

**Washoe County District Board of Health
Meeting Notice and Agenda
PLEASE NOTE LOCATION CHANGE**

Members
Kitty Jung, Chair
Julia Ratti, Vice Chair
Oscar Delgado
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

**Thursday, March 24, 2016
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

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

March 24, 2016

5. Approval of Draft Minutes

February 25, 2016

6. *Recognitions

A. Years of Service

1. Scott Baldwin, 10 years, hired 3/13/06 - AQM
2. Mark Dougan, 10 years, hired 3/20/06 – EHS
3. Nick (Nicholas) Florey, 10 years, hired 3/27/06 – EHS
4. Sunita Monga, 20 years, hired 3/6/96 – CCHS

B. New Hires

1. Christopher Peterson, Licensed Engineer, hired 3/14/16 – EHS
2. Michael Crawford, Air Quality Specialist, hired 3/21/16 – AQM

C. Achievements

1. Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

7. Proclamation – National Public Health Week

Staff Representative: Kelli Goatley-Seals

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 Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,100 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Grant Program, IO 10016; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

Staff Representative: Patsy Buxton

2. Approval to add Gentamycin at \$4.55 per unit, Bexsero MenB at \$195 per unit and Admin of Depo at \$16 per unit to the Community and Clinical Health Services fee schedule.

Staff Representative: Steve Kutz

3. Approval of Subgrant Amendment #1 from the Nevada Division of Public and Behavioral Health, for the period Upon approval by all parties through June 30, 2016 in the amount of \$19,726 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO 11294; Approve amendments totaling an increase of \$19,726 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO 11294.

Staff Representative: Erin Dixon

B. Recommendation to Uphold Citation(s) Not Appealed to the Air Pollution Control Hearing Board

Staff Representative: Charlene Albee

1. Citation No. 5555, Case No. 1180 issued to Mr. Brad Bryant – SCI Construction

C. Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report

Staff Representative: Charlene Albee

D. Acceptance of the 2015 Annual Report to the Regional Planning Commission by the Washoe County Health District as the Solid Waste Management Authority

Staff Representative: James English

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

Staff Representative: Wesley Rubio

1. John Lindberg – Case No. 1-16S

F. Acknowledge receipt of the Health District Fund Financial Review for February Fiscal Year 2016

Staff Representative: Anna Heenan

G. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,500, to attend the 2016 NALBOH conference in St. Louis, MO August 9-12, 2016.

Staff Representative: Patsy Buxton

9. *Presentation on Progress to Prepare for and Upcoming Strategic Planning Discussion at April 14, District Board of Health Retreat

Presented by Erica Olsen and Zach Yeager

10. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the REMSA Operations Report for February 2016

*B. Update of REMSA's Public Relations Activities during February 2016

11. Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.

Staff Representative: Kevin Dick

12. *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

World TB Day; Divisional Update – Medicaid & Marketplace Exchange Enrollment, U.S. Department of State-Visiting Delegation; Program Reports

C. Environmental Health Services, Bob Sack, Director

EHS Division Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management 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

Budget, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Strategic Planning, Quality Improvement, Succession Management, Other Events and Activities and Health District Media Contacts

13. *Board Comment

Limited to announcements or issues for future agendas.

14. *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.

15. Adjournment

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 Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

Washoe County District Board of Health Meeting Minutes

Members

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

Thursday, February 25, 2016
1:00 p.m.

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

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
Dr. George Hess
Dr. John Novak
Mike Brown
Oscar Delgado

Members absent: David Silverman

Ms. Spinola verified a quorum was present.

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
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Linda Gabor, Public Health Nurse Supervisor, CCHS
Kelly Goatley-Seals, Health Educator Coordinator
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Audience member Jessica Sferrazza 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

February 25, 2016

Dr. Hess stated he had understood that some issues regarding the REMSA response map were to be discussed during the February meeting. He opined some areas on the map should be redesignated.

Chair Jung requested he bring the topic up during the Board Comment section of the agenda. She explained they could not legally discuss it unless it was agendaized.

Deputy District Attorney Admirand asked Dr. Hess why he was uncomfortable with the agenda. He noted Item 10, regarding the REMSA response map, included possible approval of the implementation schedule. He reiterated he was under the impression that the issues brought up at the last meeting were to be discussed further. DDA Admirand explained that could be addressed when Item 10 was opened.

Chief Brown moved to approve the agenda for the February 25, 2016, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved six in favor and none against.

5. Approval of Draft Minutes

January 28, 2016

Vice Chair Ratti moved to accept the minutes of the January 28, 2016 District Board of Health regular meeting as written. Dr. Novak seconded the motion which was approved six in favor and none against.

6. *Recognitions

A. Years of Service

1. Lee Bryant, 5 years, hired 2/28/11 - EHS

Mr. Dick noted Ms. Bryant had worked with the Health District longer than five years as she had started her career as an Intern. He presented her with a commemorative certificate and a Washoe County 5-year pin.

2. Maria Chaidez, 20 years, hired 2/26/96 – CCHS

Mr. Dick congratulated and thanked Ms. Chaidez. He presented her with a commemorative certificate and a Washoe County 20-year pin.

3. Heylyn Lorena Solorio, 20 years, hired 2/26/96 – CCHS

Mr. Dick recognized Ms. Solorio, and presented her with a commemorative certificate and a Washoe County 20-year pin.

B. New Hires

1. Michael Touhey, Environmental Health Specialist Trainee I, hired 2/8/16 – EHS
2. Matthew Christensen, Environmental Health Specialist Trainee I, hired 2/8/16 – EHS

Mr. Sack explained Mike held a Biology degree from UNR and was previously employed by Lake's Crossing. Matt's degree is in Health Science and he had most recently been employed by UPS.

7. Consent Items

A. Budget Amendments/Interlocal Agreements

1. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$290,182 for the period Upon approval by all parties through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Grant Program, IO 10013; approve amendments totaling an increase of \$4,662 in both revenue and expense to the FY16 HIV Prevention Grant Program, IO 10013; and if approved, authorize the Chair to execute the Notice of Subgrant Award
Staff Representative: Patsy Buxton
2. Recommendation to approve an Intrastate Interlocal Contract between the Department of Employment, Training and Rehabilitation and the Washoe County Health District to provide immunizations for Vocational Rehabilitation Clients and Transitional Students for the period upon approval through June 30, 2020 in an amount not to exceed \$9,000; and if approved, authorize the Chair to execute the Contract
Staff Representative: Patsy Buxton
3. Recommendation to approve an award from the Association of Food and Drug Officials (AFDO) for total funding of \$20,000 for the period December 31, 2015 through August 31, 2016 in support of the Environmental Health Services Division (EHS) Food Program Community Outreach IO TBD; approve amendments totaling an increase of \$18,182 to the Food Program Community Outreach Grant, IO TBD
Staff Representative: Erin Dixon
4. Approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$23,499 for the period September 1, 2015 through June 30, 2016 in support of Public Health Preparedness HPP Ebola, IO 11286; approve amendments totaling an increase of \$22,948 in both revenue and expense to FY16 HPP Ebola, IO 11286; and if approved, authorize the Chair to execute the Subgrant Amendment
Staff Representative: Erin Dixon
5. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$194,272 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Immunization Grant Program, IO 10028 and IO 10029; approve amendments totaling an increase of \$1,639.36 in both revenue and expense to the FY16 Immunization Grant Program, IO 10029; and if approved, authorize the Chair to execute the Notice of Subgrant Award
Staff Representative: Patsy Buxton
6. Recommendation to approve an Interlocal Agreement between the Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MedSchool Associates North to provide colposcopy and/or biopsy services for referred Family Planning clients for the period March 1, 2016 through June 30, 2017 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.
Staff Representative: Patsy Buxton

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

Board

Staff Representative: Charlene Albee

1. Citation No. 5484, Case No. 1179 Issued to Mr. Nick Maerz - 1380 Carlin LLC

C. Recommendation for the Re-Appointment of Ron Anderson, P.E. to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning February 25, 2016 and ending on February 24, 2019

Staff Representative: Jim English

D. Recommendation for the Re-Appointment of Mr. Richard Harris, JD, PhD, and Mr. Joseph Serpa to the Air Pollution Control Hearing Board (APCHB) for a three-year term beginning December 20, 2015 thru December 20, 2018; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2016 thru January 26, 2019

Staff Representative: Charlene Albee

E. Acknowledge receipt of the Health District Fund Financial Review for January Fiscal Year 2016

Staff Representative: Anna Heenan

Vice Chair Ratti moved to accept the Consent Agenda as presented. Councilmember Delgado seconded the motion which was approved six in favor and none against.

8. Discussion and possible adoption of a Resolution supporting the implementation of the Air Quality Management Division's Ozone Advance Program

Staff Representative: Charlene Albee

Ms. Albee explained the Resolution was the first step in the Program process. Ozone Advance is a voluntary program that is conducted collaboratively between the EPA and local air agencies. The Environmental Protection Agency (EPA) provides a menu of options of voluntary measures that can be taken to either ensure standards continue to be met or provide controls for emission reductions to help the County meet the new standard.

Ms. Albee went on to further explain the steps that had occurred, which included the submittal of a letter requesting to participate and proving that the division is in compliance with all obligations and work plans with EPA. The EPA then confirmed eligibility and welcomed Washoe County into the program.

Ms. Albee noted the most important part of the Resolution was the proposed measures. They had been proven effective by other agencies across the country.

Ms. Albee explained that the next step, following District Board of Health (DBOH) approval, would be to present the Resolution to the other elected Boards and agency partners with Boards that have the power to assist in implementing the measures. A meeting has been conducted with numerous non-governmental stakeholders and they have expressed their support.

Councilmember Delgado noted that the City of Reno was working on some of the measures and suggested Ms. Albee and her staff get in touch with them to coordinate efforts. Ms. Albee explained that was already occurring through the Green Team and noted Reno had adopted Green building codes, which was one of the measures. She pointed out sustainable projects support emission reductions.

Chair Jung noted DBOH approval indicated their support that staff should go through the process of asking the other governing bodies to also adopt the Resolution.

Councilmember Delgado moved to adopt the Resolution. Dr. Novak seconded the motion which was approved six in favor and none against.

9. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Operations Report for January 2016

Presented by Don Vonarx

Mr. Vonarx reviewed the process that had been occurring in an attempt to increase customer responses. He explained that many survey cards were going out but few being returned, and opined factors such as ambivalence and timeliness may contribute to the problem. He stated the survey company has now been contracted to make phone calls, and they guarantee 150 returns per month, which translates into a 3.8 percent return.

Mr. Vonarx noted Chair Jung had asked about the policy allowing two female responders to staff an ambulance, requiring the assistance of Fire staff to assist in loading a patient. Mr. Vonarx reviewed the type of equipment available for special circumstances. He opined the situation in question would have been challenging for any two-person crew.

Mr. Vonarx explained that Fire staff often assisted in loading patients. Chair Jung suggested that was not optimal, as the County pays for Worker's Comp, and the number one Worker's Comp issue is back injuries. She opined public employees should not be assisting REMSA with lifting patients. Mr. Vonarx went on to explain that if Fire is not on-scene, another unit is typically called in.

*B. Update of REMSA's Public Relations during January 2016

Presented by Kevin Romero

Mr. Romero noted REMSA had provided extra coverage for the Donald Trump visit, they had taught a Patrol Law Enforcement Casualty Care Course to Washoe County Sheriff's officers. Patrol officers from all jurisdictions have undergone the training and it has been credited for saving two lives to date.

Mr. Romero went on to note REMSA had participated in a State Infectious Disease Readiness Assessment, and had responded to a Mutual Aid request from the Truckee Fire Department to assist in a 30-car pileup on I-80.

Mr. Romero noted Chief Brown had requested an Intermediate Life Support (ILS) Response update, and stated that REMSA had decided to put that on hold pending further evaluation.

Vice Chair Ratti moved to accept the report as presented. Chief Brown seconded the motion which was approved six in favor and none against.

Dr. Novak indicated he wished to ask a question. Chair Jung re-opened Item 9A.

Dr. Novak asked who the Designee or the Clinical Director was that was tasked with reviewing cases. Mr. Vonarx stated it was Diane Rolfs, their Clinical Director, and he reviewed her qualifications.

10. Discussion and possible approval for the implementation plan of the approved REMSA response zones map within the Washoe County REMSA ambulance franchise service area with an implementation date of July 1, 2016 and possible decision from the Board on compliance calculations

Staff Representative: Randall Todd

Chair Jung opined a presentation was not necessary as the map had been approved at the previous meeting. Dr. Todd stated the Board would need to make a motion, and his remarks

would be minimal.

Dr. Todd reiterated the Board had approved the new response map, and the current item presented a proposed implementation plan. He noted the changes to the map were significant and will require reprogramming of the Computer-Aided Dispatch (CAD) system. Three options for the implementation had been proposed. Staff recommended the third option, providing Washoe County Emergency Medical Services program (WCEMS) the opportunity to offer exemptions to REMSA if they were late or fall below compliance, but only in the areas that had been added to the faster response zones.

Dr. Todd opined the concerns that Dr. Hess had expressed earlier may have been related to the question of service in the Washoe Valley area. During the previous meeting, Dr. Hess had asked if that area could be changed to a higher response zone. Chair Jung had stated she would not support that, but the problem would be overcome if a mutual aid agreement was signed between REMSA and Truckee Meadows Fire Protection District (TMFPD) to utilize a TMFPD ambulance currently parked in the area. Dr. Hess pointed out the residents of the area had paid for the ambulance through an additional tax.

Vice Chair Ratti asked if REMSA had any mutual aid agreements with any of the other emergency service entities and Dr. Todd opined they did.

Dr. Hess asked if the mutual aid agreement would lead to a change in the map. Chair Jung explained the TMFPD Board had approved the purchase of the ambulance specifically for that area in response to citizen concerns regarding fire station location changes. The data did not support changing the response zone times as events were rare, but the additional unit was warranted based on the seriousness of the events that did occur. She stated the DBOH did not need to take action; it was between TMFPD and REMSA.

Dr. Hess noted a few areas of concern on the map, and reiterated that he had been under the impression the approval had been tabled. He asked if it were possible to revise the map prior to July 1, 2017. Chair Jung stated it could be if major changes occurred in the meantime and the DBOH requested it. Dr. Hess went on to point out the areas he was concerned with. Chair Jung stated the Board had already voted on the map and it was not the current topic of discussion.

Vice Chair Ratti stated she heard Dr. Hess' concern and it was one she had shared. In the past, the response time zones had been very rigid and were set on arbitrary municipal boundaries. She opined the current map was a monumental leap forward, as was the fact that it could be changed at all. She pointed out that now it was based on a data-driven system and would be reviewed once a year. She opined that was reasonable governance.

Vice Chair Ratti went on to state that she did not think the map was the problem, it was the development patterns, which was a land use question. Dr. Hess noted the changes would affect Sparks' residents and opined the map was not an improvement in all areas.

Deputy District Attorney (DDA) Admirand pointed out that the item the Board was currently addressing was the implementation plan. The approval of the proposed map had occurred during the February 25, 2016 DBOH meeting and was not on this agenda. She requested the Board direct their conversation to the implementation plan and the request in the staff report as presented.

Dr. Novak moved to approve the implementation plan of the approved REMSA response zones map within the Washoe County REMSA ambulance franchise service area with an implementation date of July 1, 2016, utilizing the review plan of exemption

utilization which calls for immediate 90 percent compliance. Chair Jung seconded the motion which was approved five in favor and Dr. Hess against.

11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2014 through 6/30/2015

Staff Representative: Randall Todd

Dr. Todd pointed out this was the first compliance report of the new Amended and Restated Franchise Agreement. The previously approved compliance report was based on the old franchise agreement, so there have been significant changes.

Dr. Todd stated REMSA was in substantial compliance. He noted four areas where they were substantially or partially in compliance. The first, Item 5.2, addressed the development of a CAD-to-CAD system, and noted it was underway. He explained mitigating circumstances, including the fact that Sparks had not yet implemented their system at the time the report was prepared.

Vice Chair Ratti noted her discouragement with the six-month lag time for the report and requested a current status of the CAD-to-CAD implementation. She stated that if Sparks was holding it up she would like to know that. Mr. Vonarx explained Health District staff had established a consortium to work on the project. He did not know Sparks' status, but noted that REMSA had purchased the required interface. He was not aware of any barriers to date and reiterated WCEMS was driving the project.

Vice Chair Ratti opined all parties were working well together and stated she would like to see that continue. She cautioned against calling out a lag caused by any particular entity if it could not be explicitly explained. She requested any holdups be addressed as soon as possible, rather than waiting until a meeting.

Mr. Dick noted he had spoken with Chief Garrison in December regarding the CAD-to-CAD link, and it was subject to the sequence of the Tiburon implementation. Chief Garrison pointed out that in December it had just been implemented in Sparks, and staff was learning the system. They were not ready to connect into the CAD-to-CAD system until they were comfortable using it. Sparks was willing to engage in planning meetings to be able to implement as soon as they were ready.

Vice Chair Ratti noted that Dispatch fell under the jurisdiction of the police chief, so the conversation needed to address cooperation between departments.

Chief Brown suggested comments from the dispatch centers in the reports would be appreciated for the sake of transparency. He was aware of some areas that were experiencing difficulties. He pointed out Automatic Vehicle Location systems (AVL) were not addressed in the report, and opined that should be worked on. He noted dispatch and communications was one of the biggest issues when it came to providing services. Additionally it was an area that was responsible for deaths and injuries because communication was different between agencies. He reiterated it was vital for the agencies to be on the same platform.

Chair Jung explained the BCC had approved an independent third-party assessment of the dispatch system. The selected agency would be tasked with providing suggestions for improvement, including what the government model should be and who would be responsible for it, as it encompassed three jurisdictions.

Chair Jung requested a deadline be set for the CAD-to-CAD link go-live. She requested an update on the software vendor regarding how well they were handling implementation and

training. She clarified the deadline for go-live should come from staff, and not be so aggressive that it was not achievable. Dr. Novak asked if AVL could be implemented at the same time as the CAD-to-CAD linkage. He opined that Tiburon contained the functionality.

Dr. Todd explained the next item, 7.2, partially met, addressed the requirement that the REMSA medical director and the Fire department's medical directors shall jointly review emergency medical dispatch determinants and set priorities for the system on an annual basis. It appears as though the REMSA medical director met with the Fire medical directors individually rather than jointly. A group discussion of issues has proven to be more fruitful in the past.

Dr. Todd stated Item 10.2 had been substantially met. It required REMSA conduct a quality assurance review of ambulance runs from among at least five percent of the previous month's ALS calls. REMSA had fallen short during three of the months. The reason was believed to be interpretational and was easy to fix.

Dr. Todd noted the last item was 12.1. The Board had requested REMSA provide additional data regarding the use of penalty fund money in the monthly reports, which had not occurred. Mr. Dick clarified the information had been provided, but had not included it in the monthly report as requested.

Chair Jung noted the substantial turnover of REMSA leadership and pointed out no one was present that could be held accountable. She agreed the areas described were easily fixed.

Vice Chair Ratti stated she was thrilled. She noted substantial conversations had occurred regarding real issues. She stated her appreciation that other members had brought up the AVLS, as it had been under discussion for some time. She noted the jurisdictions had discovered that joint implementation of technology was not easy and stated she appreciated the Chair's suggestion to implement a deadline. She opined that as long as there was a plan in place to address partial or substantial compliance she was satisfied.

Mr. Dick recognized Brittany Dayton as the staff member who had developed the compliance review. Chair Jung recognized Christina Conti, as she had led the team through substantial pressure and been a quick study. Additionally she acknowledged Dr. Todd for supporting them.

Chair Jung went on to state that Vice Chair Ratti deserved substantial credit for the current transparency between agencies.

Vice Chair Ratti moved to accept the report as presented. Dr. Novak seconded the motion which was approved six in favor and none against.

12. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County

Staff Representative: Leslie Admirand

DDA Admirand explained the ILA requires the Board to annually review the terms of the agreement, so this was their opportunity to review them and discuss whether there were any possible amendments that they would like to be brought forward to the cities and the County to amend the ILA. She noted there had been no amendments since the last review nor had there been any Legislative changes that would require an amendment.

DDA Admirand stated she wished to correct the statement in the staff report regarding the creation of the Health Department. That had actually occurred in 1959. She reviewed the history of the steps taken to create and govern the Health District.

Chief Brown moved to accept the ILA in its current format. Dr. Hess seconded the motion. The motion was approved six in favor and none against.

13. Approval of the Fiscal Year 2016-2017 Budget

Staff Representative: Kevin Dick

Mr. Dick provided a PowerPoint presentation overview of the proposed budget (attached to minutes). Highlights included the following:

- Resource reallocations will be made based on Program Analysis
- Staffing increase request for the Office of the District Health Officer as recommended by the Fundamental Review
- Projected revenue incorporates fee increases
- General Fund support has been reduced from 52 percent of the budget to 47 percent
- Other Post-Employment Benefits (OPEB), previously included in County indirect, is now being billed directly under benefits
- Dedicated funds are budgeted to be spent, not anticipated that the entire amount will be spent in a single fiscal year. Will also reflect as deficit spending
- The upcoming Community Health Needs Assessment will be partially funded by Renown
- The deficits shown over this year and next year are worst-case scenarios and not expected to actually occur, as the budget is never fully expended. Savings occur throughout the year in areas such as salary and benefits retention when positions are vacant
- Last year, the projected Ending Fund Balance (EFB) for FY2015-2016 had been \$169,000. Currently it is anticipated to be \$1,989,185
- Future projections are based on no increase in General Fund allocation. It is anticipated the District's relationship with the County will progress so that the General Fund increases proportionately with items such as labor negotiations and Cost Of Living Adjustments (COLA)
- Future projections are based on the anticipated deficit spending in FY17, at levels which are not anticipated to actually occur
- Previous year projections had put the FY2018-2019 EFB at a deficit of \$1,800,000. Current projection is \$1,516,112, demonstrating the Health District is in a much better financial position now than a year ago, largely due to the fee increase
- Current budget will need to be adjusted based on final labor negotiations, Worker's Compensation and Property and Liability billings

Chair Jung opined that the way the Health District does business has changed since the Board hired an administrator to lead it, and also since Ms. Heenan had arrived and helped to clarify the budget. She complemented the Board on their bravery when it came to raising the fees and pointed out it was making a difference.

Dr. Hess asked if the County has a policy regarding requiring retention of a certain percentage of the budget for reserve. Chair Jung explained the County is at 10 percent, and would like to be at 16 percent, as they are the fallback for Special Revenue departments. It is not recommended for the Health District to follow that policy as it is still struggling to gain stability lost during the recession and the County does act as a fallback.

Dr. Hess asked if there should perhaps be a long-term target. Chair Jung opined the goal would be for the Health District to function with less General Fund support. She agreed a percentage could be discussed. Chair Jung also opined the Board of County Commissioners (BCC) should earmark some of the Government Services tax for the Health District.

Vice Chair Ratti pointed out that the reserve fund was governed by State law. In certain situations the funds can only be accessed in a crisis situation. If there is not a crisis, the funds cannot be used. She noted that as of the last Legislative session, any EFB over eight percent was subject to labor negotiations.

Vice Chair Ratti applauded Ms. Heenan and her team for their work. She opined the conversation regarding establishing an EFB target should wait, and effort should be directed at stabilizing the relationship with the County.

Dr. Novak moved to adopt the budget as presented. Dr. Hess seconded the motion which was approved six 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 submitted copies of comments submitted by AQM to the EPA regarding the proposed Exceptional Events rule. She explained she had attended a meeting in Phoenix regarding ozone impacts across the nation, including international transport. Washoe County has been featured in the models, illustrating its difficulty in achieving the standard due to ozone transport. EPA has committed to working collaboratively with AQM to come up with alternatives and options. Current air quality level is just below public health effect.

Ms. Albee noted that a seldom-used tool utilized by the EPA demonstrated that if Washoe County was not subject to the transport, the standard would be attained. Participation in the Ozone Advance program will provide an opportunity to utilize other tools that could help with attainment while EPA processes and standards are being updated.

Chair Jung encouraged Ms. Albee and Mr. Dick to reach out to Senator Harry Reid prior to his departure from office to have the new EPA support codified or legislation developed.

B. Community and Clinical Health Services, Steve Kutz, Director Program Report – Divisional Update – Homeless Connect Project, Client Satisfaction Results; Program Reports

Ms. Gabor noted the Women, Infants and Children (WIC), Sexual Health and Immunizations programs would be participating in another Family Health Festival on February 29. She stated a protocol for Meningococcal B vaccine has been submitted for final approval in response to an outbreak at Santa Clara University.

Ms. Seals presented a video about smoke-free housing that is a part of the media campaign for tobacco prevention. She reviewed other outreach approaches being utilized. Chair Jung requested the video be distributed through the government television channels.

Councilmember Delgado asked if the public service announcements (PSAs) had been translated into Spanish and were being distributed through bilingual outreach methods. Ms. Goatley-Seals stated the current PSA did not include any current Spanish outreach, as funding was limited. There are materials available in Spanish that offer cessation information and resources.

Vice Chair Ratti acknowledged it was a great campaign. She pointed out that there was a housing shortage in Washoe County, so people's choices may be limited. Ms. Goatley-Seals explained a large portion of the campaign involved working with apartment complexes to implement smoke-free policies. She noted the media content was restricted by the grant, it was dictated to only be spent on policy systems and environmental change. Other efforts within the campaign resulted in smoke-free housing being added to the Nevada Qualified Allocation Plan, influencing new development. Ms. Goatley-Seals explained there was a listing of smoke-free housing on the GetHealthyWashoe website.

Vice Chair Ratti echoed Councilmember Delgado's opinion that information should be distributed in other languages. Chair Jung suggested Washoe County TV and other County staff members may be able to assist with providing a translated version of the video.

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

Mr. Sack stated he had nothing to add.

Chair Jung asked if staff would be attending a Nevada Veterinary Medical Association workshop regarding rabies and licensing, and whether or not staff had coordinated with Animal Services. Mr. Sack stated they would be there and had contacted Animal Services.

Dr. Hess asked if any information would be presented in a future report regarding snowmelt mosquitos. Mr. Sack stated he would be happy to report on that when he received results.

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

Dr. Todd stated he had nothing to add and was available to answer questions.

Dr. Novak asked if emergency preparedness plans were in place for a water disaster. He acknowledged the existence of plans to supply hospitals. Dr. Todd explained two of the hospitals were prepared and a third large tank had been purchased to supply water in case of an emergency. Mr. Sack stated the County had had discussions with Truckee Meadows Water Authority and they are going through a planning process to look at a variety of ways to be able to provide water if a disaster strikes.

Mr. Sack noted that the quality of the water and the water delivery system in the area was very high compared to others and also highly regulated.

E. Office of the District Health Officer, Kevin Dick, District Health Officer
Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Strategic Planning, Quality Improvement, Security, Other Events and Activities and Health District Media Contacts

Mr. Dick reiterated the next Family Health Festival was scheduled for February 29. He noted the TMHC would be meeting March 2, and noted invitations had been extended to Commissioners Jung and Lucey to attend.

Mr. Dick explained the strategic planning survey had been distributed to all employees and all aspects were on track for the April 14 retreat.

15. *Board Comment

Chair Jung stated she had requested staff perform a security analysis of Building B and other areas of the County complex. Washoe County has an Office of Surveillance and Protection through the Sheriff's Department, who provided Chair Jung and District staff with an update, opining the conference rooms were unsafe for the DBOH meetings. Therefore, in the future, all DBOH meetings will be held in the Board Chambers in Building A. Beginning in April, the meetings will be televised. Dr. Hess opined the issue should have been discussed and voted on prior to the decision being made. Chair Jung stated public access, accountability and transparency was within the purview of the Chair as noted in the bylaws and requested DDA Admirand confirm. DDA Admirand stated it could be discussed at another meeting.

Dr. Hess stated he was registering an objection. Chair Jung noted the topic was not open for discussion and overruled him.

Chair Jung requested job descriptions be updated as vacancies occur.

Chair Jung encouraged management to engage in succession planning, to include mentoring potential successors.

Chair Jung requested Mr. Dick have a discussion with County Manager Slaughter regarding establishing a sustainable model for General Fund Transfer percentage. Additionally, an EFB percentage should be established.

Dr. Novak requested an agenda item to discuss a timeline for the CAD and AVL brought back to the next meeting. He stated that whatever it is, he wanted to see it in writing.

Dr. Hess requested an update at the next meeting regarding the mutual aid agreement between REMSA and TMFPD regarding Washoe Valley.

Dr. Hess asked if a further discussion of the REMSA response zones map could occur.

Vice Chair Ratti noted the BCC has rules of protocol and asked if the DBOH had anything similar. She requested a future item to discuss refreshing any existing rules.

16. Emergency Items

Mr. Dick explained there were no emergency items, but it had come to his attention that the agenda is not required to contain an item for emergencies to meet Open Meeting Law. He stated the item would be removed from the agendas in the future.

17. *Public Comment

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

18. Adjournment

Chair Jung adjourned the meeting at 3:02 p.m.

