

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

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

**Thursday, October 27, 2016  
1:00 p.m.**

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

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**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**

October 27, 2016

**5. \*Recognitions**

A. Departures

- i. Julia Ratti, Vice Chair, 1/22/09 through 10/9/16 - DBOH

B. Years of Service

- i. Maria Tokarz, 10 years, hired 8/7/2006 – EPHP

C. Retirements

- i. Dale Brice, Storekeeper, 21 years, hired 12/6/1994, retired 10/8/16 – CCHS
- ii. Jeanne Harris, Administrative Secretary, 14 years, hired 10/8/02, retiring 11/14/16 – EPHP

**6. 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. Approval of Draft Minutes

September 22, 2016

B. Budget Amendments/Interlocal Agreements

- i. Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Cipro 500mg.  
Staff Representative: Nancy Kerns Cummins
- ii. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$33,927 (with \$3,392.70 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of Point of Dispensing (POD) supplies (signage kits) donation to POD partners; and if approved, authorize the District Health Officer to distribute supplies including signing all necessary paperwork.  
Staff Representative: Patsy Buxton
- iii. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$38,272 (with \$3,827.20 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of emergency response supplies donation to Emergency Medical Services (EMS) partners; Approval of evacuation kits donation to skilled nursing and long-term care facilities; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.  
Staff Representative: Patsy Buxton

C. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2017

Staff Representative: Anna Heenan

- 7. Review, discussion and possible adoption of the Business Impact Statements regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD) 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 November 17, 2016 at 1:00 pm.**

Staff Representative: Charlene Albee

**8. Regional Emergency Medical Services Authority**

Presented by Don Vonarx and Kevin Romero

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

\*B. Operations Update for September 2016

**9. \*Regional Emergency Medical Services Advisory Board October Meeting Summary**

Staff Representative: Christina Conti

**10. Presentation, discussion and possible approval of the five-year EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**

Staff Representative: Christina Conti

**11. Presentation, Discussion, and Possible Direction to Staff regarding a Progress Report on the 2016-2018 Strategic Plan, and completion of the Fundamental Review implementation. Take action to direct staff to continue with implementation of the 2016-2018 Strategic Plan as presented *or* direct staff to make changes as discussed.**  
Staff Representative: Kevin Dick

**12. Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans to keep the District Health Officer's position in alignment with the other Unclassified Management positions.**  
Staff Representative: Chair Kitty Jung

**13. Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 2% Wage Increase, retroactive to his annual evaluation date of October 24, 2016.**  
Staff Representative: Chair Kitty Jung

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

- A. Air Quality Management, Charlene Albee, Director  
Program Update, Divisional Update, Program Reports
- B. Community and Clinical Health Services, Steve Kutz, Director  
Divisional Update – Patagonia Health; 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, Panther Drive, Little Valley Fire, Regional EMS Oversight, Legislature, Strategic Plan, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), Community Health Improvement Plan, Accreditation, Other Events and Activities and Health District Media Contacts

**15. \*Board Comment**

Limited to announcements or issues for future agendas.

**16. \*Public Comment**

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

**17. Adjournment**

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

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**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](http://www.washoecounty.us/health)

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

**How to Get Copies of Agenda and Support Materials.** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [dspinola@washoecounty.us](mailto:dspinola@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

## **Washoe County District Board of Health Meeting Minutes**

### **Members**

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

**Thursday, September 22, 2016  
1:30 p.m.**

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

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

Chair Jung called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair  
Julia Ratti, Vice Chair (arrived at 1:33 p.m.)  
Mike Brown  
Dr. George Hess (arrived at 1:37 p.m.)  
Dr. John Novak  
Oscar Delgado  
David Silverman

Members absent: None

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

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Steve Kutz, Director, CCHS  
Charlene Albee, Director, AQM  
James English, Acting Director, EHS  
Christina Conti, Acting Director, EPHP  
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

### **2. Pledge of Allegiance**

**Ms. Albee led the pledge to the flag.**

### **3. Public Comment**

**Chair Jung opened the public comment period.**

John Muran stated he was opposed to the destruction of Hillside Cemetery. He stated he had relatives buried there, and that they had purchased the physical property where they rested. He asked the Board to rescind the permit to disinter the bodies.

Ramona Richards stated she had six family members buried at Hillside Cemetery and that she had retained legal counsel to represent her in the matter. She requested the disinterment permit be revoked or the item be placed on an agenda so that it could be properly noticed. She opined the situation required further study and stated the plots were privately owned.

Frances Tryon stated she was speaking in support of the families of Hillside Cemetery. She requested the permit be rescinded so that they would have more time to gather information and determine their course of action.

Neil Brooks stated he was speaking regarding Hillside Cemetery, and had also retained counsel. He opined there had been legal issues that had not been considered during the issuance of the permit to disinter. He stated he held a copy of the deed that was issued to a relative. He requested the permit be pulled.

Michon Eben, of the Reno-Sparks Indian Colony, noted she was there to discuss the permit issued to Hillside Cemetery. She stated disinterment was disrespectful and unforgivable. The movement of the remains was against Native American's Creator spiritual laws. She requested the permit be revoked so that the Nation had an opportunity to comment.

Scott Nebesky noted that upon review of the permit, he had not located any information that indicated that the Health District had required air quality or erosion control permits for the actual disturbance of earth. He opined the permit should be pulled until all of the environmental impacts had been considered.

**Chair Jung closed the public comment period.**

#### **4. Approval of Agenda**

September 22, 2016

**Mr. Silverman moved to approve the agenda for the September 22, 2016, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved five in favor and none against.**

#### **5. \*Recognitions**

##### A. New Hires

- i. Melanie Flores, Program Coordinator, hired 8/29/16 – ODHO

Mr. Dick requested Ms. Flores stand and be recognized. He reviewed her background and experience and welcomed her.

##### B. Departures

- i. Melissa Peek Bullock, Epidemiologist, 11 years, hired 7/18/2005, departed 8/27/2016 – EPHP

Ms. Peek Bullock was not in attendance.

#### **6. 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. Accept a Subgrant Award from the State of Nevada Department of Health and Human Services' Division of Public & Behavioral Health effective October 1, 2016 through September 30, 2017 for [\$23,000.00] with no County match required, to support the assessment and development of a Health District Workforce Development Plan, and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

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

Staff Representative: Charlene Albee

- i. Rees's Enterprises - Case No. 1188, Citation No. 5536
- ii. Safeguard Restoration Inc. – Case No. 1189, Citation No. 5577
- iii. Sierra Nevada Construction – Case No. 1190, Citation No. 5538
- iv. Aspen Earthworks – Case No. 1191, Citation No. 5579

C. Acknowledge receipt of the Health District Fund Financial Review for August, Fiscal Year 2017

Staff Representative: Anna Heenan

D. Approval of Draft Minutes  
August 25, 2016

**Dr. Novak moved to accept the Consent Agenda as presented. Vice Chair Ratti seconded the motion which was approved unanimously.**

**7. Regional Emergency Medical Services Authority**

Presented by Dean Dow

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

Mr. Dow noted an increase in survey responses and explained that the age of the respondents will be included in future survey reports, if the responders provide that information.

Mr. Dow referred to a question on the survey that refers to satisfaction with service upon entrance to the medical facility, which experiences percentage variances. The language of the question will be addressed and modified to clarify that it refers specifically to REMSA staff. Mr. Dow stated he would provide a progress report on the issue.

**Mr. Brown moved to accept the Compliance Report. Vice Chair Ratti seconded the motion which was approved unanimously.**

\*B. Operations Update for August 2016

Mr. Dow offered to answer any questions.

Chair Jung thanked him for taking the time to come to the meeting.

**8. Discussion of Process and Presentation of Evaluation Forms for the District Health Officer's Annual Review and Possible Direction to Staff to conduct the evaluation.**

Presented by Kitty Jung

Chair Jung presented the item. She summarized it was up to the Board to determine if they were satisfied with the proposed list of evaluators. The name of the Acting Reno City Manager was updated.

Chair Jung asked the Board if they were satisfied with the list of questions to be asked. She opined Mr. Dick was the first District Health Officer who had functioned as an Administrator, and that has made all the difference for the Health District. She noted the review could be delayed by another month if the Board members would prefer to have more time to make the decision.

Vice Chair Ratti opined it was a good process and noted she was pleased to see that it included inter-governmental relations. She stated she would be comfortable utilizing the process

and supporting information as proposed. Dr. Novak said that he would be also.

**Vice Chair Ratti moved to approve. Dr Novak seconded the motion which was approved unanimously.**

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

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

Ms. Albee noted the discussion regarding the lack of environmental permits in place for Hillside Cemetery. She explained it was customary for projects to go completely through the planning phase and get all issues resolved prior to obtaining an air quality permit.

- B. Community and Clinical Health Services, Steve Kutz, Director  
Program Report – Fetal Infant Mortality Review Program; Divisional Update – Medicaid and Marketplace Exchange Enrollment, Data & Metrics; Program Reports

Mr. Kutz stated he had nothing further to add but was available to answer questions.

- 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. English stated he had nothing further to add but was available to answer questions.

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

Ms. Conti stated she had nothing further to add.

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

Mr. Dick thanked the Board for adjusting the schedule of the meeting to accommodate the County safety drill.

Mr. Dick thanked Dr. Hess for attending the prescription drug abuse summit with him. He explained they had learned that the prescription drug abuse epidemic was very complex. Breakout groups were designed to receive recommendations from the audience for the Governor and his cabinet members to consider. The presentations are posted on the Governor's website and he anticipated a summary of the discussion and recommendations would be available there shortly.

Mr. Dick noted he had discussed the local public health role with the Nevada Health Authorities, and they had envisioned coordinating affected entities and conducting education and outreach. Dr. Hess opined the problem was predominantly driven by prescribers and health care staff, and opined the Health District could serve as a valuable education resource for the community. Additionally, he pointed out that the District and the hospitals collected a substantial amount of valuable data that could be reviewed for other aspects of the drug abuse challenge that was not currently being studied.

Chair Jung thanked Dr. Hess and Mr. Dick for representing the District.



Mr. Dick stated the new go-live date for the regional license and permit program was October 31. The oversight committee had made the determination to not extend it beyond that. Staff has expressed that they feel that date is achievable, particularly since it will be preceded by a three-day weekend which will allow the data sufficient time to transfer from the existing system. Staff will come in on Sunday, October 30, to test the conversion.

Mr. Dick stated he had provided a one-year extension for the Hillside Cemetery permit in accordance with Nevada Revised Statute 451.045. The permit had been issued based on assessment and the conclusion that the disinterment did not pose a public health threat to the community. The permit does not absolve the cemetery from any other responsibilities under the law. Mr. Dick recognized that there are a number of religious, spiritual, personal, cultural and historical issues involved with the situation. He explained his role was as the public health authority, complying with what the Statute requires.

Vice Chair Ratti stated she had a clear understanding of what the Health District's scope is regarding the cemetery, which is to protect the public health. She asked who the permit was issued to. Mr. Dick answered that it was issued to Sierra Memorial Gardens. Deputy District Attorney (DDA) Admirand noted they would be considered to be the cemetery authority.

Vice Chair Ratti opined this was a unique situation in which the families owned title to their plot. She asked if the permit had been issued to the correct entity, asking if they were eligible for a permit for activity on land they do not own. DDA Admirand stated she did not believe that had been reviewed.

Mr. Dick reiterated the permit had been issued to the cemetery authority based on the application provided. The law allows cemetery authorities to disinter. He stated there had not been a legal analysis of the parcels involved. Vice Chair Ratti opined that now that the Board and staff had been made aware that the plots were individually owned, the permit should be reviewed again with that in mind. Chair Jung asked DDA Admirand to look into it and report back to the Board.

Vice Chair Ratti opined the Reno-Sparks Indian Colony representative had brought up interesting questions regarding sovereign nations having different legal privileges, to include federal laws. She asked if that aspect had been reviewed. DDA Admirand stated the question had not been raised. Vice Chair Ratti asked that be looked at as well.

Chair Jung requested the legal opinion of the answers to those questions be sent to the Board in a report. An item on an agenda was not necessary.

#### **10. \*Board Comment**

Vice Chair Ratti announced that she had submitted her name as an applicant to be appointed to fill the Senate seat vacated by the passing of Debbie Smith. On September 27<sup>th</sup>, the Board of County Commissioners will appoint an applicant to fill the vacancy. The Governor may call for a special session to confirm the appointment. If and when that occurs and Ms. Ratti is confirmed, it will be necessary for her to resign from both the Sparks City Council and the District Board of Health the day before she takes the Oath of Office.

Dr. Hess requested the draft minutes be listed as the first item under Consent.

Mr. Silverman wished Vice Chair Ratti good luck.

#### **11. \*Public Comment**

Kathy Brandhorst discussed challenges faced by uninsured persons.

**12. Adjournment**

**Chair Jung adjourned the meeting at 2:16 p.m.**

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Respectfully submitted,



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



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Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on \_\_\_\_\_, 2016.

**STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

**TO:** District Board of Health

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

Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Cipro 500mg.

**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 schedule with the addition of Cipro 500mg.

**Health District Strategic Priorities supported by this item:**

**Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

**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**

On August 25, 2016, the Board approved modifying the fee structure for prescription and non-prescription drugs, specifically codes J8499 and A9150.

On October 22, 2015, the Board approved revisions to the fee schedule for the CCHS Division and authorized yearly increases using the Consumer Price Index for the Western Region.

**BACKGROUND**

When the Board approved the revision of CCHS clinical fees in October 2015, Cipro 750mg was included in the fee schedule. The clinic has the need to prescribe Cipro 500mg, used in the treatment

Subject: Modify the CCHS Fee Schedule

Date: October 27, 2016

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of certain infections. The cost per dose of Cipro 750mg is \$.68 per dose; Cipro 500mg per dose fee will also be \$.68 utilizing the Relative Value System (RVS).

### **FISCAL IMPACT**

There is no fiscal impact to the FY17 adopted budget based on the relatively low level of need to prescribe this medication.

### **RECOMMENDATION**

Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Cipro 500mg.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Cipro 500mg."

DD	AH	-
DHO		-
DA	LA	-
Risk	DME	-

**STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$33,927 (with \$3,392.70 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of Point of Dispensing (POD) supplies (signage kits) donation to POD partners; and if approved, authorize the District Health Officer to distribute supplies including signing all necessary paperwork.

**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 November 1, 2016 through June 30, 2017 in the total amount of \$33,927 in support of the CDC Public Health Preparedness BP5 Carryover Grant Program, IO TBA. A copy of the Notice of Subgrant Award is attached.

The Washoe County Health District’s Public Health Preparedness Program requests permission to provide POD supplies (signage kits) to our POD partners exercising POD plans to increase their preparedness. POD partners that may receive the signage kits include but is not limited to: Reno-Sparks Indian Colony, Incline Village, Washoe County Sheriff’s Office, Circus Circus, and Life Care Center of Reno.

**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, 2016 through June 30, 2017 in the total amount of \$649,712 on August 25, 2016.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** CDC Public Health Preparedness BP5 Carryover Program

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

- Emergency Public Information and Warning
- Fatality Management
- Mass Care
- Medical Countermeasure Dispensing
- Responder Safety and Health

**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 \$33,927 (\$30,843 direct/\$3,084 indirect)

**Grant Period:** November 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**

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

As this carryover was not anticipated in the FY17 budget, a budget amendment in the amount of \$30,843 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 \$30,843 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBA</b>	<b>-431100</b>	<b>Federal Revenue</b>	<b>\$30,843.00</b>
		<b>Total Revenue</b>	<b>\$30,843.00</b>
2002-IO-TBA	-710100	Professional Services	\$ 5,900.00
	-710300	Operating Supplies	\$24,943.00
		<b>Total Expenditures</b>	<b>\$30,843.00</b>

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$33,927 (with \$3,392.70 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve Point of Dispensing (POD) supplies (signage kits) donation to POD partners; and if approved, authorize the District Health Officer to distribute supplies including signing all necessary paperwork.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be “Move to approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$33,927 (with \$3,392.70 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve Point of Dispensing (POD) supplies (signage kits) donation to POD partners; and if approved, authorize the District Health Officer to distribute supplies including signing all necessary paperwork.”



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

HD #: **15760**  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306916  
 Sub-Org: 02

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)			
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth St. / PO Box 11130 Reno, NV 89520			
<b>Subgrant Period:</b> November 1, 2016 through June 30, 2017		<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>			
<b>Purpose of Award:</b> These carryover funds are intended to demonstrate achievement in PHEP activities that are outlined in the CDC grant guidance.					
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>					
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>			
1. Personnel \$ <u>0.00</u> 2. Travel \$ <u>0.00</u> 3. Supplies \$ <u>23,043.00</u> 4. Equipment \$ <u>0.00</u> 5. Contractual/Consultant \$ <u>5,900.00</u> 6. Other \$ <u>1,900.00</u> 7. Indirect \$ <u>3,084.00</u> <b>Total Cost: \$ <u>33,927.00</u></b>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed <b>\$33,927.00</b> during the subgrant period.				
<b>Source of Funds:</b>		<b>% Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>
1. Centers for Disease Control and Prevention (CDC)		100%	93.069	U90TP000534	5NU90TP000534-05-00
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>1. Expenditures must comply with appropriate state and/or federal regulations;</li> <li>2. This award is subject to the availability of appropriate funds; and</li> <li>3. The recipient of these funds agrees to stipulations listed in the incorporated documents.</li> </ol>					
<b>Incorporated Documents:</b> Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; Attachment 2: Detailed Work Plan.					
Kevin Dick District Health Officer		Signature			Date
Erin Lynch, MPH Program Manager, PHP					
Chad Westom Bureau Chief, PAIS					
for Cody L. Phinney, MPH Administrator,					



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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**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.

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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  
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**SECTION B**

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

Washoe County Health District, 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 carryover, November 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:
  - January 31, 2017      2<sup>nd</sup> Quarter Progress Report      (For the period of 11/1/16 - 12/31/16)
  - April 30, 2017      3<sup>rd</sup> Quarter Progress Report      (For the period of 11/1/16 – 3/31/17)
  - July 31, 2017      Final Progress Report      (For the period of 11/1/16 – 6/30/17)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
  - January 31, 2017      2<sup>nd</sup> Quarter      (For the period of 11/1/16 – 12/31/16)
  - April 30, 2017      3<sup>rd</sup> Quarter      (For the period of 1/1/17 – 3/31/17)
  - July 31, 2017      4<sup>th</sup> 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.

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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:

<b>Category</b>	<b>Total cost</b>	<b>Detailed cost</b>	<b>Details of expected expenses</b>
1. Personnel	\$ 0		
2. Travel	\$ 0		
3. Supplies	\$ 23,043		
		\$ 6,000	Powered Air Purifying Respirator (PAPR) \$1,200/PAPR x 5 PAPRs = \$6,000
		\$ 4,500	Bleeding Control Kits \$900/kit x 5 kits = \$4,500
		\$ 2,002	POD Signs
		\$ 5,720	McKesson Triage Supplies
		\$ 2,961	BoundTree Medical Triage Supplies
		\$ 1,860	Mobile Medical Facility Supplies
4. Equipment	\$ 0		
5. Contractual/ Consultant	\$ 5,900		
		\$ 2,950	Mobile Medical Facility Model and Plan Contractor Contractor fee = \$2,950
		\$ 2,950	CMS-T332 radio training Training fee = \$2,950
6. Other	\$ 1,900		
		\$ 1,900	Regional Resource Guides \$12.26/guide x 155 guides = \$1,900
7. Indirect	\$ 3,084		
		\$ 3,084	Indirect rate @ 10% \$30,843 x 10% = \$3,084
<b>Total Cost</b>	<b>\$ 33,927</b>		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$3,392.70), 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.

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- 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 \$33,927.00.
- 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 \$3,392.70. 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**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 30<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D  
Request for Reimbursement**

	HD#: <u>15760</u> Budget Account: <u>3218</u> Category: <u>22</u> GL: <u>8516</u> Job #: <u>9306916</u> Sub-org: <u>02</u> Draw #: _____
<b>REQUEST FOR REIMBURSEMENT</b>	

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way Suite# 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth St. / PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> November 1, 2016 through June 30, 2017	<b>Subgrantee's:</b>  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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$23,043.00	\$0.00	\$0.00	\$0.00	\$23,043.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$5,900.00	\$0.00	\$0.00	\$0.00	\$5,900.00	0.0%
6 Other	\$1,900.00	\$0.00	\$0.00	\$0.00	\$1,900.00	0.0%
7 Indirect	\$3,084.00	\$0.00	\$0.00	\$0.00	\$3,084.00	0.0%
<b>Total</b>	<b>\$33,927.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	\$0.00	\$33,927.00	<b>0.0%</b>

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

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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? \_\_\_ Yes \_\_\_ No Contact Person: \_\_\_\_\_

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

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

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

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



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Reimbursement Worksheet**

**Washoe County Health District (WCHD) #15760  
Reimbursement Worksheet  
November 2016**

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Budget per Capabilities Worksheet**

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

<b>Contact Name:</b>	Christina Conti
<b>Phone Number:</b>	775-326-6042
<b>E-Mail Address:</b>	<a href="mailto:cconti@washoecounty.us">cconti@washoecounty.us</a>
<b>Applicant/Agency Name:</b>	WCHD
<b>Total Agency Request:</b>	\$33,927.00

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
<b>CDC Capabilities:</b>			
1. Community Preparedness:	\$ -	\$ -	0%
2. Community Recovery:	\$ -	\$ -	0%
3. Emergency Operations Coordination:	\$ -	\$ -	0%
4. Emergency Public Information and Warning:	\$ 3,245	\$ -	0%
5. Fatality Management:	\$ 2,090	\$ -	0%
6. Information Sharing:	\$ -	\$ -	0%
7. Mass Care:	\$ 15,499	\$ -	0%
8. Medical Countermeasure Dispensing:	\$ 2,203	\$ -	0%
9. Medical Material Management and Distribution:	\$ -	\$ -	0%
10. Medical Surge:	\$ -	\$ -	0%
11. Non-Pharmaceutical Interventions:	\$ -	\$ -	0%
12. Public Health Laboratory Testing:	\$ -	\$ -	0%
13. Public Health Surveillance and Epi Investigation:	\$ -	\$ -	0%
14. Responder Safety and Health:	\$ 10,890	\$ -	0%
15. Volunteer Management:	\$ -	\$ -	0%
<b>TOTAL</b>	<b>\$ 33,927</b>	<b>\$ -</b>	<b>0%</b>

**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**

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Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

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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

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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 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).

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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.
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.

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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, 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



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

THIS SPACE INTENTIONALLY LEFT BLANK

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

Covered Entity	Business Associate
<b>Division of Public and Behavioral Health</b> <b>4150 Technology Way, Suite 300</b> <b>Carson City, NV 89706</b>	Washoe County Health District _____ Business Name
<b>Phone: (775) 684-5975</b>	1001 East Ninth St. / PO Box 11130 _____ Business Address
<b>Fax: (775) 684-4211</b>	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 _____ Print Name	Kevin Dick _____ Print Name
Administrator, Division of Public and Behavioral Health _____ Title	District Health Officer _____ 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:** November 1, 2016 **To:** June 30, 2017

**Total cost sharing/matching cost contribution:** \$3,392.70 / 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**  
(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**

**November 1, 2016 through June 30, 2017 (BP5 Carryover)**

<b>PHEP CAPABILITY # 4: EMERGENCY PUBLIC INFORMATION AND WARNING</b>		<b>20%</b>
<b>Planned Activity Type:</b> <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
<b>Goal(s):</b> 1) 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.		
<b>Check ALL Functions that apply</b> <input type="checkbox"/> <b>Function #1: Activate the emergency public information system.</b> <input type="checkbox"/> <b>Function #2: Determine the need for a joint public information system.</b> <input checked="" type="checkbox"/> <b>Function #3: Establish and participate in information system operations.</b> <input checked="" type="checkbox"/> <b>Function #4: Establish avenues for public interaction and information exchange.</b> <input checked="" type="checkbox"/> <b>Function #5: Issue public information, alerts, warnings, and notifications.</b>		
<b>Objective(s):</b> 1) Train Health District Staff on application and use of CMS-T332 portable advisory AM radio and reader board signs with HAR systems		
<b>Output(s):</b> 1) Multiple staff trained in maintenance and use of CMS-T332 AM radio/reader boards2)		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Conduct trainings for staff by vendor	Agenda and training documents	Q3
2) Conduct exercise to test ability to develop and implement reader board messages	Exercise documentation	Q4

<b>PHEP CAPABILITY # 5: FATALITY MANAGEMENT</b>		<b>20%</b>
<b>Planned Activity Type:</b> <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
<b>Goal(s):</b> 1) 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.		

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**Check ALL Functions that apply**

- Function #1: Determine role for public health in fatality management.**
- Function #2: Activate public health fatality management operations.**
- Function #3: Mental/behavioral support at the healthcare organization level.**
- Function #4: Participate in survivor mental/behavioral health services.**
- Function #5: Participate in fatality processing and storage operations.**

**Objective(s):**

- 1) By June 2017, Washoe County Health District will have updated the TIP Resource Guide to make a regional resource guide and distribute to appropriate partners.

**Output(s):**

- 1) Updated Regional Resource Guide in both English and Spanish

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Update the TIP Resource Guide to make a regional resource guide	Updated guide	Q3
2) Translate the updated TIP regional resource guide into Spanish	Spanish translation	Q3
3) Print and distribute resources guides as deemed appropriate	Documentation of who received the guides	Q4

**PHEP CAPABILITY # 7: MASS CARE**

**20%**

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

**Goal(s):**

- 1) 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**

- Function #1: Determine public health role in mass care operations.**
- Function #2: Determine mass care needs of the impacted population.**
- Function #3: Coordinate public health, medical, and mental/behavioral health services.**
- Function #4: Monitor mass care population health.**

**Objective(s):**

- 1) Increase mobile medical facility capabilities through development of a staffing plan and purchase of supplies.

