-SP-1510-03238 | Category 1 - Small Projects

We will be conducting our self-assessment which is due in 2017. We have completed a number of criteria last four years, including new regulations. Our district needs to update our strategic plan, completing our self-assessment will show us where our gaps are located. Our plan is to have an intermittent employee and senior staff to complete the work. The following is our timeline to complete the work.

Standard 1 completed by 2/28/16

Standard 2 completed by 3/31/16

Standard 3 completed by 4/30/16

Standard 4, 5 completed by 5/31/16

Standard 6 completed by 6/30/16

Standard 7 completed by 7/31/16

Standard 8 completed by 8/31/16

Standard 9 completed by 9/16/16

### Application for Category 1 - Small Project Grants

#### ORGANIZATION INFORMATION

<b>Organization:</b>	washoe County health district
<b>Location:</b>	reno, NV
<b>Primary Contact</b>	anthony macaluso
<b>Confirm Primary Contact</b>	anthony macaluso
<b>Jurisdictional Level:</b>	Local
<b>FDA Region:</b>	PACIFIC (CA, HI, GU, MP, AS, AK, OR, AZ, NV, WA)

#### AUTHORIZING OFFICIAL INFORMATION

<b>Authorizing Official Title:</b>	District Health Officer
<b>Authorizing Official First Name:</b>	Kevin



**Authorizing Official Last Name:** Dick  
**Authorizing Official Email:** kdick@washoecounty.us  
**Authorizing Official Phone:** 775 328-2461

**PROJECT INFORMATION**

*Please note the Project Title has a limit of 255 characters. The system will automatically truncate text l this amount.*

**Project Title:** Washoe County Health District Self-Assessment  
**Granting Year:** Year 3 (Sept/Oct 2015)  
**PROJECT START DATE - May start on or after 11/30/2015:** 1/4/2016  
**PROJECT END DATE - Must be completed by 09/30/2016:** 9/16/2016  
**Have you conducted a self assessment of all 9 standards?** Yes  
**Date of Most Recent Self-Assessment:** 8/27/2012  
**Please select a Small Project sub category:** Completion of an Updated Self Assessment of All Nine (Fixed Grant of \$2,500).  
**Amount Requested (Please enter the value given for the sub category chosen above)** \$2,500.00

**Project Summary:**

We will be conducting our self-assessment which is due in 2017. We have completed a number of criteri last four years, including new regulations. Our district needs to update our strategic plan, completing ot self-assessment will show us where our gaps are located. Our plan is to have an intermittent employee v senior staff to complete the work. The following is our timeline to complete the work.

- Standard 1 completed by 2/28/16
- Standard 2 completed by 3/31/16
- Standard 3 completed by 4/30/16
- Standard 4, 5 completed by 5/31/16
- Standard 6 completed by 6/30/16
- Standard 7 completed by 7/31/16
- Standard 8 completed by 8/31/16
- Standard 9 completed by 9/16/16

**Project Members:**

Judith Saum, Intermittent REHS, Washoe County Health District (WCHD) Judith has received the FDA

self-assessment, she conducted the latest self-assessment. She will conduct the self-assessment.

Amber English, REHS WCHD, She will assist J. Saum with the self-assessment. Amber is an FDA Staff responsible for overseeing the writing of policies, guidelines and SOP's for the food protection program the Standards. She is responsible for helping to train staff.

Tony Macaluso, EHS Supervisor, REHS, WCHD. Tony will oversee the whole process. Tony has received training on self-assessment, he conducted the initial self-assessment.

**Project Outcomes:**

By conducting the self-assessment, the WCHD will be able to determine where to adjust our strategic plan according to our gaps. The assessment will help to determine where best to spend our time and monies on prevention of foodborne illness. The assessment will determine where our gaps are located and which ones to be addressed first. This process will move our district towards meeting more of the Standards. Earlier than approved new food regulations which had not been updated for years. Our goal is to use the assessment standard 1 to determine if gaps exist in our current regulations. Our long term goal is to introduce the number of each new addition of the FDA Food Code into our local regulations following the same yearly cycle Code. This will ensure our regulations will have up to date information.

We will measure achievement of this process by providing FDA with the "Release Form and Agreement to Publish in National Registry" by September 30, 2016

**Which standard(s) will this project help you meet? Select all that apply, #1-9 (Note: If performing a self assessment, select all 9 standards.)**

Standard No. 1 - Regulatory Foundation, Standard No. 2 - Regulatory Staff, Standard No. 3 - Inspection Program I HACCP Principles, Standard No. 4 - Uniform Inspection Standard No. 5 - Foodborne Illness and Food Defense Prevention and Response, Standard No. 6 - Compliance and Enforcement Standard No. 7 - Industry and Community Relations, Standard No. 8 - Program Support and Resources, Standard No. 9 - Program Assessment

**BUDGET INFORMATION**

**BUDGET REQUESTS**

Budget Item	Grant Amt Requested
Personnel	\$2,500.00
Total Grant:	\$2,500.00

**Budget Narrative (1500 Max Characters)**

REHS Staff

J Saum \$1900.00

A English \$373.00

T Macaluso in-kind

Indirect \$227.00

Total \$2500.00

REQUEST DOCUMENTS

Award Letter

**Award Letter**

Added at 5:42 PM on November 20, 2015

VOLUNTARY NATIONAL RETAIL FOOD  
REGULATORY PROGRAM STANDARDS  
(RETAIL STANDARDS) GRANT PROGRAM



November 20, 2015

**Grant Number:** G-SP-1510-03238

**Project Title:** Washoe County Health District Self-Assessment

**Award Value:** \$2,500.00

**Project Period:** January 4, 2016 to September 16, 2016

anthony macaluso  
EHS Supervisor  
washoe County health district  
1001 east 9th street  
reno, Nevada 89502

Dear anthony macaluso:

We have approved your application for Washoe County Health District Self-Assessment as part of the Retail Standards Grant Program, funded by the United States Food and Drug Administration (FDA). Approval is based on review of the application submitted by you on behalf of washoe County health district to the Association of Food and Drug Officials (AFDO).

As part of your application your agency has made an assurance that it will comply with all applicable Federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Parts 74 and 92. Acceptance of this award and/or any funds provided by the Retail Standards Grant Program acknowledges agreement with all of the terms and conditions in this award letter.

Your award is based on the above-title project application, submitted to and approved by AFDO, and is subject to the following terms and conditions:

- **The grantee must complete the full scope of work and all tasks outlined in the approved grant application by September 16, 2016 unless a written exception is granted by the AFDO Programmatic Point of Contact for this grant award.**
- **Any changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.**
- The grantee must abide by the grant guidance for the program, available as a PDF file on the Retail Standards Grant Program portal at <http://afdo.org/retailstandards> . This portal is also the site where you can find additional information/updates regarding this grant program, and where you can log in for project status and submission of required reports.
- Per United States Department of Health and Human Services Grants Policy, expenses for food or beverage are generally not allowed unless it is part of a per diem allowance provided in conjunction with allowable travel.
- A Final Project Report must be submitted through the online grants portal no more than 45 days after September 16, 2016. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award, accompanied by the documentation specified in the reporting section of the grant guidance.
- As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Retail Program Standards, available at: [http://afdo.org/fda\\_vnfrfps](http://afdo.org/fda_vnfrfps).

The amount of \$2,500.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that Retail Standards Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 9/11/2013, is 93.103. Your grant is considered a subaward under this AFDO grant.

If you have questions about this award, please contact your AFDO Programmatic Point of Contact. Additionally, the Retail Food Safety Specialist from your FDA Region is an integral part of your jurisdiction's successful completion of Retail Standards activities, and is available to assist with your funded project. Contact information for both individuals is listed below.

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,



Joe Corby  
Executive Director  
Association of Food and Drug Officials  
2550 Kingston Road  
Suite 311  
York, PA 17402

**AFDO Programmatic Point of Contact:**

Michael Turner  
[retailstandards@afdo.org](mailto:retailstandards@afdo.org)  
(850) 583-4593

**Follow the link below to obtain contact information for the FDA Regional Food Specialist assigned to assist your jurisdiction:**

<http://afdo.org/retailstandards/fdaregionalcontacts>

cc: Daniel Lukash ([daniel.lukash@fda.hhs.gov](mailto:daniel.lukash@fda.hhs.gov))  
Catherine Hosman ([catherine.hosman@fda.hhs.gov](mailto:catherine.hosman@fda.hhs.gov))

DD	AH
DHO	LD
DA	LA
Risk	DME

**Staff Report**  
**Board Meeting Date:** December 17, 2015

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** Retroactive approval of Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health, for the period November 1, 2015 through June 30, 2015 in the total amount of \$56,382 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO TBA; Approve amendments totaling an increase of \$53,140 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO TBA.

**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 Notice of Subgrant Award from the Division of Public and Behavioral Health for the period November 1, 2015 through June 30, 2016 in the total amount of \$56,382 in support of the CDC Public Health Preparedness Carryover Grant Program. A copy of the Notice of Subgrant Award is attached.

The District Health Officer accepted this award on December 1, 2015.

**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.

**PREVIOUS ACTION**

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

**BACKGROUND**

The Nevada Division of Public and Behavioral Health awarded the Public Health Preparedness Program \$56,382 (with \$5,638.20 or 10% match) for the period November 1, 2015 through June 30, 2016. Funds will be used to support contractual, supplies, and indirect.

The FY16 CDC Carryover funds were not projected in the FY16 budget. The total award amount is \$56,382. A budget amendment in the amount of \$53,140 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**

The FY16 budget did not include any funding for this grant. A budget amendment in the amount of \$53,140 is necessary to bring the Notice of Grant Award into alignment with the program budget.

Should the Board approve these budget amendments, the total adopted FY16 budget will be increased by \$53,140 by adjustments to the following accounts.

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBA</b>	<b>-431100</b>	<b>Federal Revenue</b>	<b>\$53,140</b>
		<b>Total Revenue</b>	<b>\$53,140</b>
2002-IO-TBA	-710100	Professional Svcs	44,282
2002-IO-TBA	-710300	Operating Supplies	8,858
		<b>Total Expenditures</b>	<b>\$53,140</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health, for the period November 1, 2015 through June 30, 2015 in the total amount of \$56,382 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO TBA; Approve amendments totaling an increase of \$53,140 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO TBA.

**POSSIBLE MOTION**

Move to retroactively approve Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health, for the period November 1, 2015 through June 30, 2015 in the total amount of \$56,382 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO TBA; Approve amendments totaling an increase of \$53,140 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO TBA.



State of Nevada  
 Department of Health and Human Services  
**Division of Public & Behavioral Health**  
 (hereinafter referred to as the Division)

HD #: **15248**  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306915  
 Function #: 3333

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)																	
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520																	
<b>Subgrant Period:</b> November 1, 2015 to June 30, 2016		<b>Subgrantee's:</b> EIN: <b>88-6000138</b> Vendor #: <b>T40283400Q</b> Dun & Bradstreet: <b>073786998</b>																	
<b>Purpose of Award:</b> These carryover funds are intended to demonstrate achievement in PHEP activities that are outlined in the CDC grant guidance.																			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <b>Washoe</b>																			
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>44,282.00</u></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <u>8,858.00</u></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <u>3,242.00</u></td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ <u>56,382.00</u></b></td></tr> </table>		1. Personnel	\$ <u>0.00</u>	2. Travel	\$ <u>0.00</u>	3. Supplies	\$ <u>0.00</u>	4. Equipment	\$ <u>0.00</u>	5. Contractual/Consultant	\$ <u>44,282.00</u>	6. Other	\$ <u>8,858.00</u>	7. Indirect	\$ <u>3,242.00</u>	<b>Total Cost:</b>	<b>\$ <u>56,382.00</u></b>	<p>Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i>. Total reimbursement will not exceed <b>\$56,382.00</b> during the subgrant period.</p>	
1. Personnel	\$ <u>0.00</u>																		
2. Travel	\$ <u>0.00</u>																		
3. Supplies	\$ <u>0.00</u>																		
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<b>Source of Funds:</b>		<b>% of Funds:</b>	<b>CFDA:</b>																
1. Centers for Disease Control and Prevention (CDC)		100%	93.069																
<b>Federal Grant #:</b> 5U90TP000534-04																			
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
<b>Incorporated Documents:</b> Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: Business Associate Addendum; Attachment 1: Match Certification Attachment 2: Detailed Work Plan																			
		Signature	Date																
Kitty Jung, Chair Washoe County District Board of Health			12/1/15																
Erin Lynch Health Program Manager II, PHP																			
Chad Westom Bureau Chief, PAIS																			
for Cody L. Phinney Administrator, Division of Public & Behavioral Health																			

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

**SECTION A**

**Assurances**

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 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.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. 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.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. 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, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 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: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK

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

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 4 carryover, November 1, 2015 through June 30, 2016 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2016. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written cumulative Progress Reports to the Division electronically on or before:
  - January 31, 2016      2<sup>nd</sup> Quarter Progress Report      (For the period of 11/1/15 - 12/31/15)
  - April 30, 2016      3<sup>rd</sup> Quarter Progress Report      (For the period of 11/1/15 – 3/31/16)
  - July 31, 2016      Final Progress Report      (For the period of 11/1/15 – 6/30/16)
- Submit written Quarterly Match Sharing Report each year on or before (subgrantee may report Match with quarterly progress report or monthly request for reimbursement):
  - February 15, 2016      2<sup>nd</sup> Quarter      (For the period of 11/1/15 – 12/31/15)
  - May 15, 2016      3<sup>rd</sup> Quarter      (For the period of 1/1/16 – 3/31/16)
  - July 31, 2016      4<sup>th</sup> Quarter      (For the period of 4/1/16 – 6/30/16)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

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

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5U90TP000534-04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP000534-04 from the CDC.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$		
2. Travel	\$	\$	
3. Supplies	\$	\$	
4. Equipment	\$	\$	
5. Contractual Consultant	\$ 44,282	\$	
		25,100	Assessment of pharmaceutical resources in the region
		12,682	Behavioral Health Annex Tabletop Exercise
		6,500	Psychological First Aid training
6. Other	\$ 8,858	\$	
		7,194	Laptop Computers for HAMLINK System (6 laptops x \$1,199 = \$7,194)
		848	Dedicated server for HAMLINK
		120	Antenna to support HAM based station
		96	Tripod for the Antenna
		600	Locking Cabinet to secure the radio equipment
7. Indirect	\$ 3,242	\$	
		3,242	Indirect: (\$53,140 x 6.1% = \$3,242)
<b>Total Cost</b>	<b>\$ 56,382</b>		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$5,638.20), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.
- 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.



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

- Travel expenses, per Diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2016.
- The maximum available through the subgrant is \$56,382.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

**The Division agrees:**

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The 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 Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$5,638.20. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

**Both parties agree:**



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

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

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

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

SECTION D

<p><b>Nevada Department of Health and Human Services</b>  <b>Division of Public &amp; Behavioral Health</b></p> <p><b>Public Health Preparedness Program</b></p> <p><b>Request for Reimbursement</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>HD#:</td><td>15248</td></tr> <tr><td>Budget Account:</td><td>3218</td></tr> <tr><td>Category #:</td><td>22</td></tr> <tr><td>GL:</td><td>8516</td></tr> <tr><td>Job #</td><td>9306915</td></tr> <tr><td>Function #:</td><td>3333</td></tr> <tr><td>Draw #:</td><td></td></tr> </table>	HD#:	15248	Budget Account:	3218	Category #:	22	GL:	8516	Job #	9306915	Function #:	3333	Draw #:	
HD#:	15248														
Budget Account:	3218														
Category #:	22														
GL:	8516														
Job #	9306915														
Function #:	3333														
Draw #:															

<p><b>Program Name:</b> Public Health Preparedness, PAIS Division of Public &amp; Behavioral Health</p>	<p><b>Subgrantee Name:</b> Washoe County Health District (WCHD)</p>
<p><b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706</p>	<p><b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520</p>
<p><b>Subgrant Period:</b> November 1, 2015 through June 30, 2016</p>	<p><b>Subgrantee's:</b>  EIN: <u>88-6000138</u>  Vendor #: <u>T40283400Q</u>  Dunn &amp; Bradstreet# <u>073786998</u></p>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**  
(must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_ Calendar year: \_\_\_\_\_

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$44,282.00	\$0.00	\$0.00	\$0.00	\$44,282.00	0.0%
6 Other	\$8,858.00	\$0.00	\$0.00	\$0.00	\$8,858.00	0.0%
7 Indirect	\$3,242.00	\$0.00	\$0.00	\$0.00	\$3,242.00	0.0%
<b>Total</b>	<b>\$56,382.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$56,382.00</b>	<b>0.0%</b>

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

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

**FOR DIVISION USE ONLY**

Program contact necessary?  Yes  No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_      Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_      Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_      Date: \_\_\_\_\_

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

Reimbursement Worksheet

Washoe County Health District (WCHD) Reimbursement Worksheet November 2015							
<b>Personnel</b>	Title	Description					Amount
<b>TOTAL</b>							
<b>Contract / Consultant</b>	Description					Amount	
<b>TOTAL</b>							
<b>Travel</b> (Name of Traveler)	Travel Dates	To	Mileage @ \$0.575/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
<b>TOTAL</b>							
<b>Supplies</b>	Description					Amount	
<b>TOTAL</b>							
<b>Equipment</b>	Description (attach invoice copies for all items)					Amount	
<b>TOTAL</b>							
<b>Other</b>	Description					Amount	
<b>TOTAL</b>							
<b>Indirect</b>	Description					Amount	
<b>TOTAL</b>							
<b>TOTAL EXPENDITURES</b>							

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

Capabilities Worksheet

**Division of Public & Behavioral Health: Public Health Preparedness  
Centers for Disease Control and Prevention (CDC)  
Budget Period 4 - Carryover  
Budget Request and Justification Form  
Washoe County Health District (WCHD)**

<b>Contact Name:</b>	<u>Jeff Whitesides</u>
<b>Phone Number:</b>	<u>775-326-6051</u>
<b>E-Mail Address:</b>	<u>jwhitesides@washoecounty.us</u>
<b>Applicant/Agency Name:</b>	<u>WCHD</u>
<b>Total Agency Request:</b>	<u>\$ 56,382.00</u>

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**\*\*Please contact us if you have any questions.**

**Budget Summary**

Monthly Expenditure:	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended
<b>CDC Capabilities:</b>			
1. Community Preparedness:	\$ -	\$ -	#DIV/0!
2. Community Recovery:	\$ -	\$ -	#DIV/0!
3. Emergency Operations Coordination:	\$ 9,398.00	\$ -	#DIV/0!
4. Emergency Public Information and Warning:	\$ -	\$ -	#DIV/0!
5. Fatality Management:	\$ -	\$ -	#DIV/0!
6. Information Sharing:	\$ -	\$ -	#DIV/0!
7. Mass Care:	\$ -	\$ -	#DIV/0!
8. Medical Countermeasure Dispensing:	\$ 26,632.00	\$ -	#DIV/0!
9. Medical Material Management and Distribution:	\$ -	\$ -	#DIV/0!
10. Medical Surge:	\$ -	\$ -	#DIV/0!
11. Non-Pharmaceutical Interventions:	\$ -	\$ -	#DIV/0!
12. Public Health Laboratory Testing:	\$ -	\$ -	#DIV/0!
13. Public Health Surveillance and Epi Investigation:	\$ -	\$ -	#DIV/0!
14. Responder Safety and Health:	\$ 3,448.00	\$ -	#DIV/0!
15. Volunteer Management:	\$ 16,904.00	\$ -	#DIV/0!
<b>TOTAL</b>	<b>\$ 56,382.00</b>	<b>\$ -</b>	<b>0%</b>

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

**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your Organization's most recent fiscal year?  YES  NO

3. When does your organization's fiscal year end? \_\_\_\_\_

4. What is the official name of your organization? \_\_\_\_\_

5. How often is your organization audited? \_\_\_\_\_

6. When was your last audit performed? \_\_\_\_\_

7. What time period did your last audit cover \_\_\_\_\_

8. Which accounting firm conducted your last audit? \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

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

**SECTION F**

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District (WCHD)**

---

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement 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 agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "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, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

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

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **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.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
  5. **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.
  6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
  7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.



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

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

**II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.**

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity 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 the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
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 the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, 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 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. 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 45 CFR 164.530(f) and 164.530(e)(1).
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



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- Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become 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 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 with providing such information to the Secretary or other federal or state oversight agency. 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 or HITECH laws or regulations. Reference 42 USC 17937.
  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 agreement, Addendum or the Privacy and Security Rules. 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 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. 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 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 has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 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 45 CFR 164.408 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 42 USC 17934, 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 accesses, maintains, creates, retains, modifies, records, stores, destroys, 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 agreement 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 of HIPAA, the Privacy and Security Rule, the HITECH Act, 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 42 USC 17935 and 45 CFR 164.514(d)(3).
  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 and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
  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.

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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 accesses, maintains, creates, retains, modifies, records, stores, destroys, 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 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. 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 agreement 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 under 45 CFR 164.530(e)(2)(f).
  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 at 45 CFR 160 and 164 and Public Law 111-5; 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 agreement 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 the HIPAA Privacy and Security Rule and the HITECH Act.
- 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 agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
    - b. Except as otherwise limited by 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 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
    - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any 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. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
    - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
  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 42 USC 17935.
    - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

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in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

**IV. OBLIGATIONS OF 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 45 CFR 164.520, 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 45 CFR 164.522 and 42 USC 17935, 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 the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

**V. TERM AND TERMINATION**

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it 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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement 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 the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, 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

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- 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 the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. 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, the HITECH Act, the Privacy Rule and the Security Rule.
  5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule 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.

THIS SPACE INTENTIONALLY LEFT BLANK

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

**Covered Entity**

**Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706**

**Phone: (775) 684-5975**

**Fax: (775) 684-4211**

**Business Associate**

Washoe County Health District

Business Name

1001 East Ninth Street / PO Box 11130

Business Address

Reno, NV 89520

Business City, State and Zip Code

(775)326-6051

Business Phone Number

(775)328-3752

Business Fax Number

Authorized Signature

for Cody L. Phinney

Print Name

Administrator,  
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Kitty Jung

Print Name

Chair, Washoe County Board of Health

Title

Date

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ATTACHMENT 1  
**Match Certification**

**Date:** \_\_\_\_\_

**External Funding Source:** Centers for Disease Control and Prevention (CDC) – Public Health Emergency Preparedness (PHEP) - Carryover

**A mandatory cost sharing/matching cost contribution is required for the following proposal:**

**Funding Recipient:** Washoe County Health District (WCHD)

**Project Title:** HPP and PHEP Cooperative Agreement

**Project Grant #:** 5U90TP000534-04

**Duration:** **From:** November 1, 2015 **To:** June 30, 2016

**Total cost sharing/matching cost contribution:** \$5,638.20 / Percentage: 10%

**Source of cost sharing/matching cost contribution:**

**Name:** \_\_\_\_\_

**Account # (if applicable):** \_\_\_\_\_

**Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.**

Washoe County Health District  
\_\_\_\_\_  
**Name and Title** **Signature** **Date**  
(Funding Recipient)



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ATTACHMENT 1

**Washoe County Health District (WCHD)  
CDC – Public Health Emergency Preparedness (PHEP) (BP4) Subgrant - Carryover  
Detailed Work Plan  
November 1, 2015 through June 30, 2016**

<b>PHEP CAPABILITY # 3 : EMERGENCY OPERATIONS COORDINATION</b>		<b>\$ <u>9,398</u></b>
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1) Improved and updated HAMLINK systems owned by the Health District to allow improved communication with area hospitals, PHP partners and other healthcare partners.		
Check ALL Functions that apply <input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation. <input type="checkbox"/> Function #2: Activate public health emergency operations. <input type="checkbox"/> Function #3: Develop incident response strategy. <input checked="" type="checkbox"/> Function #4: Manage and sustain the public health response. <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations.		
Output(s): 1) Improved and updated communication equipment		
Objective(s): 1) By the end of Q3, WCHD will have purchased new computers to replace the obsolete computers for 6 HAMLINK systems.		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) Purchase equipment to improve and replace obsolete (Windows XP capable only) computers for 6 HAMLINK systems and add supplement existing HAM equipment to provide communication capability for more PHP staff.	Equipment and receipts	Q3
<b>PHEP CAPABILITY # 8 : MEDICAL COUNTERMEASURE DISPENSING</b>		<b>\$ <u>26,632</u></b>
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1) Knowledge of all major pharmaceutical resources, supply chain information and draft agreements for sharing medical countermeasure resources in Northwestern Nevada.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies. <input type="checkbox"/> Function #2: Receive medical countermeasures.		



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<input type="checkbox"/> <b>Function #3: Activate dispensing modalities.</b> <input type="checkbox"/> <b>Function #4: Dispense medical countermeasures to identified population.</b> <input type="checkbox"/> <b>Function #5: Report adverse events</b>		
<b>Output(s):</b> 1) Documented pharmaceutical resources, supply chain information and draft agreements for sharing medical countermeasure resources in the Northwestern Nevada region.		
<b>Objective(s):</b> 1) Assess and document pharmaceutical resources, supply chains and draft agreements for sharing medical countermeasure resources with the goal of finalizing these agreements that will allow additional pharmaceutical resources in our region during a public health emergency.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Contractor to identify pharmaceutical resources, supply chain information and develop draft agreements for the sharing of medical countermeasure resources in the Northwestern Nevada region. This information will be developed in a format that allows six month/and or annual updating of resources.	Written report and draft agreements	Q4

<b>PHEP CAPABILITY # 14 : PHEP RESPONDER SAFETY AND HEALTH</b>		<b>\$ 3,448</b>
<b>Planned Activity Type:</b> <input checked="" type="checkbox"/> <b>Build</b> <input type="checkbox"/> <b>Sustain</b> <input type="checkbox"/> <b>Scale Back</b> <input type="checkbox"/> <b>No Planned Activity</b>		
<b>Goal(s):</b> Trained behavioral health community and with experience in tabletop exercise in a behavioral health response exercise		
<b>Check ALL Functions that apply</b> <input type="checkbox"/> <b>Function #1: Identify responder safety and health risks.</b> <input type="checkbox"/> <b>Function #2: Identify safety and personal protective needs.</b> <input type="checkbox"/> <b>Function #3: Coordinate with partners to facilitate risk-specific safety and health training.</b> <input checked="" type="checkbox"/> <b>Function #4: Monitor responder safety and health actions.</b>		
<b>Output(s):</b> 1) Volunteer and community resources training and certified in Psychological First Aid or equivalent 2) Behavioral Health Annex Tabletop Exercise		
<b>Objective(s):</b> 1) Trained responders and well-coordinated behavioral response in the community		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Professional agency to provide PSA or equivalent to volunteers and community resources in the Northern Nevada region.	Training sign in sheet with numbers of trained and certified crisis counselors.	Q4
2) Washoe County and region Behavioral Health Annex tabletop exercise to be conducted at the completion of the Behavioral Health Annex to the Regional Emergency Operations Plan	Tabletop plan and sign in sheet	Q4

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<b>PHEP CAPABILITY # 15 : PHEP VOLUNTEER MANAGEMENT</b>		<b>\$ 16,904</b>
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
<b>Goal(s):</b> 1) Trained behavioral health community and with experience in tabletop exercise in a behavioral health response exercise		
<b>Check ALL Functions that apply</b> <input type="checkbox"/> Function #1: Coordinate volunteers. <input type="checkbox"/> Function #2: Notify volunteers. <input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers. <input checked="" type="checkbox"/> Function #4: Demobilize volunteers.		
<b>Output(s):</b> 1) Volunteer and community resources training and certified in Psychological First Aid or equivalent 2) Behavioral Health Annex Tabletop Exercise		
<b>Objective(s):</b> 1) Trained responders and well-coordinated behavioral response in the community		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) Professional agency to provide PSA or equivalent to volunteers and community resources in the Northern Nevada region.	Training sign in sheet with numbers of trained and certified crisis counselors.	Q4
2) Washoe County and region Behavioral Health Annex tabletop exercise to be conducted at the completion of the Behavioral Health Annex to the Regional Emergency Operations Plan	Tabletop plan and sign in sheet	Q4

DD	AH	_____
DHO	_____	_____
DA	LA	_____
Risk	DME	_____

**Staff Report**  
**Board Meeting Date:** December 17, 2015

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** Approval amendments totaling an increase of \$24,005 in both revenue and expense to the FY 16 ASPR Public Health Preparedness – Carryover Federal Grant Program, IO TBA.

**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 Notice of Subgrant Award from the Division of Public and Behavioral Health for the period November 1, 2015 through June 30, 2016 in the total amount of \$25,805 in support of the ASPR Public Health Preparedness Carryover Grant Program. A copy of the Notice of Subgrant Award is attached.

The District Health Officer accepted this award on December 1, 2015.

**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.

**PREVIOUS ACTION**

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

**BACKGROUND**

The Nevada Division of Public and Behavioral Health awarded the Public Health Preparedness Program \$25,805 (with \$2,580.50 or 10% match) for the period November 1, 2015 through June 30, 2016. Funds will be used to support contractual, supplies, and overtime of coroner staff to assist in the revision of the Mass Fatality Plan.

The FY16 ASPR Carryover funds were not projected in the FY16 budget. The total award amount is \$25,805. A budget amendment in the amount of \$24,005 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**

The FY16 budget did not include any funding for this grant. A budget amendment in the amount of \$24,005 is necessary to bring the Notice of Grant Award into alignment with the program budget.

Should the Board approve these budget amendments, the total adopted FY16 budget will be increased by \$24,005 by adjustments to the following accounts.

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBA</b>	<b>-431100</b>	<b>Federal Revenue</b>	<b>\$24,005</b>
		<b>Total Revenue</b>	<b>\$24,005</b>
2002-IO-TBA	-701110	Base Salaries	2,674
2002-IO-TBA	-710100	Professional Svcs	20,381
2002-IO-TBA	-710300	Operating Supplies	950
		<b>Total Expenditures</b>	<b>\$24,005</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$24,005 in both revenue and expense to the FY 16 ASPR Public Health Preparedness – Carryover Federal Grant Program, IO TBA.

**POSSIBLE MOTION**

Move to approve amendments totaling an increase of \$24,005 in both revenue and expense to the FY 16 ASPR Public Health Preparedness – Carryover Federal Grant Program, IO TBA.





State of Nevada  
 Department of Health and Human Services  
**Division of Public & Behavioral Health**  
 (hereinafter referred to as the Division)

HD #: 15241  
 Budget Account: 3218  
 Category: 23  
 GL: 8516  
 Job Number: 9388915  
 Function #: 3333

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89512
<b>Subgrant Period:</b> November 1, 2015 to June 30, 2016	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** These carryover funds are intended to demonstrate achievement in HPP activities that are outlined in the ASPR grant guidance.

**Region(s) to be served:**  Statewide  Specific county or counties: **Washoe**

**Approved Budget Categories:**

1. Personnel	\$ <u>2,674.00</u>
2. Travel	\$ <u>0.00</u>
3. Supplies	\$ <u>950.00</u>
4. Equipment	\$ <u>0.00</u>
5. Contractual/Consultant	\$ <u>20,381.00</u>
6. Other	\$ <u>0.00</u>
7. Indirect	\$ <u>1,800.00</u>
<b>Total Cost:</b>	<b>\$ <u>25,805.00</u></b>

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$25,805.00** during the subgrant period.

<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA:</b>	<b>Federal Grant #:</b>
1. Assistant Secretary for Preparedness and Response (ASPR)	100%	93.889	5U90TP000534-04

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

1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

**Incorporated Documents:**

Section A: Assurances;  
 Section B: Description of Services, Scope of Work and Deliverables;  
 Section C: Budget and Financial Reporting Requirements;  
 Section D: Request for Reimbursement;  
 Section E: Audit Information Request;  
 Section F: Business Associate Addendum;  
 Attachment 1: Match Certification  
 Attachment 2: Detailed Work Plan

	Signature	Date
Kitty Jung, Chair Washoe County District Board of Health	<i>[Signature]</i> for K. Jung	12/1/15
Erin Lynch Health Program Manager II, PHP	<i>[Signature]</i>	11/18/15
Chad Westom Bureau Chief, PAIS	<i>[Signature]</i> for	11/19/15
for Cody L. Phinney Administrator, Division of Public & Behavioral Health		

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

**SECTION A**

**Assurances**

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 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.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. 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.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. 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, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 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: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK



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

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 4 carryover, November 1, 2015 through June 30, 2016 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2016. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written cumulative Progress Reports to the Division electronically on or before:
  - January 31, 2016      2<sup>nd</sup> Quarter Progress Report      (For the period of 11/1/15 - 12/31/15)
  - April 30, 2016      3<sup>rd</sup> Quarter Progress Report      (For the period of 11/1/15 – 3/31/16)
  - July 31, 2016      Final Progress Report      (For the period of 11/1/15 – 6/30/16)
- Submit written Quarterly Match Sharing Report each year on or before (subgrantee may report Match with quarterly progress report or monthly request for reimbursement):
  - February 15, 2016      2<sup>nd</sup> Quarter      (For the period of 11/1/15 – 12/31/15)
  - May 15, 2016      3<sup>rd</sup> Quarter      (For the period of 1/1/16 – 3/31/16)
  - July 31, 2016      4<sup>th</sup> Quarter      (For the period of 4/1/16 – 6/30/16)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

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

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5U90TP000534-04 from the Office of the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor ASPR."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP000534-04 from ASPR.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 2,674			
			<b>Annual Salary</b>	<b>% of Time</b>
		\$ 1,414	Med. Legal Death Investigator (8 months) (\$70,720/12 = \$5,893.33 x 8 months = \$47,146.64 * 3% = \$1,414 (rounded))	\$70,720 3%
		\$ 1,260	Med. Legal Death Technician (8 months) (\$62,982/12 = \$5,248.50 x 8 months = \$41,988 * 3% = \$1,260 (rounded))	\$62,982 3%
2. Travel	\$ 0			
		\$ 0		
3. Supplies	\$ 950			
		\$ 950	DMS Evac123 Hospital Evacuation Start-up Package	
4. Equipment	\$ 0			
		\$ 0		
5. Contractual Consultant	\$ 20,381			
		\$ 20,381	Mass Fatality Transportation Plan: WCHD to provide name of Contractor and plan details once a vendor is chosen.	
6. Other	\$ 0			
		\$ 0		
7. Indirect	\$ 1,800			
		\$ 1,800	Indirect @ 7.5% (\$24,005 x 7.5% = \$1,800)	
<b>Total Cost</b>	<b>\$ 25,805</b>			

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$2,580.50), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written

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

and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per Diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2016.
- The maximum available through the subgrant is \$25,805.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

**The Division agrees:**

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The 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 Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$2,580.50. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant,

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

equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

**Both parties agree:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 30<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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

SECTION D

<p><b>Nevada Department of Health and Human Services</b>  <b>Division of Public &amp; Behavioral Health</b></p> <p><b>Public Health Preparedness Program</b></p> <p><b>Request for Reimbursement</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>HD#:</td><td>15241</td></tr> <tr><td>Budget Account:</td><td>3218</td></tr> <tr><td>Category #:</td><td>23</td></tr> <tr><td>GL:</td><td>8516</td></tr> <tr><td>Job #</td><td>9388915</td></tr> <tr><td>Function #:</td><td>3333</td></tr> <tr><td>Draw #:</td><td>_____</td></tr> </table>	HD#:	15241	Budget Account:	3218	Category #:	23	GL:	8516	Job #	9388915	Function #:	3333	Draw #:	_____
HD#:	15241														
Budget Account:	3218														
Category #:	23														
GL:	8516														
Job #	9388915														
Function #:	3333														
Draw #:	_____														

<p><b>Program Name:</b> Public Health Preparedness, PAIS Division of Public &amp; Behavioral Health</p>	<p><b>Subgrantee Name:</b> Washoe County Health District (WCHD)</p>
<p><b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706</p>	<p><b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89512</p>
<p><b>Subgrant Period:</b> November 1, 2015 through June 30, 2016</p>	<p><b>Subgrantee's:</b>  EIN: 88-6000138  Vendor #: T40283400Q  Dunn &amp; Bradstreet# 073786998</p>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**  
(must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_ Calendar year: \_\_\_\_\_

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$2,674.00	\$0.00	\$0.00	\$0.00	\$2,674.00	0.0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$950.00	\$0.00	\$0.00	\$0.00	\$950.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$20,381.00	\$0.00	\$0.00	\$0.00	\$20,381.00	0.0%
6 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Indirect	\$1,800.00	\$0.00	\$0.00	\$0.00	\$1,800.00	0.0%
<b>Total</b>	<b>\$25,805.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$25,805.00</b>	<b>0.0%</b>

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

Authorized Signature	Title	Date
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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 DIVISION USE ONLY**

Program contact necessary?  Yes  No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_      Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_      Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_      Date: \_\_\_\_\_

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

Washoe County Health District (WCHD) Reimbursement Worksheet November 2015							
Personnel	Title	Description					Amount
		<b>TOTAL</b>					
Contract / Consultant		Description					Amount
		<b>TOTAL</b>					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.575/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
		<b>TOTAL</b>					
Supplies		Description					Amount
		<b>TOTAL</b>					
Equipment		Description (attach invoice copies for all items)					Amount
		<b>TOTAL</b>					
Other		Description					Amount
		<b>TOTAL</b>					
Indirect		Description					Amount
		<b>TOTAL</b>					
<b>TOTAL EXPENDITURES</b>							



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Division Public & Behavioral Health : Public Health Preparedness  
Assistant Secretary for Preparedness and Response: Hospital Preparedness Program  
Budget Period 4 - Carryover  
Budget Request and Justification Form  
Washoe County Health District (WCHD)**

Contact Name: Jeff Whitesides  
Phone Number: 775-326-6051  
E-Mail Address: jwhitesides@washoecounty.us  
Applicant/Agency Name: WCHD  
Total Agency Request: \$ 25,805.00

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current %

**Budget Summary**

	(a) Budget	(b) Current \$ Expended	(c) Current % Expended
<b>Monthly Expenditure:</b>	<b>\$ 24,784.00</b>		
<b>5. Fatality Management:</b>			
F1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations	\$ 24,784.00	\$ -	0%
F2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	\$ -	\$ -	0%
F3: Mental/behavioral support at the healthcare organization level	\$ -	\$ -	0%
<b>10. Medical Surge:</b>	<b>\$ 1,021.00</b>		
F1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	\$ -	\$ -	0%
F2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services	\$ -	\$ -	0%
F3: Assist healthcare organizations with surge capacity and capability	\$ 1,021.00	\$ -	0%
F4: Develop Crisis Standards of Care guidance	\$ -	\$ -	0%
F5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	\$ -	\$ -	0%
	<b>\$ 25,805.00</b>	<b>\$ -</b>	

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

SECTION E

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

*Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009*

2. Did your organization expend \$750,000 or more in all federal awards during your Organization's most recent fiscal year?