Respectfully submitted,



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

Dawn Spinola

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

DRAFT

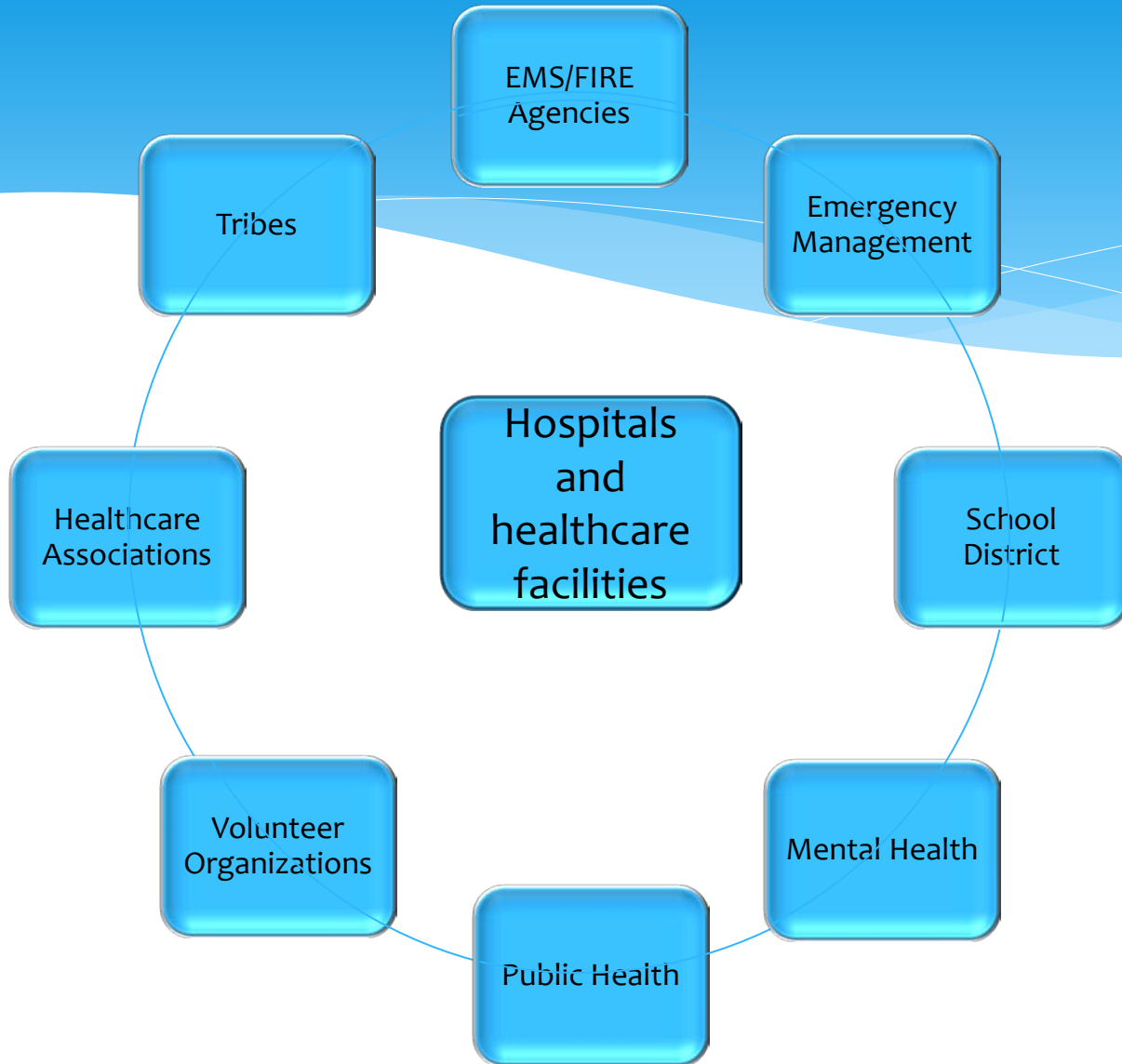
DBOH AGENDA ITEM NO. 6.C.

Inter-Hospital Coordinating Council

Kent Choma, Ph.D., P.E.

IHCC Chair





Accomplishments

- Mutual Aid Evacuation Annex (MAEA) update
- Disaster Behavioral Health Annex
- WebEOC Mass Causality Patient Tracking Board
- Hospital Essential Assets and Services Survey
- Jurisdictional Risk Assessment
- 17 trainings offered to healthcare partners



Exercises

- Washoe County Water Restoration TTX
- Regional Active Assailant Full-Scale Exercise
- Reno-Tahoe Airport Authority Exercise
- POD Full-Scale Exercise
- Family Assistance Center TTX
- 20 additional exercises



Thank you



**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS the week of April 4–10, 2016, is the 21st Annual National Public Health Week; and

WHEREAS public health communities nationwide are rallying around the goal of making the United States the Healthiest Nation in One Generation – by 2030; and

WHEREAS the United States trails other developed countries in measures of good health; and

WHEREAS locally and across the nation there are unacceptable disparities in health by zip code, race and ethnic group; and

WHEREAS local organizations are engaging communities in health promotion by assessing and addressing community needs; and educating the community about health issues; and

WHEREAS Washoe County Health District looks forward to continued community partnerships through the Truckee Meadows Healthy Communities efforts to strengthen the public health in Washoe County.

NOW, THEREFORE, BE IT RESOLVED, that the Washoe County District Board of Health does hereby proclaim the week of April 4-10, 2016, as

National Public Health Week 2016

in Washoe County, Nevada.

Kitty Jung, Chair
Washoe County District Board of Health

DD	AH	___
DHO	___	KD ___
DA	LA	___
Risk	DE	___

Staff Report
Board Meeting Date: March 24, 2016

TO: District Board of Health

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

SUBJECT: **Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,100 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Grant Program, IO 10016; and if approved, authorize the Chair to execute the Notice of Subgrant Award.**

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on February 23, 2016 to support the Tuberculosis Grant Program. The funding period is retroactive to January 1, 2016 and extends through December 31, 2016. A copy of the Notice of Subgrant award is attached.

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

PREVIOUS ACTION

The Board of Health approved the Notice of Subgrant Award for calendar year 2015 in the amount of \$110,706 on March 26, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Tuberculosis Grant Program

Scope of the Project: The Subgrant scope of work includes conducting the following: TB evaluation and treatment, case management activities, TB surveillance, data collection and reporting, TB outreach and education to residents, organizations and communities in Nevada, participating in evaluation and human resource development activities, conduct a cohort review of TB cases on annual basis, and adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols.

The Subgrant provides funding for personnel, travel and training, operating supplies, lab/outpatient, and other expenses including funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, etc.) and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the prevention and control of tuberculosis as stated in the Nevada Administrative Code (NAC).

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Tuberculosis Program.

Award Amount: \$109,100
Grant Period: January 1, 2016 – December 31, 2016
Funding Source: Centers for Disease Control and Prevention (CDC)
Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health
CFDA Number: 93.116
Grant ID Number: 5U52PS004681-02
Match Amount and Type: No match required

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY16 budget in Internal Order 10016 was adopted with a total of \$110,706 in revenue (includes \$12,736 of indirect) and \$97,970 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

It is recommended that the Washoe County Health District approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,100 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Grant Program, IO 10016; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to a approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,100 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Grant Program, IO 10016; and if approved, authorize the Chair to execute the Notice of Subgrant Award."



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

HD #: 15332
 Budget Account: 3219
 Category: 14
 GL: 8516
 Job Number: 9311616

NOTICE OF SUBGRANT AWARD

Program Name: Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2016 through December 31, 2016	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To fund activities for the prevention and control of *M. tuberculosis* as stated in the Nevada Administrative Code (NAC).

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

Approved Budget Categories:

1. Personnel	\$ <u>69,428</u>
2. Travel	\$ <u>8,476</u>
3. Operating/Admin Fee	\$ <u>13,816</u>
4. Equipment	\$ <u>-</u>
5. Contractual/Consultant	\$ <u>-</u>
6. Training	\$ <u>-</u>
7. Other	\$ <u>17,380</u>
Total Cost:	\$ <u>109,100</u>

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 **\$109,100** during the subgrant period.

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.116	5U52PS004681-02 FAIN #: U52PS004681

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

- Expenditures must comply with appropriate state and/or federal regulations;
- This award is subject to the availability of appropriate funds; and
- 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; and
 Section F: DPBH Business Associate Addendum

Authorized Subgrantee Official Title	Signature	Date
Camy Retzl TB Controller		<u>2/20/16</u>
Julia Peek, Deputy Administrator Community Services		<u>2/26/16</u>
for Cody L. Phinney, MPH 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:

***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.**

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

Description of Services, Scope of Work and Deliverables

These funds will be utilized in accordance with the mission of the Nevada State Tuberculosis Prevention and Control Program, which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and ultimately eliminating tuberculosis (TB) by providing services to control and eliminate tuberculosis, including rapid identification and diagnosis of the disease, timely contact investigations and completion of treatment.

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

Scope of Work for Washoe County Health District: TB Program

Goal 1: Provide TB Evaluation, Treatment and Case Management

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct TB evaluation and treatment.	1. The Subgrantee will conduct evaluation and treatment, if necessary, for active TB cases, suspected cases of tuberculosis and high-risk contacts.	1. 12/31/2016	1. Case files, as requested
2. Conduct case management activities.	2. The TB clinic and/or surveillance/investigation program will coordinate case management activities for active TB cases, suspected cases of tuberculosis, Latent Tuberculosis Infection (LTBI) under five cases, and high-risk contacts by regular reporting; investigating; assurance of patient adherence to medication regimen; legal referral for non-adherence; and home visits for assessment, provision of Direct Observed Therapy (DOT), and the monitoring of treatment regimes.	2a. 12/31/2016	2a. Case files, as requested
	a. The TB clinic will provide incentives or enablers with the intent that they help patients (for both TB disease and LTBI) and contacts more readily complete appropriate testing, therapy and/or adhere to treatment. The incentives and enablers are defined as, but not limited to, transportation, gasoline, food vouchers, personal items, telephone calling cards, housing and utility assistance, and patient centered behavioral reinforcement items.		

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

Goal 2: Conduct TB Surveillance

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Conduct TB surveillance which includes the regular monitoring of the CDC's Electronic Disease Notification System (EDN), maintaining case files and records, and conducting contact/source-case investigations.</p>	<p>1. The Subgrantee will conduct TB Surveillance by performing the following activities:</p> <ul style="list-style-type: none"> a. Will conduct TB surveillance for epidemiological trends. b. Will maintain case files, contact/source-case investigation and other records that are necessary for the planning, implementation and evaluation of the program; upon request allow the Division of Public and Behavioral Health (DPBH) TB Program personnel to observe clinics, to communicate directly with the staff, to have access to all information and records pertinent to the Tuberculosis Prevention and Control Program. c. Will notify DPBH TB Program within 24 hours of confirmed TB outbreak occurring within Nevada. During a declared outbreak of TB, Subgrantee will provide case and contact records on demand and will provide written status reports every thirty (30) days to the DPBH TB Program personnel, until such personnel declare the outbreak to have ceased. In the event the Subgrantee is unable to provide an electronic version, a hardcopy version may be accepted with prior verbal authorization. 	<p>1a-1b. Continuous/Ongoing</p> <p>1c. 30 days after confirmed outbreak</p>	<p>1a-1b. Case files or demographic information, as requested</p> <p>1c. Outbreak Reports</p>

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

Goal 2: Conduct TB Surveillance (Continued)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>2. Conduct TB surveillance which includes the regular monitoring of CDC's EDN and performing timely and complete data entry activities in the National Base Systems (NBS) for all reportable active and LTBI cases.</p>	<p>1. The Subgrantee will conduct TB Surveillance by performing the following activities:</p> <ul style="list-style-type: none"> a. Will initiate timely checking and response to EDN alerts regarding immigrants and refugees (Class A/B cases). <ul style="list-style-type: none"> • Staff will have taken an EDN training and/or reviewed the CDC's EDN Manual. • Subgrantee will follow CDC's guidance and the Nevada Division of Public and Behavioral Health TB Program guidance on EDN TB Follow-up Worksheet completion activities; including the continuous updating up cases until TB Follow-up Worksheet is able to be submitted. • Subgrantee will review/update EDN cases, when requested, based on monthly EDN report sent to Subgrantee by Nevada Division of Public and Behavioral Health TB Program. b. Will use the NBS case management fields for all reportable cases (active, suspect and LTBI under five), laboratory report fields and contact investigation fields. <ul style="list-style-type: none"> • Staff will be trained on these databases by participating in annual training webinar/calls with the DPBH TB Program and/or will have reviewed the Report of Verified Case of Tuberculosis (RVCT) and NBS Manuals. • Laboratory reports in NBS will be reviewed by Subgrantee within 30 days and will be linked to appropriate case. • Contact Investigation fields will be completed on an ongoing basis, and will be closed out no later than one year after the investigation was opened. 	<p>1a: Continuous/ Ongoing</p>	<p>1a. EDN Manual, TB Follow-up Guide, and EDN Reports</p>
		<p>1b: Continuous/ Ongoing</p>	<p>1b. NBS Reports</p>

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

Goal 3: Data Collection and Reporting

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. Prepare and submit reports, as required.</p>	<p>1. The TB Clinic and/or surveillance/investigation program, or designated individual responsible for reporting on behalf of both programs, will prepare and submit the following:</p> <p>a. A RVCT will be submitted for all Mycobacterium Tuberculosis confirmed cases identified in the county(s) designated in this notice. The RVCT form must be submitted via NBS.</p> <p>b. An Aggregate Report for Tuberculosis Program Evaluation (ARPE) will be submitted no later than August 1st. The ARPE is to be submitted electronically to cretzl@health.nv.gov or other designated e-mail. The ARPE will be completed using the template provided by the DPBH TB Program.</p> <p>c. Annual Performance Reports will be submitted no later than August 1st. Annual Performance Reports are to be submitted electronically to cretzl@health.nv.gov or other designated e-mail. The Annual Performance Reports will be completed using the template provided by the DPBH TB Program.</p> <ul style="list-style-type: none"> Annual Performance Reports must include the current year's Workplan along with a Workplan for the activities, goals and objectives of the following year, (template will be provided). 	<p>1a. Within 45 days of diagnosis</p> <p>1b. August 1st</p> <p>1c. August 1st</p>	<p>1a. RVCT</p> <p>1b. ARPE</p> <p>1c. Annual Performance Reports</p>

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

Goal 5: Participate in Evaluation and Human Resource Development Activities

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To participate in the TB Program Evaluation and Human Resource Development activities as outlined by the DPBH TB Program.	<ol style="list-style-type: none"> The Subgrantee will participate in a regularly scheduled site visit that will occur at least one (1) time per year, and will evaluate the TB program and activities conducted by this Subgrantee. The Subgrantee will participate on the DPBH TB Program's Quarterly Call Meetings. The Subgrantee will track attendance and participation of staff at any Human Resource Development or training activity. Report to Nevada TB Controller using the Annual Performance Report. 	<ol style="list-style-type: none"> Dec. 31st Quarterly August 1st 	<ol style="list-style-type: none"> Annual Performance Report Call Minutes and Agendas Annual Performance Report

Goal 6: Conduct a Cohort Review of TB Cases on Annual Basis

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To conduct an annual Cohort Review that will include all confirmed active TB cases in Subgrantee's geographical area from the previous year.	<ol style="list-style-type: none"> The Subgrantee will participate in an annual Cohort Review that will include all cases of confirmed active TB cases in Subgrantee's geographical area from the previous year. <ul style="list-style-type: none"> The Subgrantee must follow the DPBH TB Program's policy on Cohort Reviews. The Subgrantee is responsible for reviewing the CDC's "TB Cohort Review Process: Instruction Guide (2006)," as well as provide any applicable materials and logistics needed for the event. 	<ol style="list-style-type: none"> Dec. 31st 	<ol style="list-style-type: none"> Powerpoint and other materials, as needed, created by Subgrantee <ul style="list-style-type: none"> DPBH TB Program's Cohort Review Policy CDC's TB Cohort Review Process: Instruction Guide (2006)

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Goal 7: Adhere to all Nevada regulatory and Centers for Disease Control and Prevention Recommended Policies and Protocols

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. To adhere to procedures and protocols for TB care and investigation, infection control and the Occupational Safety and Health Administration (OSHA) requirements by following Nevada regulations, the CDC's recommendations, AND/OR request clarification or guidance on these policies from Nevada's TB Controller.</p>	<ol style="list-style-type: none"> 1. The Subgrantee will follow and adhere to all Nevada health regulations: NAC 441A. 2. The Subgrantee will follow guidance provided by Nevada TB Controller. 3. The Subgrantee will follow guidance and recommendations provided by the CDC. 	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>

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SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U52PS004681-02 from the Center for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

Category	Total cost	Detailed cost	Details of expected expenses
1. Personnel	\$ 69,428		
		\$ 59,545	TB Program Coordinator at 50% of \$79,372 = \$39,686; Fringe at 50.04% of salary of \$39,686 = \$19,859 Total Salary with Fringe (\$39,686 + \$19,859)
		\$ 9,883	Intermittent hourly PHN with hourly rate of \$26.69 x 365 hours = \$9,742; Medicare at 1.45% of \$9,742 = \$141; Total hourly PHN with Medicare (\$9,742 + \$141)
2. Travel	\$ 8,476		
		\$ 1,570	In-State Travel: 2 staff to Las Vegas for Contact Investigation Training in April: Airfare at \$325 x 2 (\$650); Per Diem at \$64/day x 3 days x 2 staff (\$384); Airport parking at \$14/day x 3 days x 2 staff (\$84); Group Transportation at \$40 x 1 trip x 2 staff (\$80); Lodging at \$93/night x 2 nights x 2 staff (\$372)
		\$ 1,928	Out-of-State Travel: 1 staff to Denver for NTBA Conference: Airfare at \$325 for 1 staff (\$325); Per diem at \$69/day x 5 days (\$345); Airport Parking at \$14/day x 5 days (\$70); Ground Transportation at \$50 per trip (\$50); Lodging at \$172/night x 4 nights (\$688); and Conference Fee of \$450 for 1 staff (\$450)
		\$ 2,700	Out-of-State Travel: 2 staff to Oakland for TB Case Management Training: Airfare at \$325 x 2 staff (\$650); Per diem at \$69/day x 5 days x 2 staff (\$690); Airport Parking at \$14/day x 5 days x 2 staff (\$140); Ground Transportation at \$50 per trip x 2 staff (\$100); Lodging at \$140/night x 4 nights x 2 staff (\$1,120)
		\$ 2,278	Out-of-State Travel: 1 staff to Denver for National Jewish TB Training: Airfare at \$325 x 1 staff (\$325); Per diem at \$69/day x 5 days x 1 staff (\$345); Airport Parking at \$14/day x 5 days x 1 staff (\$70); Ground Transportation at \$50 x 1 staff (\$50); and Lodging at \$172/night x 4 nights x 1 staff (\$688); Registration Fee of \$800 x 1 staff (\$800)
3. Operating	\$ 0		
		\$	
4. Equipment	\$ 0		
		\$	
5. Contractual/ Consultant	\$ 0		
		\$	
6. Training	\$ 0		
		\$	
7. Other	\$ 17,380		
		\$ 9,000	Patient housing support: \$500/month x 3 patients x 6 months
		\$ 1,200	Incentives: \$10 per incentive (includes Wal-Mart gift cards and fast food cards) X 120
		\$ 1,200	Transportation enablers: \$10/month x 120
		\$ 1,080	2 phones x \$45/month for service x 12 months (\$1,080)
		\$ 4,900	IGRA testing (TB blood test): \$49 per test x 100 tests
8. Administrative Fee	\$ 13,816		
		\$ 13,816	Administrative Fee of 14.5% of costs above
Total Cost	\$ 109,100		

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- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Subgrantee must notify or obtain prior authorization (email notification is acceptable) for any funding adjustment(s).
- The Federal Award Identification Number (FAIN) for this Tuberculosis Prevention and Laboratory Grant funded by the Centers for Disease Control and Prevention is U52PS004681.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$109,100 for the period of the subgrant; additionally, not more than 50% of the total funded amount (\$54,550) will be reimbursed to the Subgrantee during each six (6) month period (January 1, 2016 through June 30, 2016 and July 1, 2016 through December 31, 2016). If a balance exists at the end of the first billing period DPBH will rollover the balance to the second billing period contingent upon approval from the DPBH. Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the final quarter of 2016;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts may be needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division 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:

- Provide technical assistance, upon request from the Subgrantee;
- Provide assistance for the implementation of program activities;
- Coordinate with other state, federal, and international agencies;
- Tabulate and interpret required data and program evaluation;
- Seek Epidemiology Aide and other assistance from the Centers for Disease Control and Prevention (CDC) if needed to prevent or control a TB outbreak in designated county(s);
- Forward any opportunities for education related to TB disease or program management;
- Forward any changes in the recommendations for the care of TB cases or latent TB infection from the CDC;
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the CDC, per reporting deadlines;
- Forward reports to appropriate facility, e.g. CDC, interstate agencies, Dept. of Quarantine, etc.; and
- 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.

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Both parties agree:

Site-visit monitoring and/or audits will occur as needed but at least one (1) time per year and will be conducted by the State Tuberculosis Program and/or the Centers for Disease Control and Prevention with related staff of the Subgrantee's TB program to evaluate progress and compliance with the activities outlined in the Scope of Work.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section 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 30 days after the end of the reporting month or quarter. However, in order to meet fiscal year end reimbursement requirements, the June (or 2nd Quarter of calendar year) Request for Reimbursement must be submitted by no later than the 15th of July.
- 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.

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SECTION D

Request for Reimbursement

HD#: 15332

Budget Account: 3219

GL: 8516

Draw #: _____

Program Name: Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2016 through December 31, 2016.	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: 2016

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	\$ 69,428.00	\$ -	\$ -	\$ -	\$ 69,428.00	0.0%
2 Travel	\$ 8,476.00	\$ -	\$ -	\$ -	\$ 8,476.00	0.0%
3 Operating	\$ -	\$ -	\$ -	\$ -	\$ -	-
4 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	-
5 Contract/Consultant	\$ -	\$ -	\$ -	\$ -	\$ -	-
6 Training	\$ -	\$ -	\$ -	\$ -	\$ -	-
7 Other	\$ 17,380.00	\$ -	\$ -	\$ -	\$ 17,380.00	0.0%
8 Administrative Fee	\$ 13,816.00	\$ -	\$ -	\$ -	\$ 13,816.00	0.0%
Total	\$ 109,100.00	\$ -	\$ -	\$ -	\$ 109,100.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/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
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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? June 30, 2016

4. What is the official name of your organization? Washoe County Health District

5. How often is your organization audited? Annually

6. When was your last audit performed? FY15 - Pending BCC approval

7. What time period did your last audit cover? 7/1/14 - 6/30/15

8. Which accounting firm conducted your last audit? Eide Bailly

[Signature]
Signature _____ Date _____

Administrative Health Services Officer
Title _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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

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,

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

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

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

- 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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

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

Covered Entity **Business Associate**

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

Phone: (775) 684-5975

Fax: (775) 684-4211

Washoe County Health District

Business Name

1001 East Ninth St.

Business Address

RENO, NV 89512

Business City, State and Zip Code

775-328-2410

Business Phone Number

775-328-3752

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Print Name

Chair, District Board of Health

Title

Date

DD	AH	___
DHO	___	AD ___
DA	LA	___
Risk	NA	___

Staff Report
Board Meeting Date: March 24, 2016

TO: District Board of Health

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

SUBJECT: Approval to add Gentamycin at \$4.55 per unit, Bexsero MenB at \$195 per unit and Admin of Depo at \$16 per unit to the Community and Clinical Health Services fee schedule.

SUMMARY

The Washoe County District Board of Health must approve changes to the adopted fee schedule.

The Community and Clinical Health Division is requesting approval to add Gentamycin, Bexsero a new meningococcal vaccine and an Administration of Depo fee to the Community and Clinical Health Services 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.

PREVIOUS ACTION

The Board approved revisions to the Community and Clinical Health Services fee schedule on October 22, 2015.

BACKGROUND

The Immunization Program is requesting approval to offer Bexsero MenB vaccine at \$195 per unit. Bexsero is a meningococcal group B vaccine unlike current meningococcal vaccinations available at the Health District.

The Sexual Health Program is requesting approval to offer Gentamycin at \$4.55 per unit based on new Centers for Disease Control and Prevention (CDC) STD treatments guidelines. It is necessary to have this medication on hand as an alternative for those whom primary treatment is contraindicated.

The Family Planning Program is requesting approval to add Administration of Depo fee at \$16 per unit. The current fee schedule includes the fee for Depo Provera at \$38.00 per unit.

The proposed fees are in alignment with community rates.

FISCAL IMPACT

Should the Board approve the proposed revisions to the Health District Fee Schedule specific to the Community and Clinical Health Services Division the fiscal impact cannot be determined as the application of the schedule of discounts and client's ability to pay vary and may fluctuate in a year.

CCHS will continue in their billing efforts in order to maximize collections from clients and third party payers.

RECOMMENDATION

Staff recommends that the District Board of Health approve to add Gentamycin at \$4.55 per unit, Bexsero MenB at \$195 per unit and Admin of Depo at \$16 per unit to the Community and Clinical Health Services fee schedule.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve to add Gentamycin at \$4.55 per unit, Bexsero MenB at \$195 per unit and Admin of Depo at \$16 per unit to the Community and Clinical Health Services fee schedule."

DD	AH	___
DHO	___	KD ___
DA	LA	___
Risk	DE	___

Staff Report
Board Meeting Date: March 24, 2016

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, edixon@washoecounty.us

SUBJECT: Approval of Subgrant Amendment #1 from the Nevada Division of Public and Behavioral Health, for the period Upon approval by all parties through June 30, 2016 in the amount of \$19,726 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO 11294; Approve amendments totaling an increase of \$19,726 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO 11294.

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. Subgrant Amendment #1 was received on February 26, 2016 increasing the award by \$19,726 for a total award of \$76,108. A copy of Subgrant Amendment #1 is attached.

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

PREVIOUS ACTION

The District Board of Health approved the original Subgrant Award on December 17, 2015.

BACKGROUND

Project/Program Name: Public Health Preparedness CDC Carryover

Scope of the Project: The amendment provides funds for the purchase of digital 800 MHz radios and supporting accessories.

Benefit to Washoe County Residents: The additional radios will increase communication among responders in a public health emergency.

On-Going Program Support: Grant will support a one-time project and ongoing funding is not necessary.

Amendment Amount: \$19,726

Grant Period: Upon approval by all parties – June 30, 2016
Funding Source: Centers for Disease Control and Prevention (CDC)
Pass Through Entity: State of Nevada Department of Health and Human Services
CFDA Number: 93.069
Grant ID Number: 15248
Match Amount and Type: 10% match is required and is met through Shared Services expenditures

Sub-Awards and Contracts: No Sub-Awards are anticipated. The radios will be purchased using WC Purchasing requirements.

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

FISCAL IMPACT

The FY16 budget did not include any funding for this grant amendment. A budget amendment in the amount of \$19,726 is necessary to bring the Award into alignment with the program budget. Funds will be drawn down as reimbursement to expenditures. Indirect costs are allowable on the original Notice of Subgrant Award yet indirect costs are not allowable on equipment such as radios. No indirect will be collected on Amendment #1.

Should the Board accept this grant award and approve these budget amendments, the adopted FY16 budget will be increased by \$19,726 in both revenue and expenditure in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11294 -431100	Federal Revenue	\$19,726
	Total Revenue	\$19,726
2002-IO-11294 -711504	Equipment nonCapital	19,726
	Total Expenditures	\$19,726

RECOMMENDATION

It is recommended that the District Board of Health approve Subgrant Amendment #1 from the Nevada Division of Public and Behavioral Health, for the period Upon approval by all parties through June 30, 2016 in the amount of \$19,726 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO 11294; Approve amendments totaling an increase of \$19,726 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO 11294.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be move to approve Subgrant Amendment #1 from the Nevada Division of Public and Behavioral Health, for the period Upon approval by all parties through June 30, 2016 in the amount of \$19,726 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO 11294; Approve amendments totaling an increase of \$19,726 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO 11294.



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

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

SUBGRANT AMENDMENT # 1

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)	Subgrantee Name: Washoe County Health District (WCHD), WCHD#11294
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subgrant Period: November 1, 2015 to June 30, 2016 Federal Award Identification #: U90TP000534	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: To add funds to purchase Equipment

Required Changes:

Current Language: See Section B- Description of Services, Scope of Work and Deliverables (Exhibit C).

Amended Language: See Exhibit A- Amended Scope of Work.

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 0.00	\$ 0.00	\$ 0.00
2. Travel	\$ 0.00	\$ 0.00	\$ 0.00
3. Supplies	\$ 0.00	\$ 0.00	\$ 0.00
4. Equipment	\$ 0.00	\$ 19,726.00	\$ 19,726.00
5. Contractual/Consultant	\$ 44,282.00	\$ 0.00	\$ 44,282.00
6. Other	\$ 8,858.00	\$ 0.00	\$ 8,858.00
7. Indirect	\$ 3,242.00	\$ 0.00	\$ 3,242.00
Total	\$ 56,382.00	\$ 19,726.00	\$ 76,108.00

Incorporated Documents:

- Exhibit A: Amended Scope of Work
- Exhibit B: Amended Budget Detail
- Exhibit C: Original subgrant Notice of Subgrant Award and all previous amendments

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

	Signature	Date
Kitty Jung, Chair Washoe County District Board of Health		
Erin Lynch Health Program Manager II, PHP	<i>Erin Lynch</i>	2/23/16
Chad Westom Bureau Chief, PAIS	<i>Chad W. Westom</i>	2.23.16
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

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

EXHIBIT A

Amended Services, Scope of Work and Deliverables

Washoe County Health District (WCHD) agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for WCHD

Goal 1: Maintain redundant communications

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To Purchase and utilize 800 MHz radios to maintain communication during exercises, drills and real events by June 30, 2016.	1. Purchase 8 digital 800 MHz radios	06/30/2016	1. Purchase invoices and radios.

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

EXHIBIT B

Amended Budget

Subgrantee agrees to adhere to the following amended budget:

<u>Category</u>		<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$	0.00		
			\$	
2. Travel	\$	0.00		
			\$	
3. Operating	\$	0.00		
			\$	
4. Equipment	\$	19,726.00		
			\$ 19,726	Digital 800 MHz Radios and supporting accessories 8 radios x \$2,466
5. Contractual/Consultant	\$	0.00		
			\$	
6. Training	\$	0.00		
			\$	
7. Other	\$	0.00		
			\$	
Total Cost	\$	19,726.00		

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

Staff Report
Board Meeting Date: March 24, 2016

TO: District Board of Health

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

SUBJECT: Recommendation to Uphold Citation No. 5555, Case No. 1180 Issued to Mr. Brad Bryant – SCI Construction

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5555 be **upheld** and a fine of **\$250.00** be levied against Brad Bryant, SCI Construction, for operating without a Dust Control Permit and failure to display a proper dust control sign on a construction site. Failure to obtain a Dust Control Permit and display a proper dust control sign are both minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Dust Control.