**Output(s):**

- 1) Staffing plan
- 2) Equipment and supply lists with identified gaps
- 3) Process for supply exchange with MRC first aid kits and the Health District

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Develop staff plan for Mobile Medical Facility	Staffing plan	Q3
2) Identify mobile medical facility and point of dispensing medical supplies and equipment that can be utilized in the event of an emergency	Supply list	Q3
3) Purchase identified equipment and supplies	Invoices	Q4
4) Develop process for rotation of medical supplies within the WCHD	Protocol for supply exchange	Q4

<b>PHEP CAPABILITY # 8: MEDICAL COUNTERMEASURE DISPENSING</b>	<b>20%</b>
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**Planned Activity Type:**    Build    Sustain    Scale Back    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.

- Check ALL Functions that apply**
- Function #1: Identify and initiate medical countermeasure dispensing strategies.**
  - Function #2: Receive medical countermeasures.**
  - Function #3: Activate dispensing modalities.**
  - Function #4: Dispense medical countermeasures to identified population.**
  - Function #5: Report adverse events**

**Objective(s):**  
1) Increase preparedness of POD partners by providing POD signage kits to organizations exercising POD plans.

**Output(s):**  
1) POD partners will have signage available for POD exercises and real events.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Purchase POD signage kits	Purchase documentation	Q2
2) Provide POD signage kits to POD partners	Documentation of transfer of supplies	Q3, Q4

<b>PHEP CAPABILITY # 14: RESPONDER SAFETY AND HEALTH</b>	<b>20%</b>
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**Planned Activity Type:**    Build    Sustain    Scale Back    No Planned Activity

**Goal(s):**

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1) Increase the readiness of public health staff and Washoe County employees to respond during an emergency.

**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):**

1) Increase the capability of Washoe County Health District to immediately field staff in a public health emergency

**Output(s):**

- 1) Acquisition of PAPRs for respiratory protection
- 2) Integration of PAPRs into respiratory protection program

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Obtain multiple quotes for PAPRs and purchasing units	Purchase documentation	Q2
2) Develop training and use protocols for PAPRs	Updated Respiratory Protection Program Protocols	Q3

**Objective(s):**

2) Installation of Public Access Bleeding Control kits in Washoe County Health District and adjacent County facilities.

**Output(s):**

- 1) Purchase of Public Access Bleeding Control Kits
- 2) Installation of Public Access Bleeding Control Kits

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Purchase of Public Access Bleeding Control Kits	Purchase documentation	Q2
2) Installation of Public Access Bleeding Control Kits	Public announcement and location photos	Q3

DD	AH	
DHO		KD
DA	LA	
Risk	DME	

**STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$38,272 (with \$3,827.20 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of emergency response supplies donation to Emergency Medical Services (EMS) partners; Approval of evacuation kits donation to skilled nursing and long-term care facilities; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

**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 November 1, 2016 through June 30, 2017 in the total amount of \$38,272 in support of the ASPR Public Health Preparedness BP5 Carryover Grant Program, IO TBA. A copy of the Notice of Subgrant Award is attached.

The Washoe County Health District’s Public Health Preparedness Program requests permission to provide emergency response supplies to our regional EMS partners. WCHD will improve medical surge capability by providing additional medical triage and response kits to be utilized during incidents that exceed the limits of the medical infrastructure within the community.

The program also requests permission to provide DMS evacuation kits to skilled nursing and long-term care facilities when such facilities become members of the Mutual Aid Evacuation Annex (MAEA) of the Multi-Casualty Incident Plan (MCIP). These supplies would be used in the event of an evacuation of their facility, or if they receive patients from an evacuating facility.

**District Health Strategic Objective supported by this item:**



1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

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, 2016 through June 30, 2017 in the total amount of \$259,817 on August 25, 2016.

### **BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** ASPR Public Health Preparedness BP5 Carryover Program

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

- Healthcare System Preparedness
- Emergency Operations Coordination
- Medical Surge
- 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 \$38,272 (\$34,793 direct/\$3,479 indirect)

**Grant Period:** November 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.

The emergency response supplies will be distributed as follows:

- Gerlach Volunteer Fire Department: 1 command kit, 3 ribbon dispensers, 50 triage tags

- North Lake Tahoe Fire Protection District: 2 command kits, 1 rapid response kit
- Pyramid Lake Fire and Rescue: 1 rapid response kit
- REMSA: 2 command kits, 10 ribbon dispensers
- Reno Fire Department: 1 command kit, 2 rapid response kits
- Renown Health: 150 triage tags
- Sparks Fire Department: 1 rapid response kit
- Truckee Meadows Fire Protection District: 2 rapid response kits

DMS Evacuation kits to be distributed to those facilities becoming a member/signatory of the MAEA.  
Current facilities to receive a baseline number of tags:

- Arbors Memory Care
- Life Care Center of Reno
- Rosewood Skilled Nursing

### **FISCAL IMPACT**

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

As this carryover was not anticipated in the FY17 budget, a budget amendment in the amount of \$34,793 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 \$34,793 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBA</b>	<b>-431100</b>	<b>Federal Revenue</b>	<b>\$34,793.00</b>
		<b>Total Revenue</b>	<b>\$34,793.00</b>
2002-IO-TBA	-710100	Professional Services	\$13,010.00
	-710300	Operating Supplies	\$13,130.00
	-710546	Advertising	\$ 8,653.00
		<b>Total Expenditures</b>	<b>\$34,793.00</b>

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$38,272 (with \$3,827.20 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve emergency response supplies donation to Emergency Medical Services (EMS) partners; Approve evacuation kits donation to skilled nursing and long-term care facilities; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period November 1, 2016 through June 30, 2017 in the total amount of \$38,272 (with \$3,827.20 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP5 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve emergency response supplies donation to Emergency Medical Services (EMS) partners; Approve evacuation kits donation to skilled nursing and long-term care facilities; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork."



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

HD #: **15761**  
 Budget Account: 3218  
 Category: 23  
 GL: 8516  
 Job Number: 9388916  
 Sub-Org: 02

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520	
<b>Subgrant Period:</b> November 1, 2016 through June 30, 2017		<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>	
<b>Purpose of Award:</b> These carryover funds are intended to demonstrate achievement in HPP activities that are outlined in the ASPR grant guidance.			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>			
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>	
1. Personnel	\$ <u>0.00</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 <b>\$38,272.00</b> during the subgrant period.	
2. Travel	\$ <u>0.00</u>		
3. Supplies	\$ <u>13,130.00</u>		
4. Equipment	\$ <u>0.00</u>		
5. Contractual/Consultant	\$ <u>13,010.00</u>		
6. Other	\$ <u>8,653.00</u>		
7. Indirect	\$ <u>3,479.00</u>		
<b>Total Cost: \$ <u>38,272.00</u></b>			
<b>Source of Funds:</b>		<b>% Funds:</b>	<b>CFDA:</b>
1. Assistant Secretary for Preparedness and Response (ASPR)		100%	93.889
		<b>FAIN:</b>	<b>Federal Grant #:</b>
		U90TP000534	5NU90TP000534-05-00
<b>Terms and Conditions:</b>			
In accepting these grant funds, it is understood that:			
1. Expenditures must comply with appropriate state and/or federal regulations;			
2. This award is subject to the availability of appropriate funds; and			
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.			
<b>Incorporated Documents:</b>			
Section A: Assurances;			
Section B: Description of Services, Scope of Work and Deliverables;			
Section C: Budget and Financial Reporting Requirements;			
Section D: Request for Reimbursement;			
Section E: Audit Information Request;			
Section F: DPBH Business Associate Addendum;			
Attachment 1: Match Certification;			
Attachment 2: Detailed Work Plan.			
Kevin Dick District Health Officer	Signature		Date
Erin Lynch, MPH Program Manager, PHP			
Chad Westom Bureau Chief, PAIS			
for Cody L. Phinney, MPH			

DRAFT

**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  
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 carryover, November 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:
  - January 31, 2017      2<sup>nd</sup> Quarter Progress Report      (For the period of 11/1/16 - 12/31/16)
  - April 30, 2017      3<sup>rd</sup> Quarter Progress Report      (For the period of 11/1/16 – 3/31/17)
  - July 31, 2017      Final Progress Report      (For the period of 11/1/16 – 6/30/17)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
  - January 31, 2017      2<sup>nd</sup> Quarter      (For the period of 11/1/16 – 12/31/16)
  - April 30, 2017      3<sup>rd</sup> Quarter      (For the period of 1/1/17 – 3/31/17)
  - July 31, 2017      4<sup>th</sup> 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	\$ 0		
2. Travel	\$ 0		
3. Supplies	\$ 13,130	\$ 13,130	Emergency response supplies such as EMS kits, triage, ribbon dispensers, evacuation tags, triage tags, rapid response damage control kits, supplies for the Medical Mobile Facility.
4. Equipment	\$		
5. Contractual/ Consultant	\$ 13,010	\$ 3,500	Hospital Incident Command System (HICS) Training for healthcare partners.
		\$ 3,500	HICS Training. In-person. 2 sessions. 1) one generic training session for healthcare facilities; and 2) one specific for St. Mary's Regional Medical Center.
		\$ 3,980	Online HICS Training. \$20/person x 199 people = \$3,980
		\$ 2,030	Functional Assessment Services Teams (FAST) Training
6. Other	\$ 8,653	\$ 8,653	Medical Reserve Corp media buy
7. Indirect	\$ 3,479	\$	Indirect Rate @ 10% \$34,793 x 10% = \$3,479
<b>Total Cost</b>	<b>\$ 38,272</b>		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$3,827.20), 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:

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

- 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 \$38,272.00
- 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 \$3,827.20. 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).

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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT 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 30<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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

**SECTION D**

	HD#: <u>15761</u> Budget Account: <u>3218</u> Category: <u>23</u> GL: <u>8516</u> Job #: <u>9388916</u> Sub-org: <u>02</u> Draw #: _____
<b>REQUEST FOR REIMBURSEMENT</b>	

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

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

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$13,130.00	\$0.00	\$0.00	\$0.00	\$13,130.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$13,010.00	\$0.00	\$0.00	\$0.00	\$13,010.00	0.0%
6 Other	\$8,653.00	\$0.00	\$0.00	\$0.00	\$8,653.00	0.0%
7 Indirect	\$3,479.00	\$0.00	\$0.00	\$0.00	\$3,479.00	0.0%
<b>Total</b>	<b>\$38,272.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	\$0.00	\$38,272.00	<b>0.0%</b>

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.

<b>FOR DIVISION USE ONLY</b>	
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  
NOTICE OF SUBGRANT AWARD**

**Washoe County Health District (WCHD) #15761  
Reimbursement Worksheet  
November 2016**

Personnel	Title	Description					Amount
<b>TOTAL</b>							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.54/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
<b>TOTAL</b>							
Supplies	Description					Amount	
<b>TOTAL</b>							
Equipment (Items \$5,000 or more)	Description (attach invoice copies for all items)					Amount	
<b>TOTAL</b>							
Contract / Consultant	Description					Amount	
<b>TOTAL</b>							
Other	Description					Amount	
<b>TOTAL</b>							
Indirect	Description					Amount	
<b>TOTAL</b>							
<b>TOTAL EXPENDITURES</b>							

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

**Nevada Division Public & Behavioral Health : Public Health Preparedness  
Assistant Secretary for Preparedness and Response (ASPR) Carryover  
Budget per Capability  
Washoe County Health District  
November 1, 2016 through June 30, 2017**

**Contact Name:** Christina Conti

**Phone Number:** 775-326-6051

**E-Mail Address:** [cconti@washoecounty.us](mailto:cconti@washoecounty.us)

**Applicant/Agency Name:** WCHD

**Total Agency Request:** \$ 38,272

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
<b>1. Healthcare System Preparedness</b>	<b>\$ 2,233</b>		
<b>F1:</b> Develop, refine, or sustain Healthcare Coalitions	\$ -	\$ -	0%
<b>F2:</b> Coordinate healthcare planning to prepare the healthcare system for a disaster	\$ -	\$ -	0%
<b>F3:</b> Identify and prioritize essential healthcare assets and services.	\$ -	\$ -	0%
<b>F4:</b> Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps	\$ -	\$ -	0%
<b>F5:</b> Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	\$ -	\$ -	0%
<b>F6:</b> Improve healthcare response capabilities through coordinated exercise and evaluation	\$ -	\$ -	0%
<b>F7:</b> Coordinate with planning for at-risk individuals and those with special medical needs	\$ 2,233	\$ -	0%
<b>2. Healthcare System Recovery:</b>	<b>\$ -</b>		
<b>F1:</b> Develop recovery processes for the healthcare delivery system	\$ -	\$ -	0%
<b>F2:</b> Assist healthcare organizations to implement Continuity of Operations (COOP)	\$ -	\$ -	0%
<b>3. Emergency Operations Coordination:</b>	<b>\$ 12,078</b>		
<b>F1:</b> Healthcare organization multi-agency representation and coordination with emergency operations	\$ 12,078	\$ -	0%
<b>F2:</b> Assess and notify stakeholders of healthcare delivery status	\$ -	\$ -	0%
<b>F3:</b> Support healthcare response efforts through coordination of resources	\$ -	\$ -	0%
<b>F4:</b> Demobilize and evaluate healthcare operations	\$ -	\$ -	0%

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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Monthly Expenditure:	(a) Budget	(b) Current \$ Expended	(c) Current % Expended
<b>Budget Summary -- Page 2</b>			
<b>5. Fatality Management:</b>	\$ -		
F1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations	\$ -	\$ -	0%
F2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	\$ -	\$ -	0%
F3: Mental/behavioral support at the healthcare organization level	\$ -	\$ -	0%
<b>6. Information Sharing:</b>	\$ -		
F1: Provide healthcare situational awareness that contributes to the incident common operating picture.	\$ -	\$ -	0%
F2: Develop, refine, and sustain redundant, interoperable communication systems	\$ -	\$ -	0%
<b>10. Medical Surge:</b>	\$ 14,443		
F1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge		\$ -	0%
F2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services	\$ 3,610	\$ -	0%
F3: Assist healthcare organizations with surge capacity and capability	\$ 7,222	\$ -	0%
F4: Develop Crisis Standards of Care guidance	\$ -	\$ -	0%
F5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	\$ 3,611	\$ -	0%
<b>14. Responder Safety and Health</b>	\$ -		
F1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers	\$ -	\$ -	0%
F2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment.	\$ -	\$ -	0%
<b>15. Volunteer Management:</b>	\$ 9,518		
F1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations	\$ -	\$ -	0%
F2: Volunteer notification for healthcare response needs	\$ -	\$ -	0%
F3: Organization and assignment of volunteers	\$ 9,518	\$ -	0%
F4: Volunteer notification for healthcare response needs	\$ -	\$ -	0%
	<b>\$ 38,272</b>	<b>\$ -</b>	

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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

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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 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).

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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.
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.

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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, 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

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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
  - 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	Business Associate
<p><b>Division of Public and Behavioral Health</b>  <b>4150 Technology Way, Suite 300</b>  <b>Carson City, NV 89706</b></p> <p><b>Phone: (775) 684-5975</b></p> <p><b>Fax: (775) 684-4211</b></p>	<p style="text-align: center;">Washoe County Health District</p> <hr/> <p style="text-align: center;">Business Name</p> <p style="text-align: center;">1001 East Ninth Street</p> <hr/> <p style="text-align: center;">Business Address</p> <p style="text-align: center;">Reno, NV 89512</p> <hr/> <p style="text-align: center;">Business City, State and Zip Code</p> <p style="text-align: center;">775-328-2400</p> <hr/> <p style="text-align: center;">Business Phone Number</p> <p style="text-align: center;">775-328-3752</p> <hr/> <p style="text-align: center;">Business Fax Number</p>
<hr/> <p style="text-align: center;">Authorized Signature (BLUE INK)</p>	<hr/> <p style="text-align: center;">Authorized Signature (BLUE INK)</p>
<hr/> <p style="text-align: center;">for Cody L. Phinney, MPH</p> <hr/> <p style="text-align: center;">Print Name</p>	<hr/> <p style="text-align: center;">Kevin Dick</p> <hr/> <p style="text-align: center;">Print Name</p>
<p style="text-align: center;">Administrator,  Division of Public and Behavioral Health</p> <hr/> <p style="text-align: center;">Title</p>	<p style="text-align: center;">District Health Officer</p> <hr/> <p style="text-align: center;">Title</p>
<hr/> <p style="text-align: center;">Date</p>	<hr/> <p style="text-align: center;">Date</p>

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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

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

**Project Grant #:** 5NU90TP000534-05-00

**Duration:** **From:** November 1, 2016 **To:** June 30, 2017

**Total cost sharing/matching cost contribution:** \$3,827.20 / 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**



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

ATTACHMENT 2

**Washoe County Health District  
ASPR Hospital Preparedness Program (HPP)  
Detailed Work Plan**

**November 1, 2016 through June 30, 2017 (BP5 Carryover)**

<b>HPP CAPABILITY # 1: HEALTHCARE SYSTEM PREPAREDNESS</b>		<b>25%</b>
<input checked="" type="checkbox"/> <b>Build</b> <input type="checkbox"/> <b>Sustain</b> <input type="checkbox"/> <b>Scale Back</b> <input type="checkbox"/> <b>No Planned Activity</b>		
<b>Goal(s):</b> 1) 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.		
<b>Check ALL Functions that apply</b> <input type="checkbox"/> <b>Function #1: Determine risks to the health of the jurisdiction</b> <input type="checkbox"/> <b>Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster</b> <input type="checkbox"/> <b>Function #3: Identify and prioritize essential healthcare assets and services</b> <input type="checkbox"/> <b>Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps</b> <input type="checkbox"/> <b>Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond</b> <input type="checkbox"/> <b>Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation</b> <input checked="" type="checkbox"/> <b>Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.</b>		
<b>Objective(s):</b> 1) By June 2017, Washoe County Health District will increase the region’s capability to address access and functional needs within shelter operations.		
<b>Output(s):</b> 1) Number of people and organizations trained		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Identify appropriate organizations to participate in Functional Access Service Teams training.	List of organizations	Q2
2) Coordinate and provide FAST training.	Training materials, sign-in sheets	Q4
3) Draft language to be included in the Washoe County Population Protection: Evacuation, Mass Care, Human Services and Sheltering Plan for the utilization of FAST. Draft language will be given to Washoe County Emergency Management and Homeland Security.	Draft language	Q4

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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<b>HPP CAPABILITY # 3: EMERGENCY OPERATIONS COORDINATION</b>		<b>25%</b>
<input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
<b>Goal(s):</b> 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 information and resource allocation for affected healthcare organizations.		
<b>Check ALL that apply</b> <input checked="" type="checkbox"/> <b>Function #1: Healthcare organization multi-agency representation and coordination with emergency operations</b> <input type="checkbox"/> <b>Function #2: Assess and notify stakeholders of healthcare delivery status</b> <input type="checkbox"/> <b>Function #3: Support healthcare response efforts through coordination of resources</b> <input type="checkbox"/> <b>Function #4: Demobilize and evaluate healthcare operations.</b>		
<b>Objective(s):</b> 1) By June 2017, WCHD will have coordinated HICS training in Washoe County for regional hospitals and SNFs.		
<b>Output(s):</b> 1) # of HICS trainings 2) # of facilities and individuals trained		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) Provide HICS training to regional hospitals and SNFs	Training schedule, sign-in sheets	Q4

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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<b>HPP CAPABILITY # 10: MEDICAL SURGE</b>		<b>25%</b>
<input checked="" type="checkbox"/> <b>Build</b> <input type="checkbox"/> <b>Sustain</b> <input type="checkbox"/> <b>Scale Back</b> <input type="checkbox"/> <b>No Planned Activity</b>		
<b>Goal(s):</b> 1) WCHD will improve medical surge capability to provide adequate medical triage and evaluation during incidents that exceed the limits of the medical infrastructure within the community.		
<b>Check ALL that apply</b> <input type="checkbox"/> <b>Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge</b> <input checked="" type="checkbox"/> <b>Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations</b> <input checked="" type="checkbox"/> <b>Function #3: Assist healthcare organizations with surge capacity and capability</b> <input type="checkbox"/> <b>Function #4: Develop Crisis Standards of Care Guidance</b> <input checked="" type="checkbox"/> <b>Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</b>		
<b>Objective(s):</b> 1) By March 2017, Washoe County Health District will increase first responders' ability to respond to a mass casualty incident by purchasing needed triage materials.		
<b>Output(s):</b> 1) Type and number of materials purchased 2) List of agencies associated with the supply purchases.		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) Purchase DMS eight-position kit and ribbon dispensers for regional EMS partners	Invoices	Q3
2) Purchase replacement triage tags for Renown	Invoices	Q3
3) Distribute purchased equipment to regional partners	Documentation of transfer of supplies	Q3
4) Purchase rapid response damage control kits for region	Kits and documentation of transfer to regional partner locations.	Q4
5) Purchase identified equipment and supplies for mobile medical facility and point of dispensing medical supplies and equipment that can be utilized in the event of an emergency	Invoices	Q4
<b>Objective(s):</b> 2) By June 2017, Washoe County Health District will increase skilled nursing facilities' ability to evacuate and track patients by purchasing evacuation kits for four facilities.		

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

<b>Output(s):</b>		
1) list of skilled nursing facilities receiving supplies		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Purchase 4 DMS evacuation kits for skilled nursing facilities	Invoices	Q4

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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<b>HPP CAPABILITY # 15: VOLUNTEER MANAGEMENT</b>		<b>25%</b>
<input checked="" type="checkbox"/> <b>Build</b> <input type="checkbox"/> <b>Sustain</b> <input type="checkbox"/> <b>Scale Back</b> <input type="checkbox"/> <b>No Planned Activity</b>		
<b>Goal(s):</b> 1) Recruit at least 10 new MRC volunteers via TV commercial ads and ads in a professional association’s newsletter.		
<b>Check ALL that apply</b> <input type="checkbox"/> <b>Function #1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</b> <input type="checkbox"/> <b>Function #2: Volunteer notification for healthcare response needs</b> <input checked="" type="checkbox"/> <b>Function #3: Organization and assignment of volunteers</b> <input type="checkbox"/> <b>Function #4: Coordinate the demobilization of volunteers</b>		
<b>Objective(s):</b> 1) Increase the number of new MRC volunteers by 10%.		
<b>Output(s):</b> 1) Purchase local TV commercial ad spots. 2) Purchase advertisement space in a professional association’s newsletter.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Run on local TV MRC commercial ad spots to recruit new MRC volunteers.	A copy of the MRC TV Commercial ad.	Q3
2) Place in a professional association’s newsletter an ad to recruit new MRC Volunteers.	A copy of the professional association’s newsletter published MRC ad.	Q3

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

**STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

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

**SUMMARY**

The first quarter of fiscal year 2017 (FY17) ended with a cash balance of \$2,752,379. Total revenues were \$4,640,387 up \$433,076 or 10.3% over fiscal year 2016 (FY16) and 22.0% of budget. The revenue increase is mainly due to the fee increases approved for FY16. With 25.0% of the fiscal year completed the expenditures totaled \$5,154,249 up \$235,429 or 4.8% compared to FY16 and was 23.1% of budget.

**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.

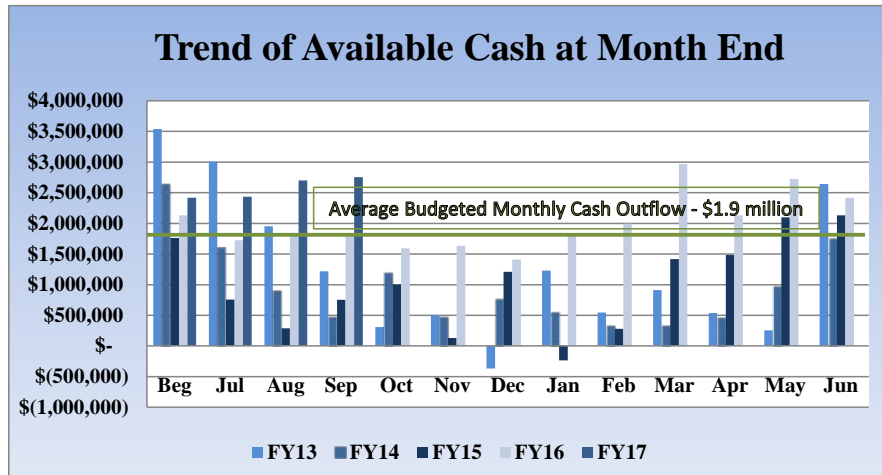
**PREVIOUS ACTION**

Fiscal Year 2017 Budget was adopted May 17, 2016.

**BACKGROUND**

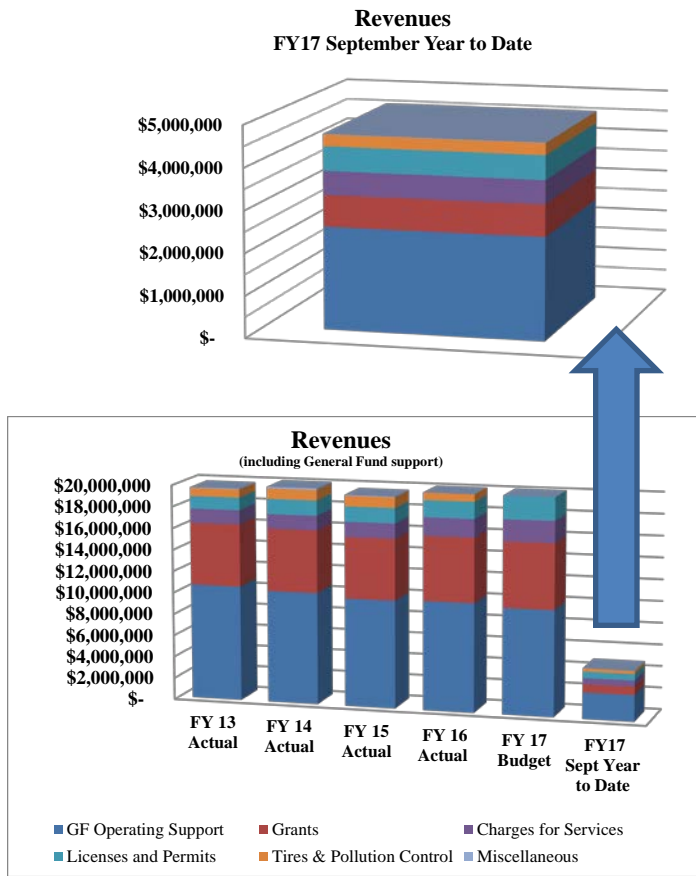
**Review of Cash**

The available cash at the end of September, FY17, was \$2,752,379 which was 148.1% of the average budgeted monthly cash outflow of \$1,858,992 for the fiscal year and up 54.0% or \$964,903 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$1.363 million; the portion of cash restricted as to use is approximately \$929,000 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$460,000.