YES       NO

3. When does your organization's fiscal year end?

\_\_\_\_\_

4. What is the official name of your organization?

\_\_\_\_\_

5. How often is your organization audited?

\_\_\_\_\_

6. When was your last audit performed?

\_\_\_\_\_

7. What time period did your last audit cover

\_\_\_\_\_

8. Which accounting firm conducted your last audit?

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

**SECTION F**

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District (WCHD)**

---

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement 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 agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "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, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

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

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **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.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
  5. **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.
  6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
  7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

**II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.**

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity 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 the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
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 the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, 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 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. 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 45 CFR 164.530(f) and 164.530(e)(1).
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

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Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become 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 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 with providing such information to the Secretary or other federal or state oversight agency. 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 or HITECH laws or regulations. Reference 42 USC 17937.
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 agreement, Addendum or the Privacy and Security Rules. 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 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. 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 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 has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 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 45 CFR 164.408 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 42 USC 17934, 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 accesses, maintains, creates, retains, modifies, records, stores, destroys, 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 agreement 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 of HIPAA, the Privacy and Security Rule, the HITECH Act, 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 42 USC 17935 and 45 CFR 164.514(d)(3).
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 and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
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.



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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 accesses, maintains, creates, retains, modifies, records, stores, destroys, 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 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. 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 agreement 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 under 45 CFR 164.530(e)(2)(f).
  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 at 45 CFR 160 and 164 and Public Law 111-5; 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 agreement 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 the HIPAA Privacy and Security Rule and the HITECH Act.
- 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 agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
    - b. Except as otherwise limited by 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 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
    - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any 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. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
    - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
  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 42 USC 17935.
    - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,



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in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

**IV. OBLIGATIONS OF 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 45 CFR 164.520, 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 45 CFR 164.522 and 42 USC 17935, 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 the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

**V. TERM AND TERMINATION**

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it 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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement 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 the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, 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

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- 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 the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. 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, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule 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.

THIS SPACE INTENTIONALLY LEFT BLANK

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

**Covered Entity**

**Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706**

**Phone: (775) 684-5975**

**Fax: (775) 684-4211**

**Business Associate**

Washoe County Health District

---

Business Name

1001 East Ninth Street / PO Box 11130

---

Business Address

Reno NV, 89512

---

Business City, State and Zip Code

(775)328-2400

---

Business Phone Number

(775)328-3752

---

Business Fax Number

---

Authorized Signature

---

Authorized Signature

---

for Cody L. Phinney

---

Kitty Jung

---

Print Name

---

Print Name

---

Administrator,  
Division of Public and Behavioral Health

---

Chair, Washoe County Board of Health

---

Title

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Title

---

Date

---

Date

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ATTACHMENT 1  
Match Certification

Date: \_\_\_\_\_

External Funding Source: Office of the Assistant Secretary for Preparedness and Response (ASPR) – Hospital Preparedness Program - Carryover  
\_\_\_\_\_

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District (WCHD)  
\_\_\_\_\_

Project Title: HPP and PHEP Cooperative Agreement  
\_\_\_\_\_

Project Grant #: 5U90TP000534-04  
\_\_\_\_\_

Duration: From: November 1, 2015 To: June 30, 2016  
\_\_\_\_\_

Total cost sharing/matching cost contribution: \$2,580.50 / Percentage: 10%  
\_\_\_\_\_

Source of cost sharing/matching cost contribution:

Name: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District (WCHD)  
\_\_\_\_\_  
Name and Title Signature Date  
(Funding Recipient)

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ATTACHMENT 2

Washoe County Health District (WCHD)  
ASPR Hospital Preparedness Program (BP4) Subgrant - Carryover  
Detailed Work Plan  
November 1, 2015 through June 30, 2016

<b>HPP CAPABILITY # 5 : FATALITY MANAGEMENT</b>		<b>\$ 24,784</b>
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1) Increase fatality management's ability to coordinate with organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains.		
Check ALL that apply <input checked="" type="checkbox"/> <b>Function #1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations</b> <input type="checkbox"/> <b>Function #2: Coordinate surges of concerned citizens with community agencies responsible for family assistance</b> <input type="checkbox"/> <b>Function #3: Mental/behavioral support at the healthcare organization level.</b>	Estimated Funding 1) \$ <u>24,784</u> _____ 2) \$ _____ 3) \$ _____	
Output(s): 1) Revision of the Mass Fatality Plan		
Objective(s): 1) By June 2013, the Washoe County Health District will revise the Mass Fatality Plan to include transportation in the event of a mass fatality incident.		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) Research mass fatality transportation plans	Research documents	Q2
2) Identify gaps in current mass fatality plan	Identified gaps	Q3
3) Revise mass fatality plan	Revised plan	Q4

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**HPP CAPABILITY # 10 : MEDICAL SURGE**

\$ 1,021

**Build**     **Sustain**     **Scale Back**     **No Planned Activity**

**Goal(s):**

2) WCHD will improve medical surge capability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community.

**Output(s):**

1) Purchase of medical surge supplies

**Objective(s):**

1) Throughout BP4, WCHD will purchase medical surge supplies to increase patient tracking capabilities in the event of a healthcare evacuation.

Check ALL that apply

- Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge.**
- Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations.**
- Function #3: Assist healthcare organizations with surge capacity and capability.**
- Function #4: Develop Crisis Standards of Care Guidance.**
- Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will purchase medical surge supplies to increase patient tracking capabilities in the event of a healthcare evacuation.	Medical Surge Supplies	Q4



**2016 District Board of Health Meeting Calendar**

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
S	M	T	W	T	F	S
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28	29					

March						
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27	28	29	30	31		

April						
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24	25	26	27	28	29	30

May						
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29	30	31				

June						
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26	27	28	29	30		

July						
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24	25	26	27	28	29	30
31						


August						
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28	29	30	31			


September						
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25	26	27	28	29	30	

October						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

 DBOH Meetings - Fourth Thursday of Each Month Except November and December\*  
 \*November and December 2016 DBOH meetings are scheduled on the 3rd Thursdays due to holidays.

 Full-Day Strategic Planning Retreat

DD	AH	___
DHO	___	KD ___
DA	LA	___
Risk	N/A	___

**Staff Report**  
**Board Meeting Date:** December 17, 2015

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** Public Hearing – Discussion and proposed adoption of revisions to the Health Department Fee Schedule, specific to Air Quality Management and Environmental Health Services, (Development Review, Construction Plan Review, Food Service Establishment Permits, Temporary Foods/Special Events Permits, Permitted Facilities, Variances, Waste Management, Miscellaneous, Vector Fees, Underground Storage Tanks) as may be determined by the District Board of Health with collection beginning on or after February 1, 2016.

**SUMMARY**

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule.

**District Health Strategic Objective supported by this item:** Strengthen District-wide infrastructure to improve public health

**Fundamental Review recommendation supported by this item:** Update fee schedules and billing processes regularly for all clinical and environmental health services provided (including Air Quality). The fee schedule should include the full cost of service provision, including a proportional share of infrastructure support.

**PREVIOUS ACTION**

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

On April 23, 2015 the Board approved additional fees for the Environmental Health and Air Quality Management Fee schedules.

On July 23, 2015 the Board directed staff to update Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to the community and bring back to the Board the fees for consideration and possible adoptions.

On November 19, 2015 the Board acknowledged the Business Impact Statements and set a public hearing for possible adoption of proposed fees for December 17, 2015.

## **BACKGROUND**

### Methodology

During a review of the Fee Schedules it was identified that there are numerous expenses not currently being recovered. Ongoing expenses such as vehicle usage, operating supplies, and support staff directly involved with programmatic activities, are currently omitted from Washoe County Health District Air Quality Management (AQM) and Environmental Health Services (EHS) fees. As a cost recovery measure staff have identified different fee methodologies utilized by other jurisdictions and have developed a new fee methodology for AQM and EHS.

The fee methodology currently being used includes the following calculations:

- Certified average amount of staff time it takes to perform the activities associated with the fee, including salaries and benefits
- A portion of technology supply expenses (Environmental Health only)
- A percentage of the indirect costs are applied based on the approved Indirect Cost Rate Agreement (prepared with a federally-approved methodology by an independent contract for Washoe County and the Health District)
- Total fee is rounded to the nearest dollar (except late fees)

The proposed fee methodology includes the following calculations:

- Certified average amount of staff time it takes to perform the activities associated with the fee, utilizing fiscal year 2016 salaries and benefits
- Direct expenses:
  - vehicle expenses,
  - operating supplies,
  - office supplies,
  - technology,
  - required staff training,
  - credit card fees,
  - etc.
- Proportionate amount of staff time that directly supports the permitting process and has not already been included in the fee or indirect costs
- Proportionate amount of programmatic staff time spent on administrative tasks
- Proportionate amount of programmatic staff accrued benefits
- Proportionate amount of indirect costs are applied based on the approved Indirect Cost Rate Agreement (prepared with a federally-approved methodology by an independent contract for Washoe County and the Health District)
- Total fee is rounded to the nearest dollar (except late fees)

Health District indirect costs include Health Administration, Divisional leadership and a portion of front office staff. The Health District is also charged an indirect rate for Washoe County services. Some of these expenses include a percentage of Human Resources, Technology Services, the District Attorney, Facilities, and retiree health benefits.

The proposed fee methodology does not include cost recovery for activities and supplies that are considered necessary for public health outreach and safety not tied to a specific permit type. For

example food disease outbreak investigations and mosquito abatement staff time and related vehicle use and supplies, are not included in the new methodology.

This methodology, when possible, is applied for each program, for a total of five program expense rates in Environmental Health Services and two in Air Quality Management.

#### Additional changes to existing fees

Staff reviewed the current fee justifications and identified fees that needed more extensive analysis.

A specific time study was established for front office staff in Environmental Health Services to more accurately account for time spent processing Temporary Foods and Temporary Invasive Body Decoration permits, both of which did not previously include front office staff time.

Staff time was reduced for Vector – Parcel Map Review (sewer available/not available) and School Kitchen Permit. The Senior Licensed Engineer position was removed and replaced with the Licensed Engineer position.

Staff time was increased for Septic Disposal – On site plan review only, Septic Disposal – On site construction plan review permit, Septic Disposal – On site abandonment connect to sewer, Septic Disposal – Water well construction permit, and Septic Disposal – Water well abandonment permit.

The word Sewage was replaced with the word Septic to help reduce confusion among the public and updated language clarified the Underground Storage Tank New Construction and Remodel/Upgrade fees. The Dust Control Plan Review language was clarified and personnel adjusted to more accurately represent services provided.

#### New Fees

The following new fees were added or adapted from previous fees to align the Fee Schedule with the Regulations of the Washoe County District Board of Health Governing Food Establishments adopted by the District Board of Health on May 28, 2015.

- Mobile Unit/Service Area
- Outdoor Food Establishment
- Portable Unit for Service of Food/Service Area
- Vending
- Change of Service Area
- Exemption from inspection – Initial Review
- Exemption from Inspection – Annual
- HACCP Plan – Initial Review
- Operational Plan – Initial Review

A New Facility/Changes of Ownership PACC/RV Park (per hour) fee was added for when an inspection of every hotel room or RV park is required due to a change of ownership.

### Public Notice

On September 11, 2015 postcards were mailed to 5,154 affected permit holders and businesses, giving notice of proposed fee changes and offering multiple methods of providing comment. Notice was published in the Reno Gazette Journal and the proposed fees were posted on the Health District website.

Public Workshops were held on September 29, 2015 at Noon and September 30, 2015 at 5:30 pm. The workshops were held at the Washoe County Health District. A total of 17 community members attended the workshops. The sign in sheets and PowerPoint are attached. In addition individual meetings were held with the Health District Land Users Working Group hosted by Builder's Association of Northern Nevada, and with the Chamber of Commerce Business Advocacy Committee. The fee changes were covered by local news programs and stories aired on television and radio a total of 27 times from September 29 through October 6.

### Community Feedback

Comments were accepted at the workshops, through an online comment form located on the Health District website, through e-mail, via the phone, and mail. The majority of comments were received at the workshops. Specific comments were included in the Business Impact Statements.

General themes of community feedback for the overall fee increases included:

- It is a rough time for business right now with multiple jurisdictions increasing fees and/or taxes
- Why can't the general fund continue to support the permitting process?
- It makes sense why the Health District is making these changes, but (community members) don't like them

The majority of feedback requested that the fees be implemented in phases. While some community members requested that the fees not be phased in as it makes it more difficult for providing quotes to customers, other community members, especially the temporary food permit holders, indicated a strong desire for a phase in period.

### Fees compared to other jurisdictions

The District Board of Health directed staff to compare the Temporary Food fees and Septic fees to other similar jurisdictions. Staff compared as similar of a fee and activities as possible to Southern Nevada Health District (SNHD), County of Sacramento, California, and Nevada Division of Public and Behavioral Health (State of Nevada). The State of Nevada also charges Nevada counties for services that are performed within the county, for a total of \$482,426 for FY16. Sonoma County Health Services Department, California was used as a comparison for Temporary Foods only. A comparison of other fee types is attached.

### Septic Installation

	WCHD Proposed	SNHD	Sacramento	State of Nevada
New Septic Installation - Standard	Total: \$2,441  \$2,053 Base \$388 Test trench  No additional charge for an engineered system.	\$551  \$275 Each re-inspection	Total: \$2,238  If over time allotted an additional \$213 per hour charge, including responding to emails.  Engineered system an additional \$479	\$498  Plans must be submitted by a Licensed Engineer.  No additional charge for an engineered system.
Public Health Activities	Plan Review 4 Inspections	Plan Review 1 Inspection	Plan Review Perc Test Inspections Total: 10.5 hours	Plan review 1-2 inspections
Fees updated	Proposed	2009	2015	2013

### Temporary Foods

	WCHD Proposed (4-7 day)	SNHD (1-5 day)	Sacramento*	State of Nevada	Sonoma* (5 day or less)
Temporary food permit – 5 days	\$535	\$131	\$158 for high risk  Additional coordinator fee of \$362 for event with 5 or less vendors	\$50	\$286
Public Health Activities	1 inspection per day up to 3 inspections for 4-7 day event	1 inspection prior to start of event  Complexity of event &/or duration may require surveillance activities on subsequent days	1 inspection prior to start of event	Minimum 1 inspection	1 inspection
Fees updated	Proposed	2009	2015	2013	2008

\*California law does not limit the number of days a temporary permit may be issued

Staff has recalculated the Temporary Food fees based on reduced inspections. The calculations are attached. It is a DBOH decision to reduce the Temporary Food fees which would result in a reduction in the number of inspections.



#### Temporary Food Vendors – Posting Permits

The District Board of Health requested information on the posting of permits by temporary food vendors. EHS staff confirmed that the Food Regulations recently adopted by the DBOH does require permits to be posted but it has not been a major focus of staff to ensure it is done. It will be required moving forward.

#### Non Profit Temporary Food Permits

The District Board of Health established temporary food permits at \$25 per individual or \$200 for an event with 20 or fewer food vendors, for organizations with a non-profit status. These permits are normally issued for fundraising events with multiple food vendors and could include a wine tasting event with food or a large event with multiple high risk foods. During the public comment process staff proposed no longer providing the reduced rate for non-profit permits and one for-profit vendor provided negative feedback. No comments were received from a non-profit organization. Staff is requesting a decision from the DBOH as to whether the cost of the Temporary Food Permit for non-profits should be reduced, and if so what amount should be charged.

#### Air Quality Dust Control Permits

The District Board of Health requested information on the amount of time it takes for Field Inspection based on a per acre charge. This information was prepared by Charlene Albee, Division Director, Air Quality Management, and is attached.

#### Fee Updates

Staff is recommending automatic annual adjustments to all Environmental Health Services and Air Quality Management fees based on Consumer Price Index (CPI), Western Regional with a full recalculation of fees every five years.

#### Implementation Date

Staff originally suggested that the fees be implemented upon the start of Accela, a regional permitting system. However, the Accela project has been postponed with an unknown start date. Staff time will be required to update the current permitting system with the new fee rates, therefore, the start date of February 1, 2016 is proposed.

## **FISCAL IMPACT**

The current projections for the next several years reflects a surplus in funding for the Health District for fiscal year 2016 then a shortfall in funding in the following years due to an increase in expenditures with no additional increase in fees. The revenues are anticipated to increase on average 4.1% over the next several years due to the anticipated increase in work activities and the assumption that grant funding will keep pace with the expenditure increases. The expenditures are projected to increase on average 4.9% due to: an increase in salaries and benefits for cost of living adjustments and employee merit increases for an average annual increase of 5.4%; average annual benefit increases projected at 7.8%; and a 2% increase in billings from the County due to the projected salaries and benefits increases. The following table shows the projected impact on the Health Fund assuming no increases in the fee schedule for licenses, permits and charges for services. In this scenario, Fiscal Year 2017 will require a reduction in expenditures or an increase in revenue to bring the fund balance up from a projected negative position.

### No Fee Increases

Washoe County Health Fund						
	Actual	Projected				
	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<b>FUND SUMMARY:</b>						
<b>SOURCES OF FUNDS:</b>						
Opening Fund Balance	\$ 2,155,799	\$2,268,506	\$ 898,851	\$ (264,226)	\$ (1,896,514)	\$ (4,166,551)
<b>Revenue:</b>						
Licenses and Permits	1,410,276	1,509,739	1,524,607	1,539,934	1,539,934	1,539,934
Federal & State Grants	5,658,659	5,697,420	6,042,076	6,383,031	6,741,192	7,120,528
Tire & Pollution Restricted Funds	988,089	1,066,265	1,070,962	1,124,606	1,181,437	1,241,661
Birth & Death Certificates	465,052	502,534	505,047	507,572	510,110	512,661
Other Charges for Services	932,013	1,047,245	1,062,371	1,080,848	1,085,146	1,089,521
Miscellaneous	58,286	87,521	89,807	92,314	94,962	97,759
Total Revenue	9,512,374	9,910,724	10,294,869	10,728,304	11,152,780	11,602,063
Total General Fund transfer	10,000,192	10,076,856	10,076,856	10,076,856	10,076,856	10,076,856
<b>Total Sources of Funds</b>	<b>21,668,365</b>	<b>22,256,086</b>	<b>21,270,576</b>	<b>20,540,935</b>	<b>19,333,122</b>	<b>17,512,368</b>
<b>USES OF FUNDS (expenditures &amp; transfers out):</b>						
Salaries & Wages	10,186,634	10,623,391	11,225,920	11,854,522	12,522,314	13,230,674
Employee Benefits	4,088,795	4,711,598	5,036,731	5,325,834	5,622,055	5,934,703
Services and Supplies	2,357,842	3,142,561	2,338,448	2,265,310	2,304,281	2,347,585
GF Overhead costs	2,741,061	2,795,882	2,851,800	2,908,836	2,967,012	3,026,353
Capital	25,527	83,804	81,903	82,946	84,011	85,096
<b>Total Uses of Funds</b>	<b>19,399,859</b>	<b>21,357,235</b>	<b>21,534,802</b>	<b>22,437,449</b>	<b>23,499,673</b>	<b>24,624,411</b>
<b>Net Change in Fund Balance</b>	<b>112,707</b>	<b>(1,369,655)</b>	<b>(1,163,077)</b>	<b>(1,632,288)</b>	<b>(2,270,037)</b>	<b>(2,945,492)</b>
<b>Ending Fund Balance (FB)</b>	<b>\$2,268,506</b>	<b>\$ 898,851</b>	<b>\$ (264,226)</b>	<b>\$ (1,896,514)</b>	<b>\$ (4,166,551)</b>	<b>\$ (7,112,043)</b>
<b>FB as a percent of Uses of Funds</b>	<b>11.7%</b>	<b>4.2%</b>	<b>-1.2%</b>	<b>-8.5%</b>	<b>-17.7%</b>	<b>-28.9%</b>

FY16: Unspent restricted funding from prior years is assumed to be spent 100% in FY16. Excluding the 100% use of restricted funds the Ending Fund balance is projected to be \$1,696,842

Should the Board approve the proposed increase in fees, it is anticipated that the Air Quality Division will have an increase in annual revenue of approximately \$645,000 and the Environmental Health Division will have an increase of approximately \$1,655,000. Assuming the recommended fee increases are implemented at 100% effective February 1, 2016 then a Western CPI increase starting each July until the fees are later recalculated for costs at that time, this will allow for the projected shortfall to be eliminated for the next several years. Also factored into the projections is a reduction in the subsidy from the County for the amount of shared services expenditures that are being recovered in the new fee structure which is estimated to be \$580,000 annually. The following table reflects the increase in fees assuming a no phase in approach for the new fees.

### No Phase In Approach – 100% February 1, 2016

Washoe County Health Fund						
	Actual		Projected			
	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<b>FUND SUMMARY:</b>						
<b>SOURCES OF FUNDS:</b>						
Opening Fund Balance	\$ 2,155,799	\$2,268,506	\$1,856,893	\$ 2,413,712	\$ 2,532,282	\$ 2,087,496
<b>Revenue:</b>						
Licenses and Permits	1,410,276	2,135,419	3,026,240	3,068,596	3,123,831	3,180,060
Federal & State Grants	5,658,659	5,697,420	6,042,076	6,383,031	6,741,192	7,120,528
Tire & Pollution Restricted Funds	988,089	1,066,265	1,070,962	1,124,606	1,181,437	1,241,661
Birth & Death Certificates	465,052	502,534	505,047	507,572	510,110	512,661
Other Charges for Services	932,013	1,379,607	1,860,633	1,893,484	1,927,567	1,962,263
Miscellaneous	58,286	87,521	89,807	92,314	94,962	97,759
Total Revenue	9,512,374	10,868,766	12,594,764	13,069,603	13,579,098	14,114,931
Total General Fund transfer	10,000,192	10,076,856	9,496,856	9,486,416	9,475,788	9,464,969
<b>Total Sources of Funds</b>	<b>21,668,365</b>	<b>23,214,128</b>	<b>23,948,514</b>	<b>24,969,731</b>	<b>25,587,168</b>	<b>25,667,395</b>
<b>USES OF FUNDS (expenditures &amp; transfers out):</b>						
Salaries & Wages	10,186,634	10,623,391	11,225,920	11,854,522	12,522,314	13,230,674
Employee Benefits	4,088,795	4,711,598	5,036,731	5,325,834	5,622,055	5,934,703
Services and Supplies	2,357,842	3,142,561	2,338,448	2,265,310	2,304,281	2,347,585
GF Overhead costs	2,741,061	2,795,882	2,851,800	2,908,836	2,967,012	3,026,353
Capital	25,527	83,804	81,903	82,946	84,011	85,096
<b>Total Uses of Funds</b>	<b>19,399,859</b>	<b>21,357,235</b>	<b>21,534,802</b>	<b>22,437,449</b>	<b>23,499,673</b>	<b>24,624,411</b>
<b>Net Change in Fund Balance</b>	<b>112,707</b>	<b>(411,612)</b>	<b>556,818</b>	<b>118,571</b>	<b>(444,787)</b>	<b>(1,044,511)</b>
<b>Ending Fund Balance (FB)</b>	<b>\$2,268,506</b>	<b>\$1,856,893</b>	<b>\$2,413,712</b>	<b>\$ 2,532,282</b>	<b>\$ 2,087,496</b>	<b>\$ 1,042,985</b>
<b>FB as a percent of Uses of Funds</b>	<b>11.7%</b>	<b>8.7%</b>	<b>11.2%</b>	<b>11.3%</b>	<b>8.9%</b>	<b>4.2%</b>

FY16: Unspent restricted funding from prior years is assumed to be spent 100% in FY16. Excluding the 100% use of restricted funds the Ending Fund balance is projected to be \$2,654,884

Assuming the recommended fee increases are implemented at 50% effective February 1, 2016; 100% of the fees implemented February 1, 2017; then a Western CPI increase starting each July; current staffing levels; and factoring in a reduction in the County transfer for the shared services expenditures that are being recovered in the new fee structure, it will not be until fiscal year 2020 that increased revenues will need to be established, or reduction in costs, to help offset a negative fund balance as shown in the table below.

Phase In Approach – 50% February 2016, 100% February 2017

Washoe County Health Fund						
	Actual	Projected				
	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<b>FUND SUMMARY:</b>						
<b>SOURCES OF FUNDS:</b>						
Opening Fund Balance	\$ 2,155,799	\$ 2,268,506	\$ 1,377,872	\$ 1,433,227	\$ 1,551,798	\$ 1,107,011
<b>Revenue:</b>						
Licenses and Permits	1,410,276	1,822,579	2,588,264	3,068,596	3,123,831	3,180,060
Federal & State Grants	5,658,659	5,697,420	6,042,076	6,383,031	6,741,192	7,120,528
Tire & Pollution Restricted Funds	988,089	1,066,265	1,070,962	1,124,606	1,181,437	1,241,661
Birth & Death Certificates	465,052	502,534	505,047	507,572	510,110	512,661
Other Charges for Services	932,013	1,213,426	1,627,979	1,893,484	1,927,567	1,962,263
Miscellaneous	58,286	87,521	89,807	92,314	94,962	97,759
Total Revenue	9,512,374	10,389,745	11,924,135	13,069,603	13,579,098	14,114,931
Total General Fund transfer	10,000,192	10,076,856	9,666,023	9,486,416	9,475,788	9,464,969
<b>Total Sources of Funds</b>	<b>21,668,365</b>	<b>22,735,107</b>	<b>22,968,030</b>	<b>23,989,247</b>	<b>24,606,684</b>	<b>24,686,911</b>
<b>USES OF FUNDS (expenditures &amp; transfers out):</b>						
Salaries & Wages	10,186,634	10,623,391	11,225,920	11,854,522	12,522,314	13,230,674
Employee Benefits	4,088,795	4,711,598	5,036,731	5,325,834	5,622,055	5,934,703
Services and Supplies	2,357,842	3,142,561	2,338,448	2,265,310	2,304,281	2,347,585
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<b>Net Change in Fund Balance</b>	<b>112,707</b>	<b>(890,634)</b>	<b>55,355</b>	<b>118,571</b>	<b>(444,787)</b>	<b>(1,044,511)</b>
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,268,506</b>	<b>\$ 1,377,872</b>	<b>\$ 1,433,227</b>	<b>\$ 1,551,798</b>	<b>\$ 1,107,011</b>	<b>\$ 62,501</b>
<b>FB as a percent of Uses of Funds</b>	<b>11.7%</b>	<b>6.5%</b>	<b>6.7%</b>	<b>6.9%</b>	<b>4.7%</b>	<b>0.3%</b>

FY16: Unspent restricted funding from prior years is assumed to be spent 100% in FY16. Excluding the 100% use of restricted funds the Ending Fund balance is projected to be \$2,175,863

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the proposed revisions to the Health Department Fee Schedule, specific to Air Quality Management and Environmental Health Services, (Development Review, Construction Plan Review, Food Service Establishment Permits, Temporary Foods/Special Events Permits, Permitted Facilities, Variances, Waste Management, Miscellaneous, Vector Fees, Underground Storage Tanks) and consider a phased implementation approach with collection beginning on or after February 1, 2016.

**POSSIBLE MOTION**

Move to approve the proposed revisions to the Health Department Fee Schedule, specific to Air Quality Management and Environmental Health Services, (Development Review, Construction Plan Review, Food Service Establishment Permits, Temporary Foods/Special Events Permits, Permitted Facilities, Variances, Waste Management, Miscellaneous, Vector Fees, Underground Storage Tanks) with collection beginning on or after February 1, 2016.

**ALTERNATIVES**

The District Board of Health may elect to approve, deny, modify, or revise the proposed fee schedule(s) or any individual fees.

**Washoe County Health District  
Proposed Fee Schedule  
Effective Date: December 2015**

**Air Quality Management**

Description	Potential Fee			
	7/1/15 Fee	Dec 2015	% Increase	\$ Increase
Plan Review - Fuel Burning Equipment Only	\$ 80.00	\$ 143.00	79%	\$ 63.00
Plan Review - < 100 tons per year	\$ 583.00	\$ 1,025.00	76%	\$ 442.00
Plan Review - < 100 tons per year, Synthetic Minor Source	\$ 1,734.00	\$ 3,043.00	75%	\$ 1,309.00
Plan Review - > 100 tons per year	\$ 21,969.00	\$ 34,928.00	59%	\$ 12,959.00
Small Stationary Source Operating Permit	\$ 170.00	\$ 300.00	76%	\$ 130.00
Stationary Source Operating Permit	\$ 187.00	\$ 330.00	76%	\$ 143.00
Annual Emission Fee (source emitting > 2 lbs/day)	\$ 16.00	\$ 16.00	0%	\$ -
Stationary Source Toxics Permit	\$ 81.00	\$ 140.00	73%	\$ 59.00
Annual Toxic Emission Fee (source emitting > 1 lb/day)	\$ 6.00	\$ 6.00	0%	\$ -
Operating Permit Transfer Fee (person to person)	\$ 48.00	\$ 87.00	81%	\$ 39.00
Late Permit Application Processing Fee	\$ 211.00	\$ 372.00	76%	\$ 161.00
Gasoline Service Station Permit Fee (base plus per nozzle)				
Base Fee (per permit)	\$ 12.00	\$ 25.00	108%	\$ 13.00
Per Nozzle	\$ 41.00	\$ 73.00	78%	\$ 32.00
Asbestos Assessment Plan Review	\$ 62.00	\$ 110.00	77%	\$ 48.00
<u>Notification of Asbestos App/Removal Fees:</u>				
Demolition Notification	\$ 162.00	\$ 288.00	78%	\$ 126.00
260<520 Linear ft or 160<320 sq ft	\$ 333.00	\$ 589.00	77%	\$ 256.00
520<1000 Linear ft or 320<1000 sq ft	\$ 735.00	\$ 1,299.00	77%	\$ 564.00
>1000 Linear or Square Feet	\$ 1,812.00	\$ 3,201.00	77%	\$ 1,389.00
Facility Annual Notification	\$ 3,822.00	\$ 6,780.00	77%	\$ 2,958.00
Administrative Modification	\$ 47.00	\$ 84.00	79%	\$ 37.00
Building Plan Review	\$ 54.00	\$ 95.00	76%	\$ 41.00
Initial Registration of Neutral Inspectors	\$ 148.00	\$ 283.00	91%	\$ 135.00
Annual Renewal of Neutral Inspectors	\$ 49.00	\$ 94.00	92%	\$ 45.00
Woodstove Certificates	\$ 37.00	\$ 71.00	92%	\$ 34.00
Woodstove Notice of Exemption	\$ 14.00	\$ 27.00	93%	\$ 13.00
Woodstove Certificates - Transfer	\$ 13.00	\$ 24.00	85%	\$ 11.00
Geothermal Well Drilling Permit	\$ 390.00	\$ 685.00	76%	\$ 295.00
Air Quality Variance Request	\$ 511.00	\$ 908.00	78%	\$ 397.00
Dust Control Plan Review (base plus per acre)				
Base Fee (per permit)	\$ 37.00	\$ 77.00	108%	\$ 40.00
Per Acre	\$ 120.00	\$ 209.00	74%	\$ 89.00
Dust Control Permit Administrative Modification	\$ 47.00	\$ 84.00	79%	\$ 37.00
Expert Witness Fee (per hour)	\$ 281.00	\$ 493.00	75%	\$ 212.00
Air Quality Permit to Operate Late Fee (% of Total Fee Due)	25%	25%	0%	\$ -
Non-Standard Working Hours Request (per hour)	\$ 103.00	\$ 175.00	70%	\$ 72.00
Smoke Management Plan Review				
Base Fee (per permit)	\$ 72.00	\$ 126.00	75%	\$ 54.00
Per Unit	\$ 18.00	\$ 32.00	78%	\$ 14.00

**Washoe County Health District  
Proposed Fee Schedule  
Effective Date: Dec 2015**

**Environmental Health Services**

Page #	Description	7/1/15 Fee	Potential Fee Dec 2015	% Increase	\$ Increase
<b>Development Review</b>					
5	Change of Land Use	\$ 179.00	\$ 385.00	115%	\$ 206.00
6	Minor/Major Special Use Permit Review/Development Agreement	\$ 244.00	\$ 521.00	114%	\$ 277.00
7	Parcel Map Review - Sewer Available	\$ 331.00	\$ 702.00	112%	\$ 371.00
7	Parcel Map Review - Sewer Not Available	\$ 776.00	\$ 1,640.00	111%	\$ 864.00
8	Special Use Permit Conditions Inspection				
9	Tentative Subdivision Review - Sewer Available	\$ 374.00	\$ 793.00	112%	\$ 419.00
9	Tentative Subdivision Review - Sewer Not Available	\$ 1,016.00	\$ 2,155.00	112%	\$ 1,139.00
9	Amended or Lapsed Subdivision - Sewer Available	\$ 374.00	\$ 793.00	112%	\$ 419.00
9	Amended or Lapsed Subdivision - Sewer Not Available	\$ 1,016.00	\$ 2,155.00	112%	\$ 1,139.00
10	Final Map Review	\$ 244.00	\$ 521.00	114%	\$ 277.00
11	Community Development Application Review	\$ 71.00	\$ 158.00	123%	\$ 87.00
<b>Construction Plan Review</b>					
12	Construction-Quick Start	\$ 37.00	\$ 83.00	124%	\$ 46.00
13	Food Service Establishment Construction-Plan Review				
13			'Base Fee'		
14		\$ 119.00	\$ 320.00	169%	\$ 201.00
14		\$ 131.00	\$ 357.00	173%	\$ 226.00
14		\$ 180.00	\$ 492.00	173%	\$ 312.00
14		\$ 263.00	\$ 717.00	173%	\$ 454.00
16	Food Service Establishment Construction Remodel Plan Review-'Base Fee'	\$ 119.00	\$ 320.00	169%	\$ 201.00
17	Food Service Establishment Construction Remodel Plan Review	\$ 115.00	\$ 312.00	171%	\$ 197.00
18	Facility Construction Revised Plan Review-Land Dev. Group	\$ 142.00	\$ 299.00	111%	\$ 157.00
19	Facility Construction Revised Plan Review-Facility	\$ 116.00	\$ 267.00	130%	\$ 151.00
20	Hotel/Motel Plan Review - Engineering	\$ 177.00	\$ 369.00	108%	\$ 192.00
21	Hotel/Motel Plan Review - Base Rate-Environmental	\$ 73.00	\$ 166.00	127%	\$ 93.00
21	Hotel/Motel Plan Review - Per Room Charge-Environmental	\$ 6.00	\$ 13.00	117%	\$ 7.00
22	Mobile Home/Recreational Vehicle Park Plan Review	\$ 394.00	\$ 822.00	109%	\$ 428.00
23	Recreational Vehicle Dump Station Permit to Construct	\$ 177.00	\$ 369.00	108%	\$ 192.00
24	General Environmental Health Services Construction Plan Review-Land Dev.	\$ 114.00	\$ 249.00	118%	\$ 135.00
25	Septic Disposal - On Site Plan Review Only*	\$ 200.00	\$ 1,025.00	413%	\$ 825.00
26	Septic Disposal - On Site Construction Plan Review/Permit (per/bldg)*	\$ 656.00	\$ 2,053.00	213%	\$ 1,397.00
27	Septic Disposal - On Site Tank Replacement and Abandonment**		\$ 631.00		
28	Septic Disposal - On Site Abandonment/Connect to Sewer*	\$ 200.00	\$ 554.00	177%	\$ 354.00
29	Septic Disposal - On Site System Advisory Inspection	\$ 166.00	\$ 388.00	134%	\$ 222.00
30	Septic Disposal - On Site Re-inspection (Sewage)	\$ 108.00	\$ 246.00	128%	\$ 138.00
30	Septic Disposal - On Site Re-inspection (Wells)	\$ 108.00	\$ 246.00	128%	\$ 138.00
30	Septic Disposal - On Site Re-inspection (VA/FHA)	\$ 73.00	\$ 166.00	127%	\$ 93.00
31	Water Treatment Plant Construction Permit and Inspections >1000 Connections	\$ 1,784.00	\$ 3,756.00	111%	\$ 1,972.00
31	Water Treatment Plant Construction Permit and Inspections <1000 Connections	\$ 485.00	\$ 1,036.00	114%	\$ 551.00
32	Swimming Pool or Spa Construction Plan Review	\$ 547.00	\$ 1,156.00	111%	\$ 609.00
33	Swimming Pool or Spa Remodel Plan Review	\$ 211.00	\$ 445.00	111%	\$ 234.00
34	Swimming Pool or Spa Construction Reinspection	\$ 134.00	\$ 278.00	107%	\$ 144.00
35	Water System Const. Plan Review - New Facility Community	\$ 453.00	\$ 884.00	95%	\$ 431.00
35	Water System Const. Plan Review - New Facility Non-Community	\$ 280.00	\$ 548.00	96%	\$ 268.00
36	Water System Expansion or Modification - Community	\$ 284.00	\$ 590.00	108%	\$ 306.00
36	Water System Expansion or Modification - Non-Community	\$ 183.00	\$ 379.00	107%	\$ 196.00
					Per connection review fee
37	Water Well Construction Permit*	\$ 340.00	\$ 1,412.00	315%	\$ 1,072.00
38	Water Well Abandonment Permit*	\$ 275.00	\$ 716.00	160%	\$ 441.00
39	Water Well Domestic Well Deepening Permit**		\$ 793.00		
30	Water Well Construction Re-Inspection	\$ 108.00	\$ 246.00	128%	\$ 138.00
<b>Food Service Establishment Permits</b>					
40	Food Service Establishment-Application	\$ 102.00	\$ 279.00	174%	\$ 177.00
42	Bakery Permit	\$ 119.00	\$ 320.00	169%	\$ 201.00
42	Bar Permit	\$ 119.00	\$ 320.00	169%	\$ 201.00
42	Delicatessen Permit	\$ 136.00	\$ 365.00	168%	\$ 229.00
42	Food Manufacturing Permit	\$ 136.00	\$ 365.00	168%	\$ 229.00
42	Grocery Store Permit	\$ 119.00	\$ 320.00	169%	\$ 201.00
42	Meat Market Permit	\$ 119.00	\$ 320.00	169%	\$ 201.00
42	Mobile Unit/Service Area**	\$ -	\$ 455.00		\$ 455.00
42	Outdoor Food Establishment**	\$ -	\$ 275.00		\$ 275.00
42	Portable Unit for Service of Food/Service Area**	\$ -	\$ 455.00		\$ 455.00
42	Pre-Packaged Food w/inspection Permit	\$ 119.00	\$ 320.00	169%	\$ 201.00
42	Pre-packaged w/o inspection Permit	\$ 20.00	\$ 51.00	155%	\$ 31.00
42	Restaurant Permit	\$ 152.00	\$ 410.00	170%	\$ 258.00
42	Satellite Food Distribution Site Permit	\$ 70.00	\$ 186.00	166%	\$ 116.00