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On February 26, 2016, at approximately 8:00 a.m., Air Quality Specialist II Scott Baldwin received a complaint from Mr. Mike Wolf, Permitting and Enforcement Branch Chief, Air Quality Management Division. Branch Chief Wolf advised on his way to work, he observed a large area off Interstate 80 and Robb Drive being graded, and for which he had no recollection of a Dust Control Permit being issued. At 8:15 a.m., in response to the complaint, Specialist II Scott Baldwin and Senior Specialist Dennis Cerfoglio proceeded to 5200 Interstate 80 and Robb Drive in Reno, Nevada. Upon arrival, the Specialists found the site was being actively graded. Both Specialists met with Mr. Mike Bargiel, Project Superintendent for NDX Excavation.

Mr. Bargiel indicated it was his understanding an approved Dust Control Permit had been obtained by Mr. Brad Bryant, Superintendent for SCI Construction, the general contractor for the project. Senior Specialist Cerfoglio then requested Mr. Bargiel stop all grading until it could be determined if there was an approved Dust Control Permit issued and a proper dust control sign could be installed. Mr. Bargiel complied immediately and stopped all grading.

At 8:35 a.m., Mr. Bryant was contacted to determine if he obtained a Dust Control Permit for the site from Washoe County Air Quality Management. Mr. Bryant indicated he believed he had an approved

permit because he had paid the fees. Mr. Bryant was advised the grading operations had been stopped until he had an approved Dust Control Permit in his possession. Mr. Bryant was also informed it would be necessary to install a proper dust control sign on the site before any further grading took place.

On February 26, 2016, at 1:30 p.m., Senior Air Quality Specialist Dennis Cerfoglio and Specialist II Scott Baldwin met with Mr. Bryant regarding the 5200 Interstate 80 and Robb Drive job site. Senior Specialist Cerfoglio explained to Mr. Bryant the dust control regulations and requirements that must be satisfied prior to the commencement of operations. The determination was made to issue Notice of Violation Citation No. 5555 for a violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Dust Control, for commencing operations without obtaining an approved Dust Control Permit and failure to install the required dust control sign. At the conclusion of the meeting, Mr. Bryant agreed to the conditions of the negotiated settlement and a Memorandum of Understanding was completed.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5555, Case No. 1180, and levy a fine in the amount of **\$250** as a negotiated settlement for a minor violation.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5555.
- or;
2. The Board may determine to uphold Citation No. 5555 and levy any fine in the range of \$0 to \$250 per day.

POSSIBLE MOTION(S)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to grant the uphold Citation No. 5555, Case No. 1180, as recommended by Staff."
- or;
2. "Move to uphold Citation No. 5555, Case No. 1180, and levy a fine in the amount of (range of \$0 to \$250) per day for each violation, with the matter being continued to the next meeting to allow for Mr. Brad Bryant, SCI Construction, to be properly noticed."



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



NOTICE OF VIOLATION

NOV 5555

DATE ISSUED: 2/26/2016

ISSUED TO: Brad Bryant PHONE #: (602)-299-9828

MAILING ADDRESS: 5467 New Copeland Road CITY/ST: Tyler, Texas ZIP: 75703

NAME/OPERATOR: SCI Construction PHONE #: 602-299-9828

COMPLAINT NO. OMP16-0032

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 02/26/2016 (DATE) AT 8:15 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Operating without issuance of a Dust Control Permit; in addition, no sign posted.

LOCATION OF VIOLATION: Robb Drive

POINT OF OBSERVATION: 5200 W. Interstate 80

Weather: clear Wind Direction From: N E S W

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on 2/26/2016 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediate hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: Brad Bryant Date: 2-26-16

Issued by: Scott Baldwin AQS II Title: Air Quality Specialist II

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: February 26, 2016

Company Name: SCI Construction

Address: 5467 New Copeland Road

Notice of Violation # 5555 Case # 1180

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Operating w/o Dust Control Permit on Site and No Dust Control Sign Installed

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 250.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on March 24, 2016

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

Brd Bryant

Signature of Company Representative

Brad Bryant

Print Name

Super

Title

Witness

Dennis A. Cerfoglio

Signature of District Representative

DENNIS A. CERFOGLIO

Print Name

Sr. Air Quality Spec

Title

Scott Bullock - AQS II

Witness

AIR QUALITY MANAGEMENT

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520

AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



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

Company Name SCI Construction
Contact Name Brad Bryant

Case 1180 NOV 5555 Complaint CMP16-0032

Violation of Section 040.030 Dust Control

I. **Base Penalty as specified in the Penalty Table** = \$ 250

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

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

Minor – 0.5 Moderate – 0.75 Major – 1.0

Adjustment Factor 1

Comment: _____

2. **Toxicity of Release**

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x

Adjustment Factor 1.0

Comment: _____

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

Negligible – 1x Moderate – 1.5x Significant – 2x

Adjustment Factor 1.0

Comment: _____

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

B. **Adjusted Base Penalty**

Base Penalty \$ 250 x Adjustment Factor 1 = \$ 250

C. **Multiple Days or Units in Violation**

Adjusted Penalty \$ 250 x Number of Days or Units 1 = \$ 250

Comment: _____

D. **Economic Benefit**

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

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 250 + Economic Benefit \$ 0 = \$ 250

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

III. Penalty Adjustment Consideration

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>250</u>	x	<u>0%</u>
Penalty Subtotal (From Section II)		= <u>0</u>
	Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>250</u>	+/-	\$ <u>0</u>	=	\$ <u>250</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine


Air Quality Specialist

2/26/2016
Date


Senior AQ Specialist/Supervisor

February 26-2016
Date

DD	CA
DHO	AD
DA	NA
Risk	NA

STAFF REPORT
BOARD MEETING DATE: March 24, 2016

TO: District Board of Health

FROM: Charlee Albee, Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report

SUMMARY

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year (Calendar Year 2015) have furthered or assisted in implementing the Regional Plan. This report satisfies the requirement.

Health District Strategic Objective supported by this item: Demonstrate the value and contribution of public health.

PREVIOUS ACTION

March 26, 2015 Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

March 27, 2014 Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

March 28, 2013 Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

BACKGROUND

The requirements for regional plan annual reporting are drawn from NRS 278.0286. The statute requires each local planning commission responsible for the preparation of a city or county master plan and each affected entity to prepare and submit to the Regional Planning Commission and the Governing Board a complete report on progress to implement the Regional Plan by April 1 of each year.

This attached report summarizes the progress made in 2015 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section that identifies ongoing projects or policies scheduled for completion in early 2016. Additionally, the report includes projects or policies that are planned to begin in early 2016 that further or assist in carrying out the Regional Plan.

FISCAL IMPACT

There will be no fiscal impact from the Board accepting this report.

RECOMMENDATION

Staff recommends the Board accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report.

POSSIBLE MOTION

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

“Move to accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report.”

2015 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2015)

The Clean Air Act requires the Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six criteria pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). As of January 2016, all areas of Washoe County meet all NAAQS for all pollutants and averaging times.

Since 2011, EPA has been proposing to strengthen the 2008 ozone NAAQS of 75 ppb. In anticipation of a more stringent standard, the Air Quality Management Division (AQMD) has been collaborating with stakeholders to encourage voluntary initiatives to improve air quality. In 2015, EPA finalized a rule to strengthen the ozone NAAQS to 70 ppb. Based on preliminary air monitoring data, the urban areas of Washoe County will not meet the 2015 ozone NAAQS. In an effort to reduce emissions in order to attain the ozone NAAQS, AQMD is participating in EPA's Ozone Advance program which is a collaborative effort to encourage voluntary initiatives to improve air quality. EPA will finalize initial attainment/non-attainment designations in Fall 2017.

Module 1 - Regional Form and Patterns

Goal 1.2: Policies 11, 13, 14, 15, 18, and 21

The built environment influences transportation choices in our area. On-road motor vehicles such as cars and trucks are the largest category of ozone precursors. In anticipation of EPA strengthening the ozone NAAQS in 2015, the AQMD has continued to collaborate with stakeholders that influence the Truckee Meadows' regional form and pattern. These stakeholders include community development departments, planning commissions, governing boards, American Planning Association, and other organizations. The primary goals of AQMD's collaboration with stakeholders are to: 1) Emphasize the connection between the built environment, transportation, and air quality; and 2) ensure “. . . public health impacts related to land use decisions” (Policy 21) are included in the planning process.

Goal 1.3: Policies 1 and 2

In addition to the activities under Goal 1.2, the AQMD encouraged Employee Trip Reduction programs for existing and new businesses.

Module 2 - Management of the Region's Natural Resources

Goal 2.1: Policy 1 (element 14)

The Washoe County Smoke Management Program (SMP) was developed in 2003. It balances the need for prescribed fires with the mandate of providing clean air. In 2015, the AQMD continued to collaborate with land managers to implement and improve the SMP.

In February 2015, the AQMD and Truckee Meadows Fire Protection District (TMFPD) collaborated on a pilot project to allow flexibility to the Open Fires regulation (Section 040.035). The primary change was to move the start date of the Spring open burn season from March 1 to February 14, weather permitting. Nearly 400 residents completed open burn applications for the 15-day pilot project and TMFPD estimates there may have been many more burning without submitting an application. The pilot project uncovered gaps in the process and provided a learning opportunity for future modifications to the open burn program. The most significant gap was lack of a process to review applications to ensure basic air quality and fire safety requirements were being met. AQMD and TMFPD continued to collaborate on closing those gaps and improve the open burn program.

Goal 2.4: Policy 2 (elements 3, 4, and 7)

In addition to the activities under Goal 1.2, the AQMD encouraged open spaces and greenways to increase multi-modal transportation access and connectivity, especially when linking with Safe Routes to Schools.

Goal 2.6: Policies 1 and 2

In 2015, there were two exceedances of the 24-hour PM_{2.5} NAAQS and one exceedance of the 24-hour PM₁₀ NAAQS. The PM_{2.5} exceedances were associated with wildfires and the PM₁₀ exceedance occurred during a high-wind event. There were no additional exceedances of any other criteria air pollutant or averaging times.

The EPA strengthened the ozone NAAQS from 75 ppb to 70 ppb in late 2015. Although there were no exceedances of the 75 ppb NAAQS in 2015, there would have been ten exceedances if the NAAQS were promulgated earlier in the year.

During the 2015 Nevada Legislature, AB-146 was adopted after several revisions beginning as a measure to change the smog check program to a biennial program, then amended to eliminate testing of 1995 and older vehicles. Motor vehicles, especially older vehicles, are the largest source category of ozone precursor emissions. The smog check program is critical to achieving the ozone standard and maintaining the carbon monoxide standard. In its final form, AB-146 required a review of the smog check program and development of a report to include recommendations to the chairs of the Senate and Assembly Standing Committees on Transportation by June 30, 2016. A subcommittee, chaired by the AQMD Director, was formed to conduct the study and the recommendations will be submitted by June 30, 2016. The subcommittee will ensure that recommendations are based on public health and the NAAQS.

The AQMD was an active member of the Truckee Meadows Bicycle Alliance, Bike Week, and Safe Routes to Schools committee. Approximately 192 riders, 11 schools, and over 500 students participated in the 2015 events to help reduce vehicle trips, vehicle miles traveled, and air pollutant emissions. Riders logged 8,503 miles, which equaled to over 300,000 calories burned and 4.1 tons of CO₂ emissions saved, removing 305 vehicles from the road that week. Additionally, AQMD partnered with GREENevada, continued to work on Idle Free for Washoe County schools, seven schools became Idle Free in 2015. Idle Free was presented at a Board of Trustees meeting, where the Board agreed to add Idle Free in their sustainability policy.

Transportation-related emissions are a significant source of air pollutants in Washoe County. The AQMD actively participated on the Regional Transportation Commission's Technical Advisory Committee to support cleaner transportation options such as ride sharing, improved bikeways and pedestrian facilities, and an expanded public transportation network. Good community design promotes active transportation choices and a healthier community. AQMD is also an active member of the American Planning Association.

Residential wood combustion accounts for approximately half of wintertime fine particulate matter (PM2.5). In 2015, EPA finalized New Source Performance Standards (NSPS) for woodstoves and pellet stoves. By 2020, new woodstoves and pellet stoves sold throughout the country will be 50 percent cleaner than today's models. Because wood burning accounts for half the wintertime PM2.5 emissions, promulgation of this NSPS will improve help improve air quality in the Truckee Meadows. AQMD began updating its Woodstove regulations to incorporate the NSPS.

The AQMD continued its partnership with the University of Nevada, Business Environmental Program (UNR|BEP) to implement a woodstove exchange program. Funding was obtained through a settlement agreement between the EPA and Edge Products, LLC. The settlement requires Edge to mitigate particulate matter emissions equivalent to replacing 197 older, non-EPA certified, higher polluting woodstoves with newer, cleaner devices. The exchange program began in Spring 2014 and will continue through 2016, or until 197 non-EPA certified stoves are replaced.

The AQMD continued a project with the UNR|BEP to collaborate with local fleets assisting their efforts to improve fuel efficiency and reduce vehicle emissions. The collaborative effort includes reestablishment of the local Clean Cities Coalition which will provide additional funding opportunities to improve our local fleets. The project is being implemented in conjunction with the local chapter of the Rocky Mountain Fleet Managers Association. Funding for the project was provided through a grant received from the DMV Pollution Control Excess Reserve account.

AQMD staff actively participated in the Regional Green Team and Washoe County Green Team to coordinate with other local government jurisdictions on energy efficiency, renewable energy, green building, and other sustainability approaches and projects.

Goal 2.7: Policy 1

In addition to the activities under Goal 1.2, the AQMD encouraged energy efficiency, energy conservation, and renewable energy.

Module 3 - Public Services and Facilities

Goal 3.10: Policies 1 and 2

In addition to the activities under Goal 1.2, the AQMD encouraged expansion of renewable energy.

Module 4 - Regional Plan Implementation

Goal 4.1: Policy 6

In addition to the activities under Goal 1.2, the AQMD encouraged all of the elements in Policy 6, especially: 1) Walkability, 2) alternative modes of transportation, and 3) public health impacts related to land use decisions.

A Glimpse at 2016

Based on preliminary 2015 ozone monitoring data, all or portions of Washoe County will not meet the health-based air quality standard. In February 2016, EPA approved AQMD's request to participate in EPA's Ozone Advance program. Ozone Advance is a collaborative effort between EPA, AQMD, and local governments to improve air quality. It consists of voluntary initiatives targeting technology, behavior, and the built environment to reduce motor vehicle emissions and energy consumption. Short-term initiatives include cleaner motor vehicle fleets, employee trip reduction programs, and energy conservation. Improving the regional form and built environment will be very important to achieve the long-term goal of reducing vehicle miles traveled. Achieving the federal air quality standards has other positive benefits related to the environment, public health, and economic development. AQMD will continue to collaborate with local stakeholders to ensure these co-benefits related to land use decisions are also included in the planning process.

Recommendations on modernizing Nevada's smog check program will be submitted to the chairs of the Senate and Assembly Standing Committees on Transportation by June 30, 2016. (See narrative under Goal 2.6: Policies 1 and 2)

The Air Quality Index (AQI) is an index for reporting daily air quality, informing the public how clean or polluted the air is, and what associated health effects might be a concern. When EPA strengthened the ozone NAAQS, they also revised the way the AQI is calculated. This change will result in fewer "Good" days (AQI of 0-50), more "Moderate" days (51-100), and more "Unhealthy for Sensitive Groups" (USG) days (101-150). In 2015, zero USG or worse days were reported using the 75 ppb NAAQS. If the AQI were calculated using 70 ppb, ten USG or worse days would have been reported with a high AQI of 115.

Staff Report
Board Meeting Date: March 24, 2016

TO: District Board of Health
FROM: James English, Environmental Health Specialist Supervisor
775-328-2610; jenglish@washoecounty.us
SUBJECT: Acceptance of the 2015 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

SUMMARY

In accordance with the Nevada Revised Statutes 278-0286, the Environmental Health Services Division of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County has completed the 2015 Annual Report for the Truckee Meadows Regional Planning Agency (TMRPA). The report is due to the TMRPA by April first of each year with a reporting period of the preceding calendar year. **District Health Strategic Objective supported by this item:** Strengthen District-wide infrastructure to improve public health.

PREVIOUS ACTION

The 2014 Annual Report was approved on March 26, 2015.

BACKGROUND

The Washoe County Health District, acting as the Solid Waste Management Authority is required to submit various reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the TMRPA provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2014 as the current recycling and tonnage reports are not calculated until on or after April 1st for the previous year.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve this annual report.

RECOMMENDATION

Environmental Health Services Staff recommends that the Washoe County District Board of Health (Board) accept the 2015 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be “Move to accept the 2015 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.”

2015 ANNUAL REPORT TO
THE REGIONAL PLANNING COMMISSION
(Reporting Period: January – December 2014)

By the Washoe County Health District (WCHD) as the Solid Waste Management Authority

C. Public Services and Facilities

3. Solid Waste Management (Appendix I, 2012 Regional Plan Version 4)

Solid waste collected in Washoe County is disposed primarily in the Lockwood Regional Landfill with a small amount of waste going to the Russel Pass and Carson City Landfills. The cities and the unincorporated areas have franchise agreements to provide for solid waste collection, transportation, disposal and recycling services. The franchised waste hauler pays franchise fees to the cities of Reno and Sparks, Washoe County and the Incline General Improvement District.

At the present rate of waste generation, the existing transfer stations are adequate. Furthermore, the franchised waste hauler has started designing the expansion of the transfer station located on East Commercial Row, which will include the addition of a materials recovery facility.

The 2011 Solid Waste Management Plan for Washoe County was adopted by the Washoe County District Board of Health in October 2011. The Nevada Division of Environmental Protection approved the plan in December 2011. An implementation plan and schedule has been developed outlining goals and timelines for the next five years. The purpose of the plan is to ensure the safe and adequate management of all solid waste produced or generated in Washoe County. The secondary purpose of the plan is to explore the feasibility of alternative uses of solid waste (e.g., recycling, re-use, waste to energy, composting, etc.). Goals relevant to these potential options are outlined in the plan.

In 2016 the WCHD began the process of updating the 2011 Solid Waste Plan as required every five years.

2013 Dataset Inventory:

The amount of domestic solid waste disposed at the landfill: MSW = 431,337.59 T

The amount of industrial and special waste generated: I & P = 219,964.77 T

The total amount of MSW generated in the county: 653,975.09 T

The total waste generated in the county: 1,108,265.33 T

(Note: Total waste generated is the sum of the recycled MSW and C & D, plus the quantity of MSW which was reported as generated in the county plus the I & P and special wastes disposed of in the county.)

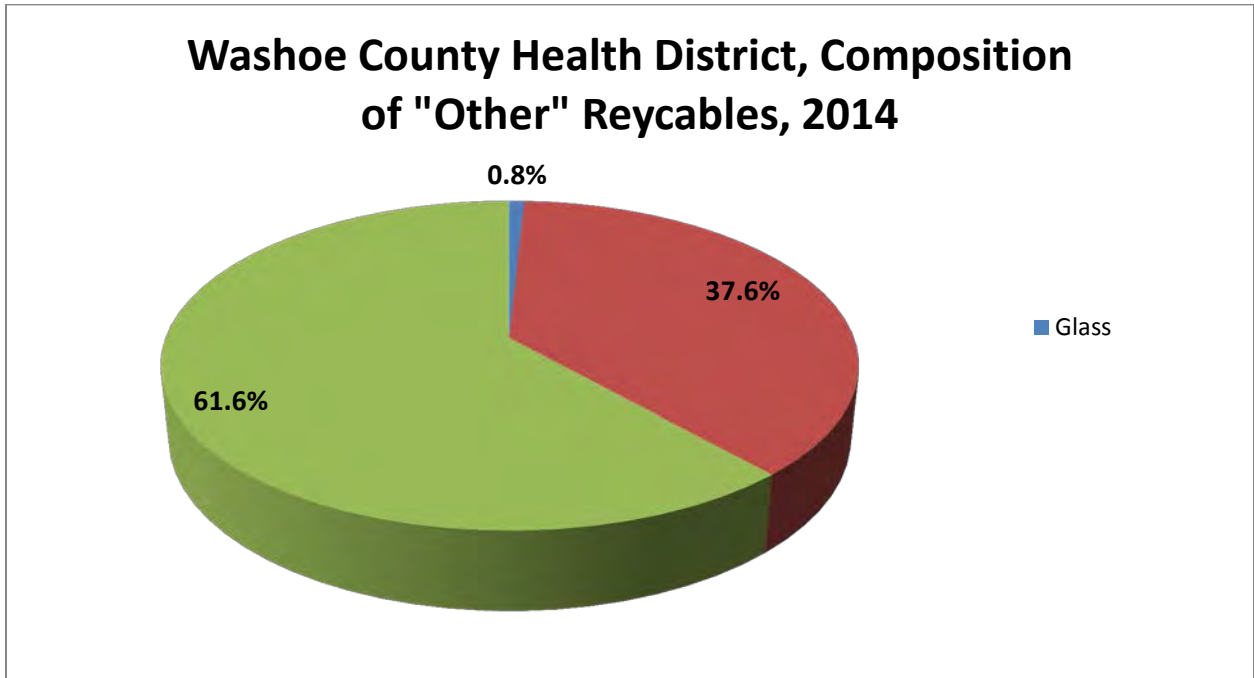
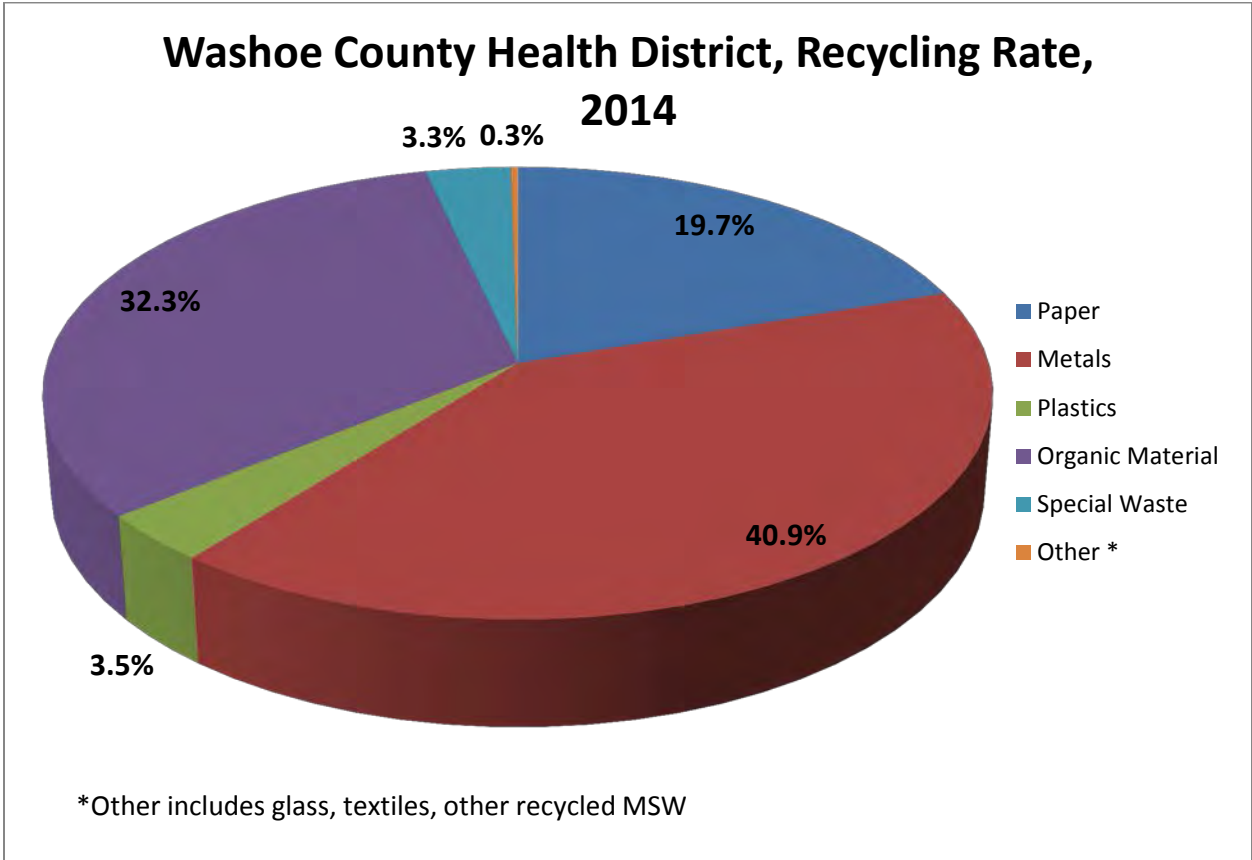
The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 221,389.68 T

The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 234,325.47 T

The total recycled material collected: Recycled MSW + C&D = 455,715.15 T

MSW recycling rate = 34%

C & D recycling rate = 41%



DD	BS	—
DHO	KB	—
DA	LA	—

STAFF REPORT

BOARD MEETING DATE: March 24, 2016

DATE: March 17, 2016

TO: District Board of Health Members

FROM: Wesley Rubio, Senior Environmental Health Specialist

wrubio@washoecounty.us; 775-328-3635

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

Recommendation

Staff and the Sewage, Wastewater and Sanitation (SWS) Hearing Board support Variance Case #1-16S (Jon Lindberg) as reviewed at the SWS Hearing Board March 11, 2016 meeting to allow for the approval of the building permit BLD 15-1410.

Background

Sections 040.006, 040.020, 040.100, 090.025, 090.095, and 120.075 of the Washoe County Health District Board of Health Governing Sewage, Wastewater, and Sanitation are proposed to be varied as part of the recommendation of approval.

During the process of obtaining building permits for the existing construction on the parcel, it was identified that this parcel has an existing Second Dwelling utilized as a living quarters. The total acreage for the parcel is 1.123 acres. The Sewage, Wastewater, and Sanitation regulations require that a parcel have a minimum of 2 acres with a Second Dwelling on a parcel served by an onsite sewage system and a domestic well.

The current owner of the parcel, Mr. Lindberg, is seeking to correct the construction issues on the parcel by obtaining and correcting the building permit issues on the lot. Mr. Lindberg has hired a contractor and all components of the existing septic system have been located and field verified by Health District staff. The contractor has coordinated and worked with staff to adequately evaluate the site and establish primary and repair leach line locations that meet the minimum sizing requirements for the entire proposed usage on the parcel.

The contractor has proposed to add an additional septic tank and additional leach line to meet the minimum requirements, and an equal area has been located for septic repair upon the septic failure of the primary system. All proposed septic components meet all required setbacks and will be able to serve both the existing Single Family Dwelling and the Second Dwelling.

Section 040.006

This section is being varied to allow for a Second Dwelling on a parcel that is less than the minimum 2 acre requirement. As demonstrated to the SWS Board the parcel can support the existing Single Family Dwelling and the Second Dwelling and additional required on-site sewage disposal system and required repair area.

Section 040.020

The parcel meets all requirements in this section, the existing area for the primary installed leach line is less than 5% slope, and the area for the proposed repair leach line is less than 5% slope across the area approved for the repair leach line location. The original ground surface on this parcel may have exceeded



Subject: SWS Variance Approval

Meeting Date: March 24, 2016

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5% slope, however the existing grading and mature landscaping on the lot currently meet all requirements.

Section 040.100

The parcel meets all requirements in this section, and all proposed and existing septic components will meet the minimum requirements set forth in this section. The existing lift station is not considered a septic tank under our regulations, and is meeting the minimum set back requirements to the existing domestic well.

Section 090.025

This section is being varied as referenced in 170.045 (a) since an Engineer was not required to design or perc test this parcel. The existing parcel is utilizing a previously approved standard trench design, which was calculated by the WCHD. The existing sizing was utilized to determine the minimum requirements that would be necessary in order to approve the Second Dwelling and establish a suitable repair leach line location that will be sized to support all structures.

Section 090.095

This section is being varied as referenced in 170.045 (a) since percolation testing was not required for this parcel. The WCHD utilized the previously approved sizing and installation requirements to calculate the initial percolation test results utilized to establish the existing septic design. These parameters were then utilized to determine the necessary amount of additional leach line required to support the proposed building permit.

Section 120.075

This section is being varied to allow for the Second Dwelling unit on a parcel that is less than the minimum 2 acres as required for a parcel with less than 5% slope across the areas of the primary and repair leach field.

Conditions of Approval

1. The water analysis obtained when the property was purchased will be provided to the Health District for review prior to permit issuance or further construction. If the results indicated elevated nitrate levels, they will be presented to the SWS Board for further discussion prior to issuance of permit or construction.
2. Complete the installation of the proposed septic tank and the additional leach line as required. The construction permit will be held until the installation has been inspected and meets all requirements of the Health District. Documentation submitted to demonstrate compliance with all requirements will include a topographical map showing cross-sections and trench detail.
3. The plan will be approved and conditioned with the following language:
 - a. This plan is approved for a 3-bed SFD and a separate Second Dwelling Unit. Any future proposals for an increase in occupancy (bedrooms) shall require additional review for any proposed septic system installation and an engineered design.
 - b. Any future proposals for additional bedrooms and increase in the septic system design will require additional review by the Sewage, Wastewater, and Sanitation board as described in the WCHD SWS regulations.
4. The approved plan and variance approval will be required to be recorded to the Title Documents for this parcel to ensure proper public records notification in the event the property is sold to any other party.

Subject: SWS Variance Approval

Meeting Date: March 24, 2016

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Possible Motion

Should the DBOH agree with staff's and SWS Hearing Board recommendation, a possible motion would be "Move to approve Variance Case #1-16S (Jon Lindberg), on parcel 045-337-11."

cc: Jon Lindberg

Jon Cohen, Building Tectonics Inc.

