

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

**Thursday, August 25, 2016
1:00 p.m.**

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

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA

(Complete item description on second page.)

- **Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments**

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

August 25, 2016

5. Approval of Draft Minutes

July 28, 2016

6. *Recognitions

A. Years of Service

- i. Craig Petersen, 15 years, hired 9/17/2001 – AQM

B. Promotions

- i. David Kelly, Environmental Health Specialist to Senior Environmental Health Specialist, 7/25/16 – EHS

C. Retirements

- i. Jeff Whitesides, Public Health Preparedness Manager, 8 years, hired 6/25/2008, retired 8/10/2016 – EPHP

D. New Hires

- i. Kimberly Graham, Administrative Assistant I, hired 8/1/16 – CCHS
- ii. Maria Tokarz, Office Assistant III, hired 8/22/16 - EPHP

7. Consent Items

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

A. Budget Amendments/Interlocal Agreements

- i. Retroactive acceptance of Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2016 through December 31, 2016 in the total amount of \$129,628 (no required match) in support of the Community and Clinical Health Services Division Immunization Program IO 11319 and 10029 and authorize the District Health Officer to execute the Subgrant Amendment.
Staff Representative: Nancy Kerns-Cummins
 - ii. Approval to modify pharmaceutical fees on the Community and Clinical Health Services fee schedule.
Staff Representative: Nancy Kerns-Cummins
 - iii. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$649,712 (with \$64,971.20 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Patsy Buxton
 - iv. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$259,817 (with \$25,981.70 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Patsy Buxton
- B. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
Staff Representative: Charlene Albee
- i. Reno Green, Case No. 1187, Citation No. 5576
- C. Acknowledge receipt of the Health District Fund Financial Review for July, Fiscal Year 2017
Staff Representative: Anna Heenan
- D. Approval of authorization to travel and travel reimbursements for non-County employee Dr. George Hess in the approximate amount of \$750, to attend Governor Sandoval's Prescription Drug Abuse Prevention Summit in Las Vegas, NV August 31 and September 1, 2016.
Staff Representative: Nancy Kerns-Cummins

- 8. PUBLIC HEARING: Review, discussion and possible adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (proposing deletion of Sections 240.060 and 240.065 related to grades and grading of food establishments, addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections).**

Staff Representative: Amber English

9. *NALBOH Conference Report

Presented by: Dr. John Novak

10. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the Compliance Report for July 2016

*B. Operations Update for July 2016

11. Discussion and Possible Adoption of Proposed Rules, Policies and Procedures

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

Program Report – Immunizations; Divisional Update – Data & Metrics; Program Reports

C. Environmental Health Services, Bob Sack, Director

EHS Division and 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

Regional License/Permit Program, Legislature, Emergency Medical Services Oversight, Prescription Drug Abuse, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), TMHC Family Health Festival, Community Health Improvement Plan, 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:

Downtown Reno Library, 301 S. Center St., Reno

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, July 28, 2016
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
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
Mike Brown
Dr. George Hess
Dr. John Novak
David Silverman

Members absent: Julia Ratti, Vice Chair
Oscar Delgado

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
Randall Todd, Director, EPHP
Linda Gabor, Public Health Nurse Supervisor, CCHS
Daniel Inouye, Air Quality Supervisor, AQM
Bob Sack, Director, EHS
Paula Valentin, Administrative Assistant 1, EHS
Amber English, Sr. Environmental Health Specialist, EHS
Brittany Dayton, Emergency Medical Services Coordinator, EPHP
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Mr. Sack 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

July 28, 2016

Mr. Brown moved to approve the agenda for the July 28, 2016, District Board of Health regular meeting. Mr. Silverman seconded the motion.

Dr. Novak noted that the title of Item 11 referred to an April Emergency Medical Services meeting when in fact the report was for July.

Mr. Brown moved to approve the agenda as corrected. Mr. Silverman as the second also approved the change. The corrected agenda was approved five in favor and none against.

5. Approval of Draft Minutes

June 23, 2016

Dr. Novak moved to accept the minutes of the June 23, 2016 District Board of Health meeting as written. Dr. Hess seconded the motion which was approved five in favor and none against.

6. *Recognitions

A. Years of Service

- i. Suzanne Dugger, 15 years, hired 7/2/2001 – AQM
Mr. Dick requested Ms. Dugger stand and be recognized and attendees congratulated her with a round of applause. She will receive a commemorative certificate and a 15-year pin.

B. Years of Service/Retirement

- i. Susan Lampman, OSS, 20 years, hired 7/29/96, retiring 7/29/2016 – EHS
Ms. Lampman was not in attendance.

C. Retirements

- i. Norma Jackson, OA III, 10 years, hired 10/23/2006, retiring 7/29/2016 – EPHP
Ms. Jackson was not in attendance.

D. New Hires

- i. Amy Santos, OSS, hired 7/11/16 – EHS
- ii. Kristen Wofford, OSS, hired 7/11/16 – EHS

Ms. Valentin introduced Ms. Santos, reviewed her experience and qualifications, and stated she was happy that Ms. Santos had joined EHS. Attendees welcomed Ms. Santos with a round of applause. Ms. Wofford was not in attendance.

7. Consent Items

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

A. Budget Amendments/Interlocal Agreements

- i. Approve the termination of an Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine for physician consulting services for the Immunization Program to be effective August 31, 2016; and if approved, authorize the Chair to sign the termination letter.
Staff Representative: Nancy Kerns-Cummins
- ii. Approve an Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and

- the University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN), for physician consulting services for the Immunization Program for monthly installments of \$669.38 effective September 1, 2016; and if approved, authorize the Chair to execute the agreement.
Staff Representative: Nancy Kerns-Cummins
- iii. Accept a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2016 through June 30, 2017 in the total amount of \$62,284.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Fetal Infant Mortality Review (FIMR) Program IO 11176 and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns-Cummins
- iv. Accept Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2015 through September 30, 2016 for an additional \$55,722.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children Program (WIC) Program, IO 10031 and authorize the District Health Officer to execute the Subgrant Amendment.
Staff Representative: Nancy Kerns-Cummins
- v. Approve Subgrant Amendment #1 (to add Year 2 activities in Scope of Work) from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period April 1, 2015 through March 31, 2017 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology & Laboratory Capacity (ELC) – Ebola Supplement Federal Grant Program, IO 11242; and if approved authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Patsy Buxton
- vi. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through May 17, 2020 in the total amount of \$32,279 (\$8,069.75 per year) in support of the Public Health Preparedness HPP Ebola Program, IO-11286; and if approved authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Patsy Buxton
- vii. Retroactive approval of the Grant Agreement #A-00905416-1 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$684,564 for the period 10/1/15 – 9/30/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.
Staff Representative: Patsy Buxton
- B. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
Staff Representative: Charlene Albee
- i. Toll Brothers, Case No. 1185, Citation No. 5534
- ii. Silverado Homes, Case No. 1186, Citation No. 5535
- C. Acknowledge receipt of the Health District Fund Financial Review for June, Fiscal Year 2016
Staff Representative: Anna Heenan

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

Dr. Novak suggested approval of minutes be included with the other Consent agenda items in the future. Deputy District Attorney (DDA) Admirand opined there would be no impediment to that and stated she would research and confirm. Chair Jung noted the Board of County Commissioner's (BCC) minutes were approved under their Consent agenda.

Mr. Dick stated the budget was currently well in the black for the fiscal year just completed, and the Financial Review item on the next agenda would reflect that.

8. Review, discussion and possible adoption of the Business Impact Statements regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (proposing deletion of sections 240.060 and 240.065 related to grades and grading of food establishments, addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for August 25, 2016 at 1:00 pm.

Staff Representative: Amber English

Ms. English presented the staff report. She explained the revisions were being made so that they more closely matched the U.S Food and Drug Administration (FDA) Model Food Code. Additionally, a new facility grading system will be implemented.

Mr. Silverman thanked staff for a great job.

Chair Jung moved to adopt the Business Impact Statements regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments and set a public hearing for possible adoption of the proposed revisions to the Regulations for August 25, 2016 at 1:00 pm. Mr. Brown seconded the motion which was approved five in favor and none against.

Chair Jung announced there would be a marketing campaign designed to help the public understand the meanings of the symbols used in the new grading system.

9. *Presentation on Prescription Drug Abuse and Overdose Data for Washoe County

Presented by: Julia Peek, MHA, Deputy Administrator, Community Services, NDPBH

Ms. Peek and Dr. Stephanie Woodard from NDPBH provided a comprehensive Presentation on Prescription Drug Abuse and Overdose Data for Washoe County. The PowerPoint is located at the end of the following meeting packet:

https://www.washoecounty.us/health/board_committees/dboh/2016/files/072816_dboh_meeting_packet.pdf

Dr. Hess noted that at a point in very recent history, physicians were being encouraged to over-prescribe medication, to be certain that people were not in any pain. He suggested that the Health District and the State consider looking into that and reeducating physicians, sharing information about alternative methods.

Chair Jung noted recent studies had shown that opioids were not an optimal pain management solution. She requested demographic statistics showing the percentage of Washoe County citizens who had prescriptions for these medications and overdosed.

Chair Jung stated the Health District would act as a partner in supporting the State's efforts. She opined one of the root causes of the problem was poor mental health. She pointed out that Washoe County's human support programs were a model for other states and counties.

Chair Jung suggested the Public Health nurses should be conducting prescription drug use screenings during scheduled appointments at the clinic. Additionally, she requested an update regarding whether or not patients were being asked if they were food secure.

Chair Jung noted the BCC had doubled the amount that will be spent on the Community Assistance center, and the cities of Reno and Sparks had also augmented their budgets in support.

Chair Jung stated she and Mr. Dick had intended to attend Governor Sandoval's Prescription Drug Abuse Prevention Summit, to be held in Las Vegas August 31 and September 1, but that event conflicted with the State of the County presentation, so she would not be able to attend. She recommended another Board member attend as a subject matter expert to help craft policy.

Dr. Woodard explained national leaders and experts would be at the Summit to inform the group as to what has happened related to policy, legislation and funding to address the issue. There will be breakout sessions to study multi-pronged approaches. The goal is to compile recommendations that can be considered at the State level

Dr. Hess stated he would be interested in going.

Mr. Brown asked if the overdose intervention being utilized through Reno Police Department would be shared with any other law enforcement agencies in Washoe County. Ms. Peek stated it would, and noted they also planned to work with the jails. Intervention progress would be tracked to ensure its effectiveness.

10. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the Compliance Report for June 2016

Dean Dow, President and CEO of REMSA, introduced the item and offered to answer questions.

Dr. Novak commended Mr. Dow on the fact the response times were decreasing. He asked if the additional units added impact the response time. Mr. Dow stated they did. He elaborated on the additional staff and equipment and opined the response times would continue to decrease.

Dr. Novak moved to accept the Compliance Report. Mr. Brown seconded the motion which was approved five in favor and none against.

*B. Update concerning the implementation of the updated REMSA franchise response map

*C. Operations Update for June 2016

Mr. Romero noted June kicked off special events season. Shortly following an Ebola transport training exercise, REMSA was requested to transport a patient suspected of having Ebola. All aspects had gone smoothly. REMSA had provided mutual aid to the Fire District and had hosted a visit from the Emergency Medical Services (EMS) Chief and executive staff from Trinidad, CO, sharing EMS operations information.

Dr. Hess noted very few of the survey responses included the ages of the responder. Mr. Romero stated he would review the surveys and report back to the Board.

Dr. Novak suggested staff be honest with children about what is occurring during an emergency. He stated he supported the way the penalty funds had been expended.

11. *Regional Emergency Medical Services Advisory Board July Meeting Summary

Staff Representative: Christina Conti

Dr. Todd noted EMS oversight staff had attended the Pre-Hospital Advisory Committee meeting and presented initiatives to improve the overall EMS system. Some staff also attended national-level training and had brought ideas back to the EMS Advisory Board (EMSAB) for possible regional implementation.

Dr. Todd went on to explain the EMSAB had approved an meeting item indicating the Washoe County EMS program should receive EMS and EMS-related call data from the fire departments from both their Computer-Aided Dispatch (CAD) systems and their Risk Management Solutions (RMS) databases. There had also been discussion about the CAD-to-CAD linkage. The Fire department CAD systems are being updated and the ability for their systems and REMSA's to interact will be an important step in improving regional response.

Mr. Brown noted the City of Reno owns the Tiburon CAD program that is pushed to both the County and Sparks, and progress has slowed due to be sure the contracts currently in place can be used between the agencies. Mr. Dick asked if that was still the current status and Chief Nolan stated things were moving forward.

Chief Nolan indicated that response data was being provided to the Health District now but that the CAD-to-CAD linkage should help resolve some of the issues surrounding that. Chair Jung asked if all the data would be transferred electronically when the CAD-to-CAD linkage was complete so that it could be compared year-over-year. Chief Nolan stated that was essentially correct, but it would depend on the type of data being requested. He noted it would also provide the opportunity to implement the Automatic Vehicle Locator tracking, which will also help improve the system. Chair Jung stated she wanted to data to eventually become completely automated so that it would arrive in its original, unsanitized condition.

Mr. Dick stated it was not clear to him that all data requested from the Fire agencies has been provided, and requested clarification. DDA Admirand interjected, opining the discussion was diverting away from the agenda item. Chair Jung stated she would be reaching out to Council members Ratti and Delgado to make them aware that data issues still exist.

12. Discussion and possible approval of immediate implementation of a northern boundary clarification of the Washoe County REMSA ambulance franchise service

Staff Representative: Christina Conti

Ms. Dayton reviewed the staff report, explaining that the Gerlach volunteer fire boundary was not clear at the time the Franchise Agreement was approved and that further work had revealed that a number of homes within the Palomino Valley area could fall into the Gerlach area response zone. Staff reviewed the area impacted by the proposed "rural fire boundary" and found that a response from Gerlach would be lengthy, not a best practice, and recommended the REMSA service boundary be clarified so the Palomino Valley would be covered within the REMSA franchise area. The EMSAB approved the presentation on July 7, 2016, and directed staff to present to the District Board of Health for approval.

Kathy Brandhorst discussed concerns about proper identification of injured persons.

Mr. Brown moved to approve of immediate implementation of a northern boundary clarification of the Washoe County REMSA ambulance franchise service. Dr. Novak seconded the motion which was approved five in favor and none against.

13. Discussion and Possible Adoption of Amended Board Bylaws and Proposed Rules, Policies and Procedures. [Ratti, Hess]

Staff Representative: Kevin Dick

Mr. Dick explained the items had been introduced at the July meeting and were being presented for adoption. He suggested the motion include Dr. Novak's suggestion of including the minutes in the Consent agenda. Dr. Hess asked if there were any legal obstructions and DDA Admirand stated she had not found any.

Kathy Brandhorst discussed the importance of abiding by established laws and rules.

Dr. Novak suggested the Board add to the Rules that each non-officer be assigned to a department or division to meet with the director at least quarterly and report back to the Board. The District Health Officer (DHO) will attend the meetings. The goal is to increase communication and let the Board know the District's future plans and needs. The assignments would be made by the Chair annually to provide opportunity for rotation.

Chair Jung summarized, stating they would be Board liaisons who would become subject matter experts to help guide direction. She noted it was important to maintain the DHO's authority.

DDA Admirand opined the Board could vote on the Bylaws, but suggested the Rules be brought back after the new language had been included.

Dr. Novak moved to adopt the Bylaws. Dr. Hess seconded the motion which was approved five in favor and none against.

14. *Staff Reports and Program Updates

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

Mr. Inouye stated he had nothing to add but was available for questions.

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

Ms. Gabor introduced herself as the Acting Director for CCHS. She explained that clients who come to the clinics are asked if they are aware of options for obtaining food in the community and are provided with resource information.

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

Mr. Sack discussed a sewage problem in a neighborhood in Panther Valley and the steps that were being taken to alleviate it. This would include constructing a sewer line to which residents would be required to connect. He noted they were working to mitigate the costs to the citizens.

Dr. Hess encouraged positive news about the situation be distributed through the media.

Mr. Dick stated a neighborhood meeting was targeted to be scheduled before the end of August.

Mr. Brown complimented Mr. Sack and his staff on a positive customer service experience that had affected numerous citizens.

Dr. Novak asked if the amount of spraying for mosquitos and larvae was typical or higher than normal. Mr. Sack confirmed it was normal. He noted new traps had been added to look for the mosquitos that carry the Zika virus.

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.

E. Office of the District Health Officer, Kevin Dick, District Health Officer
Strategic Planning, Regional License/Permit Program, Legislature, Prescription Drug
Abuse, Quality Improvement, Truckee Meadows Healthy Communities (TMHC),
Community Health Improvement Plan, Other Events and Activities and Health District
Media Contacts

Mr. Dick explained a quarterly strategic planning progress report would be provided to the Board, the first will be presented in October. Staff has been busy developing an action plan around the initiatives. OnStrategy has provided software that will allow for tracking and reporting of progress.

Mr. Dick explained the major components of the regional license/permitting software platform project. He noted the implementation date had been pushed back from December 21, 2015 to August 22, 2016. It seemed increasingly unlikely that the system would be ready to go live on that date. The decision to go live or not will be made by the Oversight Group on August 15. The testing process continues to uncover more issues that must be addressed before the system can be considered fully functional.

Mr. Dick stated the Legislature was essentially already underway. A substantial number of Bill Draft Requests (BDRs) have already been submitted, and staff is preparing for the session. Inquiries have been coming in about recommendations made to the Legislative Healthcare Committee, potentially indicating broader support.

Mr. Dick stated he had met with representatives from the Sheriff's Office and Social Services to discuss what other communities are doing in response to the Opioid epidemic. The group discussed increasing the County's leadership role. A plan will be developed to address treatment/intervention, prevention and outreach, and Mr. Dick will report back to the Board on progress.

15. *Board Comment

None.

16. *Public Comment

Kathy Brandhorst expressed concerns regarding the behavior of other residents in the complex where she lives.

17. Adjournment

Chair Jung adjourned the meeting at 2:39 p.m.

Respectfully submitted,



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



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

DRAFT

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

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, nkcummins@washoecounty.us

SUBJECT: Retroactive acceptance of Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2016 through December 31, 2016 in the total amount of \$129,628 (no required match) in support of the Community and Clinical Health Services Division Immunization Program IO 11319 and 10029 and authorize the District Health Officer to execute the Subgrant Amendment.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other 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 Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on August 1, 2016 to support the Immunization Program. The funding period is retroactive to January 1, 2016 and extends through December 31, 2016. A copy of the Subgrant Amendment is attached.

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

PREVIOUS ACTION

The Washoe County District Board of Health approved a Notice of Subgrant Award for Calendar Year 2016 in the amount of \$194,271, representing “Round 1” of funding, in support of the Immunization Program on February 25, 2016.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Immunization Program

Scope of the Project: The application included the following objectives: conduct Vaccine For Children (VFC) compliance visits, perform Assessment, Feedback, Incentives and Exchange (AFIX) assessments, Perinatal Hepatitis B prevention activities, and seasonal influenza vaccination activities.

The Subgrant Amendment #1, representing “Round 2” of funding from the CDC, provides funding for personnel, travel, operating supplies and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the Health District’s Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

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

Amendment Amount: \$129,628.00

Grant Period: January 1, 2016 – December 31, 2016

Funding Source: Centers for Disease Control and Prevention (CDC) - Vaccines for Children Funds and Prevention and Public Health Funds

Pass Through Entity: State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health

CFDA Number: 93.268 & 93.539

Grant ID Number: HD#15389

Match Amount and Type: No match required.

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

FISCAL IMPACT

The FY17 budget was adopted anticipating this funding, therefore no budget amendments are required at this time.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively accept Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2016 through December 31, 2016 in the total amount of \$129,628 (no required match) in support of the Community and Clinical Health Services Division Immunization Program IO 11319 and 10029 and authorize the District Health Officer to execute the Subgrant Amendment.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “move to retroactively accept Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2016 through December 31, 2016 in the total amount of \$129,628 (no required match) in support of the Community and Clinical Health Services Division Immunization Program IO 11319 and 10029 and authorize the District Health Officer to execute the Subgrant Amendment.”

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

JOHN DIMURO, D.O., MBA
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NEVADA STATE IMMUNIZATION PROGRAM**
Bureau of Child, Family & Community Wellness
4150 Technology Way, Suite 210
Carson City, Nevada 89706
Telephone: (775) 684-5900 · Fax: (775) 684-8338

August 1, 2016

Washoe County Health District
Attn: Kitty Jung, Chair, District Board of Health
PO Box 11130
Reno, NV 89520

RE: HD-15389 Sub-grant Amendment

Dear Ms. Jung

Please find attached a copy of Sub-grant Amendment #1 for #HD-15389. This sub-grant is funded by the Nevada Immunization & Vaccine for Children Federal Grant (CDC). The funding period for this award is January 1, 2016 through December 31, 2016.

The purpose of this sub-grant amendment is to increase the sub-grant award so that the sub-grantee can accomplish the scope of work set out in the original sub-grant. This amendment increases the original sub-grant budget by \$129,628 for a total budget award of \$323,900.

Please complete and verify signatures in all locations and return to my attention. Once the sub-grant has final approval I will return one original to your attention and records. Please feel free to contact me with any questions or concerns you may have at (775) 684-4233 or sharonpilcher@health.nv.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sharon A. Pilcher".

Sharon A. Pilcher
Grants & Fiscal Manager
Nevada State Immunization Program



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

Original HD #: **15389**
 Budget Account: 3213
 Category: 20
 GL: 8516
 Job Number: 9353916M

SUBGRANT AMENDMENT # 1

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: 01/01/2016 through 12/31/2016	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: The Nevada State Immunization Program received Round 2 funding from the CDC issued on 07/06/2016. It is necessary for the program to increase the subgrant award so that the subgrantee can accomplish the scope of work set out in the original subgrant. This amendment increases the original subgrant budget by \$129,628 for a total budget award of \$323,900.

Required Changes:

Current Language: The maximum available through this subgrant is \$194,272.00. See Section C of original subgrant.

Amended Language: The maximum available through this subgrant is \$323,900.00. See Exhibit A which adds to the original subgrant.

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 160,636.00	\$ 104,296.00	\$ 264,932.00
2. Travel	\$ 5,163.00	\$ 3,888.00	\$ 9,051.00
3. Operating	\$ 827.00	\$ 623.00	\$ 1,450.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 5,296.00	\$ 3,988.00	\$ 9,284.00
7. Indirect	\$ 22,350.00	\$ 16,833.00	\$ 39,183.00
Total	\$ 194,272.00	\$ 129,628.00	\$ 323,900.00

Incorporated Documents:

Exhibit A: Amended Budget Detail

Exhibit B: Original Notice of Subgrant Award

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

Name / Title	Signature	Date
Kevin Dick District Health Officer		
Karissa Loper, MPH Program Manager, NSIP	<i>Karissa Loper</i>	7/28/16
Beth Handler, MPH Bureau Chief, CFCW	<i>for Michelle Walk</i>	7/29/16
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

Amendment 1 WCHD HD#15389

Washoe County Health District - CY2016 BUDGET				
	Qty	Total Wages	Time	Total
IZ PHN	1	\$ 119,643	0.50	\$ 59,822
IZ PHN	1	\$ 119,774	0.10	\$ 11,977
IZ PHN	1	\$ 81,346	0.15	\$ 12,202
Perl Hep-B Coord	1	\$ 101,976	0.05	\$ 5,099
VFC/AFIX Coord	1	\$ 120,357	0.90	\$ 108,321
VFC/AFIX Coord	1	\$ 119,774	0.67	\$ 80,249
Office Support	1	\$ 78,994	0.05	\$ 3,950
Total Wages include Fringe				
Total Personnel:				\$ 281,619
Travel:	Qty	Rate	Staff	Total
Mileage	2,594	\$ 0.540		\$ 1,401
2016 NV Health Conference Registration (will be in Reno)		\$ 250	5	\$ 1,250
2016 Silver Syringe Awards Registration (will be in Reno)		\$ 150	4	\$ 600
Other health conf registration		\$ 250	4	\$ 1,000
2016 National Immunization Conf 5 days/4 nights/2 staff Registration		\$ 325	2	\$ 650
Airfare to Atlanta, GA		\$ 900	2	\$ 1,800
Lodging	4	\$ 159	2	\$ 1,270
Per Diem	5	\$ 69	2	\$ 690
Ground Transportation	5	\$ 25	2	\$ 250
Airport Parking	5	\$ 14	2	\$ 140
Total Travel:				\$ 9,050
Operating/Supplies:	Qty	Rate	Time	Total
		120.83	12	\$ 1,450
Total Operating:				\$ 1,450
Equipment:	Qty	Rate	Time	Total
Total Equipment:				\$ -
Contractual:	Qty	Rate	Time	Total
Total Contractual:				\$ -
Other:	Qty	Rate	Time	Total
MD Consultant		\$ 3,782		\$ 3,782
Service Contract (Refrigerator Alarm)		\$ 2,268		\$ 2,268
Fridge Repair & Maintenance		\$ 568		\$ 568
Copy Machine		\$ 108	12	\$ 1,300
Books & Subscriptions		\$ 500		\$ 500
Postage		\$ 8	12	\$ 100
Printing		\$ 46		\$ 46
Telephone		\$ 60	12	\$ 720
Total Other:				\$ 9,284
Indirect	Qty	Rate	Time	Total
	301,403	0.13		\$ 39,182
Total Indirect:				\$ 39,182
Total Budget:				\$ 340,586

Round One Award				
	Qty	Total Wages	Time	Total
		\$ 281,619	57.04%	\$ 160,636.43
\$281,619 @ 57.04%				
Total Personnel:				\$ 160,636
Travel:	Qty	Rate	Staff	Total
		\$ 9,050	57.04%	\$ 5,162.51
\$9,051 @ 57.04%				
Total Travel:				\$ 5,163
Operating/Supplies:	Qty	Rate	Time	Total
		\$ 1,450	57.04%	\$ 827.06
\$1,450 @ 57.04%				
Total Operating:				\$ 827
Equipment:	Qty	Rate	Time	Total
Total Equipment:				\$ -
Contractual:	Qty	Rate	Time	Total
Total Contractual:				\$ -
Other:	Qty	Rate	Time	Total
		\$ 9,284	57.04%	\$ 5,295.55
\$9,284 @ 57.04%				
Total Other:				\$ 5,296
Indirect	Qty	Rate	Time	Total
		\$ 39,182	57.04%	\$ 22,349.67
\$ 39,182 @ 57.04%				
Total Indirect:				\$ 22,350
Total Round One Budget:				\$ 194,271

VFC Ops = \$173,935 317 Ops = \$20,337

Round Two Award				
	Qty	Total Wages	Time	Total
		\$ -		\$ 104,295.75
Total Personnel:				\$ 104,296
Travel:	Qty	Rate	Staff	Total
		\$ -		\$ 3,887.85
\$ - @ 57.04%				
Total Travel:				\$ 3,888
Operating/Supplies:	Qty	Rate	Time	Total
		\$ -	0.00%	\$ -
\$ - @ 57.04%				
Total Operating:				\$ 623
Equipment:	Qty	Rate	Time	Total
Total Equipment:				\$ -
Contractual:	Qty	Rate	Time	Total
Total Contractual:				\$ -
Other:	Qty	Rate	Time	Total
		\$ -	0.00%	\$ -
\$ - @ 57.04%				
Total Other:				\$ 3,988
Indirect	Qty	Rate	Time	Total
		\$ -	0.00%	\$ -
\$ - @ 57.04%				
Total Indirect:				\$ 16,833
Total Round Two Budget:				\$ 129,628

VFC Ops = \$47,925 PPHF = \$81,703

Still owe \$16,687 in VFC Ops

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health

FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services
775-328-6159; skutz@washoecounty.us
Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approval to modify pharmaceutical fees on the Community and Clinical Health Services fee schedule.

SUMMARY

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

Community and Clinical Health Services (CCHS) is requesting approval to modify the fee structure for prescription and non-prescription drugs, specifically codes J8499 and A9150.

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

PREVIOUS ACTION

There has been no previous action taken by the Board during this fiscal year.

BACKGROUND

In October 2015, the Board approved the revision of CCHS clinical fees utilizing the Relative Value System (RVS). As part of that adoption, the charges for Pharmacy and Supplies were based on average cost the agency paid for the pharmacy supplies. Specifically in the family planning program, oral contraceptives were given a “weighted” cost. By weighting the cost of the pills that are used in greater quantity, we insure that the lower priced pills do not reduce the average cost nor do higher priced pills increase the average. All other pharmaceuticals were established as the average cost paid.

With the implementation of Patagonia Health as the Division's new Electronic Health Record (EHR), it was realized that there was not the ability to assign individual pharmaceutical costs as there are only a few pharmaceutical billing codes (Healthcare Common Procedure Coding System (HCPCS) codes J8499 or A9150) recognized by insurance companies for non-pharmacy providers. Medicaid is the only insurance company that will pay claims for medications dispensed related to clinical services. CCHS has requested Patagonia Health modify the software to allow for coding tied with individual medications rather than HCPCS codes but this change will take time to be implemented. As such CCHS staff collaborated with Administrative Health Services to apply the same methodology that was applied to oral contraceptives, to resolve this issue.

HCPCS code J8499 covers the majority of the medications and includes drugs such as Acyclovir and Azithromycin used to treat infections, as well as Isoniazid which is used to treat Tuberculosis patients. HCPCS code A9150 covers non-prescription drugs such as Clotrimazole/Mycelex 7 used to treat yeast infections and Ferrous Sequels, an iron supplement.

A few HCPCS code J8499 medications on the fee schedule are rarely used (many haven't been used in years) in the Tuberculosis Clinic as they are secondary medications and are substantially higher in cost than the majority of medications. These medications have been excluded from the RVS process. If a client requires these medications, clinic staff will override the system and charge the actual cost per dose, with management approval.

The HCPCS codes, medications and costs are attached for reference.

FISCAL IMPACT

There is no fiscal impact to the FY17 adopted budget based on the rate calculated for pharmaceutical usage in the past fiscal year. The rate will be adjusted annually if necessary.

RECOMMENDATION

Staff recommends approval to modify pharmaceutical fees on 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 modifying pharmaceutical fees on the Community and Clinical Health Services fee schedule."

Code	Pharmaceutical	Cost	Usage by Clinic			Total
			TB	STD	FP	
J8499	Vitamin B6 50mg	\$ 0.01	1,799			1,799
J8499	Isoniazid 100mg	\$ 0.03	4,933			4,933
J8499	Isoniazid 300mg	\$ 0.09	11,063			11,063
J8499	Levofloxacin 250mg	\$ 0.14				-
J8499	Rifampin 150mg	\$ 0.18	3,747			3,747
J8499	Acyclovir 200mg	\$ 0.27		30	30	60
J8499	Acyclovir 400mg	\$ 0.27		622	540	1,162
J8499	Azithromycin 500mg	\$ 0.27		1,986	109	2,095
J8499	Doxycycline 100mg	\$ 0.27		324	239	563
J8499	Erthoromycin 500mg	\$ 0.27				-
J8499	Ethambutol 100mg	\$ 0.27				-
J8499	Ethambutol 400mg (Myambutol 400mg)	\$ 0.27	1,256			1,256
J8499	Rifampin 300mg	\$ 0.41				-
J8499	Flagyl Metronidazole 250mg	\$ 0.57		28		28
J8499	Flagyl Metronidazole 500mg	\$ 0.57		1,564	2,954	4,518
J8499	Levaquin 500mg	\$ 0.61		10		10
J8499	Pyrazinamide 500mg	\$ 0.66	1,109			1,109
J8499	Amoxicillin 500mg	\$ 0.68				-
J8499	Cephalexin 500mg	\$ 0.68			140	140
J8499	Cipro 750mg	\$ 0.68				-
J8499	Clindamycin 300mg #14	\$ 0.68		15	28	43
J8499	Diflucan/Fluconazole 150mg	\$ 0.68			68	68
J8499	Nitrofurantoin 100mg	\$ 0.68			1,196	1,196
J8499	Phenazophridine HCl 100mg	\$ 0.68			36	36
						33,826
Weighted average		\$ 0.22				

TB CLINIC - Secondary medications

J8499	Rifabutin 150mg	\$ 1.72				
J8499	Rifampin 100mg/5ml susp	\$ 2.29				
J8499	Ethionamide 250mg	\$ 2.85				
J8499	Moxifloxacin 400mg	\$ 3.71				
J8499	Rifamate	\$ 6.14				
J8499	Cycloserine 250mg	\$ 16.75				
J8499	Rifampin 10mg/1 ml susp	\$ 23.04				
J8499	Linezolid 600mg	\$ 35.00				

Code	Pharmaceutical	Cost	Usage by Clinic			Total
			TB	STD	FP	
A9150	Clotrimazole/Mycellex 7-45gr	\$ 2.40	-	33	131	164
A9150	Double antibiotic ointment	\$ 1.53	-			-
A9150	Ferrous Sequels	\$ 0.35	-		421	421
A9150	Hydrocortisone cream	\$ 1.12	-		5	5
A9150	Ibuprofen	\$ 0.04	-		152	152
A9150	Lotrimin/Clotrimazole 1% 15g	\$ 2.00	-	23	29	52
A9150	Permethrin rinse 1% (Lotion)	\$ 5.57	-			-
						794
Weighted average		\$ 0.83				

DD	AH	__
DHO		AD
DA	LA	__
Risk	DME	__

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health

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

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$649,712 (with \$64,971.20 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2016 through June 30, 2017 in the total amount of \$649,712 in support of the CDC Public Health Preparedness Grant Program, IO 10713. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Objective supported by this item:

- 1. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 2. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division’s mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2015 through June 30, 2016 in the total amount of \$647,090 on November 19, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: CDC Public Health Preparedness Program

Scope of the Project: The Subgrant Award scope of work addresses the following capabilities:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

Benefit to Washoe County Residents: This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

On-Going Program Support: These funds support on-going activities in the Public Health Preparedness Program.

Award Amount: Total award is \$649,712 (\$597,162 direct/\$52,550 indirect)

Grant Period: July 1, 2016 – June 30, 2017

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: 93.069

Grant ID Number: 5NU90TP000534-05-00

Match Amount and Type: 10% match is required and is met through Shared Services expenditures

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 FY17 budget in Internal Order 10713 was adopted with a total of \$649,455 in revenue (includes \$50,239 of indirect) and \$599,216 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$649,712 (with \$64,971.20 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$649,712 (with \$64,971.20 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award."