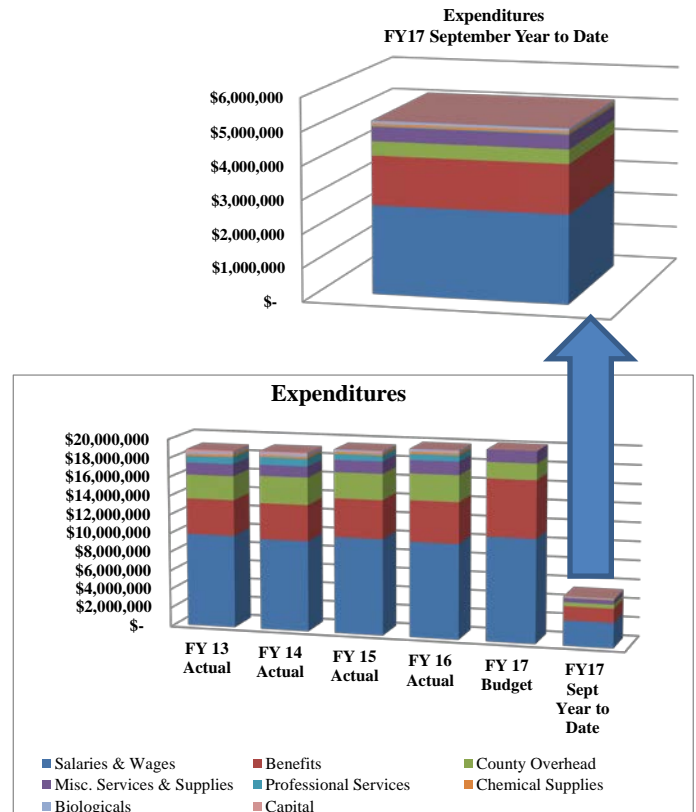
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$4,640,387 were up \$433,076 which was an increase of 10.3% over the same time last fiscal year and was 22.0% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$578,592 were up \$224,605 or 63.5% mainly due to fee increases effective July 1, 2016 and an increase in the work load associated with the fees; tire and pollution control revenues of \$282,958 were up \$6,164 or 2.2%; federal and state grant reimbursements of \$756,672 were up \$124,637 or 19.7%; and, charges for services of \$566,334 were up \$149,720 or 35.9%. The revenue categories that were down compared to FY16 include: fines and forfeitures for illegal dumping was down \$500; miscellaneous revenues of \$6,617 were down \$1,551 or 19.0%; and the County General Fund transfer of \$2,449,214 was down \$70,000 or 2.8% due to the transfer reduction related to the subsidy for overhead that is no longer required due to the fee increases.

The total year to date **expenditures** of \$5,154,249 increased by \$235,429 or 4.8% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$4,122,419 up \$557,674 or 15.6% over the prior year. The total services and supplies expenditures of \$1,031,830 were down \$322,245 which was a 23.8% 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 \$24,814 were down \$14,724 or 37.2% over the prior year; chemical supplies were down 67.8% or \$158,645 over last year for a total of \$75,314 spent; the biologicals of \$83,263 were up \$36,070 or 76.4%; and, County overhead charges of \$425,199 were down 39.2% or \$273,771 over last year due to the shift of \$295,365 of retiree health benefits charges reallocated from overhead to the benefits category.



**Review of Revenues and Expenditures by Division**

AQM has received \$636,322 or 23.7% of budget and up \$134,249 in revenue compared to FY16. CCHS received \$418,769 in revenue or 10.9% of budget and down \$60,354 over FY16. EHS has received \$780,171 which is 26.8% of budget and up \$247,181 over FY16. EPHP has received \$355,912 in revenue and is up \$182,062 or 104.7% over last year due to the timing of receiving the grant reimbursements. The County General Fund support is the single largest source of revenue and totaled \$2,449,214 or 25.0% of budget.

The total expenditures for FY17 were \$5,154,249 which is 23.1% of budget and up \$235,429 over last fiscal year. ODHO spent \$162,581 up \$37,088 or 29.6% over FY16 mainly due to the increase in County overhead and employee benefit costs. AHS has spent \$284,441 up \$37,895 or 15.4% 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 \$728,036 of the division budget and has increased \$108,137 or 17.4% over last fiscal year due to costs for the regional permitting system; advertisement campaign; increased County benefit charges; and, dues for the Reno-Tahoe Clean Cities Coalition. CCHS has spent \$1,731,666 year to date and is up \$89,113 or 5.4% over last year mainly due to an increase in base salaries associated with filling of vacant positions. EHS spent \$1,618,766 and has decreased \$90,403 or 5.3% over last year due to the delay in purchasing chemicals for the Vector program. EPHP expenditures were \$628,761 and were \$53,600 or 9.3% over FY16 mainly due to accrued benefits payout for an employee that terminated employment with the Health District and an increase in the County benefits costs.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through September 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)	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY17 Increase over FY16
<b>Revenues (all sources of funds)</b>									
ODHO	-	-	-	15,000	-	35,000	-	0.0%	-
AHS	33,453	87,930	151	-	61	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	502,073	2,683,185	636,322	23.7%	26.7%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	479,123	3,849,199	418,769	10.9%	-12.6%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	532,990	2,906,093	780,171	26.8%	46.4%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	173,850	1,847,962	355,912	19.3%	104.7%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	2,519,214	9,796,856	2,449,214	25.0%	-2.8%
<b>Total Revenues</b>	<b>\$17,710,834</b>	<b>\$18,267,134</b>	<b>\$19,512,566</b>	<b>\$20,469,870</b>	<b>\$ 4,207,311</b>	<b>\$21,118,295</b>	<b>\$ 4,640,387</b>	<b>22.0%</b>	<b>10.3%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	-	-	481,886	594,672	125,493	977,616	162,581	16.6%	29.6%
AHS	1,366,542	1,336,740	1,096,568	996,021	246,546	1,189,749	284,441	23.9%	15.4%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	619,899	3,361,187	728,036	21.7%	17.4%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	1,642,553	7,608,899	1,731,666	22.8%	5.4%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	1,709,169	6,575,424	1,618,766	24.6%	-5.3%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	575,161	2,633,090	628,761	23.9%	9.3%
<b>Total Expenditures</b>	<b>\$18,815,411</b>	<b>\$18,922,800</b>	<b>\$19,399,859</b>	<b>\$19,770,532</b>	<b>\$ 4,918,820</b>	<b>\$22,345,964</b>	<b>\$ 5,154,249</b>	<b>23.1%</b>	<b>4.8%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	-	-	(481,886)	(579,672)	(125,493)	(942,616)	(162,581)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(246,485)	(1,189,749)	(284,441)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(117,826)	(678,002)	(91,714)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(1,163,430)	(3,759,700)	(1,312,897)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(1,176,179)	(3,669,331)	(838,595)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(401,311)	(785,128)	(272,849)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	2,519,214	9,796,856	2,449,214		
<b>Surplus (deficit)</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>\$ 699,338</b>	<b>\$ (711,509)</b>	<b>\$ (1,227,669)</b>	<b>\$ (513,862)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>		<b>\$ 1,740,175</b>			
FB as a % of Expenditures	15%	11%	12%	15%		8%			

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 September, Fiscal Year 2017.

**POSSIBLE MOTION**

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

Period: 1 thru 3 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-	15,896-	40,631-	28	46,317-	13,843-	32,475-	30
422504 Pool Permits	169,246-	18,766-	150,481-	11	97,000-	11,778-	85,223-	12
422505 RV Permits	18,590-	4,701-	13,889-	25	11,000-	2,509-	8,491-	23
422507 Food Service Permits	805,632-	189,079-	616,553-	23	509,823-	112,172-	397,652-	22
422508 Wat Well Const Perm	78,840-	30,191-	48,649-	38	30,000-	11,573-	18,427-	39
422509 Water Company Permits	21,850-	6,651-	15,199-	30	5,000-	3,239-	1,761-	65
422510 Air Pollution Permits	608,864-	164,419-	444,445-	27	477,443-	125,115-	352,329-	26
422511 ISDS Permits	165,195-	64,081-	101,114-	39	75,000-	23,502-	51,499-	31
422513 Special Event Permits	168,108-	60,385-	107,724-	36	90,000-	44,182-	45,818-	49
422514 Initial Applic Fee	55,800-	24,425-	31,376-	44	31,000-	6,076-	24,924-	20
* Licenses and Permits	2,148,652-	578,592-	1,570,060-	27	1,372,583-	353,987-	1,018,597-	26
431100 Federal Grants	5,373,891-	697,411-	4,676,480-	13	5,723,952-	587,008-	5,136,945-	10
431105 Federal Grants - Indirect	461,750-	50,284-	411,465-	11	291,791-	35,016-	256,775-	12
432100 State Grants	211,060-	7,917-	203,143-	4	209,951-	9,295-	200,656-	4
432105 State Grants-Indirect	16,597-	1,060-	15,537-	6	15,457-	716-	14,741-	5
432310 Tire Fee NRS 444A.090	475,000-	196,301-	278,699-	41	468,548-	190,709-	277,839-	41
432311 Pol Ctrl 445B.830	550,000-	86,657-	463,343-	16	550,000-	86,085-	463,915-	16
* Intergovernmental	7,088,298-	1,039,630-	6,048,668-	15	7,259,700-	908,829-	6,350,871-	13
460162 Services to Other Agencies	39,417-	5,422-	36,728-	13	89,000-	11,393-	77,607-	13
460500 Other Immunizations	42,150-	11,768-	48,167-	20	8,200-	13,028-	4,828-	159
460501 Medicaid Clinical Services	59,935-	93-	48,167-	20	20,000-	4,390-	15,611-	22
460503 Childhood Immunizations	13,024-	93-	12,931-	1				
460504 Maternal Child Health								
460505 Non Title X Revenue		115	115-					
460507 Medicaid Admin Claiming		801-	6,199-	11	4,100-	1,094-	3,006-	27
460508 Tuberculosis	7,000-	710-	210	142			354	
460509 Water Quality	500-	10,283-	28,742-	26	35,344-	8,980-	26,364-	25
460510 IT Overlay	39,025-	140,143-	349,857-	29	470,000-	133,185-	336,815-	28
460511 Birth and Death Certificates	490,000-					61-	61	
460512 Duplication Service Fees		17,527-	43,381-	29	10,167-	5,984-	4,183-	59
460513 Other Health Service Charges	60,908-	1,176-	1,176		18,000-		18,000-	
460514 Food Service Certification								
460515 Medicare Reimbursement		17,193-	799	105	1,450-	7,010-	5,560	483
460516 Pgm Inc-3rd Prty Rec	16,394-				7,000-		7,000-	
460517 Influenza Immunization		8,621-	8,579-	50	21,000-	4,715-	16,285-	22
460518 STD Fees	17,200-		1,200-		21,000-	1,222-	1,222	
460519 Outpatient Services	1,200-	32,321-	88,639-	27	50,000-	14,858-	35,142-	30
460520 Eng Serv Health	120,960-	3,518-	4,952-	42	1,500-	4,215-	2,715	281
460521 Plan Review - Pools & Spas	8,470-	6,930-	49,220-	12	20,000-	5,728-	14,272-	29
460523 Plan Review - Food Services	56,150-	16,320-	18,680-	47	32,000-	9,879-	22,121-	31
460524 Family Planning	35,000-	24,535-	58,307-	30	42,000-	14,146-	27,854-	34
460525 Plan Review - Vector	82,842-	19,129-	60,460-	24	60,804-	11,753-	49,051-	19
460526 Plan Review-Air Quality	79,589-							



Period: 1 thru 3 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	2,862,678	694,935	2,167,743	24	2,870,083	630,628	2,239,456	22
705215 Retirement Calculation								
705230 Medicare April 1986	140,763	36,964	103,799	26	143,292	33,457	109,835	23
705320 Workmens Comp	92,580	25,543	67,037	28	69,143	17,286	51,857	25
705330 Unemploy Comp	13,752	912	12,841	7	15,483	3,871	11,612	25
705360 Benefit Adjustment	26,529		26,529					
* Employee Benefits	6,056,193	1,475,577	4,580,615	24	4,700,224	1,116,001	3,584,223	24
710100 Professional Services	753,555	15,067	738,488	2	832,764	37,629	795,134	5
710105 Medical Services	9,971	520	9,451	5	9,621	214	9,407	2
710108 MD Consultants	61,210	7,974	53,236	13	137,971	1,250	136,721	1
710110 Contracted/Temp Services	26,100	1,254	24,846	5	7,279	445	6,834	6
710119 Subrecipient Payments								
710200 Service Contract	91,731	29,510	62,221	32	172,990	25,357	147,633	15
710205 Repairs and Maintenance	14,738	6,172	8,566	42	24,189	1,943	22,246	8
710210 Software Maintenance	12,319		12,319		16,607	9,900	6,707	60
710300 Operating Supplies	127,568	42,957	84,611	34	278,249	25,121	253,128	9
710302 Small Tools & Allow	2,135	1,008	1,127	47	23,685	714	22,971	3
710308 Animal Supplies	1,600	863	737	54	1,600	564	1,036	35
710310 Parts and Supplies								
710319 Chemical Supplies	232,700	75,314	157,386	32	231,900	233,959	2,059-	101
710325 Signs and Markers								
710334 Copy Machine Expense	36,255	4,922	31,333	14	30,061	8,040	22,020	27
710335 Copy Machine-Copy Charges	2,001	557	1,444	28				
710350 Office Supplies	41,897	6,822	35,075	16	38,213	6,517	31,697	17
710355 Books and Subscriptions	6,675	1,370	5,305	21	6,015	1,673	4,342	28
710360 Postage	21,840	4,527	17,313	21	27,382	2,612	24,769	10
710361 Express and Courier	670	7	663	1	850	16	834	2
710391 Fuel & Lube	125		125		100		100	
710400 Payments to Other Agencies		4,157	4,157-					
710412 Do Not Use								
710500 Other Expense	105,934	2,254	103,680	2	39,891	1,705	38,185	4
710502 Printing	22,249	2,428	19,821	11	29,568	2,751	26,917	9
710503 Licenses & Permits	9,630	1,085	8,545	11	6,770	830	5,940	12
710504 Registration								
710505 Rental Equipment	1,800	1,800		100	1,800	1,800		100
710506 Dept Insurance Deductible		284	284-			300	300-	
710507 Network and Data Lines	9,662	2,374	7,288	25	9,755	2,180	7,575	22
710508 Telephone Land Lines	36,948	8,842	28,106	24	36,040	8,006	28,034	22
710509 Seminars and Meetings	46,478	8,290	38,188	18	52,467	6,606	45,861	13
710512 Auto Expense	10,126	1,666	8,460	16	11,582	1,837	9,744	16
710514 Regulatory Assessments	20,000	3,418	16,582	17	18,500	8,665	9,835	47
710519 Cellular Phone	14,509	2,277	12,232	16	13,709	2,901	10,808	21
710529 Dues	8,362	28,331	19,969-	339	8,375	3,885	4,490	46

Period: 1 thru 3 2017 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
710535 Credit Card Fees	52,157	5,739	46,418	11	12,107	3,732	8,375	31
710546 Advertising	123,270	42,978	80,292	35	241,546	1,690	239,856	1
710551 Cash Discounts Lost		9	9-			217	217-	
710563 Recruitment								
710571 Safety Expense	55,000		55,000					
710577 Uniforms & Special Clothing	5,657	1,303	4,354	23	9,900		9,900	
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815		5,815					
710600 IT Lease-Office Space	76,607	19,152	57,455	25	79,703	25,124	54,579	32
710620 IT Lease-Equipment								
710703 Biologicals	298,681	83,263	215,418	28	245,868	47,193	198,675	19
710708 Foster Care Home								
710714 Referral Services	6,780		6,780					
710721 Outpatient	108,555	7,457	101,098	7	96,331	14,738	81,593	15
710872 Food Purchases	2,894	213	2,681	7	2,170	142	2,027	7
711008 Combined Utilities	90,800	22,700	68,100	25				
711010 Utilities								
711100 ESD Asset Management	47,382	11,925	35,457	25	66,552	16,356	50,196	25
711113 Equip Srv Replace	44,876	10,264	34,612	23	38,039	6,340	31,699	17
711114 Equip Srv O & M	66,315	19,614	46,701	30	62,441	25,172	37,268	40
711115 Equip Srv Motor Pool	5,000		5,000					
711117 ESD Fuel Charge	34,167	8,442	25,725	25	47,382	11,875	35,506	25
711119 Prop & Liab Billings	82,007	19,677	62,330	24	75,992	18,998	56,994	25
711210 Travel	169,844	15,160	154,685	9	165,570	20,829	144,742	13
711213 Travel-Non Cnty Pers		2,148	2,148-					
711300 Cash Over Short		0	0-					
711399 ProCard in Process								
711400 Overhead - General Fund	1,700,797	425,199	1,275,598	25	2,795,882	698,970	2,096,912	25
711504 Equipment nonCapital	81,006	6,116	74,891	8	156,299	7,174	149,125	5
711509 Comp Sftw nonCap		6,344	6,344-					
* Services and Supplies	5,236,400	973,749	4,262,651	19	6,163,813	1,295,994	4,867,819	21
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	22,307,908	5,096,168	17,211,740	23	21,751,595	4,860,739	16,890,856	22
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,796,856-	2,449,214-	7,347,642-	25	10,076,856-	2,519,214-	7,557,642-	25
* Transfers In	9,796,856-	2,449,214-	7,347,642-	25	10,076,856-	2,519,214-	7,557,642-	25
812230 To Reg Permits-230	58,081	58,081	58,081	100	58,081	58,081	58,081	100
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081	58,081	100	58,081	58,081	58,081	100
** Other Financing Src/Use	9,738,775-	2,391,133-	7,347,642-	25	10,018,775-	2,461,133-	7,557,642-	25

Period: 1 thru 3 2017  
 Accounts: GO-P-L  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
*** Total	1,227,669	513,862	713,807	42	1,648,509	711,509	937,000	43

DD	CA	—
DHO	—	AD —
DA	LA	—
Risk	NA	—

**Staff Report**  
**Board Meeting Date:** October 27, 2016

**TO:** District Board of Health

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

**SUBJECT:** **Review, discussion and possible adoption of the Business Impact Statements regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD) 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 November 17, 2016 at 1:00 pm.**

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**SUMMARY**

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations (Regulations) Governing Air Quality Management. 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 revisions.

**District Health Strategic Objective supported by this item: #2 - Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

Section 030.600 of the Regulations was last revised on May 24, 2007. That revision brought the Regulations into compliance with the significant revisions made by EPA in December 2002 to the Prevention of Significant Deterioration (PSD) Program. Because of the numerous lawsuits filed against the EPA regarding the new PSD requirements, the Air Quality Management Division (AQMD) delayed requesting adoption of these revisions until EPA achieved a compromise with those lawsuits.

**BACKGROUND**

Prevention of Significant Deterioration applies to new major sources or major modifications at existing sources for pollutants where the area the source is located is in attainment or unclassifiable with the National Ambient Air Quality Standards. The AQMD has been delegated the authority to implement the PSD regulations contained in Title 40 of the Code of Federal Regulations Part 52.21 (40 CFR 52.21) since May 9, 1985.

On June 23, 2014, the U.S. Supreme Court invalidated a portion of the U.S. Environmental Protection Agency's Greenhouse Gas (GHG) Tailoring Rule. The determination was made that a facility should not be subject to the PSD regulations if greenhouse gases are the only pollutants that may be emitted above the major source thresholds. The proposed amendments to Section 030.600 reflect that decision and eliminate unnecessary consideration of GHG Tailoring Rule requirements in the PSD program. Since this is a federal regulation that is adopted by reference, AQMD staff has consulted with EPA Region IX in San Francisco and incorporated their comments.

If the revisions to these regulations are adopted, they will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Truckee Meadows portion of the Nevada CO and PM<sub>10</sub> State Implementation Plans.

NRS 237.080 requires that before the Board adopts any rule, that the Board "make a concerted" effort to determine whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business. The proposed revisions to the regulations qualify as a rule under NRS 237.060 as the standards established will affect new major stationary sources and major modifications at existing sources. NRS 237.080 requires notification be made to trade associations or owners and officers of businesses about the proposed rule and that they may submit data or arguments about whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business.

Public notice for the revisions to these Regulations was published in the Reno Gazette-Journal on September 21, October 5, and October 24, 2016. The proposed revisions were also made available in the "Current Topics" section of the AQMD website ([www.OurCleanAir.com](http://www.OurCleanAir.com)). There are only three (3) businesses that could be directly affected by the proposed regulation changes, including RR Donnelley & Sons (rotogravure printing), SFPP (Sparks Tank Farm), and Apple Inc. (Sparks Data Farm). Each of the affected businesses was contacted and provided with a copy of the notification and a solicitation for comments. Due to the limited number of affected businesses, the published notification included instructions that a request must be made to the AQMD by October 7 for a public workshop to be scheduled to address any questions or concerns should there be any. No such request was received by close of business on October 7. No comments were received from any of the affected businesses.

### **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.



Subject: Approval and Adoption of BIS Regarding Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD)  
Date: October 27, 2016  
Page 3 of 3

### **RECOMMENDATION**

Staff recommends the District Board of Health approve and adopt the Business Impact Statement for the proposed revisions to the Health District Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD) and set a public hearing for possible adoption of said revisions for November 17, 2016 at 1:00 pm.

### **POSSIBLE MOTION**

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

“Move to approve and adopt the Business Impact Statement for the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD). Further move to set a public hearing for possible adoption of the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD) for November 17, 2016 at 1:00 pm.

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the revision to the DBOH Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD) to comply with the U.S. EPA's revised regulations.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Notification of the proposed regulation changes was published on September 21, October 5 and 24 in the Reno Gazette-Journal. There are only three (3) businesses that could be directly affected by the proposed regulation changes, including RR Donnelley & Sons (rotogravure printing), SFPP (Sparks Tank Farm), and Apple Inc. (Sparks data farm). Each of the affected businesses was contacted and provided with a copy of the notification and a solicitation for comments. Due to the limited number of affected businesses, the published notification included instructions that a request must be made to the Air Quality Management Division by October 7 for a public workshop to be scheduled to address any questions or concerns should there be any. No such request was received by close of business on October 7. No comments were received from any of the affected businesses.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: None.

Beneficial effects: The regulation has been amended to reflect the U.S. Supreme Court decision to invalidate a portion of the U.S. Environmental Protection Agency's Greenhouse Gas Tailoring Rule. The applicability of the regulation has been clarified and an overall reorganization will make it easier for the regulated communities to read and understand.

Direct effects: Eliminate permitting requirements included in the Tailoring Rule that were invalidated by the Supreme Court decision.