## Environmental Health Services

Page #	Description	Potential Fee		
		7/1/15 Fee	Dec 2015	% Increase \$ Increase
42	School Kitchen Permit*	\$ 267.00	\$ 365.00	37% \$ 98.00
42	Snack Bar Permit	\$ 119.00	\$ 320.00	169% \$ 201.00
42	Support Kitchen Permit	\$ 136.00	\$ 365.00	168% \$ 229.00
42	Vending**	\$ -	\$ 320.00	\$ 320.00
42	Warehouse Permit	\$ 119.00	\$ 320.00	169% \$ 201.00
43	Change of Service Area**	\$ -	\$ 279.00	\$ 279.00
44	Exemption from Inspection - Initial Review**	\$ -	\$ 88.00	\$ 88.00
44	Exemption from Inspection - Annual**	\$ -	\$ 12.00	\$ 12.00
45	HACCP Plan - Initial Review**	\$ -	\$ 498.00	\$ 498.00
46	Operational Plan - Initial Review**	\$ -	\$ 270.00	\$ 270.00
<b><u>Temporary Foods/Special Events Permits</u></b>				
47	1-Day Event Permit*	\$ 38.00	\$ 151.00	297% \$ 113.00
47	2-Day Event Permit*	\$ 71.00	\$ 243.00	242% \$ 172.00
47	3-Day Event Permit*	\$ 85.00	\$ 279.00	228% \$ 194.00
47	4-7 Day Event Permit*	\$ 179.00	\$ 535.00	199% \$ 356.00
47	8-14 Day Event Permit*	\$ 348.00	\$ 991.00	185% \$ 643.00
47	1-7 Day Event Low Risk Permit*	\$ 38.00	\$ 151.00	297% \$ 113.00
47	8-14 Day Event Low Risk Permit*	\$ 78.00	\$ 261.00	235% \$ 183.00
47	Non Profit 1-14 Days Permit***	\$ 25.00	\$ -	-100%
47	Non-Profit Conditional Maximum Permit***	\$ 200.00	\$ -	-100%
47	Cumulative Maximum Permit		3x Permit Fee	
	Late Fee	Not to exceed \$100	Permit Fee; Not to exceed \$100	
47	Annual Farmer's Market Permit*	\$ 105.00	\$ 334.00	218% \$ 229.00
47	Annual Sampling Permit*	\$ 105.00	\$ 334.00	218% \$ 229.00
47	Promoters Fees			
	Special Event Permit to Operate	\$ 395.00	\$ 1,118.00	183% \$ 723.00
	Recurrent Special Events Permit to Operate	\$ 571.00	\$ 1,593.00	179% \$ 1,022.00
47	Reinspection	Permit Fee	Permit Fee	0%
<b><u>Permitted Facilities</u></b>				
48	Permitted Facilities Re-Inspection	\$ 71.00	\$ 163.00	130% \$ 92.00
49	Mobile Home or Recreational Vehicle Park Permit - 1-20 spaces	\$ 108.00	\$ 251.00	132% \$ 143.00
49	Mobile Home or Recreational Vehicle Park Permit - 21-39 spaces	\$ 108.00	\$ 251.00	132% \$ 143.00
49	Mobile Home or Recreational Vehicle Park Permit - 40 or more spaces	\$ 130.00	\$ 302.00	132% \$ 172.00
23	RV Dump Station Annual Permit	\$ 73.00	\$ 166.00	127% \$ 93.00
50	Swimming Pools/Spas - Operation Permit (seasonal & annual combined)	\$ 187.00	\$ 439.00	135% \$ 252.00
51	Certificate and Photo ID Issuance & Renewal-Certified Pool Operators	\$ 19.00	\$ 46.00	142% \$ 27.00
52	Child Care Inspection	\$ 86.00	\$ 199.00	131% \$ 113.00
<b><u>Variances</u></b>				
54	Swimming Pools Variance Request (Construction)	\$ 579.00	\$ 1,282.00	121% \$ 703.00
55	Well Construction Variance Request (Construction)	\$ 631.00	\$ 1,437.00	128% \$ 806.00
56	Mobile Home/Recreational Vehicle Park Variance (Construction)	\$ 536.00	\$ 1,191.00	122% \$ 655.00
57	On-Site Subdivision Variance	\$ 934.00	\$ 2,072.00	122% \$ 1,138.00
57	Sewage Disposal - On Site Variance Request	\$ 934.00	\$ 2,072.00	122% \$ 1,138.00
58	Food Service Variance (Permitted Facility)	\$ 346.00	\$ 821.00	137% \$ 475.00
59	General Variance Request	\$ 271.00	\$ 594.00	119% \$ 323.00
<b><u>Waste Management</u></b>				
61	Solid Waste System Plan Review	\$ 322.00	\$ 612.00	90% \$ 290.00
62	Waste Release Permit - Grease Trap & Asbestos Release	\$ 41.00	\$ 77.00	88% \$ 36.00
62	Waste Release Permit - Sandoil Separator Release	\$ 52.00	\$ 99.00	90% \$ 47.00
62	Waste Release Permit - Non-Hazardous Special Waste Release	\$ 69.00	\$ 131.00	90% \$ 62.00
62	Waste Release Permit - Each Custody Record	\$ 1.00	\$ 1.00	0% \$ -
62	Waste Release Permit - Each Additional Custody Slip Record	\$ 5.00	\$ 5.00	0% \$ -
63	Non-Standard Industrial Waste Permit	\$ 130.00	\$ 248.00	91% \$ 118.00
64	Garbage Exemptions (A,B,C,D,E)	\$ 122.00	\$ 231.00	89% \$ 109.00
65	Biohazardous Waste Transfer Station Permit	\$ 186.00	\$ 352.00	89% \$ 166.00
66	Biohazardous Waste Treatment Facility Permit	\$ 168.00	\$ 317.00	89% \$ 149.00
67	Biohazardous Waste Transporter Permit	\$ 141.00	\$ 269.00	91% \$ 128.00
68	Biohazardous Waste Generator	\$ 182.00	\$ 328.00	80% \$ 146.00
69	Biosolids Permit	\$ 130.00	\$ 248.00	91% \$ 118.00
70	Waste Tire Management Facility	\$ 204.00	\$ 386.00	89% \$ 182.00
71	Materials Recovery/Recycling Facility Permit (prev. Waste Reduction/Recycling Facility)	\$ 134.00	\$ 255.00	90% \$ 121.00
72	Composting Facility Permit	\$ 204.00	\$ 387.00	90% \$ 183.00
73	Landfill Operations Permit	\$ 1,078.00	\$ 2,052.00	90% \$ 974.00
74	Municipal Solid Waste/Green Waste Transfer Station Permit	\$ 245.00	\$ 465.00	90% \$ 220.00
75	Municipal Solid Waste System Inspection-Extra Hours	\$ 67.00	\$ 134.00	100% \$ 67.00
76	Waste Hauler Operations Permit-Domestic	\$ 113.00	\$ 216.00	91% \$ 103.00

## Environmental Health Services

Page #	Description	Potential Fee			
		7/1/15 Fee	Dec 2015	% Increase	\$ Increase
76	Waste Hauler Operations Permit-Import	\$ 158.00	\$ 302.00	91%	\$ 144.00
77	Waste Tire Hauler Permit-Domestic	\$ 108.00	\$ 206.00	91%	\$ 98.00
<b>Miscellaneous</b>					
78	New Facility/Change of Ownership - Application fee	\$ 102.00	\$ 239.00	134%	\$ 137.00
79	New Facility/Change of Ownership Inspection PACC RV Park (per hour)**		\$ 161.00		
80	Re-Inspection	\$ 71.00	\$ 163.00	130%	\$ 92.00
81	Late Payment		25% of original fee		
82	Limited Advisory Inspection (per hour - 2 hour minimum)	\$ 71.00	\$ 163.00	130%	\$ 92.00
82	Limited Advisory Inspection-Non-Standard Hours (per hour - 2 hour minimum)	\$ 105.00	\$ 219.00	109%	\$ 114.00
83	Public Accommodations Inspection				
	Up to 50 rooms	\$ 116.00	\$ 269.00	132%	\$ 153.00
	50 to 100 rooms	\$ 128.00	\$ 297.00	132%	\$ 169.00
	101-200 rooms	\$ 188.00	\$ 439.00	134%	\$ 251.00
	201-300 rooms	\$ 140.00	\$ 326.00	133%	\$ 186.00
	301-500 rooms	\$ 140.00	\$ 326.00	133%	\$ 186.00
	501-1000 rooms	\$ 202.00	\$ 470.00	133%	\$ 268.00
	More than 1000 rooms	\$ 234.00	\$ 547.00	134%	\$ 313.00
84	Invasive Body Decoration Establishment Permit	\$ 114.00	\$ 264.00	132%	\$ 150.00
85	Invasive Body Decoration Temporary Permit (w/o wheels)*	\$ 91.00	\$ 249.00	174%	\$ 158.00
86	Invasive Body Decoration Mobile Permit (w/wheels)	\$ 53.00	\$ 131.00	147%	\$ 78.00
87	Hazardous Waste/Materials Spill Response	\$ 130.00	\$ 302.00	132%	\$ 172.00
88	Hazardous Waste/Materials Site Assessment/Remediation	\$ 66.00	\$ 155.00	135%	\$ 89.00
89	Water Sample/Septic Sys Eval/Mortgage Loan-Certification only	\$ 28.00	\$ 67.00	139%	\$ 39.00
89	Water Septic System Evaluation Only	\$ 179.00	\$ 406.00	127%	\$ 227.00
89	Water Sample/Septic Sys Eval/Sample Evaluation-lab fee only (fee set by State)	\$ 112.00	\$ 112.00	0%	
90	Liquid/Oil/Waste Hauler Vehicle Permit	\$ 55.00	\$ 126.00	129%	\$ 71.00
91	School Institutions	\$ 151.00	\$ 361.00	139%	\$ 210.00
92	Validated Facility Complaint	\$ 71.00	\$ 163.00	130%	\$ 92.00
93	Validated Foodborne Illness Investigation	\$ 71.00	\$ 163.00	130%	\$ 92.00
<b>Vector Fees</b>					
94	Vector - Construction Plan Review without catch basin	\$ 269.00	\$ 470.00	75%	\$ 201.00
94	Vector - Construction Plan Review with catch basin	\$ 345.00	\$ 603.00	75%	\$ 258.00
95	Vector - Limited Advisory Review	\$ 61.00	\$ 105.00	72%	\$ 44.00
96	Vector - Final Map Review	\$ 118.00	\$ 205.00	74%	\$ 87.00
97	Vector - Parcel Map Review (sewer available/not available)*	\$ 269.00	\$ 337.00	25%	\$ 68.00
98	Vector - Special Use Permit/Site Plan/Major Special Use Permit Review	\$ 118.00	\$ 205.00	74%	\$ 87.00
99	Vector - Subdivision Review (tentative map, amended or lapsed)	\$ 193.00	\$ 337.00	75%	\$ 144.00
100	Vector - Zoning Map/Master Plan/Major Project/Change of Land Use Plan Review	\$ 80.00	\$ 139.00	74%	\$ 59.00
101	Vector - Mobile Home/Recreational Vehicle Park Plan Review	\$ 193.00	\$ 337.00	75%	\$ 144.00
102	Vector - Community Development Application Review	\$ 155.00	\$ 271.00	75%	\$ 116.00
<b>Underground Storage Tanks</b>					
103	Underground Storage Tanks (UST) New Construction	\$ 1,603.00	\$ 3,750.00	134%	\$ 2,147.00
104	Underground Storage Tanks (UST) Remodel/Upgrade/Repair	\$ 1,603.00	\$ 3,750.00	134%	\$ 2,147.00
105	Underground Storage Tanks (UST) Decommissioning	\$ 1,333.00	\$ 3,120.00	134%	\$ 1,787.00

\* Time study completed and average staff hours adjusted from previous fee schedule

\*\* New fee

\*\*\* Previously capped by District Board of Health - Proposing elimination

## Comparison of Washoe County Health District Environmental Health Services and Air Quality Management Proposed fees to other Jurisdictions

### Air Quality Management

#### Asbestos Abatement

	WCHD Proposed	Clark County – Air Quality Management	Sacramento – Air Quality Management	State of Nevada
Asbestos – abatement notification <ul style="list-style-type: none"> <li>• 700 linear feet</li> <li>• Two week removal project</li> </ul>	Total: \$1,299	Total: \$1,721  Notification: \$689 Weekly inspection: \$344 (x2) Post abatement inspection: \$344	Total: \$635	
Public Health Activities	<ul style="list-style-type: none"> <li>• 1 meeting with contractor</li> <li>• Inspections (up to daily)</li> <li>• Final clearance inspection</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-meeting</li> <li>• 2 weekly inspections</li> <li>• Final clearance inspection</li> </ul>	Minimum of 1 inspection based on need or sensitive population	Direct to the county level for asbestos projects
Fees Updated	Proposed	2015	2015	

#### Asbestos Demolition

	WCHD Proposed	Clark County – Air Quality Management	Sacramento – Air Quality Management	State of Nevada
Asbestos – demolition notification	Total: \$288	Total: \$689	Total: \$435	
Public Health Activities	<ul style="list-style-type: none"> <li>• Initial inspection</li> <li>• Demolition inspection</li> <li>• Completion inspection</li> </ul>	<ul style="list-style-type: none"> <li>• Initial inspection</li> <li>• Demolition inspection</li> <li>• Completion inspection</li> </ul> Implosion fees: \$13,751 for dust control	1 inspection either start, demolition, or completion.	Direct to the county level for asbestos projects
Fees Updated	Proposed	2015	2015	

## Environmental Health Services

### Restaurant

	WCHD Proposed	SNHD*	Sacramento	State of Nevada
Restaurant: • Base Fee • 100 Seats • 1 drive up window • No bar	Total: \$410	Total: \$517 \$319 \$1.59x100=\$159 \$39	Total: \$1,375 \$1,292  Plus a stormwater fee of \$83	Total: \$345 \$200 (40 seats) \$1.50x60=\$90 \$55
Public Health Activities	1 routine inspection	1 routine inspection	3 routine inspections	1 routine inspection
Fees Updated	Proposed	2009	2015	2013

\* SNHD is in the process of redefining all food inspections and fees based on risk and square footage

### Public Swimming Pool

	WCHD Proposed	SNHD	Sacramento	State of Nevada
Swimming Pool	\$439	\$413 - \$1,087 based on sq ft	\$490	\$402
Public Health Activities	2 routine inspections	1 routine inspection	1 routine inspection	1 routine inspection
Fees Updated	Proposed	2009	2015	2013

### Underground Storage Tank – New Construction

	WCHD Proposed	SNHD	Sacramento	State of Nevada , Nevada Division of Environmental Protection
UST: New Construction with 1 Tank	\$3,750  No annual permit fee	\$391  Annual permit fee: \$391	\$3,408  Annual permit fee: \$1,103	
Public Health Activities	Plan review 4 inspections	Plan review Inspection	Plan Review Inspections up to 16 hours  Additional inspections \$213 per hour.	No permitting requirements for the installation, repair, upgrading or closure of UST.
Fees Updated	Proposed	2009	2015	

### Hotel/Motel Annual Inspection

	WCHD Proposed	SNHD	Sacramento	State of Nevada
Hotel/Motel: <ul style="list-style-type: none"> <li>• Base Fee</li> <li>• 300 Rooms</li> </ul>	Total: \$326	Total: \$1,314 \$363 $\$4.17 \times 300 = \$1,251$ (max at \$8,565)		
Public Health Activities	1 routine inspection of common areas, cleaning supplies storage areas, ice machines, etc. and a minimum of 10% of rooms.	1 routine inspection of common areas, cleaning supplies storage areas, ice machines, etc. and a sampling of rooms.	No inspection of hotel/motel at this time. Inspections are the responsibility of code enforcement based on complaints.	No annual inspection or fee.  \$145 for verified complaint plus \$1.50 per room above 30 rooms.
Fees Updated	Proposed	2009	2015	2013

### Temporary Food/Special Events Permits

Based on the comments received regarding the cost of the proposed fee increases for Temporary Food/Special Events Permits staff has completed projections with reducing the numbers of inspections.

Staff was reduced from a Senior Environmental Health Specialist/Environmental Health Specialist Combo to an Environmental Health Specialist. This could be done by restructuring and redirecting work from a Senior position and distributing the Special Events inspections to all Inspectors.

With the inspections reduced to this level permit holders will be required to pay for any re-inspections necessary.

If these fees are approved by the DBOH, Large Special Event Fee(s) will be developed for those events that take a much larger amount of staff time. It is anticipated that these fee(s) would be brought before the DBOH prior to July 1, 2016.

Permit	Current Fee	Proposed Fee	Potential fee with reduced inspections	Potential number of inspections
1-Day Event Permit	\$38	\$151	\$150	1
2-Day Event Permit	\$71	\$243	\$150	1
3-Day Event Permit	\$85	\$279	\$150	1
4-7 Day Event Permit	\$179	\$535	\$240	2
8-14 Day Event Permit	\$348	\$991	\$419	4
1-7 day Event Low Risk Permit	\$38	\$151	\$150	1
8-14 Day Event Low Risk Permit	\$78	\$261	\$240	2
Non-Profit 1-14 Days Permit	\$25	For-profit applicable fee	For-profit applicable fee	
Non-Profit Conditional Maximum Permit	\$200	For-profit applicable fee	For-profit applicable fee	
Cumulative Maximum Permit	3x permit fee	3x permit fee	3x permit fee	
Annual Farmers Market Permit	\$105	\$334	\$240	2
Annual Sampling Permit	\$105	\$334	\$240	2
Special Event Permit to Operate*	\$395	\$1,118	\$1,101	
Recurrent Special Event Permit to Operate*	\$571	\$1,593	\$1,568	
Re-inspection Fee	Equal to but not to exceed original permit fee	Equal to but not to exceed original permit fee	Equal to 1 day event permit fee	1

\*These permits are issued to the Event Promoter to ensure that all public health needs such as solid and liquid waste in addition to food safety are planned for and implemented. The majority of work is completed prior to the event.



## Septic Disposal Fees

Based on the comments received regarding the cost of the proposed fee increases for Septic Disposal Reviews, staff has completed projections for fees by returning the staff time to current inspection and review time. With the inspections returned to this level permit holders will be required to pay for any re-inspections necessary.

Washoe County Health District (WCHD) staff will be forming a workgroup with the Builders Association of Northern Nevada to discuss and seek consensus on appropriate regulation and oversight of septic systems in Washoe County and will report back to the District Board of Health regarding any recommended changes to the permit fee structure and/or the WCHD Regulations Governing Sewage, Waste Water and Sanitation.

<b>Permit</b>	<b>Current Fee</b>	<b>Proposed Fee</b>	<b>Potential fee with no changes to staff hours</b>
Septic Disposal - On Site Plan Review Only*	\$ 200.00	\$ 1,025.00	\$ 454.00
Septic Disposal - On Site Construction Plan Review/Permit (per/bldg)*	\$ 656.00	\$ 2,053.00	\$ 1,482.00
Septic Disposal - On Site Abandonment/Connect to Sewer*	\$ 200.00	\$ 554.00	\$ 454.00
Septic Disposal - On Site System Advisory Inspection	\$ 166.00	\$ 388.00	No change from proposed fee
Septic Disposal - On Site Re-inspection (Sewage)	\$ 108.00	\$ 246.00	No change from proposed fee
Septic Disposal - On Site Re-inspection (Wells)	\$ 108.00	\$ 246.00	No change from proposed fee
Septic Disposal - On Site Re-inspection (VA/FHA)	\$ 73.00	\$ 166.00	No change from proposed fee

**TO:** District Board of Health  
**FROM:** Charlene Albee, Division Director, Air Quality Management  
(775) 784-7211, [calbee@washoecounty.us](mailto:calbee@washoecounty.us)  
**DATE:** November 30, 2015  
**SUBJECT:** Dust Control Permit Fee Justification

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### **SUMMARY**

The following justification is provided in response to a request made at the November 19, 2015 District Board of Health meeting regarding the proposed dust control plan review fee. The justification demonstrates the services provided by the Air Quality Management Division meet or exceed the cost of a Dust Control Permit.

### **BACKGROUND**

The U.S. Environmental Protection Agency has delegated authority to the Air Quality Management Division (AQMD) to implement control strategies necessary to attain the health based National Ambient Air Quality Standards (NAAQS). The control strategies for particulate matter of 10 microns or less in diameter (PM10) that have been adopted by the District Board of Health are included in the Washoe County portion of the Nevada State Implementation Plan (SIP) and the Regulations Governing Air Quality Management, specifically Section 040.030 Dust Control.

One of the adopted control measures to limit PM10 emissions involves the issuance of an approved Dust Control Permit for any activity that will disturb an acre or more of land. The Dust Control Plan Review provides for the development of conditions of operation deemed necessary to control the emissions of PM10 that may be generated from grading and associated construction activities.

The fee for a Dust Control Plan Review is based upon the time to review the dust permit application and grading plans, to evaluate both short and long-term dust control measures, and to issue the dust permit with the appropriate conditions. Following the issuance of the permit, AQMD field staff will conduct a number of on-site inspections for compliance purposes. The number of on-site inspections is proportionate to the project size, soil and site conditions, adjacent land uses, etc. Attachment 1 provides the detailed calculations for the proposed Dust Control Plan Review Fee.

Based on time accounting records, the average time spent by the Air Quality Supervisor reviewing the application and developing the dust control permit is 10 – 15 minutes per acre. For the purposes of the calculations, an average of 12 minutes per acre (0.20 minutes/acre) was used. The time invested by the Supervisor for pre-application and on-site pre-construction meetings, typically only occurring for large or sensitive area projects, was not included.

The on-site inspections conducted following the issuance of the Dust Control Permit are conducted by an Air Quality Specialist II. Again, based on time accounting records, the initial inspection of a project averages one-half (1/2) hour per acre. This time includes review of the Dust Control Permit

conditions and requirements, observing the effectiveness of fugitive dust control measures, confirming soil stabilization and erosion control measures are in place, and ensuring impacts to the surrounding community are minimized. The results of the inspection must also be documented (see attached Construction Site Inspection Form).

Dust Control Permits are valid for a period of 18 months. Following the initial on-site inspection, the inspector will conduct multiple follow-up inspections depending on the condition of a specific job site. Follow up inspections may be as simple as driving around the perimeter of the project area and observing the construction activities. If there are no compliance issues, the inspectors have been instructed to not make contact with on-site personnel in order to minimize the disruption of their activities. If there are compliance issues, the inspector will make contact and work towards corrective actions.

The fee for the on-going compliance inspections was based on 10 minutes per acre to observe activities and make a compliance determination. An average of six (6) follow-up inspections was used for calculating the fee. This is a very conservative estimate based on best practices. Typically, a project will be evaluated on a weekly basis for the first month (4 times) and then monthly thereafter if there are no compliance issues (up to 17 times). Larger projects or projects that have received citizen complaints will be inspected more frequently based on their potential to emit. It should be noted that the time invested in responding to citizen complaints and enforcement activities is not included in the fee calculations.

The largest project currently underway in Washoe County is the construction of the Southeast Connector. Dust Control Permit #DCP15-0036 was issued on April 21, 2015 and includes the disturbance of 179 acres at a cost of \$21,517. Several pre-application and pre-construction meetings were attended by the Air Quality Supervisor and the Air Quality Specialist II assigned to that area for a total of 4 hours each. As of November 19, 2015 approximately one-third of the project acreage has been disturbed. The Air Quality Specialist II reviewed his records from the start of the project, which included the period of May 26 through November 19, and confirmed he has conducted 28 on-site inspections of various portions of the project. Each of these inspections has taken between 45 and 90 minutes for a total of approximately 35 hours. Applying the hourly rates of the Air Quality Supervisor and the Air Quality Specialist II and the hourly program expense rate, the AQMD expenses attributed to this project so far are \$5,208.78. Based on the hourly rate of the Air Quality Specialist II and the hourly program expense rate, the balance of the permit fee will be recovered at 135 hours of service.

Past experience has proven that as a large project proceeds and active construction increases the amount of open land areas, there will be an increase in the difficulty to maintain dust control. Considering the proximity of the increased open land areas to the Hidden Valley Community and the mercury contaminated soil, AQMD expects a significant investment of this inspector's time to ensure public safety over the course of the life of the project, which is scheduled for completion in September 2017. With 43 hours invested in the first 5 ½ months of the 18 month permit, it is expected the cost of the permit will be recovered in services from AQMD.

### **PROGRAM COMPARISON**

During the review of the proposed fees, a comparison was completed between AQMD and the Clark County Department of Air Quality (CCDAQ) dust control programs. At first glance, the CCDAQ fee schedule identifies the cost of a dust control plan as \$151 per acre. Upon review of the regulations, it was discovered the CCDAQ dust control permits are issued for a 12 month period instead of the AQMD 18 month timeframe. Prorating the CCDAQ fee to an 18 month period results in a per acre fee of \$226.50. Additionally, developers of projects of 50 acres or more must have an employee that has completed the Certified Dust Control Monitor Class present on site any time equipment is operating. The class is provided by CCDAQ at a cost of \$500 per employee or \$5,000 for a class of 10 or more. To be eligible to take the class, an employee must have at least 2 years of experience and maintain certification as a Visible Emissions Evaluator, which is an additional certification that has to be renewed every 6 months. The certification as a Dust Control Monitor must be renewed every three (3) years. The issuance of the Dust Control Class Card is an additional \$41.40.

The results of the comparison found the AQMD dust control plan to be less expensive on a per acre basis. The CCDAQ requirement to train and maintain employees as Certified Dust Control Monitors is a cost above and beyond the cost of the dust control permit. AQMD provides the monitoring service as part of the permit fee rather than tasking the contractors to maintain certified staff on site at all times the equipment is operating.

### **CONCLUSION**

The AQMD Dust Control Plan Review fee has been conservatively calculated to recover the costs to the program for permitting and compliance monitoring activities only. The per acre fee provides a proportionate cost for the size of the project and subsequent potential to emit. There are no expenses included for responding to citizen complaints, potential enforcement activities, or the development of the emissions inventory for submittal to EPA.

The dust control permit program has proven to be one of the most significant control measures in the reduction of PM10 emissions in Washoe County. The effectiveness is evidenced by the recent re-designation of the Truckee Meadows Basin to attainment of the PM10 NAAQS for the first time since the standard was established in 1987.

# **Attachment #1**

**Dust Control Plan Review Fee Justification**

**And**

**Construction Site Inspection Form**

## DUST CONTROL PLAN REVIEW FEE

The Dust Control Plan Review provides for the development of conditions of operation deemed necessary to control the emissions of particulate matter that may be generated from grading and associated construction activities.

The fee for a Dust Control Plan Review is based upon the time to review the dust permit application and grading plans, to evaluate both short & long-term dust control measures, to conduct an on-site visit(s) with owners/operators for compliance purposes, and to issue the dust permit with permit conditions. The number of on-site inspections is proportionate to the project size, soil and site conditions, adjacent land uses, etc.

The average time spent by an Air Quality Supervisor to review the dust control plan application, the proposed control measures, the overburden control, the soil stabilization erosion control is 12 minutes per acre.

The average time spent by an Air Quality Specialist II to review the dust plan requirements, observe work practices, confirm control measures are adequate, and conduct on-going compliance monitoring for the 18 month life of the permit is 1.5 hours.

The average time spent by a Admin Secretary to encode and distribute the approved plans is 45 minutes per plan.

The computation of the Dust Control Plan Review fee is as follows:

### Base Fee

Personnel	Hourly Rate	# of Hours	Cost
Admin Secretary	\$ 90.91	0.75	\$ 68.18
<b>Subtotal</b>			<b>\$68.18</b>
Hourly Program Expense Rate	\$ 12.00	Calculated Program Expense	\$9.00
<b>Total Cost</b>			<b>\$77.18</b>

The Dust Control Plan Review base fee per permit is \$77.00

### Per Acre

Personnel	Hourly Rate	# of Hours	Cost
Air Quality Supervisor	\$127.32	0.200	\$25.46
Air Quality Specialist II	\$108.50	1.500	\$162.75
<b>Subtotal</b>			<b>\$188.21</b>
Hourly Program Expense Rate	\$ 12.00	Calculated Program Expense	\$20.40
<b>Total Cost</b>			<b>\$208.61</b>

The Dust Control Plan Review fee (per acre) is \$209.00



WASHOE COUNTY AIR QUALITY MANAGEMENT DIVISION  
PO Box 11130, Reno, NV 89520-0027  
Office (775) 784-7200 \* Fax (775) 784-7225

**CONSTRUCTION SITE INSPECTION FORM**

Enforcement Officer: \_\_\_\_\_ Date/Time: \_\_\_\_\_ / \_\_\_\_\_

Permit No.: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Weather:  Clear  Partly Cloudy  Cloudy  Recent Rain Temp: \_\_\_\_\_ Wind/mpH: \_\_\_\_\_ Direction: \_\_\_\_\_

Site:  Active  Inactive  Project Complete Workers Present:  Yes  No

Activities Occurring:  None

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Clearing/Grubbing | <input type="checkbox"/> Backfilling         | <input type="checkbox"/> Abrasive Blasting  | <input type="checkbox"/> Clearing Forms       | <input type="checkbox"/> Crushing/Screening |
| <input type="checkbox"/> Cut & Fill        | <input type="checkbox"/> Importing/Exporting | <input type="checkbox"/> Explosive Blasting | <input type="checkbox"/> General Construction | <input type="checkbox"/> Subgrade Prep      |
| <input type="checkbox"/> Trenching         | <input type="checkbox"/> Stockpiling         | <input type="checkbox"/> Demolition (mech)  | <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Paving             |

EMISSIONS COMPLIANCE  Yes  No

Fugitive Dust Emissions:  Yes  No If yes, source: \_\_\_\_\_ Plume Length: \_\_\_\_\_  
Opacity: \_\_\_\_\_ %

Project Soils: Stable:  Moist  Gravel  Palliative  Crust  Other: \_\_\_\_\_  
Unstable:  Dry  Loose  Powdery

Interior Roads:  None Stable:  Paved  Type II  Moist  Dust Suppressant  
Unstable:  Dry  Loose  Powdery

Track-out:  Yes  No Dust from vehicles:  Yes  No If yes,  Interior  Access

Water Source:  Hydrant  Stand Tank  Reservoir  None Observed  Other: \_\_\_\_\_

Mitigation Equipment:  Hose  Pull(s)  Truck(s)  None Observed  Other: \_\_\_\_\_

Mitigation Equipment Ratio:  Adequate  Inadequate

Track-out device present:  Yes, functional  Yes, not functional  No, needed  No, not needed

ADMINISTRATIVE COMPLIANCE  Yes  No

Acreage Permitted: \_\_\_\_\_ Project Size:  Equal to  Greater than

Staging/Parking area(s):  N/A  On-Site  Off-Site, included in acreage  Off-Site, not included in acreage

Stationary Source Permits:  No Equipment  Screen  Crusher  Batch Plant ATC#: \_\_\_\_\_

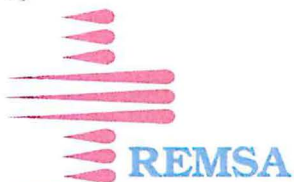
DCP Sign:  Yes  No DCP On-Site:  Yes  No  Not Verified

Spoke with: \_\_\_\_\_ Title: \_\_\_\_\_  in person /  phone

Actions Taken:  None  Verbal Warning

Notice of Violation – Warning: \_\_\_\_\_  Notice of Violation – Citation: \_\_\_\_\_

Deficiencies to be corrected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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*Regional Emergency Medical Services Authority*

**REMSA**  
OPERATIONS REPORTS  
FOR  
OCTOBER 2015



Fiscal 2016

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.	6 mins. 22 secs.	91%	96%
Oct.	6 mins. 18 secs.	91%	94%
Nov.			
Dec.			
Jan. 2016			
Feb.			
Mar.			
Apr.			
May			
June 2016			

Year to Date: July 2015 through October 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	96%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1	5:21	6:18	9:42
	P-2	6:06	7:01	9:03
Oct. 2015	P-1	5:33	6:04	9:33
	P-2	6:00	6:37	9:33
Nov. 2015	P-1			
	P-2			
Dec. 2015	P-1			
	P-2			
Jan. 2016	P-1			
	P-2			
Feb. 2016	P-1			
	P-2			
Mar. 2016	P-1			
	P-2			
Apr. 2016	P-1			
	P-2			
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through October 2015

Priority	Reno	Sparks	Washoe County
P-1	5:24	6:05	9:16
P-2	5:58	6:54	9:11



**Fiscal 2016**

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July	3813	\$4,171,875	\$1,094	\$1,094
August	3849	\$4,133,146	\$1,074	\$1,084
September	3827	\$4,220,950	\$1,103	\$1,090
October	3879	\$4,265,879	\$1,100	\$1,093
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
<b>Totals</b>	<b>15368</b>	<b>\$16,791,850</b>	<b>\$1,093</b>	
Allowed ground avg bill - \$1,098.00				

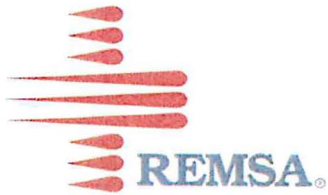


## REMSA OCU Incident Detail Report

Period 10/1/2015 – 10/31/15

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
A-08-IC Reno	Zone A	10/01/2015 16:24:30	10/01/2015 16:24:30	338	00:08:59	00:00:00	-00:08:59
A-08-IC Reno	Zone A	10/02/2015 23:44:16	10/02/2015 23:44:16	423	00:12:59	00:00:00	-00:12:59
A-08-IC Sparks	Zone A	10/05/2015 15:25:34	10/05/2015 15:25:34	342	00:12:59	00:00:00	-00:12:59
A-08-IC Reno	Zone A	10/05/2015 21:12:33	10/05/2015 21:12:33	305	00:12:59	00:00:00	-00:12:59
A-08-IC Sparks	Zone A	10/06/2015 17:22:45	10/06/2015 17:31:33	302	00:08:59	00:08:48	-00:00:11
A-08-IC Reno	Zone A	10/10/2015 01:17:20	10/10/2015 01:17:20	139	00:08:59	00:00:00	-00:08:59
A-08-IC Reno	Zone A	10/10/2015 11:04:19	10/10/2015 11:09:36	307	00:12:59	00:05:17	-00:07:42
A-08-IC Reno	Zone A	10/12/2015 07:56:34	10/12/2015 08:05:02	332	00:12:59	00:08:28	-00:04:31
A-08-IC Reno	Zone A	10/13/2015 17:50:21	10/13/2015 17:50:21	418	00:12:59	00:00:00	-00:12:59
A-08-IC Sparks	Zone A	10/15/2015 06:10:25	10/15/2015 06:44:01	434	00:19:59	00:33:36	00:13:37
A-08-IC Reno	Zone A	10/18/2015 14:31:14	10/18/2015 14:50:17	341	00:24:01	00:19:03	-00:04:58
A-08-IC Reno	Zone A	10/20/2015 01:15:13	10/20/2015 01:18:14	401	00:08:59	00:03:01	-00:05:58
A-08-IC Reno	Zone A	10/20/2015 17:29:27	10/20/2015 17:34:16	136	00:12:59	00:04:49	-00:08:10
A-08-IC Reno	Zone A	10/20/2015 23:27:41	10/20/2015 23:31:14	405	00:12:59	00:03:33	-00:09:26
A-08-IC Sparks	Zone A	10/22/2015 23:15:09	10/22/2015 23:15:09	423	00:12:59	00:00:00	-00:12:59
A-08-IC Reno	Zone A	10/25/2015 15:43:15	10/25/2015 15:43:15	103	00:19:59	00:00:00	-00:19:59
A-08-IC Reno	Zone A	10/27/2015 18:50:02	10/27/2015 18:54:40	431	00:08:59	00:04:38	-00:04:21
A-08-IC Reno	Zone A	10/27/2015 20:04:59	10/27/2015 20:09:41	431	00:08:59	00:04:42	-00:04:17
A-08-IC Reno	Zone A	10/28/2015 15:29:36	10/28/2015 15:29:36	323	00:12:59	00:00:00	-00:12:59