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

HD #: **15546**
 Budget Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306916

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)		Subgrantee Name: Washoe County Health District (WCHD)			
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth St. / PO Box 11130 Reno, NV 89520			
Subgrant Period: July 1, 2016 through June 30, 2017		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>			
Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) capabilities according to the HPP and PHEP Cooperative Agreement.					
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>					
Approved Budget Categories:		Disbursement of funds will be as follows:			
1. Personnel	\$ <u>547,300.00</u>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$649,712.00 during the subgrant period.			
2. Travel	\$ <u>8,963.00</u>				
3. Supplies	\$ <u>5,440.00</u>				
4. Equipment	\$ <u>0.00</u>				
5. Contractual/Consultant	\$ <u>471.00</u>				
6. Other	\$ <u>34,988.00</u>				
7. Indirect	\$ <u>52,550.00</u>				
Total Cost: \$ <u>649,712.00</u>					
Source of Funds:		% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)		100	93.069	U90TP000534	5NU90TP000534-05-00
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.					
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; and Attachment 2: Detailed Work Plan.					
Kitty Jung, Chair Washoe County District Board of Health		Signature (BLUE INK)			Date
Erin Lynch, MPH Program Manager, PHP		<i>Erin Lynch</i>			<u>8/8/16</u>
Chad Westom Bureau Chief, PAIS		<i>C. Westom</i>			<u>8.10.16</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.**

THIS SPACE INTENTIONALLY LEFT BLANK

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 5, July 1, 2016 through June 30, 2017 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2017. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2016 1st Quarter Progress Report (For the period of 7/1/16 - 9/30/16)
 - January 31, 2017 2nd Quarter Progress Report (For the period of 7/1/16 - 12/31/16)
 - April 30, 2017 3rd Quarter Progress Report (For the period of 7/1/16 – 3/31/17)
 - July 31, 2017 Final Progress Report (For the period of 7/1/16 – 6/30/17)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2016 1st Quarter (For the period of 7/1/16 - 9/30/16)
 - January 31, 2017 2nd Quarter (For the period of 10/1/16 – 12/31/16)
 - April 30, 2017 3rd Quarter (For the period of 1/1/17 – 3/31/17)
 - July 31, 2017 4th Quarter (For the period of 4/1/17 – 6/30/17)

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5NU90TP000534-05-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5NU90TP000534-05-00 from the CDC.

Subgrantee agrees to adhere to the following budget:

Category	Total cost	Detailed cost	Details of expected expenses	
1. Personnel	\$ 547,300			
			Annual Salary	% of Time
	\$ 107,221	Director, Epidemiology & Public Health Preparedness Manager; \$166,234 x 64.5% = \$107,221	\$166,234	64.5%
	\$ 75,156	Public Health Preparedness Manager; \$93,945 x 80% = \$75,156	\$93,945	80%
	\$ 31,064	Administrative Secretary; \$62,128 x 50% = \$31,064	\$62,128	50%
	\$ 65,416	Public Health Emergency Response Coordinator; \$81,770 x 80% = \$65,416	\$81,770	80%
	\$ 41,537	Public Health Communications Manager; \$83,074 x 50% = \$41,537	\$83,074	50%
	\$ 16,354	Public Health Emergency Response Coordinator; \$81,770 x 20% = \$16,354	\$81,770	20%
	\$ 45,408	MRC Program Coordinator; \$64,869 x 70% = \$45,408	\$64,869	70%
	\$ 6,000	Overtime		
	\$ 159,144	Fringe @ 41.6437% (does not include overtime) \$382,156 x 41.6437% = \$159,144		
2. Travel	\$ 8,963			
			In-State Travel	
	\$ 1,938	Meetings with Regional Partners – Las Vegas, NV 3 staff x 1 day x 2 trips Airfare; \$225 x 3 staff x 2 trips = \$1,350 Per Diem; \$64/day x 1 day x 3 staff x 2 trips = \$384 Transportation; \$60/day x 1 day x 2 trips = \$120 Parking; \$14/day x 1 day x 3 staff x 2 trips = \$84 Total = \$1,938		
	\$ 648	Mileage to various partner meetings in Northern Nevada 100 miles/month x 12 months x \$.54/mile = \$648		
			Out-of-State Travel	
	\$ 251	Travel to Truckee, CA for meetings with border regional partners Mileage; 116 miles/trip x 4 trips x \$.54/mile = \$251		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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	\$	6,126	NACCHO Summit – Location TBD. GSA rates based on Austin, TX 5 days, 4 nights x 3 staff x 1 trip Airfare; \$600/person x 3 staff = \$1,800 Hotel; \$148/night (\$135/night + tax) x 4 nights x 3 staff = \$1,776 Per Diem = \$59/day x 5 days x 3 staff = \$885 Transportation; \$97/day x 5 days x 3 staff = \$1,455 Parking; \$14/day x 5 days x 3 staff= \$210 Total = \$6,126
3. Supplies	\$	5,440	
	\$	4,000	Office Supplies (pens, paper, ink, etc) \$333.33/month x 12 months = \$4,000
	\$	1,440	Staff Operating Supplies (specific items that staff need that are particular to a project) \$120/month x 12 months = \$1,440
4. Equipment	\$	0	
	\$		
5. Contractual/ Consultant	\$	471	
	\$	471	Part time clerical assistance \$17.44/hr x 27 hours= \$471
6. Other	\$	34,988	
	\$	4,046	Phones – Satellite, Cell, Landlines, and Network \$337.16/month x 12 months = \$4,046
	\$	9,900	WebEOC \$9,900 annual cost
	\$	15,000	Trailer/Vehicle maintenance and operations (County fee that is charged for asset management and includes trailer/vehicle maintenance – tires, oil changes, etc) \$1,250/month x 12 months = \$15,000
	\$	410	Memberships dues for communication and public outreach \$410 annual cost
	\$	750	Printing \$62.50/month x 12 months = \$750
	\$	300	Copy Machine \$25/month x 12 months = \$300
	\$	35	Postage \$2.92/month x 12 months = \$35
	\$	120	Books, Publications, Subscriptions for staff education \$10/month x 12 months = \$120
	\$	1,500	Equipment Repair for printers, fax machines, etc. \$125/month x 12 months = \$1,500
	\$	99	Incentives for recognition and appreciation \$8.25/month x 12 months = \$99
	\$	2,628	Minor furniture and equipment for replacement of printers, office chairs, etc. \$219/month x 12 months = \$2,628
	\$	200	Survey Monkey \$200 annual cost
7. Indirect	\$	52,550	
	\$	52,550	Indirect rate @ 8.8% \$597,162 x 8.8%= \$52,550
Total Cost	\$	649,712	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$64,971.20), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
 - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
 - Meal costs are not duplicated in participants' per diem or subsistence allowances.
 - Meeting participants (majority) are traveling from a distance of more than 50 miles.
 - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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.

- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2017. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$649,712.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$64,971.20. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION D

Nevada Department of Health and Human Services Division of Public & Behavioral Health Public Health Preparedness Program	HD#: <u>15546</u> Budget Account: <u>3218</u> Category: <u>22</u> GL: <u>8516</u> Job #: <u>9306916</u> Draw #: _____
REQUEST FOR REIMBURSEMENT	

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way Suite# 200 Carson City, NV 89706	Address: 1001 East Ninth St. / PO Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2016 through June 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> DUNS#: <u>073786998</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS
(must be accompanied by expenditure report/back-up)
Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$547,300.00	\$0.00	\$0.00	\$0.00	\$547,300.00	0.0%
2 Travel	\$8,963.00	\$0.00	\$0.00	\$0.00	\$8,963.00	0.0%
3 Supplies	\$5,440.00	\$0.00	\$0.00	\$0.00	\$5,440.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$471.00	\$0.00	\$0.00	\$0.00	\$471.00	0.0%
6 Other	\$34,988.00	\$0.00	\$0.00	\$0.00	\$34,988.00	0.0%
7 Indirect	\$52,550.00	\$0.00	\$0.00	\$0.00	\$52,550.00	0.0%
Total	\$649,712.00	\$0.00	\$0.00	\$0.00	\$649,712.00	0.0%

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

Authorized Signature (BLUE INK) _____ Title _____ Date _____

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

FOR DIVISION USE ONLY	
Program contact necessary? <input type="checkbox"/> Yes <input type="checkbox"/> 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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Worksheet

Washoe County Health District (WCHD)

Reimbursement Worksheet

July 2016

Washoe County Health District (WCHD)							
Reimbursement Worksheet							
July 2016							
Personnel	Title	Description					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.54/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
		TOTAL					
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or not consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

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

**Nevada Division of Public & Behavioral Health: Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget per Capability
Washoe County Health District
July 1, 2016 through June 30, 2017**

Contact Name:	Jeff Whitesides
Phone Number:	775-326-6051
E-Mail Address:	jwhitesides@washoecounty.us
Applicant/Agency Name:	WCHD
Total Agency Request:	\$649,712.00

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

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

Budget Summary

Monthly Expenditure:	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended
CDC Capabilities:			
1. Community Preparedness:	\$ 33,226	\$ -	0%
2. Community Recovery:	\$ 30,082	\$ -	0%
3. Emergency Operations Coordination:	\$ 71,793	\$ -	0%
4. Emergency Public Information and Warning:	\$ 52,562	\$ -	0%
5. Fatality Management:	\$ 23,779	\$ -	0%
6. Information Sharing:	\$ 63,542	\$ -	0%
7. Mass Care:	\$ 20,141	\$ -	0%
8. Medical Countermeasure Dispensing:	\$ 89,660	\$ -	0%
9. Medical Material Management and Distribution:	\$ -	\$ -	0%
10. Medical Surge:	\$ 23,455	\$ -	0%
11. Non-Pharmaceutical Interventions:	\$ 40,087	\$ -	0%
12. Public Health Laboratory Testing:	\$ -	\$ -	0%
13. Public Health Surveillance and Epi Investigation:	\$ 63,802	\$ -	0%
14. Responder Safety and Health:	\$ 45,870	\$ -	0%
15. Volunteer Management:	\$ 91,713	\$ -	0%
TOTAL	\$ 649,712	\$ -	0%

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? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature (BLUE INK)

Date

Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

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

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

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

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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- Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
 7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
 10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
 11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
 12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
 13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
 14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

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

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

Covered Entity

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

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Associate

Washoe County Health District (WCHD)

Business Name

1001 East Ninth St. / PO Box 11130

Business Address

Reno, NV 89520

Business City, State and Zip Code

775-326-6051

Business Phone Number

775-325-8031

Business Fax Number

Authorized Signature (BLUE INK)

Authorized Signature (BLUE INK)

for Cody L. Phinney, MPH

Kitty Jung

Print Name

Print Name

Administrator,
Division of Public and Behavioral Health

Chair, Washoe County District Board of Health

Title

Title

Date

Date

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ATTACHMENT 1
Match Certification

Date: _____

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

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

Funding Recipient: Washoe County Health District (WCHD)

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 5NU90TP000534-05-00

Duration: From: July 1, 2016 To: June 30, 2017

Total cost sharing/matching cost contribution: \$64,971.20 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

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

Washoe County Health District

Name and Title
(Funding Recipient)

Signature (BLUE INK)

Date

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ATTACHMENT 2

**Washoe County Health District (WCHD)
CDC Public Health Emergency Preparedness (PHEP)
Detailed Work Plan
July 1, 2016 through June 30, 2017 (BP5)**

PHEP CAPABILITY # 1: COMMUNITY PREPAREDNESS		5%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Nevada will mitigate community preparedness gaps identified from each completed jurisdictional risk assessment (JRA). 2. Determine risks to the health of the jurisdiction by identifying the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction’s public health, medical, and mental/behavioral health systems. 3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks. Engage with community organizations to foster social connections that assure public health, medical and mental/behavioral health services in a community before, during, and after an incident.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction <input checked="" type="checkbox"/> Function #2: Build community partnerships to support health preparedness. <input checked="" type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks. <input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.		
Objective(s): 1.1 By December 31, 2016, Nevada State Public Health Preparedness Program, Local Health Authorities, and Inter-Tribal Emergency Response Commission will utilize completed JRAs to identify gaps in community preparedness		
Output(s): 1. Identified gaps from each jurisdictional risk assessment		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 WCHD will review data from the JRA to identify risk and gaps	Compiled risk and gaps	Q1
Objective(s): 1.2 By December 31, 2016, Nevada State Public Health Preparedness Program and Local Health Authorities will prioritize at least the top ten most critical gaps from completed JRAs.		

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Output(s): 1. Identify ten most critical gaps by each jurisdiction		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Identify ten most critical gaps by reviewing JRA	List of ten critical gaps	Q1
Objective(s): 1.3 By June 30, 2017, Nevada State Public Health Preparedness Program and Local Health Authorities will coordinate with statewide/community partners to develop mitigation strategies with at least 20% of identified gaps from completed JRAs.		
Output(s): 1. Mitigation strategies by hazard		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 WCHD will coordinate mitigation strategies by participating in planning meetings	Meeting notes, sign-in sheets	Q2
1.3.2 WCHD will identify potential mitigation strategies critical gaps as determined in the planning meetings	Potential mitigation strategies	Q4
Objective (s): 2.1 By June 30, 2017, WCHD will review Community Health Needs Assessment to identify the highest risks to the health of Washoe County and the areas at most risk		
Output(s): 1. Identify types and areas of health risk in local jurisdiction		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 Identify types and areas of risk by reviewing the Community Health Needs Assessment and JRA	Documentation of health risks and potential recommendations	Q3
Objective(s): 3.1 Beginning July 1, 2016, work to ensure PHP staff participation in community partnerships and build relationships to provide guidance to support and develop community and faith-based partners' preparedness plans.		
Output(s): 1. Provide support and input to community partner planning		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
3.1.2 Provide educational pushout to community partners including faith-based organizations on public health preparedness capabilities and plans	Emails, meeting notes	Q2
3.1.4 Review community partner preparedness plans and provide feedback and reference resources	Emails, feedback notes	Q4

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PHEP CAPABILITY # 2: COMMUNITY RECOVERY		5%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): NOT A STATEWIDE FOCUS IN BP5.		
1. Determine risks to the health of the jurisdiction. Identify the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction’s public health, medical, and mental/behavioral health systems. 2. Assess and develop health system recovery through participating and planning with Statewide Disaster Recovery Plan and County Annex.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs. <input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations. <input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents.		
Objective (s): 1.1 By October 1, 2016, determine risks to health of jurisdiction to include public health, medical and mental/behavioral health and risks to community		
Output(s): 1. Determine risks to health of jurisdiction		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Review WCHD JRA and Community Health Needs Assessment data to determine risks to jurisdiction	List of risks and areas of risk	Q2
Objective(s): 2.1 By June 30, 2017 assess and develop health system recovery plans through participation in Statewide Disaster Recovery Plan process		
Output(s): 1. Participate in planning process 2. Provide public health guidance to process 3. Ensure Capability 2 objectives are included in the plan where possible 4. Partner with Washoe County Emergency Management for post-incident assessment, planning and AAR process		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 WCHD will participate in Disaster Recovery Plan process to determine needed updates to WCHD plans to ensure plans dovetail.	Revised WCHD plans	Q3
2.1.2 WCHD will provide public health guidance to the Disaster Recovery Plan process.	Disaster Recovery Plan or Template	Q3
2.1.3 When possible, WCHD will ensure that CDC Capability 2 tasks and priorities are included in Disaster Recovery Plan.	Disaster Recovery Plan or Template	Q4
Objective(s): 2.2 Throughout BP5, WCHD will collaborate with SNHD to identify a mechanism to assess the impact of an incident on the community's ability to provide essential public health services during the recovery process.		
Output(s): 1. Mechanism to assess incident impact on public health services		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 Research methods used in other jurisdictions	Research documents	Q3
2.2.2 In collaboration with SNHD, review mechanism developed for healthcare system impact assessment to identify overlapping concepts with community recovery	Meeting/Conference call agendas/notes	Q4
2.2.3 In collaboration with SNHD, develop a mechanism to assess incident impacts on public health services	Mechanism/tool/resource	Q4

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PHEP CAPABILITY # 3: EMERGENCY OPERATIONS COORDINATION		11%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Nevada will improve emergency operations coordination based on lessons learned from Operation Rabbit's Foot. 2. Development of an incident response strategy for managing Type 1, Type 2 and Type 3 events as described in NIMS		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation. <input checked="" type="checkbox"/> Function #2: Activate public health emergency operations. <input checked="" type="checkbox"/> Function #3: Develop incident response strategy. <input checked="" type="checkbox"/> Function #4: Manage and sustain the public health response. <input checked="" type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations.		
Objective(s): 1.1 By June 30, 2017, the Nevada State Public Health Preparedness Program, Southern Nevada Health District, Nevada State Public Health Laboratory, and other partner agencies will each improve upon top three emergency operations coordination components that were identified in the AAR/IP of Operation Rabbit's Foot as areas for improvement identified by the jurisdiction.		
Output(s): 1. WCHD will support the Nevada State Public Health Preparedness Program as requested to improve upon the top three emergency operations coordinator components as identified in the Operation Rabbit's Foot AAR/IP.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 As required or requested, participate in training or drills in support of NDPBH PHP program	Sign in sheets	Q2
Objective(s): 1.2 By November 30, 2016, Nevada State Public Health Preparedness Program and participating agencies will apply lessons learned from Operation Rabbit's Foot by participating in Full Scale Exercise Vigilant Guard 17.		
Output(s): 1. Vigilant Guard 17 AAR/IP 2. Vigilant Guard 17 Exercise Plan		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Participate in any statewide activities, such as a communications drill, as requested by NDPBH PHP program	AAR/IP	Q4
Objective(s): 2.1 By June 30, 2017, WCHD will update the Department Emergency Operations Plan to document incident response strategy for managing NIMS Type 1, Type 2 and Type 3 events		
Output(s): 1. Updated Department Emergency Operations Plan		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 Review, identify and revise Department Emergency Operations Plan to address NIMS Type 1, Type 2 and Type 3 events	Revised Department Emergency Operations Plan	Q4

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PHEP CAPABILITY # 4: EMERGENCY PUBLIC INFORMATION AND WARNING		8%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): NOT A STATEWIDE FOCUS IN BP5		
1. Provide emergency public health information and warnings by utilizing public information best practices working with media and public and private agencies and organizations at the local, area, state, regional, and federal levels.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Activate the emergency public information system. <input checked="" type="checkbox"/> Function #2: Determine the need for a joint public information system. <input checked="" type="checkbox"/> Function #3: Establish and participate in information system operations. <input checked="" type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange. <input checked="" type="checkbox"/> Function #5: Issue public information, alerts, warnings, and notifications.		
Objective(s):		
1.1 Maintain public health media activities through participation in public information trainings, exercises and events		
Output(s):		
1. Provide accurate and timely public health information to the community through traditional and social media. Continue to engage in educational and informational programs with key partners and stakeholders to enhance emergency communication		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Participate in Public Warning/Public Information Task Force and the Technical Assessment Response Team (START).	Sign-in sheets, activity logs	Q4
1.1.2 Participate in Public Warning/Public Information Task Force and Northern Nevada Crisis Communication Council involvement	Sign-in sheets	Q4
1.1.3 Prepare Monthly Media Contact Reports for the Washoe County District Board of Health.	Continue Monthly Media Contact Report (# of reports) and social media analytics.	Q4
1.1.4 Attend regular meetings of PW/PI Task Force and/or Northern Nevada Crisis Communication Council	Document number of real events, exercises and/or drills with sign-up sheets and/or after action reports	Q4

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Objective(s): 1.2 Increased number of staff and community stakeholder trained in community relations and Incident Command System		
Output(s): 1. Increase number of staff trained in media operations 2. Increased trained staff and community		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Increase number of trained backups as Facebook page administrators.	Document number of backups trained and added as Facebook page administrators.	Q2
1.2.2 Identify additional Health District staff as PIO backup and provide access to media monitoring with training	Document number and names of support staff trained in new website content management system outreach function	Q2
1.2.3 Provide ICS 300/400 and CDC CERC training to public health staff and community stakeholders	Document number of NIMS/ICS and CERC trainings attended or delivers through sign-up sheets or certificates	Q3, Q4
1.2.4 Participate in at least two events, exercises, drills or trainings utilizing NIMS ICS and CDC CERC principles in communications	Sign-in sheets, meeting notes	Q4
Objective(s): 1.3 By June 30, 2017 the WCHD PIC plan will be updated to include decision matrix for establishing the JIC.		
Output(s): 1. Updated PIC plan		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Develop decision matrix for scalable joint information system operations and include as an annex to the PIC	Decision matrix annex to PIC	Q4

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PHEP CAPABILITY # 5: FATALITY MANAGEMENT			4%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity			
Goal(s): 1. Nevada will improve coordination with Medical Examiners Offices, Coroners, and key stakeholders to identify roles and responsibilities. 2. Washoe County Health District will have the ability to coordinate with other organizations to ensure recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders and survivors.			
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Determine role for public health in fatality management. <input checked="" type="checkbox"/> Function #2: Activate public health fatality management operations. <input checked="" type="checkbox"/> Function #3: Mental/behavioral support at the healthcare organization level. <input checked="" type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services. <input checked="" type="checkbox"/> Function #5: Participate in fatality processing and storage operations.			
Objective(s): 1.1 By June 30, 2017, Nevada State Public Health Preparedness Program, each local health authority, and other identified partners will identify public health roles in Fatality Management.			
Output(s): 1. Roles and responsibilities identified			
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1.1.1 WCHD PHP and Medical Examiner and Coroner's Office will collaborate to TTX the roles of public health in fatality management.	TTX Materials	Q4	
Objective(s): 2.1 By June 2017, WCHD will conduct an exercise to test the revised mass fatality plan focusing on access to resources.			
Output(s): 1. AAR/IP			
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
2.1.1 Assist WCHD Medical Examiner's Office in developing an exercise.	TTX materials	Q4	
2.1.2 Collaborate with the Medical Examiner's Office to execute the exercise.	AAR/IP	Q4	

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Objective(s): 2.2 By June 2017, WCHD in collaboration with other LHAs will exercise a joint FAC.		
Output(s): 1. AAR/IP		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 Assist the Medical Examiner and Coroner's Office to design a FAC exercise.	TTX materials	Q4
2.2.2 Collaborate with the Medical Examiner and Coroner's Office to execute the exercise.	AAR/IP	Q4
Objective(s): 2.3 Throughout BP5, WCHD will continue to train on the Disaster Behavioral Health Annex and provide psychological first aid training.		
Output(s): 1. Number of individuals /organizations trained on the annex 2. Number of individuals /organizations trained on Psychological First Aid		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.3.1 Continue to train on the Disaster Behavioral Health Annex.	TTX materials	Q4
2.3.2 Coordinate Psychological First Aid training	Training dates	Q4

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PHEP CAPABILITY # 6: INFORMATION SHARING		10%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): NOT A STATEWIDE FOCUS IN BP5.		
1. Test and review integration of public warning and public information systems with a focus on increasing diversity of staff able to function in the public information community.		
Check ALL Functions that apply		
<input checked="" type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow.		
<input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing.		
<input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture.		
Objective(s):		
1.1 Provide training to staff and community stakeholders		
Output(s):		
1. Provide training opportunities and identify additional staff able to perform public information duties		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Provide a minimum of one WebEOC, ICS 300/400 and/or CERC training to staff and stakeholders.	Sign in sheets and announcement and flyer.	Q4
Objective(s):		
1.2 Participate in real life events and test integration of information sharing		
Output(s):		
1. Compiled report on real events, numbers of exercises, drill and number of trainings		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Participate in real life events and test integration of information sharing, including Public Warning/Public Information Task Force, State Technical Advisory Response Team, press releases, media advisories, social media postings and website postings.	Website access: www.washoecounty.us/health	Q4
1.2.2 Identify gaps in information exchange	Document in after action reports when identified.	Q4
Objective(s):		
1.3 Develop a listing of data exchange requirements for each stakeholder		

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Output(s): 1. List of data exchange requirements		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 Identify primary stakeholders	Survey, email, meeting notes	Q1
1.3.2 Identify information/data exchange criteria	Survey, email, meeting notes	Q2
1.3.3 Document data exchange requirements for stakeholders	Updated Public Information Plan	Q4
Objective(s): 1.4 Develop process for information system development and maintenance		
Output(s): 1. Updated Public Information and Communication Plan		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 Develop controls and safeguards for data access levels	Updated procedures and protocols in Public Information and Communication Plan.	Q2
1.4.2 Identify ownership of data	Updated procedures and protocols in Public Information and Communication Plan.	Q2
1.4.3 Identify data quality and data reliability standards	Updated procedures and protocols in Public Information and Communication Plan.	Q3
1.4.4 Develop security and privacy for health information	Updated procedures and protocols in Public Information and Communication Plan.	Q4

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PHEP CAPABILITY # 7: MASS CARE		3%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Nevada will identify the public health role in mass care operations. 2. WCHD will have the capability to provide provisions of medical services, provisions of mental/health and behavioral health services, provision of radiological, nuclear, and chemical screening and decontamination, conduction of and reporting of human health surveillance, and removal of sanitation and water.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Determine public health role in mass care operations. <input checked="" type="checkbox"/> Function #2: Determine mass care needs of the impacted population. <input checked="" type="checkbox"/> Function #3: Coordinate public health, medical and mental/behavioral health services. <input checked="" type="checkbox"/> Function #4: Monitor mass care population health.		
Objective(s): 1.1 By December 31, 2016, identify lead agency for mass care in each jurisdiction		
Output(s): 1. Lead agencies for mass care identified in each jurisdiction		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Identify the lead agency for mass care	Mass Care Plan	Q1
Objective(s): 2.1 By June 30, 2017, Nevada State Public Health Preparedness Program, Local Health Authorities, and other public health partners will identify state and local public health roles with corresponding ESF-6 partners.		
Output(s): 1. Public health roles identified in each jurisdiction 2. Plans updated to reflect public health roles in mass care operations		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 Identify public health role in a mass care situation	Mass Care Plan	Q1
2.1.2 Review the recently revised mass care plan to verify public health's role is identified in the plan	Mass Care Plan	Q1

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2.1.3 Collaborate with Washoe County Emergency Management to develop a health screening tool for individuals during shelter registration (CASPR)	Screening Tool	Q1
2.1.4 Collaborate with WCEM to develop a scalable staffing plan for the shelter	Staffing Plan	Q1
2.1.5 Collaborate with WCEM to review decontamination and screening sections and make suggestions of revisions to the evacuation, mass care and shelter plan	Suggested revisions	Q1
2.1.6 Collaborate with WCEM to add a process to monitor ongoing health-related mass care support	Process	Q1
2.1.7 Collaborate with WCEM to develop a disaster-surveillance form, including Active Surveillance and Facility 24-hour Report Forms	Disaster-surveillance form	Q1

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PHEP CAPABILITY # 8: MEDICAL COUNTERMEASURE DISPENSING		14%
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Sustain readiness on medical countermeasure dispensing by maintaining community training opportunities, testing existing plans, and reviewing and updating plans. 2. All will sustain this capability and implement lessons learned from Operation Rabbit's Foot.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies. <input checked="" type="checkbox"/> Function #2: Receive medical countermeasures. <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities. <input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified population. <input checked="" type="checkbox"/> Function #5: Report adverse events		
Objective(s): 1.1 Sustain medical countermeasure readiness by reviewing and meeting ORR requirements		
Output(s): 1. Training/exercises to meet ORR requirements 2. Revised Medical Countermeasures plan.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Provide Medical Countermeasures Plan to Inter-Hospital Coordinating Council for review and revision.	Notes, revision page updated in MCM plan	Q2
1.1.2 Facilitate meeting with IHCC to review MCM plan	IHCC sign-in sheets	Q3
1.1.3 Integrate feedback into MCM plan from IHCC partners	Each Operations Manual contains a page which lists "Plan Reviews and Changes" – this page will be updated to include all changes.	Q4
1.1.4 Alert drills, POD training and exercises per ORR guidance	Sign in sheets, AAR/IPs	Q4
Objective(s): 1.2 Integrate Pharmaceutical Cache plan into Medical Countermeasures plan and test for viability.		
Output(s): 1. AAR-IP for Pharmaceutical Cache plan.		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Develop and exercise a TTX for Pharmaceutical Cache plan	AAR-IP	Q3
1.2.2 Develop County distribution process for assets received from Pharmaceutical Cache plan	Written protocol	Q4
Objective(s): 1.3 Sustain Fire Fighter vaccination training program		
Output(s): 1. Provision of six fire vaccination recertification trainings 2. Provision of six fire vaccination initial trainings for recently hired fire personnel		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 Conducting at least six fire vaccination training recertification opportunities; two for each shift (A,B,C)	Sign in sheets; completed certification forms	Q2
1.3.2 Conducting at least six fire vaccination initial training opportunities; two for each shift (A,B,C)	Sign in sheets; completed certification forms	Q4
Objective(s): 1.4 Document Adverse Event reporting process		
Output(s): 1. Process flow document for adverse events		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 Review adverse event reporting system	Notes	Q3
1.4.2 Analyze process flows and gaps in system; document process flow	Completed document	Q4
Objective(s): 1.5 PHP staff will meet with Washoe County School District staff and review POD site operations.		
Output(s): 1. Updated School POD site information		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.5.1 Meet with Washoe County School District Staff and review POD site	Meeting notes	Q1
1.5.2 Update Washoe County School District personnel contacts and site information	Updated Site information in X drive	Q1
Objective(s): 1.6 PHP staff will assist new Private POD Partners in developing their Private POD Plan.		
Output(s): 1. Completed POD plan for each new partner		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.6.1 Provide new Private POD Partners with the Private POD Planning template	E-mails with template attached or meeting notes regarding discussion of template in person.	Q4
1.6.2 Meet with new partners to assist in development of their Plans	Draft Plans	Q4
1.6.3 Add completed POD plans into POD folder on WCHD PHP shared drive	Completed plans	Q4
Objective(s): 1.7 PHP staff will participate with Carson City Health and Human Services on POD exercise		
Output(s): 1. Hot wash and AAR-IP for POD exercise		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.7.1 PHP staff will participate in POD exercise	Sign in sheet	Q2
1.7.2 PHP staff will participate in hot wash/after exercise review	AAR-IP	Q3
Objective(s): 2.1 PHP staff will work with State PHP to implement lessons learned from Operation Rabbit's Foot as able.		
Output(s): 1. As identified by State PHP		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 PHP staff will participate in activities coordinated by State PHP as able and provide documentation as necessary.	TBD	Q4

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PHEP CAPABILITY # 10: MEDICAL SURGE **3%**

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Goal(s):
 1. Nevada will have a Crisis Standards of Care Guidance (CSC) Plan.
 2. Washoe County Health District (WCHD) will have the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

Check ALL Functions that apply

- Function #1: Assess the nature and scope of the incident.
- Function #2: Support activation of medical surge.
- Function #3: Support jurisdictional medical surge operations.
- Function #4: Support demobilization of medical surge operations.

Objective(s):
 1.1 By June 30, 2017, the State of Nevada and the Nevada State Public Health Preparedness Program will have guidelines to implement in the event of a public health and healthcare system catastrophe to optimize the use of limited resources.

Output(s):
 1. Crisis Standards of Care Guidance Plan developed

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Participate in appropriate CSC workgroups	Calendar invitation, meetings notes, agendas	Q4
1.1.2 Participate in the CSC Objective 1 as appropriate	Calendar invitation, meetings notes, agendas	Q1
1.1.3 Participate in the CSC Objective 2 as appropriate	Calendar invitation, meetings notes, agendas	Q1
1.1.4 Participate in CSC Objective 3 as appropriate	Calendar invitation, meetings notes, agendas	Q1
1.1.5 Participate in CSC Objective 4 as appropriate	Calendar invitation, meetings notes, agendas	Q4
1.1.6 Participate in CSC Objective 5 as appropriate.	Calendar invite, meetings notes, agendas	Q4

Objective(s):
 2.1 By December 21, 2016, WCHD staff increase ability to utilize EMResource

Output(s):
 1. Number of staff trained on EMResource
 2. Types of data reports extracted

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 Identify staff to be trained on EMResource	Identified staff	Q1
2.1.2 Collaborate with State PHP to provide training	Training materials	Q2
2.1.3 Identify type of data/reports that can be exported from EMResource at the local level	Types of data/reports	Q3
2.1.4 Exercise exporting data/reports with the identified staff	Exercise materials	Q3
Objective(s): 2.2 By June 2017, WCHD will increase medical surge capability awareness through trainings, MOU/MOA identification and pediatric participation in the coalition.		
Output(s): 1. Number of people trained on demobilization roles 2. Number of individuals/organizations trained 3. List of AFN providers		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 Review Mass Care, MCIP and MAEA plans, focusing on demobilization sections and make recommendations for revisions	List of revisions to Evacuation, Mass Care and Sheltering, and MAEA plans	Q4
2.2.2 Review and train on Mass Care, MCIP, MAEA demobilization and applicable to the Health District	Training materials	Q4
2.2.3 Provide training on healthcare requesting procedures	Training materials	Q4
2.2.4 Research how the coalition can play a more active role in inventory distribution without being a response coalition	Research materials	Q1
2.2.5 Utilize existing lists to develop a list of providers who can provide services to access and functional needs populations that can be referenced in plans	Collated list to be used as a reference	Q2
2.2.6 Develop a list of healthcare facilities and their alternate care sites (MOUs Yes or NO) and a schedule to update the list	List of alternate care sites, maintenance schedule	Q2
2.2.7 Reach out and engage pediatric providers to encourage joining the coalition to address pediatric medical surge concerns	Emails, phone calls, letters	Q1
2.2.8 Review plans and make recommendations to include pediatrics	Recommended revisions	Q4

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PHEP CAPABILITY # 11: NON-PHARMACEUTICAL INTERVENTIONS		6%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Nevada will have operational Isolation and Quarantine Annexes as a component of Community Mitigation Plans.		
Check ALL Functions that apply		
<input checked="" type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions. <input checked="" type="checkbox"/> Function #2: Determine non-pharmaceutical interventions. <input checked="" type="checkbox"/> Function #3: Implement non-pharmaceutical interventions. <input checked="" type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions.		
Objective(s): 1.1 By June 30, 2017, Nevada State Public Health Preparedness Program and Local Health Authorities will exercise their regional/state infectious disease bench books.		
Output(s): 1. Exercise conducted 2. AAR/IP		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Participate in exercise sponsored by State PHP	AAR-IP	Q4
Objective(s): 1.2 By June 30, 2017, WCHD will obtain feedback from area hospitals and other stakeholders on proposed methods of implementing non-pharmaceutical interventions.		
Output(s): 1. Updated bench book based on Washoe County needs as well as stakeholder input		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Review sample bench books from other jurisdictions and draft a Washoe County and Nevada-specific version to address locally identified needs.	Bench book	Q1 – Q2
1.2.2 Provide the Washoe County Inter Hospital Coordinating Council (IHCC) with a copy of the draft bench book for review and discussion	IHCC Minutes	Q2
Objective(s): 1.3 By June 30, 2017, WCHD will continue to develop and refine its understanding of the legal and regulatory authorities available to implement isolation, quarantine, social distancing, and other forms of non-pharmaceutical intervention.		
Output(s): 1. Updated bench book based on legal input		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 Obtain legal vetting of the draft bench book	Bench book	Q2
1.3.2 Review and revise as needed the draft bench book	Bench book	Q2

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PHEP CAPABILITY #13: PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGICAL INVESTIGATION			10%
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity			
Goal(s): NOT A STATEWIDE FOCUS IN BPS			
1. Maintain public health surveillance and epidemiological investigation plans that meet 24/7 preparedness abilities			
Check ALL Functions that apply			
<input checked="" type="checkbox"/> Function #1: Conduct public health surveillance and detection.			
<input checked="" type="checkbox"/> Function #2: Conduct public health and epidemiological investigations.			
<input checked="" type="checkbox"/> Function #3: Recommend, monitor, and analyze mitigation actions.			
<input checked="" type="checkbox"/> Function #4: Improve public health surveillance and epidemiological investigation systems.			
Objective(s):			
1.1 By June 30, 2017, WCHD will sustain the tasks and activities required to conduct public health surveillance and detection.			
Output(s):			
1. Engaged stakeholders			
2. Completed investigations in NBS			
3. Syndromic surveillance SOP			
4. Knowledgeable internal and external partners			
5. Identified health problems, threats, and environmental hazard			
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1.1.1 WCHD will continue to engage stakeholders through reminders about legally mandated reporting in the EpiNews publication.	EpiNews publications	Q1 – Q4	
1.1.2 Routine surveillance will continue to be conducted in accordance with NRS/NAC 441A.	NBS and staff investigation notes	Q1 – Q4	
1.1.3 Existing syndromic surveillance systems will be maintained including FirstWatch, NRDM and BioSense.	Syndromic surveillance SOP	Q1 – Q4	
1.1.4 Statistical data will continue to be shared through internal reports on a weekly basis and with external partners through the EpiNews.	CD Log and EpiNews publications	Q1 – Q4	
1.1.5 Identification of health problems, threats, and environmental hazards will be achieved through continued analysis of surveillance data and encouragement of outbreak reporting by professionals and members of the public.	EpiNews publications	Q1 – Q4	
Objective(s):			
1.2 By June 30 2017, WCHD will sustain the tasks and activities required to conduct public health and epidemiological investigations.			