Indirect effects: Time saved from ease of reading and understanding the revised and reorganized regulations.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so, which of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

There should be minimal financial impact on business owners as the proposed regulation changes will eliminate unnecessary consideration of Greenhouse Gas Tailoring Rule requirements.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: N/A.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: N/A.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, nor more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses:

The proposed rule will have a negligible impact on existing businesses in Washoe County as none of them are classified as major sources of greenhouse gas emissions. Future expansions of existing businesses or new business that may be interested in establishing operations in Washoe County will be subject to the same federal standards that are applicable nationwide.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

\_\_\_\_\_  
Kevin Dick, District Health Officer

\_\_\_\_\_  
October 27, 2016  
Date



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*Regional Emergency Medical Services Authority*

# **REMSA**

## **Franchise Compliance Report**

**SEPTEMBER 2016**



**REMSA Accounts Receivable Summary**

Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503	\$1,092	\$1,092	\$393
August	4156	\$4,594,636	\$1,106	\$1,099	\$396
September	4000	\$4,428,169	\$1,107	\$1,102	\$397
October					
November					
December					
January					
February					
March					
April					
May					
<b>Totals</b>	<b>12262</b>	<b>\$13,508,308</b>	<b>\$1,102</b>		

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. 55 secs.	94%	94%
Aug.	6 mins. 04 secs.	94%	92%
Sept.	5 mins. 07 secs	95%	93%
Oct.			
Nov.			
Dec.			
Jan. 2017			
Feb.			
Mar.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through September 2016

Priority 1 Zone A	Priority 1 Zones B,C,D
94%	93%

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	8:25
Aug. 2016	P-1	5:18	5:52	8:56
	P-2	5:31	6:14	8:38
Sept. 2016	P-1	4:50	5:43	8:23
	P-2	5:23	6:13	7:29
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 September 2016

Priority	Reno	Sparks	Washoe County
P-1	5:07	5:43	8:23
P-2	5:21	6:18	8:10



## GROUND AMBULANCE OPERATIONS REPORT

### September 2016

**1. OVERALL STATISTICS:**

Total Number of System Responses	6313
Total Number of Responses in Which No Transport Resulted	2262

**2. CALL CLASSIFICATION REPORT:**

Cardiopulmonary Arrests	2%
Medical	45%
OB	1%
Psychiatric/Behavioral	7%
Transfers	14%
Trauma – MVA	8%
Trauma – Non MVA	20%
Unknown	3%

**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 (excluding cardio pulmonary 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: 2792

Total number of above calls receiving QA reviews: 370

Percentage of charts reviewed from the above transports: 13.25%



# REMSA OCU Incident Detail Report

Period: 9/01/2016 thru 9/31/2016

Corrections Requested						
Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time
	Zone A	09/02/2016 22:24:03	09/02/2016 22:28:37	1O08	00:08:59	00:04:34
AS01_S	Zone A	09/04/2016 17:53:18	09/04/2016 17:53:32	1C36	00:08:59	00:00:14
AR02_S_of_River	Zone A	09/11/2016 18:14:15	09/11/2016 18:33:34	1C32	00:08:59	00:19:19
CW06_Pleasant_Valley	Zone C	09/16/2016 07:46:11	09/16/2016 08:07:02	1C07	00:20:59	00:20:51
	Zone A	09/16/2016 22:05:03	09/16/2016 22:08:10	1O19	00:08:59	00:03:07
AR08_Stead_MilitaryRd	Zone A	09/17/2016 10:59:19	09/17/2016 11:00:12	1E14	00:08:59	00:00:53
AS01_S	Zone A	09/19/2016 18:44:38	09/19/2016 18:53:18	2016-09-19	00:08:59	00:08:40
	Zone A	09/27/2016 15:28:42	09/27/2016 15:30:17	1C26	00:08:59	00:01:35
	Zone A	09/28/2016 08:50:46	09/28/2016 08:54:52	1C30	00:08:59	00:04:06
	Zone A	09/30/2016 16:04:41	09/30/2016 16:06:42	1C02	00:08:59	00:02:01

Exemptions Requested					Approval
Incident Number	City	Zone	Incident Date	Exemption Reason	Yes/No
263048-16	Reno	A	9/19/2016	Bad Address	Yes

Upgrade Requested					Approval
Incident Number	City	Zone	Incident Date		Yes/No
253154-16	Reno	A	9/9/2016		Yes



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*Regional Emergency Medical Services Authority*

**REMSA**

**EDUCATION AND TRAINING REPORT**

**SEPTEMBER 2016**





REMSA Education  
 Monthly Course and Student Report  
 Month: September 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	3	19	2	15	1	4
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	2	7	1	1	1	6
ACLS R	15	72	4	42	11	30
ACLS S	2	4	2	4	0	0
AEMT	0	0	0	0		
AEMT T	0	0	0	0		
BLS	73	296	11	53	62	243
BLS I	1	7	0	0	1	7
BLS R	21	117	11	83	10	34
BLS S	15	23	0	0	15	23
CE	5	119	5	119	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	2	57	2	57		
EMT T	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	0	0	0	0	0	0
HS CPR	28	219	2	9	26	210
HS CPR FA	60	445	3	34	57	411
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	7	30	0	0	7	30
HS PFA S	0	0	0	0	0	0
HS CPR S	2	15	0	0	2	15
HS FA	12	48	0	0	12	48
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	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	1	4	1	4	0	0
ITLS S	0	0	0	0	0	0
PALS	6	38	2	13	4	25
PALS I	0	0	0	0	0	0
PALS R	5	22	2	11	63	11
PALS S	2	8	0	0	2	8
PEARS	1	4	0	0	1	4
PM	1	18	1	18		
PM T	0	0	0	0		

**Classes w/ CPR**  
206

**CPR Students**  
1145



## COMMUNITY OUTREACH

September 2016

### Point of Impact

9/13/16	Safe Kids Washoe County Coalition Meeting	1 staff
9/20-23/2016	National Child Passenger Safety Technician Training Program Course; 13 students and one Instructor Candidate passed	2 staff, 3 volunteer instructors; 13 students
9/24/16	Child Car Seat Checkpoint hosted by Babies R Us; 39 cars and 54 seats inspected.	4 staff; 27 volunteers
9/26/16	Safe Kids Washoe County Road/Vehicle Safety Committee meeting	1 staff
9/28/16	Safe Kids Washoe County Bylaws Committee meeting	1 staff

### Cribs for Kids

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*Regional Emergency Medical Services Authority*

**REMSA**  
**CUSTOMER SERVICE**  
**SEPTEMBER 2016**

REMSA

Reno, NV

Client 7299



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

# EMS System Report

September 1, 2016 to September 30, 2016

Your Score

**92.82**

Number of Your Patients in this Report

**126**

Number of Patients in this Report

**5,145**

Number of Transport Services in All EMS DB

**131**





## Executive Summary

This report contains data from **126 REMSA** patients who returned a questionnaire between **09/01/2016** and **09/30/2016**.

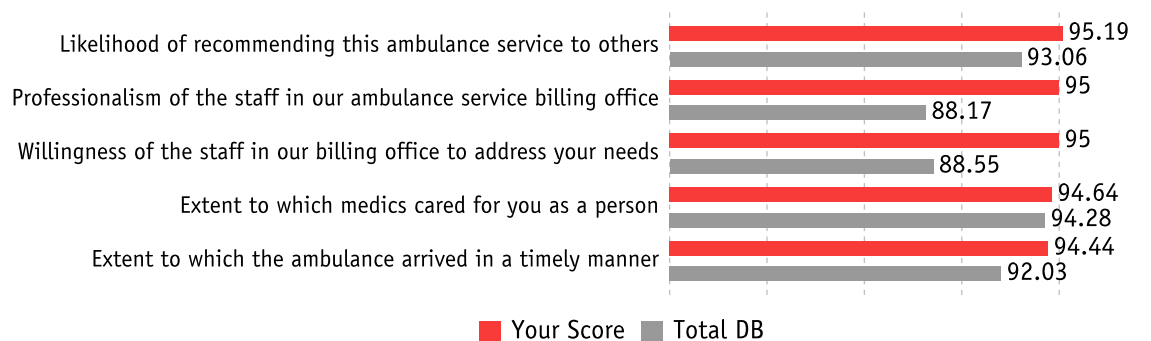
The overall mean score for the standard questions was **92.82**; this is a difference of **0.28** points from the overall EMS database score of **92.54**.

The current score of **92.82** is a change of **-2.34** points from last period's score of **95.16**. This was the **43rd** highest overall score for all companies in the database.

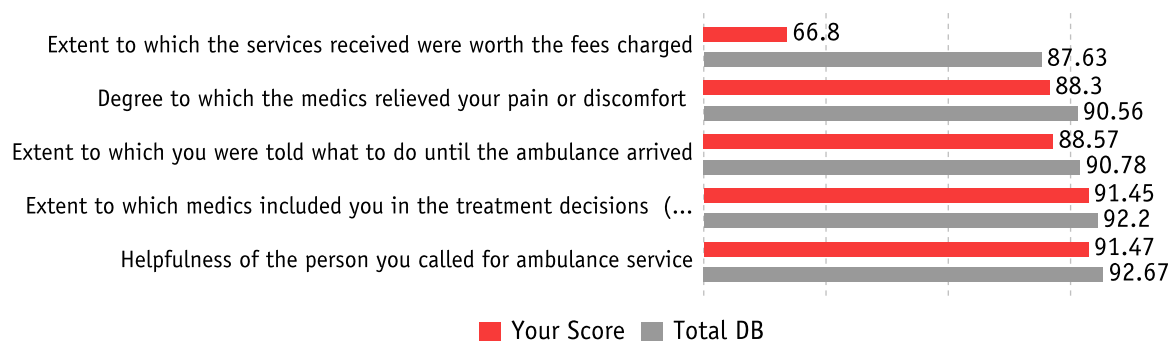
You are ranked **11th** for comparably sized companies in the system.

**79.67%** of responses to standard questions had a rating of Very Good, the highest rating. **98.11%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

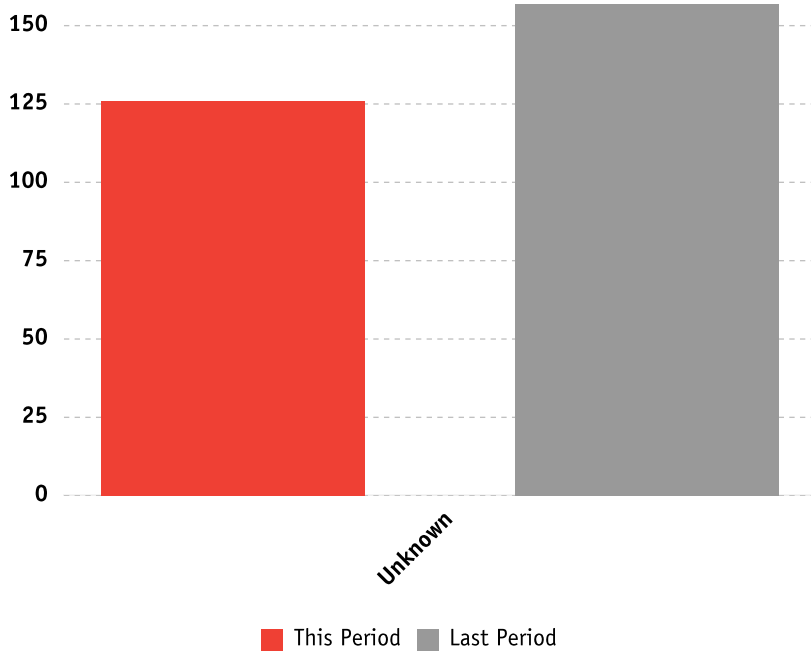




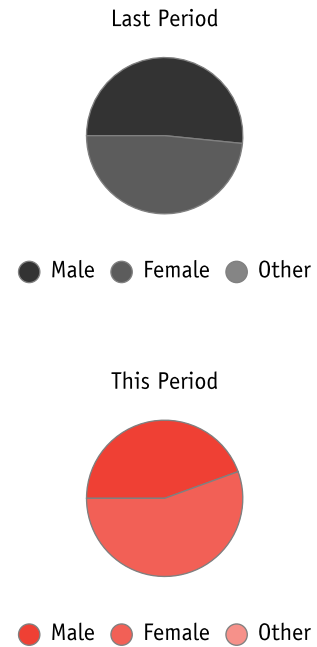
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	157	81	76	0	126	56	70	0
<b>Total</b>	<b>157</b>	<b>81</b>	<b>76</b>	<b>0</b>	<b>126</b>	<b>56</b>	<b>70</b>	<b>0</b>

**Age Ranges**



**Gender**





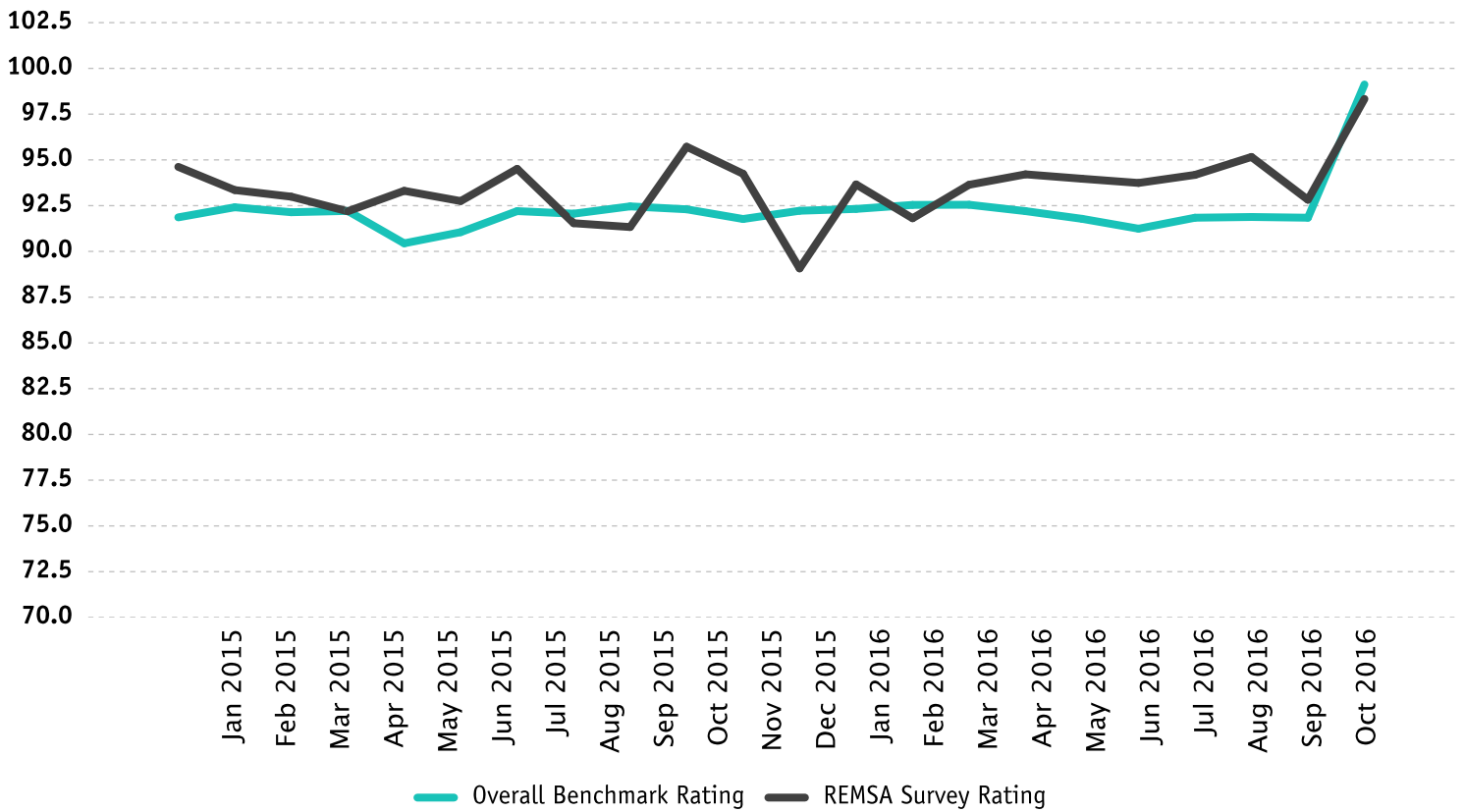
## Monthly Breakdown

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

	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
Helpfulness of the person you called for ambulance service	89.56	95.27	90.05	87.91	95.00	93.34	92.44	93.15	95.63	95.00	94.19	97.50	91.47
Concern shown by the person you called for ambulance service	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	86.07	96.05	92.13	85.19	91.07	91.29	91.56	89.00	97.83	94.74	96.43	96.25	88.57
Extent to which the ambulance arrived in a timely manner	87.28	95.63	89.56	93.59	94.74	93.53	94.36	94.59	93.97	95.21	94.14	94.92	94.44
Cleanliness of the ambulance	93.14	95.39	95.51	95.59	95.83	94.20	95.38	93.06	94.18	95.72	94.21	96.76	92.86
Comfort of the ride	92.67	97.30	94.26	95.71	94.12	93.39	95.56	92.83	90.97	94.05	93.63	94.39	94.07
Skill of the person driving the ambulance						95.09			95.00				
Care shown by the medics who arrived with the ambulance	93.98	97.50	97.56	91.22	95.00	93.11	94.01	95.74	95.95	93.76	94.75	94.03	93.46
Degree to which the medics took your problem seriously	94.44	96.88	96.25	91.67	93.75	92.66	93.79	97.02	96.21	94.32	95.16	95.68	92.74
Degree to which the medics listened to you and/or your family	94.44	98.13	96.88	89.86	93.75	92.21	94.52	95.83	92.86	94.52	94.02	94.42	93.41
Skill of the medics	93.52	96.79	96.88	93.06	93.75	92.38	96.00	93.75	93.75	96.43	95.00	93.75	
Extent to which the medics kept you informed about your	90.87	94.74	94.59	87.50	93.42	90.60	92.13	93.47	93.70	93.60	92.94	93.93	92.81
Extent to which medics included you in the treatment decisions	90.48	94.08	93.78	84.20	93.06	89.59	91.98	93.37	91.85	92.68	93.42	96.09	91.45
Degree to which the medics relieved your pain or discomfort	91.85	93.24	91.43	83.16	90.79	87.45	90.15	92.78	91.90	89.79	91.20	94.22	88.30
Medics' concern for your privacy	92.65	96.15	95.39	85.74	95.00	90.99	95.46	94.07	91.98	94.47	94.77	95.36	93.75
Extent to which medics cared for you as a person	95.67	95.95	95.63	90.28	95.00	92.04	94.16	95.31	95.00	94.43	94.17	95.35	94.64
Professionalism of the staff in our ambulance service billing	81.90	94.44	93.75	86.11	87.50	87.31	88.04	87.50	82.14	77.60	83.33	100.00	95.00
Willingness of the staff in our billing office to address your	82.41	93.75	89.47	87.50	87.50	86.47	85.87	85.00	85.00	78.25	91.67	93.75	95.00
How well did our staff work together to care for you	91.06	94.74	96.34	87.50	96.25	92.36	94.34	95.70	94.09	93.93	95.38	95.87	93.80
Extent to which our staff eased your entry into the medical	91.06	94.74	97.37	90.03	93.75	92.82	92.81	93.75	86.82	95.83	65.00	75.00	
Appropriateness of Emergency Medical Transportation treatment	93.75	94.74	95.39	89.71	96.25	92.60	94.66	93.06	96.09	95.83	95.39	100.00	
Extent to which the services received were worth the fees	87.23	94.29	90.74	80.10	91.67	84.72	88.56	86.90	92.64	82.03	90.27	94.23	66.80
Overall rating of the care provided by our Emergency Medical	93.75	96.71	95.51	88.24	96.25	92.54	94.75	96.05	96.72	93.67	95.57	94.38	92.70
Likelihood of recommending this ambulance service to others	93.00	97.79	94.74	91.67	91.67	92.66	95.06	94.67	95.74	95.55	95.79	96.24	95.19
Your Master Score	91.33	95.72	94.24	89.07	93.66	91.81	93.64	94.21	93.97	93.74	94.18	95.16	92.82
Your Total Responses	56	41	47	40	22	376	206	155	157	156	143	157	126

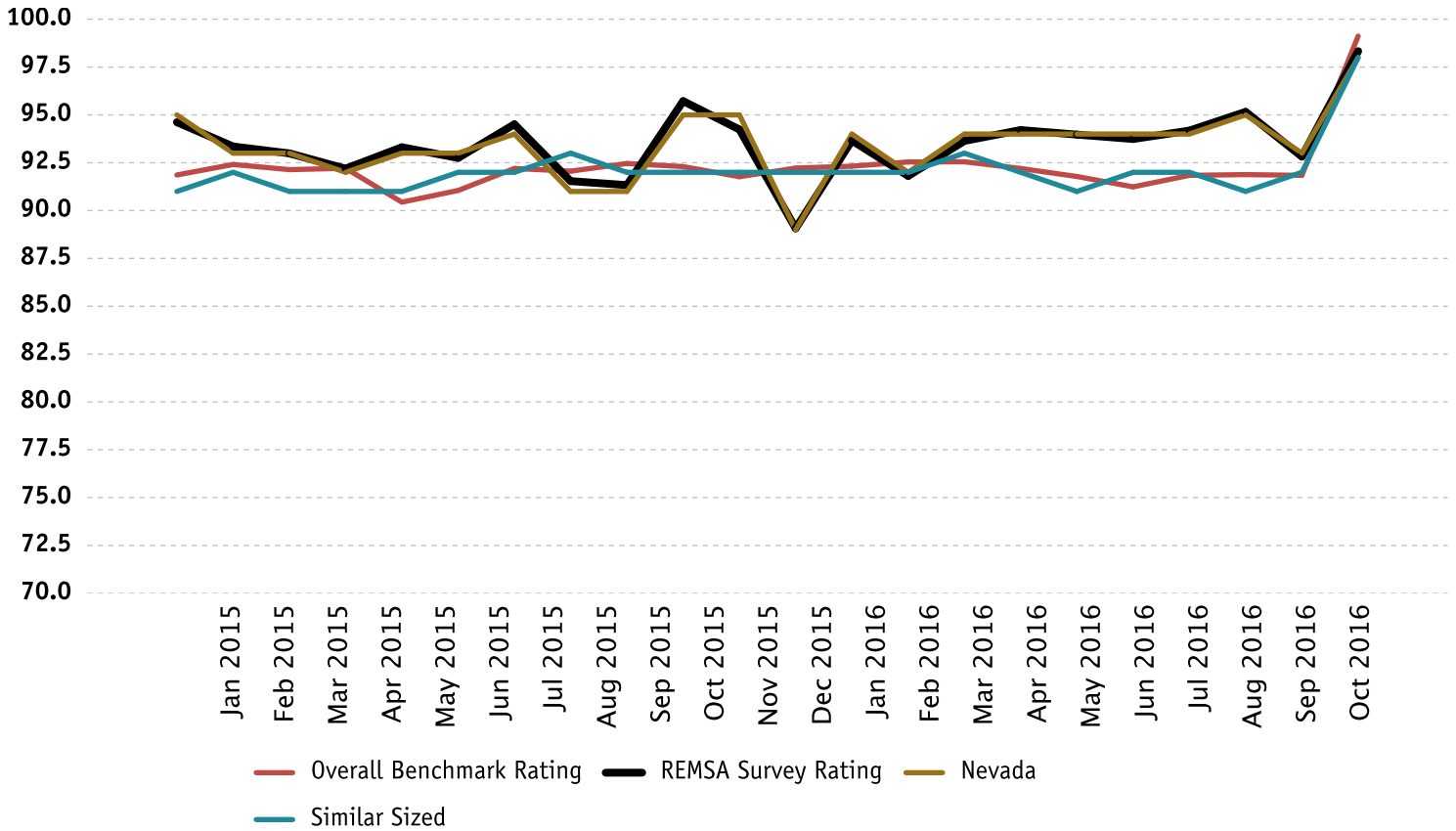


### Monthly tracking of Overall Survey Score





**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.





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*Regional Emergency Medical Services Authority*

**REMSA**

**INQUIRIES**

**SEPTEMBER 2016**

**No inquiries for SEPTEMBER 2016**

**GROUND AMBULANCE CUSTOMER COMMENTS**

**September 2016**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Results after follow up</b>
1	8/15/2016		"Ambulance didn't have good shocks, so could feel every bump which was very painful"			
2	08/15/2016		"Nothing, was very happy with everything"			
3	08/15/2016	"They were good. Didn't have any pain or discomfort"	"Nothing, they were good"	"Highly recommend"		
4	08/15/2016		"Could be a little warmer, it was cold in the ambulance"			
5	08/15/2016	"The medics were very caring and professional"	"Nothing. They did a great job, very impressed"			
6	08/15/2016	"The female was wonderful. Told her she gets car sick and she talked to her the whole time so that she didn't"				
7	08/15/2016		"Everything was fine"			
8	08/15/2016	"They were excellent. Couldn't have done anything better"				
9	08/15/2016		"Get different gurneys, there was a rod across the middle of his back which made the whole ride very painful"			
10	08/16/2016		"Really liked the way they treated him. They were very good."			
11	08/16/2016		"Nothing, they did everything just fine"			
12	08/16/2016		"Everytime he uses REMSA, the ride is very rough and uncomfortable"			
13	08/16/2016	"Did what they could to relieve pain, but there is a limit to what they were able to do"				
14	08/16/2016		"Nothing to complain about, they were the best. Very compassionate, caring, and professional."			
15	08/16/2016	"Would not be here today if it were not for them. Took charge immediately and knew exactly what to do"	"Nothing at all, they were great"			
16	08/16/2016	"Medics could not have been better. They were excellent."	"Nothing. Keep on hiring great medics"	"Speaks very highly of REMSA often"		
17	08/16/2016		"Nothing, they went out of their way to care for him and it was greatly appreciated"			
18	08/16/2016	"Medics were great in every way"				
19	08/16/2016	"Medics couldn't have done better"	"They did a perfect job. They got to the ambulance quickly, and all medics were great."			
20	08/17/2016		"Make sure the tech who puts the IV in knows what they're doing"			

**GROUND AMBULANCE CUSTOMER COMMENTS**

**September 2016**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Results after follow up</b>
21	08/18/2016		"Have the same medic on at all times because he is a super cool dude."			
22	08/18/2016	"Medics kept questioning me about why, and I had the feeling that they didn't want to be there or think that I needed an ambulance. I was having seizures. I was very disappointed. I don't think they were in the back with me during transport because they wouldn't answer my questions"	"I should be treated like a human being and not just a problem."		Stacie Selmi	
23	08/19/2016			"All very professional every time that I have had to take an ambulance"		
24	08/19/2016	"Said it would be better if I walked down the stairs even though my back was in pain and it hurt when I moved"	"Probably should have had a better procedure for taking me downstairs"			
25	08/19/2016		"If an ambulance is called because my husband can't transport me himself, probably better management of pain or nauseau."			
26	08/19/2016	"couldn't find a vein"	"Be here in two minutes"			
27	08/19/2016	"One was very rude to me."	"Be more worried about me and less worried about if the ambulance or the fire department is going to take care of me"		Stacie Selmi 10.7.16	
28	08/19/2016	"Bitched at me the whole time because I am an alcoholic"	"Tell your people to quit bitching at the patient"	"No choice but to take this ambulance"	Stacie Selmi 10.7.16	
29	08/20/2016			"Everything was wonderful, give them gold stars"		
30	08/20/2016		"Be careful how you put people on the gurney"			
31	08/20/2016		"Nothing. They did great"			
32	08/20/2016			"wouldnt leave her house/yelling in her ear/ pulling on her arm"	Stacie Selmi 10.7.16	
33	08/20/2016	"Beyond awesome for all questions"		"Rate it as high as you possibly can, they saved his butt!"		
34	08/20/2016	"Remembers them asking a few questions, not much other than that."				
35	08/20/2016	"Tried their best to relieve pain, but were unable to due to his condition. Has ulcers."				
36	08/21/2016	"Did not give anything for pain"	"They were just all great."			
37	08/21/2016		"What you did was all he could expect."			