## GROUND AMBULANCE OPERATIONS REPORT

OCTOBER 2015

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5624
Total Number Of Responses In Which No Transport Resulted	1783
Total Number Of System Transports	3841

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	45%
OB	1%
Psychiatric/Behavioral	7%
Transfers	12%
Trauma – MVA	10%
Trauma – Non MVA	19%
Unknown/Other	4%

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: 3924

Total number of above calls receiving QA reviews: 904

Percentage of charts reviewed from the above ALS transports: 23%

**EDUCATION AND TRAINING REPORT**





REMSA Education  
 Monthly Course and Student Report  
 Month: October 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	7	50	4	36	3	14
ACLS EP	1	3	1	3	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	1	1	1	0	0
ACLS R	19	105	3	22	16	83
ACLS S	9	14	3	3	6	11
AEMT	1	21	1	21		
AEMT T	0	0	0	0		
BLS	64	600	8	50	56	550
BLS I	1	21	1	21	0	0
BLS R	68	266	23	114	45	152
BLS S	54	99	10	10	44	89
CE	5	105	5	105	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	1	5	1	5		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	43	2	43		
EMT T	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	1	15	1	15	0	0
HS BBP	2	8	2	8	0	0
HS CPR	61	293	7	30	54	263
HS CPR FA	61	443	6	42	55	401
HS CPR FA S	1	1	0	0	1	1
HS CPR PFA	5	64	2	24	3	40
HS PFA S	0	0	0	0	0	0
HS CPR S	2	3	1	1	1	2
HS FA	14	58	0	0	14	58
HS FA S	0	0	0	0	0	0
HS PFA	7	43	2	15	5	28
ITLS	2	22	2	22	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	1	1	1	1	0	0
PALS	4	19	2	14	2	5
PALS I	1	1	0	0	1	1
PALS R	12	71	2	21	10	50
PALS S	3	5	1	1	2	4
PEARS	0	0	0	0	0	0
PM	1	10	1	10		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students Legend	REMSA Classes	REMSA Students	Site Classes	Site Students Classes w/ CPR
ACLS		Advanced Cardiac Life Support				316
ACLS EP		Advanced Cardiac Life Support for Experience Providers				
ACLS P		Advanced Cardiac Life Support Prep				
ACLS R		Advanced Cardiac Life Support Recert				
ACLS S		Advanced Cardiac Life Support Skills				CPR Students
ACLS I		Advanced Cardiac Life Support Instructor				1769
AEMT		Advanced Emergency Medical Technician				
AEMT T		Advanced Emergency Medical Technician Transition				
BLS		Basic Life Support				REMSA CPR Classes
BLS I		Basic Life Support Instructor				
BLS R		Basic Life Support Recert				57
BLS S		Basic Life Support Skills				
CE		Continuing Education:				
EMAPCT		Emergency Medical Patients Assessment, Care, & Transport				REMSA CPR Students
EMPACT I		Emergency Medical Patients Assessment, Care, & Transport Instructor				
EMR		Emergency Medical Responder				271
EMR R		Emergency Medical Responder Recert				
EMS I		Emergency Medical Services Instructor				
EMT		Emergency Medical Technician				
EMT T		Emergency Medical Technician Transition				
FF CPR		Family and Friends CPR				
FF CPR FA		Family and Friends CPR and First Aid				
FF FA		Family and Friends First Aid				
HS BBP		Heartsaver Bloodborne Pathogens				
HS CPR		Heartsaver CPR and AED				
HS CPR FA		Heartsaver CPR, AED, and First Aid				
HS CPR FA S		Heartsaver CPR, AED, and First Aid Skills				
HS CPR PFA		Heartsaver Pediatric CPR, AED, and First Aid				
HS CPR S		Heartsaver CPR and AED Skills				
HS FA		Heartsaver First Aid				
HS FA S		Heartsaver First Aid Skills				
HS PFA		Heartsaver Pediatric First Aid				
HS PFA S		Heartsaver Pediatric First Aid Skills				
ITLS		International Trauma Life Support				
ITLS A		International Trauma Life Support Access				
ITLS I		International Trauma Life Support Instructor				
ITLS P		International Trauma Life Support - Pediatric				
ITLS R		International Trauma Life Support Recert				
ITLS S		International Trauma Life Support Skills				
PALS		Pediatric Advanced Life Support				
PALS I		Pediatric Advanced Life Support Instructor				
PALS R		Pediatric Advanced Life Support Recert				
PALS S		Pediatric Advanced Life Support Skills				
PEARS		Pediatric Emergency Assessment, Recognition, and Stabilization				
PM		Paramedic				
PM T		Paramedic Transition				





**COMMUNITY RELATIONS: OCTOBER 2015**

**Community Outreach:**

**Point of Impact**

Date	Description	Attending
10/6-10/9/15	National Child Passenger Safety Certification Training Program; 10 students successfully completed the course; two Technicians completed Instructor Candidacy to become Instructors	2 staff; 2 volunteers
10/10/2015	Child Car Seat Checkpoint hosted by Northern Nevada Medical Group; 19 cars and 28 seats inspected.	4 staff; 25 volunteers

**Safe Kids Washoe County**

Date	Description	Attending
10/1/2015	Immunize Nevada Monthly Meeting, Reno	1 staff
10/2/2015	Child Death Review Meeting, CPS-Reno	1 staff
10/6/2015	Events Committee Meeting with Immunize Nevada, planning for 2015 Nevada Health Conference, Reno	1 staff
10/7/2015	International Walk to School Day Walk this Way event at Esther Bennett Elementary School	12 Fed Ex volunteers
10/12/2015	Fragile Freight project planning with Child Advocacy Center, Reno	
10/13/2015	Walk this Way Reading event at Libby Booth Elementary School	2 staff; 2 Fed Ex volunteers
10/13/2015	Safe Kids monthly coalition meeting, Sparks	
10/17/2015	Walk this Way Halloween event at RenoOpen Streets	
10/19/2015	Northern Nevada Maternal Child Health Meeting, Reno	1 staff
10/21/2015	National Action Partnership to Promote Safe Sleep Training, Teleconference	1 staff

**INQUIRIES**

**OCTOBER 2015**

There were no inquiries in the month of October.



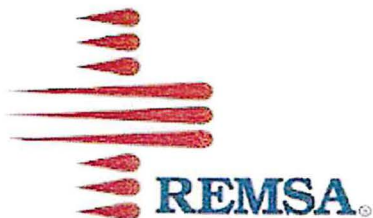
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*Regional Emergency Medical Services Authority*

**CUSTOMER SERVICE  
FOR  
OCTOBER 2015**

REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

October 1, 2015 to October 31, 2015

Your Score

**95.61**



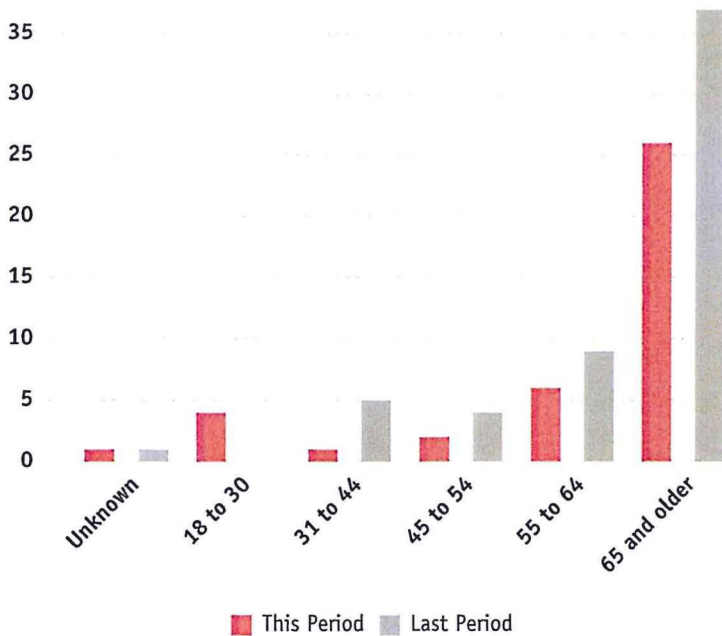




**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	1	0	0	1	1	0	0	1
18 to 30		0	0	0	4	2	2	0
31 to 44	5	2	3	0	1	0	1	0
45 to 54	4	2	2	0	2	0	2	0
55 to 64	9	6	3	0	6	3	3	0
65 and older	37	20	16	1	26	10	16	0
<b>Total</b>	<b>56</b>	<b>30</b>	<b>24</b>	<b>2</b>	<b>40</b>	<b>15</b>	<b>24</b>	<b>1</b>

**Age Ranges**



**Gender**





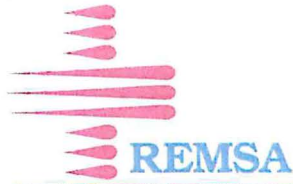


## Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88	92.26	94.79	91.20	89.56	95.14
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88	91.25	95.31	91.20	88.98	95.14
Extent to which you were told what to do until the ambulance	91.67	95.54	96.00	92.54	91.30	91.67	93.75	87.52	86.07	95.95
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18	91.84	96.57	91.81	87.28	95.51
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73	96.11	95.50	94.20	93.14	95.27
Comfort of the ride	89.84	92.68	91.67	91.96	88.21	100.00		94.20	92.67	97.22
Skill of the person driving the ambulance	94.70	94.51	95.00	94.20	92.45	94.15	94.39			
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32	95.10	92.81	93.98	97.44
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50	94.77	95.59	93.55	94.44	96.79
Degree to which the medics listened to you and/or your family	98.28	93.45	94.64	90.74	94.50	91.86	96.08	93.44	94.44	98.08
Skill of the medics	96.88	96.05	93.52	93.85	94.39	95.35	95.59	94.41	93.52	96.71
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93	90.63	94.50	90.37	90.87	94.59
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23	95.45	93.18	88.52	90.48	93.92
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11	91.67	93.23	90.47	91.85	93.06
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64	93.75	94.15	90.97	92.65	96.05
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21	95.83	96.00	91.40	95.67	95.83
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13	85.87	90.15	87.10	81.90	94.44
Willingness of the staff in our billing office to address your	90.63	92.50	85.94	91.18	89.29	86.36	89.84	87.07	82.41	93.75
How well did our staff work together to care for you	94.53	94.08	92.24	92.08	94.27	93.75	94.39	90.81	91.06	94.59
Extent to which our staff eased your entry into the medical	94.53	94.87	93.10	91.83	96.11	90.70	95.41	92.54	91.06	94.59
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32	94.51	96.28	92.24	93.75	94.59
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40	86.83	88.64	88.30	87.23	94.12
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65	92.86	95.59	93.00	93.75	96.62
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57	94.23	95.59	92.56	93.00	97.73
Your Master Score	94.62	93.35	92.99	92.19	93.31	92.75	94.51	91.54	91.33	95.61
Your Total Responses	35	41	33	71	58	50	55	61	56	40

Gound Ambulance Customer Comments October 2015		
What could we do better to serve you the next time?	If you had any problems with our Emergency Medical Transp...	Description / Comments
		"Excellent"
"Nothing, great ride and service-thank you!"		"We are not from Nevada, we are from Maryland and recommending this ambulance service would be a very long drive for people from Nevada, I would recommend"
		"Positive"
"I had to wait in pain an hour in the lobby"		"They could not be better service!"
"Could have paid more attention to caring for my wife, emotional support"		
		"Very good"
"Keep the standards you have!"	"No problems"	"See first comments"
"Excellent service. Very attentive. Unfortunately, my kid exaggerated her pain and acted, resulting in 33,000 in hosp charges & unnecessary CT scans only to find a tiny little bruised tailbone."		"Great Medics! Very caring!"
		"Excellent service"
"Thank you for such great service! It's the best"	""Special thanks"" to the COPD team/Katrina, Sabrina & Justin. They helped me with questions and information I didn't know"	"I think Remsa (Nevada) is the best service--- better than Calif!"
		"Everyone was kind"
"Don't ask me to climb up into ambulance with a gout attack--really!"		
		"Your EMTS are the greatest & most polite"
		"All went well"
"I hope there is never a next time!"		"They were here in minutes, took control & did their jobs."
"Keep up the good work!!!"		



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*Regional Emergency Medical Services Authority*

REMSA  
PUBLIC RELATIONS REPORT  
FOR  
OCTOBER 2015





**PUBLIC RELATIONS**

**October 2015**

<b>ACTIVITY</b>	<b>RESULTS</b>
Attended weekly PR meeting to assist in on-going public relations efforts.	Ongoing
Worked with Community Health Programs on the development of its prospects lists and how to best utilize them.	Ongoing
Wrote press release regarding Community Health Programs being listed as a top 10 Integrated Delivery Networks to Watch.	Press release was approved and will be distributed the first week of November.
Finished the design and production of the Silver Saver brochure.	Brochure has been completed and is at print.
Wrote high-level strategic communications plan for REMSA and Care Flight based on current environment and goals. After it was approved, wrote a more detailed strategic communications plan.	The detailed plan is currently being implemented company-wide.
Helped explore Client Relationship Management System for use within REMSA/Care Flight business development efforts.	A demo for one of the options is being set-up to explore its functionality.
Assisted in setting-up a ride-along with Entravision (Spanish-speaking TV station) and a Spanish-speaking paramedic.	The ride along took place and a very positive story ran regarding a day in the life of a paramedic.
Began the coordination and scheduling of the Channel 2 holiday food drive.	The event takes place on Dec. 11 and REMSA and Care Flight will receive substantial "air time" the morning of the event.
Wrote and distributed press release regarding Care Flight hosting safety panel on drone use.	Channels 2, 4 and 8 covered the event and spoke to Matt Brown on behalf of Care Flight.
Wrote press release regarding Bill Landon receiving a national safety award.	The press release will go out in November to all markets in which Care Flight has a presence.
Began phase 1 of developing a new website for both REMSA and Care Flight.	Initial discovery and research is being done to determine what the new site will need to include in order to be more user friendly.
Tested and supplied feedback of Flight Plan and Silver Saver's online application form.	The form will be revised for launch in November.

DD	NA	_____
DHO		_____ <i>KD</i>
DA	NA	_____
Risk	NA	_____

**STAFF REPORT**  
**BOARD MEETING DATE: December 17, 2015**

**TO:** District Board of Health

**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)

**SUBJECT:** Acknowledge receipt of the Health District Fund Financial Review for November, Fiscal Year 2016

**SUMMARY**

The five months of fiscal year 2016 (FY16) ended with a cash balance of \$1,631,831. Total revenues were \$7,355,145 which was 27.4% of budget and an increase of \$1,476,455 compared to fiscal year 2015 (FY15). With 41.7% of the fiscal year completed 38.5% of the expenditures have been spent for a total of \$8,199,472 up \$249,159 compared to FY15.

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

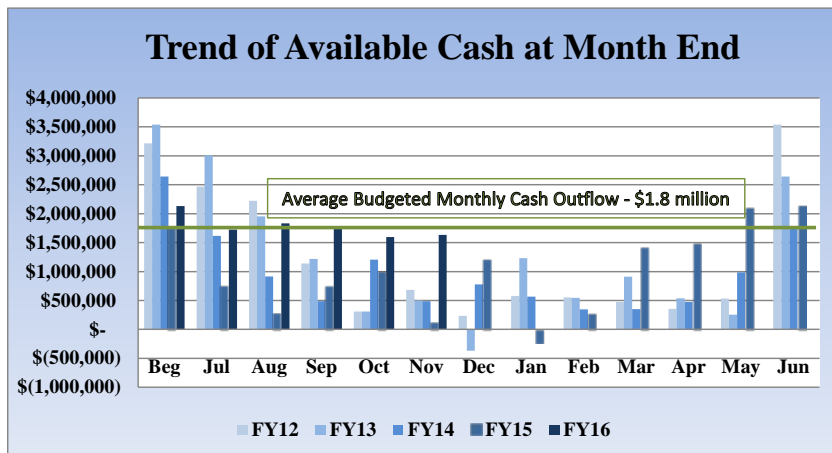
**PREVIOUS ACTION**

Fiscal Year 2016 Budget was adopted May 18, 2015.

**BACKGROUND**

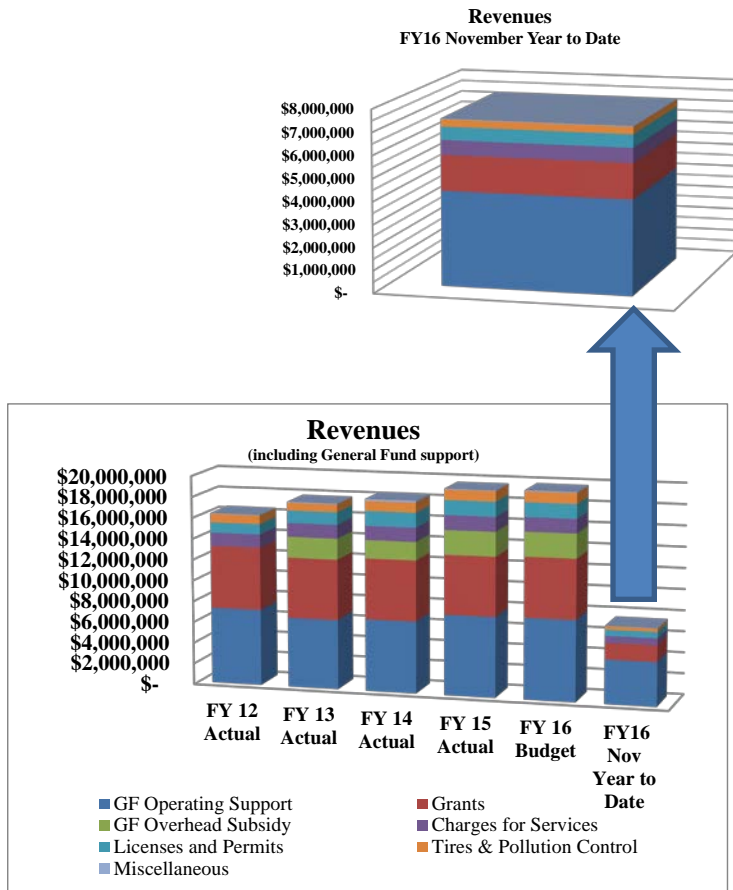
**Review of Cash**

The available cash at the end of the fifth month of fiscal year 2016 was \$1,631,831 which was 92.2% of the average budgeted monthly cash outflow of \$1,769,708 for the fiscal year. The County support is the single largest source of cash and continues to come in each month at 1/12 of the budget or \$839,738 allowing for financial stability of the Health Fund.



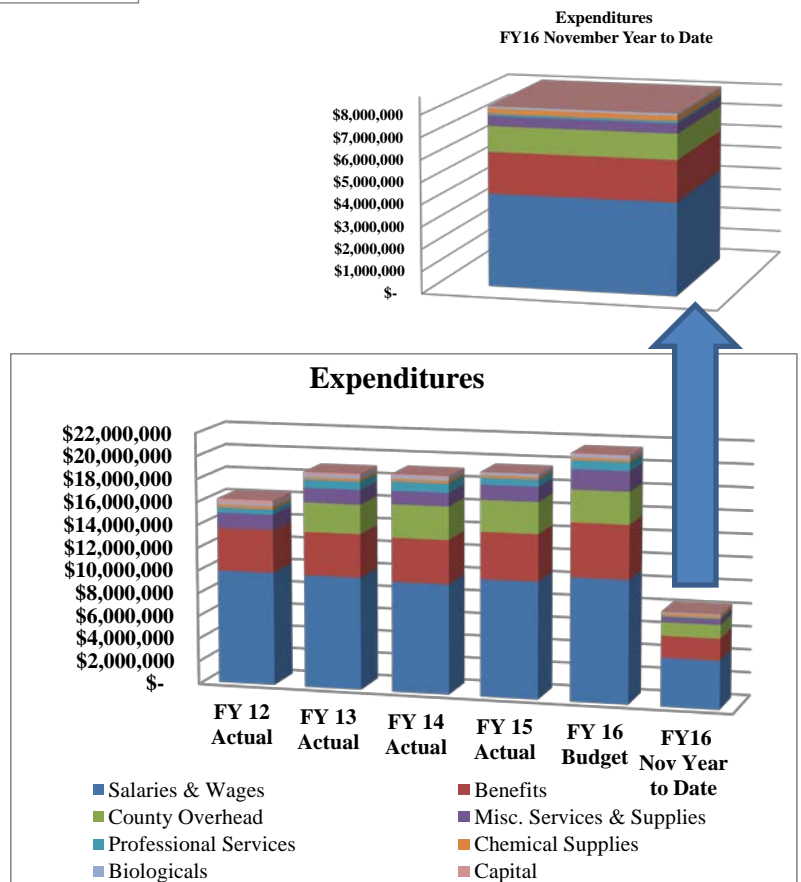
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$7,355,145 were up \$1,476,455 which was 25.1%, from the same time last fiscal year and was 37.4% of budget. The main source of the increase is from the County General Fund support, excluding that source of revenue the fund is 3.6% down from last year. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$35,988 or 6.6%; charges for services by \$145,721, 28.8%; fines and forfeitures received \$500; miscellaneous revenue up \$7,862, 48.5%; and, the County General Fund transfer was up \$1,593,642 for year to date November, 2016. Federal and state grant revenues are down \$114,347 and the tire and pollution control funding was down \$192,911 or 37.4% compared to the prior year.

The total year to date **expenditures** of \$8,199,472 increased by \$249,159 or 3.1% compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for the first five months of FY16 were \$6,087,877 up \$171,084, 2.9%, over the prior year. Services and supplies expenditures of \$2,101,600 were up \$76,041. The total capital expenditures of \$9,995 were up \$2,034 or 25.5% over last fiscal year.





**Review of Revenue and Expenditures by Division**

The County General Fund support is the single largest source of revenue for the five months at \$4,198,690 and 41.7% of budget. EHS has received the largest percent of revenue compared to budget of 41.9% or \$827,552 and \$81,689 additional funding compared to FY15. CCHS received \$1,218,707 in revenue or 33.8% of budget and up \$187,397 over FY15. AQM has received \$736,265 in revenue and is down 24.6% or \$240,803 compared to last year. EPHP has received \$373,820 in revenue and is down \$145,540 over last year due to grant funding reimbursements not being received in November.

With 41.7% of the fiscal year completed the total expenditures were \$8,199,472 which is 38.5% of budget and up \$249,159 over last fiscal year. ODHO spent \$226,662 and is up 8.0% over FY15 due to filling a position that was vacant in FY15. AHS has spent \$415,998 or 40.7% of budget and is 14.1% down over last year due to a prior year employee retirement payout of accrued benefits. AQM spent \$1,069,085 of the division budget and has increased \$82,370, 8.3% over last fiscal year. CCHS has spent \$2,800,229 year to date and is down \$3,900 over last year. EHS spent \$2,695,102 and has increased \$144,689 or 5.7% over last year. EPHP expenditures were \$992,396 and up \$77,438 or 8.5% over FY15.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through November Year to Date Fiscal Year 2015/2016 (FY16)									
	Actual Fiscal Year			Fiscal Year 2014/2015		Fiscal Year 2015/2016			
	2011/2012	2012/2013	2013/2014	Actual Year End (unaudited)	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY16 Increase over FY15
<b>Revenues (all sources of funds)</b>									
ODHO	-	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	151	41	-	111	-	169.3%
AQM	1,966,492	2,068,697	2,491,036	2,427,471	977,068	2,255,504	736,265	32.6%	-24.6%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	1,031,310	3,610,928	1,218,707	33.8%	18.2%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	745,863	1,972,876	827,552	41.9%	11.0%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	519,360	1,729,897	373,820	21.6%	-28.0%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	2,605,048	10,076,856	4,198,690	41.7%	61.2%
<b>Total Revenues</b>	<b>\$16,349,208</b>	<b>\$17,710,834</b>	<b>\$18,267,134</b>	<b>\$19,512,566</b>	<b>\$ 5,878,690</b>	<b>\$19,646,061</b>	<b>\$ 7,355,145</b>	<b>37.4%</b>	<b>25.1%</b>
<b>Expenditures</b>									
ODHO	-	-	-	481,886	209,939	515,468	226,662	44.0%	8.0%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	484,160	1,021,350	415,998	40.7%	-14.1%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	986,715	3,223,296	1,069,085	33.2%	8.3%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	2,804,129	7,372,877	2,800,229	38.0%	-0.1%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	2,550,413	6,539,945	2,695,102	41.2%	5.7%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	914,958	2,621,636	992,396	37.9%	8.5%
<b>Total Expenditures</b>	<b>\$16,178,200</b>	<b>\$18,815,411</b>	<b>\$18,922,800</b>	<b>\$19,399,860</b>	<b>\$ 7,950,313</b>	<b>\$21,294,570</b>	<b>\$ 8,199,472</b>	<b>38.5%</b>	<b>3.1%</b>
<b>Revenues (sources of funds) less Expenditures:</b>									
ODHO	-	-	-	(481,886)	(209,939)	(515,468)	(226,662)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(484,119)	(1,021,350)	(415,887)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(9,647)	(967,792)	(332,820)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(1,772,818)	(3,761,949)	(1,581,522)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(1,804,550)	(4,567,069)	(1,867,550)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(395,598)	(891,739)	(618,576)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	2,605,048	10,076,856	4,198,690		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>\$ (2,071,623)</b>	<b>\$ (1,648,509)</b>	<b>\$ (844,327)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 3,916,042</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>		<b>\$ 619,997</b>			
<b>FB as a % of Expenditures</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>11.7%</b>		<b>2.9%</b>			

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

**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 November, Fiscal Year 2016.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for November, Fiscal Year 2016.

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 5 2016  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	2015 Plan	2015 Actual	Balance	Actv
422503 Environmental Permits	46,317-	21,942-	24,375-	46,317-	15,702-	30,615-	34
422504 Pool Permits	97,000-	19,014-	77,986-	97,000-	17,874-	79,126-	18
422505 RV Permits	11,000-	4,356-	6,645-	11,000-	5,009-	5,991-	46
422507 Food Service Permits	509,823-	180,638-	329,185-	420,000-	181,667-	238,333-	43
422508 Wat Well Const Perm	30,000-	22,575-	7,425-	30,000-	15,580-	14,420-	52
422509 Water Company Permits	5,000-	6,774-	1,774-	5,000-	6,216-	1,216-	124
422510 Air Pollution Permits	477,443-	219,575-	257,868-	474,103-	218,481-	255,622-	46
422511 ISDS Permits	75,000-	43,054-	31,947-	75,000-	29,836-	45,164-	40
422513 Special Event Permits	90,000-	50,425-	39,575-	105,000-	43,150-	61,850-	41
422514 Initial Applic Fee	31,000-	13,427-	17,573-	31,000-	12,276-	18,724-	40
* Licenses and Permits	1,372,583-	581,779-	790,804-	1,294,420-	545,791-	748,629-	42
431100 Federal Grants	5,211,847-	1,445,653-	3,766,194-	5,271,536-	1,460,068-	3,811,468-	28
431105 Federal Grants - Indirect	291,791-	101,239-	190,552-	235,667-	93,755-	141,912-	40
432100 State Grants	209,951-	26,778-	183,173-	311,068-	134,574-	176,494-	43
432105 State Grants-Indirect	15,457-	2,138-	13,319-	16,026-	1,758-	14,268-	11
432310 Tire Fee NRS 444A.090	468,548-	237,034-	231,514-	468,548-	225,303-	243,245-	48
432311 Pol Ctrl 445B.830	550,000-	86,085-	463,915-	318,667-	290,727-	27,940-	91
* Intergovernmental	6,747,595-	1,898,927-	4,848,668-	6,621,513-	2,206,185-	4,415,328-	33
460162 Services to Other Agencies	28,421-	17,303-	11,118-	89,000-	13,325-	75,676-	15
460500 Other Immunizations	89,000-	17,303-	71,697-	89,000-	13,325-	75,676-	15
460501 Medicaid Clinical Services	8,200-	27,489-	19,289-	8,200-	507-	7,693-	6
460503 Childhood Immunizations	20,000-	5,751-	14,249-	20,000-	5,208-	14,792-	26
460504 Maternal Child Health	4,100-	2,701-	1,399-	4,100-	2,605-	1,495-	64
460508 Tuberculosis	354-	354-	0-	354-	354-	0-	0
460509 Water Quality	35,344-	13,928-	21,416-	35,344-	13,735-	21,609-	39
460510 IT Overlay	470,000-	211,270-	258,731-	480,000-	183,218-	296,782-	38
460511 Birth Death Certific	10,167-	111-	9,056-	10,167-	67-	9,099-	0
460512 Duplication Service Fees	18,000-	10,647-	7,353-	18,000-	8,678-	9,322-	48
460514 Food Service Certification	1,450-	8,685-	7,235-	1,750-	18,522-	16,772-	1,058
460515 Medicare Reimbursement	7,000-	7,000-	0-	7,000-	53-	6,948-	1
460516 Pgm Inc-3rd Prty Rec	21,000-	7,010-	13,990-	21,000-	5,056-	15,944-	24
460517 Influenza Immunization	50,000-	1,469-	48,531-	50,000-	20,361-	29,639-	41
460518 STD Fees	1,500-	5,301-	3,801-	3,600-	1,500-	2,100-	42
460519 Outpatient Services	20,000-	9,373-	10,627-	20,000-	7,504-	12,496-	38
460520 Eng Serv Health	32,000-	17,266-	14,734-	32,000-	12,506-	19,494-	39
460521 Plan Review - Pools & Spas	42,000-	29,943-	12,057-	42,000-	21,150-	20,850-	50
460524 Family Planning	60,804-	18,881-	41,923-	57,889-	18,683-	39,206-	32
460525 Plan Review - Vector	116,984-	54,650-	62,334-	116,984-	52,189-	64,795-	45
460526 Plan Review-Air Quality	99,333-	39,350-	59,983-	99,333-	33,476-	65,857-	34
460527 NOE-AQM							
460528 NESHAP-AQM							

Period: 1 thru 5 2016  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202  
 Fund Center: 000  
 Functional Area: 000

Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	2015 Plan	2015 Actual	Balance
460529 Assessments-RQM	51,336-	25,148-	26,188-	51,336-	18,538-	32,798-
460530 Inspector Registr-AQ	2,162-	98-	2,064-	2,162-	855-	1,307-
460531 Dust Plan-Air Quality	142,403-	98,359-	44,044-	142,403-	53,208-	89,195-
460532 Plan Fwv Hotel/Motel	2,530-	462-	2,068-	2,530-	2,530-	2,530
460533 Quick Start						
460534 Child Care Inspection	8,514-	4,706-	3,808-	8,514-	4,132-	4,382-
460535 Pub Accomod Inspectn	19,000-	9,204-	9,796-	19,000-	7,488-	11,512-
460570 Education Revenue						
* Charges for Services	1,361,248-	651,174-	710,074-	1,329,615-	505,453-	824,162-
471265 Illegal Dumping		500-	500			
* Fines and Forfeitures		500-	500			
483000 Rental Income					41-	41
484000 Donations, Contributions		700-	700			
484050 Donation Fed Pgm Inc	37,550-	11,706-	25,844-	37,550-	11,304-	26,246-
484195 Non-Gov't'l Grants				55,988-		55,988-
484197 Non-Gov. Grants-Indirect	11,631-	2,459-	9,172-	5,125-		5,125-
485100 Reimbursements	38,599-	9,210-	29,389-		3,371-	3,371
485121 Jury Reimbursements						
485300 Other Misc Govt Rev						
* Miscellaneous	87,780-	24,075-	63,706-	98,663-	1,497-	1,497
** Revenue	9,569,206-	3,156,455-	6,412,751-	9,344,211-	3,273,642-	82,450-
701110 Base Salaries	9,696,818	3,779,892	5,916,926	9,204,374	3,771,861	6,070,569-
701120 Part Time	398,206	150,728	247,478	408,827	170,378	5,432,512
701130 Pooled Positions	375,376	176,340	199,036	510,064	176,275	238,549
701140 Holiday Work	4,319	2,204	2,114	4,319	1,892	333,789
701150 xContractual Wages						2,427
701200 Incentive Longevity	167,215	2,493	164,722	155,100	1,478	153,622
701300 Overtime	64,157	31,854	32,303	62,798	29,297	33,501
701403 Shift Differential	300	88	212			
701406 Standby Pay						
701408 Call Back	1,000	594	406	1,000		1,000
701412 Salary Adjustment	51,380-		51,380-	131,434		131,434
701413 Vac Payoff/Sick Pay-Term	49,515	48,112	1,403		85,406	85,406-
701417 Comp Time	7,603	6,268	1,335		11,798	11,798-
701419 Comp Time - Transfer		2,575	2,575-			
701500 Merit Awards						
* Salaries and Wages	10,713,128	4,201,148	6,511,981	10,478,015	4,248,385	6,229,630
705110 Group Insurance	1,605,208	713,897	891,310	1,452,108	589,911	862,196
705210 Retirement	2,864,088	1,086,621	1,777,467	2,508,521	985,803	1,522,718
705215 Retirement Calculation						
705230 Medicare April 1986	142,748	58,002	84,746	134,798	58,124	76,674
705320 Workmens Comp	69,143	23,048	46,095	68,214	28,245	39,969
705330 Unemply Comp	15,483	5,161	10,322	15,179	6,325	8,855

Period: 1 thru 5 2016  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	2015 Plan	2015 Actual	Balance	
705360 Benefit Adjustment							
* Employee Benefits							
710100 Professional Services	4,696,670	1,886,729	2,809,940	40	21,855	21,855	40
710105 Medical Services	682,324	89,779	592,544	13	4,200,674	2,532,266	12
710108 MD Consultants	9,621	2,010	7,611	21	687,734	605,674	24
710110 Contracted/Temp Services	71,612	10,760	60,852	15	9,323	7,083	17
710119 Subrecipient Payments	7,279	649	6,630	9	83,908	69,608	46
710200 Service Contract	171,856	38,022	133,834	22	31,591	17,069	32
710205 Repairs and Maintenance	24,189	3,328	20,861	14	120,720	82,386	53
710210 Software Maintenance	16,607	9,900	6,707	60	5,538	2,599	52
710300 Operating Supplies	152,799	36,474	116,325	24	18,093	8,720	23
710302 Small Tools & Allow	23,685	714	22,971	3	118,636	91,342	1
710308 Animal Supplies	1,600	564	1,036	35	22,685	22,485	100
710312 Special Dept Expense							
710319 Chemical Supplies	231,900	233,959	2,059-	101	231,900	187	38
710325 Signs and Markers							
710334 Copy Machine Expense	30,061	12,121	17,940	40	25,625	15,993	20
710350 Office Supplies	36,777	12,555	24,222	34	59,144	47,422	20
710355 Books and Subscriptions	6,364	5,627	737	88	8,059	6,473	29
710360 Postage	26,055	6,829	19,226	26	23,150	16,388	24
710361 Express and Courier	850	16	834	2	510	386	100
710391 Fuel & Lube	100	5	95	5	100	100	12
710400 Payments to Other Agencies							
710412 Do Not Use							
710500 Other Expense	43,416	4,170	39,246	10	28,429	24,970	20
710502 Printing	28,365	9,832	18,533	35	22,171	17,776	33
710503 Licenses & Permits	6,470	1,085	5,385	17	6,331	4,216	150
710505 Rental Equipment	1,800	1,800	150-	100	1,800	1,800	37
710506 Dept Insurance Deductible		150	150-	35	11,295	7,137	34
710507 Network and Data Lines	9,755	3,427	6,328	39	42,650	28,305	17
710508 Telephone Land Lines	36,040	13,899	22,141	16	50,633	42,210	18
710509 Seminars and Meetings	53,367	8,559	44,808	23	14,665	12,023	78
710512 Auto Expense	11,541	2,648	8,893	47	11,920	2,601	37
710514 Regulatory Assessments	18,500	8,665	9,835	30	15,117	9,488	30
710519 Cellular Phone	13,709	4,046	9,663	49	11,867	8,316	53
710529 Dues	8,325	4,085	4,240	56	12,665	5,988	4
710535 Credit Card Fees	12,107	6,743	5,364	6	346,208	332,485	233-
710546 Advertising	187,922	11,515	176,407	395			301-
710551 Cash Discounts Lost		395	395-	10	12,350	10,978	11
710563 Recruitment					90,642	90,642	
710577 Uniforms & Special C	9,900	958	8,942				
710585 Undesignated Budget							
710598 Telecomm Charge-out contra							

Period: 1 thru 5 2016  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	2015 Plan	2015 Actual	Balance
710500 LT Lease-Office Space	79,703	37,686	42,017	109,115	39,846	69,269
710520 LT Lease-Equipment						
710703 Biologicals	242,868	90,158	152,710	203,743	96,064	107,679
710714 Referral Services						
710721 Outpatient	93,462	40,895	52,567	96,370	26,199	70,171
710872 Food Purchases	2,255	464	1,791	4,889	117	4,771
711010 Utilities						
711020 Water/Sewer						
711100 ESD Asset Management	66,552	26,132	40,420	66,526	27,323	39,203
711113 Equip Srv Replace	38,039	10,522	27,517	27,586	11,262	16,324
711114 Equip Srv O & M	62,441	35,795	26,646	41,538	21,485	20,053
711115 Equip Srv Motor Pool				5,000		5,000
711117 ESD Fuel Charge	47,382	18,695	28,686	48,591	25,029	23,562
711119 Prop & Liab Billings	75,992	25,331	50,661	74,502	31,043	43,459
711210 Travel	145,143	31,322	113,821	222,874	38,104	184,769
711300 Cash Over Short					20-	20
711399 ProCard in Process		3			680	680-
711400 Overhead - General Fund	2,795,882	1,164,951	1,630,931	2,741,061	1,142,109	1,598,952
711504 Equipment nonCapital	136,198	16,275	119,923	100,055	33,044	67,012
* Services and Supplies	5,720,811	2,043,519	3,677,293	5,868,891	2,025,559	3,843,332
781004 Equipment Capital	105,880	9,995	95,885	381,454	7,961	373,493
781007 Vehicles Capital				25,000		25,000
* Capital Outlay	105,880	9,995	95,885	406,454	7,961	398,493
** Expenses	21,236,489	8,141,390	13,095,099	20,954,034	7,950,313	13,003,721
621001 Transfer From General	10,076,856-	4,198,690-	5,878,166-	10,000,192-	2,605,048-	7,395,144-
* Transfers In	10,076,856-	4,198,690-	5,878,166-	10,000,192-	2,605,048-	7,395,144-
812230 To Reg Permits-230	58,081	58,081				
814430 To Reg Permits Capit						
* Transfers Out	58,081	58,081				
** Other Financing Src/Use	10,018,775-	4,140,609-	5,878,166-	10,000,192-	2,605,048-	7,395,144-
*** Total	1,648,509	844,327	804,182	1,609,632	2,071,623	461,991-
						129





DD	NA
AHSO	AH
DHO	KB
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

**STAFF REPORT**  
**BOARD MEETING DATE: December 17, 2015**

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
Anna Heenan, Administrative Health Services Officer

**SUBJECT:** Discussion, acknowledge and possible direction to staff on the Phase Two and Three Cost Analysis for the Health District – Fundamental Review Recommendation #10

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**SUMMARY**

Discussion, acknowledge and possible direction to staff on the Phase Two and Three Cost Analysis for the Health District – Fundamental Review Recommendation #10.