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Output(s): 1. Disease investigations are documented within NBS 2. Epidemiological and environmental consultations are provided to neighboring jurisdictions as requested 3. Investigative results are documented within NBS		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 WCHD will continue to conduct investigations as required by law and/or public health necessity and will involve partner organizations as indicated.	NBS system and investigative files	Q1 – Q4
1.2.2 WCHD will continue to provide epidemiological and environmental consultation to neighboring jurisdictions and partner agencies as requested.	Staff notes	Q1 – Q4
1.2.3 WCHD will continue to report investigation results to jurisdictional and federal partners utilizing NBS.	NBS system	Q1 – Q4
Objective(s): 1.3 By June 30 2017, WCHD will sustain the tasks and activities required to recommend, monitor and analyze mitigation actions.		
Output(s): 1. Scientifically defensible disease and/or outbreak mitigation actions identified 2. Decision makers are provided with scientifically defensible disease and/or outbreak mitigation actions for consideration. 3. Mitigation actions are monitored for results. 4. Additional mitigation actions are identified and recommended based on results.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 WCHD will continue to determine and implement mitigation actions based on applicable science and standards outlined in reference documents.	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
1.3.2 WCHD will continue to provide information for decision makers to support decision making related to mitigation actions.	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
1.3.3 WCHD will continue to monitor mitigation results.	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
1.3.4 WCHD will continue to recommend additional measures as needed based on monitoring of mitigation results	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
Objective(s): 1.4 By June 30 2017, WCHD will sustain the tasks and activities required to improve public health surveillance and epidemiological investigation systems.		
Output(s): 1. Issues and outcomes are identified both during and after incidents and discussed in post-incident evaluation meetings. 2. AAR/IPs are developed and shared with public health leadership.		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 WCHD will continue to identify issues and outcomes during and after incidents.	Outbreak final reports and AAR/IPs	Q1 – Q4
1.4.2 WCHD will continue to conduct post-incident evaluation meetings with active participants after major outbreak investigations and/or exercises.	Outbreak final reports and AAR/IPs	Q1 – Q4
1.4.3 WCHD will continue to develop an AAR/IP after major outbreak investigations and/or exercises.	Outbreak final reports and AAR/IPs	Q1 – Q4
1.4.4 WCHD will continue to communicate AAR/IP information to public health leadership after major outbreaks and/or exercises.	Outbreak final reports and AAR/IPs	Q1 – Q4

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PHEP CAPABILITY # 14: RESPONDER SAFETY AND HEALTH 7%

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Goal(s):

- Increase the readiness of public health staff and first responders through development of personal protective equipment policies and procedures and testing protocols.

Check ALL Functions that apply

- Function #1: Identify responder safety and health risks.
- Function #2: Identify safety and personal protective needs.
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training.
- Function #4: Monitor responder safety and health actions.

Objective(s):

- Multiple staff across divisions will be able to perform FIT tests

Output(s):

- Department FIT test
- FIT test records

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Review existing FIT testing policy and procedures, compare to industry practices.	Completed procedure manual	Q2
1.1.2 Identify staff to be FIT tested	List of staff to be FIT tested	Q3
1.1.3 Conduct FIT testing for identified staff	Sign in sheets	Q3
1.1.4 Document FIT testing and integrate into training / certification schedule for department	FIT test record sheet	Q3

Objective(s):

- Support in developing policy and procedures for Northern Nevada's Chemical, Biological, Radiological, Nuclear, and Explosive team specific to PPE and infection control

Output(s):

- Updated and revised policies and procedures for Northern Nevada CBRNE team
- TTX AAR-IP

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Write HSEEP-compliant Situation Manual for TTX to test CBRNE team policy and procedures for infectious disease response	Completed Situation Manual	Q2
1.2.2 Conduct CBRNE TTX	Sign in sheets	Q3
1.2.3 Write AAR-IP	AAR/IP	Q3
1.2.4 Review and revise existing policy and procedures for CBRNE team	Updated policy and procedures	Q4

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PHEP CAPABILITY # 15: VOLUNTEER MANAGEMENT

14%

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Goal(s):

1. The SERV-NV Program, Nevada’s Emergency System for Advance Registration of Volunteer Healthcare Professional (ESAR-VHP) Registry Program, will continue developing volunteer coordination and unification between local Medical Reserve Corps (MRC) units and State Pool.

Check ALL Functions that apply

- Function #1: Coordinate volunteers.
- Function #2: Notify volunteers.
- Function #3: Organize, assemble, and dispatch volunteers.
- Function #4: Demobilize volunteers.

Objective(s):

1.1 By June 30, 2017, Nevada State SERV-NV and local MRC units will create/update their Volunteer Management Plans.

Output(s):

1. Updated Volunteer Management Plans

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 The WCHD’s Volunteer Management Plan will be reviewed to determine if the processing of Spontaneous Unaffiliated Volunteers (SUV) aligns with the Washoe County Emergency Management Volunteer Management Plan. The WCHD Volunteer Management Plan will be revised to ensure consistency between the two plans.	Revised WCHD Volunteer Management Plan	Q4

Objective (S):

1.2 By June 30, 2017, Nevada State SERV-NV and local MRC units will identify types of healthcare volunteers that need to be recruited based on medical occupations and Emergency Credential Levels (ECLs) based on JRA and/or AAR/IPs.

Output(s):

1. Documented lists of identified SERV-NV and local MRC unit volunteers needed by occupation/risk

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Each new and existing volunteer upon being registered into ESAR-VHP will be reviewed to make sure that they have entered their occupation, training skills and certifications.	The number of updated and new volunteers in SERV-NV	Q1

Objective(s):

1.3 By June 30, 2017, Nevada State SERV-NV and local MRC units will each formally engage with at least one professional volunteer affiliate to promote volunteer opportunities.

Output(s):

- 1. Newly documented professional volunteer affiliations.
- 2. MOUs between Nevada State SERV-NV and local MRC units and professional volunteer affiliations.

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 MRC volunteers will engage in a joint volunteer exercise with a hospital/healthcare facility's volunteers that have an MOU established with the Washoe County MRC.	AAR/IP	Q3
Objective(s) 1.4 By June 30, 2017, Nevada State SERV-NV and local MRC units will participate in an exercise with one of the local hospitals.		
Output(s): 1 Standard operating procedure(s) will be developed defining the call down process for MRC volunteers to response to a hospital.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 The WCHD MRC program will participate in an exercise with a local hospital.	AAR/IP	Q4
Objective(s): 1.5 By June 30, 2017, WCHD MRC volunteers will participate in a blood pressure screening event.		
Output(s): 1. Blood pressure readings to determine if follow up care is advisable.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.5.1 MRC volunteers will staff a blood pressure screening station at a community based health care event.	Numbers of BP screenings.	Q4
Objective(s) 1.6 By June 30, 2017, the WCHD MRC Program will have participated in or supported a minimum of five different community events or health initiatives.		
Output(s): 1. WCHD will support community events by providing MRC volunteers in lead or support roles		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.6.1 The WCHD MRC program will provide volunteers to support community events 1.6.2 The WCHD MRC program will support health district operations as available	Sign in sheets, roles fulfilled	Q4

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health

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

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$259,817 (with \$25,981.70 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2016 through June 30, 2017 in the total amount of \$259,817 in support of the ASPR Public Health Preparedness Grant Program, IO 10708. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Objective supported by this item:

1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
2. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2015 through June 30, 2016 in the total amount of \$258,633 on September 27, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: ASPR Public Health Preparedness Program

Scope of the Project: The Subgrant Award scope of work addresses the following capabilities:

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

Benefit to Washoe County Residents: This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

On-Going Program Support: These funds support on-going activities in the Public Health Preparedness Program.

Award Amount: Total award is \$259,817 (\$231,360 direct/\$28,457 indirect)

Grant Period: July 1, 2016 – June 30, 2017

Funding Source: Assistant Secretary for Preparedness and Response (ASPR)

Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health

CFDA Number: 93.889

Grant ID Number: 5NU90TP000534-05-00

Match Amount and Type: 10% match is required and is met through Shared Services expenditures

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

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As the FY17 budget in Internal Order 10708 was adopted with a total of \$258,706 in revenue (includes \$28,328 of indirect) and \$230,378 in expenditure authority, a budget amendment in the amount of \$982 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget.

No amendment is necessary for indirect revenue.

Should the BCC approve these budget amendments, the FY17 budget will be increased by \$982 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10708	-431100	Federal Revenue	\$ 982.00
		Total Revenue	\$ 982.00
2002-IO-10708	-701412	Salary Adjustment	(\$9,942.71)
	-710100	Professional Services	\$8,320.00
	-710300	Operating Supplies	(\$ 2.00)
	-710334	Copy Machine Expense	(\$ 380.00)
	-710350	Office Supplies	(\$ 400.00)
	-710360	Postage	\$ 35.00
	-710502	Printing	\$1,413.00
	-710509	Seminars and Meetings	(\$ 750.00)
	-710512	Auto Expense	\$ 527.00
	-710519	Cellular Phone	(\$ 400.00)
	-711210	Travel	\$2,532.00
	-711504	Equipment noncapital	\$ 29.71
		Total Expenditures	\$ 982.00

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$259,817 (with \$25,981.70 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2016 through June 30, 2017 in the total amount of \$259,817 (with \$25,981.70 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.”

Subject: Retroactive approval of Notice of Subgrant Award – CDC Public Health Preparedness Program

Date: August 25, 2016

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

HD #: **15551**
 Budget Account: 3218
 Category: 23
 GL: 8516
 Job Number: 9388916

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2016 through June 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) capabilities according to the HPP and PHEP Cooperative Agreement.

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

Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>211,434.00</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>4,959.00</u></td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ <u>1,400.00</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>9,000.00</u></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <u>4,567.00</u></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <u>28,457.00</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>259,817.00</u></td></tr> </table>	1. Personnel	\$ <u>211,434.00</u>	2. Travel	\$ <u>4,959.00</u>	3. Supplies	\$ <u>1,400.00</u>	4. Equipment	\$ <u>0.00</u>	5. Contractual/Consultant	\$ <u>9,000.00</u>	6. Other	\$ <u>4,567.00</u>	7. Indirect	\$ <u>28,457.00</u>	Total Cost:	\$ <u>259,817.00</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 <i>specific to this subgrant</i> . Total reimbursement will not exceed \$259,817.00 during the subgrant period.
1. Personnel	\$ <u>211,434.00</u>																
2. Travel	\$ <u>4,959.00</u>																
3. Supplies	\$ <u>1,400.00</u>																
4. Equipment	\$ <u>0.00</u>																
5. Contractual/Consultant	\$ <u>9,000.00</u>																
6. Other	\$ <u>4,567.00</u>																
7. Indirect	\$ <u>28,457.00</u>																
Total Cost:	\$ <u>259,817.00</u>																

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Assistant Secretary for Preparedness & Response (ASPR)	100	93.889	U90TP000534	5NU90TP000534-05-00

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

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

Incorporated Documents:

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

Kitty Jung Washoe County District Board of Health	Signature (BLUE INK)	Date
Erin Lynch, MPH Program Manager, PHP	<i>Erin Lynch</i>	<i>8/8/16</i>
Chad Westom Bureau Chief, PAIS	<i>C. Wanner Westom</i>	<i>8.10.16</i>
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

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

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 5, July 1, 2016 through June 30, 2017 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2017. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2016 1st Quarter Progress Report (For the period of 7/1/16 - 9/30/16)
 - January 31, 2017 2nd Quarter Progress Report (For the period of 7/1/16 - 12/31/16)
 - April 30, 2017 3rd Quarter Progress Report (For the period of 7/1/16 – 3/31/17)
 - July 31, 2017 Final Progress Report (For the period of 7/1/16 – 6/30/17)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2016 1st Quarter (For the period of 7/1/16 - 9/30/16)
 - January 31, 2017 2nd Quarter (For the period of 10/1/16 – 12/31/16)
 - April 30, 2017 3rd Quarter (For the period of 1/1/17 – 3/31/17)
 - July 31, 2017 4th Quarter (For the period of 4/1/17 – 6/30/17)

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

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

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5NU90TP000534-05-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor ASPR."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5NU90TP000534-05-00 from ASPR.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 211,434			
			Annual Salary	% of Time
		\$ 12,468	Epidemiology Center Director (\$166,234 x 7.5% = \$12,468)	\$166,234 7.5%
		\$ 23,609	Admin Secretary (\$62,128 x 38% = \$23,609)	\$62,128 38%
		\$ 62,554	Emergency Response Coordinator (\$81,770 x 76.5% = \$62,554)	\$81,770 76.5%
		\$ 16,440	PHP Program Manager (\$93,944 x 17.5% = \$16,440)	\$93,944 17.5%
		\$ 12,879	Emergency Response Coordinator (\$81,770 x 15.75% = \$12,879)	\$81,770 15.75%
		\$ 19,461	MRC Program Coordinator (\$64,869 x 30% = \$19,461)	\$64,869 30%
		\$ 4,218	Overtime	\$4,218 100%
		\$ 59,805	Fringe @ 40.57% (147,411 x 40.57% = \$59,805)	
2. Travel	\$ 4,959			
		\$ 927	Mileage to attend local meetings, trainings, events. (143 miles per month x \$.54/mile x 12 months = \$927)	
		\$ 4,032	Out of State Travel Health Care Coalition Conference (location TBD, GSA rates based on San Diego, CA) 1 staff, 5 days, 4 nights, 1 trip Airfare = \$600 x 1 staff = \$600 Hotel = \$175/night (\$153 + taxes) x 4 nights x 1 staff = 700 Per Diem = \$64/day x 5 days x 1 staff = 320 Transportation = \$60/day x 5 days x 1 staff = 300 Parking = \$14/day x 5 days x 1 staff = 70 Total = \$1,990 NACCHO Summit – Location TBD. GSA rates based on Austin, TX 5 days, 4 nights x 1 staff x 1 trip Airfare; \$600/person x 1 staff = \$600 Hotel; \$148/night (\$135/night + tax) x 4 nights x 1 staff = 592 Per Diem = \$59/day x 5 days x 1 staff = 295 Transportation; \$97/day x 5 days x 1 staff = 485 Parking; \$14/day x 5 days x 1 staff = 70 Total = \$2,042	

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

3. Supplies	\$	1,400	
			\$ 600 General office supplies (\$50 x 12 months = \$600)
			\$ 600 Staff operating supplies -specific items that staff need that are particular to a project (\$50 x 12 months = \$600)
			\$ 200 MRC program supplies (\$16.67 x 12 months = \$200)
4. Equipment	\$	0	
			\$
5. Contractual/ Consultant	\$	9,000	
			\$ 8,500 Family Service Center exercise
			\$ 500 Translation services
6. Other	\$	4,567	
			\$ 900 Telephones (\$75 x 12 months = \$900)
			\$ 60 Postage supplies (\$5 x 12 months = \$60)
			\$ 120 Copy machine (\$10 x 12 months = \$120)
			\$ 180 Minor furniture and equipment (\$15 x 12 months = \$180)
			\$ 3,307 Printing and forms for Family Service Center
7. Indirect	\$	28,457	
			\$ 28,457 Indirect @ 12.3% (231,360 x 12.3% = \$28,457)
Total Cost	\$	259,817	

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$25,981.70), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
 - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
 - Meal costs are not duplicated in participants' per diem or subsistence allowances.
 - Meeting participants (majority) are traveling from a distance of more than 50 miles.
 - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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.

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

- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2017. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$259,817.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$25,981.70. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.

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

- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION D

<p>Nevada Department of Health and Human Services Division of Public & Behavioral Health</p> <p>Public Health Preparedness Program</p>	<p>HD#: <u>15551</u></p> <p>Budget Account: <u>3218</u></p> <p>Category: <u>23</u></p> <p>GL: <u>8516</u></p> <p>Job #: <u>9388916</u></p> <p>Draw #: _____</p>
REQUEST FOR REIMBURSEMENT	

<p>Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics</p>	<p>Subgrantee Name: Washoe County Health District (WCHD)</p>
<p>Address: 4150 Technology Way Suite# 200 Carson City, NV 89706</p>	<p>Address: 1001 East Ninth Street / PO Box11130 Reno, NV 89520</p>
<p>Subgrant Period: July 1, 2016 through June 30, 2017</p>	<p>Subgrantee's:</p> <p style="text-align: center;">EIN: <u>88-6000138</u></p> <p style="text-align: center;">Vendor #: <u>T40283400Q</u></p> <p style="text-align: center;">DUNS#: <u>073786998</u></p>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$211,434.00	\$0.00	\$0.00	\$0.00	\$211,434.00	0.0%
2 Travel	\$4,959.00	\$0.00	\$0.00	\$0.00	\$4,959.00	0.0%
3 Supplies	\$1,400.00	\$0.00	\$0.00	\$0.00	\$1,400.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$9,000.00	\$0.00	\$0.00	\$0.00	\$9,000.00	0.0%
6 Other	\$4,567.00	\$0.00	\$0.00	\$0.00	\$4,567.00	0.0%
7 Indirect	\$28,457.00	\$0.00	\$0.00	\$0.00	\$28,457.00	0.0%
Total	\$259,817.00	\$0.00	\$0.00	\$0.00	\$259,817.00	0.0%

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

Authorized Signature (BLUE INK) _____ 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
NOTICE OF SUBGRANT AWARD**

**Washoe County Health District (WCHD)
Reimbursement Worksheet
July 2016**

Personnel	Title	Description					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.54/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
		TOTAL					
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
		TOTAL EXPENDITURES					

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Nevada Division Public & Behavioral Health : Public Health Preparedness
Assistant Secretary for Preparedness and Response (ASPR)
Budget per Capability
Washoe County Health District
July 1, 2016 through June 30, 2017

Contact Name: Jeff Whitesides

Phone Number: 775-326-6051

E-Mail Address: jwhitesides@washoecounty.gov

Applicant/Agency Name: WCHD

Total Agency Request: \$ 259,817

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

**Please contact us if you have any questions.

Budget Summary

Monthly Expenditure:	(a) Budget	(b) Current \$ Expended	(c) Current % Expended
1. Healthcare System Preparedness	\$ 43,694		
F1: Develop, refine, or sustain Healthcare Coalitions	\$ 6,242	\$ -	0%
F2: Coordinate healthcare planning to prepare the healthcare system for a disaster	\$ 6,242	\$ -	0%
F3: Identify and prioritize essential healthcare assets and services.	\$ 6,242	\$ -	0%
F4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps	\$ 6,242	\$ -	0%
F5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	\$ 6,242	\$ -	0%
F6: Improve healthcare response capabilities through coordinated exercise and evaluation	\$ 6,242	\$ -	0%
F7: Coordinate with planning for at-risk individuals and those with special medical needs	\$ 6,242	\$ -	0%
2. Healthcare System Recovery:	\$ 27,922		
F1: Develop recovery processes for the healthcare delivery system	\$ 13,961	\$ -	0%
F2: Assist healthcare organizations to implement Continuity of Operations (COOP)	\$ 13,961	\$ -	0%
3. Emergency Operations Coordination:	\$ 20,936		
F1: Healthcare organization multi-agency representation and coordination with emergency operations	\$ 5,234	\$ -	0%
F2: Assess and notify stakeholders of healthcare delivery status	\$ 5,234	\$ -	0%
F3: Support healthcare response efforts through coordination of resources	\$ 5,234	\$ -	0%
F4: Demobilize and evaluate healthcare operations	\$ 5,234	\$ -	0%

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

	(a)	(b)	(c)
Monthly Expenditure:	Budget	Current \$ Expended	Current % Expended

Budget Summary -- Page 2

5. Fatality Management:	\$ 20,580		
F1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations	\$ 6,860	\$ -	0%
F2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	\$ 6,860	\$ -	0%
F3: Mental/behavioral support at the healthcare organization level	\$ 6,860	\$ -	0%
6. Information Sharing:	\$ 13,334		
F1: Provide healthcare situational awareness that contributes to the incident common operating picture.	\$ 6,667	\$ -	0%
F2: Develop, refine, and sustain redundant, interoperable communication systems	\$ 6,667	\$ -	0%
10. Medical Surge:	\$ 50,474		
F1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	\$ 8,181	\$ -	0%
F2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services	\$ 8,181	\$ -	0%
F3: Assist healthcare organizations with surge capacity and capability	\$ 17,752	\$ -	0%
F4: Develop Crisis Standards of Care guidance	\$ 8,179	\$ -	0%
F5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	\$ 8,181	\$ -	0%
14. Responder Safety and Health	\$ 39,047		
F1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers	\$ 39,047	\$ -	0%
F2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment.	\$ -	\$ -	0%
15. Volunteer Management:	\$ 43,830		
F1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations	\$ 10,958	\$ -	0%
F2: Volunteer notification for healthcare response needs	\$ 10,958	\$ -	0%
F3: Organization and assignment of volunteers	\$ 10,958	\$ -	0%
F4: Volunteer notification for healthcare response needs	\$ 10,956	\$ -	0%
	\$ 259,817	\$ -	

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? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature (BLUE INK)

Date

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,

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

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

Covered Entity	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 Street Business Address
	Reno, NV 89512 Business City, State and Zip Code
	775-328-2400 Business Phone Number
	775-328-3752 Business Fax Number
Authorized Signature (BLUE INK)	Authorized Signature (BLUE INK)
for Cody L. Phinney, MPH Print Name	Kitty Jung Print Name
Administrator, Division of Public and Behavioral Health Title	Chair, District Board of Health Title
Date	Date

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ATTACHMENT 1
Match Certification

Date: _____

External Funding Source: Assistant Secretary for Preparedness and Response (ASPR) –
Hospital Preparedness Program (HPP) _____

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

Funding Recipient: Washoe County Health District (WCHD) _____

Project Title: HPP and PHEP Cooperative Agreement _____

Project Grant #: 5NU90TP000534-05-00 _____

Duration: From: July 1, 2016 _____ To: June 30, 2017 _____

Total cost sharing/matching cost contribution: \$25,981.70 / Percentage: 10% _____

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

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

Washoe County Health District

Name and Title Signature (BLUE INK) Date
(Funding Recipient)

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ATTACHMENT 2

Washoe County Health District
ASPR Hospital Preparedness Program (HPP)
Detailed Work Plan
July 1, 2016 through June 30, 2017 (BP5)

HPP CAPABILITY # 1: HEALTHCARE SYSTEM PREPAREDNESS		17%
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Nevada healthcare coalitions will improve their participation in community exercises to understand their role in response efforts and situational awareness. 2. Washoe County Health District (WCHD) will have the ability of the community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction <input checked="" type="checkbox"/> Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input checked="" type="checkbox"/> Function #3: Identify and prioritize essential healthcare assets and services <input checked="" type="checkbox"/> Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input checked="" type="checkbox"/> Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input checked="" type="checkbox"/> Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation <input checked="" type="checkbox"/> Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.		
Objective(s): 1.1 By June 30, 2017, each of the four healthcare coalitions will participate in at least one exercise (seminar, workshop, tabletop, drill, full scale exercise) with local/regional emergency operation centers.		
Output(s): 1. AAR/IP from an exercise between each healthcare coalition and their local/regional emergency operation center. 2. Communication Plan		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Expand situational awareness capabilities among IHCC members through the development of a communications plan for the coalition.	Communications Plan	Q1
1.1.2 Assist in the development of an exercise plan for a full-scale community-wide evacuation exercise.	Exercise documents AAR/IP	Q2

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Objective(s): 2.1 By the end of Q3, the Nevada State Public Health Preparedness Program and Local Health Authorities will identify and exercise the process for requesting identified CMS data.		
Output(s): 1. Documentation of the requesting process. 2. AAR/IP 3. GIS mapping		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 Collaborate with State PHP and LHAs to design an exercise to request identified CMS data.	Exercise design	Q2
2.1.2 Research the format and data necessary for GIS mapping.	Meeting notes, emails	Q1
2.1.3 Hold a focus group with those who will be the end users of the data to identify the format that will best utilize the data.	Identified format	Q2
2.1.4 Conduct exercise in collaboration with State PHP and LHAs.	Exercise materials	Q3
Objective(s): 2.2 By June 30, 2017, WCHD will update the Jurisdictional Risk Assessment (JRA) as it pertains to healthcare preparedness.		
Output(s): 1. Updated JRA		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 WCHD will engage healthcare partners and other essential stakeholders to update the JRA.	Update JRA	Q2
Objective(s): 2.3 By March 2017, WCHD in collaboration with Inter-Hospital Coordinating Council (IHCC) will collect Hazard Vulnerability Assessments (HVAs) from member hospitals and other healthcare partners to review.		
Output(s): 1. HVAs from IHCC member facilities		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.3.1 WCHD in collaboration with IHCC will collect appropriate HVAs from IHCC member facilities.	HVAs and IHCC agenda and meeting minutes	Q3

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Objective(s):

2.4 Throughout BP5, WCHD will continue to collaborate with IHCC and Regional Healthcare Emergency Preparedness Committee (RHEPC) through providing administrative support and Hospital Command Center (HCC) and Regional Emergency Operations Center (REOC) interface training.

Output(s):

1. Number of organizations/ individuals trained on HCC and REOC interface

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.4.1 WCHD will attend and provide administrative support at the monthly IHCC meetings.	Agenda and meeting minutes (12)	Q4
2.4.2 WCHD will provide annual training on HCC and REOC interface.	Sign-in sheets	Q3
2.4.3 WCHD will attend and provide administrative support at the quarterly RHEPC meetings.	Agenda and meeting minutes (4)	Q4

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HPP CAPABILITY # 2: HEALTHCARE SYSTEM RECOVERY **11%**

Build Sustain Scale Back No Planned Activity

Goal(s):
1. WCHD will increase healthcare system preparedness through coordination with emergency management, public health, mental health providers, community and faith-based organizations, and state and local and territorial governments.

Check ALL that apply
 Function #1: Develop recovery processes for the healthcare delivery system
 Function #2: Assist healthcare organizations to implement Continuity of Operations (COOP)

Objective(s):
1.1 Throughout BP5, WCHD will assist in the development of the county recovery annex and identify the healthcare assumptions and develop a process to accomplish those assumptions with healthcare partners.

Output(s):
1. County Recovery Annex
2. Recovery healthcare assumptions
3. HQCQ process for licensing beds in an emergency
4. Recovery resource/tool/template

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Participate in the development of county recovery annex representing WCHD and IHCC.	Agendas and meeting notes	Q2
1.1.2 Through participation of county recovery annex, identify community and government partners for recovery support, resources and systems. (P1)	List of partners	Q4
1.1.3 Assist healthcare partners to have the discussion with HQCQ regarding licensing during the recovery process.	Emails, agenda, meetings notes	Q2
1.1.4 WCHD and Southern Nevada Health District (SNHD) will develop a recovery resource/tool/template that can be shared among all SNFs.	Recovery resource/tool/template	Q2

Objective(s): Written by Subgrantee
1.2 Through BP5, WCHD will track Continuity of Operations Plan among long-term care, skilled nursing and rehabilitation facilities.

Output(s):
1. Tracking mechanism of COOPs
2. # of COOP trainings given and # of individuals and/or # of agencies trained on COOP.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Develop a mechanism to track the status of COOP plans among long-term care, skilled nursing and rehabilitation facilities	Mechanism for tracking	Q1

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1.2.2 Working with long-term care, skilled nursing, and rehabilitation facilities populate the tracking mechanism of COOPs.	Populated tracking sheet	Q4
1.2.3 Provide COOP training to long-term care, skilled nursing and rehabilitation facilities in either individual entities or through group training.	Training materials, training dates	Q4
Objective(s): 1.3 Throughout BP5, WCHD and SNHD will collaborate to develop a mechanism to assess the impact of an incident on the healthcare system's ability to deliver essential services to the community and prioritize recovery needs.		
Output(s): 1. Mechanism to assess the impact of an incident on the healthcare system's ability to deliver essential services to the community		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 Review of survey to better understand the data collected.	Survey	Q1
1.3.2 Research methods used in other jurisdictions.	Research materials	Q2
1.3.3 Utilizing the essential services and assets survey, develop a mechanism to assess the impact of an incident on the healthcare system's ability to deliver essential services to the community and prioritize recovery needs.	Calendar invites, meetings notes, sign-in sheets	Q3
1.3.4 Develop a method to implement the mechanism developed.	Written method to implement (meeting notes)	Q4

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HPP CAPABILITY # 3: EMERGENCY OPERATIONS COORDINATION

8%

Build Sustain Scale Back No Planned Activity

Goal(s):

1. Washoe County Health District (WCHD) will have the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate and resource allocation for affected healthcare organizations.

Check ALL that apply

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Assess and notify stakeholders of healthcare delivery status
- Function #3: Support healthcare response efforts through coordination of resources
- Function #4: Demobilize and evaluate healthcare operations.

Objective(s):

1.1 Throughout BP5, WCHD will continue training on the Medical Unit Leader and conduct one exercise.

Output(s):

- 1. Number of trainings and number of individuals trained on Medical Unit Leader (PHP and EMS)
- 2. AAR/IP from Medical Unit Leader

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Continue to train and exercise the Medical Unit Leader (Task 1)	Training documents	Q4
1.1.2 Design one Medical Unit Leader exercise	Exercise design	Q3
1.1.3 Conduct one Medical Unit Leader exercise	Exercise documents	Q4

Objective(s):

1.2 By March 2017, WCHD will provide an annual training on the Regional Emergency Operations Center (REOC) and Hospital Command Center (HCC) interface.

Output(s):

- 1. Number of trainings and number of individuals organized/trained on the REOC and HCC interface

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Provide training on the HCC and REOC interface to increase ability to determine immediate healthcare organizations' resource needs and the status of healthcare delivery during an incident.	Training documents, sign-in sheets	Q3

Objective(s):

1.3 By June 2017, WCHD will train and exercise WebEOC Resource Manager.

Output(s):

- 1. Number of WCHD staff trained on WebEOC Resource Manager

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2. AAR/IP from Resource Manager exercise		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 Train WCHD staff on WebEOC Resource Manager	Training materials, sign-in sheets, calendar invites	Q4
1.3.2 Design an exercise for WebEOC Resource Manager	Exercise design	Q3
1.3.3 Conduct exercise.	Exercise materials	Q4
Objective(s): 1.4 By December 2016, WCHD PHP in collaboration with EMS will develop a tracking mechanism for equipment in a mass evacuation when the evacuation has ended and demobilizations efforts have started.		
Output(s): 1. Number of individuals/organizations trained 2. AAR/IP		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 WCHD will train hospitals on the tracking of equipment and demobilization of equipment after a mass evacuation is over and the condition is of normal operations.	Training materials	Q4
1.4.2 Collaborate with WCHD EMS to exercise demobilization.	Exercise materials	Q4

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HPP CAPABILITY # 5: FATALITY MANAGEMENT		8%
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 1. Nevada healthcare coalitions understand their roles and responsibilities within fatality management. 2. WCHD will have the ability to coordinate with organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects and facilitate access to mental/behavioral health services for family members, responders and survivors of an incident.		
Check ALL that apply <input checked="" type="checkbox"/> Function #1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations <input checked="" type="checkbox"/> Function #2: Coordinate surges of concerned citizens with community agencies responsible for family assistance <input checked="" type="checkbox"/> Function #3: Mental/behavioral support at the healthcare organization level.		
Objective(s): 1.1 By June 30, 2017, each healthcare coalition will identify their roles and responsibilities with local/regional Fatality Management Plans.		
Output(s): 1. Roles and responsibilities identified		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Identify roles and responsibilities of IHCC	WCHD Mass Fatality Plan	Q1
1.1.2 Share roles and responsibilities with IHCC	Meeting minutes	Q2
Objective(s): 2.1 By June 2017, WCHD PHP in collaboration with Washoe County Medical Examiner's Office will exercise the Mass Fatality Plan to assess the amount of morgue space available and the process to request support.		
Output(s): 1. AAR/IP 2. Amount of morgue space available		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 Assist the Medical Examiner's Office to develop a table to TTX the Mass Fatality Plan to exercise the ability to determine the amount of morgue space that is available to them during periods of death surges and to exercise the process to request support from local and state agencies.	Exercise documents	Q2

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Objective(s): 2.2 By June 2017, WCHD will train on specific Family Assistance Center positions.		
Output(s): 1. Number of individuals trained		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 Identify the priority FAC positions which lack in training	Positions that need to be trained	Q3
2.2.2 Train on identified FAC positions	Training materials	Q4
Objective(s): 2.3 By March 2013, WCHD will have updated the Disaster Behavioral Health Annex and conducted an internal exercise based on the update.		
Output(s): 1. Updated Disaster Behavioral Health Annex 2. Number of individuals trained 3. AAR/IP		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.3.1 Review the Disaster Behavioral Health Annex for any updates	Markup of Disaster Behavioral Health Annex	Q1
2.3.2 Provide identified updates to WCEM	Identified updates (meetings notes or email)	Q2
2.3.3 Implement a TTX for the Disaster Behavioral Health Annex to exercise internal response	Exercise materials	Q3

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HPP CAPABILITY # 6: INFORMATION SHARING **5%**

Build Sustain Scale Back No Planned Activity

Goal(s):
1. WCHD will have the ability to conduct multijurisdictional, exchange of public health and medical related information and situational awareness between healthcare systems and local, state, Federal, tribal, and territorial levels of government and the private sector.