**GROUND AMBULANCE CUSTOMER COMMENTS**

**September 2016**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Results after follow up</b>
38	08/21/2016	"Last occurrence not good."	"They agreed with her after that. He had ruptured diverticulitis with abcess and was hospitalized for a week because of it. Didn't know he was on the floor when they came in because she kept getting interrupted and was unable to get anything out. As a nurse, this protocol of questions is not good."	"There is protocol that paramedic on the line has to go through. She was trying to explain what was happening and she kept getting interrupted. When the medics arrived, they got him off the floor, BP was 100/90 and they didn't think he needed to go to hosp. Did BP & heart rate, used monitor, was Afib"	Stacie Selmi 10.7.16	
39	08/21/2016		"Response time on every occasion has been within 3 or 4 minutes. There is always a unit real close by. Agency is excellent."	"Before he retired, he worked Hotel Security at the El Dorado. Worked with REMSA many times. Training of personel is great, professionalism is great."		
40	08/21/2016		"Keep doing what you're doing."			
41	08/21/2016	"Was more afraid than anything else, and the medics did an excellent job of keeping her calm"	"Nothing, has used REMSA multiple times and is always completely satisfied with the service"			
42	08/08/2016	"Could not have done a better job. Would give them an 8/5 if possible"	"Nothing, they were excellent"			
43	08/08/2016	"Wasn't much medics had to do, was just taken to hospital, but they were great"				
44	08/08/2016		"Couldn't think of a single thing, they were great"			
45	08/08/2016	"Was just a transport"	"Better shocks in the ambulance"			
46	08/08/2016	"Everything was above and beyond"		"Would give them 100/100, they were perfect"		
47	08/09/2016	"Wish medics would have taken her to a plastic surgergeon instead of a hospital emergency room. Now has to have another surgery to have scars fixed. Would have saveed a lot of time and kept her out of surgury since it was a cut"	"Other than not having a choice about where to go, everything was good"			
48	08/09/2016	"Left me in the hospital waiting room"				
49	08/10/2016		"Reduce the price"			
50	08/11/2016	"Need more practice with IVs"				

**GROUND AMBULANCE CUSTOMER COMMENTS**

**September 2016**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Results after follow up</b>
51	08/11/2016		"Has cancer, they've been out a couple different times for kidney failure during chemo. They always say ""oh, we've been here before"" and made her feel like they didn't care about her and she didn't want to be reminded how frequently her problems come up. Their job is to take of her and get her to ER."	"The way they perform their duties are good, but they are quick to make a judgement that people are just seeking drugs. She had gone into kidney failure and it really put her off that they made her feel like she was faking illness. Discouraging and demeaning. Not sure she'd recommend them due to this"	Stacie Selmi 10.7.16	
52	08/11/2016	"Asked questions on the way to the hospital."	"Everything was ok."			
53	08/11/2016		"I don't know what they could have done better."			
54	08/11/2016	"2 minute ride from a clinic to a tiny airport, about 2 miles."				
55	08/11/2016	"Hard to remember one time from another. Pain and discomfort don't apply. Concern for privacy doesn't apply."	"Don't take things without someone knowing. Medications and paperwork about other times ended up in ER. One other time with wife they were very rude and the new guy was giving her hell about her BP being high."		Stacie Selmi 10.7.16	
56	08/11/2016	"Not a lot of conversation"	"It was done perfectly."			
57	08/11/2016	"Very professional young people. Stepped up. Knew exactly what was going to happen. Kept him informed to what they would do next. Put his mind at ease. Nam war vet."	"Wouldn't know what else to ask for. Once they see him they start taking control and doing what they need to do."	"You guys are fantastic. Nothing to compare fees to, but it is consistent."		
28	08/12/2016		"Nothing she can think of other than it's extremely expensive. Very short distance from her home to medical facility."	"Too expensive and embellished on milage and gasoline costs"		
59	08/12/2016	"Spinal cord injury, they did great at letting them know what they would do ahead of time. Tried their best to relieve pain. They were very quiet, no sirens, didn't wake the neighborhood. Very respectful."		"Amazing, great teamwork, even working with the fire department. This is THE place to go. Would love to get their name so she can send a thank you note. 3AM August 12, Rig 19. Needs address to send note to."		
60	08/12/2016		"Nothing it was perfect"			
61	08/12/2016		"No, nothing. Everything was great."			

**GROUND AMBULANCE CUSTOMER COMMENTS**

**September 2016**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Results after follow up</b>
62	08/12/2016			"Upgrade Ambulances, Shocks and Struts were very strained making for a bumpy ride causing undue pain."		
63	08/12/2016			"Listen to the patient and be a little more trusting. Is on high doses of some medications and some of the things they attempted to give her were things they could not take, but medics were skeptical to believe her. However, the medics were very good"	Stacie Selmi 10.7.16	
64	08/12/2016	"Both medics were amazing. There wasn't anything to do about pain/discomfort but they were great"				
65	08/13/2016	"Seemed like information was lost in translation between dispatcher and medics"		"Make sure the medics have all the information that they need when they show up-it makes it easier on everyone. Husband informed dispatch that she was pregnant, and when medics arrived they didn't know."		
66	08/13/2016			"More Patience...Patient is paralyzed..."		
67	08/13/2016			"Do What We Do Best...."		
68	08/13/2016			"Air Temp control"		
69	08/14/2016			"Nothing. Has had multiple experiences with REMSA and this time as well as previous times, they have been really good to him"		

#22

9/30/16, I spoke with XXXX, she is a RN, very nice but appeared confused on the events of her transport on 8/18/16. Pt told me she had a seizure and the paramedic's did not listen to her. Daughter called as pt was acting abnormal and had unusually large and watery bowel movements with cramping. XXXX also said she was alone in the back of the ambulance during transport, when she looked into the drivers area there were 3 people up front. Pt was slow and not sure of her answers, following up with her DR next month. I apologized to XXXX, assured her she was not alone in the back during transport. I will have the EMT-I Z Lukas, (in the back with the pt) complete an occurrence report ASAP. Stacie



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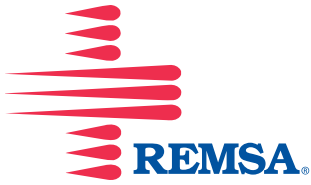
*Regional Emergency Medical Services Authority*

# **REMSA**

## **PUBLIC RELATIONS REPORT**

### **SEPTEMBER 2016**





# Sept. 2016 Public Relations Report

## District Board of Health

### MEDIA COVERAGE

Mock Disaster Drill Ahead of Air Races Includes No Crash But Active Shooter – KOLO

What’s New at REMSA? – ThisIsReno.com

REMSA’s Bike Team – KOLO

Reno Big Dig Helps Childhood Cancer Patients – KRNV

Big Dig That Lets Kids Play with Bulldozers and Construction Equipment Today – KOLO

Infectious Disease Preparedness – KTVN



Isolation Pod Transportation System Arrives at Saint Mary’s – Fox Reno

### STRATEGIC INITIATIVES

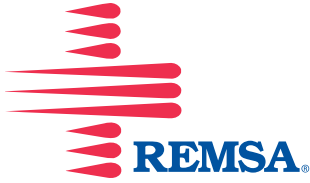
Planning and development meetings continue for the redesign of the REMSA website. Currently site navigation and architecture are being designed and high-level content is being gathered. Anticipated launch is early 2017.



### ONGOING



Attended weekly Government Affairs and Public Affairs meetings to assist with continued communications initiatives.



# Sept. 2016 Public Relations Report

## District Board of Health

### SPECIAL EVENTS

The announcement attracted local and national media coverage including the following thus far:

**Community Health Programs Reduce Health Care Costs – KOLO**

**Renown and REMSA Announce New Partnership – KTVN**

**Healthcare Alliance Formed to Preserve Community Health Programs – Northern Nevada Business Weekly**

**REMSA Makes Partnership with Renown for Delivery of Programs – KRVN**

**Renown Health, REMSA Partner to Sustain Community Health Programs – EMSWorld**

**Renown Health Partners with Nevada Emergency Services Provider REMSA – Becker's Hospital Review**

**Health Care Leaders Partner for Community Health Programs – EMS1**

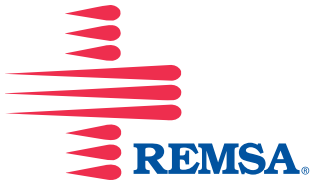
**Leading Regional Healthcare Leaders Partner to Continue Programs That Provide Critical Services to Populations in Need – Nevada Business Magazine**



### SOCIAL AND DIGITAL

**Weekly Safety Tips – distributed via Nevada Business Magazine and social media**

- Childhood Sports Safety
- Properly Manage Your Medications
- Choking Precautions



# Sept. 2016 Public Relations Report

## District Board of Health

### SPECIAL EVENTS

#### REMSA and Renown Health Announce Innovative Partnership

On Monday, September 12, Renown Health and REMSA announced the formation of their innovative new partnership to improve the overall health of the region through a yearlong, financial contract to sustain the Community Health Programs. The programs are focused on doing the most good for the most people at the least amount of cost. REMSA predicts that continuing these innovative programs will have an economic impact of \$1.6 million over the next year through savings to the community. By minimizing and avoiding costly ways of accessing healthcare such as unnecessary emergency room visits, hospital admissions, hospital readmissions, and ambulance transports, there is more opportunity to provide proactive and necessary healthcare. With the aligned goal of promoting health by expanding access to the right level of healthcare at the right time, these programs reinforce Renown's and REMSA's work to improve the overall health of the community.

The event featured a co-announcement from Dean Dow and Anthony D. Slonim, MD, DrPH, president and CEO, Renown Health. The event also included grant highlights presented by Brenda Staffan, Director of New Ventures at REMSA, population health management information presented by Kirk Gillis, Vice President of Accountable Care, Renown Health, verification of the program data and a testimonial about the importance of the programs from Trudy Larson, MD, University of Nevada Reno, and proclamations from Washoe County Commissioner Bob Lucey and City of Reno Mayor Hillary Schieve. Other appointed and elected officials attending the event included Reno City Council Member David Bobzien, Reno City Council Member Oscar Delgado, Reno City Council Member Naomi Duerr and Kevin Dick, Washoe District Health Officer.

Preliminary outcomes from the Community Health Programs show that they continue to facilitate healthcare access and reduce costs with more than 6,200 emergency room visits avoided, over 1,000 ambulance transports avoided and more than \$9.6 million in savings to patients and the healthcare system.

Since the Community Health Programs launched in 2012, a variety of community partners contributed to their success including hospitals, clinics, fire services, EMS oversight entities, urgent cares, health centers, and non-profit and community groups.

#### The announcement attracted local and national media coverage including the following:

Community Health Programs Reduce Health Care Costs – KOLO

Renown and REMSA Announce New Partnership – KTVN

Healthcare Alliance Formed to Preserve Community Health Programs – Northern Nevada Business Weekly

REMSA Makes Partnership with Renown for Delivery of Programs – KRNV

Renown Health, REMSA Partner to Sustain Community Health Programs – EMSWorld

Renown Health Partners with Nevada Emergency Services Provider REMSA – Becker's Hospital Review

Health Care Leaders Partner for Community Health Programs – EMS1

Leading Regional Healthcare Leaders Partner to Continue Programs That Provide Critical Services to Populations in Need – Nevada Business Magazine

Renown Health, REMSA Partner to Sustain Community Health Programs - American Ambulance Association

Partnerships Enhance CTH's Program Support – Nevada Appeal

Cutting Down on ER Visits with Other Medical Options – KUNR

18 Recent Hospital Transactions and Partnerships – Becker's Hospital Review





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*Regional Emergency Medical Services Authority*

# **REMSA**

## **PENALTY FUNDS DISTRIBUTION**

**SEPTEMBER 2016**



**REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF SEPTEMBER 30, 2016**

**2016-17 Penalty Fund dollars accrued by month**

<u>Month</u>	<u>Amount</u>
July 2016	\$5,089.76
August 2016	5,577.18
September 2016	3,911.03
October 2016	
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
<b>Total accrued as of 9/30/2016</b>	<b><u>\$14,577.97</u></b>

**2016-17 Penalty Fund dollars encumbered by month**

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
<b>Total encumbered as of 9/30/2016</b>	<b><u>\$0.00</u></b>		
<b>Penalty Fund Balance at 9/30/2016</b>	<b><u>\$14,577.97</u></b>		

DD	RT
DHO	
DA	NA
Risk	NA

**STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

**TO:** District Board of Health  
**FROM:** Christina Conti, Preparedness & EMS Program Manager  
 775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)  
**Subject:** Regional Emergency Medical Services Advisory Board October Meeting Summary

The Regional EMS Advisory Board (Board) held its quarterly meeting on October 6, 2016. Below is a summary of items discussed.

- **Updates to the EMSAB:** The Board heard updates on several projects the EMS Oversight Program (Program) is working on, to include a full-scale hospital evacuation exercise that will occur on October 19, the development of a dispatch working group that will meet quarterly, and a CAD-to-CAD update in the form of a staff report by City of Reno staff.
- **HeartSafe Designation:** The EMS Oversight Program was honored to announce that Washoe County’s application to become a HeartSafe Community was approved. This designation recognizes regional agencies have taken steps to strengthen the “chain of survival” and improve the system for preventing sudden cardiac arrest.
- **Prehospital Medical Advisory Committee (PMAC) Update:** The Board heard a brief presentation by Dr. Michaelson about the topics discussed at the September PMAC meeting and the integration with the EMSAB and DBOH. Additionally, the PMAC has a website that tells about the role of the committee.
- **5-Year Strategic Plan:** The Board was provided a final draft of the regional 5-year strategic plan. Discussion included the item that had not reached consensus, which related to defining a jurisdictional EMS Tier 1 response measurement. The Board directed Program staff to include March 31, 2017 as the identified date for that objective and present the final draft to the District Board of Health.
- **EMS Oversight Program FY 15/16 Annual Report:** The Board was provided a copy of the FY 15/16 Annual Report, which is designed to be to be an educational and informational resource highlighting the work and achievements of the region as it related to EMS. The Board made minor revisions to the document and approved the report for distribution. (Attached to this report in the approved FY 15/16 Annual Report.)
- **EMS Advisory Board Bylaws Revision:** The Board reviewed the update and possible revisions to the Board Bylaws. Developed recommendations came from staff through researching bylaws of similar advisory boards. The Board approved the proposed Bylaws with a minor edit to article 1, section 2.

2016

# Washoe County EMS Oversight Program

Annual Report FY 15-16



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## **Acknowledgements**

The EMS Oversight Program would like to thank the following for contributing to the FY15-16 Annual Report:

- ❖ Washoe County GIS Technological Services/Regional Services for creating all the maps contained within this document.
  
- ❖ The partner agencies for providing their highlights and accomplishments.

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## Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County regional EMS system from July 1, 2015 through June 30, 2016 (FY 15-16). Within the report there are seven sections highlighting the EMS system within Washoe County, to include EMS response agencies and their jurisdictional boundaries, regional performance data, and regional EMS accomplishments and goals for fiscal year 16-17.

### Section 1: About the Washoe County EMS Oversight Program

An assessment of the Washoe County EMS system was conducted in 2012 by a public safety consulting firm, TriData; this study resulted in 36 recommendations to the region for the improvement of EMS services, including the establishment of a Regional EMS Oversight Program (Program). On August 26, 2014 an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno (Reno), City of Sparks (Sparks), Washoe County Board of Commissioners (Washoe), Washoe County Health District, and Truckee Meadows Board of Fire Commissioners (Fire). The ILA created the Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA). The Program is staffed with 2.5 full-time employees; a full-time Program Manager, a full-time Program Coordinator, and a part-time Program Statistician. Additionally, the establishment of the ILA and the Program created specific duties and expectations of the signatories. A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA, are provided below.

The Program is tasked with the following:

1. Monitoring the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommending regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaboration with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identification on sub-regions to be analyzed and evaluated for recommendations regarding EMS response
7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency

8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

The signatory partners are tasked with the following:

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface<sup>1</sup>
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submitting recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment<sup>2</sup>)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment<sup>2</sup>)

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to the respective jurisdictional Boards.

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<sup>1</sup> CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information

<sup>2</sup> DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County

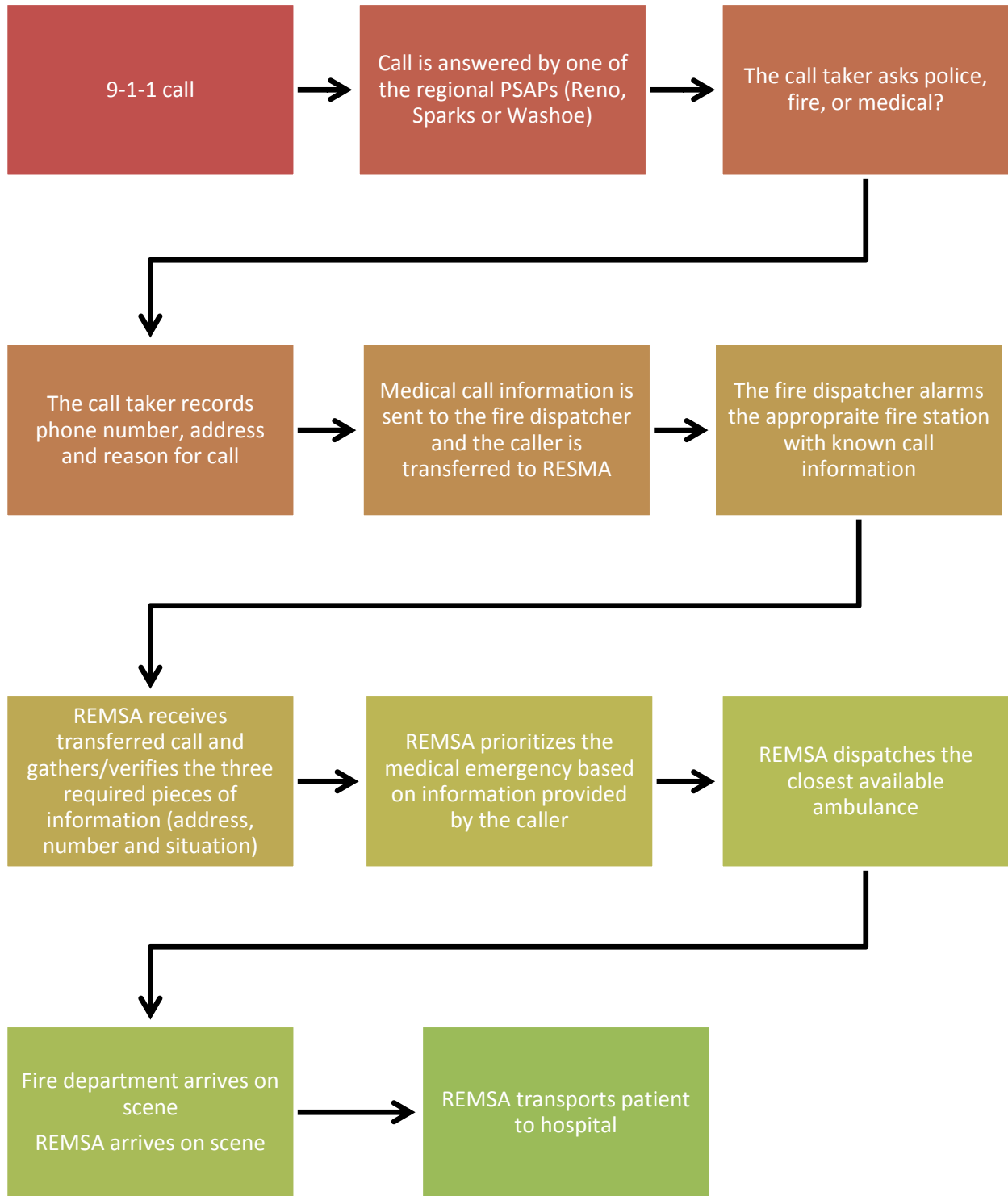
## **Section 2: How Washoe County's 9-1-1 and EMS systems are designed**

Washoe County has a two-tiered response system to emergency medical calls. A 9-1-1 call is routed through the Public Safety Answering Point (PSAP), to determine if a caller is requesting police, medical or fire response; and if medical is requested or needed, the caller is forwarded to REMSA for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the region. While fire is being dispatched, the call taker is questioned by REMSA to determine the call priority, and the subsequent dispatching of an ambulance. The performance of the EMS System within Washoe County is dependent on all parties working together.

Figure 1 illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and REMSA transporting the patient to a hospital.

**Figure 1: 9-1-1 Call Routing in Washoe County**



### **Section 3: Washoe County EMS Partner Agencies**

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the needs of the community are met. These EMS partner agencies include:

- City of Reno<sup>3</sup>
- City of Reno Fire Department
- City of Reno Public Safety Dispatch (Reno ECOMM)
- City of Sparks<sup>3</sup>
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire and Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District<sup>3</sup>
- Washoe County<sup>3</sup>
- Washoe County Health District<sup>3</sup>
- Washoe County Sheriff's Office

#### **Jurisdictional Response and Station Maps**

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses the more rural areas of unincorporated Washoe County (Figure 3) up to the Rural Fire Boundary (Figure 4). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay and surrounding communities. Pyramid Lake Fire and Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

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<sup>3</sup> signatory of the ILA

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary is covered by Gerlach Volunteer Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute tribal lands, east to Wadsworth and west to the border of California (Figure 3).



**Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District**

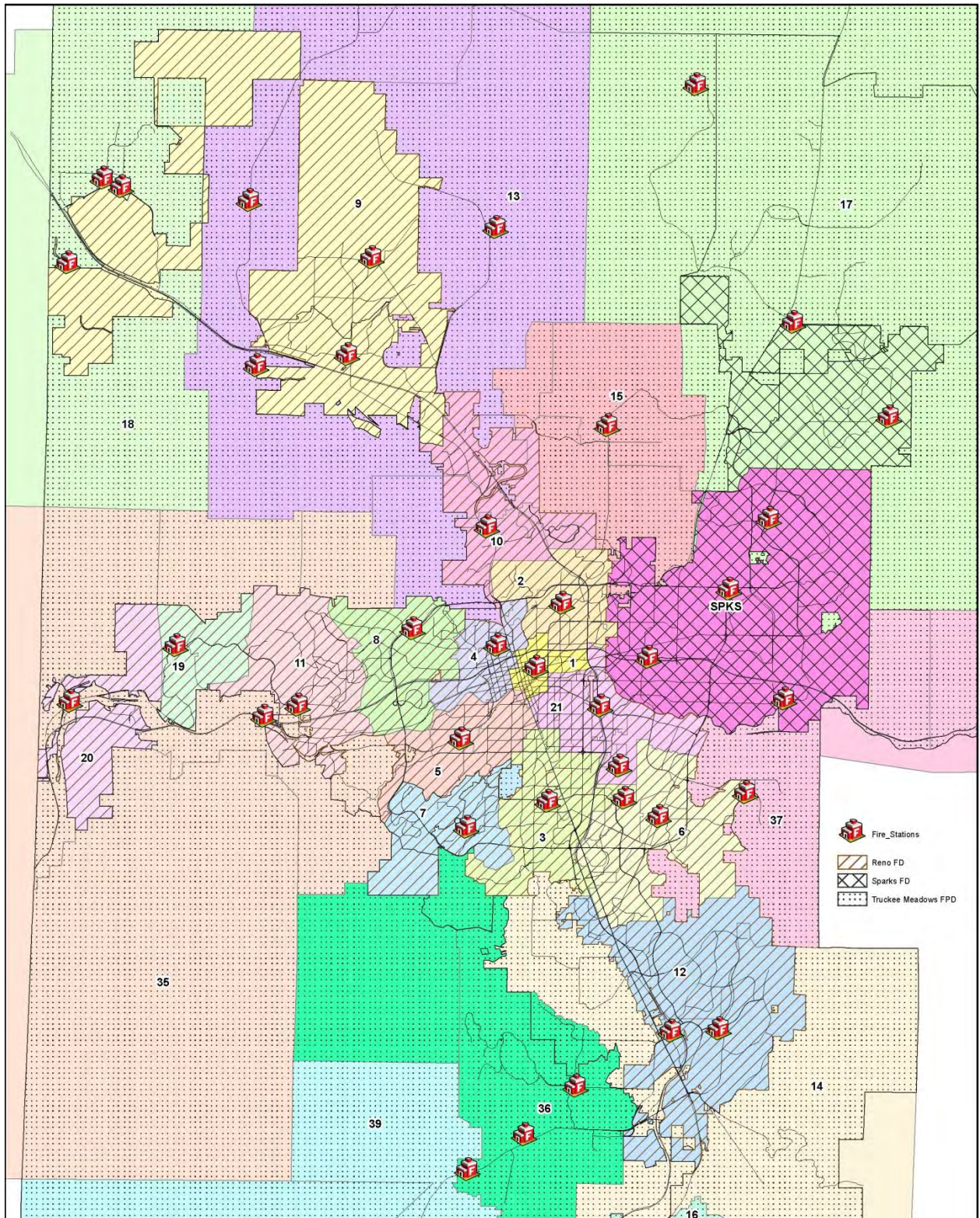
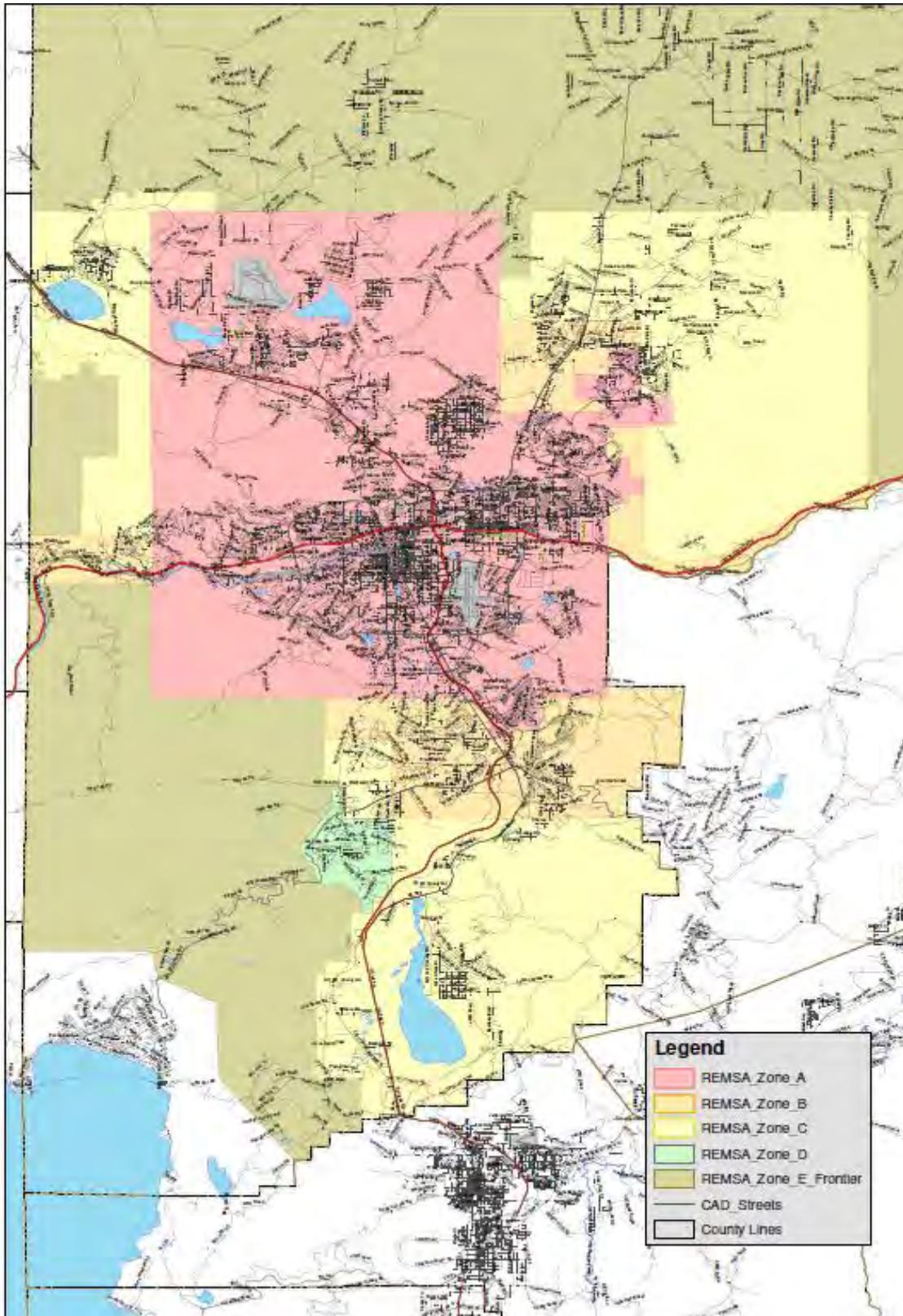


Figure 3: REMSA Franchise Response Map through June 30, 2016



## Section 4: Regional EMS Performance Analyses

EMS related calls are reported by three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County), all of which are signatories of the Interlocal Agreement, as well as REMSA. The reported EMS related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. The purpose of matching fire call data with REMSA call data is to better understand how the EMS system is functioning in our region and determine if implemented protocols are impacting response times and patient outcomes. Additionally it allows the region to review if there are opportunities for improvement.