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

**PREVIOUS ACTION**

February 27, 2014, the *Washoe County Public Health: A Fundamental Review* report was presented to the District Board of Health. This report outlined 24 recommendations for the Washoe County Health District.

March 27, 2014, the District Health Officer presented a staff report with a proposed prioritization for implementation of the 24 recommendations to the District Board of Health for its review and direction to staff. The District Board of Health took action to adopt the report as presented.

June 26, 2014, the District Board of Health approved the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and directed staff to initiate the cost analyses.

December 18, 2014 The Board acknowledged the cost analysis of the Pilot Program for the Health District Administration and methodology used and directed staff to start the cost analysis of the Phase One group.

September 24, 2015 The Board acknowledged the Phase One cost analysis for the Health District.

**BACKGROUND**

The phase two and three of the cost analyses for goal ten of the Fundamental Review focuses on the remainder of the Health District programs that were not included in the Phase One Cost analysis. These include several programs within the Community and Clinical Health Services Division, the entire Air Quality Management Division and several programs in the Epidemiology and Public Health Preparedness Division.

Within the Community and Clinical Health Services Division (CCHS) the Chronic Disease Prevention, Community & Clinical Health Administration, Family Planning, Immunizations, Maternal/Child and Adolescent Health, and the Women, Infants and Children program were reviewed. The entire Air



Quality Division was reviewed. In the Epidemiology and Public Health Preparedness Division the Public Health Preparedness, Emergency Medical Services and the Vital Statistics programs were reviewed.

The phase two and three consolidated cost analysis was submitted to the District Health Officer for evaluation and review. The direction from the Board on June 26, 2014 was incorporated in the methodology used to complete the cost analysis. Because 87% of the total costs (excluding County Overhead costs) to the Health District are from staffing (75% including the County Overhead) the main focus is on the proper mix of staffing in each program. The total budgeted full-time equivalents (FTEs) for the Health District in FY16 are 150.01, 11.19 FTEs below the mean benchmark of 161.20 (benchmark values are from the National Connection for Local Public Health-Public Health Uniform National Data System). In looking at the FTEs per 100,000 population WCHD is at 33.67 FTEs which is well below the median of 43.52 FTEs (benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2013).

The total FTEs in the programs reviewed in phase two and three cost analysis are 68.36 (Table 3, page 7). Excluding the 5.83 Management FTEs, the total FTEs of 62.53 are available to deliver the direct services for the programs in the cost analysis. The total staff hours given the 62.53 FTEs are 130,066 (Table 1 of Cost Analysis report); however, when excluding the vacation, sick-leave, holidays, paid breaks, and meetings the total available hours for direct services to the community are 95,789, or 73.7% of the total staffing hours. The total hours projected to complete the service activities are 101,992; which equates to a shortfall in staffing of 4.08 FTEs. Given that the Health District in total appears to be under FTEs compared to other similar agencies and, given that the consolidated phase two and three have a calculated shortfall in FTEs it is apparent that the results of the cost analysis should focus on providing information for consideration in relation to a shift in the number of FTEs assigned to programs, increased utilization of staffing capacity within programs, or changes in the classification of FTEs.

This cost analysis is intended to be used as a tool to evaluate programmatic adjustments that will allow for a higher level of customer service to be delivered to the community. The complete analysis is attached and is the final phase for all Health District Cost Analysis recommended in the Fundamental Review.

**FISCAL IMPACT**

No fiscal impact.

**RECOMMENDATION**

Staff recommends that the Board acknowledge the Phase Two and Three Cost Analysis for the Health District.

**POSSIBLE MOTION**

Move to acknowledge the Phase Two and Three Cost Analysis for the Health District.

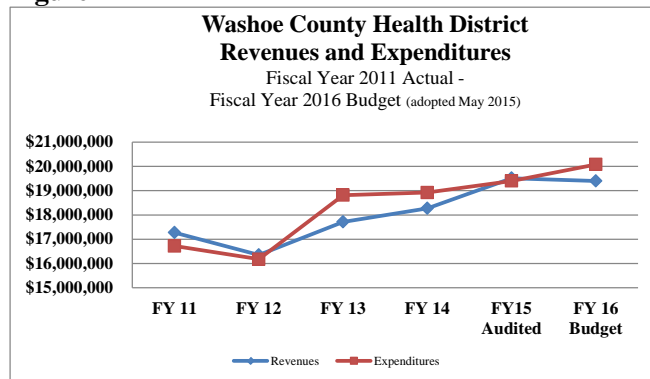
Date: November 20, 2015  
 To: Kevin Dick, District Health Officer  
 Division Directors and Supervisors  
 From: Anna Heenan, Administrative Health Services Officer  
 Subject: Phase Two and Three Cost Analysis

**INTRODUCTION**

**Health District**

The total budgeted expenditures (adopted May, 2015) for the Health District for Fiscal Year 2016 (FY16) are \$20,079,241 with the revenues being budgeted at \$19,394,045 resulting in a structural deficit of \$685,196; which will be balanced utilizing savings from Fiscal Year 2015 and accumulated fund balance from the prior years (Figure 1). Additional revenues are anticipated for Fiscal Year 2017 given fee structure changes that have been developed and will be brought to the Board for approval by the end of the calendar year 2015.

**Figure 1**



Because 87% of the total costs (excluding County Overhead costs) to the Health District are from staffing (75% including the County Overhead) the main focus is on the proper mix of staffing in each

program. The total budgeted full-time equivalents (FTEs) for the Health District in FY16 are 150.01, 11.19 FTEs below the mean benchmark of 161.20 (benchmark values are from the National Connection for Local Public Health-Public Health Uniform National Data System). In looking at the FTEs per 100,000 population WCHD is at 33.67 FTEs which is well below the median of 43.52 FTEs (benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2013).

Given that the Health District appears to be under FTEs compared to other similar agencies it is apparent that the cost analysis should not focus on the elimination of FTEs or other operating expenditures but a shift in the number of FTEs assigned to programs, increased utilization of staffing capacity within programs, or changes in the classification of FTEs. Where the cost analysis identifies programs that appear to have more staff than comparable agencies or more than the benchmarks those areas should be considered for possible changes.

This cost analysis is intended to be used as a tool to evaluate programmatic adjustments that will allow for a higher level of customer service to be delivered to the community.

**EXECUTIVE SUMMARY**

The phase two and three of the consolidated cost analyses for goal ten of the Fundamental Review focuses on several programs within the Community and Clinical Health Services Division, the entire Air Quality Management Division and several programs in the Epidemiology and Public Health Preparedness Division.

Within the Community and Clinical Health Services Division (CCHS) the Chronic Disease Prevention, Community & Clinical Health Administration, Family Planning, Immunizations, Maternal/Child and Adolescent Health, and the Women, Infants and Children program were reviewed. The entire Air Quality Division was reviewed. In the Epidemiology and Public Health Preparedness Division the Public Health Preparedness, Emergency Medical Services and the Vital Statistics program were reviewed.

Washoe County Health District Programs in Phase Two and Three Cost Analysis		
<b>Air Quality Mangement Division</b>	<b>Community and Clinical Health Services Division</b>	<b>Epidemiology and Public Health Preparedness Division</b>
Air Quality	Community/Clinical Health Admin Chronic Disease Prevention Family Planning Immunizations Maternal, Child & Adolescent Health Women, Infants and Children	Emergency Medical Services Public Health Preparedness Vital Statistics

**Summary of the purpose of the programs reviewed**

**Air Quality Management Division:**

*Air Quality Management Program (AQM) (details on page 8)*

The Air Quality Management program implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

**Community and Clinical Health Services Division:**

*Chronic Disease Prevention Program (details on page 12)*

The Chronic Disease Prevention program was established to reduce the risk factors for chronic disease and injuries including tobacco prevention and control, promotion of physical activity and nutrition, and improvements in motor vehicle, pedestrian, recreational, and home and environmental safety.

*Community and Clinical Health Administration Program (details on page 15)*

The Community and Clinical Health program is the administrative program dedicated to the oversight of all the programs provided by the Community and Clinical Health Services division.

Family Planning Program (details on page 18)

The Family Planning program provides family planning services to individuals of childbearing age.

Immunizations Program (details on page 21)

The purpose of the Immunization program is to provide immunization clinics at least one month before the opening date of the school year as required by the Nevada Revised Statutes and to continue to make strides toward the Healthy People 2020 objective to increase the percentage of individuals receiving immunizations across the life span.

Maternal, Child, & Adolescent Health Program (details on page 24)

The Maternal, Child and Adolescent Health program was established to promote public health by educating and empowering individuals and families to enhance their physical, emotional, mental, and social well-being; and through the development of partnerships, promote a safe and health community.

Women, Infants and Child (WIC) Program (details on page 26)

WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children. The program serves income eligible pregnant, postpartum and breastfeeding women, infants, and children up to age 5 who are at nutrition risk.

**Epidemiology and Public Health Preparedness Division:**

Emergency Medical Services (EMS) Program (details on page 28)

The EMS program was established to oversee the management, measurement and improvement of the Emergency Medical Services within the boundaries of the Health District and is the contract administrator for the 2014 Franchise agreement for organizational, performance and operations criteria for the Regional Emergency Medical Services Authority (REMSA).

Public Health Preparedness Program (details on page 32)

The Public Health Preparedness program has been established to prepare the Health District and its partners to manage public health emergencies in our community and region through coordinated planning, sustained training, and regular exercises or responses to real events.

Vital Statistics (details on page 36)

The Vital Statistics Office is designated by the State of Nevada as the local registrar for all births and deaths occurring in Washoe County.

**Phase Two and Three Consolidated Staffing review**

The total FTEs in the Phase Two and Three Cost analysis are 68.36 (Table 3, page 7). Excluding the 5.83 Management FTEs, the total FTEs of 62.53 are available to deliver the direct services for the programs in the Phase Two and Three Cost Analysis. The total staff hours given the 62.53 FTEs are 130,066 (Table 1); however, when excluding the vacation, sick-leave, holidays, paid breaks, and meetings the total available hours for direct services to the community are 95,789, 73.7% of the total

staffing hours. The total hours projected to complete the service activities are 101,992; which equates to a shortfall in staffing of 4.08 FTEs.

In looking at the Management Staff for the programs and the bench mark of 8 to 12 staff positions per supervisor the CCHS Division falls within the range at 10.15, AQM Division falls under the range at 5.00 staff to management; and in EPHP the ratio is 5.18 for staff to management. Given the diversity of the programs in EPHP (Emergency Medical Services, Epidemiology Surveillance, Public Health Preparedness and Vital Statistics) the actual staffing (FTE) to management is 1.53 to 1.00 in EMS, 4.00 to 1.00 in Public Health Preparedness, and the balance of staff reports directly to the Division Director for a ratio of 12.02 staff (FTE) to 1.00 Management position.

**Table 1**

Washoe County Health District							
Summary of Staffing Hours and FTEs for Phase Two and Three Cost Analysis Programs							
Programs	Total FTEs (excludes Management)	Total Staff Hours	Net Available Staff Hours (1)	Total Hours Required to complete program activities	Total FTEs Required given the anticipated Work Activities	Excess Capacity (shortfall in hours) given available hours vs. required hours	Excess Capacity (shortfall in FTEs) given available FTEs vs. required FTEs
<b>Air Quality Management Division (AQM):</b>							
Air Quality Management	15.00	31,200	21,872	23,779	16.31	(1,907)	(1.31)
<b>Community and Clinical Health Services Division (CCHS):</b>							
Admin-CCHS	0.15	312	232	1,548	1.00	(1,315)	(0.85)
Chronic Disease Prevention	2.44	5,075	3,776	4,562	2.95	(786)	(0.51)
Family Planning	7.91	16,453	12,241	16,500	10.66	(4,259)	(2.75)
Immunizations	11.06	23,005	17,116	15,258	9.86	1,858	1.20
Maternal, Child & Adolescent Health	1.00	2,080	1,548	1,884	1.22	(336)	(0.22)
Women, Infants & Children	12.37	25,730	19,143	19,143	12.37	(0)	(0.00)
<b>Epidemiology and Public Health Preparedness Division (EPHP):</b>							
Emergency Medical Services	2.37	4,933	3,593	3,764	2.48	(170)	(0.11)
Public Health Preparedness	7.23	15,038	11,640	11,640	7.23	-	-
Vital Statistics	3.00	6,240	4,628	3,914	2.54	714	0.46
<b>Total</b>	<b>62.53</b>	<b>130,066</b>	<b>95,789</b>	<b>101,992</b>	<b>66.62</b>	<b>(6,203)</b>	<b>(4.08)</b>

(1) Net available hours excludes the sick-leave, vacation, personal leave, holidays, meetings and varies by Division

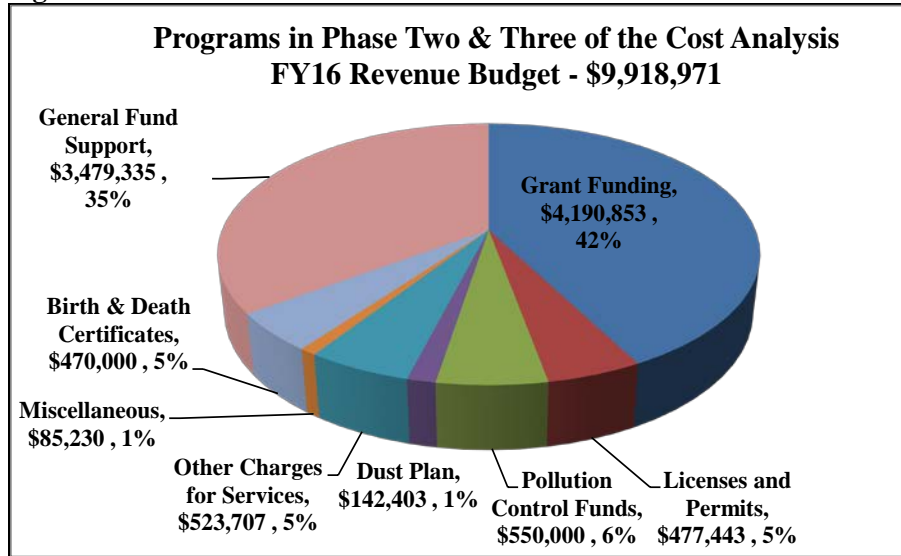
**Phase Two and Three Consolidated Revenues and Expenditures**

The total fiscal year FY16 revenues budgeted for the programs in phase two and three of the cost analyses are \$6,439,636 the balance of the funding requirement for the programs comes from the County General Fund transfer of \$3,479,335 for a total source of revenue at \$9,918,971 (Figure 2). The single largest source of revenue is from the County General Fund. Grants are another major source of revenue at \$4,190,853. The largest use of the funds is for salaries and benefits of \$6,942,949 and the second largest is the indirect costs of \$1,834,945 (Figure 3).



The total full-time equivalents (FTEs) for the programs in the phase two and three cost analysis is 68.36 (Table 3). The average salary cost per FTE is \$69,676 and the average benefit cost is \$31,888 for a total cost per FTE of \$101,564.

**Figure 2**



**Figure 3**

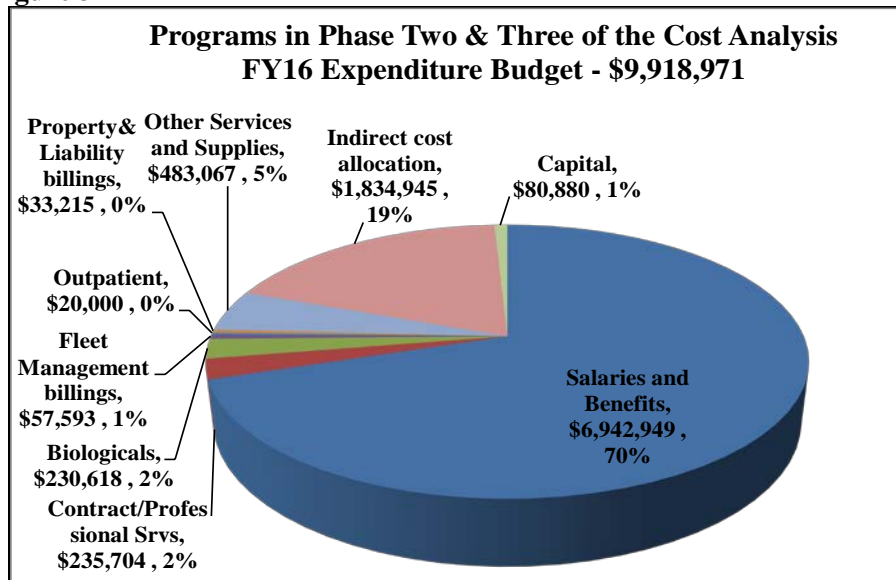


Table 2 below reflects the Phase Two and Three Programs total revenues and expenditures with line item detail from FY 2011 through the Final Budget for FY 2016. The grants have declined 4.5% since FY11; however, the decline was mostly offset with a 30.8% increase in licenses and permits due to applying 25% of the County Overhead costs into the fee structure; 79.2% increase in the Pollution Control funding; 30.7% increase in Birth & Death Certificates; and, 123.5% increase in other charges for services and miscellaneous revenues for an overall increase of 5.9% or \$360,346 since FY2011.

When excluding the County General Overhead charge, that was not charged in FY 2011, the expenditures have increased 3.5% mainly due to the increase in retirement costs-PERS (PERS=Public Employee Retirement System); FY2011 PERS rate was 21.50% and in FY16 it is 28.00% and a 85.5% increase in the biological expenditures of \$230,618 in FY16 compared to FY11 of \$124,298.

**Table 2**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b>PROGRAMS IN PHASE TWO AND THREE - CONSOLIDATED FINANCIALS</b>						
<b>Revenues:</b>						
Licenses and Permits	364,998	336,462	456,430	532,135	526,224	477,443
Federal & State Grants	4,322,142	4,432,336	4,438,080	4,317,689	4,173,304	4,000,102
Federal & State Indirect Rev.	67,877	88,922	108,133	270,882	183,377	190,751
Pollution Control (NRS445B.830)	306,945	313,965	314,903	634,731	541,626	550,000
Dust Plan	141,680	141,672	123,364	147,678	187,763	142,403
Birth & Death Certificates	359,725	439,910	476,829	457,596	465,052	470,000
Other Charges for Services	476,009	418,154	381,071	475,570	499,488	523,707
Miscellaneous	39,915	45,776	36,799	32,815	52,225	85,230
<b>Total Revenues</b>	<b>6,079,290</b>	<b>6,217,198</b>	<b>6,335,608</b>	<b>6,869,096</b>	<b>6,629,059</b>	<b>6,439,636</b>
<b>Expenditures:</b>						
Salaries & Wages	4,708,646	4,406,004	4,382,567	4,270,301	4,380,376	4,638,076
Intermittent Hourly Positions	211,148	151,292	191,802	243,383	174,254	124,981
Group Insurance	667,355	642,332	662,251	651,088	701,382	783,725
Retirement	980,452	1,015,582	1,029,670	1,068,307	1,104,490	1,289,443
Other Employee Benefits	108,588	91,940	99,942	100,213	104,254	106,724
Contract/Professional Svcs	300,610	314,056	544,515	547,097	361,156	235,704
Biologicals	124,298	167,456	218,664	244,259	211,343	230,618
Fleet Management billings	44,074	40,398	36,866	50,861	52,346	57,593
Outpatient	23,043	23,961	15,043	15,424	19,006	20,000
Property & Liability billings	32,680	31,420	34,738	32,564	32,564	33,215
Other Services and Supplies	528,458	518,346	518,019	438,719	522,779	483,067
Indirect cost allocation	-	-	1,340,199	1,523,856	1,836,575	1,834,945
Capital	85,369	170,054	212,624	146,788	17,566	80,880
<b>Total Expenditures</b>	<b>7,814,722</b>	<b>7,572,840</b>	<b>9,286,902</b>	<b>9,332,860</b>	<b>9,518,091</b>	<b>9,918,971</b>
<b>Revenues less Expenditures</b>	<b>\$(1,735,432)</b>	<b>\$(1,355,643)</b>	<b>\$(2,951,293)</b>	<b>\$(2,463,764)</b>	<b>\$(2,889,032)</b>	<b>\$(3,479,335)</b>

Of the programs in the cost analysis the Women, Infants & Children program receives the greatest amount of grant funding, \$1,062,144 (Table 3), which covers the total direct cost of \$1,059,144 and the balance of \$3,000 to cover a portion of indirect costs. The Public Health Preparedness program receives the second largest grant funding of \$902,790 with a total direct expenditure budget of \$829,521 with the balance of \$73,269 paying for a portion of indirect costs. The total grant funding for phase two and three programs is \$4,000,102 for direct services and \$190,751 to cover indirect cost allocations to the programs. The fees, charges for services & other revenue total \$2,248,783. The

total revenue is \$6,439,636 with an expenditure budget of \$9,918,971. The balance of the expenditures is covered by the County General Fund support of \$3,479,335 (Table 3). The Air Quality Management program has the greatest FTE count at 18.00 with an expenditures budget of \$2,838,695. The revenue to support the program is \$2,240,525 with the balance of \$598,170 of funding required coming from the County General Fund. The Women, Infants, & Children program has the second largest FTE allocation of 13.37 and an expenditure budget of \$1,555,152 with total revenue of \$1,062,144 and \$493,008 required from the General Fund support. The Immunization program is the highest use of the County General Fund support at \$1,013,783 and an FTE count of 11.86. The Vital Statistics program is the only program in this analysis that does not require general fund support and provides excess resources for the Health District Fund.

**Table 3**

<b>Washoe County Health District Summary of Phase Two and Three Full-time equivalents (FTEs) and FY16 Budget</b>							
	<b>Budgeted FTEs</b>	<b>Grant Revenue</b>	<b>Grant Revenue to cover Indirect Costs</b>	<b>Fees, Charges for Services, &amp; Other</b>	<b>Total Revenue (Excl County Support)</b>	<b>County General Fund Support</b>	<b>Expenditure Total</b>
<b>AIR QUALITY MANAGEMENT DIVISION (AQM):</b>							
Air Quality Management	18.00	698,351	31,542	1,510,632	2,240,525	598,170	2,838,695
<b>TOTAL AQM</b>	<b>18.00</b>	<b>698,351</b>	<b>31,542</b>	<b>1,510,632</b>	<b>2,240,525</b>	<b>598,170</b>	<b>2,838,695</b>
<b>COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):</b>							
Chronic Disease Prevention	2.64	280,896	15,694	-	296,590	280,658	577,248
Community/Clinical Hlth Admin	1.15	-	-	-	-	291,398	291,398
Family Planning	8.61	780,688	23,312	59,000	863,000	288,353	1,151,353
Immunization	11.86	298,101	38,753	160,246	497,100	1,013,783	1,510,883
Material,Child&Adolescent Hlth	1.20	53,401	5,181	-	58,582	157,064	215,646
Women, Infants & Children	13.37	1,059,144	3,000	-	1,062,144	493,008	1,555,152
<b>TOTAL CCHS</b>	<b>38.83</b>	<b>2,472,230</b>	<b>85,940</b>	<b>219,246</b>	<b>2,777,416</b>	<b>2,524,264</b>	<b>5,301,680</b>
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):</b>							
Emergency Medical Services	2.53	-	-	48,905	48,905	324,026	372,931
Public Health Preparedness	6.00	829,521	73,269	-	902,790	133,824	1,036,614
Vital Statistics	3.00	-	-	470,000	470,000	(100,948)	369,052
<b>TOTAL EPHP</b>	<b>11.53</b>	<b>829,521</b>	<b>73,269</b>	<b>518,905</b>	<b>1,421,695</b>	<b>356,901</b>	<b>1,778,596</b>
<b>TOTAL FOR PROGRAMS IN PHASE TWO AND THREE</b>	<b>68.36</b>	<b>\$4,000,102</b>	<b>\$ 190,751</b>	<b>\$2,248,783</b>	<b>\$6,439,636</b>	<b>\$3,479,335</b>	<b>\$ 9,918,971</b>

## **PHASE TWO AND THREE COST ANALYSIS**

### **AIR QUALITY MANAGEMENT PROGRAM REVIEW**

#### Purpose of the program

The Air Quality Management program implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

#### Statutory Authority to Provide Services

Nevada Revised Statutes (NRS) 445B.500 Federal Clean Air Act, Title 40, Chapter I, Part 50-97 USC Title 42, Chapter 85, Subchapter I-VI. NRS/NAC 445B.500, "...The district board of health, county board of health or board of county commissioners in each county whose population is 100,000 or more shall establish a program for the control of air pollution and administer the program within its jurisdiction unless superseded..."

#### Functions of the Air Quality Management Program

- Monitor and collect ambient air quality data for pollutants deemed to be harmful by the U.S. Environmental Protection Agency
- Develop air pollution control measures for inclusion in the Washoe County portion of the State Implementation Plan
- Permit and inspect stationary sources of air pollution for compliance as required by federal law and local regulations
- Educate the general public about causes of air pollution and everyday solutions that can be carried out by individual citizens

#### Benefits of the Air Quality Management Program

According to the Environmental Protection Agency, today, as in the past, the Clean Air Act continues to cut pollution and protect the health of American families and workers. Fewer premature deaths and illnesses means Americans experience longer lives, better quality of life, lower medical expenses, fewer school absences, and better worker productivity.

#### Authorized positions and Full-time Equivalent (FTEs) in the program – 18.00 FTEs

Administrative Secretary – 1.00 FTE	Environmental Engineer II – 2.00 FTEs
Air Quality Specialist II – 8.00 FTEs	Office Support Specialist – 1.00 FTE
Air Quality Supervisor – 2.00 FTEs	Senior Air Quality Specialist – 3.00 FTEs
Division Director AQM – 1.00 FTE	

The total FTEs in the Air Quality Management Division are 18.00. Of the total FTEs 3.00 are part of the Management Team (includes the Division Director and two Supervisors) and 15.00 are available for direct services to the community. The historical details of the FTEs are in the Table 4 below.

**Table 4**

<b>Washoe County District Health Air Quality History of Budgeted Full-time equivalents (FTEs)</b>						
<b>Title</b>	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>	<b>FY16 FTEs</b>
Administrative Secretary	0.00	0.00	0.00	1.00	1.00	1.00
Air Quality Specialist II	8.00	8.00	8.00	8.00	8.00	8.00
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2.00
Division Director Air Quality Management	1.00	1.00	1.00	1.00	1.00	1.00
Environmental Engineer II	3.00	3.00	3.00	2.00	2.00	2.00
Office Assistant II	1.00	1.00	1.00	0.00	0.00	0.00
Office Support Specialist	0.00	0.00	0.00	0.00	1.00	1.00
Plans/Permits/Application Aide	1.00	1.00	1.00	1.00	0.00	0.00
Senior Air Quality Specialist	3.00	3.00	3.00	3.00	3.00	3.00
<b>Total Air Quality Management FTEs</b>	<b>19.00</b>	<b>19.00</b>	<b>19.00</b>	<b>18.00</b>	<b>18.00</b>	<b>18.00</b>

The FY16 projected population used for the County is 445,526 which equates to AQM having 4.04 FTEs per 100,000 population to deliver the services that are required (Table 5). The State Bureau of Air Pollution Control has jurisdiction of air quality programs over all counties in the State except for Washoe and Clark Counties; given this, Washoe has been compared to only the Clark County Air Quality program. In reviewing the two programs the total FY16 FTEs per 100,000 population for the Washoe County Health District AQM program is 4.04 FTEs compared to Clark County at 4.73 FTEs.

**Table 5**

<b>Air Quality Management Division - Budgeted FTEs</b>						
	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>	<b>FY16 FTEs</b>
<b>WCHD AQM FTEs per 100,000</b>	<b>4.51</b>	<b>4.44</b>	<b>4.39</b>	<b>4.12</b>	<b>4.08</b>	<b>4.04</b>
<b>Clark County Air Quality Program</b>	<b>FY 16 FTEs per 100,000 population is 4.73</b>					

The total hours available for direct contact is 21,872, taking into consideration that approximately 70.1% of an FTE is used for direct program work, the breakdown for all work activity by category is as follows:

**Table 6**

<b>AQM Breakdown of Work Hours</b>		
	<b>Hours for a Full-time Equivalent</b>	<b>Percent of Total</b>
Direct Program Activity	1,458	70.1%
Average Sick Leave Taken	78	3.8%
Average Vacation Leave Taken	135	6.5%
Average Compensatory Time Taken	10	0.5%
Average Personal Leave Taken	7	0.4%
Average Holidays Taken	88	4.2%
Average Time in Meetings	193	9.3%
Average Paid Breaks	110	5.3%
	<b>2,080</b>	<b>100.0%</b>

Given the anticipated work activity and the average time to complete each activity it is estimated that 23,779 hours are required to complete the work; this equates to 16.31 FTEs reflecting a shortfall in FTEs of 1.31 (Table 7).

**Table 7**

<b>Air Quality Management Program FTE Review</b>			
Administrative Secretary			1.00
Air Quality Specialist II			8.00
Environmental Engineer II			2.00
Office Support Specialist			1.00
Senior Air Quality Specialist			3.00
Total Full-time Equivalents (FTEs)			15.00
Total hours given the FTEs (at 2080)			31,200
<b>Net available hours to complete activities (70.1% of an FTE is available - 29.9% is for vacation, holidays, sick leave, training, breaks, meetings)</b>			<b>21,872</b>
Total Hours available per FTE			1,458
<b>Activity</b>	<b>Average Annual Anticipated Activity Level</b>	<b>Average Time per Activity</b>	<b>Total Annual Hours Required</b>
	<small>(source: fee schedule adjusted for average increase in activities since 2011)</small>		
Air Pollution permits	3,298	1.35	<b>4,452</b>
Asbestos activities	148	12.58	<b>1,862</b>
Assessments	1,031	0.92	<b>949</b>
Dust Plans	1,794	1.44	<b>2,583</b>
Inspector Registrations	45	1.63	<b>73</b>
Plan Reviews	460	3.36	<b>1,546</b>
Wood Stove activities	8,466	0.31	<b>2,624</b>
<b>Not on fee schedule (source: Time Accounting):</b>			
Air Monitoring Stations	2,088	1.00	<b>2,088</b>
Complaints	209	3.00	<b>627</b>
Educational Events (planning & outreach)	12	581.25	<b>6,975</b>
<b>Total</b>	<b>17,551</b>	<b>1.35</b>	<b>23,779</b>
Total FTEs required given the annual hours available			16.31
<b>Excess FTEs available after activities are completed</b>			<b>(1.31)</b>

Revenues and Expenditures (details in Table 8)

Total FY 16 budgeted revenues for the Air Quality Management program are \$2,240,525. A total of \$1,279,893 of the funding comes from federal reimbursement and restricted funds through NRS 445B.830 for pollution control measures. The licenses and permits of \$477,443 make up 21.3% of the revenue and the balance is from dust plans and other charges for services of \$483,189. The balance of



funding required to cover the total expenditures comes from the County General Fund support of \$598,170.

The total FY16 budgeted expenditures are \$2,838,695. The total salaries and benefits for the program are \$2,038,599, 71.8% of total costs. The total services and supplies of \$748,953 includes the following: \$495,855 for the indirect cost allocations; \$76,525 for wood stove change out program and other community education for air pollution control; \$51,550 for advertising campaigns for air pollution reduction; \$40,536 for the cost of running the fleet for the program; \$33,669 for employee training and development; \$19,167 for the regional permitting system; \$9,635 for the telephone/cell phone costs; \$9,508 for the property and liability insurance charged by the County; and, the balance of \$12,508 is for the miscellaneous office supplies that are required to operate the program. The capital budgeted for FY16 of \$51,142 was planned for upgrades of air monitoring equipment.

In comparing the FY 16 cost per capita for the Health District the AQM division is running at \$6.37 per capita compared to the Clark County Air Quality program operating at \$7.48 per capita.

**Table 8**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b>AIR QUALITY MANAGEMENT DIVISION</b>						
<u><i>Air Quality Management Program</i></u>						
<b>Revenues:</b>						
Licenses and Permits	364,998	336,462	456,430	532,135	526,224	477,443
Federal & State Grants	801,706	914,623	891,875	832,542	794,723	698,351
Federal & State Indirect Rev.	26,922	22,844	27,309	63,334	32,189	31,542
Pollution Control (NRS445B.830)	306,945	313,965	314,903	634,731	541,626	550,000
Dust Plan	141,680	141,672	123,364	147,678	187,763	142,403
Other Charges for Services	215,619	236,353	254,802	280,536	344,790	340,786
Miscellaneous	56	573	15	80	156	-
Sub-total Revenues	1,857,926	1,966,492	2,068,697	2,491,036	2,427,471	2,240,525
<b>Expenditures:</b>						
Salaries & Wages	1,350,132	1,171,561	1,248,223	1,239,932	1,334,790	1,415,968
Intermittent Hourly Positions	16,421	10,358	9,421	6,449	9,044	-
Group Insurance	166,943	145,207	162,975	174,644	200,574	208,523
Retirement	276,897	260,239	294,714	306,953	339,148	384,098
Other Employee Benefits	27,334	25,541	26,948	27,355	29,144	30,011
Contract/Professional Svcs	82,520	36,137	156,119	133,892	175,510	76,525
Fleet Management billings	39,582	38,365	31,240	37,917	33,902	40,536
Property & Liability billings	7,600	9,247	9,525	9,322	9,322	9,508
Other Services and Supplies	102,841	106,556	146,638	114,476	101,275	126,529
Indirect cost allocation	-	-	332,303	353,791	491,923	495,855
Capital	60,232	152,587	211,274	119,972	17,566	51,142
Sub-total Expenditures	2,130,502	1,955,798	2,629,381	2,524,703	2,742,197	2,838,695
Revenues Less Expenditures	\$ (272,577)	\$ 10,694	\$ (560,684)	\$ (33,667)	\$ (314,726)	\$ (598,170)

**COMMUNITY AND CLINICAL HEALTH SERVICES DIVISION (CCHS) PROGRAM REVIEWS**

The programs that are being reviewed in the Community and Clinical Health Services Division include: Chronic Disease Prevention; Community and Clinical Health Administration; Family Planning; Immunizations; Maternal, Child & Adolescent Health; and, Women, Infants and Children. When reviewing the hours available for work activities all programs within the CCHS Division assume that approximately 74.4% of an FTE is used for direct program work, the breakdown is as follows:

**Table 9**

<b>CCHS Breakdown of Work Hours</b>		
	<b>Hours for a Full-time Equivalent</b>	<b>Percent of Total</b>
Direct Program Activity	1,548	74.4%
Average Sick Leave Taken	110	5.3%
Average Vacation Leave Taken	163	7.8%
Average Compensatory Time Taken	15	0.7%
Average Personal Leave Taken	5	0.2%
Average Holidays Taken	88	4.2%
Average Time in Meetings	45	2.2%
Average Paid Breaks	106	5.1%
	2,080	100.0%

**Chronic Disease Prevention Program**

Purpose of the program

The Chronic Disease Prevention program was established to reduce the risk factors for chronic disease and injuries including Tobacco prevention and control, promotion of physical activity and nutrition, and improvements in motor vehicle, pedestrian, recreational, and home and environmental safety.

Statutory Authority to Provide Services

There is no legal mandate to perform this service; however, tobacco use and exposure, lack of physical activity, and poor nutrition significantly contribute to cardiovascular and lower respiratory diseases which are the top causes of death in Washoe County.