Check ALL that apply
 Function #1: Provide healthcare situational awareness that contributes to the incident common operating picture
 Function #2: Develop, refine, and sustain redundant, interoperable communication systems

Objective(s):
1.1 By December 2016, WCHD will develop a methodology to expand coordination of information sharing protocols to receive and transmit timely, relevant and actionable incident specific healthcare information to incident management during response and recovery.

Output(s):
1. Documented methodology
2. Number of trainings and number of individuals trained
3. AAR/IP

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Research methodologies for information sharing	Research documents	Q1
1.1.2 Draft a method of information sharing what would expand coordination	Draft method	Q2
1.1.3 Finalize method of information sharing and share with the Inter-Hospital Coordinating Council	Method	Q3
1.1.4 Assist State PHP to increase the hospitals' ability to use EMResource and to increase timely update of EMResource	Exercise materials	Q4

Objective(s):
1.2 Throughout BP5, WCHD PHP will collaborate with Washoe County Amateur Radio Services (WCARES) to increase ability to send healthcare information via packet radio and other Ham Radio methods.

Output(s):
1. AAR/IP from Ham Radio
2. Number of healthcare partners trained on packet radio

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Collaborate with WCARES and healthcare partners to practice sending messages over the Ham Radio during weekly hospital check-ins	Training materials	Q4
1.2.2 Collaborate with ARES and healthcare partners to increase ability to use packet radio through practice and educational materials	Trainings, educational materials, exercises	Q4
1.2.3 Develop an exercise to measure the increase in ability to use Ham Radio for sending information	Exercise materials	Q4

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HPP CAPABILITY # 10: MEDICAL SURGE **19%**

Build Sustain Scale Back No Planned Activity

Goal(s):
 1. Nevada will have a Crisis Standards of Care Guidance (CSC) Plan.
 2. WCHD will improve medical surge capability to provide adequate medical evaluation and care during incidents that exceed the limits of the medical infrastructure within the community.

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

Objective(s):
 1.1 By June 30, 2017, the State of Nevada and the Nevada State Public Health Preparedness Program will have guidelines to implement in the event of a public health and healthcare systems' catastrophe to optimize the use of limited healthcare resources.

Output(s):
 1. Crisis Standards of Care Guidance Plan developed

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Participate in appropriate CSC workgroups	Calendar invitation, meetings notes, agendas	Q4
1.1.2 Participate in the CSC Objective 1 as appropriate	Calendar invitation, meetings notes, agendas	Q1
1.1.3 Participate in the CSC Objective 2 as appropriate	Calendar invitation, meetings notes, agendas	Q1
1.1.4 Participate in CSC Objective 3 as appropriate	Calendar invitation, meetings notes, agendas	Q1
1.1.5 Participate in CSC Objective 4 as appropriate	Calendar invitation, meetings notes, agendas	Q4
1.1.6 Participate in CSC Objective 5 as appropriate	Calendar invitation, meetings notes, agendas	Q4

Objective(s):
 2.1 By June 2017, WCHD will exercise the Region 2 Medical Surge Plan with appropriate partners.

- Output(s):**
1. AAR/IP from Region 2 Medical Surge Plan
 2. Number of individuals/organizations trained on HCC and REOC interface and number of trainings provided
 3. Number of individuals /organizations trained on WebEOC and three of trainings provided
 4. Number of individuals/organizations trained on MCIP/MAEA and number of trainings provided

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1. Develop an exercise to meet the areas least exercised from the Region 2 Medical Plan	Exercise documents	Q4
2.1.2. Conduct exercise and hot wash	Exercise plan and notes from hot wash	Q4
2.1.3. Develop AAR/IP and review with IHCC	AAR/IP and IHCC meeting minutes	Q4
2.1.4. Conduct annual (and individual as requested) training on the HCC and REOC interface for emergency response focusing on multi-agency coordination during a response (P2)	Training materials, sign-in sheets	Q3
2.1.5. Conduct annual (and individual as requested) WebEOC training for regional healthcare partners, to include patient tracking board	Training materials, sign-in sheets	Q3
2.1.6. Conduct training on MCIP and MAEA as appropriate in preparation for the Region 2 Medical Surge Plan exercise	Training materials, sign-in sheets	Q4
Objective(s): 2.2. By June 2017, WCHD will have updated the Mutual Aid Evacuation Annex (MAEA).		
Output(s): 1. Update Mutual Aid Evacuation Annex		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 Hold meetings/workshops to identify components of the MAEA that need to be revised, collaborating with healthcare partners	Agenda(s), sign-in sheets	Q4
2.2.2 Revise the MAEA	Updated MAEA	Q4
Objective(s): 2.3 Throughout BP5, WCHD will continue to update the alternate care site spreadsheet.		
Output(s): 1. Update spreadsheet		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.3.1 Identify facilities which no data has been collected on (e.g. group homes)	List of facilities	Q1
2.3.2 Develop schedule for updating spreadsheet	Schedule	Q1
2.3.3 Continue to update spreadsheet	Updated spreadsheet	Q4
Objective(s): 2.4 Throughout BP5, WCHD will provide at least one executive training on the Mass Casualty Incident Plan (MCIP).		
Output(s): 1. Number of trainings and number of individuals/organizations trained		

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.4.1 Identify what specifically needs to be trained on	Meeting notes, emails	Q1
2.4.2 Design training and identify training dates	Training dates	Q2
2.4.3 Conduct training	Training materials	Q3

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HPP CAPABILITY # 14: RESPONDER SAFETY AND HEALTH		15%
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): Increase access to medical materiel during surge events		
Check ALL that apply <input checked="" type="checkbox"/> Function #1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers. <input type="checkbox"/> Function #2: Identify safety and personal protective needs		
Objective(s): 1. Create Healthcare ordering annex for Pharmaceutical Plan		
Output(s): 1. Forms, policies and procedures to order pharmaceutical and medical supplies from wholesalers and distributors in the Northern Nevada Region 2. Annex for Pharmaceutical Plan		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 Develop forms, policies and procedures to order medical materiel from wholesalers and distributors in Northern Nevada Region	Completed forms	Q3
1.1.2 Test ordering mechanisms to push medical materiel distribution to local healthcare facilities	Notes, completed forms, sign in sheets	Q4

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HPP CAPABILITY # 15: VOLUNTEER MANAGEMENT	17%
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Build Sustain Scale Back No Planned Activity

Goal(s):
1. The SERV-NV Program, Nevada’s Emergency System for Advance Registration of Volunteer Healthcare Professional (ESAR-VHP) Registry Program, will continue developing volunteer coordination and unification between local Medical Reserve Corps (MRC) units and State Pool.

Check ALL that apply

- Function #1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations
- Function #2: Volunteer notification for healthcare response needs
- Function #3: Organization and assignment of volunteers
- Function #4: Coordinate the demobilization of volunteers

Objective(s) 1:
1.1 By June 30, 2017, Nevada State SERV-NV and local MRC units will create/update their Volunteer Management Plans.

Output(s):
1. Volunteer Management Plans.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 The WCHD’s Volunteer Management Plan will be reviewed to determine if the processing of Spontaneous Unaffiliated Volunteers (SUV) aligns with the Washoe County Emergency Management Volunteer Management Plan will be revised to ensure consistency between the two plans.	The updated Volunteer Management Plan	Q4

Objective(s) 2:
1.2 By June 30, 2017, Nevada State SERV-NV and local MRC units will identify types of healthcare volunteers that need to be recruited based on medical occupations and Emergency Credential Levels (ECLs) based on JRA and/or AAR/IPs.

Output(s):
1. Documented lists of identified SERV-NV and local MRC unit volunteers needed by occupation/risk.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 Each new and current MRC volunteer upon being registered into ESAR-VHP, will be reviewed to ensure that new volunteers’ occupation, training skills and certifications are accurate in ESAR-VHP.	The number of updated and new volunteers in ServNV.	Q4

Objective(s) 3:
1.3 By June 30, 2017, Nevada State SERV-NV and local MRC units will each formally engage with at least one professional volunteer affiliate to promote volunteer opportunities.

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Output(s): 1. Newly documented professional volunteer affiliations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 MRC coordinator will identify a professional Veterinarian entity and discuss with them the opportunity for their members to become MRC volunteers.	Notes from the discussion with a Veterinarians group and the new volunteers.	Q4
Objective(s) Goal 4: 1.4.3 By June 30, 2017, Nevada State SERV-NV and local MRC units will participate in an exercise with one of the local hospitals.		
Output(s): 1 Standard operating procedure(s) will be developed defining the call down process for MRC volunteers to response to a hospital.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 The WCHD MRC program will participate in an exercise with a local hospital.	AAR/IP	Q4
Objective(s): Goal 5: 1.5 By June 30, 2017, WCHD MRC volunteers will participate in a blood pressure screening event.		
Output(s): 1. Blood pressure readings to determine if follow up care is advisable.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.5.1 MRC volunteers will staff a blood pressure screening station at a community based health care event.	Numbers of BP screenings.	Q4
Objective(s) 6: 1.6 By June 30, 2017, the WCHD MRC Program will have participated in or supported a minimum of five different community events or health initiatives.		
Output(s): 1. WCHD will support community events by providing MRC volunteers in lead or support roles		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.6.1 The WCHD MRC program will provide volunteers to support community events 1.6.2 The WCHD MRC program will support health district operations as available	Sign in sheets, roles fulfilled	Q4

DD	CA	—
DHO		—
DA	NA	—
Risk	NA	—

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5576 Issued to Reno Green, Case No. 1187, with a \$900 Negotiated Fine.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5576 be **upheld** and a fine of **\$900.00** be levied against Reno Green for operating equipment without a valid Permit to Operate, which is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 Source Permitting; and for failure to control fugitive dust, which is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Subsection C.1 Visible Emissions.

District Health Strategic Objective supported by this item: Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

On July 23, 2016, Air Quality Specialist II Josh Restori observed excessive dust from property located in the area of West 4th Street, near Woodland Avenue. Specialist Restori stopped to investigate, and determined the dust was being generated by a “tub grinder”, which was being operated by a local landscape company, to masticate plant material. Specialist Restori performed an EPA Test Method 22 on the emissions from the grinder; and observed fugitive dust for more than five (5) minutes. Specialist Restori then stopped the test, which is consistent with the testing method. Specialist Restori contacted the operator for Reno Green Landscaping and advised him the fugitive dust being generated was in violation of the local dust regulations. The operator indicated he understood and would contact the owner. Specialist Restori advised the operator to shut down until the dust could be controlled.

On July 25, 2016 Specialist Restori met with Scott Owen, President of Reno Green, at the Reno Green Offices to discuss what he had observed during his investigation. Specialist Restori asked to see the Air Quality Permit to Operate for the equipment in question and was informed there was no permit. Specialist Restori explained that operating the equipment without an air permit and the excessive fugitive dust he had documented previously were both violations of District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000

Source Permitting and Section 040.030.C.1 Visible Emissions. Mr. Owen stated he understood the violations and advised Specialist Restori he was unaware the equipment required a Permit to Operate. Specialist Restori issued Notice of Violation Citation No. 5576 to Reno Green for the violations as noted. Specialist Restori advised Mr. Owen he would be allowed seven (7) business days to apply for an Authority to Construct Permit from the Air Quality Management Division; and stated the equipment could not be operated until such time as the Permit is issued.

On July 26, 2016, Mr. Michael Wolf, Permitting and Enforcement Branch Chief conducted a negotiated settlement meeting attended by Specialist Restori and Mr. Owen, Reno Green, regarding Citation No. 5576. Mr. Wolf advised Mr. Owen that, while he was sympathetic to Mr. Owen being unaware an air permit was required; this did not absolve him from responsibility. Mr. Wolf further advised Mr. Owen of the importance of controlling the fugitive dust from the equipment. All parties agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5576, Case No. 1187, and levy a fine in the amount of **\$900**, including \$800 for the **major** violation of operating without a permit and \$100 for the visible emissions **minor** violation, as a negotiated settlement.

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. 5576.
Or
2. The Board may determine to uphold Citation No. 5576 and levy any fine in the range of \$0 to \$10,000 for the **major** violation and not less than \$500 per day for the **minor** violation.

POSSIBLE MOTION(s)

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

1. "Move to uphold Citation No. 5576, Case No. 1187, as recommended by Staff."
Or
2. "Move to uphold Citation No. 5576, Case No. 1187, and levy a fine in the amount of (*range of \$0 to \$10,000*) per day for the **major** violation and (*not less than \$500*) per day for the **minor** violation, with the matter being continued to the next meeting to allow for Reno Green to be properly noticed."



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



5576

NOTICE OF VIOLATION

NOV DATE ISSUED: 7/25/16
 ISSUED TO: Reno Green PHONE #: (775) 852-8952
 MAILING ADDRESS: 190 Woodland Ave CITY/ST: Reno, NV ZIP: 89523
 NAME/OPERATOR: Scott Owen PHONE #: (775) 360-2129
 COMPLAINT NO. CMP116-01420

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 7/25/16 (DATE) AT 10:55 a.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Operating source equipment as defined by 010.1381. D without a Permit to Operate (030.000) and allowing visible fugitive dust emissions for a period in excess of 5 minutes in one hour (040.030.C.1)

LOCATION OF VIOLATION: 190 Woodland Ave. Reno, NV 89523

POINT OF OBSERVATION: W. 4th Street.

Weather: _____ Wind Direction From: N E S W

Emissions Observed: Method 22 (> 5 minutes of fugitive dust)
 (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 7/25/16 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 7 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: JCO Date: 7/25/16

Issued by: Joshua C. Restori Title: AQSI

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: 7/26/16

Company Name: Reno Green

Address: 190 Woodland Ave Reno NV

Notice of Violation # 5576 Case # 1187

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.000 operating without permit
040.030 c1 failure to control dust

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 900⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 25th 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.

J.C.O.

Signature of Company Representative

Scott Owen

Print Name

PRESIDENT

Title

[Signature]

Signature of District Representative

Michael Wolf

Print Name

Branch Chief

Title

[Signature]

Witness

Witness

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

Company Name Reno Green
Contact Name Scott Owen

Case 1187 NOV 5576 Complaint CMP16-0146

I. Violation of Section 030.000 as defined by 010.1381.D

I. Recommended/Negotiated Fine = \$ 800

II. Violation of Section 040.030.C.1

II. Recommended/Negotiated Fine = \$ 100

III. Violation of Section 0

III. Recommended/Negotiated Fine = \$ 0

IV. Violation of Section 0

IV. Recommended/Negotiated Fine = \$ 0


V. Violation of Section 0

V. Recommended/Negotiated Fine = \$ 0

Total Recommended/Negotiated Fine = \$ 900


Air Quality Specialist

7/26/16
Date


Senior AQ Specialist/Supervisor

7/26/16
Date

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

Company Name Reno Green
Contact Name Scott Owen

Case 1187 NOV 5576 Complaint CMP16-0146

Violation of Section 030.000 as defined by 010.1381.D

I. Base Penalty as specified in the Penalty Table = \$ 2000

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: Operating source equipment without a Permit to Operate

2. Toxicity of Release

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

Comment: Particulate Matter (Fugitive Dust)

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

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

Comment: Light Commercial Area

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

B. Adjusted Base Penalty

Base Penalty \$ 2000 x Adjustment Factor 1 = \$ 2000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2000 x Number of Days or Units 1 = \$ 2000

Comment: Observed operation for one day only

D. Economic Benefit

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

Comment: Submitting ATC/OP Application for tub grinder

Penalty Subtotal

Adjusted Base Penalty \$ 2000 + Economic Benefit \$ 0 = \$ 2000

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

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) - 25%

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

Comment: _____

C. Compliance History

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

Comment: _____

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

Comment: Exact violation in November 2014

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

Comment: third violation in 3 years

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 2000</u>	x	<u>-60%</u>	=	<u>-1200</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

<u>\$ 2000</u>	+/-	<u>\$ -1200</u>	=	<u>\$ 800</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine



Air Quality Specialist

7/26/16

Date



Senior AQ Specialist/Supervisor

7/26/16

Date

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

Company Name Reno Green
Contact Name Scott Owen

Case 1187 NOV 5576 Complaint CMP16-0146

Violation of Section 040.030.C.1

I. Base Penalty as specified in the Penalty Table = \$ 500

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 0.5

Comment: Minor Violation Per 020.040.B

2. Toxicity of Release

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

Comment: Particulate Matter

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

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

Comment: Light Commercial Area

Total Adjustment Factors (1 x 2 x 3) = 0.5

B. Adjusted Base Penalty

Base Penalty \$ 500 x Adjustment Factor 0.5 = \$ 250

C. Multiple Days or Units in Violation

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

Comment: Observed continuous fugitive dust for 6 minutes

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>25%</u>
B. Mitigating Factors (0 – 25%)	-	<u>25%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment: _____		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment: _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-60%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>250</u>	x	<u>-60%</u>	=	<u>-150</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: Fine Assessed under 030.107 (a)

Adjusted Penalty:

\$ <u>250</u>	+/-	\$ <u>-150</u>	=	\$ <u>100</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

7/26/16

Date



Senior AQ Specialist/Supervisor

7/26/16

Date

COMPLAINT INVESTIGATION REPORT

Washoe County Air Quality Management Division

Complaint Number: **CMP16-0146**

Complaint Status: ASSIGNED

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 07/25/2016

Time: 10:55:00 AM

Inspector: JRESTORI

Inspector Area: 3

Complaint Description: OPERATING W/OUT A PERMIT CREATING FUGITIVE DUST EMISSIONS

Address: 190 WOODLAND AVE RENO

Location: 190 WOODLAND AVENUE RENO NV 89523

Parcel Number: 21205012

Related Permit Number:

Complainant:

JOSHUA RESTORI AQ SPECIALIST II
AIR QUALITY MANAGEMENT
1001 E 9TH STREET B171
RENO NV 89512
784-7202

Responsible Party:

RENO GREEN
SCOTT OWEN
190 WOODLAND AVENUE
RENO NV
775-360-2129

Investigation:

OPERATING W/OUT A PERMIT CREATING FUGITIVE DUST EMISSIONS

07/23/16

On July 23, 2016 at approximately 0915 hours, AQ Specialist Joshua Restori was travelling westbound on West 4th Street in Reno, Nevada, close to the Woodland Ave intersection when he observed fugitive dust being continuously generated by a tub grinder. The tub grinder was being used by two workers to grind landscape material (limbs, shrubs, grass, etc.). Spec. Restori observed approximately 6 minutes of fugitive dust being emitted by the tub grinder and recorded his findings on a EPA Method 22 form and recorded a video of 6 minutes of continuous fugitive dust from the tub grinder. Spec. Restori then walked close to the equipment and met with the individual operating the equipment (name not provided). Spec. Restori stated that the equipment was creating fugitive dust that was in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management. The operator stated that he understood and he would call the owner/supervisor to discuss the issue (there was a language barrier between the inspector and the operator).

07/25/16

On July 25, 2016 at approximately 1030 hours AQ Specialist Joshua Restori met with Scott Owen, President of Reno Green, at the Reno Green offices to discuss the Washoe County Air Quality Management Violation observed on July 23, 2016. Spec. Restori explained that Reno Green was in violation of Washoe County Board of Health Regulations Governing Air Quality Management Section

030.000 for operating source equipment as defined by 010.1381.D without a valid Permit to Operate issued by the Air Quality Management Division of the Washoe County Health District (AQM). In addition, Spec. Restori explained that Reno Green was in violation of Washoe County Board of Health Regulations Governing Air Quality Management Section 040.030.C.1 for allowing visible fugitive dust emissions for a period in excess of 5 minutes in a one hour period (see EPA Method 22 Fugitive Emission Inspection and video). Mr. Owen understood the violations and was apologetic stating that he was not aware that the equipment needed to be permitted. Spec. Restori issued Notice of Violation (NOV) 5576 for the stated violations. Mr. Owen understood the NOV and signed the NOV with the requirement to have an Authority to Construct/ Permit to Operate application completed and submitted within 7 business days. Spec. Restori stated that the equipment could not operate until the equipment had a current Authority to Construct/Permit to Operate.

07/26/16

On July 26, 2016 at 1300 hours, AQ Specialist Joshua Restori and AQ Permitting and Enforcement Branch Chief Michael Wolf met with Scott Owen, President of Reno Green at the AQM offices to conduct a negotiated settlement meeting. Mr. Owen agreed to the settlement and signed the Memorandum of Understanding.

See attached photographs, video and EPA Method 22 form.

Enforcement Activities

Warning Citation..:	Citation Number: 5576
NOV.....: 07/25/2016	NOV Number.....: 0
	Case Number.....: 1187
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

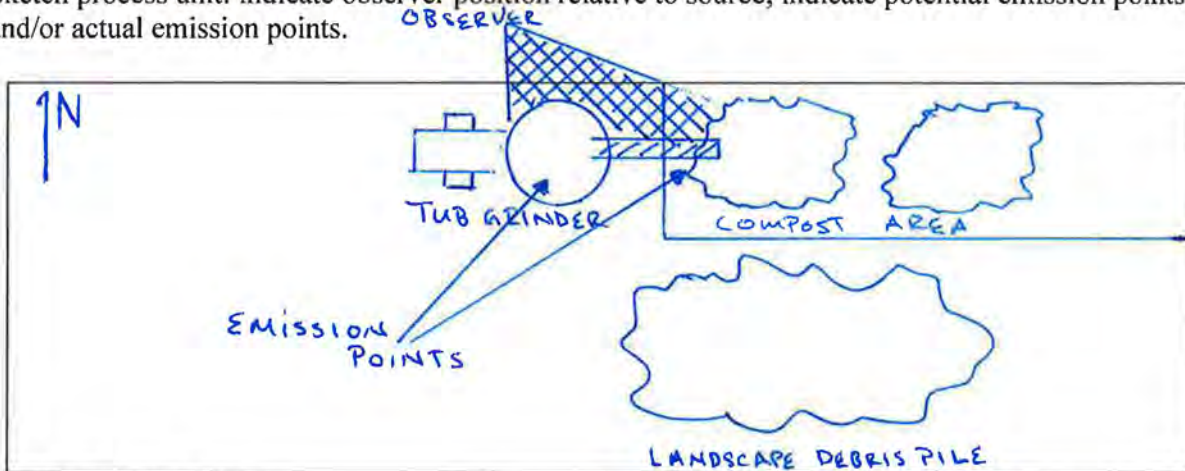
Status Information

Initialized By.....: JSMITH	Completed Date...:
Date Assigned.....: 07/25/2016	Completed By.....:

**FUGITIVE OR SMOKE EMISSION INSPECTION
OUTDOOR LOCATION**

Company <i>Reno Green</i>	Observer <i>Joshua Restori</i>
Location <i>4th & Woodland Reno, NV</i>	Affiliation <i>WCAQMD</i>
Company Rep.	Date <i>7/23/16</i>
Sky Conditions <i>Clear</i>	Wind Direction <i>West</i>
Precipitation <i>None</i>	Wind Speed <i>2-3 mph</i>
Industry <i>Landscapes Installation and Maintenance</i>	Process Unit <i>Tube Grinder</i>

Sketch process unit: indicate observer position relative to source; indicate potential emission points and/or actual emission points.



OBSERVATIONS

	Clock Time	Observation period duration, minutes:seconds	Accumulated emission time, minutes:seconds
Begin Observation	<i>9:19 a.m.</i>	<i>6:00</i>	<i>6:00</i>
To complete this form, record the following:	_____	_____	_____
• the initial clock time	_____	_____	_____
• the total time of the observation (from SW1)	_____	_____	_____
• the total time of emissions (from SW2), and	_____	_____	_____
• the final clock time.	_____	_____	_____
For more details on recording this data and taking breaks, see #7 and #10 above.	_____	_____	_____
_____	_____	_____	_____
End Observation	<i>9:25 a.m.</i>	_____	_____

Photograph Descriptions

Photograph 1.

Date: 07/23/16

Direction: Southeast

Image of fugitive dust plume from an unpermitted tub grinder at Reno Green's equipment staging yard in the southwest corner of West 4th Street and Woodland Ave in Reno, Nevada.

Photographic Evidence

Reno Green

190 Woodland Avenue

Reno, Nevada 89523

Taken on 07/23/16

NOV #5576



Photograph 1

DD	NA	___
DHO	___	___
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2017

SUMMARY

Update for Fiscal Year 2016 (FY16):

Total FY16 revenues reported as of June 30, 2016 were \$19,691,267 and expenditures were \$19,768,106 reflecting a deficit of \$76,839. With the year end processing of grant reimbursements, as of August 10, 2016, the FY16 revenues are at \$20,469,997 and the expenditures are at \$19,770,573 for a surplus of \$699,424. The fund balance is projected to be \$2,967,930 or 15% of total expenditures which is in-line with the Washoe County policy for Special Revenue funds, such as the Health Fund, to have a year end fund balance in the range of 10% to 17%.

Fiscal Year 2017 (FY17):

The first month of FY17 opened the year with a cash balance of \$2,418,811 by the end of July the cash increased by \$17,155 for a July 31st balance of \$2,435,966. Total revenues were \$1,274,074 which was 6.1% of budget and an increase of \$53,002 or 4.3% over FY16. With 8.3% of the fiscal year completed the expenditures totaled \$1,705,729 or 7.7% of budget and down \$37,712 or 2.2% compared to FY16.

District Health Strategic Objective supported by this item: Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

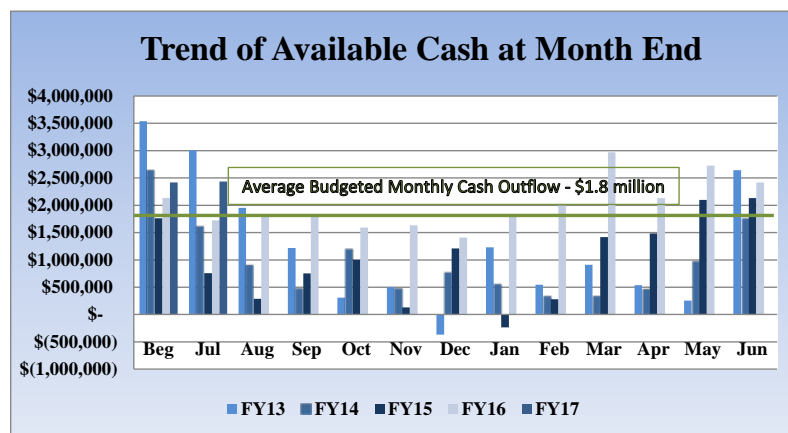
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

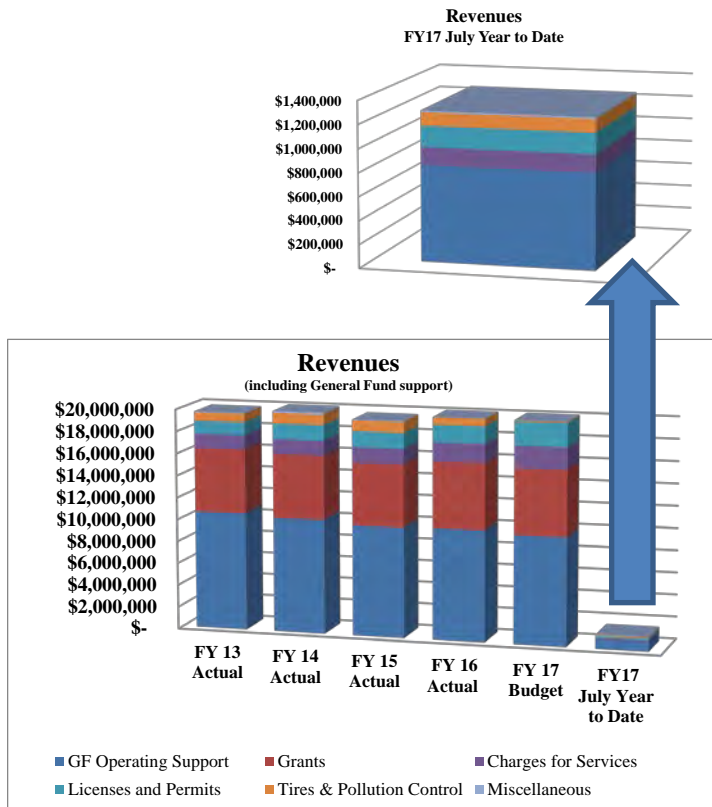
Review of Cash

The available cash at the end of July, FY17, was \$2,435,966 which was 132.6% of the average budgeted monthly cash outflow of \$1,837,124 for the fiscal year and up 41.2% or \$710,684 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$1.2 million; the portion of cash restricted as to use is approximately \$900,000 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of \$300,000.



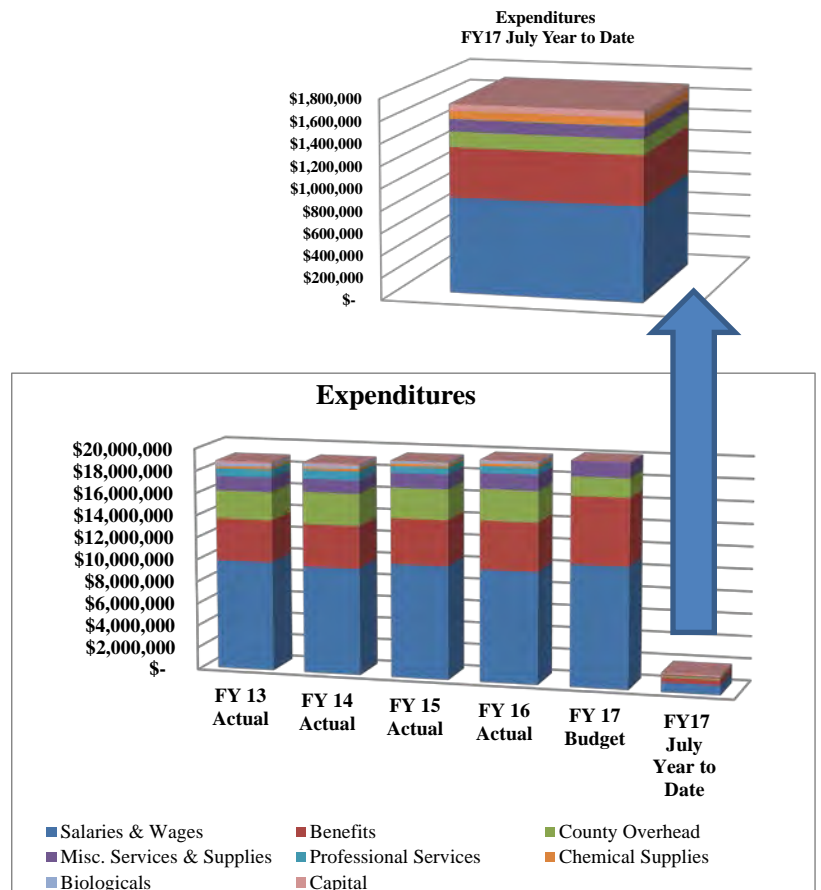
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$1,274,074 were up \$53,002 which was an increase of 4.3% over the same time last fiscal year and was 6.1% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$178,263 were up \$51,408 or 40.5% mainly due to fee increases effective July 1, 2016; tire and pollution control revenues of \$112,815 were up \$3,261 or 3.0%; charges for services of \$152,577 were up \$11,309 or 8.0%; and, miscellaneous revenues of \$14,014 were up \$10,856. The County General Fund transfer of \$816,405 was down \$23,333 or 2.8% due to the transfer reduction related to the subsidy for overhead that is no longer required due to the fee increases; and the illegal dumping fees are down \$500 over last year. There is a one month lag in the federal and state grant reimbursements so there will not be grant revenue postings until August.

The total year to date **expenditures** of \$1,705,729 decreased by \$37,712 or 2.2% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$1,316,819 up \$118,852 or 9.9% over the prior year. The total services and supplies expenditures of \$388,910 were down \$156,564 which was a 28.7% decrease mainly due to the chemicals needed for the Vector program that were purchased in July of FY16 but due to sufficient inventory has yet to be purchased in FY17. The major expenditures included in the services and supplies are: the professional services which totaled \$3,905, up \$2,941 or 305.1% over the prior year; chemical supplies were down 67.0% or \$152,919 over last year for a total of \$75,213; the biologicals of \$1,759 were down \$1,841 or 51.1%; and, County overhead charges of \$141,733 were down 39.2% or \$91,257 over last year due to the shift of \$98,455 of retiree health benefits charges moving out of the overhead and into the benefits category.



Review of Revenues and Expenditures by Division

AQM has received \$118,773 or 4.4% of budget and up \$12,529 in revenue compared to FY16. CCHS received \$15,555 in revenue or 0.4% of budget and down \$5,595 over FY16. EHS has received \$268,351 which is 9.2% of budget and up \$61,672 over FY16. EPHP has received \$54,990 in revenue and is up \$7,735 or 16.4% over last year. The County General Fund support is the single largest source of revenue and totaled \$816,405 or 8.3% of budget.