The analyses presented in this section are representative of the EMS calls for service during July 1, 2015-June 30, 2016. The calls utilized in these analyses are those which matched between fire partners and REMSA.

**Table 1 Total number of Fire calls which matched to REMSA calls by REMSA priority.** The number used in each analysis is dependent on the time stamp validity for time stamps used in each table.

Priority	#	%
1	21,498	47.5%
2	17,149	37.9%
3	5,954	13.2%
9	693	1.5%
<b>Total</b>	<b>45,294</b>	<b>100.0%</b>

**Table 2 The proportion of calls when PSAP received notification of an EMS call prior to REMSA.** SFD was able to provide PSAP data starting October 26, 2015. Calls which occurred prior to October 26 from SFD do not have PSAP data.

Agency	#	%
REMSA First	5,237	12.4%
PSAP First	36,880	87.6%
<i>Total Matched N =45,294, Used N = 42,117</i>		

**Table 3 The median time intervals from the initial call (IC) to responding agency’s dispatch and arrival on scene.**

The initial call (IC) time was calculated using either REMSA call pick up time or PSAP Created Time, depending on which was first. Those calls excluded from the analysis were missing PSAP Created Time or did not have an arrival on scene time stamp for either a fire partner or REMSA.

REMSA Priority	Median Time from Initial Call (IC) to Dispatch and Arrival On Scene		
	IC to REMSA Dispatch	IC to Fire Arrival	IC to REMSA Arrival
<b>1</b>	0:01:12	0:06:46	0:06:56
<b>2</b>	0:01:16	0:07:05	0:07:27
<b>3</b>	0:01:14	0:07:00	0:09:04
<b>9</b>	0:01:17	0:07:15	0:10:03
<b>All</b>	0:01:14	0:06:55	0:07:19
<i>Total matched N = 45,294, Used N = 30,481</i>			

The median time from the initial call to REMSA dispatch (clock start) is 01:14 minutes, to Fire arrival is 06:55 minutes, and REMSA arrives 07:19 minutes after the initial call.

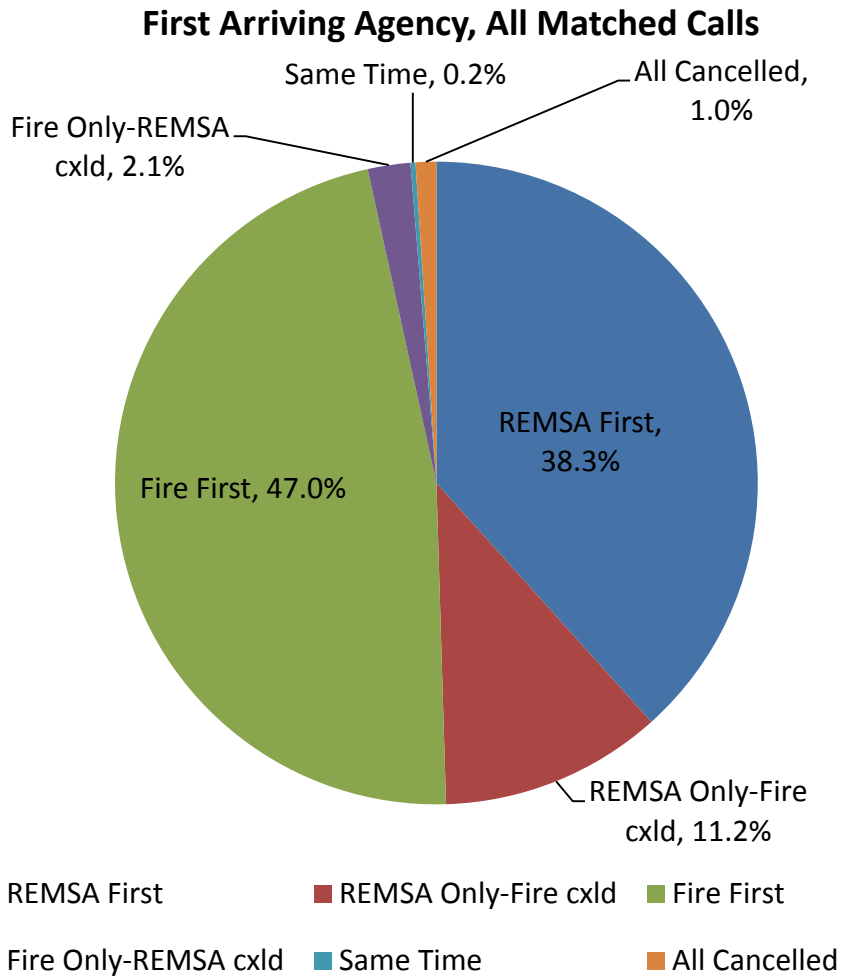
**Table 4 The median travel time (time from when fire agency goes en route to fire agency arrival on scene). Median, Mean (average), and 90<sup>th</sup> percentile.**

Fire Travel Time: En route to Arrival		
Median	Mean	90th Percentile
0:03:57	0:04:27	0:07:22
<i>Used N= 38,980</i>		

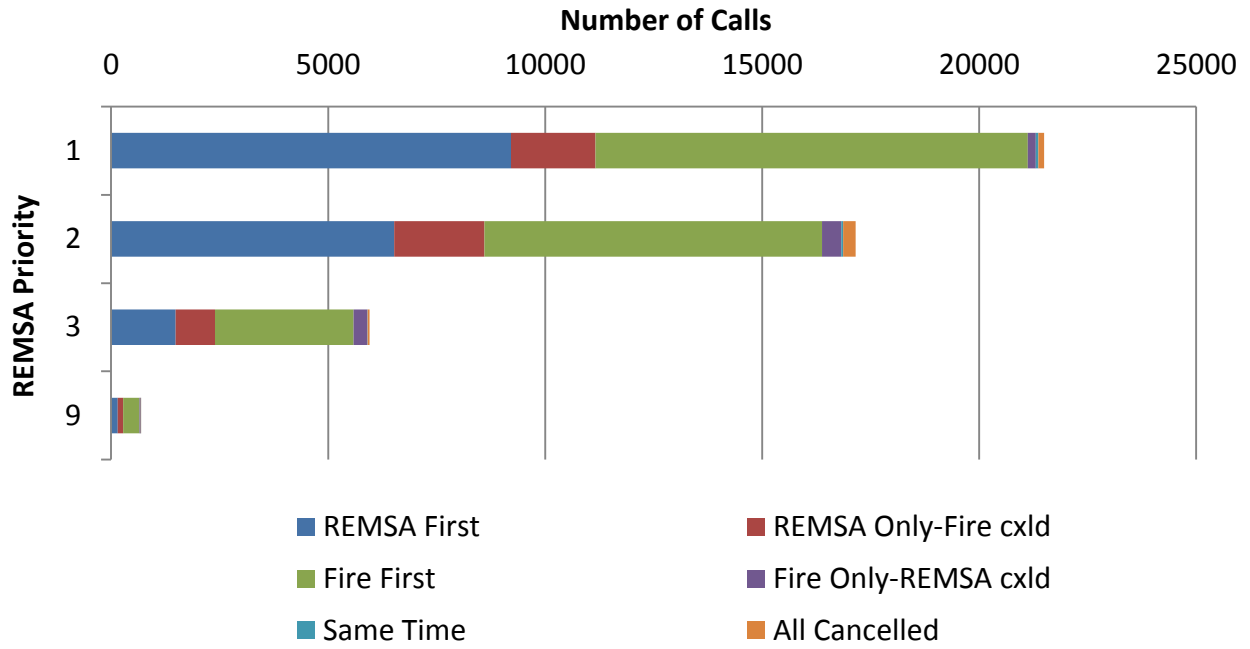
Of the 38,980 fire calls with an en route and arrival time stamp, the median travel time was 03:57 minutes, the mean or average travel time was 04:27 minutes and the 90<sup>th</sup> percentile, meaning 90% of the calls, were 07:22 minutes or less.

**Table 5 Regional information that indicates the first responding unit on scene, by priority.**

First on Scene	Priority REMSA									
	1		2		3		9		Total	
	#	%	#	%	#	%	#	%	#	%
REMSA First	9,211	42.8%	6,518	38.0%	1,485	24.9%	152	21.9%	17,366	38.3%
REMSA Only-Fire cxld	1,951	9.1%	2,083	12.1%	906	15.2%	125	18.0%	5,065	11.2%
Fire First	9,959	46.3%	7,780	45.4%	3,195	53.7%	374	54.0%	21,308	47.0%
Fire Only-REMSA cxld	185	0.9%	443	2.6%	313	5.3%	29	4.2%	970	2.1%
Same Time	57	0.3%	40	0.2%	12	0.2%	4	0.6%	113	0.2%
All Cancelled	135	0.6%	285	1.7%	43	0.7%	9	1.3%	472	1.0%
<b>Total</b>	<b>21,498</b>	<b>100.0%</b>	<b>17,149</b>	<b>100.0%</b>	<b>5,954</b>	<b>100.0%</b>	<b>693</b>	<b>100.0%</b>	<b>45,294</b>	<b>100.0%</b>



### First Arriving Agency, by REMSA Priority



## **Section 5: EMS Oversight Program Accomplishments FY 15-16**

### **Regional Omega Protocol**

An Omega call is a type of 9-1-1 call which when evaluated through the Emergency Medical Dispatch (EMD) process, is deemed as low-acuity non-emergent and an ambulance response is not the most appropriate level of care. In 2011, the International Academy of Emergency Dispatch (IAED) approved 200 Omega EMD determinant codes, these are calls with a chief complaint such as a spider bite, headache, hiccups, cannot sleep, splinter, or nosebleed without any other life-threatening symptoms present. About 150 of the 9-1-1 calls in this region are categorized as Omega each month. The region recognized this was not best-practice or an appropriate utilization of EMS resources. In June of 2015 the region's EMS agencies met to discuss the response protocol for Omega calls. After additional research, including discussions with other jurisdictions that adopted alternative responses for Omega calls, and multiple revisions to draft policy, the region's Omega protocol was accepted by the EMS Advisory Board on April 7, 2016 and approved by the District Board of Health on April 28, 2016 with an implementation date of July 1, 2016.

The protocol approves 52 Omega EMD determinant codes to be transferred from the 9-1-1 system to the Nurse Health Line (NHL) for further assessment and evaluation to determine the appropriate level of care for the patient. This increases the availability of the region's EMS resources allowing them to respond to higher acuity calls and reduces the burden on emergency rooms, while still providing assessment and recommendations to the patient.

### **Revised REMSA Franchise Response Map**

The REMSA Franchise response map delineates the time expectations for REMSA to respond to 9-1-1 calls in the Franchise service area. The process of reviewing and revising the REMSA map began in February 2015, with regional meetings starting April 2015. EMS staff utilized a contractor to assist the region in the development of a sound methodology and process for developing a new REMSA Franchise response map. The methodology adopted by the region was based on population density models with an overlay of call volume data for a 12 month period of time. After incorporating quantitative data elements and evaluating several map revisions, the regional EMS partner agencies met consensus on the newly developed REMSA response map (Figure 4). The new map was approved by the EMS Advisory Board January, 2016, followed by approval from the District Board of Health February, 2016 effective July 1, 2016.

Figure 4: REMSA Franchise Response Map Effective July 1, 2016

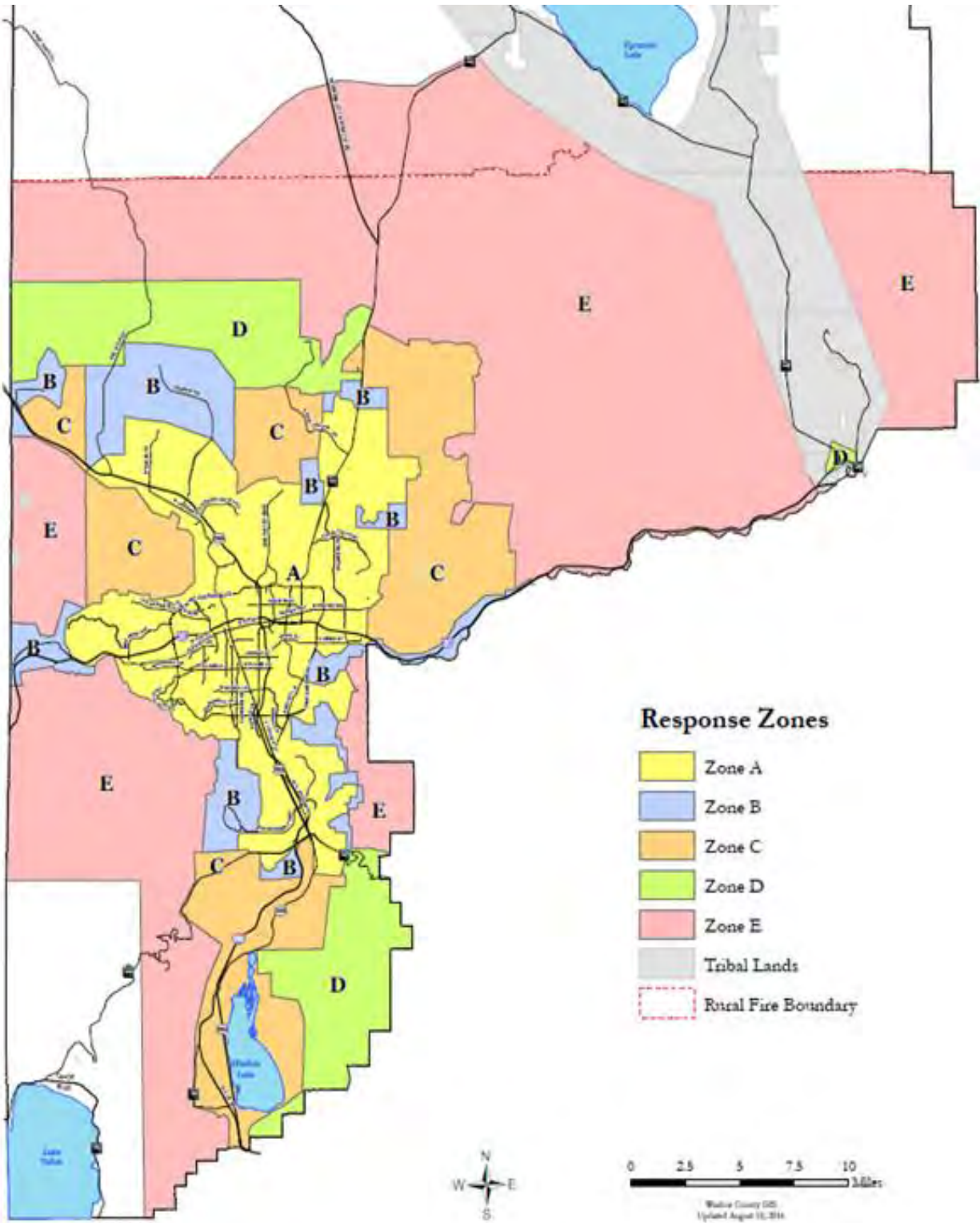
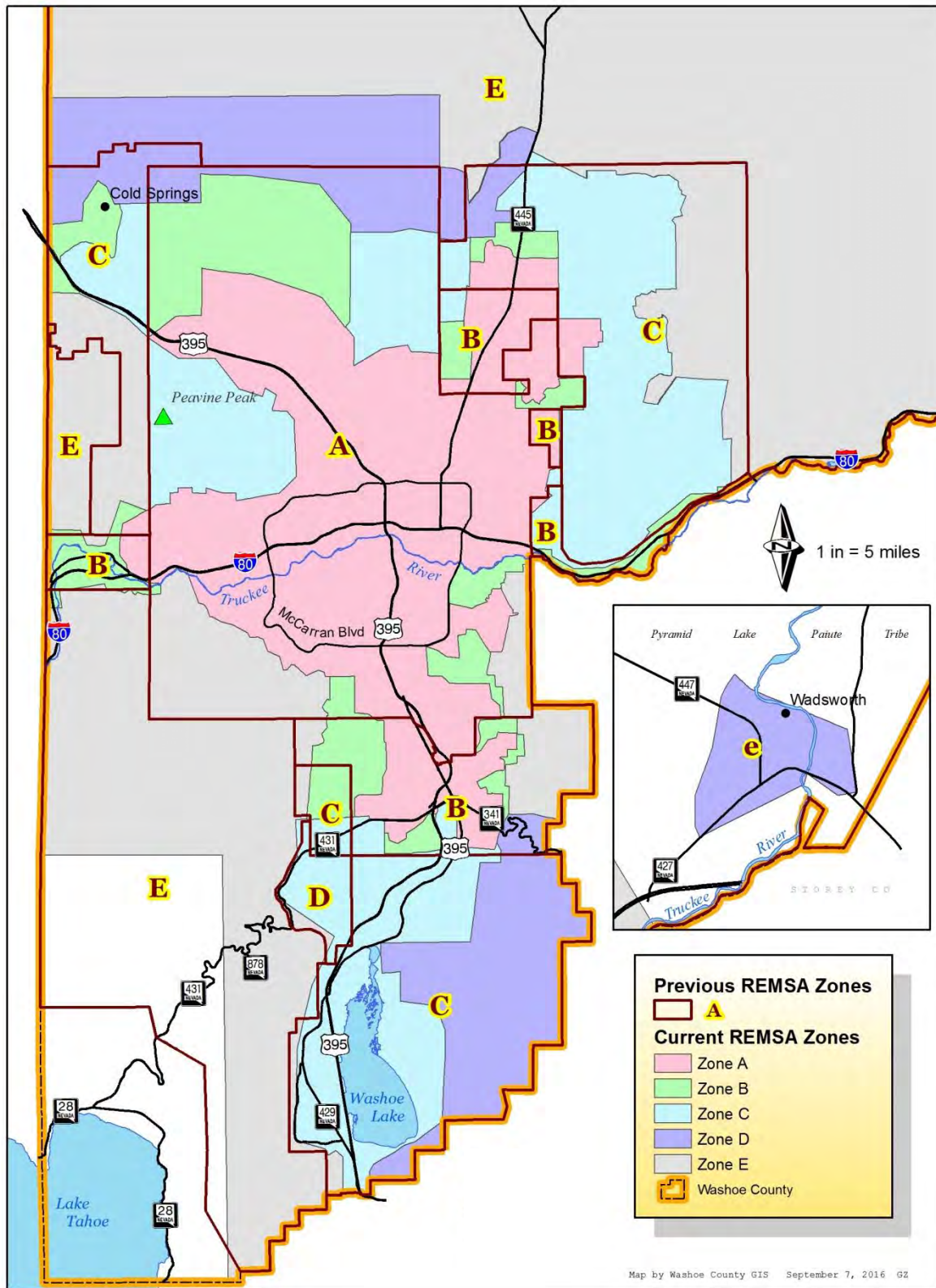




Figure 5: Map of REMSA's Previous and Current Franchise Response Zones



## **HeartSafe Community Designation**

In 1991 the American Heart Association brought forth the concept of “Chain of Survival”, the intention of which was to increase the survival rate of persons who are victims of sudden cardiac arrest. Nevada Project Heartbeat developed a HeartSafe Community Program to recognize the collaborative efforts of organizations and agencies to enhance and improve their pre-hospital system’s response to cardiac events.

The Washoe County EMS Oversight Program has been working with several partner agencies, since November 2015, to develop a HeartSafe program and apply for Washoe County to be a HeartSafe Community. Agencies involved include Renown, Reno-Tahoe Airport Authority Fire Department, Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, Washoe County Sherriff’s Office, REMSA, American Red Cross, Reno Police Department, and North Lake Tahoe Fire Protection District. Although Incline Village had previously been recognized as a HeartSafe Community, the partners thought it was prudent to submit an application on behalf of the County.

The process of developing a HeartSafe Program involved assessing the number of and access to automated external defibrillators (AED) and the number of residents who are trained and certified in CPR. The HeartSafe Program works to improve all aspects of the 9-1-1 system, so that pre-hospital care for a sudden cardiac arrest, including the initiation of CPR and defibrillation by bystanders, can begin prior to the arrival of EMS providers.

## **Multi-Casualty Incident Plan (MCIP) Update**

The MCIP was first created in 1986 in response to the Galaxy Airlines crash in Reno. The MCIP is designed to provide the community with the District Board of Heath’s polices and guidelines for response to an MCI. Since its inception, the MCIP has gone through seven revision cycles to enhance the plan; the most recent occurred during fiscal year 2015-2016. For several months EMS staff worked with regional agencies to update plan elements. The larger revisions included:

- The development of a section on EMS Coverage for Mass Gatherings as mitigation planning
- The addition of American Burn Association information as an appendix (general location of burn beds and burn bed criteria)
- The creation of a Family Service Center (FSC) Annex
- The development of a pre-built communications plan (ICS 205)
- The enhancement of the section on mental health and stress management
- The creation of an executive level training on the MCIP

The District Board of Health heard a presentation on the revisions and approved the updates on April 28, 2016 with an effective date of July 1, 2016.

### **MCIP Executive Training**

As part of the MCIP revision process, regional agencies identified a gap in regional training on the MCIP: most executive level personnel are familiar with the MCIP, but could benefit from a brief training that covers the operational details of the plan. Program staff began development of the MCIP executive level training to be offered during Fiscal Year 16-17. This training is intended to be offered on an annual basis.

### **Nevada Statewide Medical Surge Plan**

The Nevada Statewide Medical Surge plan was first written in 2008 and is an all-hazards response plan that applies to all planned and unexpected events that may necessitate a surge of hospital and other healthcare resources within Nevada. During Fiscal Year 2015-2016 stakeholders deemed it necessary to update the plan content as well as add regional/multi-county response annexes. The West region plans include three annexes: medical surge, MCIs and healthcare evacuation.

The West region annexes were developed with the intention of having additional organization when a response requires multiple counties and jurisdictions. The framework of the annexes was based off Washoe County plans, but the content was modified for regional response and coordination. The annex development culminated with a tabletop exercise to test capabilities, strengths and possible improvements.

## **Section 6: Partner Agency EMS Highlights & Accomplishments FY 15-16**

Partner agencies provided their EMS related highlights for FY 15-16, which include accomplishments such as increased capacity in terms of scope of work, increased staffing levels, newly hired personnel, updates to protocol and equipment upgrades. These are instrumental in assuring the best level of care is provided to the citizens and visitors of Washoe County.



### **City of Reno Fire Department Highlights for FY 15-16**

The Reno Fire Department responds to about 36,000 calls annually. Of those calls about 75% are EMS.

In January 2016 Reno Fire Department hired EMS Chief Dennis Nolan to handle the EMS Division, and was able to establish a standing EMS committee with a Department EMS training center located at Station 11.