Functions of the Chronic Disease Prevention Program

- Activities focus on reducing the risk factors for chronic disease and injuries
- Tobacco prevention and control
- Promotion of physical activity and nutrition
- Educate for improvements in motor vehicle, pedestrian, recreational, and home and environmental safety

Benefits of the Chronic Disease Prevention Program

Trust for America’s Health estimates that an investment of \$10 per person per year in community- based programs tackling physical inactivity, poor nutrition, and smoking could yield more than \$16 billion in medical costs savings annually within 5 years. This savings represents a remarkable return of \$5.60 for every dollar spent, without considering the additional gains in worker productivity, reduced absenteeism at work and school, and enhanced quality of life. (Source: Prevention for a Healthier America: investments in disease prevention yield significant savings, stronger communities [Internet]. Washington, D.C.: Trust for America’s Health; 2008. Available from: <http://healthyamericans.org/reports/prevention08/>)

Authorized positions and Full-time Equivalents (FTEs) in the program – 2.64 FTEs

Health Educator Coordinator – 1.00 FTE                      Public Health Nurse Supervisor – 0.20 FTE  
 Health Educator II – 1.44 FTEs

Given the total number of activities currently performed by the Chronic Disease program an estimated 4,562 annual hours of staff are required for a total of 2.95 FTEs. The total available FTEs are 2.44 leaving an estimated shortfall of FTEs of 0.51 to cover all the work activities required by the program (Table 10).

**Table 10**

<b>CCHS - Chronic Disease Program FTE Review</b>	
Health Educator Coordinator	1.00
Health Educator II	1.44
<b>Total Full-time Equivalents (FTEs)</b>	<b>2.44</b>
Total hours given the FTEs (at 2080)	5,075
Net available hours to complete work activities(74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	3,776
Total Hours available per FTE	1,548
<b>Sub-total - Average annual time spent on grant activities</b>	<b>3,225</b>
<b>Sub-total - Annual hours required for non-grant activities</b>	<b>1,337</b>
<b>Total annual hours required for program activities</b>	<b>4,562</b>
Total FTEs required given the annual hours available	2.95
<b>Excess FTEs available after contacts are met</b>	<b>(0.51)</b>

The Public Health Educator median FTE has increased since the 2008 level of 1.15 to 3.00 according to the 2013 National Profile of Local Health Departments for the Health Educator Occupation for a population the size of Washoe County (Table 11). The CCHS Health Educator positions for FY16 are 3.91, slightly over the median (includes the Health Educator Coordinator and Health Educator II FTEs); however, the Chronic Disease and Prevention program has allocated only 2.44 FTEs; given the shortfall of staffing requirements of 0.51 there may be a need to shift the staffing allocations across programs.

**Table 11**

CCHS Division - Budgeted Full-Time Equivalent for Public Health Educators						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
<b>WCHD CCHS Public Health Educators</b>	<b>6.53</b>	<b>2.18</b>	<b>2.10</b>	<b>1.72</b>	<b>3.88</b>	<b>3.91</b>
<b>Benchmarks and best practice:</b>						
NACCHO 2013 National Profile of Local Health Departments-Median FTEs in Health Educator Occupation	For Population of 250,000-499,999 = <u>3.00</u> and for a Population of 500,000-999,999 = <u>5.00</u>					
NACCHO 2008 National Profile of Local Health Departments-Median FTEs in Health Educator Occupation	For Population of 250,000-499,999 = <u>1.15</u> and for a Population of 500,000-999,999 = <u>0.80</u>					

Revenues and Expenditures (details in Table 12)

Total revenues budgeted for FY16 for the Chronic Disease Prevention program are \$296,590 which is all from grant funding and covers 51.4% of the expenditures with the balance of funding coming from the County General Fund.

The total FY16 budgeted expenditures are \$577,248. The total salaries and benefits for the program are \$294,634, 51.0% of total costs. The cost per FTE for the program is \$111,604. The total services and supplies of \$282,614 includes the following: \$89,562 in indirect cost allocations; \$77,449 for professional services to promote smoke free environments; \$98,901 for advertisement to promote smoke free environment and healthy living; \$6,600 for educational supplies to promote healthy living; \$4,200 for employee development and training; and, the balance of \$5,902 is for the miscellaneous office supplies that are required to operate the program.

**Table 12**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Chronic Disease Prevention</i></b>						
<b>Revenues:</b>						
Federal & State Grants	120,299	182,111	113,678	254,348	301,412	280,896
Federal & State Indirect Rev.	-	-	-	12,834	14,152	15,694
Sub-total Revenues	120,299	182,111	113,678	267,182	315,564	296,590
<b>Expenditures:</b>						
Salaries & Wages	219,511	147,499	152,507	120,985	170,552	186,241
Intermittent Hourly Positions	-	-	-	27,184	27,331	25,394
Group Insurance	37,150	27,136	27,751	16,758	24,111	27,606
Retirement	47,061	33,921	36,218	27,571	43,147	51,891
Other Employee Benefits	5,726	3,408	3,248	3,053	3,645	3,502
Contract/Professional Svcs	48,991	86,450	40,431	185,753	68,696	77,449
Property & Liability billings	2,280	2,396	1,473	1,178	1,178	1,202
Other Services and Supplies	12,761	24,860	8,028	10,805	117,841	114,401
Indirect cost allocation	-	-	-	-	88,946	89,562
Sub-total Expenditures	373,480	325,669	269,657	393,287	545,447	577,248
Revenues Less Expenditures	\$ (253,181)	\$ (143,558)	\$ (155,980)	\$ (126,105)	\$ (229,884)	\$ (280,658)

### Community & Clinical Health Services Program

#### Purpose of the program

The Community and Clinical Health program is the administrative program dedicated to the oversight of all the programs provided by the Community and Clinical Health Services division.

#### Statutory Authority to Provide Services

There is no legal mandate to provide the program.

#### Functions of the Community & Clinical Health Services Administration Program

- Provide leadership and oversight to staff for program external audits and site visits
- Provide quality assurance, infection control and ensure lab regulations are met
- Coordinate and assist with implementation of specialized computer software and programmatic website management
- Medical insurance billing, patient billing and accounts receivable
- Office and medical supply ordering and accounts payable
- Plan, develop, and monitor Division budget; review and approve expenditures; analyze cost of services; develop cost efficient service delivery systems
- Evaluate the effectiveness of current public health programs and practices; update current or formulate new policies
- Ensure performance measures, program outcomes and service deliverables are met
- Engage the community to identify and solve public health problems

#### Benefits of the Program

The benefit of the CCHS Administrative program is to have the administrative oversight needed to run the Division of approximately 55 FTEs and a budget of \$7.6 million that includes both the Health District and Washoe County overhead costs.

#### Authorized positions and Full-time Equivalents (FTEs) in the Administration program – 1.15 FTEs

Division Director – 1.00 FTE

Office Support Specialist – 0.15 FTE

There are 1.15 FTEs budgeted for this program. One FTE is the Division Director which is not included in the review of work activities noted in Table 14 but is part of the overall review of staff to management ratio which taking into consideration all management/supervisors for the division, the ratio for CCHS is operating at 10.15 (Table 13) for staff to management ratio. The benchmark ratio for staff to management is 8 to 12 (source: Ideal Ratio of Managers to Staff, Business & Entrepreneurship and International Customer Management Institute-Workforce Management 2012 Staff to Supervisor Ratio). Given the benchmark the level of staff to management/supervisors falls within the range.

**Table 13**

<b>CCHS Division - Budgeted Management Staff</b>						
	<b>FY 11</b>	<b>FY 12</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY15</b>	<b>FY16</b>
	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>
<b>WCHD CCHS Total Management</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>
<b>WCHD CCHS Staff to Management Ratio</b>	<b>13.52</b>	<b>11.55</b>	<b>10.29</b>	<b>9.66</b>	<b>9.79</b>	<b>10.15</b>
<b>Benchmark</b>	<b>Ratio of 8 to 12</b>					

The current available hours for office support to the Division Director is 0.15 FTE for a total of 232 hours after the portion for vacation, holidays, sick leave, training, breaks and meetings are excluded. The work activities that are falling on the Division Director that should be transferred to administrative support includes but is not limited to only the following: coordinate and assist with implementation of specialized computer software and programmatic website management; oversight for medical insurance billing, patient billing and accounts receivable; office and medical supply auditing and verification of ordering by Storekeeper and accounts payable; review expenditures; track and report performance measures, program outcomes and service deliverables for the entire division; and general and programmatic clerical support including frontline customer service, answering phones, and miscellaneous data entry requirements of the division (referred to as average number of individual work activities in Table 14 below)

**Table 14**

<b>CCHS - Community &amp; Clinical Health Program FTE Review</b>	
Office Support Specialist	0.15
Total Full-time Equivalent (FTEs)	0.15
Total hours given the FTEs (at 2080)	312
Net available hours to complete work activities (74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	232
Total Hours available per FTE	1,548
Average number of individual work activities	96
Average time per activity	16.12
<b>Total annual hours required</b>	<b>1,548</b>
Total FTEs required given the annual hours available	1.00
<b>Excess FTEs available after work activities are met</b>	<b>(0.85)</b>



Revenues and Expenditures (details in Table 15)

The Community & Clinical Health Administration program does not receive direct revenue into the program. The total expenditure budget is \$291,398. The total salaries and benefits for the program are \$182,416, 62.6% of total costs. The cost per FTE for the program is \$158,623. The total services and supplies of \$79,244 include the following: \$47,211 for indirect cost allocations; \$9,875 for professional/contract services for the case management system; \$8,375 for travel and employee development; \$3,906 for the fleet management costs; \$9,877 for other miscellaneous supplies required to operate the program. The total capital is \$29,738 and will be used for the new patient records content management system.

**Table 15**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Community &amp; Clinical Health</i></b>						
<b>Revenues:</b>						
Other Charges for Services	8,430	3,959	1,387	540	-	-
Miscellaneous	-	4,581	1,305	15	-	-
Sub-total Revenues	8,430	8,540	2,692	555	-	-
<b>Expenditures:</b>						
Salaries & Wages	180,146	195,303	169,560	179,916	118,376	129,926
Group Insurance	17,378	16,029	20,477	20,297	11,591	13,500
Retirement	38,538	43,852	39,990	46,068	30,109	36,172
Other Employee Benefits	4,589	3,550	3,545	3,456	2,622	2,817
Contract/Professional Svcs	750	10,585	1,555	836	28,420	9,875
Fleet Management billings	472	-	1,724	2,217	3,237	3,906
Property & Liability billings	1,900	817	1,350	842	842	859
Other Services and Supplies	8,876	8,841	5,104	22,707	8,009	17,394
Indirect cost allocation (1)	-	-	796,170	1,170,065	44,196	47,211
Capital	-	-	-	23,948	-	29,738
Sub-total Expenditures	252,648	278,978	1,039,476	1,470,351	247,402	291,398
Revenues Less Expenditures	\$ (244,218)	\$ (270,439)	\$ (1,036,784)	\$ (1,469,796)	\$ (247,402)	\$ (291,398)
(1) Prior to FY 2015 the indirect cost allocation for the CCHS Division was charged 100% to the Community and Clinical Health Administration program; effective FY 2015 the Division indirect cost allocation was charged to all programs within the Division						

## **Family Planning Program**

### Purpose of the program

The Family Planning program provides family planning services to individuals of childbearing age.

### Statutory Authority to Provide Services

There is no mandate by law to perform this service; however, the Washoe County Health District has served as a Title X Family Planning grantee since 1970. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.

### Functions of the Family Planning Program

- Routine gynecological exams and pap tests
- Diagnosis and treatment of minor gynecological problems
- Contraceptive counseling and services, including vasectomy
- Pregnancy testing and counseling
- Testing, counseling, and treatment for STDs, including HIV
- Education about sexual responsibility and the importance of early detection of sexually transmitted diseases

### Benefits of the Family Planning Program

According to the U.S. Department of Health & Human Services, Title X provides significant cost savings to taxpayers. In 2008, every public dollar spent on contraceptive services yielded an estimated \$3.74 in savings that would have been spent on Medicaid costs related to pregnancy care and delivery and to infants in their first year of life. Significantly, this figure does not include savings realized from the prevention and treatment of sexually transmitted illnesses and avoiding and detecting reproductive cancers (source: <http://www.hhs.gov/opa/title-x-family-planning>). Another benefit for providing the Family Planning program is that “teenage pregnancy poses a substantial financial burden to society, estimated at \$10.9 billion annually in lost tax revenues, public assistance, child health care, foster care, and involvement with the criminal justice system (source: Counting It Up: The Public Costs of Teen Childbearing: Key Data. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. [Online]. <http://www.thenationalcampaign.org/costs/pdf/counting-it-up/key-data.pdf>, accessed November 29, 2011.)

### Authorized positions and Full-time Equivalent (FTEs) in the program – 8.61 FTEs

Advanced Practitioner of Nursing – 2.17 FTEs	Office Support Specialist – 0.50 FTE
Community Health Aide – 3.03 FTEs	Public Health Nurse Supervisor – 0.70 FTE
Office Assistant II – 1.96 FTEs	Storekeeper - 0.25 FTE

The total FTEs in the Family Planning program are 8.61 but for the FTE review the supervisor has been excluded. The total non-management FTEs is 7.91. The total hours available for Family Planning work activities are 12,241, taking into consideration that approximately 74.4% of an FTE is used for direct program work; the balance of the hours are for meetings, vacation, holidays, sick leave, personal leave

and paid breaks. Given the total number of visits anticipated at 5,500 and the average hours spent per visit at 3.00 (source: time study), the total annual hours of staff required is 16,500 or 10.66 FTEs leaving a shortfall of 2.75 FTEs (Table 16).

**Table 16**

<b>CCHS - Family Planning Program FTE Review</b>	
Advanced Practitioner of Nursing	2.17
Community Health Aide	3.03
Office Assistant II	1.96
Office Support Specialist	0.50
Storekeeper	0.25
<b>Total Full-time Equivalent (FTEs)</b>	<b>7.91</b>
Total hours given the FTEs (at 2080)	16,453
Net available hours to complete work activities (74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	12,241
Total Hours available per FTE	1,548
Average number of visits	5,500
Average time per visit	3.00
<b>Total annual hours required</b>	<b>16,500</b>
Total FTEs required given the annual hours available	10.66
<b>Excess FTEs available after work activities are met</b>	<b>(2.75)</b>

Revenues and Expenditures (details in Table 17)

Total revenues for the Family Planning program are \$863,000 with 93.2%, \$804,000 coming from grant funding. A portion of the total revenue, \$59,000, is from other miscellaneous charges for services. The balance of \$288,353 not covered by grants and other revenue comes from County General Fund support.

The total expenditure budget is \$1,151,353. The total salaries and benefits for the program are \$762,077, 66.2% of total costs. The cost per FTE for the program is \$88,511. The total services and supplies of \$389,276 includes the following: \$217,119 in indirect cost allocations; \$107,623 in biologicals and other outpatient supplies; \$20,000 for lab outpatient services; \$7,488 for pharmacy

consultants; \$18,750 for medical consultants; \$6,500 for training and employee development; \$2,500 for the telephone/cell phone costs; \$4,754 for the property and liability insurance charged by the County; and, the balance of \$4,542 is for the miscellaneous office supplies that are required to operate the program.

**Table 17**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Family Planning</i></b>						
<b>Revenues:</b>						
Federal & State Grants	887,653	904,151	859,328	785,268	783,065	780,688
Federal & State Indirect Rev.	-	-	-	18,637	20,388	23,312
Other Charges for Services	55,454	34,414	27,454	34,370	34,024	38,000
Miscellaneous	25,795	26,318	22,601	24,230	19,122	21,000
Sub-total Revenues	968,902	964,883	909,383	862,505	856,599	863,000
<b>Expenditures:</b>						
Salaries & Wages	528,159	524,453	456,050	417,338	472,963	492,473
Intermittent Hourly Positions	83,320	55,667	80,619	101,970	49,087	16,313
Group Insurance	88,350	82,689	80,850	73,609	87,517	104,683
Retirement	113,309	123,709	108,016	106,676	113,797	137,101
Other Employee Benefits	12,809	10,817	11,415	11,607	11,909	11,508
Contract/Professional Svcs	8,448	31,689	23,098	24,967	18,387	18,600
Biologicals	105,408	102,412	159,047	129,887	110,025	87,623
Outpatient	23,043	23,961	15,043	15,424	19,006	20,000
Property & Liability billings	4,560	3,993	4,910	4,661	4,661	4,754
Other Services and Supplies	65,427	61,273	50,417	53,703	45,952	41,180
Indirect cost allocation	-	-	-	-	228,242	217,119
Capital	-	17,467	1,350	2,869	-	-
Sub-total Expenditures	1,032,833	1,038,129	990,814	942,710	1,161,545	1,151,353
Revenues less Expenditures	\$ (63,931)	\$ (73,246)	\$ (81,431)	\$ (80,205)	\$ (304,946)	\$ (288,353)

## Immunizations Program

### Purpose of the program

The purpose of the Immunization program is to provide immunization clinics at least one month before the opening date of the school year as required by the Nevada Revised Statutes and to continue to make strides toward the Healthy People 2020 objective to increase the percentage of individuals receiving immunizations across the life span.

### Statutory Authority to Provide Services

NRS 439.535 - Clinic for immunization of children. Clinics for the immunization of children for the diseases enumerated in [NRS 392.435](#), [394.192](#) and [432A.230](#) must be held by the county, city, town or district boards of health, as the case may be, not less than 1 month before the opening date of the school year in the respective counties, cities and towns within the State.

### Functions of the Immunization Program

- Provides immunizations in a variety of settings
- Provide technical assistance to the medical community and community at large regarding immunizations
- Detects vaccine preventable diseases and provides outbreak control activities in conjunction with EPHP Division
- Assures that quality immunization services are provided throughout the community
- Partners with community organizations to increase immunization rates

### Benefits of the Immunization Program

According to the CDC, modeling estimated that, among children born during 1994-2013, vaccination will prevent an estimated 322 million illnesses, 21 million hospitalizations, and 732,000 deaths over the course of their lifetimes, at a net savings of \$295 billion in direct costs and \$1.38 trillion in total societal costs. Immunization has been a highly effective tool for improving the health of U.S. children (source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>).

### Authorized positions and Full-time Equivalent (FTEs) in the program – 11.86 FTEs

Office Assistant II – 4.20 FTEs	Public Health Nurse Supervisor – 0.80 FTE
Office Support Specialist – 0.70 FTE	Registered Nurse I – 1.21 FTEs
Public Health Nurse II – 4.70 FTEs	Storekeeper – 0.25 FTE

The total FTEs in the Immunization program are 11.86 but for the FTE review the supervisor has been excluded. The total non-management FTEs is 11.06 (Table 18). The total hours available for program work activities is 17,116, taking into consideration that approximately 74.4% of an FTE is used for direct program work; the balance of the hours are for meetings, vacation, holidays, sick leave, personal leave and paid breaks. Given the total work activity for the Immunization program and the average

hours spent per activity (source: time study), the total annual hours of staff required is 15,258 or 9.86 FTEs leaving an excess of 1.20 FTEs.

**Table 18**

<b>CCHS - Immunization Program FTE Review</b>	
Office Assistant II	4.20
Office Support Specialist	0.70
Public Health Nurse II	4.70
Registered Nurse I	1.21
Storekeeper	0.25
<b>Total Full-time Equivalentents (FTEs)</b>	<b>11.06</b>
<b>Total hours given the FTEs (at 2080)</b>	<b>23,005</b>
Net available hours to complete activities (74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	17,116
<b>Total Hours available per FTE</b>	<b>1,548</b>
Average number individuals receiving immunizations (including influenza and pneumococcal vaccine)	10,077
Average time per individual (includes checkin, procedures and checkout)	1.50
<b>Total annual hours required</b>	<b>15,116</b>
# of community presentations and outreach activities (i.e. Nursing students, daycare providers, private schools, School District, etc.)	56
Average time per event (includes preparation and follow-up)	2.54
<b>Total annual hours required</b>	<b>142</b>
<b>Total annual hours required for all activities</b>	<b>15,258</b>
Total FTEs required given the annual hours available	9.86
<b>Excess FTEs available after contacts are met</b>	<b>1.20</b>

Revenues and Expenditures (details in Table 19)

Total revenues for the Immunization program are \$497,100. Grant funding of \$336,854 is 67.8% of the total revenues. A portion of the total revenues, \$160,246 is from other charges for services and miscellaneous revenue. The balance of \$1,013,783 that is not covered by grants and other revenue comes from the County General Fund support.

The total FY16 budgeted expenditures are \$1,510,883. The total salaries and benefits for the program are \$996,431, 66.0% of total costs. The cost per FTE for the program is \$84,016. The total services and supplies of \$514,452 includes the following: \$291,446 in indirect cost allocations; \$142,746 in biologicals; \$16,000 for medical supplies; \$13,162 for pharmacy and medical consulting; \$7,200 for training and employee development; \$6,900 for temporary contract help for off-site immunization clinics; \$5,348 for the property and liability insurance charged by the County; \$4,820 for data lines and



phone service for the program; \$2,950 for auto expenses paid to employees; and, the balance of \$23,880 is for the miscellaneous office supplies that are required to operate the program.

**Table 19**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><u>Immunizations</u></b>						
<b>Revenues:</b>						
Federal & State Grants	336,300	337,135	273,950	279,687	305,244	298,101
Federal & State Indirect Rev.	21,072	11,778	14,069	25,601	39,707	38,753
Other Charges for Services	196,506	143,428	97,428	160,125	120,674	144,921
Miscellaneous	14,064	14,105	12,878	8,490	4,394	15,325
Sub-total Revenues	567,941	506,446	398,325	473,903	470,019	497,100
<b>Expenditures:</b>						
Salaries & Wages	642,349	619,365	596,496	600,842	655,438	621,252
Intermittent Hourly Positions	86,329	68,365	64,940	77,773	67,491	68,274
Group Insurance	82,977	91,921	94,011	93,382	110,036	117,261
Retirement	137,215	145,996	139,986	149,346	166,604	175,163
Other Employee Benefits	18,220	10,430	14,498	14,210	15,620	14,481
Contract/Professional Svcs	32,357	13,103	21,149	25,476	18,129	20,062
Biologicals	18,498	64,542	59,228	113,315	100,332	142,746
Fleet Management billings	-	75	-	-	-	-
Property & Liability billings	6,840	3,736	5,696	5,243	5,243	5,348
Other Services and Supplies	55,417	71,958	38,299	48,530	41,501	54,850
Indirect cost allocation	-	-	-	-	306,782	291,446
Capital	-	-	-	-	-	-
Sub-total Expenditures	1,080,202	1,089,491	1,034,302	1,128,117	1,487,175	1,510,883
Revenues less Expenditures	\$ (512,260)	\$ (583,046)	\$ (635,977)	\$ (654,215)	\$(1,017,156)	\$(1,013,783)

**Maternal, Child, and Adolescent Health Program**

Purpose of the program

The Maternal, Child and Adolescent Health program was established to promote public health by educating and empowering individuals and families to enhance their physical, emotional, mental, and social well-being; and through the development of partnerships, promote a safe and health community.

Statutory Authority to Provide Services

This program is not mandated by law.

Functions of the Maternal, Child, and Adolescent Health Program

- Pregnancy, breastfeeding and parenting education
- Infant weight checks
- Cribs for Kids/safe sleep
- Developmental screening
- Tobacco cessation education
- Resources and referrals

Benefits of the Maternal, Child and Adolescent Health Program

According to the Healthy People 2020 the well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Authorized positions and Full-time Equivalents (FTEs) in the program – 1.20 FTEs

Public Health Nurse II – 1.00 FTE

Public Health Nurse Supervisor – 0.20 FTE

The total FTEs in the program are 1.20 but for the FTE review the supervisor has been excluded leaving one FTE for the program activities for a total of 1,548 hours, taking into consideration that approximately 74.4% of an FTE is used for direct program work; the balance of the hours are for meetings, vacation, holidays, sick leave, personal leave and paid breaks. Given the total number of hours required to complete the activities of the program (source: time accounting), the total annual hours of staff required is 1,884 or 1.22 FTEs leaving a shortfall of 0.22 FTEs (Table 20).

**Table 20**

<b>CCHS-Maternal, Child, &amp; Adolescent Health Program FTE Review</b>	
Public Health Nurse II	1.00
<b>Total Full-time Equivalents (FTEs)</b>	<b>1.00</b>
Total hours given the FTEs (at 2080)	2,080
Net available hours to complete work activities (74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	1,548
Total Hours available per FTE	1,548
<b>Average annual time spent on grant activities</b>	<b>878</b>
<b>Annual hours required for non-grant activities</b>	<b>1,006</b>
<b>Total annual hours required for program</b>	<b>1,884</b>
Total FTEs required given the annual hours available	1.22
<b>Excess FTEs available after contacts are met</b>	<b>(0.22)</b>

Revenues and Expenditures (details in Table 21)

The total fiscal year 2016 (FY 16) budget is set at \$58,582 of which all comes from grant funding. The balance of resources, \$157,064 that are required to cover the cost comes from County General Fund support.

The total expenditure budget is \$215,646. The total salaries and benefits for the program are \$159,300 which is 73.9% of total costs. The cost per FTE for the program is \$132,750. The total services and supplies of \$56,345 include the following: \$40,626 in indirect cost allocation; \$2,500 for employee training and development; \$2,330 in property & liability charges from the County Risk Management Fund; and, \$10,889 for other miscellaneous office supplies that are required to operate the program.

**Table 21**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Maternal, Child &amp; Adolescent Health</i></b>						
<b>Revenues:</b>						
Federal & State Grants	57,884	58,117	63,622	52,856	52,894	53,401
Federal & State Indirect Rev.	-	-	-	5,141	5,106	5,181
Sub-total Revenues	57,884	58,117	63,622	57,997	58,000	58,582
<b>Expenditures:</b>						
Salaries & Wages	295,926	305,367	288,642	244,488	105,474	104,124
Intermittent Hourly Positions	-	-	102	274	-	-
Group Insurance	34,236	33,835	40,316	29,566	18,965	21,240
Retirement	61,542	72,632	68,539	62,606	26,203	29,193
Other Employee Benefits	5,464	5,786	5,943	5,806	4,679	4,743
Contract/Professional Svcs	312	312	1,759	3,114	468	600
Biologicals	-	219	389	222	224	250
Property & Liability billings	1,520	2,148	2,259	2,285	2,285	2,330
Other Services and Supplies	15,223	11,918	11,892	10,871	4,483	12,539
Indirect cost allocation	-	-	-	-	41,584	40,626
Sub-total Expenditures	414,223	432,216	419,840	359,233	204,365	215,646
Revenues less Expenditures	\$ (356,338)	\$ (374,099)	\$ (356,218)	\$ (301,236)	\$ (146,365)	\$ (157,064)

**Women, Infants and Children (WIC) Program**

Purpose of the program

WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children. The program serves income eligible pregnant, postpartum and breastfeeding women, infants, and children up to age 5 who are at nutrition risk.

Statutory Authority to Provide Services

This is a State program, there is no legal mandate to provide this program by the Health District; however, there is a contract with Nevada State Health Division to provide the service.

Functions of the WIC Program

- Offers breastfeeding promotion, education and support, including breast pumps
- Provides monthly supplemental nutritious foods
- Provide referrals for immunizations, health care and other programs
- Nutritionists give professional nutrition and wellness advice and education

Benefits of the WIC Program

Participation in WIC can lead to: increased likelihood of obtaining prenatal and regular health care; reduced incidence of low birth weight and premature births; increased breastfeeding and breastfeeding duration rates; reduced incidence of anemia; improved diets; improved immunization rates; improved learning in school; and, better cognitive performance.

Authorized positions and Full-time Equivalents (FTEs) in the program – 13.37 FTEs

- Community Health Aide – 3.37 FTEs
- Community Health Nutritionist – 2.00 FTEs
- Human Services Support Specialist – 3.00 FTEs
- Office Assistant II – 4.00 FTEs
- Program Manager – 1.00 FTEs

There are a total of 12.37 FTEs available to provide the direct WIC program services. The Program Manager does not provide direct client care but oversees the requirements required by the grant award. Given the total number of participants at an estimated 66,384 (Table 22) for fiscal year 2016 the average amount of time available per participant is 0.29 hours, the total annual hours of staff time available is 19,143 (Table 22).

**Table 22**

<b>CCHS - WIC Program FTE Review</b>	
Community Health Aide	3.37
Community Health Nutritionist	2.00
Human Services Support Specialist	3.00
Office Assistant II	4.00
<b>Total Full-time Equivalents (FTEs)</b>	<b>12.37</b>
Total hours given the FTEs (at 2080)	25,730
Net available hours to serve clients (74.4% of an FTE is available)	19,143
Total Hours available per FTE	1,548
Average number of yearly participants	66,384
Average time per participant	0.29
<b>Total annual hours required</b>	<b>19,143</b>
Total FTEs required given annual hours available	12.37
<b>Excess FTEs available after contacts are met</b>	<b>(0.00)</b>

Revenues and Expenditures (details in Table 23)

FY16 budgeted revenues for the program are from State funding in the amount of \$1,062,144. The balance of the funding, \$493,008 is paid for with the County General Fund support and it supports the cost of the Program Manager, indirect costs allocated to the program, on-call staff and 50% of the lease space cost for the Moana Lane location.

The total FY16 budgeted expenditures are \$1,555,152. The total salaries and benefits for the program are \$1,159,982, 74.6% of total costs. The cost per FTE for the program is \$86,760. The total services and supplies of \$395,170 include the following: \$327,353 in indirect cost allocation; \$38,052 for lease space for the Moana Lane location; \$7,546 for property & liability insurance paid to the County; \$6,000 for medical supplies; \$4,540 for data and telephone lines; \$3,000 for copy machines; \$1,350 for training and development of staff; and, \$7,329 for other miscellaneous office supplies that are required to operate the program.

**Table 23**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Women, Infants and Children</i></b>						
<b>Revenues:</b>						
Federal & State Grants	1,087,008	1,127,335	1,085,348	1,040,614	1,077,421	1,059,144
Federal & State Indirect Rev.	-	28,103	-	15,303	18,956	3,000
Sub-total Revenues	1,087,008	1,155,439	1,085,348	1,055,916	1,096,377	1,062,144
<b>Expenditures:</b>						
Salaries & Wages	765,699	756,028	783,722	740,804	756,501	743,407
Intermittent Hourly Positions	24,417	12,925	13,420	13,350	11,293	15,000
Group Insurance	153,389	159,243	158,086	158,855	159,713	167,957
Retirement	163,116	178,616	184,801	190,005	190,959	214,636
Other Employee Benefits	18,617	17,844	18,571	17,998	18,652	18,982
Contract/Professional Svcs	314	1,240	732	26	1,567	48
Fleet Management billings	890	260	-	-	-	-
Property & Liability billings	6,460	7,495	7,856	7,398	7,398	7,546
Other Services and Supplies	117,159	122,977	85,435	69,293	84,217	60,223
Indirect cost allocation	-	-	211,726	-	342,163	327,353
Sub-total Expenditures	1,250,061	1,256,628	1,464,349	1,197,728	1,572,463	1,555,152
Revenues less Expenditures	\$ (163,053)	\$ (101,190)	\$ (379,001)	\$ (141,812)	\$ (476,086)	\$ (493,008)

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION**

**Emergency Medical Services (EMS) Program**

Purpose of the program

The EMS program was established to oversee the management, measurement and improvement of the Emergency Medical Services within the boundaries of Washoe County and is the contract administrator for the 2014 Franchise agreement for organizational, performance and operations criteria for the Regional Emergency Medical Services Authority (REMSA).

Statutory Authority to Provide Services

Authority for the Regional Emergency Medical Services oversight function is provided through an interlocal agreement between Washoe County, the Health District, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks and was created for the management, measurement and improvement of emergency medical oversight. The Health District also has the contractual obligation for the oversight of the franchise agreement between the District and REMSA.

Functions of the Emergency Medical Services Program

- Oversight functions for the management, measurement and improvement of Emergency Medical Services (EMS) within Washoe County
- Recommend regional standards and protocols
- Measure performance, analysis of system characteristics, data and outcomes of the EMS and provide performance measurement and recommendations to the Agencies
- Acts as contract administrator for the Franchise Agreement with REMSA
- Provide a written annual report on the state of Emergency Medical Services to the Agencies
- Maintain a five-year strategic plan to ensure the continuous improvement of Emergency Medical Services in the area
- Coordinate medical disaster planning, response and recovery activities in support of the Multi-Casualty Incident Plan, the guidelines on EMS Coverage for Mass Gatherings, and the Medical and Weapons of Mass Destruction Annexes of the Regional Hazardous Materials Management Plan

Note: Agencies refers to Reno, Sparks, Washoe County, Fire and REMSA

Benefits of the EMS Program

Maintaining an Emergency Medical Services program that focuses on the oversight of the emergency operations within Washoe County is important to ensure that the agencies involved are operating effectively as a system to provide emergency pre-hospital care in the region. The program is also tasked with implementing the recommendations presented in the “Emergency Medical Services Systems Analysis – Final Report August 2012” prepared by TriData Division, System Planning Corporation.

Note: Recommendation number 5 out of 38 “Create a lead EMS Agency, under the District Board of Health (and County Health Officer) to provide oversight over the entire EMS system, while maintaining the organizational identity of the individual provider services. This system should include a county EMS Manager, EMS Medical Director, and sufficient staff to provide regulation and oversight of access,





72.8% of an FTE is used for direct program work; the balance of the hours are for meetings, vacation, holidays, sick leave, personal leave as noted in Table 25. Given the total number of activities required in the EMS program an estimated 3,764 annual hours of staff are required for a total of 2.48 FTEs which is slightly higher than the assigned number of FTEs of 2.37 calculating a 0.11 FTE shortfall (Table 26).

**Table 26**

<b>EPHP - Emergency Medical Services FTE Review</b>			
Administrative Secretary			0.07
Emergency Medical Services Coordinator			1.00
Emergency Medical Services Program Manager (1.00 FTE for the program - 0.77 allocated for direct services for EMS, the balance is for Management and oversight duties of the program)			0.77
Statistician			0.53
Total Full-time Equivalent			2.37
Total hours given the FTEs (at 2080)			4,933
<b>Net available hours to complete work activities for full-time staff</b> (72.8% of an FTE is available - 27.2% is for vacation, holidays, sick leave, training, breaks, meetings)			<b>3,593</b>
Total Hours available per FTE			1,515
Activity	Annual Anticipated Activity Level	Average Hours per Activity	Total Annual Hours Required
Required Boards and Committees	54	6.89	372
Auditing and Compliance Reviews	84	15.61	1,312
EMS Advisory Board	4	40.00	160
Agency complaint reviews	10	20.00	200
Annual emergency preparedness excercises (for example Medical Unit Leader excercises)	3	48.00	144
Annual review and updating of policies and EMS plans (example-Family Assistance Center policies, Annex to Multi Casualty Incident Plan (MCIP), casualty tagging policies, etc.)	4	120.00	480
Unincorporated Washoe County Mass gathering review of EMS plans & inspections of EMS staging areas (example: Balloon races, Air Races, Reno Tahoe Open, etc)	6	8.00	48
Development review for EMS impact	10	6.00	60
Data analysis for Quality Assurance (9 data sets/month)	108	8.98	970
Monthly Website management	12	1.50	18
<b>Total hours required</b>			<b>3,764</b>
Total FTEs required given the annual hours available			2.48
<b>Excess FTEs available after activities are completed</b>			<b>(0.11)</b>
Note: The work activity does not include special assignments from governing and advisory boards			

Revenues and Expenditures (details in Table 27)

Total revenues for the EMS program are \$48,905 that comes mainly from the 12.5% of expenditures contribution from REMSA and the balance of funding is from the County General Fund.

The total FY16 expenditure budget is \$372,931. The total salaries and benefits for the program are \$267,609, 71.8% of total costs. The total services and supplies of \$105,321 include the following: \$65,454 for the indirect cost allocations; \$25,000 for professional consulting; \$5,600 for employee development and training; \$687 for the property and liability insurance charged by the County; and, the balance of \$8,580 is for the miscellaneous office supplies that are required to operate the program.

**Table 27**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Emergency Medical Services</i></b>						
<b>Revenues:</b>						
Miscellaneous	-	200	-	-	28,553	48,905
Sub-total Revenues	-	200	-	-	28,553	48,905
<b>Expenditures:</b>						
Salaries & Wages	60,998	92,869	95,775	42,463	122,931	185,106
Intermittent Hourly Positions	-	-	-	16,383	-	-
Group Insurance	5,456	10,361	10,333	1,765	14,889	27,611
Retirement	8,310	16,670	17,340	7,186	31,601	51,471
Other Employee Benefits	1,763	1,916	1,980	1,353	2,485	3,421
Contract/Professional Svcs	-	8,000	-	28	189	25,000
Fleet Management billings	-	-	-	-	119	-
Property & Liability billings	760	654	687	673	673	687
Other Services and Supplies	2,067	5,794	1,605	1,488	7,396	14,181
Indirect cost allocation	-	-	-	-	48,335	65,454
Capital	-	-	-	-	-	-
Sub-total Expenditures	79,353	136,264	127,721	71,338	228,619	372,931
Revenues less Expenditures	\$ (79,353)	\$ (136,064)	\$ (127,721)	\$ (71,338)	\$ (200,066)	\$ (324,026)

**Public Health Preparedness (PHP) Program**

Purpose of the program

The Public Health Preparedness program has been established to prepare the Health District and its partners to manage public health emergencies in our community and region through coordinated planning, sustained training, and regular exercises or responses to real events.

Statutory Authority to Provide Services

There is no statutory authority to provide the services. The program is grant funded and work activities are determined by the grant deliverables.