The total expenditures for FY17 were \$1,705,729 which is 7.7% of budget and down \$37,712 over last fiscal year. ODHO spent \$48,436 up \$7,241 or 17.6% over FY16. AHS has spent \$91,670 up \$9,425 or 11.5% over last year mainly due to the utilities for the Health District previously being part of the County indirect cost allocation that is now directly charged to Administration. AQM spent \$259,639 of the division budget and has increased \$57,242 or 28.3% over last fiscal year due to costs for the regional permitting system; advertisement campaign and dues for the Reno-Tahoe Clean Cities Coalition. CCHS has spent \$515,007 year to date and is down \$4,951 or 1.0% over last year. EHS spent \$585,217 and has decreased \$107,736 or 15.5% over last year due to the delay in purchasing chemicals for the Vector program. EPHP expenditures were \$205,761 and were \$1,067 or 0.5% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through July Year to Date Fiscal Year 2016/2017 (FY17)									
	Actual Fiscal Year			Fiscal Year 2015/2016		Fiscal Year 2016/2017			
	2012/2013	2013/2014	2014/2015	Actual Year End (unaudited)	July Year to Date	Adjusted Budget	July Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	-	35,000	-	0.0%	-
AHS	33,453	87,930	151	-	6	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	106,244	2,683,185	118,773	4.4%	11.8%
CCHS	3,322,667	3,388,099	3,520,945	3,507,095	21,150	3,805,834	15,555	0.4%	-26.5%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	206,679	2,902,711	268,351	9.2%	29.8%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	47,255	1,812,848	54,990	3.0%	16.4%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	839,738	9,796,856	816,405	8.3%	-2.8%
Total Revenues	\$17,710,834	\$18,267,134	\$19,512,566	\$20,469,997	\$ 1,221,073	\$21,036,434	\$ 1,274,074	6.1%	4.3%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	41,195	978,169	48,436	5.0%	17.6%
AHS	1,366,542	1,336,740	1,096,568	996,021	82,245	1,189,749	91,670	7.7%	11.5%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	202,397	3,309,576	259,639	7.8%	28.3%
CCHS	6,765,200	6,949,068	6,967,501	6,880,625	519,958	7,568,381	515,007	6.8%	-1.0%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	692,953	6,441,194	585,217	9.1%	-15.5%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	204,694	2,616,501	205,761	7.9%	0.5%
Total Expenditures	\$18,815,411	\$18,922,800	\$19,399,859	\$19,770,573	\$ 1,743,441	\$22,103,569	\$ 1,705,729	7.7%	-2.2%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(41,195)	(943,169)	(48,436)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(82,239)	(1,189,749)	(91,670)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(96,153)	(626,391)	(140,866)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,530)	(498,808)	(3,762,547)	(499,451)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(486,273)	(3,538,483)	(316,866)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(157,439)	(803,653)	(150,770)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	839,738	9,796,856	816,405		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,424	\$ (522,368)	\$ (1,067,135)	\$ (431,655)		
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,930		\$ 1,900,795			
FB as a % of Expenditures	15%	11%	12%	15%		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 July, Fiscal Year 2017.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for July, Fiscal Year 2017.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 1 2017
 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	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
422503 Environmental Permits	56,527-	3,725-	52,802-	7	46,317-	6,648-	39,669-	14
422504 Pool Permits	169,246-	3,441-	165,805-	2	97,000-	2,422-	94,578-	2
422505 RV Permits	18,590-	1,746-	16,844-	9	11,000-	706-	10,294-	6
422507 Food Service Permits	805,632-	53,115-	752,517-	7	509,823-	37,229-	472,594-	7
422508 Wat Well Const Perm	78,840-	5,930-	72,910-	8	30,000-	2,757-	27,243-	9
422509 Water Company Permits	21,850-	2,490-	19,360-	11	5,000-	2,064-	2,936-	41
422510 Air Pollution Permits	608,864-	63,792-	545,072-	10	477,443-	51,671-	425,773-	11
422511 ISDS Permits	165,195-	14,057-	151,138-	9	75,000-	5,302-	69,698-	7
422513 Special Event Permits	168,108-	16,694-	151,414-	10	90,000-	15,606-	74,394-	17
422514 Initial Applic Fee	55,800-	13,273-	42,527-	24	31,000-	2,450-	28,550-	8
* Licenses and Permits	2,148,652-	178,263-	1,970,389-	8	1,372,583-	126,855-	1,245,729-	9
431100 Federal Grants	5,272,004-	75-	5,271,929-	0	5,723,952-		5,723,952-	
431105 Federal Grants - Indirect	461,750-		461,750-		291,791-		291,791-	
432100 State Grants	211,060-		211,060-		209,951-		209,951-	
432105 State Grants-Indirect	16,597-		16,597-		15,457-		15,457-	
432310 Tire Fee NRS 444A.090	475,000-	112,815-	362,185-	24	468,548-	109,554-	358,994-	23
432311 Pol Ctrl 445B.830	550,000-		550,000-		550,000-		550,000-	
* Intergovernmental	6,986,411-	112,890-	6,873,521-	2	7,259,700-	109,554-	7,150,146-	2
460162 Services to Other Agencies	39,417-		39,417-		28,421-		28,421-	
460500 Other Immunizations	42,150-	1,417-	40,733-	3	89,000-	3,904-	85,096-	4
460501 Medicaid Clinical Services	59,935-	885-	59,050-	1	8,200-	5,967-	2,233-	73
460503 Childhood Immunizations	13,024-	93-	12,931-	1	20,000-	1,677-	18,323-	8
460504 Maternal Child Health						15-	15-	
460505 Non Title X Revenue								
460507 Medicaid Admin Claiming								
460508 Tuberculosis	7,000-	259-	6,741-	4	4,100-	230-	3,870-	6
460509 Water Quality	500-	276-	224-	55				
460510 IT Overlay	39,025-	3,263-	35,762-	8	35,344-	2,908-	32,436-	8
460511 Birth and Death Certificates	490,000-	42,395-	447,605-	9	470,000-	47,255-	422,745-	10
460512 Duplication Service Fees						6-	6-	
460513 Other Healt Service Charges	60,908-	7,666-	53,242-	13	10,167-		10,167-	
460514 Food Service Certification		1,176-	1,176-		18,000-		18,000-	
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	16,394-	4,339-	12,055-	26	1,450-	943-	507-	65
460517 Influenza Immunization					7,000-		7,000-	
460518 STD Fees	17,200-	2,712-	14,488-	16	21,000-	1,191-	19,809-	6
460519 Outpatient Services	1,200-		1,200-			404-	404-	
460520 Eng Serv Health	120,960-	8,955-	112,005-	7	50,000-	3,024-	46,976-	6
460521 Plan Review - Pools & Spas	8,470-	515-	7,955-	6	1,500-	3,465-	1,965-	231
460523 Plan Review - Food Services	56,150-	2,891-	53,259-	5	20,000-	2,200-	17,800-	11
460524 Family Planning	35,000-	4,432-	30,568-	13	32,000-	3,661-	28,339-	11
460525 Plan Review - Vector	82,842-	9,754-	73,088-	12	42,000-	5,831-	36,169-	14
460526 Plan Review-Air Quality	79,589-	4,916-	74,673-	6	60,804-	5,613-	55,191-	9

Period: 1 thru 1 2017
 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	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
705210 Retirement	2,835,985	229,708	2,606,277	8	2,870,083	204,292	2,665,791	7
705215 Retirement Calculation								
705230 Medicare April 1986	139,127	11,846	127,282	9	143,292	11,401	131,892	8
705320 Workmens Comp	92,580	8,459	84,121	9	69,143		69,143	
705330 Unemploy Comp	13,752	39,889	53,642	290	15,483		15,483	
705360 Benefit Adjustment	26,529		26,529					
* Employee Benefits	6,023,737	452,453	5,571,284	8	4,700,224	363,265	4,336,958	8
710100 Professional Services	666,216	3,820	662,396	1	832,764	464	832,300	0
710105 Medical Services	9,971	85	9,886	1	9,621		9,621	
710108 MD Consultants	64,810		64,810		137,971	500	137,471	0
710110 Contracted/Temp Services	6,100		6,100		7,279		7,279	
710119 Subrecipient Payments								
710200 Service Contract	94,074	4,033	90,041	4	172,990	5,957	167,034	3
710205 Repairs and Maintenance	14,238	849	13,389	6	24,189	585	23,604	2
710210 Software Maintenance	12,319		12,319		16,607	9,900	6,707	60
710300 Operating Supplies	131,468	12,105	119,364	9	278,249	2,818	275,431	1
710302 Small Tools & Allow	2,135	89	2,046	4	23,685		23,685	
710308 Animal Supplies	1,600	409	1,191	26	1,600	186	1,414	12
710310 Parts and Supplies								
710319 Chemical Supplies	232,700	75,213	157,487	32	231,900	228,132	3,768	98
710325 Signs and Markers								
710334 Copy Machine Expense	37,002	1,467	35,536	4	30,061	3,731	26,330	12
710335 Copy Machine-Copy Charges	2,001	169	1,832	8				
710350 Office Supplies	41,897	397	41,500	1	38,213	1,725	36,489	5
710355 Books and Subscriptions	6,343		6,343		6,015	49	5,966	1
710360 Postage	21,840		21,840		27,382	1,199	26,182	4
710361 Express and Courier	670		670		850		850	
710391 Fuel & Lube	125		125		100		100	
710412 Do Not Use								
710500 Other Expense	23,258		23,258		39,891	85	39,806	0
710502 Printing	22,749		22,749		29,668	1,596	28,072	5
710503 Licenses & Permits	9,630	200	9,430	2	6,770	285	6,485	4
710505 Rental Equipment	1,800		1,800		1,800		1,800	
710506 Dept Insurance Deductible						150	150	
710507 Network and Data Lines	9,662	400	9,262	4	9,755	247	9,508	3
710508 Telephone Land Lines	36,948	2,483	34,465	7	36,040	2,669	33,371	7
710509 Seminars and Meetings	46,178	35	46,143	0	52,467	1,814	50,653	3
710512 Auto Expense	10,126	894	9,232	9	11,582	754	10,827	7
710514 Regulatory Assessments	20,000	3,418	16,582	17	18,500	4,333	14,167	23
710519 Cellular Phone	14,509	1	14,508	0	13,709	1,077	12,632	8
710529 Dues	8,450	25,080	16,630	297	8,375	1,150	7,225	14
710535 Credit Card Fees	52,157		52,157		12,107		12,107	
710546 Advertising	140,140	20,270	119,870	14	241,546		241,546	

Run by: AHEENAN
 Run date: 08/11/2016 07:44:10
 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

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Period: 1 thru 1 2017
 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	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
710551 Cash Discounts Lost								
710563 Recruitment								
710571 Safety Expense	55,000		55,000					
710577 Uniforms & Special Clothing	3,657	118	3,539	3	9,900	9,900		
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815		5,815					
710600 LT Lease-Office Space	76,607	6,384	70,223	8	79,703	12,562	67,141	16
710620 LT Lease-Equipment								
710703 Biologicals	297,181	1,759	295,422	1	245,868	3,600	242,268	1
710708 Foster Care Home								
710714 Referral Services	6,780		6,780					
710721 Outpatient	108,555		108,555		96,331		96,331	
710872 Food Purchases	2,894		2,894		2,170	16	2,153	1
711008 Combined Utilities	90,800	7,567	83,233	8				
711010 Utilities								
711100 ESD Asset Management	47,382	3,900	43,482	8	66,552	5,452	61,100	8
711113 Equip Srv Replace	44,876	3,358	41,518	7	38,039	2,113	35,925	6
711114 Equip Srv O & M	66,315	4,963	61,352	7	62,441	8,329	54,112	13
711115 Equip Srv Motor Pool	5,000		5,000					
711117 ESD Fuel Charge	34,167	2,495	31,672	7	47,382	3,820	43,562	8
711119 Prop & Liab Billings	82,007		82,007		75,992		75,992	
711210 Travel	158,085	4,694	153,391	3	165,570	6,871	158,699	4
711399 ProCard in Process						20	20	
711400 Overhead - General Fund	1,700,797	141,733	1,559,064	8	2,795,882	232,990	2,562,892	8
711504 Equipment nonCapital	95,647	326	95,320	0	156,299	295	156,004	0
711509 Comp Sftw nonCap		2,115	2,115					
* Services and Supplies	5,072,682	330,829	4,741,852	7	6,163,813	545,475	5,618,338	9
781004 Equipment Capital	59,443		59,443		105,880		105,880	
781007 Vehicles Capital								
* Capital Outlay	59,443		59,443		105,880		105,880	
** Expenses	22,045,488	1,647,647	20,397,841	7	21,751,595	1,743,441	20,008,154	8
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,796,856	816,405	8,980,451	8	10,076,856	839,738	9,237,118	8
* Transfers In	9,796,856	816,405	8,980,451	8	10,076,856	839,738	9,237,118	8
812230 To Reg Permits-230	58,081	58,081		100	58,081		58,081	
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100	58,081		58,081	
** Other Financing Src/Use	9,738,775	758,323	8,980,451	8	10,018,775	839,738	9,179,037	8
*** Total	1,067,135	431,655	635,481	40	1,648,509	522,368	1,126,141	32

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health
FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419, nkcummins@washoecounty.us
SUBJECT: Approval of authorization to travel and travel reimbursements for non-County employee Dr. George Hess in the approximate amount of \$750, to attend Governor Sandoval's Prescription Drug Abuse Prevention Summit in Las Vegas, NV August 31 and September 1, 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: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

No previous action has been taken relevant to this item.

BACKGROUND

Governor Sandoval's Prescription Drug Abuse Prevention Summit will provide attendees with up-to-the-minute information regarding prescription drug abuse in Nevada. The conference will also provide opportunities for attendees to share information on this critical public health issue with other Nevada health officials.

Dr. Hess has expressed interest in attending the summit and bringing back valuable information regarding the current status of drug abuse in Nevada 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. George Hess in the approximate amount of \$750, to attend Governor Sandoval's Prescription Drug Abuse Prevention Summit in Las Vegas, NV August 31 and September 1, 2016.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the authorization to travel and travel reimbursements for non-County employee Dr. George Hess in the approximate amount of \$750, to attend Governor Sandoval's Prescription Drug Abuse Prevention Summit in Las Vegas, NV August 31 and September 1, 2016."

DD	BS	___
DHO	___	___
DDA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health

FROM: Amber English, Senior Environmental Health Specialist
775-328-2629, aeenglish@washoecounty.us

SUBJECT: Review, discussion and possible adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (proposing deletion of sections 240.060 and 240.065 related to grades and grading of food establishments, addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections).

SUMMARY

The Washoe County District Board of Health must approve amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Amendments. At the July 28, 2016 District Board of Health meeting, the Board considered and accepted the Business Impact Statement as required and designated the next regular meeting of the Board, August 25, 2016, as the public hearing to consider adoption of the proposed amendments.

District Board of Health Strategic Priority: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The Washoe County District Board of Health last approved amendments to the Regulations on May 28, 2015.

The Business Impact Statement associated with the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments was considered and accepted by the District Board of Health at the regular District Board of Health meeting on July 28, 2016. The Board also approved the next regular meeting of the Board, August 25, 2016, as the public hearing to consider adoption of the proposed amendments.

BACKGROUND

The Food Safety Program is continuously striving to enhance the quality of services we provide to the public and promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments. Although significant amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments were approved last year, additional amendments are required to achieve this goal. Below is a summary of the changes that are being proposed to the Regulations:

- Incorporate additional provisions from the most current version of the U.S Food and Drug Administration (FDA) Model Food Code.
- Delete portions of the Regulations pertaining to grades and grading of food establishments in order to implement a system that accurately reflects the occurrence of foodborne illness risk factors in food establishments.
- Minor edits and formatting corrections.

Links to the final version of the proposed revisions can be found at:

<https://www.washoecounty.us/health/files/regulations/ehs/FoodRegsInspectionFormUpdateMay2016.pdf>

In 2004, Environmental Health Services enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. The Program Standards is a quality improvement program that provides a foundation upon which regulatory agencies can build through a continuous improvement process. It also allows for program evaluation and measures program effectiveness. The Program Standards consist of nine standards intended to enhance the quality of services we provide to the public and promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments. Approval of the proposed Regulations and the subsequent implementation of the new food establishment inspection form and rating system will aid the Food Safety Program in meeting the criteria of Standard 1 – Regulatory Foundation, Standard 3 – Inspection Program Based on HACCP Principles and Standard 9 – Program Assessment.

In an effort to provide an overview of the proposed regulation revisions and inspection process, answer questions and receive input from interested persons, two public workshops were held on June 7, 2016 and June 9, 2016. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 1,810 notices were mailed to permit holders, giving notice of the proposed regulatory revisions and offering methods of providing input.
- The program's Food Safety Listserve was utilized to send email notices of the public workshops and hearings to food establishment operators, businesses, and other stakeholders.
- A press release was issued urging interested persons to attend the workshops and hearings.
- The Environmental Health Services Facebook page was utilized to invite followers to the workshops

- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.

A total of 18 individuals attended the workshops – eight attendees on June 7th and ten attendees on June 9th. Attendees included food establishment operators, business owners and representatives from the Nevada Restaurant Association and the Retail Association of Nevada.

During the workshops, a presentation was given on the specific proposed regulatory changes and the new inspection process and rating system. One food establishment operator asked whether we would provide a template to help operators develop the required written procedures when using a non-continuous cooking process. Staff agreed to provide additional guidance and resources to help operators develop the non-continuous cooking written procedures. Other sections of the proposed Regulations and the new inspection rating process were discussed and after clarification, no negative comments were received. All attendees seemed generally accepting of the proposed regulatory changes and new inspection process. A copy of the PowerPoint presentation is attached for reference and links to the Food Establishment Inspection Field Guide and Inspection Form can be found at:

<https://www.washoecounty.us/health/programs-and-services/food-protection-services/food-safety-news.php>

Notice of the proposed Regulation Amendment public hearing was posted in the Reno Gazette Journal on July 21, 22, and 25, 2016.

Next Steps:

Should the Washoe County District Board of Health approve the proposed amendments to the Regulations, additional public workshops to discuss the new inspection form and process will be conducted September 12, 13, and 14, 2016.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the revisions to the Regulations as the changes will not require any modifications to the existing administrative duties associated with the implementation of the program.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health review, discuss and adopt the Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (proposing deletion of sections 240.060 and 240.065 related to grades and grading of food establishments, addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections).

POSSIBLE MOTION

Subject: Food Establishment Proposed Regulation Amendments

Date: August 25, 2016

Page 4 of 4

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (proposing deletion of sections 240.060 and 240.065 related to grades and grading of food establishments, addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections)."

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

**Food Regulation
Amendment Workshop**

Workshop Overview

- Overview of WCHD participation in the FDA Voluntary Retail Food Program Standards
- Overview of new food establishment inspection rating system and inspection form
- Review updates to the 2015 Food Establishment Regulations

Voluntary Retail Food Program Standards

- STANDARD 1 - REGULATORY FOUNDATION
- STANDARD 2 - TRAINED REGULATORY STAFF
- STANDARD 3 - INSPECTION PROGRAM BASED ON HACCP PRINCIPLES
- STANDARD 4 - UNIFORM INSPECTION PROGRAM
- STANDARD 5 - FOOD BORNE ILLNESS RESPONSE
- STANDARD 6 - COMPLIANCE & ENFORCEMENT
- STANDARD 7 - INDUSTRY & COMMUNITY RELATIONS
- STANDARD 8 - PROGRAM RESOURCES
- STANDARD 9 - PROGRAM ASSESSMENT

Program Standards Process

Standard 3 – New Form will result in 90% Conformance

Standard 3 Criteria	Facilities' Self Assessment (9/10/15)	WCHD's Self Assessment (9/10/15)	90% Conformance (9/10/15)
1. Regulatory Basis			
1.1. The WCHD is based on the applicable California laws and regulations.	YES	YES	100%
1.2. The WCHD is based on the applicable federal laws and regulations.	YES	YES	100%
1.3. The WCHD is based on the applicable state laws and regulations.	YES	YES	100%
2. Risk Assessment			
2.1. A risk assessment is used to identify and evaluate the risks of foodborne illness.	YES	YES	100%
2.2. The risk assessment is used to determine the critical control points in the food service process.	YES	YES	100%
3. Inspection Frequency			
3.1. The WCHD has a written inspection frequency policy.	NO	NO	0%
4. Written and Equipment Sanitation Action Policy			
4.1. The WCHD has a written sanitation policy.	YES	YES	100%
4.2. The WCHD has a written equipment sanitation policy.	YES	YES	100%
5. Written and Equipment Sanitation Action Policy			
5.1. The WCHD has a written sanitation policy.	YES	YES	100%
5.2. The WCHD has a written equipment sanitation policy.	YES	YES	100%
6. Written and Equipment Sanitation Action Policy			
6.1. The WCHD has a written sanitation policy.	YES	YES	100%
6.2. The WCHD has a written equipment sanitation policy.	YES	YES	100%
7. Written and Equipment Sanitation Action Policy			
7.1. The WCHD has a written sanitation policy.	YES	YES	100%
7.2. The WCHD has a written equipment sanitation policy.	YES	YES	100%
8. Written and Equipment Sanitation Action Policy			
8.1. The WCHD has a written sanitation policy.	YES	YES	100%
8.2. The WCHD has a written equipment sanitation policy.	YES	YES	100%
9. Written and Equipment Sanitation Action Policy			
9.1. The WCHD has a written sanitation policy.	YES	YES	100%
9.2. The WCHD has a written equipment sanitation policy.	YES	YES	100%

Standard 1 – New form is based on most recent FDA Food Code: WCHD regulation updates will result in 100% Conformance

Standard 1 Criteria	Facilities' Self Assessment (9/10/15)	WCHD's Self Assessment (9/10/15)	100% Conformance (9/10/15)
1. Assessment of the Program's Regulatory Foundation			
1.1. The program is based on the most recent FDA Food Code.	YES	YES	100%
1.2. The program is based on the most recent FDA Food Code.	YES	YES	100%
1.3. The program is based on the most recent FDA Food Code.	YES	YES	100%
2. Food Code, Interpretation, and Risk Factors			
2.1. The program is based on the most recent FDA Food Code.	YES	YES	100%
2.2. The program is based on the most recent FDA Food Code.	YES	YES	100%
2.3. The program is based on the most recent FDA Food Code.	YES	YES	100%
3. Written and Equipment Sanitation Action Policy			
3.1. The program is based on the most recent FDA Food Code.	YES	YES	100%
3.2. The program is based on the most recent FDA Food Code.	YES	YES	100%
3.3. The program is based on the most recent FDA Food Code.	YES	YES	100%

Pass/Conditional Pass/Closed System

- New system will replace current forms and scores



Reason for Change

- New system will help WCHD conform to inspection form requirements listed in Standard 3
 - Inspections based on HACCP Principles
- Change supports Risk Based inspections
 - Highlights Critical Violations
 - Non-critical Violations still noted as violations, but will not count toward overall facility rating
- Field guide (aka marking instructions) for consistent marking
 - Will be made available inspectors and for the public
- Similar systems successfully adopted by other health districts

Anticipated Outcomes


- Improve compliance with high risk activities
- Enhance relationships and communication with food service industry
- Meet the goals of Standard 1, 3, 7, and 9
- Status (Pass/Conditional Pass/Closed) will reflect high risk activities occurring in facilities
- Provide the ability to measure outcomes and program effectiveness
- Ensure consistent marking by all inspectors and consistent expectations by food service industry

What to Expect when You're Inspected

Current System	New System
<ul style="list-style-type: none"> Violation points assigned based on risk level Scores where violations are subtracted from 100 A 92 is perceived as a passing grade even with two four point violations. 	<ul style="list-style-type: none"> New form mimics FDA standardization form IN/OUT/NA/NO Critical vs Non-critical violations Repeat violations flagged Field guide for consistent marking No placarding at this time

Critical vs. Non-Critical

Critical Violations – A provision of the WCHD food regulations, that if in non-compliance, is more likely than other violations to contribute to one of the five foodborne illness risk factors or one of the five FDA public health interventions. Critical violations pose an imminent threat to public health and have the potential to cause foodborne illness. A critical violation must be corrected or mitigated during an inspection in order to avoid closure. When a critical violation cannot be immediately corrected or mitigated, the food facility is subject to closure.



Non-Critical Violations – A provision of the WCHD food regulations that do not directly cause foodborne illness, but are important factors in general sanitation, operational controls, general maintenance, and facility design that allow for safe, wholesome and unadulterated food products.



Pass

- Pass: No more than one critical violation observed during inspection. Critical violation must be corrected or mitigated during the inspection.



Conditional Pass

- Conditional Pass: Two or more critical violations observed during inspection. Critical violations must be corrected or mitigated during inspection.
- Re-inspection required within 24 to 72 hours.



Closed

- Closed: Closure of the facility due to imminent danger to public health and safety.



Inspection Results Example

Inspected	Date	Inspection Type	Inspection Result	Inspector	Description of Violations
Value Inspection Report	Feb 17, 2016	PRELIMINARY	PASS	REINSPECTOR	
Value Inspection Report	Feb 19, 2016	REINSPECTOR	CONDITIONAL PASS	INSPECTOR	
Value Inspection Report	Apr 21, 2016	REINSPECTOR	PASS		REINSPECTOR HAS CORRECTED ALL VIOLATIONS, BUT ADVISED INSPECTOR THERE WERE 2 DEFECTIVE.

This is an example of an inspection report. For a full description of the conditions and terms, visit us online.

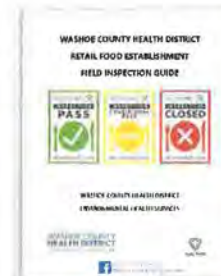
Projected Timeline

- June 2016:
 - Rollout of media campaign for Washoe Eats
 - Radio spots
 - Facebook advertisements
 - Reno News and Review
 - Public workshops
 - Staff training workshops
- Summer/Fall 2016:
 - Staff field training
 - Additional public workshops
- November 2016:
 - Implementation of inspection form and rating system




Field Guide

- Includes:
 - Rating system explanation
 - Inspection form marking procedures
 - Common terminology
 - For each line item on corresponding inspection form:
 - WCHD code reference
 - Standard comments
 - Example of critical and non-critical violations
 - Corrective actions
 - Marking instructions
 - Notes section
- WCHD Field Guide



Overview of Regulation Amendments

- [Food Establishment Regulation Amendments](#)



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

Save the Dates!

Food Establishment Inspection Workshop

Learn about the new inspection process and forms. Workshop is free to attend. We encourage all members of the public to attend, especially those working in the restaurant industry.

Choose one of the following dates below:

<p>September 12th Location: Eldorado Resort & Casino, Room TBA Time: 9:30am-10:30am</p>	<p>September 13th Location: Washoe County Complex, Building B Time: 9:00am-10:00am</p>	<p>September 14th Location: Washoe County Complex, Building B Time: 3:00pm-4:00pm</p>
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 Follow us on Facebook to get the latest updates about workshops!
<https://www.facebook.com/wchdehs>




District Board of Health Meetings

- Acknowledgement of the Business Impact Statement
Thursday, July 28th at 1:00pm
- Public Hearing for possible action by the Board
Thursday, August 25th at 1:00pm
Opportunity for public comment
- Location: Board of County Commissioners
Chambers at 1001 E. Ninth St, Reno, Nevada

Environmental Health Services

Is On Social Media



Facebook.com/WCHDEHS



@HealthyWashoe

Follow us and stay up-to-date about what's going on in Washoe!

Questions?



Food Safety Program
Environmental Health Services
foodsafety@washoecounty.us

REMSA

Franchise Compliance Report

JULY 2016



REMSA Accounts Receivable Summary

Fiscal 2016

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503	\$1,092	\$1,092	\$393
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
Totals	4106	\$4,485,503	\$1,092		

Allowed ground average bill: \$1,098.00
 Monthly average collection rate: 36%



Fiscal 2017

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2016	5 mins. 05 secs.	94%	94%
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2017			
Feb.			
Mar.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through June 2017

Priority 1 Zone A	Priority 1 Zones B,C,D
94%	94%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2016	P-1	5:15	5:47	8:35
	P-2	5:11	6:24	5:54
Aug. 2016	P-1			
	P-2			
Sept. 2016	P-1			
	P-2			
Oct. 2016	P-1			
	P-2			
Nov. 2016	P-1			
	P-2			
Dec. 2016	P-1			
	P-2			
Jan. 2017	P-1			
	P-2			
Feb. 2017	P-1			
	P-2			
Mar. 2017	P-1			
	P-2			
Apr. 2017	P-1			
	P-2			
May 2017	P-1			
	P-2			
June 2017	P-1			
	P-2			

Year to Date: July 2016 through June 2017

Priority	Reno	Sparks	Washoe County
P-1	5:15	5:47	8:35
P-2	5:11	6:24	5:54



GROUND AMBULANCE OPERATIONS REPORT

July 2016

1. OVERALL STATISTICS:

Total Number of System Responses	6486
Total Number of Responses in Which No Transport Resulted	2386

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	47%
OB	1%
Psychiatric/Behavioral	9%
Transfers	10%
Trauma – MVA	8%
Trauma – Non MVA	12%
Unknown	5%

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.

Total number of ALS calls: 2903

Total number of above calls receiving QA reviews: 368

Percentage of charts reviewed from the above transports: 12.67%



REMSA OCU Incident Detail Report

Period: 7/01/2016 thru 7/31/2016

CAD Edits						
Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time
	Zone A	07/01/2016 00:08:26	07/01/2016 00:13:08	411	00:08:59	00:04:42
AR01	Zone A	07/02/2016 13:45:37	07/02/2016 13:46:04	1C18	00:08:59	00:00:27
	Zone B	07/02/2016 20:23:51	07/02/2016 20:39:22	1C19	00:15:59	00:15:31
	Zone A	07/02/2016 21:06:54	07/02/2016 21:13:11	1C08	00:08:59	00:06:17
AR01	Zone A	07/03/2016 00:43:43	07/03/2016 00:48:40	1C15	00:08:59	00:04:57
AS01	Zone A	07/03/2016 17:47:38	07/03/2016 18:07:15	1C06	00:08:59	00:19:37
AW04_Sun_Valley	Zone A	07/06/2016 13:53:48	07/06/2016 14:00:51	1C26	00:08:59	00:07:03
	Zone A	07/06/2016 17:53:40	07/06/2016 18:04:32	1C29	00:08:59	00:10:52
AR02_S_of_River	Zone A	07/10/2016 09:31:55	07/10/2016 09:37:04	1C26	00:08:59	00:05:09
AR02_S_of_River	Zone A	07/10/2016 23:38:49	07/10/2016 23:39:15	1C13	00:08:59	00:00:26
	Zone A	07/15/2016 10:22:47	07/15/2016 10:33:17	1C32	00:08:59	00:10:30
AR03_N_of_River	Zone A	07/16/2016 02:22:21	07/16/2016 02:22:38	1C25	00:08:59	00:00:17
AR02_S_of_River	Zone A	07/16/2016 07:46:44	07/16/2016 07:46:38	1C42	00:08:59	-00:00:06
AW04_Sun_Valley	Zone A	07/16/2016 22:58:19	07/16/2016 22:58:40	1C07	00:08:59	00:00:21
AR02_S_of_River	Zone A	07/19/2016 01:26:43	07/19/2016 01:31:30	1C14	00:08:59	00:04:47
AR02_S_of_River	Zone A	07/19/2016 18:15:38	07/19/2016 18:23:34	1C09	00:08:59	00:07:56
	Zone A	07/20/2016 00:57:48	07/20/2016 01:03:49	1C17	00:08:59	00:06:01
AR01_Downtown	Zone A	07/20/2016 19:33:28	07/20/2016 19:38:04	1C33	00:08:59	00:04:36
	Zone A	07/26/2016 20:40:38	07/26/2016 20:43:51	1C30	00:08:59	00:03:13
AR03_N_of_River	Zone A	07/27/2016 18:01:19	07/27/2016 18:17:32	1C14	00:24:00	00:16:13
	Zone A	07/27/2016 23:05:33	07/27/2016 23:08:40	1C30	00:08:59	00:03:07
AR01_Downtown	Zone A	07/31/2016 03:09:12	07/31/2016 03:10:06	1C07	00:08:59	00:00:54

Call Priority Reclassification				
Incident Number	City	Zone	Incident Date	Exemption Reason
NONE				

REMSA

EDUCATION AND TRAINING REPORT

JULY 2016



REMSA Education
 Monthly Course and Student Report
 Month: July 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	31	2	19	3	12
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	1	5	1	5	0	0
ACLS P	1	2	1	2	0	0
ACLS R	8	27	2	11	6	16
ACLS S	1	1	1	1	0	0
AEMT	1	20	1	20		
AEMT T	0	0	0	0		
BLS	78	352	14	80	64	272
BLS I	1	12	1	12	0	0
BLS R	16	218	9	75	7	143
BLS S	12	15	0	0	12	15
CE	5	64	5	64	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	1	49	1	49		
EMT T	0	0	0	0		
FF CPR	6	37	1	5	5	32
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	0	0	0	0	0	0
HS CPR	50	315	2	17	48	298
HS CPR FA	47	424	8	54	39	370
HS CPR FA S	4	8	0	0	4	7
HS CPR PFA	5	43	3	30	2	13
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	12	58	1	2	11	56
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	6	1	6	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	3	15	1	4	2	11
PALS I	0	0	0	0	0	0
PALS R	5	20	2	13	3	7
PALS S	2	4	0	0	2	4
PEARS	0	0	0	0	0	0
PM	1	18	1	18		
PM T	0	0	0	0		

Classes w/ CPR
218

CPR Students
1412

REMSA CPR Classes
37

REMSA CPR Students
261

REM SA

CUSTOMER SERVICE

JULY 2016



COMMUNITY OUTREACH

July 2016

Point of Impact

7/11/2016	Technician Renewal Testing (recertification) class	2 Technicians
7/12/2016	Safe Kids Washoe County Coalition Meeting	1 staff
7/23/2016	Child Car Seat Checkpoint hosted by Babies R Us; 38 cars and 43 seats inspected.	10 volunteers, 3 staff
7/30/2016	Greater New Hope Missionary Baptist Church Community Block party; table/booth shared with Cribs for Kids	1 staff

Cribs for Kids

7/5/2016	C4K attends monthly Immunize Nevada Events Committee meeting.	1 staff
7/6/2016	C4K attends Health Care Hero Award video shoot.	1 staff
7/7/2016	C4K attend monthly Immunize Nevada Community Meeting	1 staff
7/9/2016	C4K host a booth at Hometown Health Plan Back to School Fair	1 staff
7/12/2016	C4K attends Community Partnership Resource Meeting	1 staff
7/13/2016	C4K attends Family Health Festival planning meeting.	1 staff
7/14/2016	C4K attends Increasing the Impact of Safe Sleep meeting at Washoe County Social Services.	1 staff
7/18/2016	C4K presents for Washoe County Social Services.	1 staff
7/18/2016	C4K hosts monthly Northern Nevada Maternal Child Health Coalition meeting.	1 staff
7/20/2016	C4K attends Family Health Festival planning work group.	1 staff
7/21/2016	C4K meets with Renown to plan Safe Sleep Hospital accreditation.	1 staff
7/25/2016	March of Dimes region update meeting.	1 staff
7/26/2016	C4K attends Community Health Improvement Plan (CHIP) Access to Health Care and Social Services Work Group.	1 staff
7/27/16	C4K/REMSA host booth at Family Health Festival Event part of Truckee Meadows Healthy Communities	1 staff
7/30/16	C4K host booth with Point of Impact Program at Greater New Hope Church	1 staff

REMSA

Reno, NV

Client 7299



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

EMS System Report

July 1, 2016 to July 31, 2016

Your Score

94.18

Number of Your Patients in this Report

143

Number of Patients in this Report

6,643

Number of Transport Services in All EMS DB

128





Executive Summary

This report contains data from **143 REMSA** patients who returned a questionnaire between **07/01/2016** and **07/31/2016**.