Jim English, Environmental Health Specialist Supervisor/Program Manager

Additional Information Requested by the SWS Hearing Board

DATE: March 17, 2016
 TO: Sewage, Wastewater and Sanitation (SWS) Hearing Board
 FROM: Wesley Rubio, Senior Environmental Health Specialist
wrubio@washoecounty.us 775-328-2635
 RE: Variance Case #1-16S; Conversion of Existing Structure, Parcel 045-337-11
 20957 Eaton Rd, Washoe County, NV
 Jon Lindberg, 20957 Eaton Rd, Reno, NV 89521

Recommendation

Staff recommends the Sewage, Wastewater and Sanitation (SWS) Hearing Board support the presented Variance Case #1-16S (Jon Lindberg) to allow the approval of the building permit BLD 15-1410 and associated septic system requirements. Upon SWS Hearing Board review, staff recommends the Variance Case #1-16S be presented to the District Board of Health for approval.

Background

Overview

Sections 040.006, 040.020, 040.100, 090.025, 090.095, and 120.075 of the Washoe County Health District Board of Health Governing Sewage, Wastewater, and Sanitation are proposed to be varied as part of the recommendation of approval.

040.006 Lots created after October 19, 1972 and prior to March 21, 1991 with an on-site water well shall contain a minimum area of one acre (43,560 square feet) and shall comply with the minimum requirements stipulated by 040.020 of these regulations.

040.020 Minimum lot size shall be increased to account for the average original ground slope of the disposal area according to Table 1:

**TABLE 1
 MINIMUM LOT SIZE ACCORDING TO SLOPE OVER DISPOSAL AREA**

Average Slope of the Disposal Area	On-Site System with Well		On-Site System Community Water	
	Sq. Ft.	Acres	Sq. Ft.	Acres
Less than 5%	43,560	1.0 acre	14,520	.033
5% or more but less than 10%	54,450	1.25 acres	18,150	.042
10% or more but less than 20%	65,340	1.5 acres	21,780	0.50
20% or more but less than 30%	87,120	2.0 acres	29,040	0.67

040.100 All on-site sewage disposal systems shall meet the requirements listed in Table 2.

**TABLE 2
 LOCATION OF ON-SITE SEWAGE DISPOSAL SYSTEM**

MINIMUM HORIZONTAL DISTANCE (IN FEET)	BUILDING SEWER	SEPTIC AND DOSING TANK	DISPOSAL TRENCH
BUILDING	-	5	2 x TRENCH DEPTH, NO LESS THAN 10 FEET (1) (2)
PROPERTY LINES (3)	10	10	10
WELLS (private)	50	100	100
WELLS (public)	50 (3)	150	150
WATERCOURSES	50 (4)	100 (4)	100 (4)
BELOW GROUND SWIMMING POOL	5	5	10
DISPOSAL FIELDS	-	5	2 x TRENCH DEPTH, NO LESS THAN 10 FEET (1) (2)
COMMUNITY WATER LINE	10	10	25
BUILDING WATER SUPPLY LINE	10	10	10
DRAINAGE CHANNELS	25	25	25
FLOOD IRRIGATION	25	50	50

- (1) For trenches greater than 10 feet deep the minimum setback does not need to be greater than 20 feet.
- (2) Minimum of 10 feet from structures not supported by concrete foundation or slab (i.e.; mobile homes and above ground swimming pools). Buildings with basements may require greater setback.
- (3) Public water supply wells shall be located at least 150 feet from a sewage force main.
- (4) Watercourses sealed to prevent infiltration/exfiltration of water may reduce the setback to 25 feet if approved by the Health Authority.

090.025 All percolation tests shall be performed by or under the supervision of an engineer and be verified/certified by the engineer.

090.095 Engineer stamped copies of all time and water level measurement data shall be submitted to the Health Authority along with soils logs and plans with accurate locations of the percolation test holes and test trenches. The locations of the percolation test holes shall be shown with dimensions to the closest two property lines. Such copies shall be certified by the engineer. Figure 6 illustrates a typical percolation test data form.

120.075 The construction of additional buildings to be used as living quarters as permitted by building and zoning codes may be served by an on-site sewage disposal system according to the following:

1. If the additional building is designated as a separate single family dwelling, an individual septic tank, in addition to the one for the existing single family dwelling is required. This separate dwelling can have its own individual disposal field or it can use a disposal field in common with the existing dwelling as long as the combined field is sized according to the total volume of the tanks. An additional building shall be defined as a “dwelling” if it has a bathroom(s) and/or toilets, living area, and a kitchen. A “kitchen” is defined as an area that may be used for food preparation and which includes any combination of four (4) of the following items unless otherwise determined by the Health Authority:
 - a. A large or compartmental sink.
 - b. Counters and cabinets suitable for food preparation and storage.
 - c. Electrical connection and adequate space for a refrigerator.
 - d. Hood or venting apparatus.
 - e. Natural gas stub and/or 220 volt outlet.
 - f. Stubbed-in plumbing for a future kitchen.

Separate dwellings may occupy one parcel of land provided that the lot size is at least equal to the number of dwellings times the minimum lot size required by sections 040.005 through 040.020. For example, two dwellings utilizing an onsite well require a minimum of two (2) acres if located in an area where ground slope is less than 5%.

During the process of obtaining building permits for the existing construction on the parcel, it was identified that this parcel has an existing Second Dwelling utilized as a living quarters. The total acreage for the parcel is 1.123 acres. The Sewage, Wastewater, and Sanitation regulations require that a parcel have a minimum of 2 acres with a Second Dwelling on a parcel served by an onsite sewage system and a domestic well.

The current owner of the parcel, Mr. Lindberg, is seeking to correct the construction issues on the parcel by obtaining and correcting the building permit issues on the lot. Mr. Lindberg has hired a contractor and all components of the existing septic system have been located and field verified by Health District staff. The contractor has coordinated and worked with staff to adequately evaluate the site and establish primary and repair leach line locations that meet the minimum sizing requirements for the entire proposed usage on the parcel.

The contractor has proposed to add an additional septic tank and additional leach line to meet the minimum requirements, and an equal area has been located for septic repair upon the septic failure of the primary system. All proposed septic components meet all required setbacks and will be able to serve both the existing Single Family Dwelling and the Second Dwelling.

Existing Septic System Detail (040.100 & 120.075)

The existing septic system was located and identified by Sierra Septic Solutions. The leach line was located and found to be 54-feet in length, which would match the original plot plan submitted in May of 1986. The minimum required sizing for this parcel was a leach line trench 2' x 13' x 50 with a 1000 gallon septic tank for a 3-bed Single Family Dwelling (SFD). The leach line was required to be located to ensure all proposed work would not impact the existing leach line location. During the location, the existing leach line location was found to differ greatly from that of the proposed plot plan that was on file from May 1986. The current location is identified on the submitted plot plan, although it states approximate, this is the actual location of the leach line as identified by Sierra Septic Solutions and verified in the field by staff.

At some point the Existing Building and Proposed In-Laws Quarters was converted without permits to a living quarters. The previous owner constructed an 85-foot 4-inch sewer line that goes to a 50-gallon lift station with a grinder pump, and then pumps the effluent through the existing house plumbing and into the existing 1000-gallon septic tank. The existing lift station was constructed 60-feet from the existing domestic well. The Building Division is not requiring this plumbing fixture to be removed, and as such the WCHD will allow the lift station to remain and considers this installation to be a part of the existing plumbing. Additionally, the relocation of this line and removal of the existing lift station was discussed at length with the contractor during the plan review. If this lift station was removed, the plumbing run to the septic tank would be approximately 120 feet. This situation will not work because the proposed plumbing would then be too deep to enter the existing septic tank elevation. A new septic tank location was also discussed, however a septic tank location that would allow for the removal of the lift station, would also result in such a long distance to the leach line, that would require a new leach line having to be constructed with the pipe depth below ground surface at an elevation that would not be advantageous for a standard leach line trench and would require a much longer trench to compensate for the loss of sidewall. Additionally, altering the existing sewer plumbing from the proposed In-Law Quarters would also require crossing the existing water line that bisects the area.

Existing 50-gallon Lift Station (040.100)

This installation was inspected to be a 50-gallon unit with a grinder or macerating pump installed. This unit is a complete fixture and is installed in a carport and surrounded by cement. Due to the size, installation, and function these types of units are considered by this department to be part of the building sewer infrastructure and are only required to meet the minimum 50-foot setback to a domestic well. The existing lift station does meet the minimum setback requirement, and is not being required to be addressed during the building permit phase at this time.

Existing Septic System Sizing (090.025 & 090.095)

Utilizing the septic system sizing calculation in the Sewage, Wastewater, and Sanitation regulations in section 100.050, staff calculated that the original septic sizing for this parcel was based on 30 Minutes per Inch (MPI). Since the existing SFD is currently utilizing a 1000-gallon septic tank, the proposed In-Law Quarters is required to have a separate septic tank according to section 120.075 of the SWS regulations. The existing SFD is 3 bedrooms, and the addition of the In-Law Quarters would add an additional bedroom and kitchen. Therefore, WCHD staff are sizing the system based upon a total of 6 bedrooms to be conservative and account for any potential fluctuating sewage flows. Utilizing this same calculation and the addition of the proposed 1000 gal septic tank to the existing septic design, staff has calculated that a minimum of 100-feet of leach line would be required to adequately size this system with the additional septic tank. The addition of the 1000 gal septic tank is required because the regulations do not allow for any septic tank to be installed that does not meet the minimum 1000 gallon sizing requirement. As identified on the plot plan, an additional 55-feet of leach line is proposed to be added to the existing 54-feet of leach line that was previously identified. This will maximize the area and account for any potential installation issues that may arise during the installation. The leach lines will be connected utilizing an approved Distribution box to ensure even distribution to the two separate trenches. The new trench will meet the minimum 20-foot setback to the existing leach line location.

Engineering (090.025 & 090.095)

An engineer was not required to design or provide any percolation testing for this submittal since the parcel is designed utilizing standard trenches. The standard trenches and sizing were

previously determined by WCHD staff when the system and installation were originally approved and installed in May 1986, and no changes to the septic system design were proposed that would require an engineering review or design. All design calculations were made in accordance with section 100.050 of the SWS regulation, which is WCHD policy when standard leach line trenches are utilized on a site.

Repair Field Location (040.020 & 120.075)

The proposed repair field location has been inspected by WCHD staff and meets the minimum requirements to be installed. The topography identified on the plot plan provided does not accurately reflect the current on-site conditions. The slope was field verified by staff and is less than 5% and would allow for standard leach line trench installation and meet 20-foot to daylight requirements.

The approved repair area will require a pump chamber, pump, and audio and visual alarms to be installed at the time the repair field but be utilized.

The system is approved to be sized at 2' x 13' x 100' which is the approved sizing as described above for a maximum of a 6 bedroom SFD.

Site Conditions (040.020 & 120.075)

The plot plan provided does not accurately reflect the current and existing site conditions. There is existing grading and mature landscaping and terraces that are not represented on the plot plan. Therefore, the site was inspected by WCHD staff and areas were measured and determined to meet all minimum slope requirements in the areas where leach lines are to be installed and for the proposed repair installation.

The terracing and mature landscaping indicate that the lot topography was altered at some point in history and prior to the current owner. As inspected in the field, all areas will meet the 20-foot to daylight requirements for the proposed repair leach line since the terrace is greater than 20-feet in width.

Water Quality (see attached)

The water quality results were provided from the sale of the property. Nitrate was measured to be 2.3 ppm, the current MCL for Nitrate in drinking water is 10 ppm.

Findings of Fact

1. Will the proposed variance result in contamination of water to the extent it cannot be used for its existing or expected use?

Reply: There will be no contamination of water that would be a threat to the existing or expected uses. A review of the surrounding parcels and on-site evaluation does not indicate the presence of groundwater within 4-feet of the bottom of the existing leach line or the proposed leach line installation. Additionally, there does not appear to be any signs of surface water, drainages, or other potential sources of water contamination present on this parcel or in the immediate area. An inspection of this area indicates this parcel is up gradient from the valley floor and is outside of the flood plain.

2. Will the proposed variance pose a threat to public health?

Reply: No, allowing for the existing Second Dwelling to be permitted on this parcel will not impact or pose any threat to public health. The additional septic tank and additional leach line that are required to be installed will further protect the public health and

groundwater concerns. Additionally, the sizing utilized as described is conservative and will allow for fluctuations in sewage flow. The lack of sensitive receptors in the immediate vicinity of the existing septic system or the repair location will ensure the system functions properly and does not cause any potential threats to this parcel or those parcels in the immediate area.

3. Are there other reasonable alternatives?

Reply: Since the current property owner is seeking to correct conditions that were previously present on this parcel, the Health District is requiring the installation of an additional septic tank and leach line to meet the minimum required sizing and treatment of sewage. At this time, the Health District believes that there are no other economically feasible solutions that allow for this parcel to maintain the current buildings and meet all requirements.

Conditions of Approval

1. The water analysis obtained when the property was purchased will be provided to the Health District for review prior to permit issuance or further construction. If the results indicated elevated nitrate levels, they will be presented to the SWS Board for further discussion prior to issuance of permit or construction.
2. Complete the installation of the proposed septic tank and the additional leach line as required. The construction permit will be held until the installation has been inspected and meets all requirements of the Health District. Documentation submitted to demonstrate compliance with all requirements will include a topographical map showing cross-sections and trench detail.
3. The plan will be approved and conditioned with the following language:
 - a. This plan is approved for a 3-bed SFD and a separate Second Dwelling Unit. Any future proposals for an increase in occupancy (bedrooms) shall require additional review for any proposed septic system installation and an engineered design.
 - b. Any future proposals for additional bedrooms and increase in the septic system design will require additional review by the Sewage, Wastewater, and Sanitation board as described in the WCHD SWS regulations.
4. The approved plan and variance approval will be required to be recorded to the Title Documents for this parcel to ensure proper public records notification in the event the property is sold to any other party.

Possible Motion

Should the SWS Hearing Board agree with staff's recommendation, a possible motion would be "Move to support staff to present to the District Board of Health for approval Variance Case #1-16S (Jon Lindberg) to allow for the approval of a septic system to serve an existing SFD and a Second Dwelling on a parcel that is less than 2 acres."

cc: Jon Lindberg
Ron Cohen, Building Tectonics Inc.
Jim English, Environmental Health Specialist Supervisor/Program Manager



Well Water Analysis

Client: Bruce MacKay Pump & Well
Report To:
Address: 1600 Mt. Rose Highway
City: Reno
State: Nevada **Zip:** 89511
Phone: 851-1600
Fax: 851-1602

GBL Consulting Number: 0213-010
Date Sampled: 2/8/2013
Date Submitted: 2/8/2013

Sample Site (Address): 20957 Eaton Drive
Sample Source: Domestic Well outside

Constituent	Results (ppm)	Ref	Recommended Limits	For Lab Use Only		Balance
				Method	Date Analyzed	
pH (SIU)	6.34		6.50 - 8.50	SM4500	2/9/2013	
Ec (umhos/cm)	400		~	SM2510	2/9/2013	
Color (cu)	<10		~	SM2120	2/9/2013	
Turbidity (NTU)	<10		~	SM2130	2/9/2013	
Carbonates	0		~	SM2310B	2/9/2013	0.00
Bicarbonates	195		~	SM2310B	2/9/2013	3.20
Fluoride	<1.0		4.0	300.0	2/9/2013	0.00
Chloride	10.7		400	300.0	2/9/2013	0.30
Nitrate as Nitrogen	2.3		10.0	300.0	2/9/2013	0.04
Nitrite as Nitrogen	<1.0		1.00	300.0		
Sulfate	23.5		~	SM4500	2/9/2013	0.49
Silica	31.1		~	200.7	2/9/2013	0.00
Sodium	25		~	200.7	2/9/2013	4.03
Potassium	4.6		~	200.7	2/9/2013	1.07
Calcium	30.9		~	200.7	2/9/2013	0.12
Magnesium	12.6		~	200.7	2/9/2013	1.55
Hardness (as CaCO3)	129		~	Calculated	2/9/2013	1.05
TDS (calc)	336		1000	SM2540C	2/9/2013	3.79
Alkalinity (as CaCO3)	160		~	SM2310B	2/9/2013	
Arsenic	0.068	R/O	0.01	200.7	2/9/2013	
Barium	<0.05		2.00	200.7	2/9/2013	
Copper	<0.05		1.00	200.7	2/9/2013	
Iron	<0.10		0.60	200.7	2/9/2013	
Manganese	<0.10		0.10	200.7	2/9/2013	
Zinc	<0.10		5.00	200.7	2/9/2013	
Boron	<0.50		~	200.7	2/9/2013	
Lead	<0.010		0.015	200.7	2/9/2013	
Total Coliform	Present / Absent		~	SM9221B	2/9/2013	Meq Ratio
E.Coli	ABSENT		~	SM9221B	2/9/2013	1.0310

John Sabatini

 Laboratory Director 2-11-13
Date

Primary constituents: Arsenic, Barium, Lead, Nitrate, Fluoride & Bacteria (Total Coliform & E. Coll). All others are secondary.

This report for Domestic Well use only.

All methods listed comply with MCLAD

Reference: *These constituents can be corrected with the use of filtration as noted.

Remarks: Meets or exceeds recommended levels except as noted. Failed Arsenic

855 Mill St. 1A
Reno NV 89502
 775-323-4822 / fx 323-4968

**SEWAGE, WASTEWATER, AND SANITATION HEARING BOARD
MEETING MINUTES EXCERPT**

Members

Ronald J. Anderson, P.E., Chair
Steven H. Brigman, P.E., Vice Chair
Michele C. Dennis, P.E.
Matthew Buehler
Vonnie Fundin

Thursday, March 10, 2016

6:00 p.m.

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

6:00 p.m.

1. *Roll Call and Determination of Quorum

Chair Anderson called the meeting to order at 6:00 p.m.

The following members and staff were present:

Members present: Ronald J. Anderson, P.E., Chair
Steven H. Brigman, P.E., Vice Chair
Michele C. Dennis, P.E.
Matthew Buehler (arrived at 6:12 p.m.)

Members absent: Vonnie Fundin

Ms. Spinola verified a quorum was present.

2. *Public Comment

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

3. Approval of Draft Minutes

February 11, 2016

Ms. Dennis moved to accept the minutes of the February 11, 2016 Sewage, Wastewater, & Sanitation Board (SWS Board) regular meeting as written. Chair Anderson seconded the motion which was approved three in favor and none against.

4. Program update and possible direction to staff regarding Board member's preference for receipt of information outlining the progress of the planned rewrite and update of the District Board of Health Regulations governing Sewage, Wastewater and Sanitation and also the planned rewrite and update of the District Board of Health Regulations governing Wells
Staff Representative: Jim English

(See complete minutes.)

5. Public Hearing to consider staff's recommendation to approve the request to vary the requirements of Section 120.075 of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater, & Sanitation – Minimum lot size for on-site septic.
(Continued from February 11, 2016 meeting.)

Staff Representative: Wes Rubio

Variance Case #1-16S
Mr. John Lindberg
20957 Eaton Rd.
Reno, NV 89521
Assessor's Parcel Number 045-337-11
Parcel 2, Block D
Pleasant Valley Estates
Washoe County, NV

Mr. Rubio noted the incorrect staff report had been included in the packet and passed out an updated version to the members. He noted he had worked to include all of the information the Board had requested at the previous meeting. The packet included a plot plan designating currently existing infrastructure as well as what was proposed. Also included were photos of the lot, providing a better picture of actual conditions.

Mr. Rubio explained the existing system had been located by a septic company and he reviewed its specifications. Since the installation of the system, the Mother-In-Law (MIL) unit had been constructed. To support that structure, a 50-gallon lift station was installed that the Building Department is allowing to remain. The lift station contains a grinder pump. The Health District does not consider this structure equivalent to a septic tank.

Mr. Rubio went on to explain the existing septic tank sizing was determined to be adequate for the original structure. The MIL unit would require a separate septic tank, necessitating a leach line expansion for the entire system.

Mr. Rubio noted an engineer had not been involved due to the fact one is not required based on the type of plan that was being reviewed. It was not an engineered or changed design, groundwater was not a concern and there are already 13-foot trenches on the lot. Staff calculated the percolation (perc) rate and size requirements as is done routinely with larger properties.

Mr. Rubio addressed the question regarding the repair field and the average slope across the lot, noting he had visited the site and taken the photos. He described the best potential location and how it would meet requirements. He noted the existing plumbing runs underneath and connects into the main structure. It would be possible but not optimal to run long leach lines across the yard but the second septic was a more viable solution.

Chair Anderson noted he had procedural and regulatory comments as he had identified the regulations he considered pertinent. He noted the Variance application provided an opportunity to list the regulations that are requested to be varied. Ms. Dennis opined that provided the Board the opportunity to make motions on the specific items.

Chair Anderson listed the regulations to be varied, which included Sections 040.006, 040.020, 040.100, 090.025 and 090.095, and briefly addressed the specific topics they covered. He reiterated that the inclusion of those in the application would help streamline the review and motion. He also noted that Section 120.075 supported the lot size limitation.

Chair Anderson went on to note that Section 170.045, describing the variance process, provided a list of items required to be submitted with the application, which he reviewed. He emphasized he was not attempting to state that the situation was dire and structures would need to be removed. He suggested more design detail would help in the decision process.

Ms. Dennis supported Chair Anderson's statements, echoing that they were not attempting to concern the property owner. She opined that if there were an Attorney on the

Board, that individual would help guide them through the process of clearly identifying and making a motion on what was being varied. She noted if it were to be reviewed in the future, the Board needed to be sure they had clearly identified specifically what was to be varied, and have an understanding of why they were granting the variance.

Chair Anderson opined the application did not meet the requirements of the regulation and suggested it may be necessary to continue the meeting. He suggested the supplemental information required by the regulations needed to be included in the application.

Mr. Rubio noted he had discussed the lift station with the division director. Policy has been that they are considered part of the building's infrastructure, and not something the Health District would require be installed.

Vice Chair Brigman acknowledged procedural issues were under discussion and the issues were on the record. He indicated he would prefer they find a way to not have to continue the decision to another meeting. He agreed that in the past, all of the regulations noted would have been identified, and they were really only being asked to vary one section, which was Section 120.075. He noted staff had reviewed the situation closely and were comfortable with the proposed plan.

Chair Anderson asked for more information about the line that ran through the house. Applicant's Representative Ron Cohen explained it was part of the main residence's sewer system and was fabricated from ABS. He explained where the pipes for the existing system were located and that the end of the run, under the slab, was through exposed pipe.

Ms. Dennis suggested the Board may be willing to make a motion once each of the regulations identified were addressed as to why they should be varied.

Vice Chair Brigman asked Deputy District Attorney (DDA) Admirand what the Board's duty was if they did not believe that all of the appropriate citations in the regulations had been addressed in the application. DDA Admirand explained that the regulations required that all of that information be considered in the application, and the application is not complete until the information is provided. She opined if the information was made available to the Board and they had enough evidence to make the required findings of no significant or adverse impacts, then a continuance would not be mandatory.

Vice Chair Brigman asked if there was anything specific in the regulations that had been listed that were causing Chair Anderson concern. Chair Anderson indicated he had received a satisfactory answer to his question about the lift station. He reiterated the situation was not dire; he was concerned that the regulatory process being followed may cause problems with cases in the future. Vice Chair Brigman acknowledged it was precedent-setting, and stated that if another, similar case were presented, he would be requesting more information from staff in advance of the meeting. He suggested similar situations be addressed when the regulations were rewritten so that they could be avoided in the future.

Vice Chair Brigman reiterated he did not wish to see the decision held up any longer because of procedural issues. He noted staff was comfortable with the proposed solution presented and he was also.

Mr. Rubio noted he had rewritten the conditions of approval and opined the new language may alleviate concerns. He read Condition 1, stating:

1. Complete the installation of the proposed septic tank and the additional leach line as required. The Certificate of Occupancy will be held until the installation has been inspected and meets all requirements of the Health District.

Mr. Rubio reminded the Board the Health District conducts a number of inspections, so any necessary modifications can be made as the trench is dug.

2. The plan will be approved and conditioned with the following language:
 - a. This plan is approved for a 3-bed SFD and a separate Second Dwelling Unit. Any future proposals for an increase in occupancy (bedrooms) may require additional septic system installation and an engineered design.

Mr. Rubio stated that condition had been included specifically to address the concern that the lot is mostly built out.

- b. Any future proposals for additional bedrooms and increase in the septic system design may require a variance approval through the Sewage, Wastewater, and Sanitation board as described in the WCHD SWS regulations.

Mr. Rubio explained he had added that condition due to the fact that it was most likely that any additional construction on the lot would require some type of review by the SWS Board.

3. The approved plan and variance approval will be required to be recorded to the Title Documents for this parcel to ensure proper public records notification in the event the property is sold to any other party.

Mr. Rubio stated this step would help to avert any similar problems with this property in the future.

Ms. Dennis noted that even if this were a new installation, she would have the same hesitations with the proposed installations. She requested the Conditions of Approval be rewritten to indicate that future proposals would require additional review as opposed to may require additional review. She also requested more information about the lift station. Mr. Cohen described some of its technical aspects. He stated it was alarmed.

Applicant John Lindberg thanked the Board for their time. He explained he had purchased the property in its current condition and had been working to legalize the illegal improvements since that time. He complimented Mr. Rubio and Mr. English on the work they had done to assist him in the process.

Chair Anderson asked if a critical deadline was dependent on their approval and Mr. Lindberg stated there was not, but he would like to put it behind him. He then noted there were pending legal issues, so that meant that there was a time restraint after all, as the outcome was part of the lawsuit. Mr. Cohen pointed out if the MIL unit was not able to be legalized there would be monetary impacts.

Vice Chair Brigman stated he would be willing to make a motion if there were no more questions. Chair Anderson reiterated he was uncomfortable with it, stating he typically would not sign off on a plan such as the one proposed, particularly if there were legal issues. He opined there were likely not any personal exposure issues that would affect them. He asked if they were covered by a general liability.

DDA Admirand opined they would be. She noted she had been unaware of the legal issue. She stated if Chair Anderson was uncomfortable because he felt the Board needed more information, they could continue the hearing.

Ms. Dennis opined none of the Board members would support the proposed design if it were one of their projects. She stated she found it refreshing that staff was willing to work

with someone who had a problem and had brought the variance forward. She reiterated it was important that the Board know exactly what was being requested to be varied. She suggested going through the Findings of Fact may help them determine if the Board has the information it needs to address their concerns.

Mr. Rubio read the first Findings of Fact and reviewed the replies.

1. Will the proposed variance result in contamination of water to the extent it cannot be used for its existing or expected use?

Reply: There will be no contamination of water that would be a threat to the existing or expected uses. A review of the surrounding parcels and on-site evaluation does not indicate the presence of groundwater within 4 feet of the bottom of the existing leach line or the proposed leach line installation. Additionally, there does not appear to be any signs of surface water, drainages, or other potential sources of water contamination present on this parcel or in the immediate area. An inspection of this area indicates this parcel is up gradient from the valley floor and is outside of the flood plain.

Mr. Rubio stated he has visited the site and verified that there were no potential threats and the system showed no sign of failures. The property is on a hillside and is away from groundwater. Vice Chair Brigman asked him to expound on his certainty that there was no groundwater within four feet of the bottom of the existing system. Mr. Rubio explained he utilized the digitized mapping system to analyze systems installed in the area, and that he has conducted trenching there as well. He reiterated no groundwater had been identified or recorded on the hillside.

Vice Chair Brigman stated he would have had a trench dug. He stated he understood how they arrived at their calculations but suggested erring on the side of caution. He indicated he was willing to accept staff's statements.

Ms. Dennis asked if the well water had been tested. Mr. Lindberg stated that had been done when they purchased the house and it was fine. Mr. Rubio noted the Health District did not regulate domestic well, so staff had not seen the results. Ms. Dennis suggested that as part of the application, the water might have been tested to verify that there was no contamination. She indicated she would be interested in seeing the tests that had been conducted. Mr. Lindberg stated the water contains arsenic but no sewage.

Chair Anderson asked if there had been failures in the area. Mr. Rubio stated there had not been any in the immediate area that the Health District was aware of. Chair Anderson stated he was comfortable with the Findings for Number One.

2. Will the proposed variance pose a threat to public health?

Reply: No, allowing for the existing Second Dwelling to be permitted on this parcel will not impact or pose any threat to public health. The additional septic tank and additional leach line that are required to be installed will further protect the public health and groundwater concerns. Additionally, the sizing utilized as described is conservative and will allow for fluctuations in sewage flow. The lack of sensitive receptors in the immediate vicinity of the existing septic system or the repair location will ensure the system functions properly and does not cause any potential threats to this parcel or those parcels in the immediate area.

Mr. Rubio reiterated he had visited the site and there were no municipal wells or sensitive receptors in the immediate area. He opined the situation was being improved due to the fact the size of the system was being increased and redesigned. He acknowledged it would not be

allowed for a new project.

Chair Anderson noted that in the past, Conditions of Approval have requested items such as water well samples and that the pumping system be checked annually or the tank periodically pumped out and a log maintained. He noted those types of conditions would make him feel better. That would provide additional assurance there was no threat to the groundwater.

Mr. Rubio asked the Board what they would like him to add to the conditions. Chair Anderson suggested a water sample to verify nitrate levels. Vice Chair Brigman noted at this point it was only necessary for it to meet standards. Ms. Dennis asked if Chair Anderson would accept the test that had been conducted at the time of purchase. He stated he would if the nitrate level had been tested.

Chair Anderson pointed out that there will be certification that the system was built to the according to the variance and to the satisfaction of staff. He indicated that the water analysis should be included as part of that certification.