On January 8, 2016 Reno Fire Department began delivering ALS service for the first time in the 128 year history of the Department.

The Reno Fire Department hired 32 new recruits spread over two recruit academies. The first academy started on January 4, 2016 and the second academy started April 18, 2016. All recruit graduates are now line firefighters working for the Reno Fire Department.

The Department participated in the National Reading Month in March, reading to over 1,500 school children in the classroom.

The Reno Fire Department continued its participation with local charitable organizations including Muscular Dystrophy Association (the Fill-the-Boot program), Northern Nevada Children's Cancer Foundation with the charitable fundraising dinner we call Natalia's night and Mom's on the Run, a local charitable organization that supports families and individuals impacted by breast cancer.

The Department raised money for Breast Cancer awareness during October through the sale of pink RFD duty shirts. The shirts were approved uniform shirts to be worn on-duty during October.

At Christmas the Department again delivered the Sam Saibini Food Basket program which provides food, free of charge, to underprivileged families in the region and also held the Children's Christmas Party for homeless children in Reno.

In early 2016, the Reno Fire Department began delivering EMS service utilizing a Medical Response Unit (MRU) which provides an additional resource for the Department and allows for flexible staffing.

The Department put two new fire engines in service during March 2016, with a third scheduled to go into service.

The Department chaplain continued to deliver trauma intervention, resources and spiritual care to employees and the public.

Along with the region, the Reno Fire Department completed the application to become a HeartSafe Community.



## City of Sparks Fire Department Highlights for FY 15-16

**REMSA Response Map:** the entire City of Sparks is now within the 8-minute response zone after the Response Map revisions.

**Implemented the Omega Response Protocols:** In conjunction with regional partners, developed the Omega response protocols allowing Ambulance and Fire Resources to discontinue response to low acuity priority 3 medical complaints.

**Developed a Refusal of Medical Assistance (RMA):** Developed, delivered required training, and implemented a Refusal of Medical Assistance procedure. This provides for better resource management and proper patient refusal in minor vehicle accidents and falls resulting in lift assists.

**Completed Protocol Update:** Updated protocols to reflect the recent changes in American Heart Association guidelines, scope of practice changes that came with the transition to Advanced EMT and other changes per medical direction.

**Acquired and Renewed POD Endorsement for Numerous Personnel:** The majority of SFD personnel attended vaccination administration training in conjunction with the Washoe County Health District. This cooperative effort allows SFD personnel to gain an additional endorsement on their EMS license that permits them to assist the County in delivering needed vaccines during public health emergencies. SFD personnel, in addition to other first responders, exponentially expand the resource availability to the Health District during a time of need.

**Implemented the NEV CORD Radio Frequency:** Programed department radios to include the NEV CORD frequency to be used to communicate with Air Ambulance resources.

**Participated in NAC 450B Workshops and Hearings**

**Completed Comprehensive Study on the Need for Paramedic First-Tier Resources Within the City of Sparks**



## **Truckee Meadows Fire Protection District Highlights for FY 15-16**

**Acquired Chest Compression Devices:** Thanks to Commissioner Hartung, a chest compression device was purchased with County funds and placed on the engine in Spanish Springs to enhance cardiac arrest survival rates in that District. The District subsequently budgeted for additional units to be placed on all 11 TMFPD engines in FY 16/17.

**Staffed Gerlach and developed EMS transport procedures:** Due to the resignation of several volunteers in Gerlach, TMFPD assumed operations of that area on an interim basis until a long-term plan could be developed and implemented. With approximately 2 weeks' notice, TMFPD was able to equip and staff a rescue and ambulance to service the region and provide ALS ambulance transport. The service was successfully transferred to new County staff on 7/1/16.

**Approved Division Chief of EMS for FY 16/17 Budget:** With a growing demand for EMS services and program support needs, the District created and funded a new Division Chief of EMS & Training, approved May 2016. The District will recruit for the position in mid FY 16/17.

**Acquired fiber optic intubation scopes:** To enhance success rates during critical, advanced airway placements, the District acquired fiber-optic video laryngoscopes. These tools allow for Paramedics to more easily visualize the placement of advanced airways, leading to better patient outcomes when successful.

**Acquired intubation manikins for all stations:** To further enhance advanced airway placement success rates, every TMFPD station was provided with an advanced airway training manikin. This allows crews to practice these critical skills on a daily basis.

**Trained numerous personnel in vaccination administration:** The majority of TMFPD personnel attended vaccination administration training in conjunction with the Washoe County Health District. This cooperative effort allows TMFPD personnel to gain an additional endorsement on their EMS license that allows them to assist the County in delivering needed vaccines during public health emergencies. TMFPD personnel, in addition to other first responders, exponentially expand the resource availability to the Health District during a time of need.

**65 Certified Paramedics now on staff:** Over the course of the last several years, TMFPD has continued to hire ALS personnel while existing ALS personnel have promoted to higher rank positions. During March 2016 TMFPD hired six additional firefighter paramedics, bringing the total to over 65 certified Paramedics on staff in various ranks which helps the District in all levels of its ALS EMS service.

**Developed a mutual aid agreement with REMSA for TMFPD's ambulance:** REMSA and TMFPD have developed a mutual aid agreement that will utilize the TMFPD ambulance stationed in Washoe Valley during MCI's and/or when REMSA needs assistance in providing transport in the South Valley's.





## REMSA's Agency Highlights for FY 15-16

**Hours Added:** Analysis of demand and implementation of the new response zone map led to the addition of 240 Advanced Life Support unit hours per week. These additional hours have been added to the system to increase the number of shift lines and staff available to the system throughout the week.

**Inter-facility System Growth:** Growing demand and a dedication to utilizing appropriate resources based on patient condition led to REMSA adding 144 Intermediate Life Support unit hours. This increase ensured BLS and ILS transfers can be completed by an ILS transport staff, increasing the availability of ALS units in the 911 system.

**New Dedicated Posts:** Two dedicated posts have been added to outlying areas in an effort to provide services to growing and expanding population centers in the region. A 16-hour dedicated post at Wedge Parkway and a 16-hour dedicated post in Spanish Springs were implemented to better serve the expanding geographical population base of the Truckee Meadows

**Community Health:** Began transitioning CHP programs from grant-based to sustainable models with new Healthcare Partners and strategic relationships.

**Omega Protocols:** Implemented Omega Protocols with approval from all three jurisdictions as well as the EMS Advisory Board and the District Board of Health. This agreement is part of REMSA's Community Health initiatives to get the right care to the right patients.

**Communication Staff:** Communication staff added to support the increase of requests specific to handling Inter-facility transfers and to help ensure efficiency of the ILS transport systems.

**Communication Center Accreditation:** Successful reaccreditation of the REMSA Communication Center by the International Academy of Emergency Dispatch Center of Excellence. This is REMSA's 15<sup>th</sup> year being an accredited Center of Excellence.

**Mutual Aid:** Initiated a new Mutual Aid Review Policy to ensure agreements are reviewed more frequently. A Mutual Aid Agreement with Truckee Meadows Fire Protection District was also completed and signed on June 28, 2016. Additionally, work began on establishing agreements with Reno Fire Department and Pyramid Volunteer Fire and Rescue.

**National Visitors:** Hosted multiple tours of key external decision makers; Dean Heller, Reid's staff, State Legislators, and representatives from the Center for Medicare Innovation.

**New Technology:** Implemented Mobile Data Terminals in ambulances and supervisor vehicles for improved routing, information sharing and digital communications. This new technology allows crews access to more information about calls and increased communications with the Communications Center.

**Mission Life Line Silver Award:** Awarded the Silver Mission Life Line Recognition in 2016 for successfully managing and caring for STEMI patients in collaboration with all local hospitals based on national criteria, see below.

Core Measures	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Overall
Percentage of pts with non-traumatic chest pain $\geq 35$ treated and transported who received a pre-hospital 12 lead:	95%	95%	95%	92%	94.7%
Percentage of STEMI pts treated/transported to PCI facility with first medical contact to device $\leq 90$ minutes:	100%	90%	80%	95.7%	92.2%



## **Gerlach Volunteer Fire Department Highlights for FY 15-16**

**Gerlach Fire and EMS:** The small department remained active in FFY-2016, thanks to assistance from the Truckee Meadows Fire Protection District (TMFPD). Due to a variety of factors, the department was in transition. The first half of the year the station was staffed by volunteers and the second half of the year the station was staffed by TMFPD.

However, it emerged stronger and more sustainable as a Combination Fire Department with two full-time employees and two Intermittent Employees to form the nucleus of the revitalized Department.

Volunteers are being recruited, and regular service calls are being conducted by the two ambulances stationed at the Gerlach Department. The coverage area remains almost 5,000 square miles and the department averages about 50 calls per year, with call spikes during the annual Burning Man festival.

**Calls for service:** During FFY-2016 the Gerlach Volunteer Fire Department or TMFPD, responded to 71 calls for service within the Gerlach response area, of which 48% (34) were EMS.

## Section 7: Goals for Next Fiscal Year

The following goals are areas which the EMS Oversight Program has been working towards for a several months, however, they are expected to be in effect within the next fiscal year. The Five-year Strategic Plan is a duty assigned by the ILA and was developed over much of FY 15-16 in collaboration with partner EMS agencies. The Program will also be working with EMS partner agencies and regional hospitals to develop best practice methodology to evaluate patient outcome data for future data reports.

### Five-Year Strategic Plan

The Washoe County EMS Five-Year Strategic Plan began in August 2015 to guide the future direction of the Washoe County EMS System. The strategic plan began with a collaborative assessment to examine strengths, weaknesses, opportunities and threats facing the EMS System from national, regional and local influences. The information obtained through the analysis helped formulate goals to optimize the structure, processes, and outcomes of the EMS Five-Year Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The strategic plan provides Washoe County's EMS System's mission, vision, values, goals and objectives to be accomplished by 2021. The following six goals are outlined in the plan and are as follows:

**Goal 1:** Enhance utilization of EMS resources by matching the appropriate services, as defined by the call for service, through alternative protocols, service options and transportation options by October 7, 2021.

**Goal 2:** Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2022.

**Goal 3:** Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.

**Goal 4:** Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital by December 31, 2018.

**Goal 5:** Design an enhanced EMS response system through effective regional protocols and quality assurance by December 31, 2018.

**Goal 6:** Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

## Patient Outcome Data

As identified in the Program's FY 14-15 Annual Report, focusing on the relationship between the two-tiered response system is an isolated review of the EMS system performance and patient outcome data should be included for evaluating performance of prehospital care. Promoting a high-quality level of patient care is a priority of all EMS partner agencies. Currently our region's EMS providers are not formally informed of patient outcomes after the responders are cleared from the scene or complete the patient transport to the emergency room.

While all 9-1-1 calls are deemed important, there are a few select conditions which national guidelines recommend a rapid response time from emergency responders; these include the following types of calls:

**Cardiac arrest:** An electrical malfunction of the heart, resulting in an ineffective heartbeat, or complete lack of heart beat. Often occurs without an early onset of warning symptoms. When the heart's electrical pulse is disrupted, the blood flow to the rest of the body stops, this causes the victim to become unconscious, resulting in death within minutes.

**ST-elevation myocardial infarction (STEMI):** Specific type of heart attack in which the blood flow to a portion of the heart is blocked. The heart is a muscle and if an artery providing oxygen-rich blood is blocked for prolonged periods of time that section of the heart will begin to die. Heart attack symptoms may occur suddenly, however many heart attacks occur slowly over a period of days or even weeks.

**Stroke:** Occurs when a blood vessel carrying blood to the brain is blocked or ruptures, resulting in lack of blood to that area of the brain which in turn causes brain tissue and cells to die. Strokes impact people differently depending on which area of the brain the blockage or rupture occurred and the extent of tissue death.

Obtaining patient outcomes from regional hospitals allows EMS providers, including dispatchers, to effectively evaluate dispatch pre-arrival instructions as well as patient care provided on scene and en route to the hospital. This will help to ensure an accurate patient assessment is occurring and the prehospital treatment is appropriate. Measuring patient outcomes is instrumental to evaluate the effectiveness of prehospital protocol and procedures. The Program's goal is to work with the EMS partner agencies and hospitals to further identify patient conditions to analyze and ensure the appropriate data are gathered to effectively assess pre-hospital patient care.

DD	RT
DHO	KS
DA	NA
Risk	NA

**STAFF REPORT**  
**BOARD MEETING DATE:** October 27, 2016

**TO:** District Board of Health  
**FROM:** Christina Conti, Preparedness & EMS Program Manager  
 775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)  
**SUBJECT:** **Presentation, discussion and possible approval of the five-year EMS Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.**

**SUMMARY**

The purpose of this agenda item is to review and approve the draft five-year strategic plan for EMS in the region, as required by the Inter Local Agreement for Emergency Medical Services Oversight.

**District Health Strategic Objective supported by this item:**

- 1. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 2. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

During the EMS Advisory Board on June 4, 2015, the Board approved the development of the five year strategic plan.

A regional SWOT (Strength, Weaknesses, Opportunities, and Threats) Analysis was conducted on August 31, 2015 during an EMS Advisory Board meeting.

During the EMS Advisory Board on April 7, 2016, the Board approved the update on the development of the five year strategic plan

During the EMS Advisory Board on July 7, 2016, the Board approved the update on the development of the five year strategic plan.

During the EMS Advisory Board meeting on October 6, 2016, the Board provided direction to staff on a strategy relating to a tier 1 measurement and approved the strategic plan for presentation and possible acceptance by the District Board of Health.

## **BACKGROUND**

The EMS Oversight Program was created through an Inter Local Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties specifically outlined for the EMS Oversight Program. One of the items explicitly tasked the EMS Oversight Program to “Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

At the June 4, 2015 EMS Advisory Board meeting, through discussion with the Board, the purpose of the strategic plan was identified as a document that would create milestones, furthering the EMS system in Washoe County. It was determined that a workshop should be held with the Board members to kick off the discussion and might provide some specific deliverables and desired outcomes.

On August 31, 2015 an EMS Advisory Board meeting was held with members of the EMS Working Group in attendance. The primary focus of the meeting was to hold the SWOT analysis. Manager Steve Driscoll facilitated the process and representatives from the Board, jurisdictional dispatch centers, fire partners, REMSA, and communications discipline participated.

The EMS Program Manager then began working with regional partners to develop the regional strategic plan. The stakeholders participating in the developing of plan included representatives from each jurisdiction and REMSA from dispatch and operations, as well as a regional communications representative. Over the course of 11 months the workgroup identified the components that would be included in the strategic plan. The first meetings were used to review the SWOT analysis and to identify goals for the region. Subsequent meetings reviewed the individual goals and the objectives within.

To ensure the process was efficient, each meeting had an identified objective to accomplish. All items drafted by the EMS Oversight Program remained in red and turned to black once the group has discussed and reached consensus on the draft.

The attached final draft of the strategic plan shows the efforts of the region in taking the SWOT analysis results and creating a path forward to improve the EMS system within Washoe County.

## **FISCAL IMPACT**

There is no fiscal impact to the Board on this agenda item.

## **RECOMMENDATION**

Staff recommends the Board approve the presentation and the five-year Strategic Plan, a requirement of the Interlocal Agreement for Emergency Medical Services Oversight.

**POSSIBLE MOTION**

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

“Move to approve the presentation and the five-year Strategic Plan to the District Board of Health.”



**WASHOE COUNTY  
EMERGENCY MEDICAL  
SERVICES**

2017-2021: Five-Year Strategic Plan

2017

## **The Washoe County EMS System**

The Washoe County Emergency Medical Services (EMS) Five- Year strategic plan was created with EMS Advisory Board support and reviewed by:

### **Contracted Ambulance Provider:**

REMSA

### **Fire Service Agencies:**

Reno Fire Department  
Sparks Fire Department  
Truckee Meadows Fire Protection District  
Gerlach Volunteer Fire Department

### **Stakeholder Organizations and County Departments:**

North Lake Tahoe Fire Protection District  
Pyramid Lake Fire Rescue  
Reno Dispatch  
Airport Authority Fire Department  
Sparks Dispatch  
WC Shared Communication System  
Washoe County EMS Oversight Program  
Washoe County Communications

### **Approved by:**

District Board of Health  
EMS Advisory Board

### **Document Distributed to:**

Contracted Ambulance Provider  
Fire Service Agencies  
Incline Village Community Hospital  
Northern Nevada Medical Center  
Renown Regional Medical Center  
Saint Mary's Regional Medical Center  
Stakeholder Organizations and County Departments  
Veterans Affairs Sierra Nevada Health Care System

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# Strategic Planning at a Glance

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare providing evidence based prehospital medicine exceeding the expectations of the community.

**RESPECTFUL**

**CUSTOMER SERVICE  
ORIENTED**

**PROFESSIONAL**

**RESPONSIVE**

**QUALITY  
IMPROVEMENT/  
ASSURANCE**

**ACCOUNTABLE**

**COLLABORATIVE**

It is the mission of the WC EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Enhance the regional EMS resources utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options.

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies.

Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines.

Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital.

Design an enhanced EMS response system through effective regional protocols and quality assurance.

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

Service Levels for Omega Calls

EMD process for low acuity calls

Alternative Transportation Options

Automatic Vehicle Locator

Ambulance Franchise Area Map Review

Mutual Aid Agreements for EMS services

Tier 1 response measurement

Enhance radio communication systems

CAD to CAD interface

Prehospital patient information flow

EMS system annual report

Regional set of protocols

Regional quality improvement process

Strategic plan implementation

Reporting structure to ILA signatories

## Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current ambulance contractor provides service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses, as well as the opportunities and threats facing the EMS system from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Five-Year Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

The strategic planning process was collaborative and included consensus building processes within the region and provided periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The EMS Five-Year Strategic Plan was approved by the EMS Advisory Board on October 6, 2016 and approved by the *District Board of Health on October 27, 2016*.

The six goals within Washoe County EMS Five-Year Strategic Plan are most relevant to the EMS system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. There are three goals within the strategic plan to ensure maintenance and improvements related to clinical care and patient satisfaction. The remaining three goals focus on improving operational efficiencies within the region, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

## **Emergency Medical Services Regional Mission, Vision and Values**

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

### **Vision:**

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare providing evidence-based prehospital medicine exceeding the expectations of the community.

### **The values of the Washoe County EMS System are:**

- **Respectful:** To be open-minded of all stakeholder's views and ideas.
- **Customer Service Oriented:** To be responsive to our customers' needs striving to provide high quality services in a respectful and courteous manner.
- **Accountable:** To be responsible for our behaviors, actions and decisions.
- **Professional:** To be dedicated in our service to the region and ourselves through adherence of recognized policies, rules and regulations. This includes maintaining the highest moral and ethical standards.
- **Responsive:** To rapidly identify emerging issues and respond appropriately.
- **Quality Improvement/Assurance:** To continuously evaluate operations, procedures and practices to ensure the EMS system is meeting the needs of our patients and stakeholders.
- **Collaborative:** To work together towards delivering efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County.

## **Emergency Medical Services Authority**

Washoe County is comprised of three political jurisdictions, the City of Reno, City of Sparks and unincorporated Washoe County. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system operates in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code also includes codified regulations for EMS personnel and agencies.

At the local government level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority the DBOH established an

exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014 and is an agreement between five political jurisdictions; City of Sparks<sup>1</sup>, City of Reno<sup>2</sup>, Washoe County Board of County Commissioners<sup>3</sup>, District Board of Health<sup>4</sup>, and Truckee Meadows Board of Fire Commissioners<sup>5</sup>. The ILA establishes an Emergency Medical Services Advisory Board (EMS Advisory Board).

The EMS Advisory Board is comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The purpose of the EMS Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s), of the five signatories, and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Managers of the City of Reno, City of Sparks and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The program consists of a Program Manager, Program Coordinator and Statistician.

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<sup>1</sup> Referred to as "SPARKS" within the ILA

<sup>2</sup> Referred to as "RENO" within the ILA

<sup>3</sup> Referred to as "WASHOE" within the ILA

<sup>4</sup> Referred to as "DISTRICT" within the ILA

<sup>5</sup> Referred to as "FIRE" within the ILA

The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE and REMSA;
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;
6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources;
7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA covering the preceding fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:



- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future as technologies, equipment, systems, and protocols evolve;
- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible action if determined necessary and appropriate by the respective managers; and
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation or for consideration and possible action by the District Board of Health if determined necessary and appropriate by the District Health Officer.

**Regional Strategic Plan  
Process, Objectives and Implementation**

Washoe County has a two tiered system response to emergency medical calls. When an individual dials 9-1-1 the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA’s communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint to dispatch appropriate resources and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMSAB strives to influence the coordination of all stakeholders as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS strategic plan was constructed.

To ensure the objectives of the entire region were considered, the EMS Working Group convened and participated in a SWOT analysis. The SWOT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system.

Representatives from both dispatch and operations for the EMS agencies provided input and feedback on the development of the strategic plan. The EMS Oversight Program frequently met with the representatives to review the goals, objectives, and strategies while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals of the individual EMS agencies. This culminated in the development of a regional strategic plan for the EMS Advisory Board's consideration.

The Five-Year EMS strategic plan includes goals, objectives and strategies. The six goals of the strategic plan are broad statements to identify future achievements of the Washoe County EMS system. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method for attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum collaboration to achieve the objectives and strategies within the five year planning period (2017-2021). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

## Goal #1 –

Enhance utilization of EMS resources by matching the appropriate services, as defined by the call for service, through alternative protocols, service options and transportation options by October 7, 2021.

**Objective 1.1.** Develop appropriate protocols to determine service level for Omega calls by January 5, 2017.

**Strategy 1.1.1.** Resolve legal issues impacting fire partners by March 30, 2016.

**Strategy 1.1.2.** Develop regional Standard Operating Procedures to address response to Omega calls by June 21, 2016.

**Strategy 1.1.3.** Approval by the EMS Advisory Board of protocols determining service levels for Omega calls by July 7, 2016.

**Strategy 1.1.4.** Determine data elements required for process verification by September 30, 2016.

**Strategy 1.1.5.** Analyze, interpret and report data elements to EMS Advisory Board and partner agencies quarterly beginning January 5, 2017.

**Objective 1.2.** Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls by February 5, 2017.

**Strategy 1.2.1.** Resolve regional concerns (operational, legal, and patient care) relating to protocols to determine service level through EMD process to low acuity Priority 3 calls by June 30, 2016.

**Strategy 1.2.2.** Develop Standard Operating Procedures to determine service level through EMD process to low acuity Priority 3 calls by October 28, 2016.

**Strategy 1.2.3.** Determine data elements required for process verification by December 16, 2016.

**Strategy 1.2.4.** Review by the EMS Advisory Board of the protocols that determine service levels through EMD process to low acuity Priority 3 calls by January 5, 2017.

**- Goal #1 Continued -**

Enhance utilization of EMS resources by matching the appropriate services, as defined by the call for service, through alternative protocols, service options and transportation options by October 7, 2021.

**Objective 1.3.** Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by October 7, 2021.

**Strategy 1.3.1.** Conduct research on alternative transportation options utilized across the United States by October 31, 2020.

**Strategy 1.3.2.** If applicable, develop processes for dispatch centers to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician’s office criteria) by August 31, 2021.

**Strategy 1.3.3.** If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by October 7, 2021.

**- Goal #2 -**

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 21, 2022.

<p><b>Objective 2.1.</b> Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.</p>	<p><b>Strategy 2.1.1.</b> Complete a regional assessment to identify and understand existing AVL capabilities to dispatch the closest EMS responder by June 30, 2021.</p> <p><b>Strategy 2.1.2.</b> Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.</p> <p><b>Strategy 2.1.3.</b> Develop regional dispatching process that will utilize the AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p><b>Strategy 2.1.4.</b> Purchase and install additional AVL equipment to increase capabilities in region by December 31, 2022.</p>
<p><b>Objective 2.2.</b> Establish ambulance franchise response map review methodology by September 30, 2016.</p>	<p><b>Strategy 2.2.1.</b> Develop standardized methodology for the annual review of the ambulance franchise response map by June 30, 2016.</p> <p><b>Strategy 2.2.2.</b> Develop standardized methodology for the five and ten year review for the ambulance franchise response map by September 30, 2016.</p> <p><b>Strategy 2.2.3.</b> Approval by the EMS Advisory Board of the standardized methodology for the annual, five and ten year reviews by October 6, 2016.</p> <p><b>Strategy 2.2.4</b> Analyze and report franchise map reviews annually including any recommended modifications to the EMS Advisory Board, beginning July 6, 2017.</p>
<p><b>Objective 2.3.</b> Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.</p>	<p><b>Strategy 2.3.1.</b> Identification of operational opportunities by WC EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County by June 30<sup>th</sup> annually.</p>

**- Goal #2 Continued -**

Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2022.

<p><b>Objective 2.3.</b> Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.</p>	<p><b>Strategy 2.3.2.</b> Enter into or modify MAAs/MOUs with partner agencies as necessarily by December 31<sup>st</sup> annually.</p> <p><b>Strategy 2.3.3.</b> Provide an update to EMS Advisory Board on all MA/MOU process changes or additional agreements being utilized in region by January 31<sup>st</sup> annually, beginning in January 2017.</p>
<p><b>Objective 2.4.</b> Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements, by March 31, 2017.</p>	<p><b>Strategy 2.4.1.</b> Jurisdictional fire response measurement identified by March 31, 2017.</p> <p><b>Strategy 2.4.2.</b> Review defined jurisdictional measurement with EMS Oversight Program by March 31, 2017.</p> <p><b>Strategy 2.4.3.</b> Monitor and report to the EMS Advisory Board the performance of the regional EMS system utilizing the jurisdictional fire measurement and ambulance franchise response map by the 15<sup>th</sup> of the month, following the fiscal year quarter.</p> <p><b>Strategy 2.4.4.</b> Provide recommendations for improvements based on defined performance measures to EMS Advisory Board as needed.</p>

### - Goal #3 -

Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.