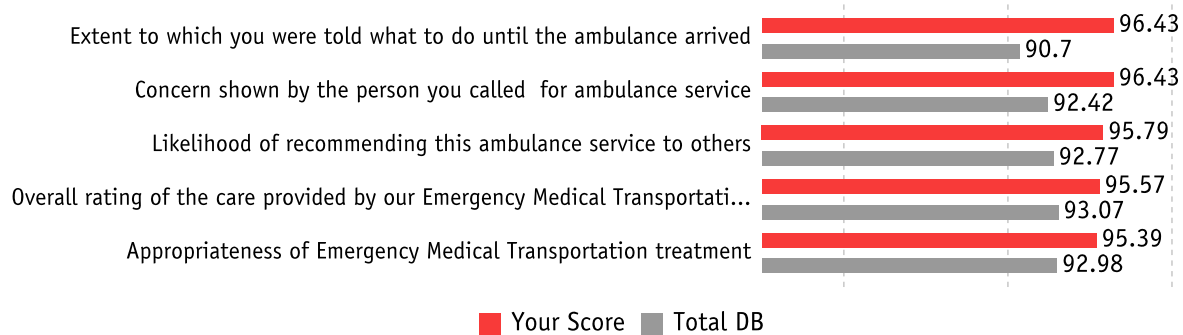
The overall mean score for the standard questions was **94.18**; this is a difference of **1.87** points from the overall EMS database score of **92.31**.

The current score of **94.18** is a change of **0.44** points from last period's score of **93.74**. This was the **29th** highest overall score for all companies in the database.

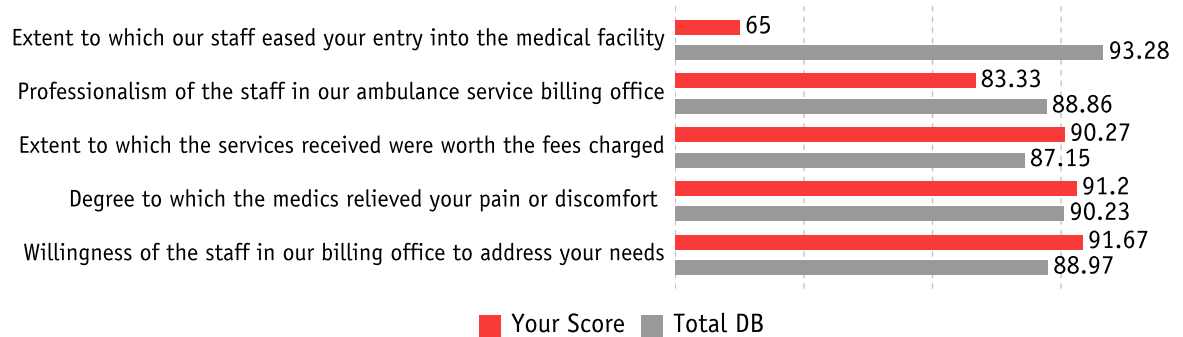
You are ranked **11th** for comparably sized companies in the system.

79.86% of responses to standard questions had a rating of Very Good, the highest rating. **99.53%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

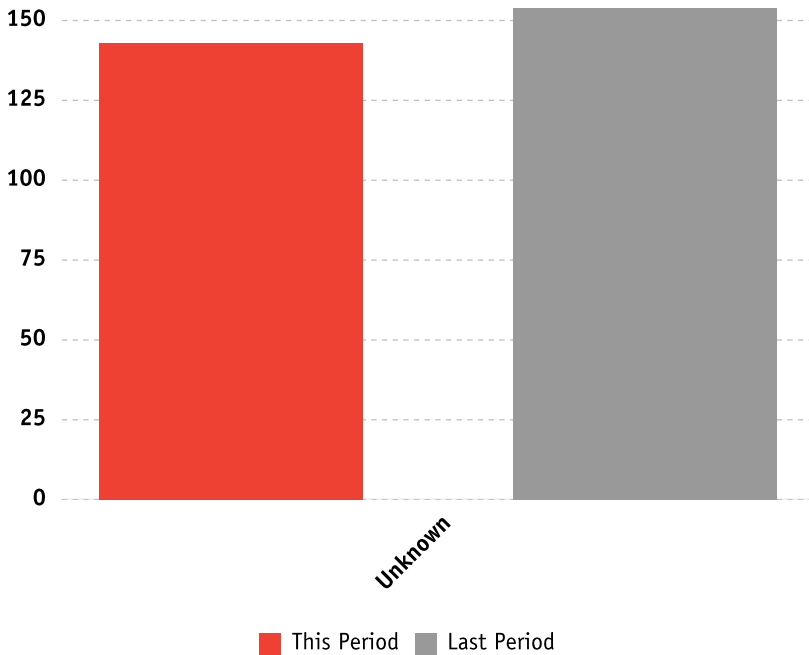




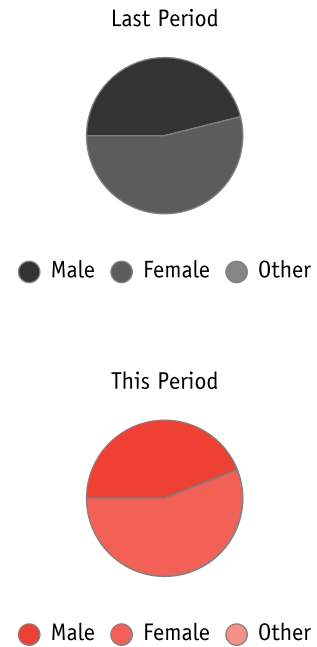
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	154	71	83	0	143	63	80	0
Total	154	71	83	0	143	63	80	0

Age Ranges



Gender





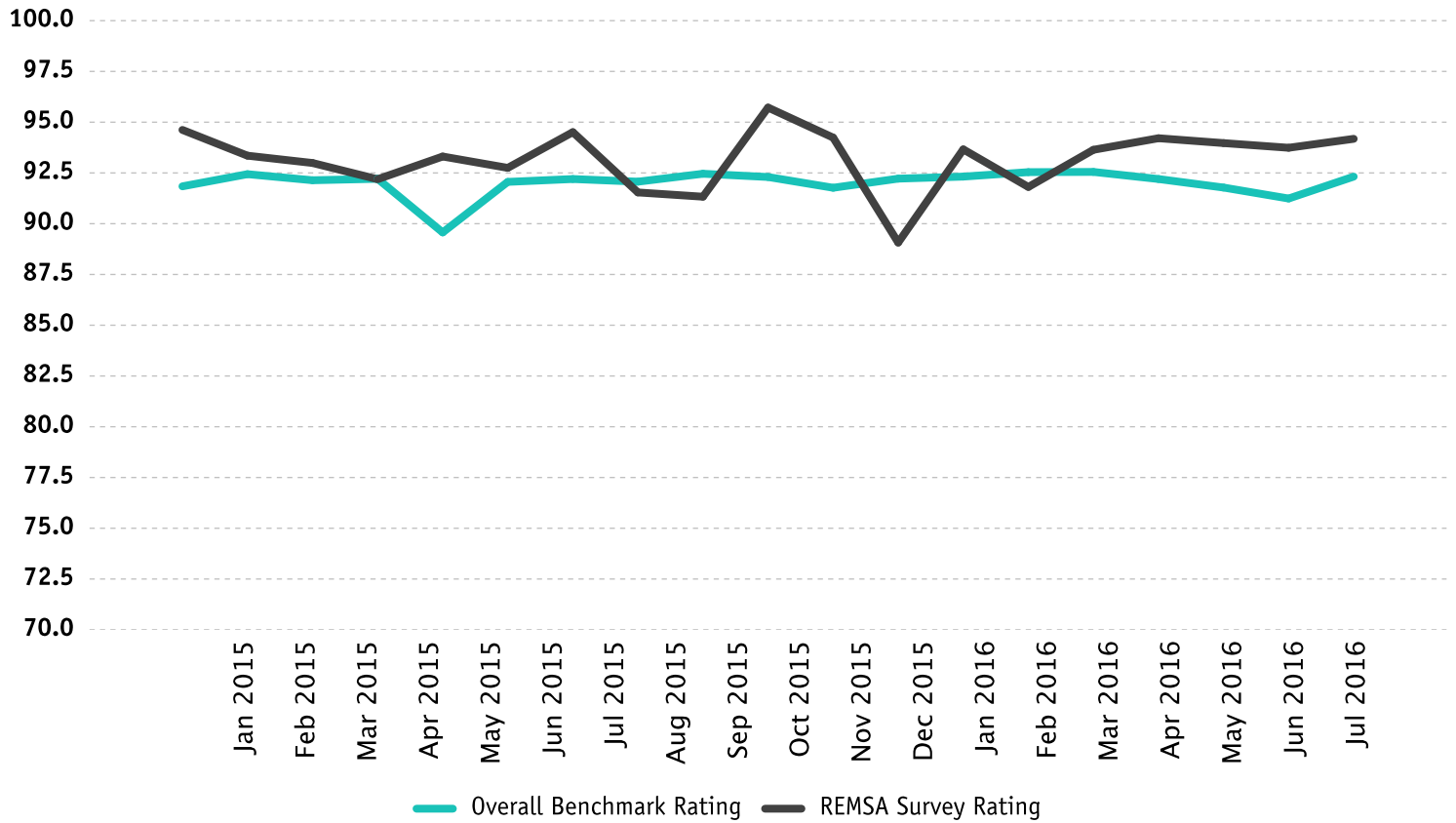
Monthly Breakdown

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.

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016
Helpfulness of the person you called for ambulance service	94.79	91.20	89.56	95.27	90.05	87.91	95.00	93.34	92.44	93.15	95.63	95.00	94.19
Concern shown by the person you called for ambulance service	95.31	91.20	88.98	95.27	91.28	87.15	95.00	92.64	90.76	83.33	93.75	100.00	96.43
Extent to which you were told what to do until the ambulance	93.75	87.52	86.07	96.05	92.13	85.19	91.07	91.29	91.56	89.00	97.83	94.74	96.43
Extent to which the ambulance arrived in a timely manner	96.57	91.81	87.28	95.63	89.56	93.59	94.74	93.53	94.36	94.59	93.97	95.21	94.14
Cleanliness of the ambulance	95.50	94.20	93.14	95.39	95.51	95.59	95.83	94.20	95.38	93.06	94.18	95.72	94.21
Comfort of the ride		94.20	92.67	97.30	94.26	95.71	94.12	93.39	95.56	92.83	90.97	94.05	93.63
Skill of the person driving the ambulance	94.39							95.09			95.00		
Care shown by the medics who arrived with the ambulance	95.10	92.81	93.98	97.50	97.56	91.22	95.00	93.11	94.01	95.74	95.95	93.76	94.75
Degree to which the medics took your problem seriously	95.59	93.55	94.44	96.88	96.25	91.67	93.75	92.66	93.79	97.02	96.21	94.32	95.16
Degree to which the medics listened to you and/or your family	96.08	93.44	94.44	98.13	96.88	89.86	93.75	92.21	94.52	95.83	92.86	94.52	94.02
Skill of the medics	95.59	94.41	93.52	96.79	96.88	93.06	93.75	92.38	96.00	93.75	93.75	96.43	95.00
Extent to which the medics kept you informed about your	94.50	90.37	90.87	94.74	94.59	87.50	93.42	90.60	92.13	93.47	93.70	93.60	92.94
Extent to which medics included you in the treatment decisions	93.18	88.52	90.48	94.08	93.78	84.20	93.06	89.59	91.98	93.37	91.85	92.68	93.42
Degree to which the medics relieved your pain or discomfort	93.23	90.47	91.85	93.24	91.43	83.16	90.79	87.45	90.15	92.78	91.90	89.79	91.20
Medics' concern for your privacy	94.15	90.97	92.65	96.15	95.39	85.74	95.00	90.99	95.46	94.07	91.98	94.47	94.77
Extent to which medics cared for you as a person	96.00	91.40	95.67	95.95	95.63	90.28	95.00	92.04	94.16	95.31	95.00	94.43	94.17
Professionalism of the staff in our ambulance service billing	90.15	87.10	81.90	94.44	93.75	86.11	87.50	87.31	88.04	87.50	82.14	77.60	83.33
Willingness of the staff in our billing office to address your	89.84	87.07	82.41	93.75	89.47	87.50	87.50	86.47	85.87	85.00	85.00	78.25	91.67
How well did our staff work together to care for you	94.39	90.81	91.06	94.74	96.34	87.50	96.25	92.36	94.34	95.70	94.09	93.93	95.38
Extent to which our staff eased your entry into the medical	95.41	92.54	91.06	94.74	97.37	90.03	93.75	92.82	92.81	93.75	86.82	95.83	65.00
Appropriateness of Emergency Medical Transportation treatment	96.28	92.24	93.75	94.74	95.39	89.71	96.25	92.60	94.66	93.06	96.09	95.83	95.39
Extent to which the services received were worth the fees	88.64	88.30	87.23	94.29	90.74	80.10	91.67	84.72	88.56	86.90	92.64	82.03	90.27
Overall rating of the care provided by our Emergency Medical	95.59	93.00	93.75	96.71	95.51	88.24	96.25	92.54	94.75	96.05	96.72	93.67	95.57
Likelihood of recommending this ambulance service to others	95.59	92.56	93.00	97.79	94.74	91.67	91.67	92.66	95.06	94.67	95.74	95.55	95.79
Your Master Score	94.51	91.54	91.33	95.72	94.24	89.07	93.66	91.81	93.64	94.21	93.97	93.74	94.18
Your Total Responses	55	61	56	41	47	40	22	376	206	155	157	156	143

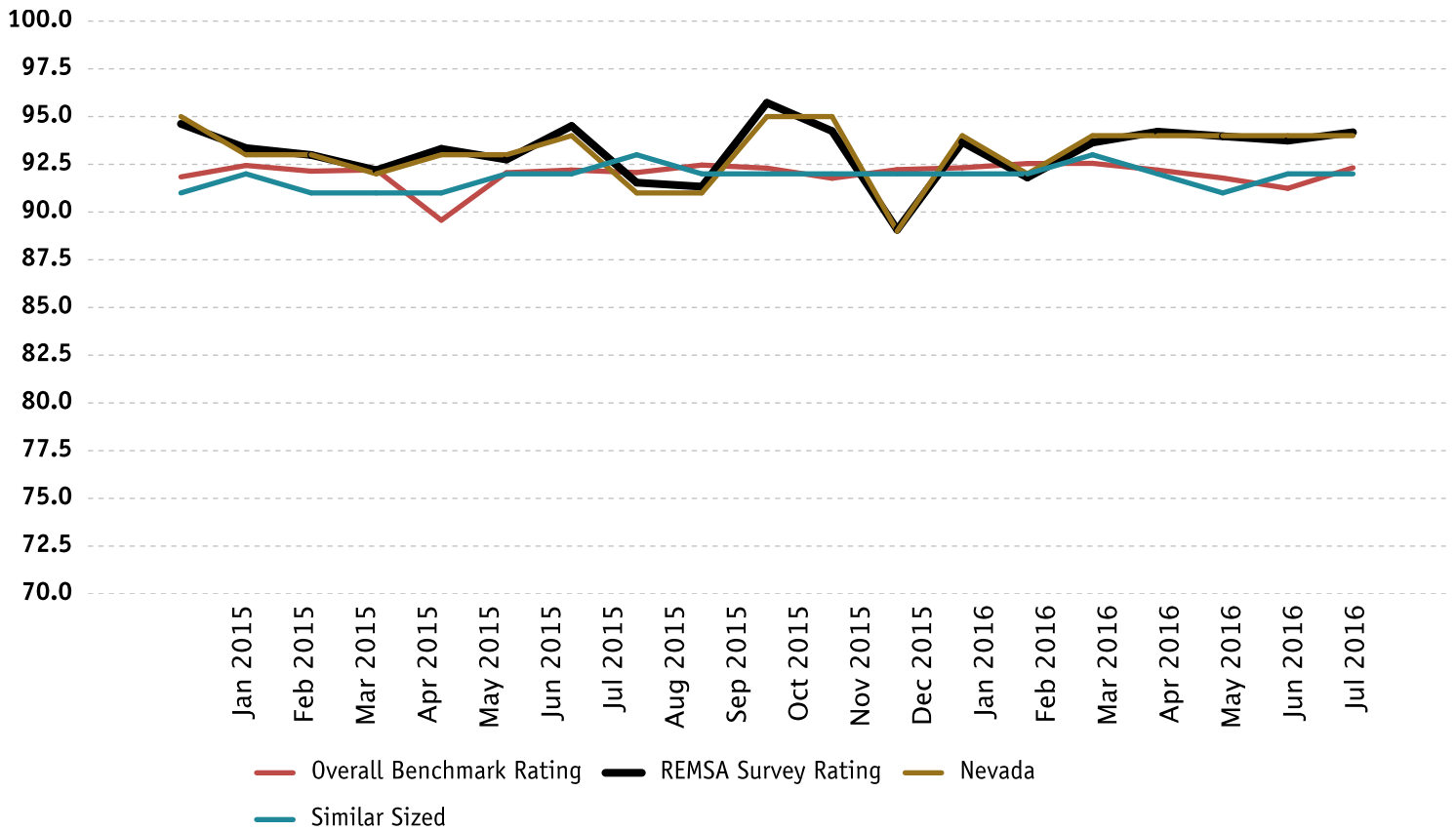


Monthly tracking of Overall Survey Score



REMSA
 July 1, 2016 to July 31, 2016

Benchmark Trending Graphic - Below are the monthly scores for your service. It details the overall score for each month as well as your subscribed benchmarks for that month.



GROUND AMBULANCE CUSTOMER COMMENTS

JULY 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results After follow-up
06/08/2016		"Everything was great"			
06/09/2016	"Doesn't remember all of ambulance ride, was out and asleep for parts"	"Everything was ok"			
06/09/2016		"They all did fine, doesn't see anything they need to change. They were all very professional"			
06/09/2016	"Didn't need treatment in the ambulance- lives a block from the hospital"	"This service was good. In the past, has had people who have been indifferent; this group was very good"			
06/09/2016	"Couldn't find a vein - very painful. They tried their best"				
06/10/2016		"Nothing, they did very well. Was pleased with the service"			
06/10/2016		"Nothing, could not say enough nice things about them."			
06/10/2016		"Couldn't improve"			
06/10/2016		"Nothing, they were really great"			
06/11/2016		"Nothing really, in general, REMSA is doing a really nice job"			
06/11/2016		"Nothing, everything has been great both times she has used"			
06/11/2016		"They were all really really good."			
06/12/2016		"Nothing, had no complaints about the service."			
06/12/2016		"Not pleased with the fees charged for a ride. No complaints about the medics or service- it was all good."			
06/12/2016		"They were so good, could not think of a thing that they could do better"			
06/12/2016		"Nothing, they've done very good for quite a few years"			
06/12/2016		"Don't transport for no reason."			
06/12/2016		"Uses this service often, they are great. No complaints"			
06/12/2016		"Nothing they were great. Is from out of town and has used their service- it is nothing compared to experience with REMSA"			
06/12/2016		"From what is remembered, everything was good."			
06/12/2016		"Nothing, they were excellent."			

GROUND AMBULANCE CUSTOMER COMMENTS

JULY 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results After follow-up
06/13/2016		"The service was great, nothing to complain about. Couldn't be better"			
06/13/2016		"Nothing. They were excelent, very thankful for them"			
06/13/2016		"Nothing"			
06/13/2016		"They did exceptionally well."			
06/13/2016		"Nothing, they were all very professional and it was clear they knew what they were doing"			
06/14/2016		"Nothing. They were very very good."			
06/14/2016		"Nothing"			
06/14/2016		"Nothing. It was an overall great experience. All of the people involved were very good and took her very seriously. Does not mind paying for such great service."			
06/14/2016		"Maybe use a GPS to find the shortest route to the hospital. Almost seemed like they were in route to Renound hospital then re routed and went to St Marys"			
06/11/2016		"Nothing, they treated him very well"			
06/14/2016		"the medics talking. Was throwing up, and the medics were talking trying to guess where she had eaten before. They mentioned it and joked several times, it seemed disrespectful."		stacie Selmi	
06/14/2016		"Nothing, it was great"			
06/16/2016			"Baked the medics cookies to thank them"		
06/16/2016			"Insurance is well worth it"		
06/17/2016		"Everything happened the way he was hoping it would. They were there before the dispatcher could give instructions."	"Was extremely pleased with the service."		
06/17/2016	"Doesn't remember talking with medics"				
06/18/2016	"Very professional"	"Just glad that they were able to be there when she needed them"			

GROUND AMBULANCE CUSTOMER COMMENTS

JULY 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results After follow-up
06/18/2016	"The ambulance workers are always great, never any problems. Overheard them telling neighbors they couldn't disclose information."		"Made her feel comfortable. Very reassuring. 1000% overall rating"		
06/18/2016		"Nothing you could possibly do to improve your service"			
06/18/2016	"Very pleased with them, very attentive. No pain"				
06/18/2016	"Excellent on the care by medics. No pain or discomfort."				
06/19/2016	"No pain"				
06/20/2016	"No pain relief. Very efficient"		"They did their job very well."		
06/21/2016		"Not a thing, they were great"			
06/21/2016		"Nothing"			
06/21/2016		"Nothing, they were so great; she loved them to death"			
06/20/2016		"Don't know anything that could've been done more efficiently and with more care. They stayed with her at the hospital even."			
06/20/2016		"When a person calls an ambulance and has a serious problem, do not ask them if they actually need an ambulance. Also needed a wheelchair but they didn't have one, so he had to walk into the hospital."	"Medic questioned him about if he needed an ambulance or not. Once they realized it was a serious issue, they were very good."	Stacie Selmi	
06/20/2016		"Nothing, they handled everything very well."			
06/23/2016		"Great, on a first name basis with them"	"Always a ten"		
06/23/2016	"Paramedic didn't know how to read the EKG machine, didn't know he was having a heart attack. Sit and talk for too long, take them to the hospital, then ask questions."	"Take them to the hospital, then ask questions. He almost lost his life because they weren't sure how to read the EKG. Has trust in them that they'll do better."	"Has a bad heart, bronchitis, not doing well. All information that they need is on his records if they would have looked (age, birthday, etc.) it would have saved some time. Wishes they wouldn't ask so many questions and go to the hospital immediately."	Diane Rolfs	

GROUND AMBULANCE CUSTOMER COMMENTS

JULY 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results After follow-up
06/23/2016	"Couldn't relieve pain due to allergies, kept her calm"	"Ambulance service has been really good to her."			
06/23/2016		"Nothing, just get there."			
06/23/2016		"Hopefully not a next time"			
06/24/2016		"There was already a next time, they did a great job that time as well."			
06/24/2016			"Thought they were awesome"		
06/24/2016	"Wished they could have helped a little bit more. Treated as a patient but were also concerned for her"	"If there are people around, have them go back into their apartments for their privacy."			
06/24/2016		"Did everything well."			
06/24/2016	"Transport home"	"Very timely and caring"	"Very happy with it"		
06/24/2016	"Very attentive"				
06/25/2016	"Pain wasn't anything they could treat"				
06/25/2016	"Put a sling on to relieve pain, nothing else they could do"	"There better not be"			
06/25/2016	"Nothing they could do for pain, too great"	"Don't call him the day after he gets the bill and say they'll send him to collections"	"\$1200 to take him to the hospital, no treatment. He understands why it's so high though."	Billing office	
06/25/2016		"Don't see how it could be any better"	"REMSA is an excellent service, used them before."		
06/25/2016		"Put in the IV at the hospital, patient felt she was asked too many times at home if she wanted to go to the hospital. She called because she wanted to go. She felt it wasn't valuable time related to her circumstances"			
06/25/2016	"I've taken so many rides with you guys, you guys do a great job every time."				
06/27/2016	"Medics didn't want to take me to hospital and made me climb into the side door even though it was too high, so I hurt myself"	"Put me on a stretcher"		Stacie Selmi	
06/27/2016			"Very professional."		
06/27/2016	"Just a transport"		"Just a transport"		
06/27/2016	"Nothing they could do for pain"		"Very happy"		
06/27/2016		"Nothing, they were amazing and she loved them"	"No complaints, they were great"		

GROUND AMBULANCE CUSTOMER COMMENTS

JULY 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results After follow-up
06/28/2016	"Had a good time with the guys, they were all great. Great personalities, kept him jovial."	"Lower prices, but hasn't seen a bill."	"Great team effort, fantastic team"		
06/28/2016		"Very much on time & did everything they should have done."			
06/28/2016		"Costs should be decreased"			
06/29/2016	"Personnel was great. They always treat her well. Did IV the first time. Treated her with respect and kindness. No pain, just fever."		"Already recommended to sister, joined program where she pays so much and they will pay for her service."		
06/29/2016		"They did everything they could."			
06/29/2016	"Would rate them very good. Would use them again if needed."				
06/29/2016		"Call back the first time (billing), he should not have had to call back."	"\$1,080 bill. Has medicare part A and B"	Billing office	
06/29/2016	"Couldn't speak enough about the gentlemen, they did all the preliminary work and dropped her off at the clinic."				
06/29/2016	"No pain or discomfort"				
06/30/2016		"Does not want management to contact him."	"Asked to put a check mark on the most negative choice for every question after we got part way through the survey. Hates hospital. Said he doesn't want to call them again, he'd rather sit on the porch and smoke a cigarette and die."		
06/30/2016			"Fees are outrageous. Been on 8 times since September."	Billing office	

REMSA

INQUIRIES

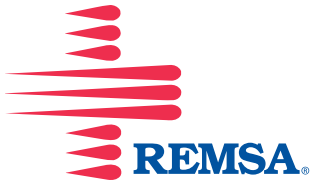
JULY 2016

No inquiries for JULY 2016

REMSA

PUBLIC RELATIONS REPORT

JULY 2016



July 2016 Public Relations Report

District Board of Health

MEDIA COVERAGE

Local medics use alternative to pricey EpiPens – *KUNR*

Reno heat brings danger to kids left in cars - *KTVN*

High temperatures and the dangers of leaving children unattended in cars – *KOLO and KUNR*

Reno Tahoe International trains for active shooter scenario – *KOLO*

Reno-Tahoe staff trains for active shooter situation - *KRVN*

REMSA hosts active assailant response drill at Reno-Tahoe Airport - *KTVN*

REMSA dispatch center earns reaccreditation – *RGJ*



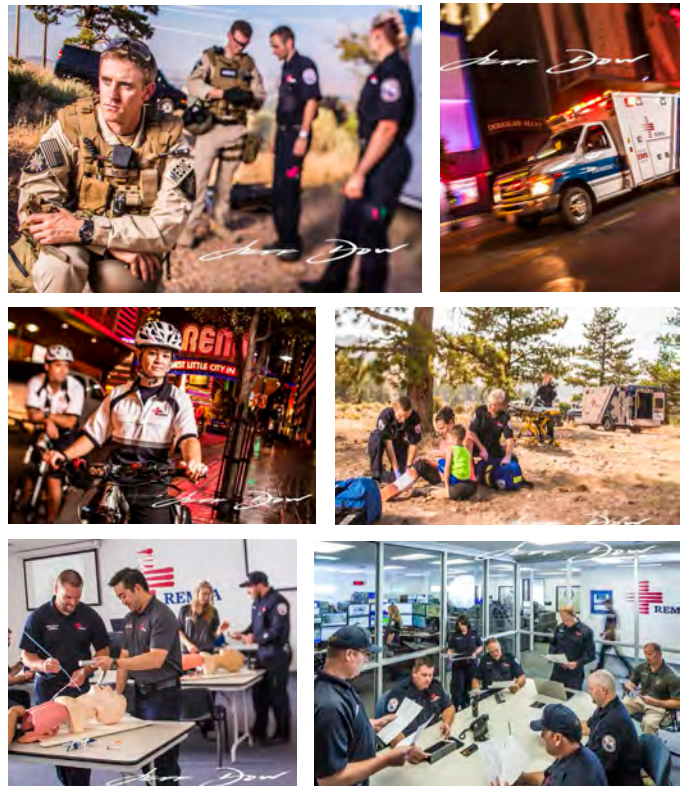
WEEKLY SAFETY TIPS – DISTRIBUTED VIA NEVADA BUSINESS MAGAZINE AND SOCIAL MEDIA

Barbecue Safety

Not Even for a Minute

STRATEGIC INITIATIVES

A comprehensive day-long photo shoot was completed on July 26. Included here is a small selection of preview shots. The shoot was scheduled upon the arrival of the newly redesigned ground ambulance. Highlights of the shoot included operations shots with crews and actor patients, the education department, the telecommunications department, the ambulance in a wilderness scene, TEMs, search and rescue and special event equipment – including the bike team – in downtown Reno. The new photographs will have endless applications including use in the upcoming redesign of REMSA’s website, the community benefit report, recruitment materials, social media campaigns, and various promotional materials for internal and external audiences.



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF JULY 31, 2016

2016-17 Penalty Fund dollars accrued by month

Month	Amount
July 2016	\$5,089.76
August 2016	
September 2016	
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
Total accrued as of 7/31/2016	\$5,089.76

2016-17 Penalty Fund dollars encumbered by month

Program	Amount	Description	Submitted
Total encumbered as of 7/31/2016	\$0.00		
Penalty Fund Balance at 7/31/2016	\$5,089.76		

STAFF REPORT
BOARD MEETING DATE: August 25, 2016

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775.328.2415, kdick@washoecounty.us
SUBJECT: Discussion and Possible Adoption of Proposed Rules, Policies and Procedures.

SUMMARY

Staff has developed the proposed Rules, Policies and Procedures, for discussion, direction and potential future action.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health and strengthen WCHD as an innovative, high- performing organization.

PREVIOUS ACTION

District Board of Health Procedural Policies (Policies) were adopted November 17, 1993 and revised in 1995, 1998 and 2000. Click the following link to access the document: https://www.washoecounty.us/health/files/district-board-of-health/dboh_procedural_policies.pdf

During the July 28, 2016 meeting, the DBOH adopted the proposed Bylaws. The updated document was posted to the website at the following location: https://www.washoecounty.us/health/files/district-board-of-health/dboh_bylaws_board_approved.pdf

BACKGROUND

The Policies document for the DBOH was developed decades ago and required updating.

Staff reviewed documentation developed to guide other governing boards and developed the proposed compilation of Rules, Policies and Procedures (RPPs) for the Board's consideration.

A draft of the proposed Rules, Policies and Procedures (RPPs) was presented to the Board on April 28, 2016. The Board took no action but requested that staff, with Dr. Hess' input, develop the RPPs as a procedural document and a Bylaws document and bring them back for review.

During the June 23, 2016 DBOH meeting, Dr. Hess introduced the proposed Bylaws and proposed Rules, Policies and Procedures for possible adoption at the July, 2016 meeting.

At the July 28, 2016 meeting, Dr. Novak suggested changes and additions to the proposed Rules, Policies and Procedures. The DBOH requested that staff, with Dr. Novak's input, incorporate the requested changes and present the revised document at the August meeting for possible adoption.

FISCAL IMPACT

There will be no additional fiscal impact to the FY17 budget.

Subject: Proposed Rules, Policies and Procedures

Date: August 25, 2016

Page 2 of 2

RECOMMENDATION

Staff recommends the Board provide input as to whether they are satisfied with the proposed Rules, Policies and Procedures, and to either adopt them as written or adopt them with changes proposed.

POSSIBLE MOTION

Possible motions could be “Move to adopt the proposed Rules, Policies and Procedures as written.”

Or

Move to adopt the proposed Rules, Policies and Procedures with the following changes or additions [*changes proposed*].”

Washoe County District Board of Health
RULES, POLICIES AND PROCEDURES

Adopted (Date)

Article 1 DEFINITIONS AND GENERAL POLICIES 1

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 1.3 Communications outside of public hearings or meetings. 3

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Article 1 DEFINITIONS AND GENERAL POLICIES

1.1 Definitions. The following words have the following meanings for purposes of these rules, policies and procedures:

- a. **District** means the Washoe County Health District or the department designated by the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County.
- b. **Interlocal Agreement** means the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County on August 26, 1986 and amended by the Amendment to the Interlocal Agreement Concerning the Washoe County District Health Department signed by Reno, Sparks and Washoe County and having an effective date of August 24, 1993.
- c. **District Health Officer** means the District Health Officer of the Health District, or his/her designee.
- d. **General Business matter** includes taking action on general business items and procedural matters such as election of officers, appointment of committees, ceremonial or administrative resolutions, and amendments to these rules.
- e. **Board Determines Rules, Policies and Procedures.** The Washoe District Board of Health, under State statute and by the Interlocal Agreement, has the responsibility for policy development and leadership that fosters local involvement and a sense of ownership, that emphasizes health district needs, and that advocates equitable distribution of public resources and complementary private activities commensurate with health district needs.

1.2 Duties and Responsibilities.

- a. POLICY
 - i Members of the Board shall keep themselves informed on health laws, policies, procedures and trends in public health, and ethics laws of Nevada.
 - ii The seven Board members shall represent the best interests of the citizens of and visitors to Washoe County.
 - iii Board members shall endeavor to provide questions on agenda items to the managers or staff of the District prior to the meeting on which the agenda item is scheduled (24 hrs. when possible).
 - iv. Board members who are not officers shall serve as liaisons to Health District Divisions or Programs
 - 1. The Chair shall annually assign members who are not Board officers to serve as liaisons to divisions or programs.
 - 2. The member(s) shall meet with the division director(s) of the area they have been assigned to regularly (quarterly recommended) to be informed of the Division/Program activities, plans, and issues.
 - a. The District Health Officer will be present
 - b. The member will report back to the Board on Division/Program activities, plans, or issues as they deem appropriate
- b. RULE
 - i Members shall be prompt and diligent in attendance.