Mr. Rubio summarized the condition, stating the construction would be completed as required, it will be inspected by the Health District and the water analysis submitted. Mr. Cohen requested the condition state that the requirements needed to be fulfilled prior to issuance of permit, rather than prior to issuance of Certificate of Occupancy. Ms. Dennis noted she was interested in making sure that if the water test provided negative results that the remaining requirements and permit issuance would not proceed without further review.

Chair Anderson stated with that condition he could support Finding Number 2. Ms. Dennis requested a drawing of the future repair field showing the cross section and trench detail. Mr. Rubio explained the area to be developed was completely level and he would provide the additional information.

Vice Chair Brigman stated if nitrate was detected that may indicated the need to follow up with further testing in a year. He pointed out there was no nitrate trend records for the property or the surrounding area. Mr. Rubio concurred, adding that staff could not readily go out into the field and conduct the tests.

Ms. Dennis suggested reiterated that if the water analysis results were unsatisfactory, the Board would need to revisit the Findings and discuss alternate solutions.

3. Are there other reasonable alternatives?

Reply: Since the current property owner is seeking to correct conditions that were previously present on this parcel, the Health District is requiring the installation of an additional septic tank and leach line to meet the minimum required sizing and treatment of sewage. The Health District staff believes there are no other reasonable alternatives that allow for this parcel to maintain the current buildings and meet all requirements.

Mr. Rubio explained one issue that is considered is that if a system is on standard trenches, effort is made to maintain that, so that the entire property does not need to be altered.

Ms. Dennis asked if the Board felt that the alternative of making a decision to render the MIL uninhabitable was a reasonable one. Chair Anderson opined there were numerous design alternatives and whether or not they were reasonable would be defined by cost. He suggested that the language be changed from “reasonable” to “economically feasible.” Mr. Rubio explained staff considered the proposed solution to be the “most” reasonable alternative. He acknowledged that there were other alternatives.

Chair Anderson stated that he would support it if it were reworded that way. Ms. Dennis expounded, suggesting it could be reworded to indicate there were other alternatives but they were not economically feasible. Chair Anderson noted the type of words he would like to see would be “At this time, the Health District believes that there are no other economically feasible solutions...” Ms. Dennis noted that although there may be a better alternative in the future, the Board was approving the current design and would not be asking the homeowner to construct other improvements in the near future.

Mr. Buehler stated he agreed with their concerns but agreed that the proposed solution was the most feasible and reasonable.

Vice Chair Brigman moved to approve Variance Case #1-16S to allow for a variance to Section 120.075, paragraph (1)(c), and those sections noted into the record by the Chair subject to the conditions of approval in the staff report as amended.

Ms. Dennis noted they had revised the Findings of Fact. Vice Chair Brigman stated he agreed to those as well.

DDA Admirand requested the maker of the motion rephrase from “approval” to “recommended approval,” as the final decision rests with the District Board of Health. Vice Chair Brigman indicated his acceptance of the change.

Chair Anderson seconded the motion which passed four in favor and none against.

Findings of Fact

1. Will the proposed variance result in contamination of water to the extent it cannot be used for its existing or expected use?
2. Will the proposed variance pose a threat to public health?
3. Are there other reasonable alternatives?

Reply: Since the current property owner is seeking to correct conditions that were previously present on this parcel, the Health District is requiring the installation of an additional septic tank and leach line to meet the minimum required sizing and treatment of sewage. ~~The Health District staff believes there are no other reasonable alternatives~~ At this time, the Health District believes that there are no other economically feasible solutions that allow for this parcel to maintain the current buildings and meet all requirements.

Conditions of Approval

1. The water analysis obtained when the property was purchased will be provided to the Health District for review prior to permit issuance or further construction. If the results indicated elevated nitrate levels, they will be presented to the SWS Board for further discussion prior to issuance of permit or construction.
2. Complete the installation of the proposed septic tank and the additional leach line as required. ~~The Certificate of Occupancy~~ construction permit will be held until the installation has been inspected and meets all requirements of the Health District. Documentation submitted to demonstrate compliance with all requirements will include a topographical map showing cross-sections and trench detail.
3. The plan will be approved and conditioned with the following language:

- a. This plan is approved for a 3-bed SFD and a separate Second Dwelling Unit. Any future proposals for an increase in occupancy (bedrooms) may require additional septic system installation and an engineered design.
 - b. Any future proposals for additional bedrooms and increase in the septic system design ~~may require a variance approval through~~ will require additional review by the Sewage, Wastewater, and Sanitation board as described in the WCHD SWS regulations.
4. The approved plan and variance approval will be required to be recorded to the Title Documents for this parcel to ensure proper public records notification in the event the property is sold to any other party.

6. *Public Comment

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

7. Adjournment

At 7:35 p.m., Chair Anderson moved to adjourn the meeting. Vice Chair Brigman seconded the motion which was approved four in favor and none against.

Respectfully submitted,

James English, Environmental Health Specialist Supervisor
Secretary to the Sewage, Wastewater and Sanitation Board

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

DD	NA	_____
DHO	_____	_____
DA	NA	_____
Risk	NA	_____

STAFF REPORT
BOARD MEETING DATE: March 24, 2016

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for February, Fiscal Year 2016

SUMMARY

The eight months of fiscal year 2016 (FY16) ended with a cash balance of \$1,995,762. Total revenues were \$12,512,454 which was 62.3% of budget and an increase of \$1,538,154 compared to fiscal year 2015 (FY15). With 66.7% of the fiscal year completed 59.0% of the expenditures have been spent for a total of \$12,820,968 up \$99,327 compared to FY15.

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

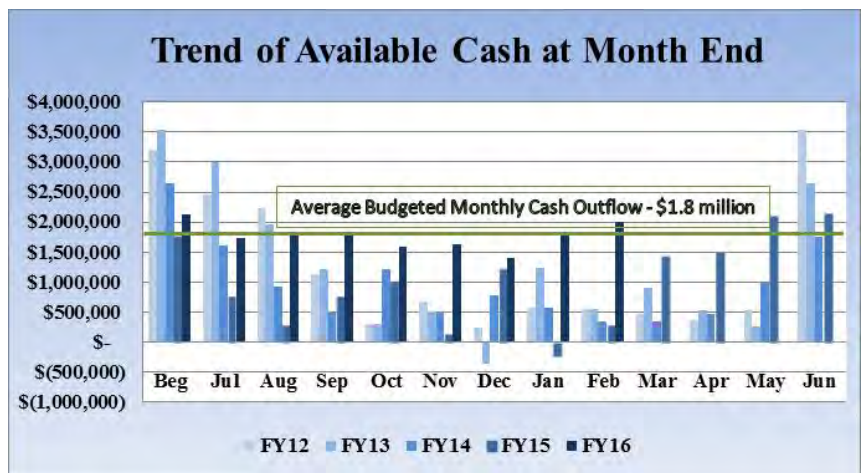
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

Review of Cash

The available cash at the end of the eighth month of FY16 was \$1,995,762 which was 110.5% of the average budgeted monthly cash outflow of \$1,806,559 for the fiscal year. The encumbrances and other liability portion of the cash balance totals \$1,049,665 leaving \$946,097 available for future obligations. The County support is the single largest source of cash and continues to come in each month at 1/12 of the budgeted transfer or \$839,738.



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 and Expenditures by Division

AQM has received \$1,493,652 or 66.2% of budget but down \$8,251 in revenue compared to FY15. CCHS received \$1,899,275 in revenue or 52.6% of budget and up \$97,375 over FY15. EHS has received \$1,314,208 which is 66.5% of budget and up \$122,444 over FY15. EPHP has received \$1,087,324 in revenue and is up \$213,838 or 24.5% over last year due to additional grant funding and an increase in birth and death certificates. The County General Fund support is the single largest source of revenue for the eight months at \$6,717,904 or 66.7% of budget.

With 66.7% of the fiscal year completed the total expenditures were \$12,820,968 which is 59.0% of budget and up \$99,327 over last fiscal year. ODHO spent \$371,173 up \$51,678 or 16.2% over FY15 due to filling a position that was vacant in FY15. AHS has spent \$666,066 down \$78,768 or 10.6% over last year due to an employee retirement payout of accrued benefits in FY15. AQM spent \$1,712,845 of the division budget and has increased \$66,386 or 4.0% over last fiscal year due to new costs for the regional permitting system and an employee retirement that cost \$31,000 in an accrued benefit payout. CCHS has spent \$4,474,692 year to date and is down \$144,089 or 3.1% over last year due to a decline in advertising and professional service costs associated with the Chronic Disease program. EHS spent \$4,001,283 and has increased \$87,329 or 2.2% over last year mainly due to an additional \$39,000 in costs for the regional permitting system, additional \$10,300 in overtime, and \$14,000 in accrued benefits costs for a retiree. EPHP expenditures were \$1,594,909 and were \$116,792 or 7.9% over FY15 due to vacant staff positions in FY15 that have been filled this fiscal year.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through February 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)	February Year to Date	Adjusted Budget	February Year to Date	Percent of Budget	FY16 Increase over FY15
Revenues (all sources of funds)									
ODHO	-	-	-	-	-	15,000	-	0.0%	-
AHS	8	33,453	87,930	151	151	-	91	-	-39.7%
AQM	1,966,492	2,068,697	2,491,036	2,427,471	1,501,903	2,255,504	1,493,652	66.2%	-0.5%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	1,801,900	3,610,928	1,899,275	52.6%	5.4%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	1,191,764	1,975,149	1,314,208	66.5%	10.3%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	873,486	2,154,845	1,087,324	50.5%	24.5%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	5,605,096	10,076,856	6,717,904	66.7%	19.9%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$19,512,566	\$10,974,300	\$20,088,282	\$12,512,454	62.3%	14.0%
Expenditures									
ODHO	-	-	-	481,886	319,495	703,642	371,173	52.8%	16.2%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	744,834	1,018,458	666,066	65.4%	-10.6%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	1,646,459	3,222,502	1,712,845	53.2%	4.0%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	4,618,781	7,316,459	4,474,692	61.2%	-3.1%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	3,913,954	6,535,814	4,001,283	61.2%	2.2%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	1,478,118	2,939,917	1,594,909	54.3%	7.9%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$19,399,860	\$12,721,641	\$21,736,792	\$12,820,968	59.0%	0.8%
Revenues (sources of funds) less Expenditures:									
ODHO	-	-	-	(481,886)	(319,495)	(688,642)	(371,173)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(744,683)	(1,018,458)	(665,975)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(144,556)	(966,998)	(219,193)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(2,816,881)	(3,705,531)	(2,575,417)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(2,722,190)	(4,560,665)	(2,687,075)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(604,632)	(785,071)	(507,585)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	5,605,096	10,076,856	6,717,904		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (1,747,341)	\$ (1,648,509)	\$ (308,514)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506		\$ 619,996			
FB as a % of Expenditures	24.2%	14.9%	11.4%	11.7%		2.9%			

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 February, Fiscal Year 2016.

POSSIBLE MOTION

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

Period: 1 thru 8 2016 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
460529 Assessments-AQM	51,336-	39,222-	12,114-	76	51,336-	33,294-	18,042-	65
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	855-	1,307-	40
460531 Dust Plan-Air Quality	142,403-	196,652-	54,249	138	142,403-	83,192-	59,211-	58
460532 Plan Rvw Hotel/Motel	2,530-	462-	2,068-	18		3,490-	3,490	
460533 Quick Start								
460534 Child Care Inspection	8,514-	6,280-	2,234-	74	8,514-	6,009-	2,505-	71
460535 Pub Accomod Inspectn	19,000-	13,795-	5,205-	73	19,000-	12,150-	6,850-	64
460570 Education Revenue								
* Charges for Services	1,361,248-	1,090,023-	271,225-	80	1,329,615-	821,055-	508,560-	62
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income						151-	151	
484000 Donations,Contributions								
484050 Donations Federal Pgm Income	37,550-	3,700-	3,700	48	37,550-	17,589-	19,961-	47
484195 Non-Gov't'l Grants		18,091-	19,459-		55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-	2,459-	9,172-	21	5,125-		5,125-	
485100 Reimbursements	38,599-	9,210-	29,389-	24		10,011-	10,011	
485121 Jury Reimbursements						120-	120	
485300 Other Misc Govt Rev		1-	1			1,497-	1,497	
* Miscellaneous	87,780-	33,460-	54,320-	38	98,663-	29,369-	69,294-	30
** Revenue	10,011,427-	5,793,175-	4,218,252-	58	9,344,211-	5,369,205-	3,975,006-	57
701110 Base Salaries	9,739,652	5,972,768	3,766,884	61	9,204,374	6,035,688	3,168,688	66
701120 Part Time	398,206	236,914	161,292	59	408,927	223,058	185,869	55
701130 Pooled Positions	373,376	251,614	121,762	67	510,064	251,491	258,573	49
701140 Holiday Work	4,319	2,171	2,148	50	4,319	2,853	1,466	66
701150 xcContractual Wages								
701200 Incentive Longevity	166,775	81,149	85,626	49	155,100	81,672	73,428	53
701300 Overtime	64,263	43,855	20,408	68	62,798	38,646	24,152	62
701403 Shift Differential	300	142	158	47		65	65-	
701406 Standby Pay								
701408 Call Back	1,000	765	235	77	1,000		1,000	
701412 Salary Adjustment	43,993-		43,993-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	58,470	8,955-	118		123,195	123,195-	
701414 Vacation Denied-Payoff		416	416-					
701417 Comp Time	7,603	7,218	385	95		11,950	11,950-	
701419 Comp Time - Transfer		2,785	2,785-					
701500 Merit Awards								
* Salaries and Wages	10,761,015	6,658,268	4,102,747	62	10,478,015	6,768,616	3,709,399	65
705110 Group Insurance	1,602,223	996,164	606,059	62	1,452,108	943,695	508,413	65
705210 Retirement	2,873,028	1,744,270	1,128,758	61	2,508,521	1,602,257	906,263	64
705215 Retirement Calculation								
705230 Medicare April 1986	143,292	91,049	52,243	64	134,798	92,463	42,335	69
705320 Workmens Comp	69,143	46,095	23,047	67	68,214	45,192	23,022	66

Period: 1 thru 8 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	Act%	2015 Plan	2015 Actual	Balance	Act%
710594 Insurance Premium		5,605	5,605-					
710598 Telecomm Charge-out contra	79,703	56,529	23,174	71	109,115	59,769	49,346	55
710620 IT Lease-Office Space								
710620 IT Lease-Equipment	242,868	131,535	111,333	54	203,743	132,852	70,891	65
710703 Biologicals								
710714 Referral Services	93,462	58,928	34,533	63	96,370	48,607	1,356-	50
710721 Outpatient	2,255	768	1,487	34	4,889	1,402	47,763	29
710872 Food Purchases								
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	40,796	25,756	61	66,526	43,076	23,450	65
711113 Equip Srv Replace	38,039	16,794	21,245	44	27,586	18,014	9,572	65
711114 Equip Srv O & M	62,441	45,025	17,416	72	41,538	29,318	12,220	71
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	22,932	24,450	48	48,591	31,124	17,467	64
711119 Prop & Liab Billings	75,992	50,661	25,331	67	74,502	49,668	24,834	67
711210 Travel	145,143	46,720	98,423	32	222,874	57,396	165,478	26
711300 Cash Over Short						20-	20	
711399 ProCard in Process		58	58-			65	65-	
711400 Overhead - General Fund	2,795,882	1,863,921	931,961	67	2,741,061	1,827,374	913,687	67
711504 Equipment nonCapital	137,573	25,428	112,145	18	100,055	54,626	45,430	55
* Services and Supplies	6,108,646	3,202,669	2,905,977	52	5,868,891	3,233,772	2,635,119	55
781004 Equipment Capital	105,880	14,049	91,831	13	381,454	25,527	355,927	7
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880	14,049	91,831	13	406,454	25,527	380,927	6
** Expenses	21,678,710	12,762,887	8,915,824	59	20,954,034	12,721,641	8,232,393	61
485192 Surplus Equipment Sales		1,375-	1,375					
* Other Fin. Sources		1,375-	1,375					
621001 Transfer From General	10,076,856-	6,717,904-	3,358,952-	67	10,000,192-	5,605,096-	4,395,096-	56
Transfers In	10,076,856-	6,717,904-	3,358,952-	67	10,000,192-	5,605,096-	4,395,096-	56
812230 To Reg Permits-230	58,081	58,081		100				
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100				
** Other Financing Src/Use	10,018,775-	6,661,198-	3,357,577-	66	10,000,192-	5,605,096-	4,395,096-	56
*** Total	1,648,509	308,514	1,339,995	19	1,609,632	1,747,341	137,709-	109

Staff Report
Board Meeting Date: March 24, 2016

TO: District Board of Health

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

SUBJECT: **Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,500, to attend the 2016 NALBOH conference in St. Louis, MO August 9-12, 2016.**

SUMMARY

The District Board of Health must authorize travel and travel reimbursements for non-County employees.

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

PREVIOUS ACTION

No previous action has been taken relevant to this item.

BACKGROUND

The National Association of Local Boards of Health (NALBOH) conference activities will provide attendees with information, skills and resources focused on the six functions of public health governance. The conference will also provide time for attendees to learn and share information on critical public health issues.

Dr. Novak has expressed interest in attending the conference and bringing back valuable information regarding health governance to the Washoe County Health District.

FISCAL IMPACT

Should the Board approve this authorization to travel and travel reimbursement, there will be no additional fiscal impact to the adopted FY17 budget as travel expenses were anticipated and projected in the budget of the Office of the District Health Officer (Cost Center 170202).

RECOMMENDATION

Staff recommends the District Board of Health approve the authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,500, to attend the 2016 NALBOH conference in St. Louis, MO August 9-12, 2016.

POSSIBLE MOTION

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

Subject: Authorization to travel and travel reimbursement for non-County employee

Date: March 24, 2016

Page 2 of 2

authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,500, to attend the 2016 NALBOH conference in St. Louis, MO August 9-12, 2016.”



Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

FOR

February 2016

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.	6 mins. 19 secs.	92%	96%
Dec.	6 mins. 30 secs.	92%	97%
Jan. 2016	6 mins. 26 secs	92%	96%
Feb.	6 mins. 04 secs.	92%	96%
Mar.			
Apr.			
May			
June 2016			

Year to Date: July 2015 through February 2016

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	5:28	6:09	9:16
	P-2	5:51	6:59	9:25
Dec. 2015	P-1	5:39	6:06	9:51
	P-2	6:15	7:03	10:20
Jan. 2016	P-1	5:34	6:09	9:08
	P-2	6:14	6:55	10:20
Feb. 2016	P-1	5:24	5:55	8:48
	P-2	6:02	6:58	9:54
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 February 2016

Priority	Reno	Sparks	Washoe County
P-1	5:28	6:05	9:16
P-2	6:02	6:57	9:33

REMSA

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
November	3667	\$4,033,496	\$1,100	\$1,094
December	3756	\$4,147,194	\$1,104	\$1,096
January	3929	\$4,334,278	\$1,103	\$1,097
February	3779	\$4,173,630	\$1,104	\$1,098
			\$0	
			\$0	
			\$0	
			\$0	
Totals	30499	\$33,480,447	\$1,098	

Allowed ground avg bill - \$1,098.00



GROUND AMBULANCE OPERATIONS REPORT

February 2016

1. OVERALL STATISTICS:

Total Number of System Responses	5836
Total Number of Responses in Which No Transport Resulted	1993
Total Number of System Transports	3843

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	52%
OB	0%
Psychiatric/Behavioral	8%
Transfers	8%
Trauma – MVA	7%
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 system calls resulting in a transport: 3843
Total number of above calls receiving QA reviews: 1150
Percentage of charts reviewed from the above transports: 29.92%



REMSA OCU Incident Detail Report

Period: 2/01/2016 thru 2/29/2016
 CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Orig Threshold	Threshold	Response Time
A-08-IC Sparks	Zone A	02/02/2016 22:58:50	02/02/2016 22:59:58	332	00:08:59	00:08:59	00:01:08
A-08-IC Sparks	Zone A	02/07/2016 19:40:22	02/07/2016 19:41:08	440	00:08:59	00:08:59	00:00:46
A-08-IC Reno	Zone A	02/12/2016 10:07:00	02/12/2016 10:09:00	334	00:08:59	00:08:59	00:02:00
A-08-IC Reno	Zone A	02/13/2016 00:21:28	02/13/2016 00:24:31	406	00:08:59	00:08:59	00:03:03
A-08-IC Reno	Zone A	02/18/2016 23:46:01	02/18/2016 23:46:02	412	00:08:59	00:08:59	00:00:01
A-08-IC Sparks	Zone A	02/24/2016 16:24:40	02/24/2016 16:24:45	329	00:08:59	00:08:59	00:00:05
A-08-IC Washoe Co N-NW	Zone A	02/26/2016 14:42:30	02/26/2016 14:49:46	326	00:08:59	00:08:59	00:07:16
A-08-IC Reno	Zone A	02/29/2016 14:44:23	02/29/2016 14:51:37	314	00:08:59	00:08:59	00:07:14
A-08-IC Reno	Zone A	02/29/2016 15:37:26	02/29/2016 15:37:38	103	00:08:59	00:08:59	00:00:12
A-08-IC Reno	Zone A	02/29/2016 18:09:29	02/29/2016 18:15:37	430	00:08:59	00:08:59	00:06:08

Community Outreach



Point of Impact

2/6/2016	Child Car Seat Checkpoint hosted by the Children's Cabinet; 26 cars and 40 seats inspected.	
2/9/2016	Safe Kids Washoe County Coalition Meeting	1 staff
2/19/2016	Office Installation Appointment	
2/22/2016	Nevada Strategic Highway Safety Plan Occupant Protection Critical Emphasis Area meeting	
2/29/2016	Office Installation Appointment	

Cribs for Kids

2/3/2016	C4K hosts joint conference call with Elko Division of Child and Family Services on Safe Sleep poster dissemination project.	1 staff
2/4/2016	C4K attend monthly Immunize Nevada Coalition meeting.	1 staff
2/5/2016	C4K attends Child Death Review meeting	1 staff
2/5/2016	C4K attends Babies R Us Learning Center Open House.	1 staff
2/6/2016	C4K assists and attends Scheels Run for Red	1 staff
2/8/2016	C4K hosts monthly Northern Nevada Maternal Child Health Coalition meeting.	1 staff
2/10/2016	C4K works with Fetal Infant Mortality Community Action Team on planning on new Go Before You Show meeting.	1 staff
2/10/2016	C4K and RENOWN meet to discuss further partnership and hospital initiative to promote safe sleep.	2 staff
2/23/2016	C4K conducts Train the Trainer for program implementation.	1 staff, 7 attendees

Meetings

2/9/16	Office of Traffic Safety Grant Manager	1 staff



Regional Emergency Medical Services Authority

REMSA
EDUCATION AND TRAINING REPORT
FEBRUARY 2016



REMSA Education
 Monthly Course and Student Report
 Month: February 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	9	56	6	43	3	13
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	2	1	2	0	0
ACLS R	24	159	6	72	18	87
ACLS S	4	14	0	0	4	14
AEMT	1	28	1	28		
AEMT T	0	0	0	0		
BLS	71	444	12	96	59	348
BLS I	0	0	0	0	0	0
BLS R	82	381	32	204	50	177
BLS S	44	112	8	8	36	104
CE	5	124	5	124	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	3	74	3	74		
EMT T	0	0	0	0		
FF CPR	7	56	1	9	6	47
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	21	0	0	3	21
HS CPR	43	211	3	12	40	199
HS CPR FA	60	351	5	44	55	307
HS CPR FA S	1	1	0	0	1	1
HS CPR PFA	2	13	1	10	1	3
HS PFA S	0	0	0	0	0	0
HS CPR S	3	5	0	0	3	5
HS FA	16	72	0	0	16	72
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	13	1	13	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	0	0	0	0	0	0
PALS	6	47	4	40	2	7
PALS I	0	0	0	0	0	0
PALS R	14	83	3	25	11	58
PALS S	2	2	1	1	1	1
PEARS	0	0	0	0	0	0
PM	2	28	2	28		
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				313
ACLS EP		Advanced Cardiac Life Support for Experience Providers				
ACLS P		Advanced Cardiac Life Support Prep				CPR Students
ACLS R		Advanced Cardiac Life Support Recert				
ACLS S		Advanced Cardiac Life Support Skills				1574
ACLS I		Advanced Cardiac Life Support Instructor				
AEMT		Advanced Emergency Medical Technician				REMSA CPR Classes
AEMT T		Advanced Emergency Medical Technician Transition				
BLS		Basic Life Support				62
BLS I		Basic Life Support Instructor				
BLS R		Basic Life Support Recert				REMSA CPR Students
BLS S		Basic Life Support Skills				
CE		Continuing Education:				383
EMAPCT		Emergency Medical Patients Assessment, Care, & Transport				
EMPACT I		Emergency Medical Patients Assessment, Care, & Transport Instructor				
EMR		Emergency Medical Responder				
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				



Regional Emergency Medical Services Authority

**INQUIRIES
FOR
FEBRUARY 2016**

No inquiries for FEBRUARY 2016

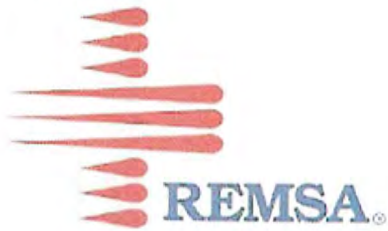


Regional Emergency Medical Services Authority

**CUSTOMER SERVICE
FOR
FEBRUARY 2016**

REMSA

Reno, NV
Client 7299



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

EMS System Report

February 1, 2016 to February 29, 2016

Your Score

91.81

Number of Your Patients in this Report

376

Number of Patients in this Report

5,539

Number of Transport Services in All EMS DB

109





Executive Summary

This report contains data from **376 REMSA** patients who returned a questionnaire between **02/01/2016** and **02/29/2016**.

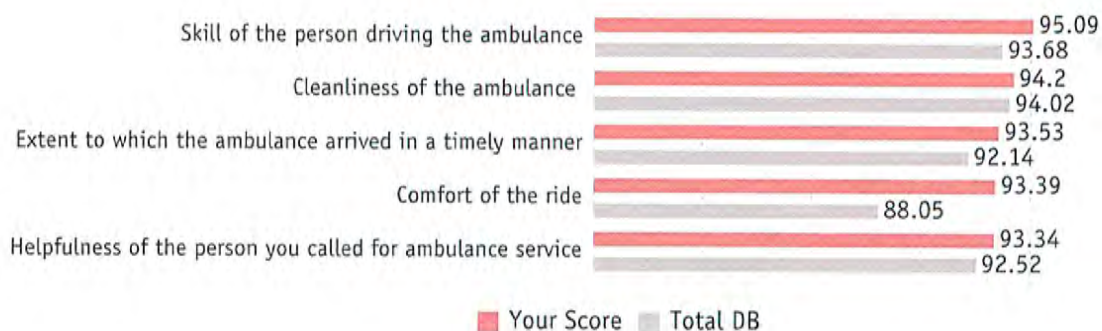
The overall mean score for the standard questions was **91.81**; this is a difference of **-0.73** points from the overall EMS database score of **92.54**.

The current score of **91.81** is a change of **-1.85** points from last period's score of **93.66**. This was the **53rd** highest overall score for all companies in the database.

You are ranked **15th** for comparably sized companies in the system.

74.89% of responses to standard questions had a rating of Very Good, the highest rating. **98.07%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

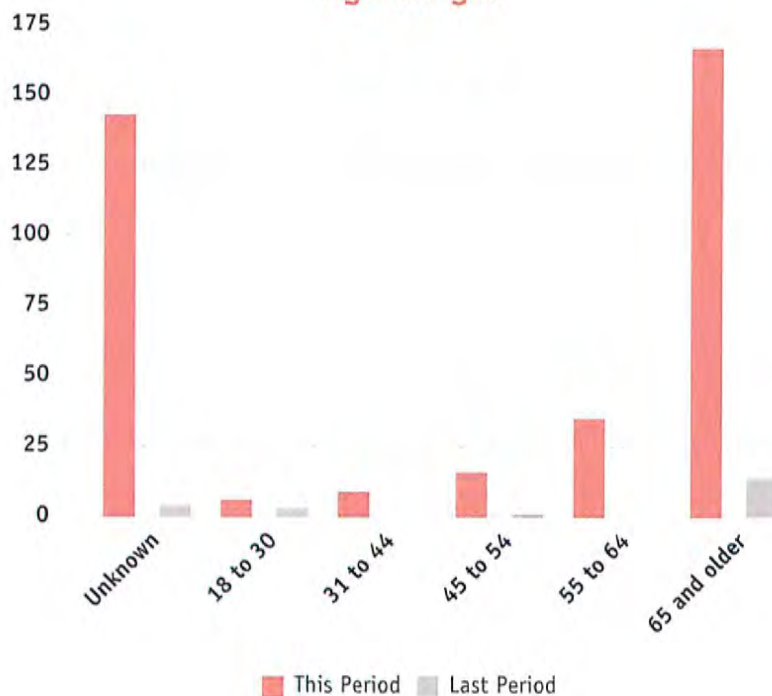




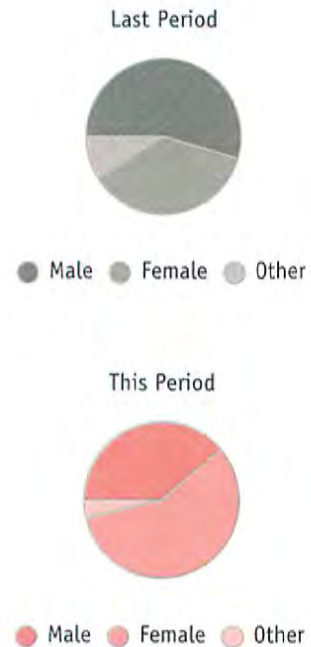
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	4	1	1	2	143	43	92	8
18 to 30	3	1	2	0	6	3	3	0
31 to 44		0	0	0	9	3	6	0
45 to 54	1	0	1	0	16	9	7	0
55 to 64		0	0	0	35	16	17	2
65 and older	14	10	4	0	167	71	92	4
Total	22	12	8	2	376	145	217	14

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.