Functions of the Public Health Preparedness Program

- Develop plans to address identified hazards and vulnerabilities
- Provide training to ensure the successful implementation of plan
- Conduct drills and exercises to evaluate and refine plans and assure response readiness
- Coordinate public health response to real events
- Educate individuals and organizations to recognize potential health threats
- Work to institutionalize public health preparedness activities within the District

Benefits of the Public Health Preparedness Program

The benefit of providing the Public Health Preparedness program is that the Health District will increase healthcare system preparedness through the coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state and local governments.

Authorized positions and Full-time Equivalents (FTEs) in the program – 6.00 FTEs

- Administrative Secretary – 1.00 FTE
- Public Health Preparedness Manager – 1.00 FTE
- PH Emergency Response Coordinator – 2.00 FTEs
- Health Educator II – 1.00 FTE
- Program Coordinator – 1.00 FTE

**Table 28**

<b>Public Health Preparedness Budgeted Full-time equivalents (FTEs)</b>						
<b>Title</b>	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>	<b>FY16 FTEs</b>
Administrative Secretary	2.00	1.00	1.00	1.00	1.00	1.00
Health Educator II	1.00	1.00	1.00	1.00	1.00	1.00
Program Coordinator	1.00	1.00	1.00	1.00	1.00	1.00
Public Health Emergency Response Coordinator	2.00	2.00	2.00	3.00	2.00	2.00
Public Health Preparedness Manager	1.00	1.00	1.00	1.00	1.00	1.00
<b>Total Public Health Preparedness</b>	<b>7.00</b>	<b>6.00</b>	<b>6.00</b>	<b>7.00</b>	<b>6.00</b>	<b>6.00</b>
Year over year increase (decrease)		(1.00)	-	1.00	(1.00)	-

The total hours available for one FTE is 1,610 taking into consideration that approximately 77.4% of an FTE is used for direct program work, the breakdown for all work activity categories are as follows:

**Table 29**

<b>PHP Breakdown of Work Hours</b>		
	<b>Hours for a Full-time Equivalent</b>	<b>Percent of Total</b>
Direct Program Activity	1,610	77.4%
Average Holidays Taken	88	4.2%
Average Paid Breaks	113	5.4%
Average Personal Leave	19	0.9%
Average Sick Leave Taken	40	1.9%
Average Time in Meetings	82	3.9%
Average Vacation Leave Taken	128	6.2%
	2,080	100.0%

The Public Health Preparedness program is supported by grant funding; given this, the review of the FTEs are based on the requirements of the grant and therefore it is assumed that the FTE allocations in the grants are sufficient to complete the activities in the program. The total hours available to complete the grant activities are 11,640. The hours are allocated mostly to the Public Health Preparedness Centers for Disease Control grant at a total of 7,358 hours which is equal to 4.57 FTEs given the net available hours per FTE at 1,610. The Assistant Secretary for Preparedness Response Hospital Preparedness grant utilizes 2.25 FTEs for a total of 3,622 hours and the balance of FTE hours of 660 are dedicated to the recent grant awards that are for the Ebola preparedness.

**Table 30**

<b>Public Health Preparedness Program - FTE Review</b>	
Administrative Secretary (balance of FTE is in the EMS program)	0.93
Director of Epidemiology and Public Health Preparedness (portion assigned to grants)	0.80
Health Educator II	1.00
Program Coordinator	1.00
Public Health Emergency Response Coordinator	2.00
Public Health Preparedness Manager	1.00
Public Information Officer (Full-time with 50% on grant)	0.50
<b>Total Full-time Equivalents (FTEs)</b>	<b>7.23</b>
<b>Total hours given the FTEs (at 2080)</b>	<b>15,038</b>
<b>Net available hours to complete activities (77.4% of an FTE is available - 22.6% is for vacation, holidays, sick leave, training, breaks, meetings)</b>	<b>11,640</b>
<b>Total Hours available per FTE</b>	<b>1,610</b>
	<b>Annual Hours Required per grant *</b>
<b>Grant Activities</b>	
ASPR-Assistant Secretary for Preparedness Response Hospital Preparedness	<b>3,622.50</b>
Public Health Preparedness - CDC	<b>7,357.70</b>
Ebola Preparedness	<b>660.10</b>
<b>Total</b>	<b>11,640</b>
Total FTEs required given the annual hours available	7.23
<b>Excess FTEs available after activities are completed</b>	<b>-</b>

\* Annual hours required are based on the grant requirements and available hours per FTE

The work activity review is based on the requirements for the grants; however, in reviewing benchmarks, which are not just a factor of grant funding, the total FTEs of 6.00 for the Health District is high compared to 2.00 to 4.00 for a population size of Washoe County according to the NACCHO 2013 National Profile of Local Health Departments. The FTEs per 100,000 population for the Health District is 1.35 and in the Southern Nevada Health District (SNHD) it is 0.47 FTEs per 100,000 population. The Health District would have to decrease the FTEs to 2.00 to bring the FTEs per 100,000 population down to the level that SNHD is operating.

**Table 31**

<b>EPHP Division, Public Health Preparedness Program - Budgeted Full-Time Equivalents</b>						
	<b>FY 11</b>	<b>FY 12</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY15</b>	<b>FY16</b>
	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>	<b>FTEs</b>
<b>WCHD Public Health Preparedness Occupation</b>	<b>7.00</b>	<b>6.00</b>	<b>6.00</b>	<b>7.00</b>	<b>6.00</b>	<b>6.00</b>
<b>WCHD EPHP - PHP FTEs per 100,000 population</b>	<b>1.66</b>	<b>1.40</b>	<b>1.39</b>	<b>1.60</b>	<b>1.36</b>	<b>1.35</b>
<b>Benchmarks and best practice:</b>						
<b>NACCHO 2013 National Profile of Local Health Departments-Median Number of LHD FTEs in Emergency Preparedness (PHP) staff</b>	<b>For Population of 250,000-499,999 = <u>2.00</u> and for a Population of 500,000-999,999 = <u>4.00</u></b>					
<b>Southern Nevada Health District</b>	<b>FTEs per 100,000 population is 0.47</b>					

Revenues and Expenditures (details in Table 33)

The FY16 budgeted revenue for the Public Health Preparedness program is \$902,790. The revenue is from Federal grants; \$829,521 is budgeted for direct services to the community and \$73,269 is for indirect costs. The balance of resources of \$133,824 is from the County General Fund support. As shown in Table 32 below, the total per capita revenue for the program is \$2.03, the NACCHO benchmarks for revenue per capita has been declining; in 2010 the revenue per capita for a population the size of Washoe County was \$1.88 by 2013 the revenue per capita dropped to \$0.98.

**Table 32**

<b>EPHP Division - Revenue per Capita for Public Health Preparedness Programs</b>	
<b>WCHD EPHP/Public Health Preparedness per capita</b>	
	<b>\$2.03</b>
<b>NACCHO 2013 National Profile of Local Health Departments-Per Capita Revenue source in Public Health Preparedness</b>	<b>For Population of 100,000-499,999 = <u>\$0.98</u> and for a Population of 500,000 and over = <u>\$0.95</u></b>
<b>NACCHO 2010 National Profile of Local Health Departments-Per Capita Revenue source in Public Health Preparedness</b>	<b>For Population of 100,000-499,999 = <u>\$1.88</u> and for a Population of 500,000 and over = <u>\$1.99</u></b>

The total FY16 expenditure budget is \$1,036,614. The total salaries and benefits for the program are \$810,156, 78.2% of total costs. The total services and supplies of \$226,458 include the following: \$191,488 for the indirect cost allocations; \$13,151 for fleet management costs; \$2,743 for employee



development and training; \$5,600 for medical liability insurance for the Medical Reserve Corps; \$4,950 for the WebEOC software (on-line tracking for emergency activities); and, the balance of \$8,526 is for the miscellaneous office supplies required to run the program.

**Table 33**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><i>Public Health Preparedness</i></b>						
<b>Revenues:</b>						
Federal & State Grants	1,031,292	908,864	1,150,279	1,072,374	858,545	829,521
Federal & State Indirect Rev.	19,884	26,196	66,755	130,033	52,880	73,269
Sub-total Revenues	1,051,175	935,060	1,217,034	1,202,407	911,425	902,790
<b>Expenditures:</b>						
Salaries & Wages	572,694	498,706	491,703	581,273	508,998	573,732
Intermittent Hourly Positions	662	3,976	23,300	-	10,009	-
Group Insurance	67,085	60,939	52,523	67,281	54,938	65,375
Retirement	114,469	117,536	116,366	145,666	128,948	158,013
Other Employee Benefits	11,792	10,331	11,374	12,843	12,008	13,036
Contract/Professional Svcs	122,422	121,189	297,009	167,081	47,781	945
Biologicals	392	284	-	835	762	-
Fleet Management billings	3,130	1,698	3,901	10,727	15,087	13,151
Property & Liability billings	-	-	-	-	-	-
Other Services and Supplies	123,287	85,767	152,955	88,651	90,176	20,875
Indirect cost allocation	-	-	-	-	187,916	191,488
Capital	25,137	-	-	-	-	-
Sub-total Expenditures	1,041,070	900,426	1,149,131	1,074,358	1,056,621	1,036,614
Revenues less Expenditures	\$ 10,105	\$ 34,634	\$ 67,904	\$ 128,049	\$ (145,196)	\$ (133,824)

**Vital Statistics Program**

Purpose of the program

The Vital Statistics Office is designated by the State of Nevada as the local registrar for all births and deaths occurring in Washoe County.

Statutory Authority to Provide Services

NRS 440.190 – the county health officer shall act as a collector of vital statistics for his or her county.

Functions of the Vital Statistics Program

- Provide certified copies of birth and death certificates
- Register births and deaths in Washoe County
- File list of names of deceased with Public Administrator
- Transmit to the State Registrar certificates
- Issuance of burial permits
- Process requests for disinterment of human remains
- Charge and collect a \$1 fee for support of the County Coroner (NRS 359.025)

Benefits of the Vital Statistics Program

To have a central location for the recording of or obtaining vital statistics records.

Authorized positions and Full-time Equivalents (FTEs) in the program – 3.20 FTEs

- EP Center Director – 0.20 FTE
- Office Assistant II – 1.00 FTE
- Office Support Specialist – 1.00 FTE
- Office Assistant III – 1.00 FTE

**Table 34** (excludes the EPI Center Director portion of FTE charged to the Vital Statistics Program)

<b>Vital Statistics Budgeted Full-time equivalents (FTEs)</b>						
<b>Title</b>	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>	<b>FY16 FTEs</b>
Office Assistant II	0.00	0.00	0.00	0.00	1.00	1.00
Office Assistant III	1.00	1.00	1.00	1.00	1.00	1.00
Office Support Specialist	1.00	1.00	1.00	1.00	1.00	1.00
<b>Total Vital Statistics</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>3.00</b>	<b>3.00</b>

The Vital Statistics program is operating with 0.67 FTEs per 100,000 population (Table 35). The Southern Nevada Health District (SNHD) is operating with 0.47 FTEs per 100,000 population; it would require a reduction of 1.00 FTE in the Health District to operate at the level SNHD is operating.

**Table 35**

<b>Vital Statistics - Budgeted Full-time equivalent per 100,000 population</b>						
	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>	<b>FY16 FTEs</b>
<b>WCHD Vital Statistic FTEs per 100,000</b>	<b>0.47</b>	<b>0.47</b>	<b>0.46</b>	<b>0.46</b>	<b>0.68</b>	<b>0.67</b>
<b>Southern Nevada Health District</b>	<b>FTEs per 100,000 population is 0.47</b>					

An FTE works approximately 1,543 hours per year for direct program activities taking into consideration that approximately 74.2% of an FTE is used for direct program activity and the balance is for indirect work activity, the breakdown is as follows:

**Table 36**

<b>Vital Statistics Breakdown of Work Hours</b>		
	<b>Hours for a Full-time Equivalent</b>	<b>Percent of Total</b>
Direct Program Activity	1,543	74.2%
Average Sick Leave Taken	75	3.6%
Average Vacation Leave Taken	184	8.9%
Average Holidays Taken	88	4.2%
Average Time in Meetings	82	3.9%
Average Paid Breaks	108	5.2%
	2,080	100.0%

The total FTEs in the Vital Statistics program are 3.20 but for the FTE review the supervisor has been excluded leaving a balance of 3.00 FTEs (Table 37). The total hours available for program work activities are 4,628 (Table 37), taking into consideration that approximately 74.2% of an FTE is used for direct program work. Given the total work activity for the program and the average hours spent per activity (source: historical review of hours), the total annual hours of staff required is 3,914 or 2.54 FTEs leaving an excess of 0.46 FTEs.

**Table 37**

<b>Vital Statistics Program - FTE Review</b>			
Office Assistant II			1.00
Office Assistant III			1.00
Office Support Specialist			1.00
Total Full-time Equivalent (FTEs)			3.00
Total hours given the FTEs (at 2080)			6,240
<b>Net available hours to complete activities (74.2% of an FTE is available - 25.8% is for vacation, holidays, sick leave, training, breaks, meetings/miscellaneous activities not included below)</b>			<b>4,628</b>
Total Hours available per FTE			1,543
<b>Annual Anticipated Activity Level</b>			
Births recorded	7,079	<b>Average Time per Activity</b>	<b>Total Annual Hours Required</b>
Birth certificates issued	7,429		
Deaths recorded	4,445		
Death certificates issued	18,982		
Total Work Activity	37,936		
Total FTEs required given the annual hours available			2.54
<b>Excess FTEs available after activities are completed</b>			<b>0.46</b>

Revenues and Expenditures (details in Table 38)

The total fiscal year 2016 (FY 16) budget is set at \$470,000. Total revenue for the program is from birth and death certificates. No County General Fund support is required for this program.

The total expenditure budget is \$369,052. The total salaries and benefits for the program are \$271,744, 73.6% of total costs. The program cost per FTE is \$84,920. The total services and supplies of \$97,307 include the following: \$68,831 in indirect cost allocation; \$6,500 paid to the State Registrar per NRS 440.400 for filing fees; \$6,200 for special paper required for birth and death certificates; \$2,350 for fees for accepting card cards; \$981 for property & liability insurance paid to the County; and, \$12,445 for other miscellaneous office supplies required to run the program.

**Table 38**

	Actual					Budget
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b><u>Vital Statistics</u></b>						
<b>Revenues:</b>						
Birth & Death Certificates	359,725	439,910	476,829	457,596	465,052	470,000
Sub-total Revenues	359,725	439,910	476,829	457,596	465,052	470,000
<b>Expenditures:</b>						
Salaries & Wages	93,032	94,851	99,889	102,261	134,354	185,848
Group Insurance	14,391	14,971	14,931	14,931	19,048	29,969
Retirement	19,995	22,412	23,699	26,230	33,974	51,704
Other Employee Benefits	2,275	2,317	2,420	2,533	3,491	4,223
Contract/Professional Svcs	4,496	5,352	2,664	5,924	2,010	6,600
Property & Liability billings	760	934	982	962	962	981
Other Services and Supplies	25,400	18,402	17,647	18,196	21,929	20,895
Indirect cost allocation	-	-	-	-	56,489	68,831
Capital	-	-	-	-	-	-
Sub-total Expenditures	160,349	159,240	162,232	171,036	272,257	369,052
Revenues less Expenditures	\$ 199,376	\$ 280,670	\$ 314,597	\$ 286,560	\$ 192,795	\$ 100,948

## **CONCLUSION**

The outcome of the cost analysis shows that within the programs reviewed there may be a shortfall of 4.08 full-time equivalents (FTEs). The total FTEs for the Health District in FY16 are 150.01, this is 11.19 FTEs below the mean benchmark of 161.20 (benchmark values are from the National Connection for Local Public Health-Public Health Uniform National Data System, PHUND\$). In looking at the FTEs per 100,000 population WCHD is at 33.67 FTEs which is well below the median of 43.52 FTEs (benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2013). Given that the Health District appears to be under FTEs compared to other similar agencies it is apparent that the cost analysis should focus on the shifting of the number of FTEs assigned to programs, increased utilization of staffing capacity within programs, or changes in the classification of FTEs.

Many programs in this phase of the cost analysis are showing a possible shortfall. The Family Planning program is showing the greatest shortfall of 2.75 FTEs and the Air Quality Management program is calculating with the next highest shortfall of FTEs at 1.31. The Air Quality Management division is also operating at a lower FY 16 cost per capita of \$6.37 as compared to the Clark County Air Quality program that is operating at \$7.48 per capita. Additional administrative/clerical assistance equal to approximately 0.85 FTE was calculated to be needed in the Community and Clinical Health Services Administration program. The need for additional capacity was calculated in the Chronic Disease Prevention program at an additional 0.51 FTE and the Maternal, Child and Adolescent program at an additional 0.22 FTE. In the Epidemiology and Public health Preparedness Division the EMS program and Public Health Preparedness program are operating with a calculated FTE level that appears to be sufficient to run operations; however, the Vital Statistics program is showing that it may have excess capacity of 0.46 FTE. The program with the largest excess capacity is Immunization at 1.20 FTE.

A major obstacle in the cost analysis is that the data collection systems currently available in the Health District are not set up for this type of analysis. Many work activity statistics had to be pulled manually from various reports that have been produced because not all activities are tracked within an automated tracking system. With the implementation of the Regional Permitting system there should be opportunities for AQM to develop standard reports to better track work activities and not have to rely solely on the time accounting system. CCHS will be changing out the case management system so new reporting for work activities should be part of the implementation and report writing phase of the system upgrade. Once those systems are in place an analysis should be completed to determine what activities were not captured from the cost analysis activities being reported.

Another outcome from the analysis is the need to continue the time coding for employees in order to generate an accurate accounting of how employee time is allocated in all programs. With a very limited amount of data for the current time accounting it is critical to continue the process and compare it back to the existing analysis to determine any areas that may require adjusting that will allow for a higher level of customer service to be delivered to the community and a means to assist in finding areas for improved efficiencies within the program operations.

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: December 17, 2015**

**DATE:** December 4, 2015

**TO:** District Board of Health

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

**SUBJECT:** Program Update, Divisional Update, Program Reports

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**1. Program Update**

a. 2015 Year in Review

As we approach the end of another year, AQMD would like to take this opportunity to look back on our 2015 accomplishments and provide a glimpse into where our challenges will lead us in the coming year. The greatest accomplishment by far was the EPA approval of the redesignation request demonstrating the Truckee Meadows Basin has achieved compliance with the PM10 National Ambient Air Quality Standard (NAAQS). This approval serves as an acknowledgement of the effectiveness of the control strategies developed by AQMD and the tremendous efforts of our community stakeholders. Attaining the health-based PM10 NAAQS means the citizens of the Truckee Meadows Basin now have an improved quality of life which contributes to an overall healthier community.



Engaging the community and educating them on the health benefits of clean air is a core function of AQMD and pursued through our many outreach efforts. This year, RenOpen Streets became the first Open Streets event in Nevada as part of the international Cyclovia Movement aimed at promoting healthy, vibrant communities, physical activity, and clean air.



More than 40 vendors lined 1.6 miles of streets in downtown Reno that were closed to vehicles and opened to the community for walking, biking, dancing, and playing in the streets.

Year-long efforts by the AQMD Monitoring Section resulted in an improvement in the collection and distribution of current air quality information to our community. Monitoring staff coordinated with EPA to obtain approval to discontinue monitoring activities at the Galletti Way monitoring site and relocate the equipment to establish a new monitoring site in Spanish Springs at the Lazy 5 Regional Park. The establishment of the Spanish Springs monitoring site will provide current air quality data for a portion of the population that had not previously been available. With Washoe County Board of County Commissioners and the District Board of Health approval, an Interlocal Agreement with Washoe County Parks was established to provide for future expansion of the monitoring network. The Spanish Springs monitoring site is the first new site to be established since the late 1990's.

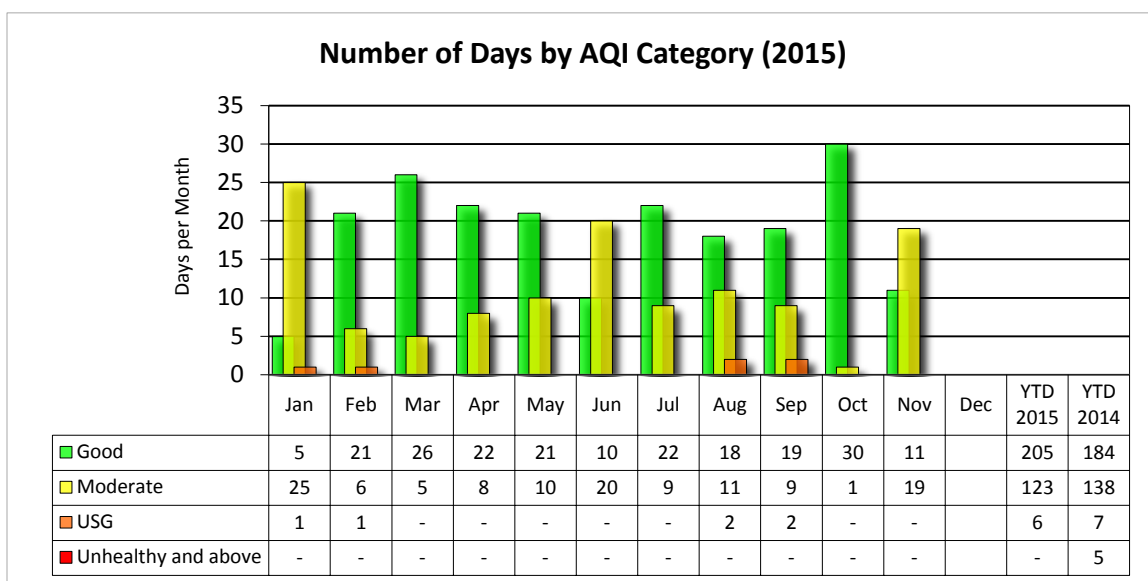
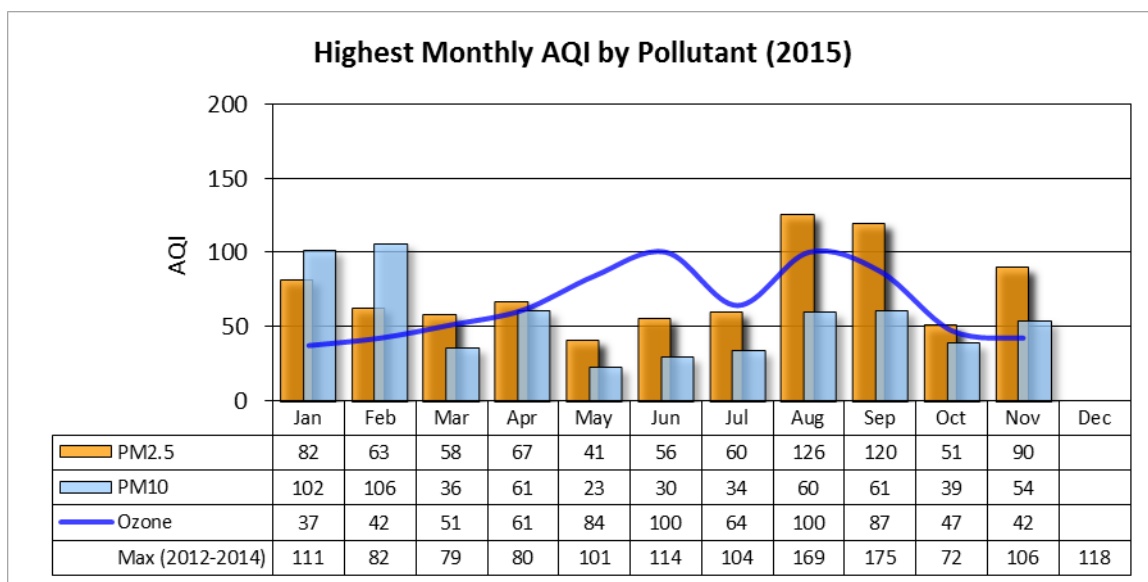
In addition to the significant achievements, 2015 also presented AQMD with future challenges. On October 1, 2015, EPA issued a revised ozone NAAQS of 70 ppb which was a strengthening from the previous standard of 75 ppb. Advance notification was provided identifying the new standard was going to be between 65 and 70 ppb. AQMD realized that within that range, Washoe County would either barely be in attainment of the new standard or marginal non-attainment. Based on the fact that more than 50% of the ozone precursors in the Truckee Meadows come from vehicles, AQMD provided funding to the University of Nevada, Reno Business Environmental Program to re-establish a U.S. Department of Energy Clean Cities Coalition. The Reno-Tahoe Clean Cities Coalition is bringing together public and private stakeholders with the goal of reducing petroleum consumption through the deployment of alternative and renewable fuels, idle-reduction measures, fuel economy improvements, and emerging transportation technologies. In support of these initiatives, the Health District vehicles were equipped with GPS units to increase efficiency by reducing vehicle miles traveled in response to citizen complaints and ensure idling is kept to a minimum.

As we celebrate 2015 and look forward to the challenges of 2016, AQMD is committed to our mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County. As always, we'll work to help our community ***Keep it Clean.***

Charlene Albee, Director  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of November. 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 [OurCleanAir.com](http://OurCleanAir.com) for the most recent AQI Summary.

### **3. Program Reports**

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during November.

The first Yellow burn code of the season was issued on November 11 and the first Red code was issued on November 30. Cool/cold temperatures, calm winds, and poor mixing were the key weather factors contributing to elevated fine particulate matter (PM<sub>2.5</sub>) concentrations.

Earlier this year, the Environmental Protection Agency updated New Source Performance Standards for wood and pellet stoves. Beginning January 1, 2016, all wood and pellet stoves sold in the United States must meet the Step 1 standard of 4.5 grams of particulate matter per hour. In 2020, the Step 2 standard becomes effective further reducing the emission rate more than 50 percent to 2.0 grams per hour. These new stoves not only burn cleaner, they produce the same amount of heat while burning about 33 percent less wood. Go to [OurCleanAir.com](http://OurCleanAir.com) to learn more about the \$600-\$1,000 instant rebate available to replace pre-1992 woodstoves.

Holiday Tip: Recycle your tree through Keep Truckee Meadows Beautiful's Christmas Tree Recycling program. This year's program runs from December 26 - January 10 at ten drop-off locations. In addition to KTMB's regular sites at Bartley Ranch Park, Rancho San Rafael Park, and Shadow Mountain Sports Complex, you can drop off trees at several Truckee Meadows Fire Protection District fire stations. KTMB's Christmas Tree Recycling program prevents more than 10,000 trees per year from filling our landfill or being illegally dumped in our open spaces. Trees are chipped into mulch and then used for park and weed abatement projects. Mulch is also available for free to area residents at the Bartley Ranch and Rancho San Rafael drop-off sites. Visit [KTMB.org](http://KTMB.org) for more information.

Daniel K. Inouye  
Chief, Monitoring and Planning

a. Permitting & Enforcement

Type of Permit	2015		2014	
	November	YTD	November	Annual Total
<b>Renewal of Existing Air Permits</b>	96	1206	88	1328
<b>New Authorities to Construct</b>	2	98	9	133
<b>Dust Control Permits</b>	11 (63 acres)	142 (1790 acres)	7 (106 acres)	114 (1172 acres)
<b>Wood Stove (WS) Certificates</b>	16	370	19	322
<b>WS Dealers Affidavit of Sale</b>	12 (7 replacements)	99 (64 replacements)	10 (5 replacements)	105 (80 replacements)
<b>WS Notice of Exemptions</b>	404 (3 stoves removed)	6849 (33 stoves removed)	537 (3 stoves removed)	7143 (63 stoves removed)
<b>Asbestos Assessments</b>	91	1005	54	862
<b>Asbestos Demo and Removal (NESHAP)</b>	39	93	15	199

Staff reviewed thirty-one (31) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting and enforcement staff has completed all required training for 2015.
- Mapping and data conversion for two record types has been completed and successfully tested as part of the development of the Accela Regional Licensing and Permitting Software System.

Staff conducted thirty-six (36) stationary source inspections and fifty-three (53) gas station inspections in November 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015		2014	
	November	YTD	November	Annual Total
<b>Asbestos</b>	1	22	1	27
<b>Burning</b>	2	8	1	9
<b>Construction Dust</b>	2	32	17	53
<b>Dust Control Permit</b>	0	5	3	20
<b>General Dust</b>	2	46	1	52
<b>Diesel Idling</b>	1	2	0	3
<b>Odor</b>	4	28	1	16
<b>Spray Painting</b>	0	7	1	8
<b>Permit to Operate</b>	2	11	2	31
<b>Woodstove</b>	1	13	0	12
<b>TOTAL</b>	<b>15</b>	<b>174</b>	<b>27</b>	<b>231</b>
NOV's	November	YTD	November	Annual Total
<b>Warnings</b>	3	21	3	41
<b>Citations</b>	0	8	2	11
<b>TOTAL</b>	<b>3</b>	<b>29</b>	<b>5</b>	<b>52</b>

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

Mike Wolf  
 Chief, Permitting and Enforcement

**COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT  
BOARD MEETING DATE: December 17, 2015**

**DATE:** December 4, 2015  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Report – Sexual Health, Divisional Update, Program Reports

**1. Program Report – Sexual Health Update: World AIDS Day and National STD  
Surveillance Report**

December 1<sup>st</sup> marked the 28<sup>th</sup> observation of World AIDS Day, with the theme; *The Time to Act is Now*. Since the identification of the epidemic in 1981, there have been remarkable advances in testing, treatment, and services available to people living with HIV/AIDS (PLWHA). However, the stigma and discrimination that surround behaviors and conversations about HIV are areas that impact people’s willingness to test, and if they are HIV positive, to receive treatment.

CDC estimates that 1,218,400 persons aged 13 years and older are living with HIV infection, including 156,300 (12.8%) who are unaware of their infection. Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Still, the pace of new infections continues at far too high a level—particularly among certain groups.

- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (12.8%) are unaware of their infection.
- Gay, bisexual, and other men who have sex with men (MSM), particularly young black/African American MSM, are most seriously affected by HIV.
- By race, blacks/African Americans face the most severe burden of HIV.

Released in November, the annual STD surveillance report disseminated by the CDC showed that, for the first time since 2006, rates for all three of the commonly reportable STDs (chlamydia, gonorrhea, and syphilis) increased in 2014. Most notable, rates for primary and secondary syphilis, which are the most infectious stages of syphilis, increased by 15% in 2014, over a 10% increase in 2013 and 11% increase in 2012.

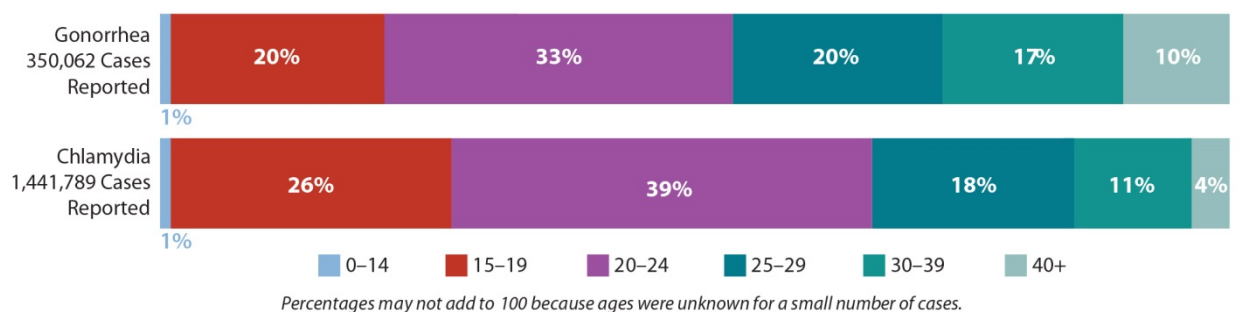
These increases have been driven predominately by men. While men accounted for 91% of the total cases of syphilis reported in 2014, increases were seen across all demographics including among men who have sex with men (MSM), men who have sex with women, and also in women generally. Congenital syphilis increased by 38% between 2012 and 2014, to the highest rate seen since 2001.

Also of concern is the impact on young people. While both the numbers and the rates of gonorrhea and chlamydia continue to be the highest among young people aged 15-24, rates for both of these STDs decreased in young people ages 15-19 in 2014. Reported STD screening rates for this age group have also fallen. Coupled together, it is likely that these reductions in STD rates are because young people are not being tested for STDs, not because young people are experiencing less disease. Young people are still at the highest risk of acquiring an STD and reductions in screening rates are leaving young people vulnerable to the devastating effects of an untreated STD; it is estimated that undiagnosed STDs cause more than 20,000 women to become infertile each year.

Also noted in the surveillance report:

- Gonorrhea increased overall in 2014 by 5 percent, driven by a concerning 10 percent increase among men.
- Women saw a slight (0.4 percent) decrease in gonorrhea in 2014.
- After two years of respite, levels of resistance are rising in the last front-line drug recommended to treat gonorrhea.
- Chlamydia rates increased overall in 2014 by 2.8 percent, driven by a 6.8 increase in men.
- Rates of chlamydia also increased in women by 1.3 percent.

#### Most Reported Chlamydia and Gonorrhea Infections Occur among 15–24-Year-Olds



<http://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html>

Discouragingly, Nevada was achieved the highest ranking in the nation for primary and secondary syphilis with rates double the national (Nevada 12.8/100,000 vs. US



6.3/100,000). Congenital Syphilis (17.2/100,000) was also above the national (11.6/100,000) and Nevada was the 7<sup>th</sup> highest. Washoe County's data also reflects increases that are occurring nationally. Disease burden for 2015 will be provided in a future report.

	<b>Washoe County % Increase in Cases (2013-2014)</b>
<b>Chlamydia</b>	8.7%
<b>Gonorrhea</b>	37.1%
<b>Syphilis (Primary &amp; Secondary Stages)</b>	9.1%
<b>Early Latent Syphilis</b>	41.7%
<b>HIV</b>	3.8%

To that end, the Sexual Health Program continues to push forward on building awareness, promoting HIV and STD testing among higher risk populations, and linking/retaining PLWHA to HIV care services. These activities are outlined in the National HIV/AIDS Strategy with further direction from the Centers for Disease Control and Prevention. Because of the complex relationship between HIV and other sexually transmitted diseases (STDs), the Sexual Health Program integrates efforts to address both areas as a means to reach the highest risk populations with more efficiency. Recent projects being implemented include robust social media outreach, enhanced advertising, outreach through the 89502 zip code area Family Health Festivals, and recruiting people within high risk social networks for testing. By publishing an Epi News article (attached) that promotes the need for routine HIV testing and sexual behavior risk assessment by healthcare providers, the Sexual Health Program hopes to continue pressing sexual health as an issue that needs to be addressed by the Washoe County community.

## **2. Divisional Update – Patagonia Health Implementation**

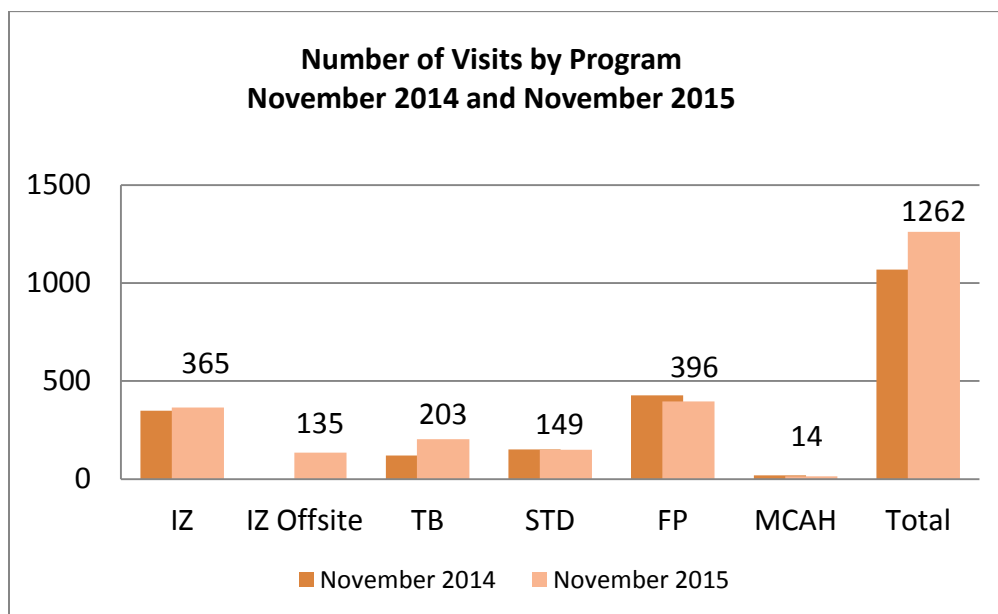
Calls and webinars with Patagonia are underway as CCHS works on implementation plans to launch the new electronic health record (EHR) in early 2016. Staff and management are eager to have a system that is simple to use, and has improved reporting abilities. Real-time insurance eligibility information will also be a benefit for clerical staff, as well as our clients, and is expected to help with clinic revenue through improved insurance reimbursement.