- 1.3 Communications outside of public hearings or meetings.
- a. POLICY. General: Members should avoid ex parte communications (i.e., private communications outside a public meeting with interested parties not employed as Health District staff) and limit any communication to matters not coming for appeal before the Board.
 - b. RULE
 - i. A Board member will disclose on the record any ex parte communication and any relevant information pertaining thereto on matters before the Board for decision.
 - ii. Members shall not solicit, offer, or accept any offer for any business relationship or arrangement with any interested party. Any preexisting, ongoing or expected business relationship with any interested party must be disclosed and may be grounds for abstention under NRS Chapter 281A.

1.4 Ethical Principles for Board Conduct; Disclosures and Abstentions.

- a. POLICY
 - i. The Board is governed by Nevada’s ethics laws, including NRS Chapter 281A
- b. RULE
 - i. Potential Conflicts of Interest. In connection with matters coming before the Board, NRS 281A.420 discusses three circumstances where disclosure and abstention may be required. These three circumstances include when a Member
 - has accepted a gift or loan,
 - has a significant pecuniary interest, or
 - would reasonably be affected by the Member’s commitment in a private capacity to the interests of another person in connection with the matter.

In any of those circumstances, the Member should check current statutes and rulings of the Nevada Board on Ethics to determine what disclosures should be made and when abstention is warranted. If disclosure is required, it should be made before the matter is discussed by the Board, and at that time the Member must also discuss whether or not he/she is abstaining, and why. If abstaining, it is not necessary to leave the room during deliberation and vote, but the Member should leave his/her seat at the dais until after the vote.

If a Member has an ownership or pecuniary interest in an item being considered, the Member must abstain but may address the Board to discuss facts about the proceeding but must not ask, advocate or give any reasons for or against a vote.

Article 2 VOTING

2.1 Voting.

- a. Unless otherwise provided by bylaws, code or statute, all matters and motions may be resolved by a majority of votes of those present at the meeting.

2.2 Motions to reconsider. A motion to reconsider any action taken by the Board may be made only during the meeting at which the action was taken or at the next regularly

scheduled meeting. A motion to reconsider must be made by a Member who voted on the prevailing side of the motion being reconsidered, but a motion to reconsider may be seconded by any member of the Board. A previous motion failing by virtue of a tie vote may be reconsidered upon motion of any Member. If a motion for reconsideration relates to an item requiring legal notice, only the motion itself shall be debated and, if passed, reconsideration of the item continued to a future date to allow for the provision of legal notice.

Article 3 MEETINGS

3.1 Rules

- a. The Board is a public body and must comply with the laws of Nevada regarding public and open meetings, including NRS Chapter 241 (the “open meeting law”)
- b. All meetings of the Board will be held in accordance with the open meeting law.

3.2 Agenda

- a. Items scheduled on the regular Board agenda shall ordinarily be limited to those matters that have prior staff review and are in a form suitable for Board action. . The District Health Officer will list the matters according to the order of business and furnish a copy of the agenda with background materials prior to the Board meeting to each member of the Board, the District Attorney, and Division Directors. No item may be submitted to the Board, except through the District Health Officer.
- b. In establishing the agenda, the District Health Officer may vary the order of business set forth in Section d by grouping items involving related subject matter or the same personnel, regardless of whether the items are public hearings, action items or informational items.
- c. The draft agenda is not considered final until approved by the Chair.
- d. Order of Business. Regular meetings shall be conducted substantially in the following order:
 1. *Roll Call and Determination of a Quorum
 2. *Pledge of Allegiance
 3. *Public Comment
 4. Approval of Agenda
 5. Recognitions
 6. Proclamations
 7. Consent Items
 - a. To include approval of minutes of previous meeting(s).
 8. Public Hearings
 9. Business Items
 10. *Staff Reports and Program Updates
 11. Board Comment

12. *Public Comment

13. Adjournment

Asterisks (*) are used to denote non-action items. Agenda headings will be modified to correctly indicate whether or not an item is an action (no asterisk) or a non-action action (*).

3.3 Continued Items.

- a. The Board may vote to grant a continuance on an agenda item upon request of a Member, and, in addition, in the case of an Appeal, the Appellant. If the Board decides to continue an item, the Chair shall first ask if anyone in the audience wishes to testify on the matter even though it may be continued to another date, time and location certain.

3.4 General Expectations of Members During Meetings.

- a. Members shall treat each other and all persons at a meeting with respect before, during and after the meeting. The decorum rules stated below apply to Members as well as members of the public, and a Member may be removed by the Chair for disruptive conduct.

3.5 Meeting Decorum; Removal for Disruptive Conduct.

- a. Meetings of the District Board of Health are limited forums for the governmental purpose of making health policies and decisions for the community in accordance with its duties under state and local law. That governmental purpose is efficiently accomplished only when the process established by law is followed and all participants in a meeting conduct themselves within the limits established and with decorum, civic responsibility, and mutual respect.
- b. It is the intent of the Board to maintain the highest level of decorum. The Chair is authorized to take appropriate actions to maintain such decorum to include declaring recesses, admonishing speakers and other remedies set forth below.
- c. The viewpoint of any speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place, and manner of speech at the meeting. Remarks which are irrelevant, impertinent, unduly repetitious, or which contain personal attacks, implied or actual threats, fighting words, or profanity are not consistent with efficiently accomplishing the governmental purpose.
- d. The Chair may remove (with or without warning) any person who willfully makes the kind of remarks described above or engages in other disorderly conduct, if such remarks or conduct makes the orderly conduct of the meeting impractical.

3.6 Public Hearings or Individual Agenda Items.

- a. The following rules apply to persons speaking during public hearings or individual agenda items (as opposed to speaking during general public comment periods).
 - i. Public hearings and receiving public input during individual agenda items are part of a governmental process and, in order to efficiently pursue that process, persons addressing the Board during such items are to speak only to the topic being considered. Irrelevant or overly repetitious comments by the same person delays and disrupts the process.

- ii. Speakers must sign and deliver to the Recording Secretary a “Request to Speak” form.
- iii. The Chair shall determine the order of speakers.
- iv. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes for appellant 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.
- v. The speaker will also be encouraged to limit his/her comments regarding the background of the topic. When speakers have exceeded the allotted time, the Chair will endeavor to remind them that they have gone past the recommended time limits and request they conclude their remarks. The Chair may rule the speaker out-of-order should the speaker not obey the Chair’s admonition.
- vi. Alterations to the above time limits may be permitted by the Chair in the following circumstances.
 - a. All public testimony. The Chair may modify speaker time limits for all public testimony during any item and will announce the modification at the beginning of the agenda item, if possible, or as soon as is practicable during the agenda item. The modified time limits will remain in effect only for that specific agenda item.
 - b. Individual time limits for public speakers. The Chair may adjust individual speaker time limits to accommodate questions by Members
 - c. Appellants and amicus organizations. Appellants or his/her representative, or a person representing an amicus group (a group with special knowledge or interest in the agenda item who desires to testify as a friend of the Board) may notify Department staff 24 hours prior to the start of a noticed meeting at which action may be taken that a longer time is requested to make a presentation. When making the notification, an approximate amount of time needed to make the presentation must be provided. The department will notify the Chair, who has the discretion to grant, modify, or deny such a request at the beginning of the agenda item.
 - d. During individual presentations by appellants, or amicus organizations, the Chair may adjust the time limit to accommodate questions by Members or if the Chair believes that extra time is essential to a complete presentation of probative and non-repetitive information.

3.7 Procedures for Individual Agenda Items.

- a. General Principles. These rules are intended to promote consistency and efficiency, maximize public input, and afford the appropriate amount of due process in the conduct of meetings of the Board. These rules apply to all proceedings before the Board.
- b. Consent Agenda.
 - i. The consent agenda may be used for matters which need not be individually discussed and acted on and may be more efficiently handled on a block vote.

Examples of items typically handled on the consent agenda are Air Quality Management cases that have not been appealed, budget amendments, interlocal agreements, contracts and acceptance of donations.

- ii. Items which require a public hearing shall not be placed on the consent agenda.
- iii. When announcing the Consent agenda, the Chair shall ask for and allow public comments on any item. Any Member may ask for removal of an item from the consent agenda and it shall be removed and handled as a general business item under Rule C(9)(c). Otherwise, consent agenda items may be voted on as a block.

c. Motions.

- i. Motions must be seconded before acceptance or debate. If a motion is not seconded, it is considered moot and the Chair may call for further discussion or a new motion. Unless otherwise directed by the Chair, motions may be made and voted upon by the board members present.

d. Vote.

- i. The Chair shall call for a vote.
- ii. If a motion to approve an adjudicative matter does not receive the required number of affirmative votes, it is deemed denied.

Article 4 BOARD COMMENTS

4.1 Board comments will be limited to announcements or issue(s) for a future agenda.

Article 5 USES OF STAFF

5.1 Board members may request assistance of Department staff in research, responses to complaints, and other matters. The request must be made to the District Health Officer who will determine the appropriate level of assistance to be provided to meet the request. If the District Health Officer determines that the request will entail more than two hours of staff time and it is a request made by one Board member only, the request will have to be acted upon by the Board.

Article 6 MEMBERS

6.1 The physician member appointed by the Board shall be expected to serve as a Board liaison to the physicians of Washoe County and the Washoe County Medical Society.

Article 7 AMENDMENT OF RULES, POLICIES AND PROCEDURES

7.1 Amendments. The Rules, Policies and Procedures may be amended or added to by majority vote of the Members present. The proposed amendment or addition shall be placed as an action item on a Board meeting agenda, and would become effective at the next Board meeting upon a majority affirmative vote of the full Board.

Adoption:

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: August 25, 2016

DATE: August 12, 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. Idle Reduction Campaign

In a continued effort to reduce emissions from sources that contribute to the formation of ozone, the Air Quality Management Division launched the *Keep it Clean – Be Idle Free* campaign. Recognizing that on-road vehicles are the largest source of emissions which contribute to the formation of ozone, Phase 1 of the campaign focused on emissions from passenger vehicles. Marketing of the campaign included 10 and 30 second radio spots, outdoor billboards, informational pamphlets, and social media advertising. The outreach plan utilized a strategic media mix to effectively communicate the Be Idle Fee message to the largest possible portion of the target audience.



Phase 2 of the campaign is to engage the second largest contributor which is the off-road vehicles. Starting in 2008, the monitored ozone levels in Washoe County began to decline as a direct reflection of the downward trend in the economy. As our economic atmosphere improves, including the rejuvenation of our construction industry, the ozone levels are starting to increase. AQM staff contacted the Nevada Chapter of the Associated General Contractors (AGC) for assistance in outreach to their membership. The response has been very positive realizing the protection of our ambient air quality standards



directly affects the sustainability of the economic recovery in the region. On August 24th, AQM will be introducing the construction oriented phase of the Idle Free Campaign to the AGC membership. The presentation will include the distribution of informational pamphlets and posters for construction trailers and job offices throughout the area. AQM inspectors will also begin distributing the posters to all of the sites with Dust Control Permits as part of their routine inspections.

The final phase of the campaign will address the trucking industry. With the large volume of warehouses in the area, the contribution from trucks has the potential to be significant. The Retail Association of Nevada (RAN) has agreed to assist with the marketing of Phase 3 of the campaign. An article will be included in their September



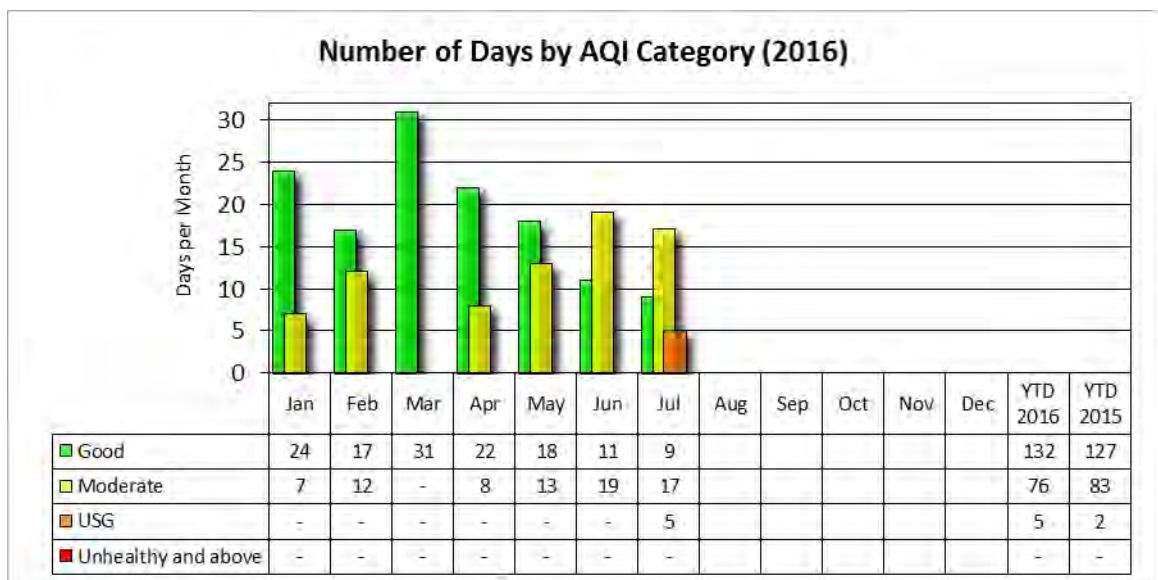
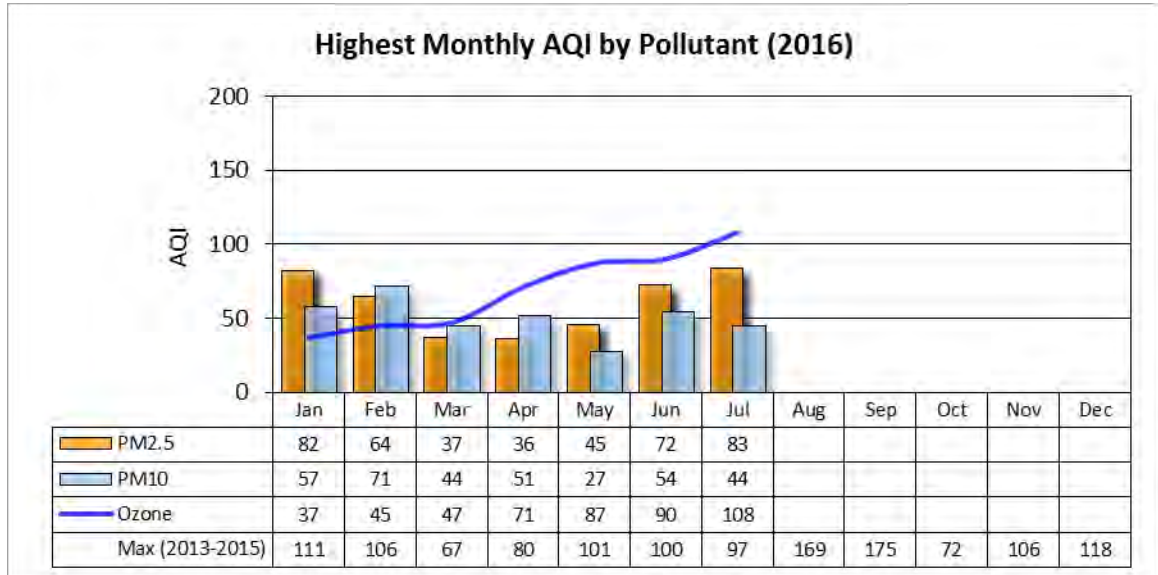
newsletter introducing the campaign and explaining the role RAN membership can play to help reduce emissions. The goal is to post Be Idle Free posters at the back doors and loading docks of retail facilities to educate their employees and the truck drivers. Increased awareness is the first step in the behavior change AQM is promoting.

Through the three different phases of the campaign, the intent is to provide a consistent message through multiple media avenues to get everyone to do their part to protect the health of our community – *Keep it Clean. Be Idle Free.*

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 July. 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

- Five exceedances of the 8-hour ozone National Ambient Air Quality Standard (NAAQS) were recorded in July. These episodes were influenced by wildfire smoke from fires in Monterey, CA and Central Washoe County. There were no exceedances of any other NAAQS during July.
- Staff continues to implement the Ozone Advance program. Resolutions supporting Ozone Advance have been adopted by the cities, County, RTC, and Regional Planning. The next phase will be developing and implementing initiatives to reduce ozone levels. Transportation (cars and trucks) are the largest category contributing to local ozone. There is a strong connection between the built environment and how much we need to use our cars. Near-term Ozone Advance initiatives will concentrate on technology (i.e., clean cars and trucks) and behavior (i.e., carpooling and idle reduction). Long-term initiatives will focus on the built environment (i.e., compact development and multimodal transportation corridors) to ensure we have choices other than driving our cars.
- Staff is also actively contributing to updates of long-range plans such as the Truckee Meadows Regional Plan, Reno's Master Plan, Sparks' Master Plan, the 2040 Regional Transportation Plan. Including Ozone Advance-type initiatives and goals in these plans will provide a mechanism for future development to incorporate environmentally sustainable elements.



Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2016		2015	
	July	YTD	July	Annual Total
Renewal of Existing Air Permits	119	847	113	1297
New Authorities to Construct	18	65	11	99
Dust Control Permits	9 (172 acres)	94 (1243 acres)	12 (180 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	33	250	43	391
WS Dealers Affidavit of Sale	3 (2 replacements)	39 (27 replacements)	9 (9 replacements)	135 (85 replacements)
WS Notice of Exemptions	756 (5 stoves removed)	4772 (35 stoves removed)	848 (4 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	71	593	87	1077
Asbestos Demo and Removal (NESHAP)	21	168	24	150

Staff reviewed twenty-six (26) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff walked through the three downtown hotels slated for demolition to ensure compliance with local and federal asbestos regulations. Staff continues to monitor the project as it progresses.
- Enforcement staff has been monitoring the Pyramid and McCarran expansion as well as the construction of the southeast connector. AQMD has not received any recent complaints on either project.

Staff conducted inspections of forty-five (45) stationary source and fifty-three (53) gasoline dispensing facilities in July 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	July	YTD	July	Annual Total
Asbestos	3	19	2	25
Burning	0	6	2	8
Construction Dust	6	32	0	32
Dust Control Permit	1	10	1	6
General Dust	9	52	4	48
Diesel Idling	0	5	0	3
Odor	1	17	4	30
Spray Painting	0	1	1	8
Permit to Operate	2	6	1	12
Woodstove	0	1	0	13
TOTAL	22	149	15	185
NOV's	July	YTD	July	Annual Total
Warnings	1	15	2	24
Citations	2	10	2	8
TOTAL	3	25	4	32

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	___
DHO	___	___

**Community & Clinical Health Services
Director Staff Report
Board Meeting Date: August 25, 2016**

DATE: August 1, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – Immunizations; Divisional Update – Data & Metrics; Program Reports

1. Program Report – Immunizations – National Immunization Awareness Month (NIAM)



The National Immunization Awareness Month campaign’s goal is to communicate the importance of vaccination across the lifespan and celebrate the benefits of vaccination.

Washoe County continues to make strides toward meeting the Healthy People 2020 objective to increase the percentage of children aged 19 to 35 months who receive the recommended doses of the childhood vaccines DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate among 19-35 months to 80%.

Year	2015	2014	2013	2012	2011
Rate (%)	79.0	75.6	74.2	73.6	71.2

Table 1: Washoe County 19-35 month old Immunization Rate (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 varicella, 4 PCV) Data source: WebIZ, State of Nevada, 4/2016.

Human Papillomavirus (HPV) vaccination rates for 2015 continue to fall well below the Healthy People 2020 objective of 80%. Nevada WebIZ statewide data shows only 19.9 percent of adolescents age 13-17 years old received the complete series of HPV, with a 24.5 percent 3 dose completion rate in Washoe County.

NV State Immunization Program, percent appropriately vaccinated, 13-17 years old

2015 HPV rates		3 doses	2 doses	1 dose
Nevada	Female	24.6	34.7	47.4
	Male	15.5	23.9	35.3
	Both	19.9	29.1	41.2
Washoe	Female	28.9	38.5	50.2
	Male	20.4	29.6	41.5
	Both	24.5	33.9	45.7

The Immunization Program continues to provide on-site clinic services five days per week. Additionally, off-site vaccinations are provided through partnerships such as Immunize Nevada, Washoe County School District, Boys and Girls Club, Nevada State Immunization Program and Catholic Charities of Northern Nevada’s Kids to Seniors Program. Flu and pneumonia vaccines, as well as other vaccines were also provided for high risk clients at a homeless shelter and two residential drug rehabilitation centers. Additionally, immunizations and education were provided at three Family Health Festivals, a Mexican Consulate Binational Health Event and a baby fair.

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as conducting provider visits to enhance stewardship and accountability for Vaccine for Children and 317 publicly purchased vaccines, provider education for improved immunization rates and program improvement. Perinatal hepatitis B surveillance and follow-up is another grant component that is carried out by the Epidemiology and Public Health Preparedness program.

Vaccine effectiveness concerns led to the CDC’s Advisory Committee on Immunization Practices (ACIP) recommendations that “nasal spray” live attenuated influenza vaccine (LAIV) such as FluMist should not be used for the upcoming flu season. The loss of an intranasal flu vaccine may impact the School Located Vaccination Clinic (SLVC) program’s vaccine uptake as only injectable vaccine will be available. A variety of community settings are being considered to help supplement the SLVC program outreach.

There are continued efforts toward requiring meningococcal vaccinations prior to seventh grade entry as well as university attendee requirements for certain students. A Public Workshop was held on June 30, 2016 and a public hearing is scheduled for September 9, 2016. The District Health Officer submitted a letter of support regarding this requirement.

In May of 2016, the Immunization Program implemented Patagonia Health electronic health record. Although there have been a few challenges, improved insurance billing and reimbursement were realized within weeks.

Additional Accomplishments in Fiscal Year 2016 include:

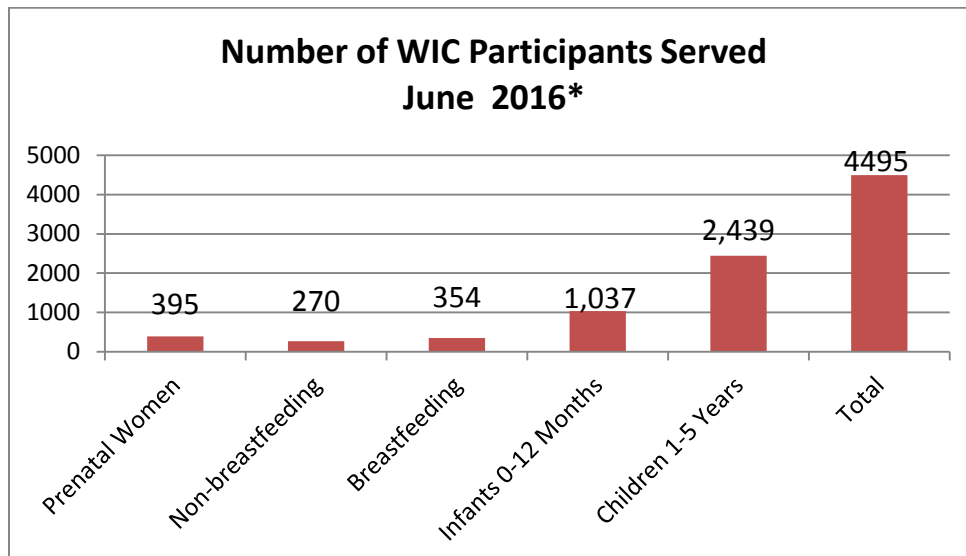
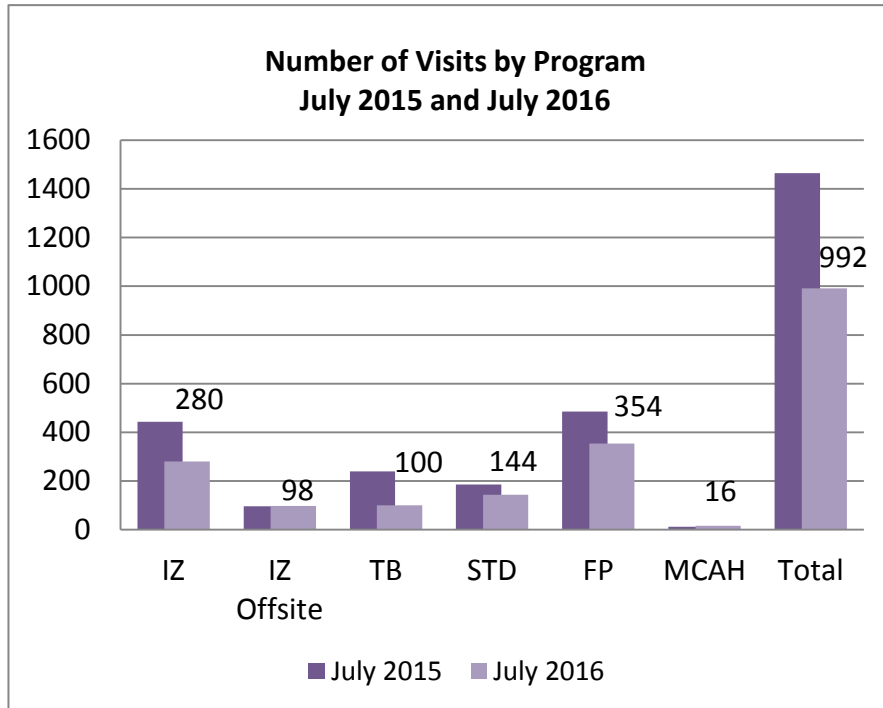
- Immunization lectures for nursing students at University of Nevada, Reno and Carrington college
- EMT/Paramedic vaccine administration training, in partnership with EPHP
- Medical assistant vaccine administration training
- Childcare provider education
- Participation in the Truckee Meadows Immunization Workgroup

2. Divisional Update –

a. Data/Metrics

Per the graph below, CCHS clinic numbers are down compared with July 2015. Looking back at the month of July for 2012-2016, for a five year comparison, the mean, or average, for July is 1287 client visits.

July this year has been particularly challenging with staff that either were off for vacations or unexpected sick leave, clinic schedules being blocked for Patagonia training, and the increased, though improving, time to process clients particularly in the Immunization Program. Additionally in the Immunization Program we have been double booking to account for no-shows, and we accommodate walk-ins whenever possible. Staff continues to whittle down the time for client visits in the Immunization Program, and look forward to having an increased number of appointments available for clients.



*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** – In the first half of 2016, Washoe County had a 12.06% increase in chlamydia cases, 16.4% increase in gonorrhea cases, and a 5% increase in syphilis cases. As of July 1,

2016, the Sexual Health program is fully staffed with STD Disease Intervention Specialists (DIS), and the program is now in line with the program analysis from 2015. The increase in staff allows for more time to be dedicated to investigating complicated cases. Staff are updating the disease investigation priorities to help ensure that cases and contacts are brought to treatment. Staff are also developing gonorrhea treatment failure guidelines. The Sexual Health program will have a CDC site visit on August 18, 2016.

Public Health Associate, Guadalupe (Pita) Gomez, was reassigned by the Centers for Disease Control (CDC) to assist with Zika Virus intervention for two months. Pita had been working in the STD and HIV programs. Pita will be missed, but staff is pleased she will have this opportunity to work with the CDC.

- b. **Immunizations** – Nursing staff attended the annual Statewide Immunization Meeting on July 26-27, 2016. Immunization section updates, Federal and State changes, and subgrantee activities were reviewed, along with specific project breakout sessions.

In July, a total of 98 clients received 219 vaccinations at 13 different locations, including the Family Health Festival on July 27, 2016, in partnership with Kids to Senior Korner program.

The annual Give Kids a Boost Back to School Clinic was held on August 6, 2016 at the Boys and Girls Club in partnership with the Nevada State Immunization Program, Immunize Nevada and Catholic Charities of Northern Nevada. A total of 127 children received 405 doses of vaccine at that event.

- c. **Tuberculosis Prevention and Control Program** – There have been three cases of active Tuberculosis to date for calendar year 2016. The first week of August, staff investigated four cases that were suspect for Tuberculosis, however these cases were ruled out. Clinic work flow and procedures continue to be updated related to Patagonia implementation. The Tuberculosis Annual Report was completed and submitted to the state.
- d. **Family Planning/Teen Health Mall** – Staff attended the Title X National Clinical Conference July 25-27, 2016.

Health Educator, Christine Bohemier, presented an update on teen pregnancy, STD and HIV rates as well as information regarding the Teen Health Mall to approximately 100 Washoe County Sexual Health and Responsibility Education (SHARE) teachers. The presentation was well received.

Advanced Practice Registered Nurse Christine Cifelli resigned on August 3, 2016. Chris had been commuting to the clinic from South Lake Tahoe, and found a position closer to home.

Chris provided excellent services to our clients during her year and a half with the clinic, and will be missed by the staff. Efforts to refill Chris's position are underway; however, the job specification requires updating, which will result in a short delay.

- e. **Chronic Disease Prevention Program (CDPP)** – The Wolfpack Coaches Challenge, part of the WCHD Strategic Plan, launched in July. This collaborative effort between the Health District, Washoe County School District and the University of Nevada Athletics Department, aims to improve opportunities for physical activity in elementary schools and educate children on the importance of healthy eating. Teachers deliver educational lessons on physical activity and nutrition that are aligned with education standards. The promotional video can be viewed at: <https://youtu.be/SS1dHk211RE>

f.



Staff partnered with Incline Village Parks and Recreation to make 40 smoke and vape free signs designed specifically for Incline Village General Improvement District's beaches, parks, golf courses, facilities and Diamond Peak Ski Resort.

- g. **Maternal, Child and Adolescent Health (MCAH)** – The next Fetal Infant Mortality Review (FIMR) Community Action Team (CAT) meeting is scheduled for August 15, 2016. The team is working on implementation of the "Go Before You Show" public awareness campaign to encourage early prenatal care. Staff continue to collaborate with Join Together Northern Nevada (JTNN) to focus on outreach and education about substance use and abuse during pregnancy. The next FIMR Case Review Team (CRT) is scheduled for August 17, 2016.

- h. **Women, Infants and Children (WIC)** – Farmers Market coupons arrived on August 5th and staff were immediately able to issue coupons to clients, making us the second office in the State to issue coupons to clients. Each eligible participant can receive \$30 worth of coupons to be used



at local farmers markets through October 2nd. Staff provide education on how and where to use the coupons; how to select, store, and prepare fruits and vegetables to every client that receives the coupons.

Subject: CCHS Division Director's Report

Date: August 12, 2016

Page 7 of 7

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

June 29, 2016

Karissa Loper, MPH
Immunization Program Manager
Nevada State Immunization Program
Division of Public and Behavioral Health
4150 Technology Way, Suite 201
Carson City, NV 89706

RE: LCB File No. R052-16

Dear Ms. Loper,

I fully support the proposed regulatory amendments of LCB File No. R052-16 to require meningococcal vaccinations. I am well aware of the devastating effects of meningococcal disease.

The Washoe County Health District (WCHD) seeks to protect and enhance the physical wellbeing and quality of life for all citizens of Washoe County. The WCHD Immunization Program strives to reduce the incidence of vaccine-preventable diseases through education, community outreach, policy development, subject matter expertise, and immunization delivery.

Meningococcal disease is a serious, life threatening disease that is caused by bacteria that infect the bloodstream, brain and spinal cord. This disease is spread person-to-person through respiratory secretions, including saliva, and can be transmitted by simple acts such as sharing beverages, kissing or coughing. It is also easily spread during close or lengthy contact, especially among those who share rooms or live in the same household. Although everyone is susceptible to meningococcal disease, teens and young adults are at increased risk. This disease costs the lives of 10 to 15 percent of people who are infected and 1 in 5 of the people that survive suffer lifelong disabilities such as hearing loss, brain damage, kidney damage, limb amputations and/or nervous system complications.

Prevention of meningococcal disease is critical because it can be mistaken for flu or other viral infections and can rapidly lead to death or disability. Vaccination is the best way to prevent meningococcal disease. Herd immunity can only be established when a high percentage of the community has been immunized against a disease. Unfortunately, according to the 2014 National Immunization Survey (NIS), only 66.5% of Nevada adolescents have received at least one dose of meningococcal vaccine. Adding meningococcal vaccination requirements would ensure higher coverage rates and better protection of public health.

I cannot foresee any negative public health outcomes that would arise from the implementation of a meningococcal vaccine requirement in Nevada. According to the Immunization Action Coalition, at least 25 states have already implemented adolescent meningococcal vaccine mandates for school entry. I urge the State Board of Health to move forward with adoption of the proposed regulations.

Sincerely,



Kevin Dick
District Health Officer

OFFICE OF THE DISTRICT HEALTH OFFICER
1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
ODHO Phone: 775-328-2416 | Fax: 775-328-3752 | washoecounty.us/health
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Staff Report
Board Meeting Date: August 25, 2016

DATE: August 12, 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 and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- EHS congratulates Dave Kelly who was promoted to Senior Environmental Health Specialist effective July 25, 2016.

PROGRAM UPDATES

Food

- **Food Epidemiology Program:** In June there were 19 foodborne illness complaints and 9 additional referrals and recalls as compared to 23 foodborne illness complaints and 16 referrals and recalls in June of 2015, so there wasn't much change over the previous year. However, during July of 2016 there were 31 foodborne illness complaints and an additional 16 referrals and recalls that were handled by the Food Epidemiology Team; a substantial increase over the 17 foodborne illness complaints and 7 recalls and referrals from July of 2015. On July 19th, 2016, staff from the Food Epidemiology Program attended a regional meeting of the Council to Improve Foodborne Outbreak Response (CIFOR). During the meeting staff collaborated with Nevada and California partners in health to enhance interagency communications and procedures during large foodborne outbreaks that may involve multiple agencies. Finally, as the Fall Semester approaches Food Epidemiology Staff along with Communicable Disease Staff are working with Washoe County School District Staff to finalize new protocol for ensuring exclusion and proper sanitation during Gastrointestinal Outbreak Events at a meeting in early August. The ultimate goal is to reduce the duration of outbreak status in individual schools during Noro-type outbreaks in Washoe County public schools. Food Epidemiology Staff also completed Standard Operating Procedures to Address the Recall of Foods and Procedures for Traceback of Foods. **Implementation of these documents meets the criteria of FDA Standard 5 – Foodborne Illness and Food Defense Preparedness and Response.**
- **Schools:** Environmental Health Staff is working on training documents to standardize school inspections. Standardization for schools will occur in the form of Standard Operating Procedures as well as a procedural manual that are being developed for subsequent training of staff. The SOPs being developed include many facets of more

contemporary issues in schools such as school gardens, outside contracted food operations and procedures in schools during an outbreak. It is anticipated that all Environmental Health Specialists in the Division will be inspecting schools in the coming years. School inspections have been handled by 2 per-diem staff since 2008 and the majority of Environmental Health Services Field Staff have not yet inspected a School in Washoe County.