	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016
Helpfulness of the person you called for ambulance service	96.55	94.83	93.24	93.88	92.26	94.79	91.20	89.56	95.27	90.05	87.91	95.00	93.34
Concern shown by the person you called for ambulance service	97.41	94.83	94.40	93.88	91.25	95.31	91.20	88.98	95.27	91.28	87.15	95.00	92.64
Extent to which you were told what to do until the ambulance	95.54	96.00	92.54	91.30	91.67	93.75	87.52	86.07	96.05	92.13	85.19	91.07	91.29
Extent to which the ambulance arrived in a timely manner	92.50	95.00	94.46	90.18	91.84	96.57	91.81	87.28	95.63	89.56	93.59	94.74	93.53
Cleanliness of the ambulance	96.34	94.17	95.18	92.73	96.11	95.50	94.20	93.14	95.39	95.51	95.59	95.83	94.20
Comfort of the ride	92.68	91.67	91.96	88.21	100.00		94.20	92.67	97.30	94.26	95.71	94.12	93.39
Skill of the person driving the ambulance	94.51	95.00	94.20	92.45	94.15	94.39							95.09
Care shown by the medics who arrived with the ambulance	92.33	92.86	92.34	96.94	94.32	95.10	92.81	93.98	97.50	97.56	91.22	95.00	93.11
Degree to which the medics took your problem seriously	93.62	94.83	91.16	96.50	94.77	95.59	93.55	94.44	96.88	96.25	91.67	93.75	92.66
Degree to which the medics listened to you and/or your family	93.45	94.64	90.74	94.50	91.86	96.08	93.44	94.44	98.13	96.88	89.86	93.75	92.21
Skill of the medics	96.05	93.52	93.85	94.39	95.35	95.59	94.41	93.52	96.79	96.88	93.06	93.75	92.38
Extent to which the medics kept you informed about your	91.47	93.27	91.25	92.93	90.63	94.50	90.37	90.87	94.74	94.59	87.50	93.42	90.60
Extent to which medics included you in the treatment decisions	90.03	91.67	90.57	94.23	95.45	93.18	88.52	90.48	94.08	93.78	84.20	93.06	89.59
Degree to which the medics relieved your pain or discomfort	91.94	92.71	88.70	91.11	91.67	93.23	90.47	91.85	93.24	91.43	83.16	90.79	87.45
Medics' concern for your privacy	95.00	90.38	91.12	94.64	93.75	94.15	90.97	92.65	96.15	95.39	85.74	95.00	90.99
Extent to which medics cared for you as a person	94.11	93.75	90.98	95.21	95.83	96.00	91.40	95.67	95.95	95.63	90.28	95.00	92.04
Professionalism of the staff in our ambulance service billing	90.48	88.24	90.91	89.13	85.87	90.15	87.10	81.90	94.44	93.75	86.11	87.50	87.31
Willingness of the staff in our billing office to address your	92.50	85.94	91.18	89.29	86.36	89.84	87.07	82.41	93.75	89.47	87.50	87.50	86.47
How well did our staff work together to care for you	94.08	92.24	92.08	94.27	93.75	94.39	90.81	91.06	94.74	96.34	87.50	96.25	92.36
Extent to which our staff eased your entry into the medical	94.87	93.10	91.83	96.11	90.70	95.41	92.54	91.06	94.74	97.37	90.03	93.75	92.82
Appropriateness of Emergency Medical Transportation treatment	91.67	92.86	92.98	94.32	94.51	96.28	92.24	93.75	94.74	95.39	89.71	96.25	92.60
Extent to which the services received were worth the fees	86.03	85.00	90.78	89.40	86.83	88.64	88.30	87.23	94.29	90.74	80.10	91.67	84.72
Overall rating of the care provided by our Emergency Medical	93.62	93.97	91.38	95.65	92.86	95.59	93.00	93.75	96.71	95.51	88.24	96.25	92.54
Likelihood of recommending this ambulance service to others	92.59	94.83	93.42	94.57	94.23	95.59	92.56	93.00	97.79	94.74	91.67	91.67	92.66
Your Master Score	93.35	92.99	92.19	93.31	92.75	94.51	91.54	91.33	95.72	94.24	89.07	93.66	91.81
Your Total Responses	41	33	71	58	50	55	61	56	41	47	40	22	376



GROUND AMBULANCE CUSTOMER COMMENTS RECEIVED IN FEBRUARY 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	01/30/2016		"Heat was not working in the ambulance"	
2	01/30/2016		"For the medics to listen to her and what was wrong"	
3	01/30/2016		"Informing him before they took action with treatment"	
4	01/16/2016		"Nothing, they were very timely and got me to the hospital as quick as they could"	
5	01/16/2016	"Everything was on point, they were here quick."		
6	01/31/2016		"Medics were not able to put the IV in correctly"	
7	01/31/2016		"Matt the paramedic taking blood pressure was rude, not compassionate to people he was treating and coworkers, very degrading"	
8	01/28/2016		"Nothing. Very good experience"	
9	01/28/2016		"Do exactly the same thing"	
10	01/29/2016		"Thought did well no recommendations"	
11	01/29/2016	"didn't give her anything for pain"	"When you are in the ambulance you are scared and you need someone to comfort you."	
12	01/29/2016		"Got to the ER a little slow"	
13	01/29/2016		"maybe an in-flight movie."	
14	01/29/2016	"They were all wonderful"		
15	01/16/2016	"They were wonderful"		
16	01/16/2016		"Nothing, you are a great company"	
17	01/16/2016	"They treated me very nicely"		
18	01/16/2016	"I've had several trips, once in awhile the female medics are a little rude but other than that good"		
19	01/23/2016		"Attitudes"	
20	01/29/2016		"Put some shocks on it?"	
21	01/20/2016		"The driver was very rude."	
22	01/19/2016		"Transport quicker instead of training a medic while in pain"	
23	01/17/2016			"They helped me a lot"



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
FEBRUARY 2016**

PUBLIC RELATIONS

February 2016

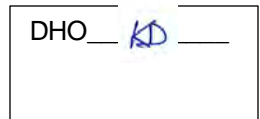
ACTIVITY	RESULTS
Continued to work on a recruitment collateral piece for HR to use at career fairs and for talent acquisition.	The piece will be completed in March.
Completed filming and first edit of the Nevada Business Chronicles project.	This is expected to be finalized in March.
Finalized the design of the Care Flight Landing Zone Safety poster.	This piece will be printed and distributed in March.
Continued phase 1 of developing a new website for both REMSA and Care Flight. The Care Flight site will be priority 1. Design, architecture and wireframes are approved.	KPS3 will continue building the site throughout March.
Continued work on and implementation of strategic communications plan for REMSA and Care Flight based on current environment and goals.	The detailed plan is currently being implemented company-wide.
Continued writing and distributing weekly health and safety tips to local media including on stroke awareness, choking and helping REMSA find your house.	The weekly tip calendar will continue to be updated and used to gain local media coverage. Starting in March, tips will also be pushed via social media channels.
Selected photographer for Care Flight photo shoot.	Shoot will take place March-May timeframe.
Began preparations for the "Hero of the Month" program to co-present with DBOH.	Preparing for first award in April.



Regional Emergency Medical Services Authority

REMSA
PENALTY FUNDS DISTRIBUTION
FOR FEBRUARY 2016

**There were no penalty funds to report
in February 2016**



STAFF REPORT
BOARD MEETING DATE: March 24, 2016

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: **Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.**

SUMMARY

On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in a Fundamental Review. The attached report and color-coded dashboard provide an update on implementations that have occurred since that time. Since much of the implementation work has been completed remaining tasks are organized in a separate attachment for review.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health, Secure and deploy resources for sustainable impact, Strengthen WCHD as an innovative, high- performing organization

PREVIOUS ACTION

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review. A detailed progress report on the implementation of the Fundamental Review recommendations was provided to DBOH in October 2014. An implementation dashboard has been provided monthly.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board accept the Fundamental Review Implementation Report.

RECOMMENDATION

Staff recommends the District Board of Health direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed."

Fundamental Review: Remaining Recommendations for Implementation

4. Clinical Services

- Consideration of any additional Service Hours
- Interactive Voice Response software for appointment scheduling – Not currently available.

5. Fee Schedules

- Work on Septic and Well Regs and Process – potential fee modification
- Potential Risk-based Food Establishment Fees
- Track costs and update fees.

8. Develop Infrastructure to Support the District Health Officer

- Program Coordinator to support CHIP in proposed budget.

11. Assessment of needed Administrative and Fiscal staff

- Administrative Assistant Position for CCHS in proposed budget. Additional adjustments may occur.

13. Align programs and services with public demand for services to reflect burden of disease and effective public health intervention

- Internal Personnel Resource shift in response to program analysis.
- Program Coordinator position in proposed budget as result of CHA and CHIP
- Further actions may result from Strategic Plan

15. Develop metrics for organizational success and improved community health

- Goes with #20. See below.

19. Undertake an organizational Strategic Plan.

- Underway to be completed in June, 2016.

20. Implement a performance management system

- Implementation of Fundamental review recommendations have served as metrics for success. Moving forward Strategic Plan and Community Health Improvement Plan will be used to identify metrics and implement a performance management system.

22. Take a greater leadership role to enhance the strong current State/Local collaboration.

- Increasing collaboration with NDPBH and LHD to address legislative priorities and potential establish State Association of City and County Health Officials (SACCHO).

23. Develop an organizational culture to support quality by taking visible leadership steps.

- Continue to develop this culture and implement QI initiative.

24. Seek Public Health Accreditation Board accreditation

- DBOH decision.

Implementation of Fundamental Review Recommendations

1. Place the WIC program organizationally where it is most closely aligned with other similar programmatic functions.
 - a) **Completed.** WIC was moved to CCHS effective January 21, 2014. The integration of delivery of other CCHS services to WIC clients is underway with scheduling of other clinical services in conjunction with WIC client scheduling beginning on July 15, 2014.
2. Develop a Washoe County District Board of Health orientation manual and program.
 - a) **Completed.** An orientation program and draft manual was developed and presented to the DBOH for consideration August 28, 2014.
3. Strengthen customer focus within regulatory programs exploring the potential for User Groups to share consumer viewpoints while continuing to focus on the purpose of regulatory efforts.
 - a) **Implement** this recommendation by establishing a land development and construction user group, and a food service user group to share consumer viewpoints of the regulatory programs provided through AQM and EHS. Establish user groups with initial meetings by July 1, 2014.

Underway. A land development and construction user group (land development group) has been established and has met since May 15, 2014. The group is hosted by the Builders Association of Northern Nevada and has improved Health District communication with this group. Results include work together with the Nevada Division of Environmental Protection to change NAC to allow some construction activities such as mass grading and sub-grade utility installation to occur prior to final map approvals. Most recently, a long-standing requirement to require a dust control plan to be issued prior to final map approval was identified as potentially unnecessary and with detrimental unintended consequences. This requirement is being reviewed for elimination.
4. Critically examine clinic appointment scheduling from a patient access perspective.
 - a) **Implement** this recommendation initially by shifting CCHS staff resources as budget allows to begin providing immunization services at the Health District five days a week. If funding for a vital records position is provided in the FY14/15 budget begin providing vital records services five days a week and during lunch hours. Provide walk in access for immunization services.

Complete. Home visiting program resources were shifted and additional staff hired to provide five day per week immunization program services at the health district. This has been implemented and walk-ins are being accepted on a limited basis. An additional vital records position was created and this office now provides window service five days per week. In addition, modifications are being piloted in the sexual health clinic to provide access to the STD results line all day, and provide additional appointment slots.

- b) **Longer term:** Assess current after hours and weekend services provided and provide this information to DBOH. Consider opportunities and costs for extended hours/weekend provision of clinical services.

Complete. Immunization service hours have been extended to provide evening access by scheduling staffing from 10 am to 7 pm on the first, third, and fifth Wednesdays of the month (began December 2014). This provides expanded hours of access at no additional cost by shifting staff schedules and utilizing extended hours security services already provided for the family planning program and sexual health services. Providing weekend IZ service hours on campus is not currently economically feasible, although weekend clinics are offered offsite in conjunction with Immunize Nevada.

- c) **Implement** this recommendation by adding staffing with funding included in the FY 14/15 adopted budget.

Complete. An Office Assistant II has been hired and trained, allowing the program to provide service to the public five days per week and over the lunch hour.

- d) **Longer Term:** Explore opportunity to utilize Interactive Voice Response (IVR) software, which will be acquired for the regional permit software platform to automate clinical services scheduling.

Underway, but stalled. Our current scheduling software system does not provide IVR, plan to develop this capability, or want to collaborate with others to provide IVR. We are exploring other options.

5. Update fee schedules and billing processes for all clinical and environmental services provided.

- a) **Implement** this recommendation initially by improving clinical billing through utilization of a third-party billing service by August 1, 2014. Establish contracts with insurance providers and Medicaid for reimbursement by July 1, 2014.

Underway, but overcoming issues. Third-party billing began on July 1, 2014 using Netsmart's Insight Revenue Cycle Management (RCM) Program. They have not performed as projected. They are operating to implement a performance improvement plan and the Health District is assessing continuation or other options.

- b) **Intermediate Term:** Identify costs for permits and services, which currently are not being charged, but are clearly a cost that should be included in fee schedules under the existing fee determination approach and adjust fees or propose new fees as appropriate to be included in the FY16 budget cycle.

Complete. New fees for EHS and AQM services for which fees previously have not been charged were adopted by the DBOH and implemented July 1, 2015.

- c) **Longer Term:** Determine what costs of regulatory programs are not included in existing fees and what may be included in fee schedules. Determine these costs and discuss potential changes to the fee schedule with the regulated community.

As directed by DBOH, propose updated fee schedules and hold workshops and public hearings. Planned for FY 16.

Complete. Fee revisions approved for EHS and AQM December 2015. Effective 7/1/16 (50%) and 7/1/17 (100%).

d) **Intermediate and Longer Term:** Identify community and clinical services that are offered, or might be offered through the Health District for which reimbursement is available and would benefit the community. Provide and bill for these services.

Complete. CCHS services reviewed, new fees adopted October 22, 2015.

6. Explore and vet a tiered level of services for environmental health regulatory programs and inspections
 - a) **“Parking Lot.”** Consider the desire and support for this type of tiered structure in the user groups, potential impacts to overall service levels, and consider this item in the larger context of the updated fee schedules addressed under Recommendation 5 (above).
7. Participate in the business process analysis currently underway across all building permitting in the county.
 - a) **Underway.** The DBOH, Reno, Sparks, and Washoe County signed an Interlocal Agreement to formalize participation in the Regional Business License and Permit Software Project in June, 2014. On June 30, 2014, Washoe County signed a contract with Accela for subscriptions to the software and implementation of the project. A 16-month implementation schedule is in progress.
8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer.
 - a) **Underway.** The Office of the District Health Officer (ODHO) was established July 1, 2014 under the adopted FY14/15 budget. The ODHO includes the Health Officer, Public Health Communications Program Manager, Director of Programs and Projects, and Administrative Secretary.. Program Coordinator position approved within the FY17 budget.
9. Implement time coding for employees in order to generate an accurate accounting of how employee time/costs are allocated.
 - a) **Complete.** Time Coding in EHS and AQM implemented. Adjustments continue.
10. Perform cost analysis of all programs
 - a) **Implement** this recommendation by developing a schedule for conducting cost analysis of programs, and a cost analysis methodology. Report progress to DBOH quarterly.

Complete: DBOH approved the final cost analysis of Health District programs. Resources will be reallocated during FY17 to achieve a better balance throughout divisions.

11. Perform assessment of needed administrative and fiscal staffing to increase efficiencies
 - a) **Assess** need for fiscal staffing and administrative staffing as workload for program cost analysis is conducted.
 - b) **Underway.** An Administrative Assistant position for the CCHS division has been approved within the F17 budget.
12. Demonstrate a concerted effort among all parties to address the tensions regarding overhead/direct costs
 - a) **Underway.** The District is maintaining a positive and productive working relationship with the County Manager and Budget office.
13. Align programs and services with public demand for services to reflect burden of disease and effective public health intervention
 - a) **Implement** this recommendation initially by shifting home visiting resources to provide additional clinical services to mothers and children visiting the WIC program and to provide immunization services five days a week.

Completed. Home visiting services were curtailed effective June 1, 2014. Resources have been redeployed to support MCH and immunization clinical services to clients at the Health District and to integrate the delivery of these services with the WIC program.
 - b) **Assess** changes in service levels and program alignment in light of results of the Community Health Assessment, Community Health Improvement Plan, and Strategic Plan actions, or as needed to respond to service level reductions required by reductions in funding.
 - c) **Underway.** FTEs shifted within EHS and CCHS and from EHS to CCHS to align with public demand.
14. Conduct a Community Health Assessment (CHA) in concert with current partner organizations for Washoe County Health District and constituent communities.
 - a) **Implement** this recommendation.

Completed. The second Washoe County Community Health Needs Assessment will begin in January 2017, meeting the scheduled cycle of repeating every three years. The Assessment will once again be conducted in collaboration with Renown Health, and Renown has set aside funding to assist with the costs. . .
15. Develop metrics for organizational success and improved community health
Implement this recommendation.
 - a) **Implement** this recommendation. During FY15, programs will continue to identify metrics that help to manage programs and resources and which tell our story to our partners and the community. Outcome based measures will also be developed which can be used in assessing progress to address public health issues and which provide opportunities to critically evaluate delivery of Health District

services. This will be an ongoing continuous quality improvement process. These metrics will be reported to the Board.

Underway. Additional metrics are being reported monthly to the Board. Additional work in this area remains.

16. Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders

- a) **Underway.** An Amended and Restated Franchise for Emergency Ambulance Services with REMSA was signed by REMSA and DBOH in May 2014. The agreement provides for additional data reporting by REMSA, and enhanced oversight by DBOH. REMSA has been operating under the new agreement since July 1, 2014 and REMSA response data reporting under the agreement has been enhanced.

An Interlocal Agreement for the District Board of Health to provide Regional Emergency Medical Services Oversight of REMSA, Reno Fire Department EMS, Sparks Fire Department EMS, Truckee Meadows Fire Protection District EMS, and associated EMS dispatch functions has been ratified.

EMS Program staffing has been completed and quarterly response data for a full year has been compiled and analyzed. The EMS Advisory Board has been established and holds quarterly meetings.

17. Maintain current levels of local and state financial support

- a) **Implement.** Action on this recommendation is captured under Recommendation 12 above.
- b) **Implement.** Advocate to sustain or enhance funding through State Agencies that aligns with Health District Programs and priorities.

18. Conduct a governance assessment utilizing the National Association of Local Boards of Health (NALBOH) Version 3 of the National Public Health Performance Standards.

- a) **Completed** January 16, 2014. Repeat in 2018 per approved Significant Board Activities schedule..

19. Undertake an organizational strategic plan to set forth key health district goals and objectives so that priorities are clearly articulated for the Board, staff, stakeholders and community.

- a) **Implement** recommendation by conducting a strategic planning initiative following the completion of the Community Health Assessment and a Community Health Improvement Plan.

Underway. Strategic Plan schedule established and progressing as planned. Board members interviewed, staff survey distributed, OnStrategy interviewed the Division Directors and Supervisors on March 2, and a Strategic Planning will be held with DBOH members and Division Directors on April 14. Project completion targeted for June 2016.

20. Implement a performance management system

- a) **Longer Term:** Utilize the results of the program cost analysis, metrics developed under Recommendation 15, and the Strategic Plan developed under Recommendation 19 to develop and implement a performance management system.

Not Yet Underway. A grant proposal was submitted to NACCHO to provide funding support for development of a performance management system. It was not funded.

21. Consider alternative governance structures in order to accommodate multiple related but potentially competing objectives

- a) This is **not a recommendation** for staff action.

22. Take a greater leadership role to enhance the strong current State/Local collaboration

- a) **Short Term:** The Health District needs to be prepared to respond to legislative and regulatory issues. However, it is recommended that the initial Health District efforts in response to the Fundamental Review recommendations are to focus on internal and local issues.

Complete. District provided testimony on bills during the 2015 Legislative session and assisted in changing regulations

- b) **Longer Term:** Seek direction from DBOH on a greater leadership role once the bulk of the fundamental review recommendations are implemented and the Health District is operating sustainably, and is engaged and supported at the local level.

Underway. Working collaboratively with NDPBH and SNHD regarding 2017 Legislative session priorities.

23. Develop an organizational culture to support quality by taking visible leadership steps.

- a) **Underway.** Management from the Supervisor level up have been trained and involved in discussion of the approach to develop a quality improvement culture. The QTeam has streamlined tools and processes to make them more accessible and readily usable by staff in their day-to day work responsibilities. All District staff have been trained and numerous QI projects are underway. The QI Plan has been finalized.

24. Seek Public Health Accreditation Board accreditation

- a) **Longer Term:** Seek DBOH direction on this recommendation once the Community Health Assessment, Community Health Improvement Plan, and the Strategic Plan have been completed.

Not Yet Underway.

Fundamental Review Recommendation Status

Legend:

March 24, 2016

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective January 21, 2014
	2	Develop a DBOH orientation manual and program
	a.	Completed August 2014
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established, meeting regularly. Incorporates food and retail assoc.
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Vital Statistics staffed five days a week
	d.	Interactive Voice Response software options being explored
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service terminated 12/31/15. Immunize Nevada under contract to improve billing.
	b.	Adopted new fees for services not previously charged for. Effective 7/1/15
	c.	Fee revisions approved for EHS and AQM December 2015. Effective 7/1/16 (50%) and 7/1/17 (100%)
	d.	CCHS services reviewed, new fees adopted October 22, 2015

Fundamental Review Recommendation Status

	6	Explore tiered level of services for Environmental Health programs and inspections
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	7	Participate in the business process analysis across all building permitting in the county
	a.	ILA and contract with Accela signed. Implementation proceeding but extended due to change order
	8	Develop infrastructure to support the District Health Officer
	a.	Program Coordinator position aproved in FY 17 budget
	9	Implement time coding for employees
	a.	Time coding has been implemented. Adjustments continue.
	10	Perform cost analysis of all programs
	a.	Completed and accepted by Board December 2015
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Administrative Assistant position proposed in FY 17 CCHS budget
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	The District is maintaining a positive and productive working relationship with the County Manager & budget ofc
	13	Align programs and services with public demand
	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
	i.	FTEs shifted within EHS, within CCHS, and from EHS to CCHS to align with public demand
	14	Conduct a CHA in concert with current partner organizations
	a.	Second CHA will begin January 2017
	15	Develop metrics for organizational success and improved community health
	a.	In FY16, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	17	Maintain current levels of local and state financial support
	a.	Past action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed 1/16/14. Repeat in 2018 per approved Significant Board Activities schedule
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	SP schedule established. Targeted completion June 2016.
	20	Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

Fundamental Review Recommendation Status

	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	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
	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	QTeam established, all-staff training completed 9/15/15, FY 16 QI Plan finalized, DBOH briefed Jan. 2016
	24	Seek Public Health Accreditation Board accreditation
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: March 24, 2016

DATE: March 11, 2016
TO: District Board of Health
FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

- a. Save the Date – Bike Week May 14 – 20, 2016

The AQMD wants to invite everyone in the community to participate in Bike Week 2016 events scheduled for May 14th – 20th. This year marks the 11th anniversary of the event. Bike Week is a bicycle awareness campaign focused on promoting healthy living and physical fitness through active transportation. The Bike Week activities support the AQMD “Rack Em Up” Program which is a component of the award winning *Keep it*



Clean Campaign. Since vehicles contribute up to 67% of the ozone precursors in Washoe County, providing education and outreach about alternative forms of transportation, like cycling, may lead to behavior changes which can positively impact our air quality and an overall healthy community. Bike Week also supports the Ozone Advance Resolution adopted by the District Board of Health through the reduction of vehicle miles traveled and encouraging active transportation.

Bike Week events are available for all interested members of the community. The AQMD, in partnership with Safe Routes to School, invites all Washoe County Schools to participate in the Bike to School Week “Rack Em Up” contest. Additionally, businesses can participate in the Commuter Challenge which is an easy and fun way to challenge colleagues and other businesses in the community to promote teamwork and

create a healthier workplace. Fun events are also planned starting on May 14th with the Bike Around Bingo in Midtown. On Friday May 19th, everyone is encouraged to participate in the Coffee Shop Stop where riders can get a FREE cup of joe at participating coffee shops, then join the Reno Bike Project for their annual Pancake Feed from 6 – 10 am.

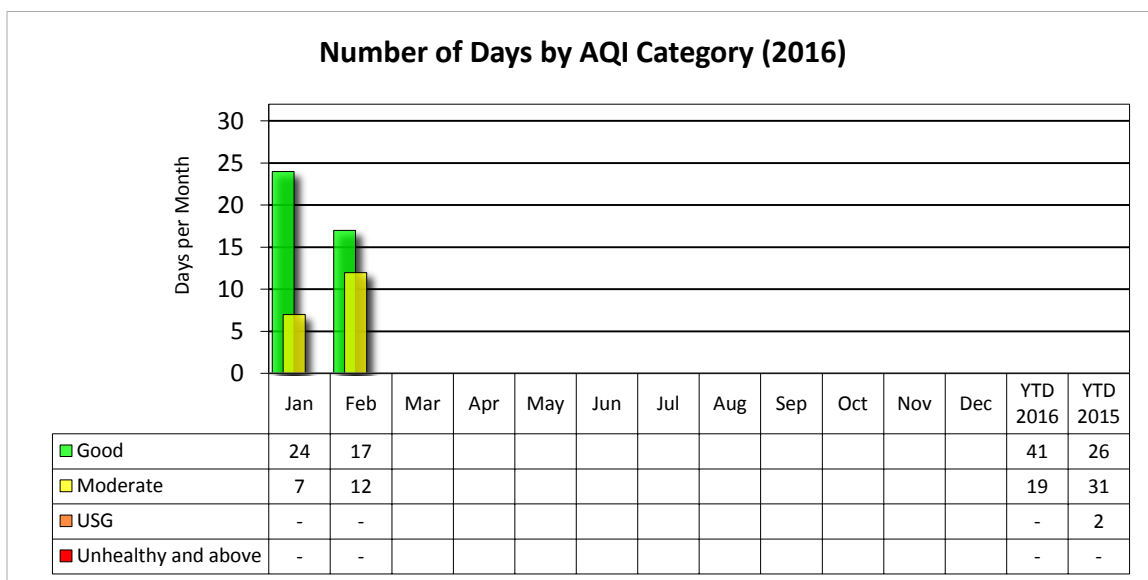
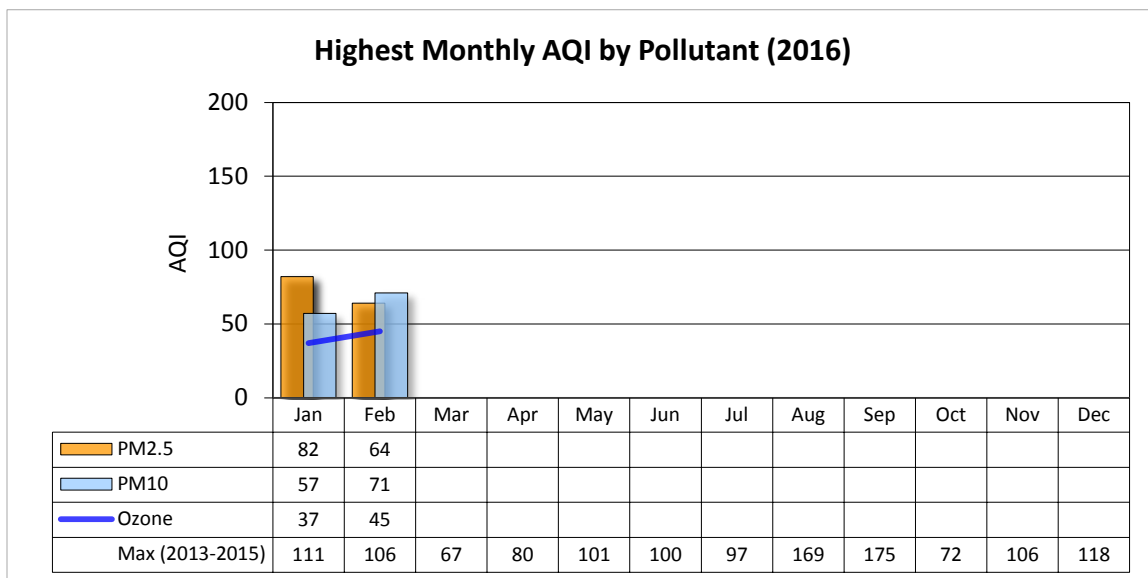
The 4th Annual Mayoral Challenge and Ride for Reading are scheduled for May 19th. The events will begin at Sparks City Hall and, after a leisurely ride, end up at Reno City Plaza. Participants in the Ride for Reading, sponsored by Safe Routes to school, will then pick up donated books and deliver them to Mt. Rose Elementary School for students to take home.

For details on all Bike Week events, please visit www.bikewashoe.org .

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 February. 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 for the most recent AQI Summary.