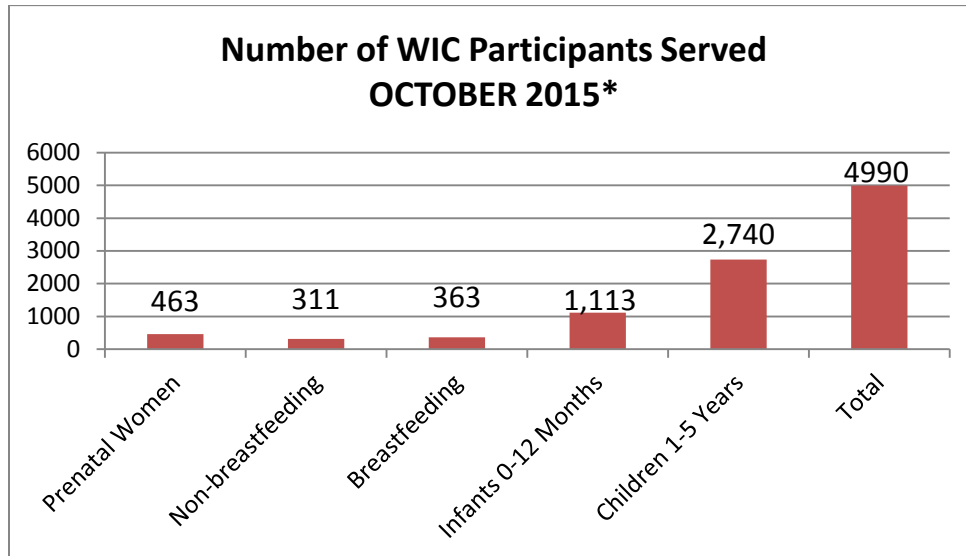
**University of Nevada, Reno Orvis School of Nursing (OSN) Students**

For many decades, CCHS has mentored OSN students. Many of those nurses have gone on to work at the Health District, including the current CCHS nursing management team. A love of public health nursing is often instilled in the students, and while there are many choices in the field of nursing, the choice of public health is an excellent combination of skilled nursing care and population-based preventive health care. At the end of this month's report is a thank you note to CCHS staff from our latest round of OSN students.



a. 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.

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Sonya Smith will begin work as a Public Health Nurse (PHN) I in the HIV Program December 14, 2015. Sonya is filling a vacancy from a recent transfer of Cory Sobrio, PHN II to the STD program. Cory fills the vacancy created by a recent retirement in STD. Sonya comes to CCHS from Northern Nevada Medical Center. She's been a nurse for two years, but she has a diverse employment history. Sonya is also a veteran of the U.S. Armed Forces.
- b. **Immunizations** – There has been a delay in the shipment of intranasal flu vaccine which has impacted service delivery, as many clients prefer this presentation of flu vaccine. Fourteen School Located Vaccination Clinics (SLVCs) are scheduled in December to administer flu vaccine. The majority of the participating schools are Title I schools.

An additional four flu vaccine administration recertification trainings were provided to local fire departments in partnership with EPHP in November.

- c. **Tuberculosis Prevention and Control Program** – There have been 10 active cases of TB disease this calendar year. Staff participated in EDN (Electronic Disease Notification) training on November 23, 2015. EDN is a web-based notification system that notifies

U.S. health departments of individuals arriving from other countries with conditions of public health significance including tuberculosis.

- d. **Family Planning/Teen Health Mall** – The Teen Health Mall hosted the Boys and Girls Club Leadership team on November 17, 2015. Staff provided a clinic tour as well as information on services provided, which included birth control, STD testing/treatment and safer sex practices. The Boys and Girls Club staff had requested the tour, and obtained parental permissions.
- e. **Chronic Disease Prevention Program (CDPP)** – CDPP is partnering with the Washoe County Safe Kids Coalition's Photovoice Project at Esther Bennet Elementary School. Staff presented safety and health messages to a group of Safety Patrol students to begin the project which will continue throughout the school year. The students will learn how to use cameras and will take three field trips into the community to capture images of health and safety. At the conclusion of the project their photos and experience will be presented to the sixth graders at their school.

Staff worked with tobacco control and prevention partners to recognize the Great American Smokeout on November 19, 2015 through college campus participation in 1Day Stand activities. The 1Day Stand is an event in which college campuses go smoke free for a day to raise awareness about smoke free and tobacco free campuses. Sierra Nevada and Western Nevada College campuses participated in 1Day Stand activities and connections have been made with Truckee Meadows Community College to participate in the March 2016 event.

Staff are working on developing a program to work with restaurants on portion sizes and are reviewing potential logos. Staff have also begun planning for 2016 Bike Week events with AQM and community partners. CDPP goals include encouraging businesses and employees to participate in the Commuter Challenge.

Staff are preparing for student interns for the Spring semester and have developed a scope of work for a Master level intern to help with implementation of a Coaches Challenge program. Coaches Challenge is a partnership with University of Nevada, Reno and elementary schools to encourage student physical activity and good nutrition.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review team has completed data abstraction on 42 cases and has presented 17 cases to the Case Review Team this fiscal year. Jan Houk attended a meeting on November 30, 2015 which was focused on improving birth outcomes in Nevada. This is part of the National Governor's Association Learning Network.

- g. **Women, Infants and Children (WIC)** – The Nevada State WIC office has provided a new resource for pregnant and breastfeeding women called “*Mother to Baby*”. This is a free service where they can either text or call regarding questions about the safety of medications taken during pregnancy or when breastfeeding. All the information provided is evidence-based, regularly updated, and medical or pharmacy providers can contact them as well.

The USDA Food and Nutrition Service (FNS) published the [WIC Participant and Program Characteristics 2014](#) final report in November 2015. This report provides national information on participants such as demographic characteristics, income, nutrition risks, breastfeeding rates, and obesity rates for children. *“Important findings point to healthy outcomes with the data showing that the proportion of breastfeeding women exceeded that of non-breastfeeding women, which is a continuing trend since 2012. Breastfeeding rates have increased from 67.1 % in 2012 to 69.8 % in 2014. Anemia rates were also slightly lower in 2014, reversing the trend from 2002-2012 and obesity in children 2-4 has continued to decline among WIC participants from 14.6 % to 13.7 % in 2014”*. The complete report can be viewed at the link above.



Division of Health Sciences  
University of Nevada, Reno

Dear Washoe County Health Department Nurses and Staff,

Thank you so much for allowing us to work within your facility. We know it is not always convenient for you to have a students shadowing, so we thank you for taking the time to teach us. Through demonstration and feedback, you have helped us become well-rounded future nurses. We greatly appreciate you and your facility, and all that you do for the community. We wish you all a Happy Holidays and a Happy New Year.

From,

Orvis School of Nursing  
Kristi Coleman, Jill Dowty, Robby Fritzler, Ella Green,  
Danielle Leeds, Zack Mueller, Lauren Robarts

*Ella Green  
Thank you!*

*Danielle Leeds  
Thank you!*

*Kristi Coleman  
Thank you!*

*Zack Mueller  
You all are  
the best!*

*Robby Fritzler  
Thank you!*

*Lauren Robarts  
Thank you for having us!*

*Jill Dowty  
I loved my time here!  
Thank you for being so welcoming!*

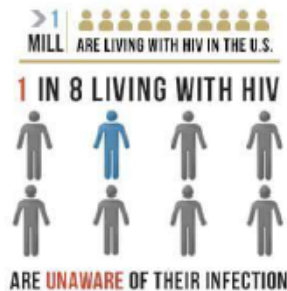
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**IN THIS ISSUE:** Late HIV Testing Outcomes and Recommendations for Earlier Diagnosis

## Late HIV Testing Outcomes and Recommendations for Earlier Diagnosis

HIV infection and progression to AIDS continues to be a significant public health issues in Washoe County and Nevada, more than 30 years after the epidemic was identified. Advances in treatment have recently allowed for HIV to be categorized as a chronic disease. Ongoing antiretroviral treatment (ART) not only decreases opportunistic infections and HIV related complications, but can also reduce HIV transmission by 96%. However, HIV and AIDS remain stigmatized, thus impacting the number of people who test, are diagnosed and who benefit from ART. Persons living with HIV/AIDS (PLWHA) often have complicated lives that impact their ability to link into and retain HIV care.

An estimated one in eight people in the United States who have HIV do not know they are infected. This segment of PLWHA may not realize their status until they develop complications, years after they were infected. Often, individuals that discover their HIV status late in their infection are designated as an AIDS diagnosis soon after the initial HIV diagnosis.



In Washoe County, between 2009 and 2014, 51 out of 178 HIV cases (29%) progressed to an AIDS diagnosis in less than 12 months. During the same time period, 84% of those

AIDS cases were diagnosed *within a month* of the initial HIV diagnosis. The majority of the patients progressing to an AIDS diagnosis within the first month were diagnosed through the two major regional medical centers in Washoe County. This indicates that people are accessing healthcare due to AIDS related illnesses rather than being tested earlier through other healthcare access points.

HIV testing in a timely manner is needed to reduce complications that arise as an individual's immune system becomes compromised. An estimated 40% of PLWHA in the US are linked and retained care, with Nevada linking and retaining 34% of PLWHA in care. Early diagnosis, linkage and retention into HIV care and initiation of ART increases the likelihood of positive health outcomes, including decreased transmission to others. Recent research demonstrates that linkage and retention into HIV care is critical to successful management of HIV disease (Table 1). Late testing and diagnosis can decrease years of life and quality of life.

Table 1. Linkage and Retention into HIV Care is Critical

PLWHA not diagnosed or retained in care are responsible for 92% of HIV transmissions
PLWHA having >2 missed visits after diagnosis is associated with all-cause mortality with a hazard ratio of 3.20
PLWHA not retained in care are responsible for 61% of HIV transmissions
If 90% of PLWHA are diagnosed and are on ART, HIV incidence could be reduced by 50%



### Recommendations for Opt-out Testing in Healthcare Settings

The CDC recommends that health care providers test everyone between the ages of 13 to 64 at least once as part of routine health care. It is further recommended that opt out screening be utilized, meaning HIV testing will be done routinely unless the patient explicitly refuses to take an HIV test (Table 2). The Washoe County Health District (WCHD) encourages providers to routinely provide HIV testing and assessment of sexual and drug risk for all patients.

Table 2. Benefits of Opt-out Testing

Will help more people find out if they have HIV
Will help those infected with HIV find out earlier, when treatment works best
Can further decrease the number of babies born with HIV
Can reduce stigma associated with HIV testing
Will enable those who are infected to take steps to protect the health of their partners

HIV screening is covered by health insurance without co-pay, as provided through the Affordable Care Act. Many options for free and reduced cost testing are also available in Washoe County. To find testing sites, people can text their zip code to KNOWIT (566948) or can contact WCHD. WCHD offers **free** testing opportunities for HIV, syphilis, chlamydia, and gonorrhea weekly.

### 5 Ps to Sexual History Taking

WCHD highly encourages healthcare providers start a sexual history talking with patients between the ages of 13 to 64 by normalizing the conversation.

*"Now I am going to ask you some questions about your sexual health. I ask these questions of all my patients regardless of age or marital status, and they are just as important as other questions about your physical and mental health. Like the rest of this visit, this information is confidential."*

1. Partners
  - ✓ "Do you have sex with men, women, or both?"
2. Sexual Practices
3. Past History of STDs
4. Pregnancy Plans
5. Protection for STDs, including HIV

Consider additional questions to identify HIV risk.

- ✓ "Have you or any of your partners ever injected drugs?"
- ✓ "Have you ever been tested for HIV, the virus that causes AIDS?"

Finish up by reinforcing positive, protective behaviors and opening the door for the patient to share or ask further questions.

- ✓ "Is there anything else about your sexual practices that I need to know about to ensure your good health care?"
- ✓ "Have you been tested for HIV, the virus that causes AIDS?"

A complete guide and more resources are available at:

[http://www.stdhivtraining.org/resource\\_search.html](http://www.stdhivtraining.org/resource_search.html)

For sexual health information in Washoe County, including HIV/STD data, testing, disease investigation, education, and clinician technical assistance, please contact Jennifer Howell at 775-328-6147 or email [sexualhealth@washoecounty.us](mailto:sexualhealth@washoecounty.us).

### REFERENCES

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- Kelly, SL, Wilson DP. HIV cascade monitoring and simple modeling reveal potential for reductions in HIV incidence. 2015; 69 (3): 257-263.
- Loutfy MR, Wu W, Letchumanan M et al. Systematic review of HIV transmission between heterosexual serodiscordant couples where the HIV-positive partner is fully suppressed on antiretroviral therapy. *PLoS One*. 2013;8(2):e55747.
- Mugavero MJ, Westfall AO, Cole SR, et al. Beyond core indicators of retention in HIV care: missed clinic visits are independently associated with all-cause mortality. *Clinical Infectious Diseases*. 2014; 59 (10): 1471-9.
- Skarbinski J, Rosenberg E, Paz-Bailey G, et al. Human immunodeficiency virus transmission at each step of the care continuum in the United States. *JAMA Internal Medicine*. 2015;175(4):588-596.

**Staff Report**  
**Board Meeting Date: December 17, 2015**

**DATE:** December 4, 2015  
**TO:** District Board of Health  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
775-328-2644; [bsack@washoecounty.us](mailto:bsack@washoecounty.us)  
**SUBJECT:** EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

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**DIVISION UPDATE**

- Second interviews have been completed for the recruitment process of Environmental Health Specialist Trainees.

**PROGRAM UPDATES**

**Food**

- Staff continues to receive, review and approve Hazard Analysis Critical Control Point (HACCP) plans for food establishments conducting special processes.
- Staff attended the Nevada Strategic Planning Workshop hosted by the FDA. The workshop focused on the FDA National Retail Food Regulatory Program Standards and provided staff the ability to establish a well-defined project management process for tracking continuous improvement within the food protection program.
- The food program was awarded two grants from the Association of Food and Drug Officials (AFDO) administered Retail Program Standards Grant Program. The grants will provide funds for the completion of projects and training to enhance conformance with the Retail Program Standards.
- **Special Events –**
  - The Special Events Team inspected two large tasting events in November which included Fantasies in Chocolate and Barrels and Bites. A number of smaller events kept staff busy every weekend through the month.

**IBD**

- The Invasive Body Decoration (IBD) program staff conducted inspections of temporary tattoo artists at Wizard World Comic Con Reno November 20-22, 2015. This was the second year that it has come to Reno and plans are to return again in 2017.



### Land Development

- The Riverbelle Mobile Home Park is currently under construction as a new water supply line and equipment are being installed as part of the approved Water Project. The construction is anticipated to be completed by year end.
- Staff continues to work on streamlining the plan review and approval process. All team members are being cross-trained to review multiple projects and project types to ensure maximum availability as different projects are submitted routinely. This will help create more efficiencies as we progress into the upcoming year.

### Vector-Borne Disease

- The Vector-Borne Diseases Program and Regional Animal Services will be holding a community forum December 9, 2015, in an effort to inform the community about the importance of rabies vaccinations and pet licensing. Rabies is a deadly virus that is spread to people from the saliva of infected animals. The rabies virus is usually transmitted through an animal bite or scratch. The animals mostly likely to transmit the rabies in Washoe County include bats, coyotes, foxes, skunks and raccoons. While the largest rabies threat are domestic dogs, which has been mostly controlled in the United States, the interactions with other rabies reservoir species still results in 30,000-60,000 citizens going through the rabies vaccination treatments each year (CDC).
- The Vector-borne Diseases program has long had a working relationship with Regional Animal Services in the prevention of rabies in Washoe County; before formalizing an Interlocal agreement entered into in March of this year. The agreement focuses on managing rabies exposures and providing a reporting process to transmit rabies vaccinations for rabies and licensing in accordance with Washoe County Code 55.340 and 55.350 (see attached press).

### Waste Management

- In process of ordering additional Bear Awareness DVDs as the supply is nearly depleted.

### **EHS 2015 Inspections/Permits/Plan Review**

	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEP 2015	OCT 2015	NOV 2015	Mo. Avg
Child Care	5	11	5	16	9	9	14	13	22	4	12	11
Complaints	49	53	77	73	72	121	123	132	119	98	65	89
Food	404	543	536	394	412	441	451	337	429	492	328	433
General*	63	103	108	109	315	159	162	376	152	172	89	164
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	24	16	8	37	11	19
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	42	44	44	62	53	50
Residential Septic/Well Inspections	33	76	86	85	86	72	94	72	66	93	80	77
Temporary Food/Special Events	26	46	60	72	168	346	221	327	831	186	97	221
Well Permits	8	12	11	13	14	11	9	12	14	15	21	13
Waste Management	8	21	32	16	15	16	8	6	7	17	12	14
<b>TOTAL</b>	<b>661</b>	<b>932</b>	<b>973</b>	<b>834</b>	<b>1,179</b>	<b>1,256</b>	<b>1,148</b>	<b>1,335</b>	<b>1,692</b>	<b>1,176</b>	<b>768</b>	<b>1,092</b>

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

# Washoe County Announcement

*Animal Services and the Health District urge pet owners to vaccinate and license pets.  
Community forum at the Washoe County Health District Wednesday, Dec. 9, 2015.*

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Media Release  
For Immediate Release  
[www.washoecounty.us](http://www.washoecounty.us)

Contact: Chris Ciarlo  
[cciarlo@washoecounty.us](mailto:cciarlo@washoecounty.us)  
775.328.2070

**Reno, Nevada. Dec. 7, 2015.** The Washoe County Health District (WCHD) and Washoe County Regional Animal Services (WCRAS), invite you to a community forum about the importance of rabies vaccination and pet licensing.

Rabies is a deadly virus that is spread to people from the saliva of infected animals. The rabies virus is usually transmitted through an animal bite or scratch. The animals most likely to transmit the rabies virus in Washoe County include bats, coyotes, foxes, raccoons and skunks. From 2010 to 2014, the State of Nevada confirmed 54 rabies cases in bats, one bovine and one dog. Of the 56 cases state wide, 29 rabies positive bats were from Washoe County.

By combining resources, the WCHD and WCRAS hope to increase the health and wellbeing of people through the promotion of vaccination and licensing of pets.

**Who:** Washoe County Regional Animal Services and the Washoe County Health District

**What:** Community forum about rabies vaccinations and pet licensing

**Where:** Washoe County Health District's conference room at 1001 East. 9<sup>th</sup> St., Building B.

**When:** Wednesday, Dec.9, 2015, at 6 p.m.

**Media Contact:** WCRAS Manager Bobby Smith at **775-353-8945**

On March 17, 2015, the WCHD and WCRAS entered into an MOU to provide and administer a county-wide rabies health program. This program manages possible rabies exposures and provides a reporting process to transmit rabies vaccination history to both agencies. The program also ensures all pets within Washoe County are vaccinated for rabies and licensed in accordance with WCC 55.340 and 55.350.

For a list of frequently asked questions regarding rabies, head to the [Washoe County Regional Animal Services' website](#).

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: December 17, 2015**

**DATE:** December 7, 2015  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
 775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
 Emergency Medical Services

**Communicable Disease (CD) –**

**Viral Gastroenteritis** – CD staff and EHS staff have continued to be busy with the viral gastroenteritis outbreaks in schools and childcare facilities. As of December 4, all schools had returned to baseline levels allowing for a return to standard operations beginning December 7. This outbreak involved 2,189 cases from 22 facilities. Two additional public schools were involved in the outbreak but were monitored only through absenteeism.

For this outbreak, the time from the date of first illness in a facility to closure and return to standard operations averaged more than 36 days. This ranged from just 8 days in one daycare to 81 days in one public elementary school.

***Escherichia coli (E. coli) 0157:H7*** – As reported last month, staff have been investigating an outbreak of *Escherichia coli* 0157:H7. To date 26 cases have been identified. Of these, 17 have been laboratory confirmed and 9 are considered probable. The total number of cases includes three individuals who reside outside of Washoe County. The identification of these out-of-jurisdiction cases was helpful to the investigation because they had not eaten in the same facility as most of the Washoe County cases. They had, however, consumed a dessert that was prepared by another facility and sold only in the two facilities where case patients had eaten. Five cases have developed Hemolytic Uremic Syndrome (HUS).

Post-diarrhea HUS is a severe, life-threatening complication that occurs in about 10% of those infected with *E. coli* O157:H7 or other Shiga toxin-producing *E. coli*. HUS was first describe in 1955 but was not known to be secondary to *E. coli* infections until 1982. It is now recognized as the most common cause of acute kidney failure in infants and young children. Adolescents and adults are also susceptible, as are the elderly, who often die as a result of the disease.

**Influenza Surveillance** – For the week ending November 28, 2015 (CDC Week 47) 12 participating sentinel providers reported a total of 101 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.8% (101/5,540) which is below the regional baseline of 2.6%. During week 46, the percentage of visits to U.S. sentinel providers due to ILI was 1.6%.

This percentage is below the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.5% to 3.9%.

**Public Health Preparedness (PHP) –**

**Medical Reserve Corp (MRC)** – The Washoe County MRC program teamed up with Immunization Nevada and Senior Spectrum Magazine and participated in a Senior Health Faire on December 1, at Baldini’s Casino. MRC nurse volunteers’ administered over 75 blood pressures screenings to senior participants while also providing them with health care advice.

**Mutual Aid Evacuation Annex** – The Healthcare Public Health Emergency Response Coordinator (PHERC) assisted the EMS Coordinator in two evacuation trainings and tabletop exercises with long-term care (LTC) facilities. There is an additional training and exercise scheduled with a LTC in mid-December.

**Infectious Disease Assessment** – The Healthcare PHERC, in collaboration the State of Nevada, developed a report highlighting observations from the assessment from the infectious disease assessment and provided recommendations based on verbal feedback from the Centers of Disease Control and Prevention. The report was provided to the assessment facility and an improvement plan will be developed in collaboration with the Healthcare PHERC.

**Jurisdictional Risk Assessment (JRA)** - The Healthcare PHERC in collaboration with the Nevada Hospital Association has identified preliminary gaps comparing the JRA results and the hospital essential services and assets survey. The identified gaps were presented at the November Inter-Hospital Coordinating Council and the Healthcare PHERC will continue to work with healthcare partners to mitigate gaps and increase preparedness capabilities.

**Lockdown Drill** - The Public Health Emergency Preparedness (PHEP) PHERC organized a short notice lockdown drill that occurred on December 2, 2015. The drill tested the new ‘Staff Emergency Notification’ email system for emergency events. The drill was successful and identified several areas for improvement.

**Emergency Medical Services (EMS) –**

On November 12 the EMS Coordinator participated in a one day training to increase understanding of comprehensive emergency management planning using a whole community approach. The training taught whole community inclusive principles, the importance of identifying and integrating community strengths into the planning process, methods of engaging and empowering stakeholders, and the significance of whole community planning in building resilience.

On November 12 the EMS Staff participated in a planning meeting for the HeartSafe Community project. The purpose of the project is for the region to try to attain status as a HeartSafe Community. Currently, Incline Village/Crystal Bay has that designation, as do some surrounding jurisdictions. Following the meeting, on November 23, Chief Brown and Christina Conti met with Kevin Dick to discuss the project and get Health District support for the project. An email introducing the project to the regional partners was sent by Chief Brown and followed by an official letter of invitation by Mr. Dick. To date, all jurisdictional fire agencies, REMSA and RPD have responded with agreement to participate in the process.

Progress on the revision of the REMSA Franchise Area map continues. The final areas of the franchise map that are being looked at are the South Reno area and the Mt. Rose Corridor. Regional partners met on November 13 to review the options provided by Inspironix. A meeting between NLTFPD, REMSA and the Health District was held on November 23 to discuss the Mt. Rose Corridor. The EMS Oversight Program anticipates bringing a draft map to the EMS Advisory Board on January 7, 2016 for discussion, implementation recommendations and approval to present to the District Board of Health.

EMS Manager audited an Emergency Medical Dispatch course on November 16<sup>th</sup>. The purpose was to gain a better understanding of the process as the strategic planning process proceeds for the region.

On Monday, November 16 the EMS Coordinator and personnel from REMSA and Saint Mary's Regional Medical Center conducted a Mutual Aid Evacuation Annex (MAEA) training at Northern Nevada Medical Center. A total of 16 hospital and EMS personnel completed the training and tabletop exercise using the new evacuation tag and patient tracking system.

The EMS Manager and regional partners from the disciplines of EMS and Dispatch met on Tuesday, November 17 to begin work on the regional 5-year strategic plan. This document is a requirement of the Inter Local Agreement. An invitation to have a representative join the workgroup was sent to all Washoe County EMS agencies, regardless of their jurisdiction being in the franchise service area. It was additionally sent to the Dispatch centers in the region to have communications representation.

EMS Staff met with regional healthcare partners on Wednesday, November 18 to discuss the Family Services Center Annex to the MCIP. The elements of the regional form were discussed and approved during the meeting. The EMS Oversight Program has finished the draft annex and has sent it out for review to the partners.

On Thursday, November 19 individuals from the seven counties that comprise the NDEM/NDOT Region 2 met to discuss the development of a regional plan for medical surge incidents, MCIs and hospital evacuations. Select individuals, including WCHD EMS staff, will be working on a draft of the plan to be presented to the entire region in January 2016.

The EMS Coordinator presented to the regional emergency managers on December 4 about the recent updates to the MAEA. The presentation focused on the development of the customized hospital evacuation tags and tracking system for Washoe County facilities.



**REMSA Percentage of Compliant Responses  
 FY 2015 -2016**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2015	92%	99%	100%	100%	99%	92%
August 2015	92%	95%	94%	100%	95%	92%
September 2015	91%	96%	97%	100%	96%	92%
October 2015	91%	95%	92%	100%	94%	92%
November 2015*	92%	96%	97%	100%	96%	92%
<b>YTD</b>	<b>92%</b>	<b>96%</b>	<b>96%</b>	<b>100%</b>	<b>96%</b>	<b>92%</b>

\*November compliance calculations include 20 exemption calls.

**REMSA 90<sup>th</sup> Percentile Responses**

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2015	8:34	13:18	17:00	N/A*
August 2015	8:32	12:46	19:51	N/A*
September 2015	8:53	13:06	18:23	18:22
October 2015	8:39	14:24	19:14	N/A*
November 2015	8:37	14:03	18:11	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Performance with NFPA Standards – November 2015**

The EMS Oversight Program is going to continue to measure partner responses against the National Fire Protection Agency established standards. Performance measures will be explored in the Quarterly EMS Report. However, per the request of Board members, the ambulance assignment performance measure is included below. While “Clock Start” is not an NFPA standard, it impacts the ability for an ambulance to be assigned if the dispatcher is unable to obtain the appropriate information.

	Total and % of Calls for Month		Number and % of calls with Clock start within 60 seconds		Number and % of calls with Clock Start within 90 seconds		Number and % of calls with Clock start within 120 seconds		Number and % of calls with Clock Start over 121 seconds	
<b>All calls</b>	<b>4915</b>	<b>100.0%</b>	<b>4843</b>	<b>98.5%</b>	<b>4843</b>	<b>98.5%</b>	<b>4903</b>	<b>99.8%</b>	<b>12</b>	<b>0.2%</b>
Priority 1	1933	37.2%	1908	98.7%	1908	98.7%	1929	99.8%	4	0.2%
Priority 2	2055	39.5%	2024	98.5%	2024	98.5%	2049	99.7%	6	0.3%
Priority 3	835	16.1%	820	98.2%	820	98.2%	833	99.8%	2	0.2%
Priority 9	92	1.8%	91	98.9%	91	98.9%	92	100.0%	0	0.0%

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and the “clock start” variable, used for compliance. The clock starts when the citizen answers three pieces of information: address phone number and citizen identified chief compliant.

	Total and % of Calls for Month*		Number and % of calls with Assignment within 90 seconds		Number and % of calls with Assignment within 120 seconds		Number and % of calls with Assignment over 120 seconds	
All calls	<b>4915</b>	<b>100.0%</b>	<b>4699</b>	<b>95.6%</b>	<b>4831</b>	<b>98.3%</b>	<b>84</b>	<b>1.7%</b>
Priority 1	1933	39.3%	1861	96.3%	1905	98.6%	<b>28</b>	1.4%
Priority 2	2055	41.8%	1947	94.7%	2016	98.1%	<b>39</b>	1.9%
Priority 3	835	17.0%	804	96.3%	821	98.3%	<b>14</b>	1.7%
Priority 9	92	1.9%	87	94.6%	89	96.7%	<b>3</b>	3.3%

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call.

NFPA Standard:

Assignment Made within 90 seconds - 90% standard

Assignment Made within 120 seconds - 99% standard

Assignment over 120 seconds

**DISTRICT HEALTH OFFICER STAFF REPORT**  
**BOARD MEETING DATE: December 17, 2015**

**DATE:** December 2, 2015  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
 (775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Strategic Planning, Moment of Silence, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan (CHIP)

A draft of the CHIP has been developed for review by the CHIP Steering Committee on December 10th.

Truckee Meadows Healthy Communities (TMHC)

The TMHC Steering Committee continues to organize the Committee composition and governance. Tray Abney, Director of Government Relations with The Chamber, joined the Committee for his first meeting. The Committee is working to adjust the scope for the AHED grant received from the Home Loan Bank of San Francisco to support the 89502 project implementation. A presentation about Truckee Meadows Healthy Communities was provided to the WCSD Safe and Healthy Schools Commission on December 7.

Strategic Planning

On November 23<sup>rd</sup>, a kickoff meeting was held with OnStrategy staff to finalize details and set the schedule for the Strategic Planning project. In attendance were Nancy Olsen, Erica Olsen, Zach Yeager, Sara Dinga Anna Heenan, and myself. OnStrategy will act as consultant and coordinator of the project. The contract is in review and anticipated to be approved shortly. The majority of the fees were covered by a grant received from NACCHO for that purpose.

To gain a better understanding of the Health District, OnStrategy will analyze the Fundamental Review and other guiding documents, and will conduct staff surveys. Between December and April, they will meet with District management to discuss and refine proposed strategies. A Board retreat is scheduled for April 14, and management staff will meet again on April 15 to work with OnStrategy to incorporate input received from the Board. The final proposal will be presented to the Board for approval.

Subject: District Health Officer Report

Date: November 19, 2015

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### Moment of Silence

The Health District held a moment of silence on Wednesday December 9 at 11:00 a.m. in recognition and reflection on the tragic event which befell the staff of the San Bernardino Health Department December 2.

### Other Events and Activities

Participated in a TMHC 89502 Subcommittee meeting on November 20.

Attended an Accela Regional Project Management Oversight Group Meeting on December 1.

Attended an EMS Fire Chiefs Luncheon on December 3.

Attended a UNR School of Community Health Sciences Advisory Board meeting on December 4.

Met with Chad Westom, NDPBH and Dr. Todd on December 4 to discuss the PHP program and the working relationship between the State and local agencies.

Attended Washoe County Department Heads meeting on December 9.

Attended Washoe County Short Term Transit Plan Stakeholder meeting on December 10.

Submitted quarterly progress report for the State Board of Health meeting on December 11.

Attended Grand Opening of the UNSOM Office for Community Faculty at the Renown Regional Medical Center December 15.

Pre-Event Regional Emergency Coordination meeting on December 15.

I met with the Division Directors on December 2 and 16. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Subject: District Health Officer Report

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**Health District Media Contacts: November 4 - December 8, 2015**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
12/9/2015	KKOH 780 AM Radio - CNN Reno	Jim Fannon	Air Quality PM 10 Attainment - Dick
12/8/2015	KOLO CH8 - ABC Reno	Terri Russell	Air Quality PM10 Attainment - Ulibarri
12/4/2015	KOLO CH8 - ABC Reno	Colin Lygren	Death Certificate information release - Ulibarri
12/4/2015	KOLO CH8 - ABC Reno	Terri Russell	Tularemia - Ulibarri
12/1/2015	KOLO CH8 - ABC Reno	Matt Vaughan	E. coli 0157:H7 - Todd/Sack
12/1/2015	KTVN CH2 - CBS Reno	Gabby Tafolo	Air Quality - Inouye
11/30/2015	Food Safety News KTVN CH2 - CBS	Cathy Siegner Amanda	E. coli 1057:H7 and HUS - Ulibarri
11/30/2015	Reno KUNR 88.7 FM - NPR	Ketchledge	Air Quality - Inouye
11/24/2015	Reno KKOH 780 AM Radio -	Anh Gray	Increase in STDs - Howell
11/20/2017	CNN Reno	Jim Fannon	E. coli 1057:H7 - Dick
11/20/2015	KRNV CH4 - NBC Reno	Olivia DeJaneiro	E. coli 1057:H7 - Dick
11/20/2015	KOLO CH8 - ABC Reno	Terri Russell	E. coli 1057:H7 - Dick
11/20/2015	KTVN CH2 - CBS Reno	Gene Vance	E. coli 1057:H7 - Dick
11/19/2015	KRNV CH4 - NBC Reno	Emily Pacillo	E. coli 1057:H7 - Ulibarri
11/19/2015	KTVN CH2 - CBS Reno	Paul Nelson	E. coli 1057:H7 - Ulibarri
11/19/2015	KOLO CH8 - ABC Reno	Terri Russell	E. coli 1057:H7 - Ulibarri
11/17/2015	KOLO CH8 - ABC Reno	Catherine Van	Air Quality - Inouye
11/17/2015	Northern Nevada Buisness Weekly	Sally Roberts	Fee Increases - Dixon
11/13/2015	KOLO CH8 - ABC Reno	Kendra Kostelecky	Air Quality - Inouye/Timmons
11/13/2015	KTVN CH2 - CBS Reno	Arianna Benett	Air Quality - Albee
11/12/2015	KRNV CH4 - NBC Reno	Van Tieu	E. coli 1057:H7 - Ulibarri
11/12/2015	Reno Gazette Journal KRNV CH4 - NBC	Marcella Corona	Air Quality - Inouye
11/9/2015	Reno KOLO CH8 - ABC	Emily Pacillo	E. coli 1057:H7 - Todd
11/9/2015	Reno	Terri Russell	E. coli 1057:H7 - Todd

**Press Releases/Media Advisories/Editorials/Talking Points**

12/8/2015	Press Release	PIO Ulibarri	EPA Attainment Ruling Source of E. coli contamination at Reno Provisions addressed
11/24/2015	Press Release	PIO Ulibarri	Special people need special winter plans
11/23/2015	Press Release	PIO Ulibarri	Holiday Food Safety
11/23/2015	Press Release	PIO Ciarlo	Washoe County Offices Closed

Subject: District Health Officer Report

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11/20/2015	Press Release	PIO Ulibarri	Source of E. coli outbreak in Reno identified
11/17/2015	Press Release	PIO Ulibarri	Northern Nevada celebrates Great American Smokeout
11/10/2015	Press Release	PIO Ulibarri	Health District closes for Veterans Day

**Social Media Postings**

Facebook	Ulibarri/Schnieder/ Barker/ Howell	144 postings on E. coli Updates/Air Quality/Chronic Disease/ Norovirus Updates/Great American Smokeout/Winter Safety/STD/HIV Testing
Twitter	Schnieder	120 Tweets Air Quality
Grinder	Howell	31 Popups/31 Banner ads

## Fundamental Review Recommendation Status

Legend:

December 17, 2015

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

Status Goal

	<b>1</b>	<b>Place WIC organizationally where it is most closely aligned with similar functions</b>
	a.	WIC moved to CCHS effective January 21, 2014
	<b>2</b>	<b>Develop a DBOH orientation manual and program</b>
	a.	Completed August 2014
	<b>3</b>	<b>Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a.	Land development user group established, meeting regularly. Incorporates food and retail assoc.
	<b>4</b>	<b>Critically examine clinic appointment scheduling from a patient access perspective</b>
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Vital Statistics staffed five days a week
	d.	Interactive Voice Response software options being explored
	<b>5</b>	<b>Update fee schedules and billing processes for all clinical and environmental services</b>
	a.	Third-party billing service began 7/1/14, issues being resolved
	b.	Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c.	Fee methodology developed and approved. Noticing of fees occurring, target adoption Dec. 2015
	d.	CCHS services reviewed, new fees adopted October 22, 2015



## Fundamental Review Recommendation Status

	<b>6</b>	<b>Explore tiered level of services for Environmental Health programs and inspections</b>
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	<b>7</b>	<b>Participate in the business process analysis across all building permitting in the county</b>
	a.	ILA and contract with Accela signed. 16-month implementation proceeding.
	<b>8</b>	<b>Develop infrastructure to support the District Health Officer</b>
	a.	ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
	<b>9</b>	<b>Implement time coding for employees</b>
	a.	Time coding in EHS and AQM has been underway for over a year and the time accounting data is being evaluated
	<b>10</b>	<b>Perform cost analysis of all programs</b>
	a.	Phase 1 completed. Completion of District-wide analysis targeted for January.
	<b>11</b>	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a.	Will be performed in conjunction with program cost analysis. See 10a
	<b>12</b>	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a.	The District is maintaining a positive and productive working relationship with the County Manager & budget ofc
	<b>13</b>	<b>Align programs and services with public demand</b>
	a.	Shifted home visiting resources to provide additional clinical services on 6/1/14
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	<b>14</b>	<b>Conduct a CHA in concert with current partner organizations</b>
	a.	Complete.
	<b>15</b>	<b>Develop metrics for organizational success and improved community health</b>
	a.	In FY16, continue to identify metrics that help to manage programs and resources and tell our story
	<b>16</b>	<b>Continue current collaborative action plan to resolve REMSA oversight issues</b>
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	<b>17</b>	<b>Maintain current levels of local and state financial support</b>
	a.	Past action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	<b>18</b>	<b>Conduct a governance assessment utilizing NALBOH criteria</b>
	a.	Completed 1/16/14. Repeat in 2018 per approved Significant Board Activities schedule
	<b>19</b>	<b>Undertake an organizational strategic plan to set forth key Health District goals and objectives</b>
	a.	SP schedule established. Targeted completion June 2016.
	<b>20</b>	<b>Implement a performance management system</b>
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

## Fundamental Review Recommendation Status

	<b>21</b>	<b>Consider alternative governance structures</b>
	a.	This is not a recommendation for staff action
	<b>22</b>	<b>Take a greater leadership role to enhance the strong current State/Local collaboration</b>
	a.	District provided testimony on bills during the 2015 legislative session and assisted in changing regulations
	b.	Working collaboratively with NDPBH and SNHD regarding 2017 Legislative session priorities
	<b>23</b>	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
	a.	QTeam established, all-staff training completed 9/15/15, FY 16 QI Plan finalized
	<b>24</b>	<b>Seek Public Health Accreditation Board accreditation</b>
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

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