- **Childcares:** The Childcare inspection program was busy during the months of June and July. The Childcare inspections have been handled primarily by 2 full-time field staff since 2012 that have specialized in Childcare beyond their routine area work. We are expecting an increase in licensed facilities as with other permits in the near future as population increases in the Truckee Meadows and it will be necessary to train additional staff. Similar to Schools we are going to develop a training document with the assistance of the 2 staff experts and train all field staff to inspect Childcares as part of routine work.
- **Training:** The Trainees have completed their General Area Inspection requirements from the first edition of the Employee Training Manual and are all on track to complete their routine inspection areas by November. This year was the first time we have had more than 2 new Trainee field staff all start at the same time since 1994. The training was a success and we have also received some good input and we will revise the Trainee Manual as appropriate as things change within the Division. One benefit of the manual is that it serves to standardize the inspection process for several other programs for consistency and to compliment what we are doing in Foods with FDA Standardization.
- **Quality Improvement:** EHS Staff has started on a QI project related to Schools and is in the process of drafting a guideline for staff on submitting for QI projects in EHS.
- **Special Events:**
 - The month of July opened up with four large scale events occurring over the 4th of July weekend. These events included Red, White and Tahoe Blue (in Incline Village), Star Spangled Sparks, the Barracuda Championship, and the Biggest Little City Wingfest among several other smaller ancillary events. The heavy weekend workload was spread among several staff members who continue to volunteer to work in the Special Events program. The remainder of July had a consistent amount of temporary food permit applications, but as expected, overall inspections were down from the previous month. Staff continues to work on consistent messaging across the program with particular focus placed on high risk activities. Workload in the Special Events program is expected to increase again in August as the month starts out immediately with Hot August Nights.

Land Development

- The program is busy with new proposed developments. We are dealing with some challenging issues supplying water to proposed developments in both the Verdi and East Truckee River canyon areas. These areas are isolated from large community water systems and are struggling with having enough capacity to support proposed new development.

Vector-Borne Diseases

- The Vector Borne Diseases Program had their first positive adult mosquito collection for West Nile virus (WNV). Staff had sorted, identified and sent to the Animal Diseases laboratory 25,000 mosquitoes before confirmation of our first positive collection. Since then we have sorted and identified 5,000 adult mosquitoes all negative for mosquito viruses. The science of detecting virus is difficult in that it is finding a needle in a hay stack. With this first finding of positive collection of adult mosquitoes for West Nile virus, the program stepped up its control efforts by fogging the Swan lake area including adjacent residential areas to reduce the risk of mosquito arbo virus to the community. We will post traps to determine if the virus is still present in the mosquito/bird populations.
- An additional positive West Nile virus collection has occurred in Douglas County. Churchill County had their first confirmed adult mosquito collection for West Nile virus including a confirmed horse for WNV. Staff's weekly monitoring of temperatures confirms we are in the temperature range for the transmission of West Nile virus.
- Staff continues to monitor for the two Aedes mosquitoes that transmit Zika virus. We doubled the number of traps and now have 10 traps to detect these mosquitoes. The new traps are called a GAT trap (Gravid Aedes trap).
- The Vector-borne Diseases Program continues the inspection and treatment of over 6,000 catch basins in the Truckee Meadows Community. As water runs down the curb it collects in these catch basins and since this infrastructure is below the ground surface, the water never evaporates. These structures support several species of mosquitoes that include the Little House mosquito that transmits WNV. As a secondary vector of this disease, it amplifies WNV in the bird population.
- We have also received confirmation from the Animal Diseases laboratory of two positive bats on the same residence in the Galena area with no human exposure. Staff will follow up on this in case a bat colony exists near the residence.
- With growth in the Truckee Meadows Community, staff reviewed 19 building plans ranging from single family subdivisions, multifamily apartment complexes, to commercial projects. Staff has inspected eight of these building plans assuring that the Program's design standard in infrastructure is constructed as required.

Waste Management

- Staff is working on the five-year update to the Waste Management Plan. Plans are to take it out for public review shortly and bring before the DBOH in October or November.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUNE 2016	JULY 2016	Mo. Avg
Child Care	8	6	7	5	15	10	17	10
Complaints	103	68	103	93	97	175	121	109
Food	217	317	454	369	363	580	706	429
General*	38	73	125	137	296	185	164	145
Developmental Review Numbers	20	26	27	34	41	42	21	30
Plan Construction Inspection (Commercial)	11	9	6	12	25	34	32	18
Construction Plans Received (Commercial)	35	31	63	41	52	22	16	37
Plan Review (Residential - Septic/Well)	54	35	63	76	59	73	72	62
Residential Septic/Well Inspections	58	67	94	110	86	93	74	83
Temporary Foods/Special Events	24	26	45	106	120	360	286	138
Well Permits	11	7	20	20	15	21	11	15
Waste Management	19	29	16	16	14	13	12	17
TOTAL	563	663	960	978	1,183	1,608	1,532	1,094

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

CDC provides additional funding to Nevada to fight Zika virus

By Terri Hendry Friday, July 22nd 2016

RENO, Nev. (News 4 & Fox 11) — The Centers for Disease Control and Prevention [is giving Nevada some new ammunition](#) in the fight against the Zika virus. It is providing nearly \$700,000 to the Silver State.

Phil Ulibarri, spokesman for the Washoe County Health District, said Washoe County is slated to receive nearly \$60,000. He said the additional federal funds will be used by the District's epidemiologists to monitor Zika and other arboviruses. Arboviruses are infections spread through mosquitoes and other similar bugs.

He explained the Zika virus has only been seen locally in those who have traveled to areas with mosquitoes that carry the virus.

He said, "We have had two cases of travelers returning to the state of Nevada that have tested positive for Zika."

Ulibarri added the additional CDC funding will help pay for Zika virus testing of patients suspected of having the virus. It will also pay for providing information to those patients on what they should do.

Aside from travelers, Ulibarri said a bigger threat in Nevada, including in the Reno area, are other arboviruses like West Nile Virus, Equestrian Encephalitis and St. Louis Encephalitis. Ulibarri said, "Those are more of concerns for us in Nevada because we have seen activities with those viruses in the past."

He said the CDC funding will also help track and monitor those infections. Ulibarri said, "We have not seen any activity so far this year with any of those three viruses, although there has been a large amount of activity in Las Vegas with St. Louis Encephalitis."

In June, the Southern Nevada Health District identified a sharp increase in mosquitoes testing positive for St. Louis Encephalitis, but so far no humans have become infected.

Ulibarri said the Health District is working with the county's Vector Control Program to continue to monitor and test mosquito populations, as well as destroy mosquito larvae before the bugs can fly and become a threat to humans.

Fortunately, you can protect yourself against these viruses by avoiding mosquito bites in the first place. You're advised to remove any standing water from around your home, wear protective clothing at dawn and dusk, keep your window and door screens repaired and wear mosquito repellent.

Secure Your Trash & Please Report Unsecured Trash NDOW 7/22/2016

July is BEAR Logic Month, a time to teach residents and visitors how to live and recreate in bear country. As many of you already know, securing trash is the best way to prevent human-bear conflicts. What many people don't know is that they may be living or recreating in bear habitat. As drought conditions persist, bears continue to move into more urban environments.

When people are irresponsible with their food and garbage, bears can wind up in trouble or worse, being killed. The Nevada Department of Wildlife (NDOW) reports that nearly 95 percent of all human-bear conflicts are associated with garbage. Bears naturally avoid humans, but if they have access to human food sources they may become addicted to the food, habituated to humans, and in rare cases they may even become aggressive. NDOW asks that everyone does their part to reduce wildlife conflicts by taking steps to remove access to human sources of food.

Responsible trash handling includes:

- Watch the video: "Secure Your Trash"
- Using a Bear Resistant trash Container (BRC) stored a minimum of 25 feet from your home
- Know the local trash ordinances for the area where you live
- If you don't have a BRC then don't put trash out until the morning of your trash pick-up date
- Store your trash container in a basement, garage or other secure out-building only if no other alternative is available

While the Nevada Department of Wildlife recommends that everyone follow appropriate trash handling practices, residents should take extra precautions if they live in Lake Tahoe or around the following areas along the Carson Front where bears live:

- Verdi, south west Reno and Galena
- Washoe Valley
- West Carson City
- Carson Valley
- Topaz Lake area
- Smith Valley
- Hawthorne

All three counties bordering Lake Tahoe have ordinances requiring responsible trash handling in bear country. If you see a violation, do your part to protect bears and call one of the numbers below.

- Washoe County (775) 328-2434
- Douglas County (775) 782-6214
- Carson City (775) 887-2171
- Incline Village GID (775) 832-1221

Remember, NDOW cannot remove the problem you've created simply by trapping a bear. Permanent solutions must incorporate responsible trash handling.

Mosquito-Spraying Chopper To Get New Home In South Meadows



JULY 26, 2016 BY **CARLA O'DAY**

Image: CDC/Wikipedia Commons.

Washoe County commissioners on Tuesday approved a right-of-entry agreement with Reno that would allow construction of a helipad and permit the staging, landing and flying of a helicopter to spray for mosquitoes in the South Meadows.

The 50-foot by 50-foot pad would be located at Reno Fire Station No. 12, 1190 Steamboat Parkway. It would cost the county about \$4,000 to construct and take about 2 days.

The helipad would support the Washoe County Health District's Vector-Borne Disease Prevention Program and treat 700 acres in the area. The chopper had previously been staged at the northern terminus of South

Meadows Parkway, but construction of the Southeast Connector made that site unavailable.

Vector-borne diseases are generally transmitted by insects, reduce agricultural productivity and disrupt ecosystems, according to the National Institutes of Health.

Health District conducts third scheduled mosquito larvacide

By Jaclyn Shearer Wednesday, August 3rd 2016



RENO, Nev. (News 4 & Fox 11) — The Washoe County Health District Vector-Borne Disease Prevention Program reports they will conduct their third scheduled mosquito abatement operation the morning of Thursday, August 4.

Helicopters will apply Vectolex and Metalarv on 850 acres of wetlands in Lemmon Valley, Red Hawk, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch and Washoe Valley.

Health officials say so far, no mosquitoes tested have tested positive for West Nile virus, Western equine encephalitis or St. Louis encephalitis. They say they have placed specialized traps to identify if Zika mosquitoes are present in the Truckee Meadows. So far, the mosquito types have not been detected here.

People are reminded to take the usual precautions to prevent mosquitos from biting. Preventions can include:

Wear pants and long sleeved shirts and apply repellent such as Deet, Picaridin, Oil of Lemon Eucalyptus, or other natural products. Two layers of repellent may be applied, one on the skin and a second on clothing.

Repair tears in doors and window screens around your home or office, or keep them closed to keep mosquitos outside.

Remove standing water or any objects that can trap or collect water around your property which make breeding grounds for mosquitos.

If you have ponds, troughs or water features around your property, contact the Vector-Borne Disease Prevention Program to see if free Mosquito Fish are appropriate for use.

If you notice increased mosquito activity, call the Vector-Borne Disease Prevention Program at (775)785-4599 to investigate the source of the mosquitos.

8/10/2016 Media Release www.washoecounty.us/health

Health District has first positive West Nile Virus Increase in fogging due to positive West Nile Virus mosquito collection

Reno, NV - Health District to increase insecticide fogging in response to first positive West Nile mosquito collection.

The first positive identification of West Nile Virus in mosquitos has been reported in the Lemmon Valley area according to Washoe County Health officials.

The Washoe County Health District will increase insecticide fogging in the vicinity. The Health District will also continue extensive surveillance of mosquito collections through trapping to monitor increased mosquito activity.

Health officials remind people to take steps to prevent being bitten by mosquitos that may possibly carry disease. These steps include:

- Wear pants and long sleeve shirts during early morning and early evening hours when mosquitos are active,
- Use insect repellent both on clothing and on skin,
- Remove standing water around your homes or apartments where mosquitos can breed,
- Make sure door and window screens are in good repair with no tears or holes, and
- Use mosquito fish in troughs and water features.

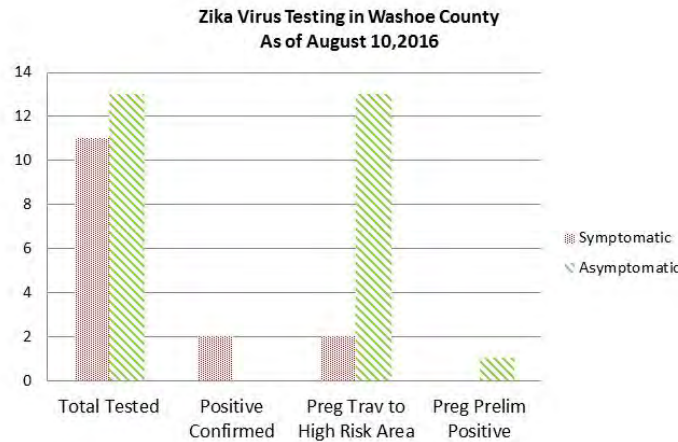
For more information or to report increased mosquito activity in your area call Washoe County Health District Vector Borne Disease Prevention Program at (775) 785-4599.

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

DATE: August 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) –

Zika Virus Disease Evaluation and Testing - As of August 10, 2016, 26 individuals have been referred by local healthcare providers for evaluation of possible Zika virus infection. Of these, 24 submitted specimens for testing:



Of the two individuals who tested positive, one was male and one was a non-pregnant female. Additionally, the CD Program received a preliminary positive result for a pregnant woman. The test has been forwarded on to the CDC for confirmatory testing.

Hand Foot and Mouth Disease (HFMD) - Since March 2016, the CD Program has investigated 15 HFMD outbreaks in childcare facilities. Approximately 250 cases were reported. As of August 10, 2016 there are three outbreaks open. The last outbreak was reported on August 9.

Shigellosis Cluster – The CD Program investigated a cluster of eight shigellosis cases associated with two families who had a BBQ party on July 4th. Of eight cases, three cases were primary, four cases were secondary and one case was likely a tertiary case due to person-to-person transmission within households. The source of infection might be associated with fruits contaminated with Truckee

River water. Of eight cases, six were students and excluded from three schools until negative stool specimens were obtained.

Hepatitis A contacts investigation – The CD Program investigated four contacts who were exposed to an infectious flight attendant who had hepatitis A on the flight. The case was associated with an ongoing hepatitis A outbreak in Hawaii. Four contacts received post-exposure prophylaxis through the CCHS clinic.

Dengue - The CD program also identified and investigated a travel-related Dengue case identified from a specimen obtained from an individual who was being tested for Zika virus.

Public Health Preparedness (PHP)

General

- The program submitted the CDC and ASPR final progress reports for budget period 5.
- PHP staff participated in the State PHP Training and Exercise Planning Workshop on July 26th, increasing collaboration across the state.

- **Medical Reserve Corps Volunteer Program**
 - The Medical Reserve Corps (MRC) Nurses and EMT volunteers staffed the First Aid Station at the city of Reno's "Open Streets" event on July 23rd. Open Streets is presented by Renown Health and is an event intended to increase the health and physical activity of Reno residents and others by transforming the streets into an automobile free open streets environment. The event allowed space for families, friends and all to celebrate, walk, bike, dance, socialize and play in the open streets.

 - MRC Volunteers participated in the "Back to School Vaccination and Safety and Health Fair" sponsored by Immunize Nevada. It was held at the Boys and Girls Club in Reno on August 6th. MRC volunteers assisted the Washoe County Health District's immunization clinical staff. MRC volunteers helped in the processing and monitoring of students before and after receiving their vaccinations. The goal of the vaccination clinic was to help students returning to school to have all the required vaccinations while also receiving other health related information.

- The Public Health Emergency Response Coordinator for Healthcare:
 - On July 27-28, 2016, the Healthcare PHERC attended Functional Assessment Service Team (FAST) training in Rocklin, CA with Carson City Health and Human Services and Northern Nevada Red Cross. The intent is to bring the FAST program to Nevada to supplement our community's ability to ensure those with access and functional needs are able to stay within the general population shelters, not unnecessarily being sent to a hospital, utilize limited resources in a disaster.

- The Healthcare PHERC is the new Nevada representative on the NACCHO Preparedness Policy Advisory Group.
- The Healthcare PHERC and EMS staff participated in the Reno Balloon Race tabletop exercise increases the community's ability to respond to a mass casualty incident on August 10, 2016.
- The Healthcare PHERC met with Northern Nevada Adult Mental Health Services to training on regional plans and Washoe County Healthcare Requesting Procedures on July 22, 2016.

Emergency Medical Services (EMS) –

The EMS Program Manager and EMS Coordinator presented at a regional law enforcement meeting on July 19, 2016. EMS staff facilitated a discussion about a possible “scoop and run” planning element in the Multi-Casualty Incident Plan (MCIP), which could allow law enforcement personnel to transports victims during large scale MCIs.

On July 21, 2016 the EMS Coordinator conducted the first MCIP executive training. There were approximately 20 attendees from Washoe County agencies, state departments and boarder county agencies. The training provided a high-level summary of MCIP operational elements, the Mutual Aid Evacuation Annex (MAEA) and the Family Service Center Annex (FSC).

The EMS Coordinator and Public Health Emergency Response Coordinator met with North Lake Tahoe Fire Protection District (NLTFPD) and Incline Village Community Hospital (IVCH) personnel on July 25, 2016. The EMS Coordinator met with the agencies to discuss the FSC Annex and the regional form; additionally IVCH received an update on WebEOC and a new user guide document.

The EMS Coordinator meet with Northern Nevada Adult Mental Health Services (NNAMHS) on July 28, 2016 to provide leadership staff an overview of the disaster preparedness activities completed by the Health District, including the MCIP, MAEA and WebEOC capabilities.

On August 5, 2016 the EMS Coordinator met with staff from Carson City and Douglas County to provide training information on the hospital evacuation system. As part of the regional planning process several hospitals in Northern Nevada are implementing the same patient tracking system from the MAEA.

The EMS Coordinator and REMSA personnel conducted a hospital evacuation training at SMRMC on August 9, 2016. The training included a presentation and tabletop where participants were able to walk through the evacuation process of 10 patients.

The EMS Coordinator and EMS Statistician participated in the Great Reno Balloon Race tabletop exercise on August 10, 2016. The exercise included important discussion about the

response from fire, law enforcement, EMS and event staff/volunteers and their coordinated efforts for preservation of life safety, mass evacuation and fire suppression.

**REMSA Percentage of Compliant Responses
FY 2016 -2017**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2016	94%	91%	100%	100%	94%	94%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2016	8:04	15:33	13:39	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.

District Health Officer Staff Report
Board Meeting Date: August 25, 2016

TO: District Board of Health

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

SUBJECT: District Health Officer Report – Regional License/Permit Program, Legislature, Emergency Medical Services Oversight, Prescription Drug Abuse, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), TMHC Family Health Festival, Community Health Improvement Plan, Other Events and Activities and Health District Media Contacts

Regional License/Permit Program

Staff in AHS, EHS, and AQM are heavily engaged in the User Acceptance Testing (UAT) Phase of the regional project with Accela to implement a new regional Internet-based software platform for licensing and permitting. Health District staff that will be users of the system received basic training the first week of August and more in-depth training the following week. Training will be ongoing.

The Regional Oversight Group met on August 15 to discuss feasibility of the August 22 go-live date. This date was not attainable because the UAT was only at about 63% complete and a number of critical issues remain unresolved on both Accela's side of the project and the Regional Jurisdictions'. The decision was made to meet again on August 29 to be presented with the plan and schedule of actions to be taken to move forward with go-live and whether to decouple the launch of business licensing to potentially expedite this feature being available for use internally by the jurisdictions. Significant remaining critical issues for the Health District include reports not being completed that function to provide invoices, permits, etc. In addition, the mobile app component of the system that enables inspections to be conducted in the field does not function on the tablets purchased for this purpose and Accela is working to resolve this and other issues. The connection with the Secretary of State's Silverflume business license portal has proven not to be viable due to problems with the Silverflume system which the State is working to address.

Legislature

The first BDR deadline is September 1 and at present over 310 BDRs have already been submitted. The Legislative Committee on Healthcare is having a working meeting on August 24 to identify committee BDRs for the session and make recommendations on other legislation. I have met with the Washoe County School District and TMWA staff regarding the student height and weight and the community water fluoridation recommendations to the Legislative Committee on Healthcare from the local health authorities and the Nevada Public Health Foundation. I will report further on this item during the DBOH meeting.

Emergency Medical Services Oversight

A meeting is scheduled for August 18 with the Fire Chiefs of Reno, Sparks, Truckee Meadows, and the President of REMSA, along with EMS Advisory Board Chair John Slaughter and DBOH Chair Kitty Jung to discuss the direction and focus of the EMS Oversight Program.

Prescription Drug Abuse

A workgroup has been formed between the Health District, Social Services, and Washoe County Sheriff's Office to respond to non-medical prescription drug use. A second meeting was held on August 10 and a September meeting has been scheduled. We will be working to engage other community partners in areas of medical and public outreach and prevention, intervention, and treatment.

Governor Sandoval's Summit on Prescription Drug Abuse will be held in Las Vegas August 31-September 1, 2016. Dr. Hess and I are registered to attend. The Community Opioid Response Alliance met on July 26.

Quality Improvement

The Q-Team is working on a QI Refresher training for the new fiscal year, and will be providing the annual QI survey to all staff before the end of September.

Truckee Meadows Healthy Communities

The TMHC Steering Committee and Executive Committee with support from IMPAQ Strategy held a Strategic Planning meeting on August 11.

TMHC is in the process of recruiting an independent contractor to provide staff support and a backbone for TMHC to proceed under the collective impact model.

Truckee Meadows Healthy Communities Family Health Festival

The fifth Family Health Festival took place on July 27th from 1:00-4:00 pm at Miguel Ribera Park. The theme was "Back to School." It is estimated that over 1,000 Washoe County residents attended the event.

The fall Family Health Festival is scheduled for October 19th from 1:00-4:00 pm at Reno Town Mall. The focus of the October event will be workforce development.

Community Health Improvement Plan (CHIP)

CHIP Workgroups are researching strategies to move forward with CHIP implementation. An update of each workgroup is listed below:

The CHIP Access to Healthcare and Social Services Workgroup's current priority is Objective 1.3 of the CHIP: By December 31, 2018, increase the percentage of Washoe County residents who have a usual primary care provider.

CHIP Access to Healthcare and Social Services Workgroups will begin to meet every other month and not monthly, as additional workgroups are forming to inform the larger workgroup. For example, CHIP co-chair, Terri Lightfoot of Engage Consulting has started a monthly subcommittee to discuss and review Medicaid Referrals. The goals of the new subcommittee include:

- Refer attributed individuals to correct center/physician/clinic
- Devise a plan for those who are not attributed or self-pay
- Discuss referral process and standardize across all receiving clinics
- Discuss ability to share data between entities for a higher level of care coordination

The Health District, Renown Health, Community Health Alliance, Northern Nevada HOPES, and Access to Healthcare Network are some of the invitees.

The CHIP Food Security Workgroup's current priority is Objective 8.5 of the CHIP: By December 31, 2016, develop a Washoe County Community Garden Plan to identify goals, objectives, and strategies for Community Gardens in low-income communities.

The Workgroup participated in another Family Healthy Festival which took place on July 27th. The Workgroup provided gardening instructions, free herbs and vegetables, fresh food education, and recipes, in an effort to raise awareness and provide education related to fresh produce. Community Health Alliance sponsored the booth and purchased all materials and supplies.

The CHIP Education Workgroup and Behavioral Health Workgroup have combined to form one workgroup (now referred to as the CHIP Youth Mental Health Workgroup). The CHIP Youth Mental Health Workgroup is addressing objectives related to: youth bullying, depression, and suicide. Co-chairs Katie Morales and Sara Dinga are meeting with local organizations such as Think Kindness to learn of youth mental health prevention related programs and activities in the community.

Other Events and Activities

Attended a TMHC Steering Committee meeting via teleconference July 29.

Attended a public health funding discussion via teleconference July 29.

Participated in a TMHC 89502 Subcommittee Access to Healthcare and Behavioral Services meeting August 2.

Chaired a TMHC Steering Committee meeting August 3 and an all-day TMHC Strategic Planning meeting on August 11.

Participated in the Nevada Health Authorities call August 4.

Attended Washoe County Department Heads meeting August 10.

Participated in the Legislative Committee on Health Care meeting in Carson City on August 24.

Participated in the Nevada Public Health Association Advocacy call August 19.

Participated in interviews to select new TMHC Project Director August 22 and 23

Met with the Division Directors August 3 and August 17. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Health District Media Contacts: July 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
7/25/2016	KTVN CH2 - CBS Reno	Zach Mooney	Soberanes Fire - Inouye
7/25/2016	KRNV CH4 - NBC Reno	Ben Margiott	Soberanes Fire - Inouye
7/22/2016	KRNV CH4 - NBC Reno	Terri Hendry	CDC Zika Funds - Ulibarri
7/11/2016	KUNR 88.7 FM - PBS Reno	Ahn Gray	HPV in Men - Ulibarri
7/8/2016	KOLO CH8 - ABC Reno	Chris Buckley	Vector Program - Shaffer
7/7/2016	KUNR 88.7 FM - PBS Reno	Ahn Gray	Mosquito lariciding - Ulibarri
7/7/2016	KKOH Radio 780AM - CNN Reno	Jim Fannon	Mosquito lariciding - Ulibarri
7/7/2016	KRNV CH4 - NBC Reno	Terri Hendry	Mosquito lariciding - Ulibarri
7/7/2016	KTVN CH2 - CBS Reno	Andi Guevara	Mosquito lariciding - Ulibarri
7/7/2016	KOLO CH8 - ABC Reno	Terri Russell	Mosquito lariciding - Ulibarri
7/6/2016	KOLO CH8 - ABC Reno	Chris Buckley	Sparks Fire - Inouye
7/5/2016	KRNV CH4 - NBC Reno	Terri Hendry	Trailhead Fire - Inouye

Press Releases/Media Advisories/Editorials/Talking Points

7/7/2016 Health District conducts second mosquito lar Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO 85 EHS	
Twitter	AQMD/CCHS	70
Be Idle Free campaign web posting recap	OurCleanAir.com	2,189 Web site clicks 23,626 people reached 12 new page likes
Washoe Eats campaign Web Posting recap	WashoeEats.com	754 Web site clicks 24,864 people reached 33 new page likes
Grindr/Sexual Health Program	CCHS	60 posts 816,695 total engagements

New Food Establishment Rating System

- New color coded rating system and inspection form will replace current forms and scoring
- New inspection form and rating system will begin in November 2016



Pass

- **Pass:** No more than one critical violation observed during inspection. Critical violation must be corrected or mitigated during the inspection.



Conditional Pass

- **Conditional Pass:**
Two or more critical violations observed during inspection. Critical violations must be corrected or mitigated during inspection.
- Re-inspection required within 24 to 72 hours.



Closed

- **Closed:** Closure of the facility due to imminent danger to public health and safety.



**FOOD ESTABLISHMENT OFFICIAL
INSPECTION REPORT**

DBA/Name:	Risk Category	Type:	Date:
Address:	City/Zip:	Permit #:	
Owner/Operator:	Person In Charge:	Phone #:	
Hours of Operation:	Area NO:	Inspection Type:	Time In: Time Out:
Certified Food Protection Manager:	Exam Provider:	Certification #:	Date Expired:

Any item marked "OUT" on this inspection report is a NOTICE of VIOLATION of the Washoe County District Board of Health Regulations Governing Food Establishments and is an ORDER to abate the violations within the time frame(s) specified.

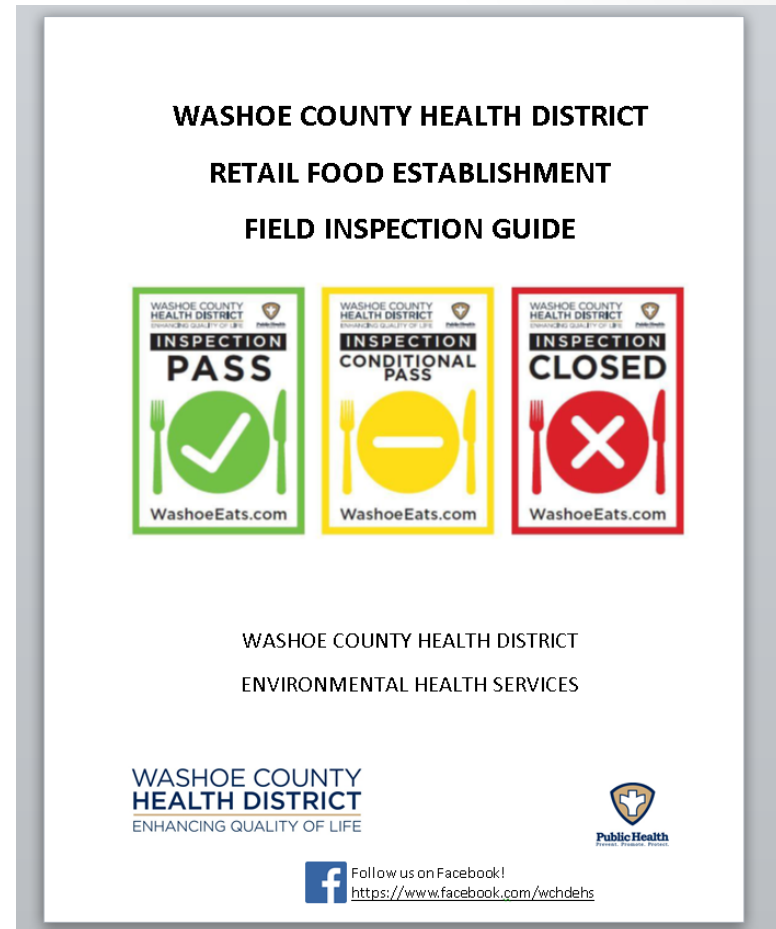
Failure to correct violations prior to the re-inspection date may result in the assessment of re-inspection fees. Any or all violations may be posted on the Washoe County Health District website: www.WashoeEats.com

#	Status				Risk Factor Interventions			
	IN	NA	NO	OUT				
				Critical				Non-Critical
					Supervision			
1					Demonstration of Knowledge/Active Managerial Control	R		
					Employee Health			
2					Communicable Diseases: knowledge, responsibilities, reporting	R		
3					Communicable Diseases: proper use of restriction/exclusion	R		
					Good Hygienic Practices			
4					Proper eating, tasting, drinking, or tobacco use	R	COS	
5					No discharge from eyes, nose, and mouth	R	COS	
					Control of Hands as a Vehicle of Contamination			
6					Hands clean and properly washed	R	COS	
7					No bare hand contact with ready-to-eat (RTE) foods; pre-approved alternative procedure properly followed	R	COS	
8a					Handwashing sinks accessible; conveniently located	R	COS	
8b					Handwashing sinks supplied	R	COS	
					Approved Sources			
9a					Food obtained from approved source	R	COS	
9b					Molluscan shellfish from ICSSL listed sources; no recreationally caught fish or shellfish	R	COS	
9c					Game animals and wild mushrooms approved by regulatory authority	R	COS	
10					Food received at proper temperature	R	COS	
11					Food in good condition, safe, and unadulterated	R	COS	
12a					Required Records: parasite destruction	R		
12b					Required Records: Shellstock tags maintained for 90 days in chronological order	R		
					Food Protection from Contamination			
13a					Separating raw animal foods from raw or cooked RTE foods	R	COS	
13b					Separating raw animal foods from each other during storage, preparation, holding, and display	R	COS	
13c					Food protected from environmental contamination	R	COS	
14					Food-contact surfaces: frequency of cleaning and sanitizing; protected from environmental contamination	R	COS	
15a					After being sold or served to a consumer, food is not reserved	R	COS	
15b					Discarding or reconditioning unsafe, adulterated, or contaminated Food	R	COS	

Field Guide

- Includes:
 - Rating system explanation
 - Inspection form marking procedures
 - Common terminology
 - For each line item on corresponding inspection form:
 - WCHD code reference
 - Standard comments
 - Example of critical and non-critical violations
 - Corrective actions
 - Marking instructions
 - Notes section

- [WCHD Field Guide](#)



WashoeEats.com




Inspection Results Example

A B C BAKERY

1309 FLORIN RD APT#E & F
SACRAMENTO CA 95831

[Map/directions to the facility](#)

(916) 421-4259

Report	Date	Facility Type	Inspection Result	Type/Short Description of Violations
	Feb 17, 2016	RESTAURANT	PASS	REINSPECTION
	Feb 16, 2016	RESTAURANT	CONDITIONAL PASS	INSPECTION WAREWASHING AND SANITIZING PROCEDURES HOT AND COLD HOLDING TEMPERATURES
	Oct 01, 2015	RESTAURANT	PASS	INSPECTION HOT AND COLD HOLDING TEMPERATURES

There are some limitations on inspection report availability. For a full explanation of the conditions and terms used on this

Save
the Dates!

Food Establishment Inspection Workshop

Learn about the new inspection process and forms. Workshop is free to attend. We encourage all members of the public to attend, especially those working in the restaurant industry.

Choose one of the following dates below:

September 12th

Location: Eldorado Resort & Casino , Room TBA
Time: 9:30am-10:30am

September 13th

Location: Washoe County Complex, Building B
Time: 9:00am-10:00am

September 14th

Location: Washoe County Complex, Building B
Time: 3:00pm-4:00pm



Follow us on Facebook to get the latest updates about workshops!
<https://www.facebook.com/wchdehs>

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



Public Health
Prevent. Promote. Protect.

Environmental Health Services Is On Social Media



[Facebook.com/WCHDEHS](https://www.facebook.com/WCHDEHS)



[@HealthyWashoe](https://twitter.com/HealthyWashoe)

Follow us and stay up-to-date about what's going on in
Washoe!

Overview of Regulation Amendments

- [Food Establishment Regulation Amendments](#)

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