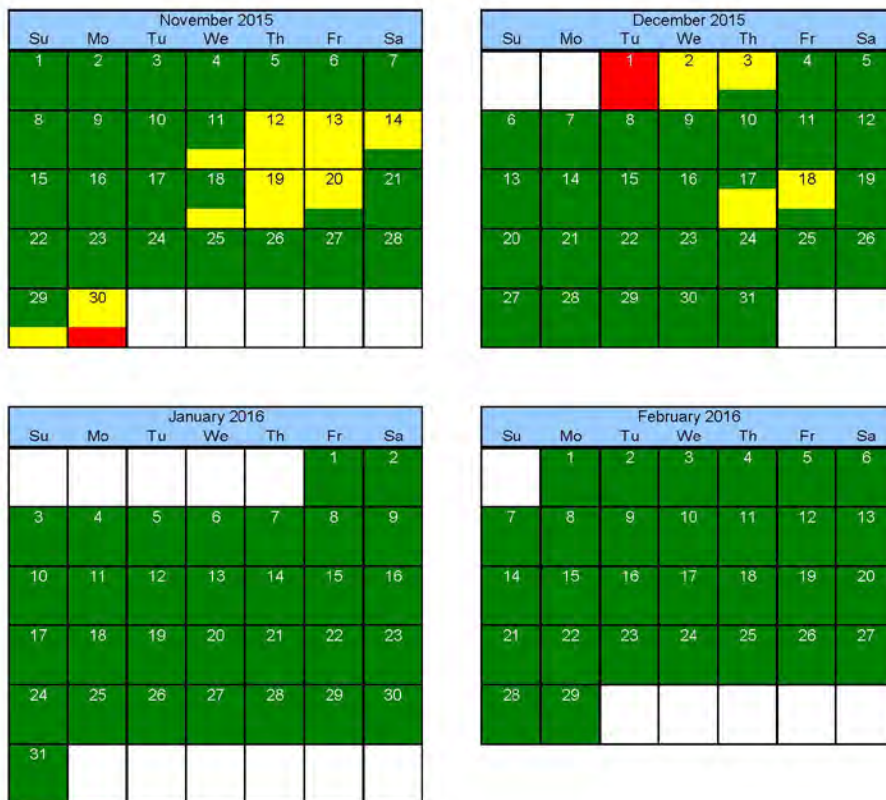
3. Program Reports

a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during the month of February.

The Know the Code season ended on February 29th. This past winter's active weather pattern is reflected in the low number of Yellow and Red burn codes, especially in December and January (see "2015-16 Green-Yellow-Red Burn Code Summary"). Weather is one of the most significant factors influencing air pollution levels. AQM programs, such as Know the Code, woodstove regulations, woodstove exchange programs, and the prescribed burn program, provide control measures in preparation for weather conditions to reduce wood smoke emissions. Home weatherization projects also improve air quality with co-benefits of reducing emissions, saving energy, and saving money.

Green-Yellow-Red Burn Code Summary
 (2015-16)



The DBOH adopted a resolution supporting Ozone Advance at their February meeting. Similar resolutions will be presented for adoption to the Reno and Sparks City Councils, and the Board of County Commissioners. Washoe County has already taken action in support of Ozone Advance. In early March, they implemented a recommendation from the Washoe County Green Team to develop an Employee Trip Reduction program. The goal of this program is to promote sustainable commuting options for County employees getting to and from work.

The Truckee Meadows Regional Plan is the blueprint for future development in Washoe County. The Plan directs where growth will occur, identifies development constrained areas that are not suitable for future development, sets priorities for infrastructure development, and addresses natural resource management. This Plan is critical to the Health District because the built environment is directly related to the health of our community. The 2015 Regional Plan Annual Report for AQM, included as a consent agenda item, is much more comprehensive than previous years to emphasize the connections between the built environment, transportation, air quality, and community health. A goal for Ozone Advance is to educate citizens and planners about the public health impacts related to land use decisions.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2016		2015	
	February	YTD	February	Annual Total
Renewal of Existing Air Permits	105	203	99	1297
New Authorities to Construct	15	18	18	99
Dust Control Permits	18 (292 acres)	29 (466 acres)	13 (103 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	27	49	29	391
WS Dealers Affidavit of Sale	6 (6 replacements)	12 (9 replacements)	8 (6 replacements)	135 (85 replacements)
WS Notice of Exemptions	537 (9 stoves removed)	1098 (11 stoves removed)	432 (3 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	84	169	93	1077
Asbestos Demo and Removal (NESHAP)	28	51	32	150

Staff reviewed fifty-two (52) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The RTC Pyramid and McCarran expansion project has been completed with no enforcement actions.
- Permitting staff completed the engineering review and drafted the authority to construct for the next phase of the Apple Data Farm located in the Truckee Canyon. Permitting staff coordinated the environmental review with the Nevada Division of Environmental Protection Bureau of Air Quality Planning for the Prevention of Significant Deterioration (PSD) increment tracking and provided EPA Region IX a copy of the draft permit prior to the 30-day public comment period. To date, no comments have been received.

Staff conducted forty-nine (49) stationary source inspections in February 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	February	YTD	February	Annual Total
Asbestos	6	9	3	25
Burning	1	4	1	8
Construction Dust	0	0	1	32
Dust Control Permit	3	3	0	6
General Dust	5	9	1	48
Diesel Idling	1	1	0	3
Odor	1	4	4	30
Spray Painting	0	0	0	8
Permit to Operate	2	2	0	12
Woodstove	0	1	0	13
TOTAL	19	33	10	185
NOV's	February	YTD	February	Annual Total
Warnings	7	7	4	24
Citations	2	3	0	8
TOTAL	9	10	4	32

*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: March 24, 2016

DATE: March 11, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – World TB Day; Divisional Update – Medicaid & Marketplace Exchange Enrollment, U.S. Department of State-Visiting Delegation; Program Reports

1. Program Report – World TB Day – Tuberculosis Prevention and Control Program



World TB Day signifies the date when Dr. Robert Koch, a German physician, announced the discovery of the bacterium that causes tuberculosis (TB) in 1882. He was awarded the Nobel Prize in 1905 for this discovery.

World TB Day is an opportunity to promote awareness:

- **Globally**, TB has surpassed HIV as a leading cause of death, among infectious diseases
 - One-third of the global population is a carrier of the TB bacterium
 - Of the 9.6 million new cases diagnosed, TB claimed 1.5 million lives in 2014 (0.4 million were HIV positive) despite being a treatable disease¹
- **Nationally**, the reported number of persons with TB has declined each year since the peak of the resurgence in 1992
 - In 2014 there were 9,421 persons with tuberculosis reported representing a 1.5% decrease compared to the previous year, but reflects the smallest decline in over a decade
 - TB among foreign-born persons in the U.S. is also down slightly for 2014 to 15.4 per 100,000; for U.S.-born persons the rate is steady at 1.2 per 100,000²
- **Nevada** has seen a steady decline in the number of TB cases with 74 people diagnosed in 2014 or 2.6 cases per 100,000 (compared to the U.S. rate of 3.0 per 100,000)

¹ World Health Organization www.who.int/tb

² CDC. *Reported Tuberculosis in the United States, 2014*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, October 2015.

- Approximately 67.6% were from TB endemic countries, an increase from the previous year
- **Washoe County** continues to be a low incidence county with 1.6 cases per 100,000 (or 7 total cases) and is very close to the 2020 Target of 1.4 per 100,000
 - Mirroring national and state cases, the majority of Washoe County's TB patients are from countries where TB is endemic

Note: 2015 numbers will be finalized and are expected to be available at the end of March 2016.

Washoe County Health District's **Tuberculosis Prevention and Control Program (TBPCP)** mission is to prevent and control TB to reduce morbidity, disability, and premature death caused by TB.

On November 17, 2015 the TBPCP hosted the third annual northern and rural Nevada cohort review. Rural Nevada counties, Carson City and Washoe County shared their treatment and contact investigation outcomes for 2014 TB patients.

The cohort review highlights the complexities of treating TB, which can take 6-12 months or longer, and the time intensive nature of contact investigations to stakeholders, exploring what went well and what could be improved for future cases.

The TBPCP utilizes a set of objective targets from the **National Tuberculosis Indicators Project (NTIP)** to highlight TB care and treatment provided to Washoe County residents diagnosed with TB in 2014.

The NTIP objectives were created as a monitoring system for tracking the progress of U.S. tuberculosis control programs toward achieving the national TB program objectives.

NTIP Objective – Recommend Initial Therapy: For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4-drug regimen of **Rifampin, Isoniazid, Pyrazinamide, and Ethambutol (RIPE)** to 97%.

- In 2012, two of four clients were started on RIPE when TB was suspected.
- In 2013, two of three clients were started on RIPE when TB was suspected.
- In 2014, one of two clients was started on RIPE when TB was suspected.

Efforts need to continue to help our community physician's remember to "Think TB" in order to meet this objective. Two of the clients had classic pulmonary TB symptoms and were from TB endemic countries. The remaining three had extra-pulmonary TB which is more difficult to diagnosis. Yet, they were all from TB endemic countries and their signs and symptoms were consistent with TB which should have promoted suspicion.

TBPCP recently received provider packets that will be distributed to medical offices throughout Washoe County. The packets provide guidelines for risk assessments, TB facts and information, reporting forms and state requirements relating to TB.

National 2020 Target	WCHD 2012 Performance	WCHD 2013 Performance	WCHD 2014 Performance
97%	50%	67%	50%

NTIP Objective – Treatment Initiation: For TB patients with positive acid fast bacillus (AFB) sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection to 97%.

- All clients in 2012, 2013, and 2014 with positive AFB sputum smears were started on treatment

National 2020 Target	WCHD 2012 Performance	WCHD 2013 Performance	WCHD 2014 Performance
97%	100%	100%	100%

NTIP Objective – Known HIV Status: Increase the proportion of TB patients who have a positive or negative HIV test result reported to 98%.

- All WCHD TBPCP clients with active TB in 2012, 2013, and 2014 had HIV testing completed

National 2020 Target	WCHD 2012 Performance	WCHD 2013 Performance	WCHD 2014 Performance
98%	100%	100%	100%

NTIP Objective – Sputum Culture Conversion: For TB patients with positive sputum culture results, increase the proportions who have documented conversion to negative results within 60 days of treatment initiation to 73%.

- In 2012, all five clients converted to culture negative in 60 days
- In 2013, five of six clients converted to culture negative in 60 days
- In 2014, all three clients converted to culture negative in 60 days

National 2020 Target	WCHD 2012 Performance	WCHD 2013 Performance	WCHD 2014 Performance
73%	100%	83%	100%

NTIP Objective – Sputum Culture Result Reported: For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported to 98%.

- All culture results were reported for 2012, 2013, and 2014.

National 2020 Target	WCHD 2012 Performance	WCHD 2013 Performance	WCHD 2014 Performance

Target	Performance	Performance	Performance
98%	100%	100%	100%

NTIP Objective – Completion of Treatment: For patients with newly diagnosed TB disease, for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months to 95%.

- In 2012, seven of eight clients completed treatment within 365 days
- In 2013, seven of nine clients completed treatment within 365 days
- In 2014, five of seven clients completed treatment within 365 days

Our 2012 client who did not complete treatment in 12 months had extensive extra-pulmonary disease requiring the amputation of her leg. Her treatment was 367 days.

Reasons for our 2013 clients not completing treatment in 12 months include malabsorption of drugs for both of them and a difficult to treat site of disease – ocular tuberculosis, with slow response to treatment for one of them. Drug malabsorption requires restarting medications with higher doses of medications to accommodate for the malabsorption.

Our 2014 clients both had adverse drug reactions to treatment requiring stopping medication and finding a suitable alternate regimen that they could tolerate.

National 2020 Target	WCHD 2012 Performance	WCHD 2013 Performance	WCHD 2014 Performance
95%	87.5%	78%	71%

NTIP Objective – Contact Investigation: Contact Elicitation: For TB patients with positive acid fast bacillus (AFB) sputum-smear results, increase the proportion who have contacts elicited to 100%. Examination: For contacts to sputum AFB smear-positive TB cases, increase the proportion who are examined for infection and disease to 93%. Treatment Initiation: For contacts of sputum AFB smear-positive TB cases diagnosed with latent TB infection (LTBI), increase the proportion who start treatment to 91%. Treatment Completion: For contacts to sputum AFB smear-positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment to 81%.

NTIP Objective	National 2020 Target	2012 WCHD Performance	2013 WCHD Performance	2014 WCHD Performance
Contact Elicitation	100%	100% (4/4)	100% (4/4)	100% (2/2)
Examination	93%	93% (64/69)	92% (352/384)	100% (26/26)
Treatment Initiation	91%	81% (13/16)	65% (15/23)	100% (3/3)
Treatment Completion	81%	77% (10/13)	73% (11/15)	67% (2/3)

Contact investigations are labor intensive and complex and they require coordination and collaboration with individuals who are not familiar with TB and often have different and competing priorities. Many TB programs struggle to achieve the NTIP treatment goals.

One of the 2012 contact investigations involved another jurisdiction and an extended care facility. It is often difficult to obtain follow up information from other jurisdictions and facilities.

In 2013 a contact investigation involved students at a vocational school. Many of the students left the program, moved and completion of therapy information was unavailable. Another investigation involved a hotel/casino. Start of treatment and/or completion of therapy records were unavailable for the employees.

One person in 2014 stopped latent TB treatment due to medication intolerance.

The numbers below are representative of our 2014 case investigations. Goals for contact investigations follow CDC Guidelines for the Investigation of Persons with Infections Tuberculosis, Dec. 16, 2005/Vol. 54/No. RR-15.

Sputum Smear Positive (2)	Sputum Smear Negative (2)
Index interviewed w/in 1 day = 2/2	Index interviewed w/in 3 days = 2/2
Transmission sites assessed w/in 3 days = 2/2	Transmission sites assessed w/in 5 days = 1/2 *
Contacts initial interview w/in 3 days = 2/2	Contacts initial interview w/in 3 days = 2/2
High priority contacts tested w/in 7 days = 9/11	High priority contacts tested w/in 7 days = N/A
Medium priority contacts tested w/in 14 days = 11/14	Medium priority contacts tested w/in 14 days = 6/9

*Index case refused to allow site assessment – several large pit bulls in household!

Testing of contacts within recommended timeframes remains an ongoing challenge not only for Washoe County TB program but for many other TB programs as well. Contacts often have competing priorities and concerns to overcome: work schedules, child care, or fear.

NTIP Objective – Examination of Immigrants and Refugees:

- Examination Initiation: Increase the proportion who initiate a medical examination within 30 days of notification to 84%.
- Examination Completion: Increase the proportion who complete a medical examination within 90 days of notification to 76%.
- Treatment Initiation: For immigrants and refugees who are diagnosed with latent TB infection (LTBI) or have radiographic finding consistent with prior pulmonary TB on

the basis of examination in the US, for who treatment is recommended, increase the proportion who start treatment to 93%.

- **Treatment Completion:** For immigrants and refugees who are diagnosed with LTBI or have radiographic findings consistent with prior pulmonary TB on the basis of examination in the U.S., and who have started treatment, increase the proportion who complete treatment to 83%.

NTIP Objective	National Target	2020	2013 WCHD Performance	2014 WCHD Performance
Examination Initiation	84%		85% (29/34)	93% (25/27)
Examination Completion	76%		82% (28/34)	89% (24/27)
Treatment Initiation	93%		50% (9/18)	50% (5/10)
Treatment Completion	83%		78% (7/9)	100% (5/5)

Reasons for not initiating treatment include returning to country of origin; belief that he/she had received adequate prior treatment, and declined treatment against medical advice.

Reasons for not completing treatment include having moved and inadequate follow up with healthcare provider.

2. Divisional Update –

a. Medicaid and Marketplace Exchange Enrollment

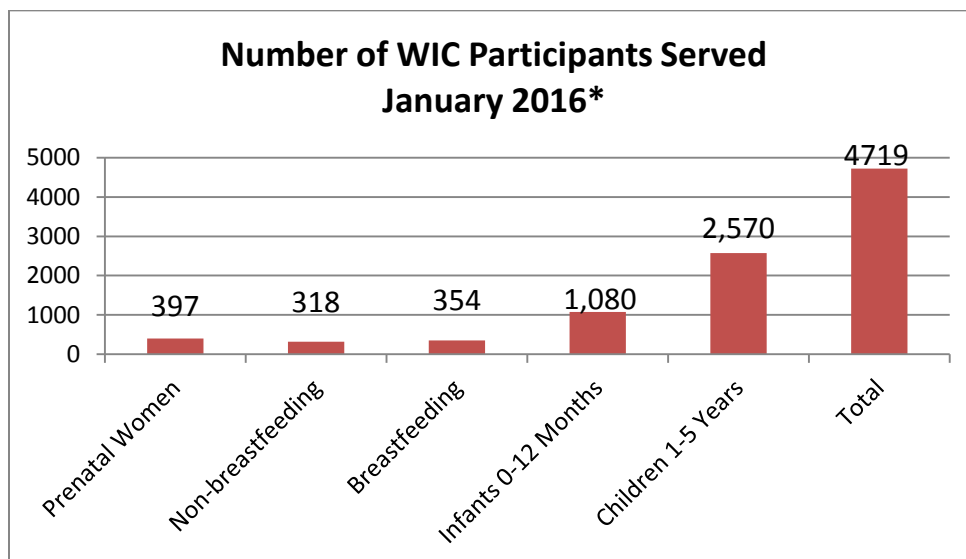
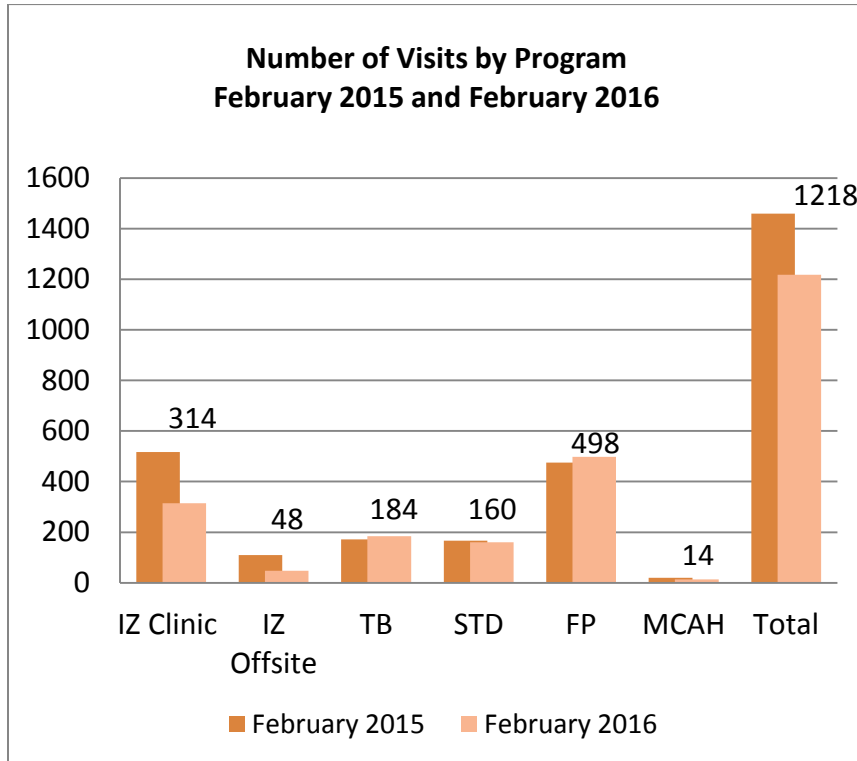
CCHS recently welcomed a Community Health Alliance staff member (Enrollment Assister) to help our clients in Medicaid and Marketplace Exchange enrollment. Enrollment into an insurance plan not only benefits our clients, it also benefits our programs as this provides a source of revenue for services, as many of our clients are unable to afford healthcare services. As a reminder, Access to Healthcare is an area of focus in the Community Health Improvement Plan (CHIP). The Enrollment Assister will be here weekly, on Tuesdays, and will see clients by appointment and in a walk-in basis.

b. U.S. Department of State – Visiting Delegation

On March 7, 2016 CCHS hosted an international delegation visiting many cities throughout the United States. Their focus was Global Women’s Health Issues. The group met with management and staff from our STD/HIV, Family Planning/Teen Health Mall, Maternal Child Adolescent Health, including our Fetal Infant Mortality Review (FIMR) Program, WIC and our Chronic Disease Prevention Programs. The group also toured our clinics, and had the opportunities to ask many questions. Staff reported that it was also

beneficial learning about the various countries from which the delegates were from. Feedback was very positive, with the organizer reporting the group raved about their time with CCHS.

c. **Data/Metrics**



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

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff implemented the new CDC Treatment Guidelines for treatment of gonorrhea in patients who are allergic to penicillin. The Sexual Health Program was featured on KOLO 8 News on March 8, 2016. The story was prompted by an increase in syphilis cases in Nevada. Staff provided testing at the Family Health Festival on February 29, 2016 and the Truckee Meadows Community College Health Fair on March 7th and 8th. Staff also distributed condoms and provided education to the participants.
- b. **Immunizations** – Policies were updated for meningococcal vaccines to include new vaccines that protect against serogroup B meningococcal disease. Bexsero (MenB-4C) vaccine is now in stock for use during an outbreak situation. Staff participated at the Family Health Festival on February 29, 2016 in partnership with Kids to Seniors Korner. Kids to Seniors Korner outreach clinics provided 133 vaccines to 45 clients during February. A correction from the February 2016 DBOH report - 237 clients received vaccine off-site during January 2016, not 422 as previously reported.
- c. **Tuberculosis Prevention and Control Program** – See above for program report.
- d. **Family Planning/Teen Health Mall** – The Family Planning Program has an agreement with the State of Nevada’s Women’s Health Connection (WHC), which subsidizes breast exams and Pap smears for female clients that are income eligible and that fall into the designated age category. In addition, the WHC assists with testing and treatment for abnormal findings. In Fiscal Year 2015, the WHC paid for 81 women to receive services. Three clients were diagnosed with cervical cancer and provided additional testing and treatment through this program. The WHC recently performed an audit of the Family Planning Program, which went very well, with only one finding. The finding was related to reporting and it will be resolved quickly and easily.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff acquired the smoke-free multi-unit housing television ad in Spanish to accompany the English version that is currently airing. Staff are working on adding our local tag (similar to the English version) and contacting Univision and local government channels for distribution. This will also be uploaded on our YouTube channel.

Staff attended a conference on the science and technology of behavior change and

brought back ideas for efforts related to decreasing sugar sweetened beverage consumption, effectively using social media and technology, and information for projects related to current CDPP tobacco efforts with the LGBT population. The CDPP is also working with public health partners to plan and coordinate activities for National Public Health Week, April 4-10th. Activities will include public screenings of health related documentaries, community food drives, blood drives and a health quiz. Partners include Nevada Department of Public and Behavioral Health, UNR Public Health Student Association, UNR School of Medicine, and the Nevada Public Health Association.

Staff trained local Division of Welfare and Supportive Services staff on tobacco brief intervention to facilitate referrals to cessation services for welfare recipients who have high tobacco use rates. This was coordinated with statewide efforts by tobacco partners in Southern Nevada, Carson and rural communities.

The program welcomes Robert Forrest, graduate student Public Service Intern. Robert will be working on planning and implementation of the Coaches Challenge Program which is designed to encourage elementary school children to increase physical activity and improve nutrition practices, in partnership with Nevada Athletics and Washoe County School District. Staff also created an internship project and are working with a UNR undergraduate intern on advancing smoke free (SF) multi-unit housing (MUH) efforts. The intern is helping to evaluate program efforts in the Reno/Sparks area, assessing the Incline Village area for available SF MUH, and helping with components of Public Health Week.

- f. **Maternal, Child and Adolescent Health (MCAH)** – In 2015, staff distributed a total of 87 Pack and Plays (portable cribs) through the Safe Sleep/Cribs for Kids program. For 2016 to date, 18 Pack and Plays have been distributed. Along with providing the families with a crib, staff provides safe sleep education. Dr. Laura Knight, Deputy Chief Medical Examiner will be attending the Fetal Infant Mortality Review (FIMR) Case Review Team meeting on March 16, 2016. She will provide the FIMR team with information on the guidelines she is required to follow for fetal autopsies.

- g. **Women, Infants and Children (WIC)** –March marks National Nutrition Month, “ Savor the Flavor Of Eating Right”, which serves as an opportunity for Americans to focus on eating right and developing better diets. In line with the theme of the National Nutrition month, WIC staff successfully taught “Nutrition Label reading class” in collaboration with the State WIC Office and the Center for Unique Business Enterprises (CUBE). The class focused on having a facilitated discussion with WIC participants on key sections of the label and how to interpret the label to make healthy choices. The cooking demonstration segment included making of “Minestrone soup” with fresh ingredients

Subject:
Date:
Page 10 of 10

along with tips on food safety. This class was well received by the participants and WIC will continue to provide nutrition education at the CUBE once a month.

WIC offered direct services at the Family Health Festival at Wooster High School on February 29, 2016.

Staff Report
Board Meeting Date: March 24, 2016

DATE: March 11, 2016
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

PROGRAM UPDATES

Food

- Staff attended a training provided by FDA regarding foodborne illness investigations. The course primarily focused on using a systematic approach to investigations. Those in attendance included, environmental health specialists, epidemiologists and state lab personnel. The FDA provides this type of training as a result of our District being involved with their Voluntary National Retail Regulatory Program Standards. **Continuing food safety education and training meets the criteria of Standard 2 – Trained Regulatory Staff**
- Staff has developed a new food inspection form that will emphasize a risk based inspection approach by identifying the status of each foodborne illness risk factor and intervention. The following three workgroups comprised of EHS staff have been formed to aid in the implementation phase: Regulation Workgroup, Form and Field Guide Workgroup, and Media/Public Outreach Workgroup. **Implementation of this project meets the criteria of Standard 3 – Inspection Program Based on HACCP Principles, Standard 7- Industry and Community Relations and Standard 9 – Program Assessment**
- Staff continues to receive, review and approve Hazard Analysis Critical Control Point (HACCP) plans for food establishments conducting special processes. **Ongoing implementation of procedures to verify and validate waiver requests and HACCP plans meet the criteria of Standard 3 – Inspection Program Based on HACCP Principles**
- **Food Epidemiology Program:** The Foods Epidemiology Team continues to receive and respond to complaints of Noro-type virus illnesses from small parties who ate at common food facilities. There were two in February which were investigated and along with requiring the food facilities to disinfect their kitchens as standard protocol, complainants were educated on spread of Noro-virus type illnesses among people outside of food facilities. The Environmental Health Services Epidemiology Team is working with the Washoe County School District to employ measure for future control of Norovirus or Noro-type virus outbreaks in the schools, holding weekly meetings and developing an action plan. As part of the action plan exclusion measures and compliance are being reviewed and educational outreach is being developed by Health District Staff.



- **Environmental Health Services Training:** There are currently four new Trainees who are completing their second month of training under a new formalized training manual and procedure. The procedure has seemingly expedited the learning process as Senior Environmental Health Services Staff continues to work out some of the bugs and revise the manual. The manual and training procedures are an extension of what has been done for Trainees in the Foods Program for the past several years.
- **Environmental Health Services Quality Improvement:** Environmental Health Services has an ongoing Quality Improvement Project which involves garnering acceptance for the FDA Standards at the administrative level. The project will be presented to the Division Directors at an upcoming meeting.

Land Development

- Our new Engineer will start on March 14, 2016, and begin reviewing water projects as development reviews are still moving forward and are increasing. All permitted public water systems are being reviewed for compliance with the Revised Total Coliform Rule which goes into effect on April 1, 2016. All water systems are required to have and maintain an updated site sampling plan. An intern from UNR is being trained and is assisting in file review and preparation of Sanitary Surveys for the water systems that are due for inspections during the 2016 cycle.
- Plan reviews are continually being processed and are continually being submitted. Staff met with BANN and several engineers and contractors to obtain input on potential future regulation and fee changes.

Vector-Borne Disease

- The Program has started receiving calls in February on adult mosquito complaints and mosquito larvae in several bodies of water. Typically we do not receive calls until the middle of March. In conversations with Vector Control Districts in Nevada, they are seeing the same. In response, we are gearing up by setting up our fish tanks to distribute mosquito fish to the public. We also anticipate starting the adult mosquito trapping surveillance in April. The two adult species of mosquitoes, *Aedes aegypti* and *Aedes albopictus*, that transmit Zika virus have not been detected in Washoe County or the State of Nevada to date. Staff will be deploying new trapping tools in targeting these two species of mosquitoes this year.
- Staff continues to GPS new catch basins (DIs) from development projects entering these DIs into our GIS database. The catch basins are important in that the Little House mosquito as they are referred to emerge from the DIs and interact with people in our urban environment. This mosquito transmits the West Nile virus.
- Development has been busy with over 20 civil building plans reviewed so far. We have signed off 7 projects mostly residential at Eagle Canyon Ranch, Damonte Ranch, Pebble Creek off Pyramid Highway and Mountaingate off Arrow Creek Parkway.

Waste Management

- The Washoe County Sheriff's Office has developed a free APP called the WCSO APP for reporting illegal dumping. It has an anonymous option where photos and comments can be uploaded to the reporting mechanism. The WCSO will maintain a log and if the complaints can be verified and they can find responsible parties, they will start the criminal citation process. If they are not able to find responsible parties, they will contact property owners and let them know

a complaint was submitted and where it occurred. We are awaiting information on reporting mechanisms.

- The Truckee Meadows Fire Protection District (TMFPD) and KTMB reported roughly 9,500 Christmas Trees were recycled through the Christmas Tree Recycling program this year.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	Yrly Avg
Child Care	8	6	7
Complaints	103	68	86
Food	217	317	267
General*	38	73	56
Developmental Review Numbers	20	26	23
Plan Review (Commercial Food/Pool/Spa)	11	9	10
Plan Review (Residential Septic/Well)	54	35	45
Residential Septic/Well Inspections	58	67	63
Temporary Food/Special Events	24	26	25
Well Permits	11	7	9
Waste Management	19	29	24
TOTAL	563	663	613

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

POLL OF THE DAY: Has the Zika virus changed your travel plans?

By KRNV News 4 Friday, March 4th 2016



Eight people in Washoe County are being tested for the Zika virus, and seven of them are pregnant.

With spring break approaching, News 4's Emily Pacillo spoke with the Washoe County Health District to see what precautionary measures travelers should take before leaving the country.

WATCH her report on News 4 at 4 p.m.

Visit cdc.gov/zika to learn what federal health officials recommend.

*Health District promotes CDC advice for travel
Spring Break and Olympic travelers advised to be cautious in Zika active countries*

Media Release
For Immediate Release
www.washoecounty.us/health

Contact: Phil Ulibarri
pulibbarri@washoecounty.us
775.328.2414 or 775.772.1659

RENO – NV Washoe County Health officials were notified today that the CDC has issued advice for people planning travel to the 2016 Summer Olympic Games in Rio de Janeiro, Brazil, from August 5 to August 21, 2016, and to the 2016 Paralympic Games scheduled for September 7 to September 18, 2016. These recommendations provide information to travelers to help them take steps to stay safe and healthy during their trips. CDC’s travel guidance for the Olympics covers a variety of health and safety topics, including information about the Zika virus outbreak currently occurring in Brazil as well as other countries in South and Central America, Mexico and the Caribbean. Because of the Zika outbreak, CDC recommends that pregnant women consider not traveling to the Olympics.

“We are hoping that people will take the CDC’s advice seriously,” said Washoe County District Health Officer Kevin Dick, “Not only with travel advice for those going to the Olympic Games but to any of the over 30 countries that have been identified with active Zika transmission.” A list of those countries can be found at www.cdc.gov/zika/geo/active-countries.html. “We know that people customarily travel to these countries during Spring Break as well, so caution is advised for these travelers too,” said Dick.

Since February 5, 2016, eight individuals have been tested for Zika virus in Washoe County per CDC protocol. All are adult females and had traveled to active Zika countries. Seven are pregnant and testing was requested by their OB-GYN. One case developed symptoms consistent with Zika virus but positive test results have not been confirmed.

In particular, the Zika outbreak in Brazil is dynamic. CDC will continue to monitor the situation and will adjust these recommendations as needed. Current recommendations based on CDC’s guidance for any area with active Zika transmission include:

Women who are pregnant

- Consider not going to the Olympics.
- If you must go to the Olympics, talk to your doctor or healthcare provider first; if you travel, you should strictly follow [steps to prevent mosquito bites](#) during your trip.
- If you have a male partner who goes to the Olympics, you may be at risk for sexual transmission of Zika. Either use condoms the right way, every time, or do not have sex during your pregnancy.

Women who are trying to become pregnant.

- Before you travel, talk to your health care provider about your plans to become pregnant and the risk of Zika virus infection during your trip.
- You and your male partner should strictly follow [steps to prevent mosquito bites](#) .

People considering travel should also refer to CDC’s travel notice “Zika Virus in South America” for additional information: <http://wwwnc.cdc.gov/travel/notices/alert/zika-virus-south-america>.

WHO Director-General addresses media after Zika Emergency Committee

Statement by World Health Organization Director-General Dr Margaret Chan
8 March 2016

Ladies and gentlemen,

Since this emergency committee on Zika virus first met on 1 February, substantial new clinical and epidemiological research has strengthened the association between Zika infection and the occurrence of fetal malformations and neurological disorders.

In addition, the geographical distribution of the disease is wider. The risk group is broader. And the modes of transmission now include sexual intercourse as well as mosquito bites.

Local transmission has now been reported in 31 countries and territories in Latin America and the Caribbean.

In this region, cases of dengue, which is carried by the same mosquito species as Zika, typically increase during the rainy season, which lasts from January to May. We can expect to see more cases and further geographical spread.

Imported cases of Zika have been reported from every region in the world.

Concerning the link with fetal malformations, the virus has been detected in amniotic fluid. Evidence shows it can cross the placental barrier and infect the fetus. We can now conclude that Zika virus is neurotropic, preferentially affecting tissues in the brain and brain stem of the developing fetus.

Zika has been detected in the blood, brain tissue, and cerebrospinal fluid of foetuses following miscarriage, stillbirth, or termination of pregnancy.

Microcephaly is now only one of several documented birth abnormalities associated with Zika infection during pregnancy. Grave outcomes include fetal death, placental insufficiency, fetal growth retardation, and injury to the central nervous system.

To date, microcephaly has been documented in only two countries: French Polynesia and Brazil. However, intense surveillance for fetal abnormalities is currently under way in countries, like Colombia, where the outbreaks started later than in Brazil.

Nine countries are now reporting an increased incidence of Guillain-Barré syndrome or laboratory confirmation of a Zika virus infection among GBS cases. A retrospective case-control study of GBS associated with Zika in French Polynesia recorded no deaths, but the disease progressed rapidly and a large percentage of patients required admission to an intensive care unit for as long as 51 days.

Growing evidence of a link with GBS expands the group at risk of complications well beyond women of child-bearing age. GBS has been detected in children and adolescents but is more common in older adults and slightly more common in men. The anticipated need for expanded intensive care adds a further burden on health systems.

Reports and investigations from several countries strongly suggest that sexual transmission of the virus is more common than previously assumed.

All of this news is alarming.

Women who are pregnant in affected countries or travel to these countries are understandably deeply worried.

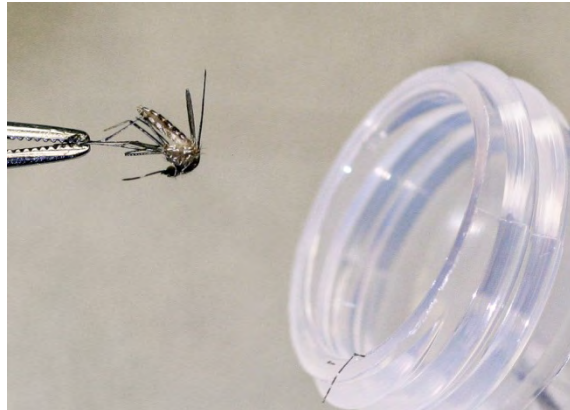
I convened this second meeting of the Emergency Committee to gather expert advice on the strength and significance of these new research results. We also asked the experts whether the findings warrant changes in WHO recommendations to countries.

The Committee underscored the increasing strength of evidence showing a likely association between Zika infection and fetal malformations and neurological disorders.

At the same time, the experts pinpointed the types of studies needed to establish a causal relationship, but stressed their view that strong public health actions should not wait for definitive scientific proof.

A common U.S. mosquito may transmit Zika virus, study says

BY [Katie Worth, FRONTLINE](#) March 7, 2016 at 10:40 AM EST



A culex mosquito pictured at the Arizona Department of Health Services laboratory in 2004. Photo by Jeff Topping/Getty Images

One of the most common mosquitoes in the United States may have the capacity to carry the Zika virus, according to preliminary research in Brazil.

The findings, which have yet to be peer reviewed or confirmed outside of a lab, found that mosquitoes from the family of mosquitoes known as Culex may not only be infected with Zika, but could also reproduce the virus in their salivary glands — a key step for passing the virus to humans.

If further research confirms the early results detected in 12 Culex mosquitoes, many countries could be forced to radically rethink their mosquito control campaigns. In Brazil, those efforts have focused almost exclusively on eradicating a different kind of mosquito — the Aedes aegypti.

The study was detailed by Constanca Ayres, a faculty member at the federal research institute Fiocruz Pernambuco in Recife, at a conference of scientists on Wednesday, and was greeted with both intrigue and caution.

Dr. Idê Gurgel, a researcher at the institute, called the discovery “bombastic news” that could “change everything.”

Sérgio Bessa Luz, director of the federal Fiocruz Amazônia research center in Manaus, cautioned that restraint was in order: “This is preliminary data,” he said. Even if the virus is in the saliva, “it’s not definitive” that it can transfer Zika effectively to humans, he said. “We can’t yet conclude [Culex is] a vector.”

Scientists are still working to establish the most fundamental facts about the Zika virus. Although it has been known to researchers since 1947, the virus was considered a rare, obscure and non-threatening disease until last year, when hundreds of thousands of people in Brazil became infected. The virus usually has either no symptoms or mild ones — a rash, a low fever, swollen joints — but evidence has mounted that it can, in rare cases, attack the nervous system and cause debilitating problems, including a birth defect [known as microcephaly in babies](#).

But little research has focused on how Zika is transmitted. Ayres said a literature review only unearthed four studies from the last 70 years that investigated the disease’s potential vectors: They all focused on Aedes mosquitoes. None considered the Culex species.

Until now, the house-loving Aedes aegypti mosquito and its forest-dwelling cousin, Aedes albopictus, have been eyed as the likely culprits spreading the disease [from Africa across Asia to the Americas](#). Those species are also believed to be the primary vectors for dengue and chikungunya, two other mosquito-borne viruses that have hounded Brazil.

To Ayres, it seemed obvious to ask whether the Culex mosquito may also be carrying the disease: Culex quinquefasciatus, known in the U.S. as the southern common house mosquito, is even more common than Aedes aegypti in Brazil’s urban areas, she said. Both it and its close cousin, the Culex pipiens, are widespread throughout the U.S. and both can spread other diseases, such as West Nile virus and Japanese encephalitis.

To explore their competence as a vector, Ayres fed 200 mosquitoes — half Culex and half Aedes aegypti — with Zika-infected blood. She tested 12 of them and found that each had been infected with the disease after a week. She also tested the viral load in their salivary glands — an indication that the disease is being reproduced there and could transmit it through bites — and found the Culex mosquitoes were reproducing it at an especially high level.

Ayres will spend the next two weeks infecting and studying more mosquitoes to confirm the results, she said.

Scanning electron micrograph of a common house mosquito (*Culex pipiens*). *Culex pipiens*, known as the common house mosquito, may transmit Zika virus, according to a preliminary report from Brazil. Photo by BIOPHOTO ASSOCIATES/Getty Images



The next step will be to learn whether *Culex* are being infected with Zika in the wild. Ayres has enlisted mosquito abatement teams across two Brazilian states to send her all the mosquitoes they collect during their home inspections. She has already begun receiving some, she said, and will receive thousands more in the coming months. Eventually her team will test them for Zika, dengue and chikungunya. Only then, she said, will she feel confident enough to postulate whether *Culex* mosquitoes are indeed a major vector of Zika.

The two mosquitoes are radically different from each other: The *Aedes* feeds during the day; the *Culex* at dawn and dusk. *Aedes* likes fresh water; *Culex* likes dirty water. *Aedes* specializes in feeding on people; *Culex* prefers birds.

Much attention has focused on *Aedes aegypti* because it is a [uniquely qualified vector](#) for disease: A female can bite many people, which allows her to carry a disease from one person to the next. It likes urban and domestic environments, which means it is in close proximity to people. And the species specializes in human blood, which means it wastes no time biting other animals. The mosquitoes' territory extends [throughout the planet's tropical regions](#) and is found in every city in Brazil.

Culex mosquitoes have an even broader territory than *Aedes aegypti*, and are common across Europe and the U.S. But they carry disease less efficiently than *Aedes*, because they tend to bite fewer humans in a row, limiting how many people they infect.

Told by email about Ayres' findings, Scott Weaver, scientific director of the Galveston National Laboratory, responded that he was "not completely surprised by these results." But just because a mosquito can carry a disease does not decide whether it is "an important vector," he said. "The main remaining question regarding *Culex* is how often they feed consecutively on humans, which is likely far less than (*Aedes*) *aegypti*," he said.

Ayres said that if *Culex* mosquitoes prove to be a major vector, it would require an overhaul of mosquito control strategies: "The strategies that we are using to control *Aedes aegypti* are useless for *Culex* because they are completely different species," she said. For instance, public education campaigns have urged people to wear repellent during the day — but if *Culex* is a vector, repellent would be sensible at night as well. Furthermore, Brazil would have to confront its major wastewater problems: In Recife, only about a third of homes are connected to the sewage system. Waste water from the rest drains into ditches, canals, or rivers, making an abundance of breeding grounds for *Culex*.

The U.S. would also have to worry more about Zika if *Culex* proves to be a vector, said U.C. Davis professor Walter Leal, a partner in Ayres's research. *Aedes aegypti* mosquitoes are mostly confined to warmer states, such as Florida, Texas and parts of California, whereas *Culex* are found everywhere.

"This is very bad luck for us in the U.S. if it proves correct," said Leal. "In America we think, OK, this virus is coming, people are getting sick, but it's OK because we don't have so much *Aedes aegypti*. But we have a lot of *Culex*."

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 25, 2016**

DATE: March 15, 2016
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
Subject: Program Updates for Communicable Disease, Public Health Preparedness, and
Emergency Medical Services

Communicable Disease (CD) –

Influenza Surveillance – For the week ending February 27, 2016 (CDC Week 8) 11 participating sentinel providers reported a total of 327 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 11 providers was 4.5% (327/7309) which is above the regional baseline of 2.6%. During the previous week (CDC Week 7), the percentage of visits to U.S. sentinel providers due to ILI was 3.2%. This percentage is above the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.9% to 5.7%.

Twelve death certificates were received for week 7 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 7 was 128. This reflects a P&I ratio of 9.4% which is above the epidemic threshold set by CDC for week 7 at 7.2%. The national P&I ratio for week 7 was below the epidemic threshold at 7.1%. The total P&I deaths registered to date in Washoe County for the 2015-2016 influenza surveillance season is 131. This reflects an overall P&I ratio of 7.6% (131/1727).

Outbreaks – Since the last board meeting, there has been one GI illness outbreak in a high school and one Hand Foot & Mouth Disease (HFMD) outbreak in an early childhood learning program located in a high school. The GI illness outbreak was closed on February 19, 2016 with norovirus being the suspected etiology. The HFMD outbreak is still active as of March 15, 2016.

Zika Virus Disease Evaluation and Testing – As of March 15, 2016, 10 individuals have been referred by local healthcare providers for an evaluation of possible Zika virus infection. Of these 10 individuals, seven were pregnant women with travel histories to areas with ongoing Zika transmission and three were non-pregnant symptomatic persons with travel histories to areas with ongoing Zika transmission. These three were negative by RT-PCR. All others are still pending at CDC as of March 15, 2016.

Public Health Preparedness (PHP)

General

- The PHP program has developed and submitted the Budget Period 5 grant application, focusing on the gaps identified in the 2015 Jurisdictional Risk Assessment. This application represents the final year for a five-year project period. The total amount of funding for the ASPR HPP grant is \$259,817 and \$649,712 for CDC PHEP. Budget Period 5 begins July 1, 2016 and ends June 30, 2017.

- The Medical Reserve Corps (MRC) Volunteer program participated in the Family Health Festival sponsored by Truckee Meadows Healthy Communities (TMHC). Organizations participating at the Family Health Festival included: Catholic Charities, Community Health Alliance, Food Bank of Northern Nevada, Reno Fire and Police Departments, Renown Health, REMSA, Saint Mary's Medical Group, the Washoe County Health District and several other community groups. The MRC program distributed health emergency preparedness and educational information along with "Emergency Go Bags." The Community Family Health Festival was held February 29th at Wooster High School and was free to the community.

- The PHP program has established the spring dates for the Fire Vaccination Training for firefighters. This training allows for fire personnel to participate in Point of Dispensing sites during a public health emergency.

Healthcare Preparedness

- The Public Health Emergency Response Coordinator:
 - o Held the third planning for the community-wide full-scale infectious disease exercise with the five Frontline Healthcare Facilities, two Assessment Hospitals, REMSA, Washoe County Emergency Management, law enforcement agencies and State partners.

 - o Is collaborating with the Washoe County Medical Examiner and Coroner's Office to develop the Logistics Annex for the WCMEO Mass Fatality Management Plan

 - o Collaborated with Washoe County Emergency Management to update the Evacuation, Mass Care, and Sheltering Plan to be inclusive of access and functional needs populations.

 - o Participated in the Crisis Standard of Care (CSC) Advisory Committee as the proxy for the EPHP Director. The CSC Charter has been developed and it is anticipated the finalized initial draft CSC plan will be completed by September 2016. This initial draft will not focus on clinical, ethical or legal content.

- In partnership with Carson City Health and Human Services, has been attending the Nevada Healthcare Quality and Compliance Advisory Committee meetings for Skilled Nursing Facilities (SNFs) to increase healthcare preparedness among SNFs and other long-term facilities.
- Participated in a tabletop exercise with the State and rural hospitals to assess Ebola preparedness between jurisdictions if a patient were to be transferred from rural Nevada into Washoe County

Emergency Medical Services (EMS) –

The EMS Program Manager continues to facilitate a subcommittee working on a regional EMS Strategic Plan. The subcommittee meets monthly and has worked through the draft vision, mission and values for the region as well as the first goal. The subcommittee plans to bring the current draft to the EMS Advisory Board at the April 7, 2016 meeting.

The EMS Coordinator presented at the Regional Healthcare Facility EPC meeting on February 23, 2016 about evacuation tags and processes for healthcare agencies. The presentation was designed to provide information to skilled nursing and long-term care facilities in Washoe County about the updates to the Mutual Aid Evacuation Annex (MAEA). It also provided an opportunity to discuss possible inclusion of these facilities into the county plan.

The EMS Program Manager and EMS Coordinator attended the EMS Today Conference in Baltimore, MD. This three day training had an extensive list of trainings available and staff attended between 5-7 sessions per day. Staff will be presenting to the EMS Advisory Board on April 7, 2016 and will review some viable ideas and processes learned about during the training.

The EMS Coordinator held the second Region 2 plan review meeting in Carson City on February 29, 2016. This meeting included personnel from fire, EMS, dispatch, emergency management, public health and volunteer disaster responders from several of the northern Nevada counties. The group reviewed the second draft of the Region 2 plans for Medical Surge and Healthcare Evacuations. It is anticipated the Region 2 draft plans will be finished by June 30, 2016 in coordination with the Statewide Medical Surge Plan completion date.

The second meeting for the CAD-to-CAD interface was held on March 3, 2016. The meeting was a conference call with the TriTech vendor and the regional partners. During the meeting the partners had the opportunity to gain clarification on the process and capabilities of the CAD-to-CAD interface. It was discussed by the vendor that when a contract is signed with the PSAP, work could begin but not until then. At that time, the timeline provided was 3-9 months from planning to installation, depending on the meetings with the region.

The regional partners with legal representatives met on March 3, 2016 to review the Omega process and Memorandum of Understanding. Revision documents are currently being reviewed with the goal of bringing the Omega protocol back to the EMS Advisory Board on April 7, 2016.

On March 3, 2016 the EMS Coordinator held the second Multi-Casualty Incident Plan (MCIP) workshop for this year's revisions. Regional partners were given an update on the progress of the

previously proposed revisions and also had an opportunity to make additional suggestions or recommendations for the MCIP.

The EMS Coordinator attended a Peer Support Training March 7-9, 2016. This is a training the WCHD was able to provide funding support for so that the regional partners could either begin or enhance their Peer Support programs. Over 30 partners attended from dispatch through Medical Examiner's Office.

**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%
December 2015*	92%	97%	97%	100%	97%	92%
January 2016*	92%	95%	97%	100%	96%	92%
February 2016*		96%	96%	100%	96%	93%
YTD	92%	96%	96%	100%	96%	92%

* Compliance calculations include exemption calls.

REMSA 90th 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*
December 2015	8:42	12:31	17:39	N/A*
January 2016	8:48	14:50	18:36	N/A*
February 2016	8:34	13:05	17:52	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

Performance with NFPA Standards –

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	
All calls	5215	100.0%	4968	95.3%	5162	99.0%	5198	99.7%	17	0.3%
Priority 1	2095	40.2%	1962	93.7%	2068	98.7%	2087	99.6%	8	0.4%
Priority 2	2093	40.1%	2030	97.0%	2077	99.2%	2088	99.8%	5	0.2%
Priority 3	931	17.9%	888	95.4%	922	99.0%	927	99.6%	4	0.4%
Priority 9	96	1.8%	88	91.7%	95	99.0%	96	100.0%	0	0.0%

The chart above 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	5215	100.0%	4984	95.6%	5055	96.9%	160	3.1%
Priority 1	2095	40.2%	2026	96.7%	2054	98.0%	41	2.0%
Priority 2	2093	40.1%	1979	94.6%	2009	96.0%	84	4.0%
Priority 3	931	17.9%	884	95.0%	897	96.3%	34	3.7%
Priority 9	96	1.8%	95	99.0%	95	99.0%	1	1.0%

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: March 24, 2016**

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Budget, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Strategic Planning, Quality Improvement, Succession Management, Other Events and Activities and Health District Media Contacts

Budget

The DBOH voted to approve the FY2016-2017 Budget on February 25, 2016. On March 10, a meeting was held with the City and County Managers and Health District Management and fiscal staff to review the budget and answer any questions. Following are the comments and questions from the City and County managers:

Mr. Driscoll, Sparks:

1. Mr. Driscoll stated that Sparks has a policy of salaries and benefits of no more than 80% and they are at 78% so the Health District at 77% is at the same level as Sparks.
2. Mr. Driscoll asked if we are recovering the credit card fees. Sparks is not including them in the fee structure as the Health District is doing. He is glad that we included credit card fees in the new fee structure.
3. Mr. Driscoll mentioned the need for the fund balance, for cash flow purposes, so he is happy that we are showing a fund balance.

Mr. Clinger, Reno:

1. In the past, Mr. Clinger was concerned about the fund balance but the balance is improving so he is good with the budget as presented.

Mr. Slaughter, Washoe County:

1. Mr. Slaughter approves of the budget as presented.
2. Mr. Slaughter asked about the details on the remodel request for Capital Improvement Project (CEP) funding. The Health District made a CIP request for a remodel of the IZ counter area and enhancement of security in the Vital Records and Clinic areas. The County is evaluating CIP requests and decisions on projects have not yet been made.
3. Mr. Slaughter about the plan for the moving of the TB clinic. The TB clinic is in the building with the Medical Examiner (ME) on Kirman and space for TB is not included in

the ME building under construction on 9th Street. No space has yet been identified for relocating the TB clinic from the Washoe County building on Kirman.

The budget will require approval by the BCC in May. It will be submitted to the Department of Taxation as a portion of the overall County budget.

During my one-on-one meeting with Mr. Slaughter on March 7, I discussed with him Chair Jung's inquiry of what he considered to be the appropriate general fund transfer funding level for the Health District, what percentage of the Health District budget that should be, and what an appropriate ending fund balance should be. Mr. Slaughter had not determined these figures. I also discussed this with Mr. Mathers during the meeting with the budget office on March 8. Mr. Mathers also didn't have figures determined but acknowledged that it would be good to come to some decision on how the general fund transfer level should be established.

Community Health Improvement Plan (CHIP)

CHIP Workgroups met in late February to review the action plans related to: 1) Access to Healthcare and Social Services, 2) Behavioral Health, 3) Education (K-12), and 4) Food Security. The Access to Healthcare and Social Services Workgroup is identifying gaps within current strategies and determining who else needs to be at the table based on priorities and gaps; the Behavioral Health and Education Workgroups are working to identify a list of other workgroups that are focused on the same goals, objectives, and strategies as to not duplicate efforts; and the Food Security Workgroup has already prioritized objectives and has begun working on a plan for a community garden, which may include supporting current efforts, such as the School District community gardens.

Truckee Meadows Healthy Communities (TMHC)

The 89502 Subcommittee and the TMHC Steering Committee met on March 2. A Family Health Festival was held at Wooster High the afternoon of February 29. The Family Health Festival Planning Committee worked to ensure participants had greater knowledge of the services being offered at the event. TMHC is exploring options for support of TMHC activities through a local firm.

On March 23, a meeting was held with the Food Bank Board, Children's Cabinet Board, and Renown Health Board to highlight the benefits of a healthy community and initiate development of a path to achieve it.

On March 7 staff of the Urban Institute visited Reno to monitor the progress of the Arnold Foundation Collaboration for Clients (C4C) grant. Sara Dinga and Kevin Dick met with them to discuss their perceptions of progress on the project to date and the work of Truckee Meadows Healthy Communities and the C4C project.

The PhotoVoice event will take place on Monday, April 18th at the Health District from 5:00-7:00 pm. Twenty-one youth from 89502 have been taking photos over the past month, identifying things in their community they feel promote or threaten their health. Youth will present their photos and discuss the project on April 18th, allowing community leaders to see what a healthy community means to youth through their own eyes.

Strategic Planning

The Health District Strategic Planning process is moving forward according to schedule. OnStrategy has completed the one-on-one interviews with the Board of Health members, and met with the Health District leadership team on March 2, 2016. In addition, a staff survey was distributed to all Health District employees, to the individuals engaged in the Health Officer's annual performance review, and to the members of the Fundamental Review Team to ensure their input into the Health District Strategic Plan.

The OnStrategy team is in the process of analyzing the results of all data and work with management to provide synthesized results to be used by the Board at the strategic planning retreat on April 14th. Management and OnStrategy will convene again on April 15 to develop implementation strategies for the priorities set by the Board. QI

The FY 2015-2016 QI Plan is undergoing updates to include: 1) information regarding the new report-out process and 2) inclusion of more detailed information regarding what forms need to go into QI Project folders to ensure accreditation standards and measures are met should the Health District move forward with accreditation.

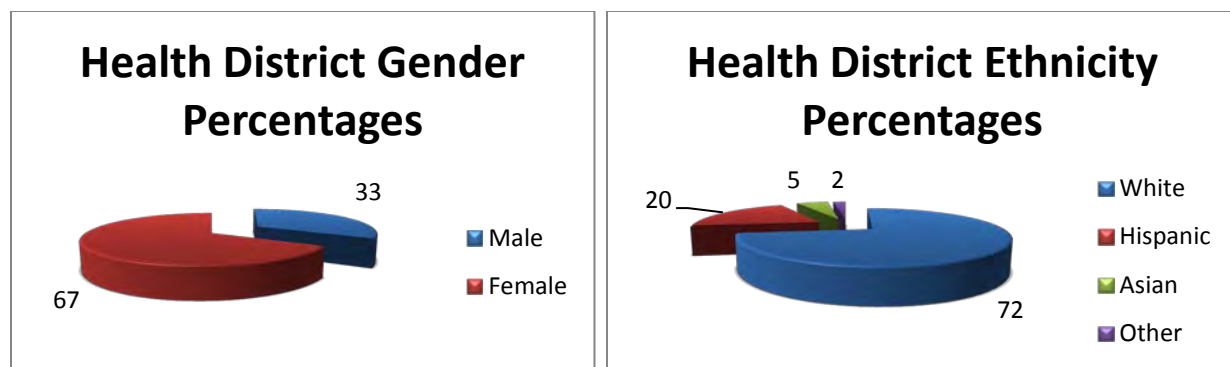
The first QI report out will occur on May 4th during the first 15 minutes of the Leadership Team meeting. Three project teams will present their QI projects during this meeting.

The Q-Team is also in the process of analyzing survey results in greater detail to identify where staff need greater assistance as it relates to QI.

Succession Planning

The Health District is working with Washoe County Human Resources on succession planning. This includes understanding the workforce demographics, eligibility for retirement, currency of position classifications, and capabilities and potential advancement opportunities for employees.

Thirty-three percent of the Health District employees are male and sixty-seven percent are female. Seventy two percent of Health District employees are white, twenty percent are Hispanic, five percent are Asian, and two percent are of other ethnicity.



Currently seven percent of Health District employees are eligible to retire based on their age and years of service with the County. Cumulatively, by the end of FY 2019 twenty-one percent of the Health District workforce will be eligible to retire. The actual numbers are probably higher because they do not account for years of service that employees may have with other PERS agencies, or whether they may have purchased years of retirement from PERS.

Eligible to Retire							
2015		2017		2019		5 YR Total	5 YR %
9	7%	14	11%	4	3%	27	21%

In order to respond to this expected turnover, we are identifying positions that are anticipated to become vacant so that class specifications can be reviewed. The class specifications and position responsibilities can then be updated and approved so that we can be able to proceed in a timely manner to recruit and fill the position based on current knowledge, skills, and abilities (KSAs) required by the position. We are also identifying potential advancement opportunities within the organization and identifying the types of KSAs we need to develop within existing staff to prepare them for these opportunities.

Smoking and E-Cigarettes

Kelli Seals and I worked with the County Manager’s Office and Human Resources regarding electronic nicotine devices and second hand smoke exposure. On March 15, a proclamation for Kick Butts Day was approved by the Board of County Commissioners. A revision to include electronic nicotine delivery devices and vaping in the County smoking policy is scheduled for BCC action on March 22. I will seek to engage the BCC in discussion and direction regarding further measures to reduce exposure to secondhand smoke on the County complex.

Other Events and Activities

Attended REMSA Board meeting February 26.

Participated in the Nevada Health Authorities Call on March 3.

Met with Jared Perkins, a member of Senator Reid’s staff, to orient him to the Health District

Met with Anna Heenan and County Budget Office staff to discuss the Health District budget request on March 8.

Attended Department Heads meeting March 9.

Provided an update report to the State Board of Health on March 11.

Attended the Northern Nevada Hopes grand opening on March 15.

The Health District participated with the Nevada Public Health Institute and other partners to hold an event at the Health District in conjunction with the 2016 release of the Nevada County Health Rankings on March 16.

An Introduction Orientation to the Health District was held for new employees on March 21.

Provided testimony with the Local Health Districts to the Legislative Committee on Health Care meeting in Carson City on March 23.

I met with the Division Directors on March 2 and March 18. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Health District Media Contacts: February 1 - 29, 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
2/25/2016	Alice - 96.5 FM	Bill & Connie Show	Washoe County School District Wellness Policy - Seals
2/23/2016	KRNV CH4 - NBC Reno	Madison Corney	Washoe County School District Wellness Policy - Seals
2/19/2016	UNIVISION	Liliana Salgado	STDs in Washoe County - Howell
2/16/2016	Edible Reno Tahoe Magazine	Erin Meyering	Food Storage - Macaluso
2/8/2016	Las Vegas Review Journal	Pashtana Usufzy	Zika Virus - Ulibarri
2/2/2016	KTVN CH2- CBS Reno	Ky Sisson	Restaurant Openings - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

2/26/2016	Burn Code Season Ends	Communications Mgr. Ulibarri
2/17/2016	Family Health Festival	Communications Mgr. Ulibarri

Social Media Postings

Facebook	Ulibarri/Schnieder/Barker/ 99 Howell
Twitter	Schnieder 62
Grindr	Howell 29