<p><b>Objective 3.1.</b> Enhance radio communication systems within Washoe County by June 30, 2021.</p>	<p><b>Strategy 3.1.1.</b> REMSA will ensure interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System by December 31, 2016.</p> <p><b>Strategy 3.1.2.</b> Obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by June 30, 2017.</p> <p><b>Strategy 3.1.3.</b> Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs by December 31, 2018.</p> <p><b>Strategy 3.1.4.</b> REMSA and regional public safety partners will develop a plan to upgrade system based on jurisdictional analysis, in alignment with WCRCS target date of June 30, 2021.</p>
<p><b>Objective 3.2.</b> Establish a CAD-to-CAD (computer aided dispatch) interface between the primary PSAP and REMSA dispatch center by December 31, 2017.</p>	<p><b>Strategy 3.2.1.</b> Create a regional workgroup to design the elements of the CAD-to-CAD interface increasing interoperability between dispatch centers by January 31, 2016.</p> <p><b>Strategy 3.2.2.</b> Complete configuration process that includes development of the data exchange overview document and implementation by December 31, 2017.</p> <p><b>Strategy 3.2.3.</b> Provide process updates to EMS Advisory Board quarterly, beginning April 7, 2016.</p>
<p><b>Objective 3.3.</b> Establish a two-way interface to provide visualization of AVL for all EMS vehicles for the primary PSAPs and REMSA dispatch center by December 31, 2017.</p>	<p><b>Strategy 3.3.1.</b> Complete a regional assessment to identify and understand AVL existing capabilities by December 31, 2016.</p> <p><b>Strategy 3.3.2.</b> Develop regional process that will utilize the AVL technology to visualize EMS vehicles in both the primary PSAPs and REMSA dispatch center by December 31, 2017.</p> <p><b>Strategy 3.3.3.</b> If applicable, purchase and install additional AVL equipment to increase capabilities in region by December 31, 2017.</p>

**- Goal #4 -**

Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital by December 31, 2018.

<p><b>Objective 4.1.</b> Develop a process to improve the flow of patient information throughout the prehospital setting by December 31, 2018.</p>	<p><b>Strategy 4.1.1.</b> Identify the electronic patient care reporting (ePCR) software being utilized or purchased for use in the region by June 30, 2016.</p> <p><b>Strategy 4.1.2.</b> Evaluate how to transfer information between the ePCR from the fire response unit to the REMSA response unit by December 31, 2016.</p> <p><b>Strategy 4.1.3.</b> Evaluate existing processes for transferring all prehospital care information to hospital personnel and implement process improvement by June 30, 2018.</p> <p><b>Strategy 4.1.4.</b> Create and conduct training on regional policy, to include pertinent information required for seamless transfer of patient care from agency to agency by December 31, 2018.</p>
<p><b>Objective 4.2.</b> Produce an annual report on EMS system performance that includes hospital outcome data by December 31, 2018.</p>	<p><b>Strategy 4.2.1.</b> Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and stemi patients by October 31, 2016.</p> <p><b>Strategy 4.2.2.</b> Pilot the annual report with hospital outcome data with one regional hospital by March 31, 2017.</p> <p><b>Strategy 4.2.3.</b> Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2017.</p> <p><b>Strategy 4.2.4.</b> Review annual report with ePCR implementation and determine enhancements available for hospital outcome data by October 31, 2018.</p> <p><b>Strategy 4.2.5.</b> Draft for distribution of an annual report with enhanced data included by December 31, 2018.</p>



**- Goal #5 -**

Design an enhanced EMS response system through effective regional protocols and quality assurance by December 31, 2018.

<p><b>Objective 5.1.</b> Develop a regional set of protocols for the delivery of prehospital patient care by July 2017.</p>	<p><b>Strategy 5.1.1.</b> Review current protocols for each regional agency to determine differences and opportunities for improvement by October 31, 2016.</p> <p><b>Strategy 5.1.2.</b> Coordinate with PMAC<sup>6</sup> to develop regional protocols based on national standards and recent clinical studies, by June 30, 2017, amend as needed with a minimum annual review.</p> <p><b>Strategy 5.1.3.</b> Presentation to the EMS Advisory Board of the regional protocols and conflict resolution procedure for prehospital care by July 2017</p> <p><b>Strategy 5.1.4.</b> Create and conduct training on regional protocols for prehospital care by December 31, 2017.</p>
<p><b>Objective 5.2.</b> Establish a regional process that continuously examines performance of the EMS system by December 31, 2018.</p>	<p><b>Strategy 5.2.1.</b> Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by December 31, 2018.</p> <p><b>Strategy 5.2.2.</b> Determine team goals and identify initial performance measures to be utilized to continuously improve processes by December 31, 2018.</p> <p><b>Strategy 5.2.3.</b> Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by January 2019.</p> <p><b>Strategy 5.2.4.</b> Present information from the quarterly meeting to the appropriate entity, beginning April 2019.</p>

<sup>6</sup> PMAC is the Prehospital Medical Advisory Committee for Washoe County

**- Goal #6 -**

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

**Objective 6.1.** Coordinate and report on strategic planning objectives quarterly through June 2021.

**Strategy 6.1.1.** Create a Gantt chart for the regional partners with the details of the goals by October 31, 2016.

**Strategy 6.1.2.** Develop structured feedback loops for the current initiatives of the strategic plan goals.

**Strategy 6.1.3.** Provide progress reports to the EMS Advisory Board quarterly, beginning January 2017.

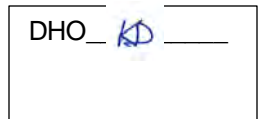
**Objective 6.2.** Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives by January 31, 2017.

**Strategy 6.2.1.** Create a reporting structure for the signatories of the Inter-Local Agreement and ambulance franchisee Board to receive updates on the status of the regional EMS system, biannually, beginning January 2017.

## **Strategic Plan Evaluation and Update**

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the EMS Oversight Program “Program and Performance Data Update” staff report at the EMS Advisory Board meeting.

Every two years, beginning in October 2018, the regional partners will convene to review the status of the current strategies and objectives. During the October 2018 review, the EMS Oversight Program will begin to develop the draft goals, strategies and objectives for years 2022-2023. Upon completion the EMS Oversight Program will bring an updated 5-year strategic plan to the EMS Advisory Board for review, input and approval.



**STAFF REPORT**

**BOARD MEETING DATE:** October 27, 2016

**TO:** District Board of Health

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

**SUBJECT:** **Presentation, Discussion, and Possible Direction to Staff regarding a Progress Report on the 2016-2018 Strategic Plan, and completion of the Fundamental Review implementation. Take action to direct staff to continue with implementation of the 2016-2018 Strategic Plan as presented *or* direct staff to make changes as discussed.**

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**SUMMARY**

The Health District Staff has developed an Action Plan to achieve implementation of the 2016-2018 Strategic Plan, has proposed to modify some of the outcome measures identified in the 2016-2018 Strategic Plan, and is proposing to close out tracking of the implementation of Recommendations from the 2014 Fundamental Review.

**This Item addresses all Health District Strategic Priorities.**

**PREVIOUS ACTION**

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review. The last semi-annual report on the Fundamental Review implementation and direction from the Board occurred on March 24, 2016.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting. Quarterly progress reports on the Strategic Plan are to be provided to DBOH

**BACKGROUND**

The 2016-2018 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these objectives. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan. The Action Plan is provided as Attachment A for review.

When developing the Action Plan, staff realized that the Health District lacks capacity to conduct meaningful activities and initiatives under each of the Community Outcomes that had been identified in the Plan approved on June 23, 2016. Therefore, staff is proposing to remove some of the Community Outcomes from the Strategic Plan. Other Community Outcomes are proposed to be restated in a more meaningful manner regarding the outcomes desired. These proposed changes are included in Attachment B.

Subject: Fundamental Review Quarterly Report

Date: October 27, 2015

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In addition to the development of the Action Plan, staff also worked with OnStrategy to configure their tracking software to be used to track and report on progress made under the Strategic Plan. A summary report of progress during the first quarter will be provided.

Staff received direction regarding completing the implementation of the Fundamental Review recommendation during the March update. Staff has addressed these items and proposes to close out reporting on the Fundamental Review as we now move forward with implementation and reporting on progress of the 2016-2018 Strategic Plan. A summary of outstanding items since the March 24, 2016 meeting is included as Attachment C.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY16 budget should the Board accept the 2016-2018 Strategic Plan Progress Report.

### **RECOMMENDATION**

Staff recommends the District Board of Health direct staff to continue with implementation of the 2016-2018 Strategic Plan as presented *or* direct staff to make changes as discussed.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to direct staff to continue with implementation of the 2016-2018 Strategic Plan as presented *or* direct staff to make changes as discussed."

## ACTION PLAN

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
<b>Strategic Priority #1: Improve the health of our community by empowering individuals to live healthier lives.</b>									
<b>District Goal 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.</b>									
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)	Steve Kutz					Target 34%		Target 33%
Initiative 1.1.1.1	Implement Wolf Pack Coaches Challenge.	Erin Dixon							
Initiative 1.1.1.2	Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon							
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Steve Kutz					Target 21%		Target 20%
Initiative 1.1.2.1	Develop and promote a local restaurant menu campaign.	Erin Dixon							
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Steve Kutz							
Initiative 1.1.2.3	Increase provider awareness regarding local obesity rates and effective interventions.	Erin Dixon							
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon					Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon							
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon							
Outcome 1.1.4	Reduce the percentage of youth who currently smoke cigarettes in Washoe County. (2015 Baseline: 10.3%)	Erin Dixon					Target 9%		Target 8%
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon							

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Outcome 1.1.5	Reduce the prevalence of diabetes in Washoe County. (2013 Baseline: 7.1%)	Erin Dixon					Target 7.1%		Target 7.0%
	Correlates with Initiatives 1.1.1.1 and 1.1.1.2	Erin Dixon							
Outcome 1.1.6	Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (2012 Baseline: 226.6)	Erin Dixon					Target 224		Target 222
	Correlates with Initiatives 1.1.1.1, 1.1.1.2, 1.1.2.1, 1.1.2.2, and 1.1.2.3	Erin Dixon							
Outcome 1.1.7	Reduce the cancer mortality rate (per 100,000) in Washoe County. (2012 Baseline: 174.5)	Erin Dixon					Target 172.5		Target 172.5
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon							
<b>District Goal 1.2: Promote preventive health services that are proven to improve health outcomes in the community.</b>									
Outcome 1.2.1	Monitor the teen birth rates (per 100,000) in Washoe County. (2013 Baseline: 26.9)	Stacy Hardie					Target 25.6		Target 24.2
Initiative 1.2.1.1	Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District.	Stacy Hardie							
Initiative 1.2.1.2	Promote “forget proof” birth control options within the community by increasing provider awareness regarding the importance of long-acting contraceptives in reducing teen and unintended pregnancy.	Stacy Hardie							
Initiative 1.2.1.3	Promote and launch the Fetal Infant Mortality Review “Go Before You Show” campaign.	Linda Gabor							
Outcome 1.2.2	Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (2015 Baseline: 53%)	Randall Todd					Target 60%		Target 70%
Initiative 1.2.2.1	Provide targeted education among those healthcare providers who do not follow CDC’s recommendation on hepatitis C testing.	Lei Chen							
Outcome 1.2.3	Increase the number of people utilizing WIC in Washoe County. (2016 Baseline: 9,568)	Erin Dixon					Target 9,855		Target 10,046

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 1.2.3.1	Increase promotion and outreach of CCHS clinical programs, including WIC (Women, Infant & Children).	Steve Kutz							
Outcome 1.2.4	Increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine. (2015 Baseline: 75.5%)	Linda Gabor				Target 78%		Target 80%	
Initiative 1.2.4.1	Participate on the Washoe County Immunization Workgroup to identify and coordinate immunization outreach activities for target populations.	Linda Gabor							
Initiative 1.2.4.2	Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival events.	Linda Gabor							
<b>District Goal 1.3: Improve access to health care so people of all means receive the health services they need.</b>									
Outcome 1.3.1	Increase the percentage of the population with health insurance in Washoe County. (2014 Baseline: 79.4%)	Steve Kutz				Target 83.3%		Target 87.3%	
Initiative 1.3.1.1	Encourage clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.	Stacy Hardie(w/ Lisa/Linda)							
Initiative 1.3.1.2	Explore partnering with agencies to provide onsite community health workers to assist and educate clients on how to access community resources.	Steve Kutz							
Outcome 1.3.2	Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (2014 Baseline: 68.1%)	Steve Kutz				Target 71.5%		Target 83.9%	
Initiative 1.3.2.1	Document CCHS clients' primary care provider status in EHR.	Steve Kutz							
Initiative 1.3.2.2	Advocate for increased Medicaid reimbursement to providers.	Steve Kutz/ Kevin Dick							
Initiative 1.3.2.3	Update clinical protocols to include counseling and referral of clients for primary care provider options and resources.	Stacy Hardie(w/ Lisa/Linda)							
Initiative 1.3.2.4	Partner with the new University of Nevada Medical School Physician's Assistant program to offer clinical rotation in CCHS.	Steve Kutz							



Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Outcome 1.3.3	Increase the number of offsite services in Washoe County. (2015 Baseline: 2)	Sara Dinga					Target 6		Target 8
Initiative 1.3.3.1	Develop Family Health Festival strategic plan to align with the Truckee Meadows Healthy Communities Strategic Plan.	Sara Dinga							
Initiative 1.3.3.2	Increase offsite services through increased funding and partnerships.	Steve Kutz							
<b>Strategic Priority #2: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.</b>									
<b>District Goal 2.1: Protect people from negative environmental impacts.</b>									
Outcome 2.1.1	Reduce the ozone concentration (parts per billion) – design value, 3-year average number in Washoe County. (2015 Baseline: 71)	Charlene Albee					Target 70		Target 68
Initiative 2.1.1.1	Expand air monitoring network to Spanish Springs.	Charlene Albee							
Initiative 2.1.1.2	Implement and execute the Ozone Advance action plan.	Charlene Albee							
Outcome 2.1.2	Increase the air quality index – percentage good and moderate days in Washoe County. (2013-2015 Baseline: 356)	Charlene Albee					Target 358		Target 360
Initiative 2.1.2.1	Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.	Charlene Albee							
Initiative 2.1.2.2	Update the Air Quality penalty regulations.	Charlene Albee							
Outcome 2.1.3	Reduce the waste generation – tons per year per capita in Washoe County. (2015 Baseline: 1,432 tons/2,884 pounds)	Bob Sack					Target 1,432 tons/2,884 pounds		Target 1,432 tons/2,884 pounds
Initiative 2.1.3.1	Update regulations for the solid waste management plan and implement.	Bob Sack							
Outcome 2.1.4	Increase the recycling rates in Washoe County. (2015 Baseline: 31.5%)	Bob Sack					Target 35%		Target 35%
Initiative 2.1.4.1	Support Washoe County in updating the Franchise Agreement.	Bob Sack							

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 2.1.4.2	Complete waste composition study to determine makeup of our community's waste stream.	Bob Sack							
Initiative 2.1.4.3	Create an educational and outreach plan/program to increase recycling efforts of commercial, industrial, and multifamily dwellings.	Bob Sack							
Outcome 2.1.5	Increase the number of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters in Washoe County. (2015 Baseline: 12)	Bob Sack					Target 10	Target 10	
Initiative 2.1.5.1	Implement emergency response stand by to support communication.	Bob Sack							
Initiative 2.1.5.2	Begin dialogue with Truckee Meadows Water Authority on drought and its effects on water quality.	Bob Sack							
Initiative 2.1.5.3	Modify mosquito monitoring procedures to address warming climate.	Bob Sack							
Initiative 2.1.5.4	Keep disaster plans and training current.	Christina Conti							
<b>District Goal 2.2: Keep people safe where they live, work, and play.</b>									
Outcome 2.2.1	Increase the percentage of risk-based environmental program standards for all programs. (2016 Baseline: 0%)	Bob Sack					Target 100%	Target 100%	
Initiative 2.2.1.1	Develop and implement a work plan for establishing risk-based program standards for each program.	Bob Sack							
Outcome 2.2.2	Increase the percentage of risk-based food inspections in Washoe County. (2015 Baseline: 0%)	Bob Sack					Target 100%	Target 100%	
Initiative 2.2.2.1	Implement the new risk-based form and inspection process.	Bob Sack							
Initiative 2.2.2.2	Establish risk-based environmental program standards for all programs.	Bob Sack							
Outcome 2.2.3	Increase the food inspection pass rate – clean pass in Washoe County. (no baseline data)	Bob Sack					Target TBD	Target TBD	

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 2.2.3.1	Correlates with Initiative 2.2.1.1								
Outcome 2.2.4	Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (no baseline data)	Bob Sack					Target TBD	Target TBD	
Initiative 2.2.4.1	Establish measurement of percentage of food-borne illness risk factors in food establishments.	Bob Sack							
Initiative 2.2.4.2	Implement the environmental Health Division's Strategic Plan for the nine food safety standards.	Bob Sack							
<b>Strategic Priority #3: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.</b>									
<b>District Goal 3.1: Raise awareness of the Washoe County Health District and the services it offers within our community.</b>									
Outcome 3.1.1	Increase the number of traditional media interviews and press releases in Washoe County. (2015 Baseline: 221)	Phil Ulibarri					Target 250	Target 275	
Initiative 3.1.1.1	Develop periodic newsletter or blog to promote Health District activities.	Phil Ulibarri							
Initiative 3.1.1.2	Develop and post videos on website using County or contracted videographer or existing public health material.	Phil Ulibarri							
Initiative 3.1.1.3	Create staff guidelines for communicating how their program contributes to a local culture of health.	Phil Ulibarri							
Outcome 3.1.2	Increase the number of social media posts in Washoe County. (2015 Baseline: 343)	Phil Ulibarri					Target 250	Target 250	
Initiative 3.1.2.1	Push people to the website through social media by identifying individuals within divisions to post messages.	Phil Ulibarri							
Outcome 3.1.3	Increase the number of impressions from advertising campaigns in Washoe County. (2015 Baseline: 12.6M)	Phil Ulibarri					Target 13.8M	Target 14.0M	
Initiative 3.1.3.1	Use WCHD savings with grant assistance to fund branding/marketing/outreach efforts.	Phil Ulibarri							
Outcome 3.1.4	Increase the percentage of permits applied for online in Washoe County. (no baseline)	Bob Sack					Target 50%	Target 80%	
Initiative 3.1.4.1	Improve navigability of website.	Phil Ulibarri							

Outcomes and Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
<b>District Goal 3.2: Work with others to establish policies that positively impact public health.</b>								
Outcome 3.2.1	Increase the number of policies established or improved that positively impact public health in Washoe County. Examples might potentially include: taxation of e-nicotine products, vaping in the Clean Indoor Air Act, access to behavioral health services, height and weight measurements in schools, expansion of wrap-around models. (no baseline)	Kevin Dick					Target 2	Target 5
Initiative 3.2.1.1	Submit recommendations to the Legislative Committee on Health Care for consideration during the August 24 meetings.	Kevin Dick						
Initiative 3.2.1.2	Work with others to develop BDRs for 2017 session addressing policy recommendations.	Kevin Dick						
Initiative 3.2.1.3	Provide legislative testimony and support and report on the number and summary of policies/laws enacted during 2017 legislative session.	Kevin Dick						
Initiative 3.2.1.4	Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas.	Kevin Dick						
Initiative 3.2.1.5	Establish policies through Truckee Meadows Healthy Communities, Renown Child Health Institute, or other entities, and report on the number of policies established.	Kevin Dick						
<b>District Goal 3.3: Inform the community of important health trends by capturing and communicating health data.</b>								
Outcome 3.3.1	Increase the number of community public health advisories issued in Washoe County. (2015 Baseline: 60)	Phil Ulibarri					Target 66	Target 72
Initiative 3.3.1.1	Protect quality of life through health notices and/or health advisories and/or social media postings during times of public health crisis or events.	Phil Ulibarri						
Outcome 3.3.2	Increase the average weekly unique visitors to the Health District website for Washoe County. (2015 Baseline: 5,374)	Phil Ulibarri					Target 5,911	Target 6,502
Initiative 3.3.2.1	Promote WCHD data in media efforts.	Phil Ulibarri						

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Outcome 3.3.3	Increase the number of community health data reports published/promoted in Washoe County. For example: CHNA, County Health Rankings, Air Quality Trends, Communicable Disease Annual Report, Foodborne Illness Risk Factors, Antibioqram Report. (2015 Baseline: 4)	Kevin Dick					Target 5		Target 5
Initiative 3.3.3.1	Communicate Robert Wood Johnson Foundation county health data report in media efforts.	Phil Ulibarri							
Initiative 3.3.3.2	Develop data report for Community Health Needs Assessment.	Kevin Dick							
Initiative 3.3.3.3	Promote annual report for County Health Rankings Report.	Kevin Dick							
Initiative 3.3.3.4	Develop data report for Air Quality trends.	Charlene Albee							
Initiative 3.3.3.5	Develop data report for Communicable Diseases Annual Report.	Randall Todd							
Initiative 3.3.3.6	Develop data report for foodborne illness risk factors.	Bob Sack							
Initiative 3.3.3.7	Increase the frequency of the Washoe County Antibioqram publication for biannual to annual.	Lei Chen							
<b>District Goal 3.4: Raise awareness of the benefits of a healthy community to build a local culture of health.</b>									
Outcome 3.4.1	Increase the number of initiatives contributing to building a local culture of health. (2015 Baseline: 3)	Kevin Dick					Target 4		Target 5
Initiative 3.4.1.1	Establish staffing for Truckee Meadows Healthy Communities.	Kevin Dick							
Initiative 3.4.1.2	Conduct combined organizational Board meetings with nine Boards to build TMHC support.	Kevin Dick							
Initiative 3.4.1.3	Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events.	Kevin Dick							
<b>Strategic Priority #4: Extend our impact by leveraging partnerships to make meaningful progress on health issues.</b>									
<b>District Goal 4.1: Lend support and accountability to improve K-12 educational outcomes.</b>									

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Outcome 4.1.1	Reduce the duration of GI outbreaks in schools in Washoe County. (2015 Baseline: 44 days)	Randall Todd					Target 40 days		Target 36 days
Initiative 4.1.1.1	Provide Washoe County School District toolkits to prevent and control GI illness outbreaks.	Randall Todd							
Outcome 4.1.2	Increase the percentage of Washoe County students who graduate high school in Washoe County. (2015 Baseline: 75%)	Sara Dinga					Target 76.9%		Target 78.8%
Initiative 4.1.2.1	Provide backbone support for the Community Health Improvement Plan Education goals and objectives.	Sara Dinga							
Initiative 4.1.2.2	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for educational initiatives.	Sara Dinga							
<b>District Goal 4.2: Support and promote behavioral health.</b>									
Outcome 4.2.1	Reduce the percentage of Washoe County high school students who attempt suicide. (2015 Baseline: 11.7%)	Sara Dinga					Target 11.1%		Target 10.53%
Initiative 4.2.1.1	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives.	Sara Dinga							
Initiative 4.2.1.2	Incorporate mental/behavioral health information into Incident Command System trainings.	Christina Conti							
Outcome 4.2.2	Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (2015 Baseline: 18.3%)	Sara Dinga					Target 17.4%		Target 16.5%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Sara Dinga							
Outcome 4.2.3	Reduce the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property. (2015 Baseline: 27.9%)	Sara Dinga					Target 26.5%		Target 25.1%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Sara Dinga							
Outcome 4.2.4	Reduce the rate of K- 12 Washoe County School District bullying incidents. (no baseline)	Sara Dinga					Target -10%		Target -20%

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Sara Dinga							
Outcome 4.2.5	Reduce the percentage of Washoe County high school students who currently drink alcohol. (2015 Baseline: 35.5%)	Sara Dinga					Target 34.7%	Target 32.9%	
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Sara Dinga							
<b>District Goal 4.3: Improve nutrition by supporting efforts to increase food security and access.</b>									
Outcome 4.3.1	Reduce the percentage of food insecure children in Washoe County. (2012 Baseline: 27%)	Sara Dinga					Target 25.7%	Target 24.3%	
Initiative 4.3.1.1	Develop a Washoe County Community Garden Plan for community gardens in low-income neighborhoods.	Sara Dinga							
Initiative 4.3.1.2	Continue to partner with Collaborate for Communities team.	Sara Dinga							
Initiative 4.3.1.3	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for food security initiatives.	Sara Dinga							
Outcome 4.3.2	Reduce the percentage of food insecure people in Washoe County. (2012 Baseline: 15%)	Sara Dinga					Target 14.25%	Target 13.5%	
	Correlates with Initiatives 4.3.1.1, 4.3.1.2, and 4.3.1.3								
<b>District Goal 4.4: Enhance the Regional Emergency Medical Services System.</b>									
Outcome 4.4.1	Implement a single patient record for pre-hospital care in Washoe County. (2015 Baseline: 0%)	Christina Conti					Target 100%	Target 100%	
Initiative 4.4.1.1	Develop a 5-year Emergency Medical Services Plan.	Christina Conti							
Outcome 4.4.2	Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County. (2015 Q1 Baseline: 6:05)	Christina Conti					Target 6:00	Target 6:00	
Initiative 4.4.2.1	Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2021.	Christina Conti							

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Outcome 4.4.3	Coordinate communications amongst EMS partners. (2015 Baseline REMSA ready for CAD-CAD; Computer Aided Dispatch interface)	Christina Conti					Target CAD/AVL (auto vehicle locator) complete		Target P25 radio migration 80% complete
Initiative 4.4.3.1	Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.	Christina Conti							
Initiative 4.4.3.2	Enhance the regional EMS resource utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options by December 31, 2021.	Christina Conti							
<b>Strategic Priority #5: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.</b>									
<b>District Goal 5.1: Update the WCHD's financial model to align with the needs of the community.</b>									
Outcome 5.1.1	Increase State funding support in Washoe County. (FY 2015 Baseline: 1.2%)	Anna Heenan					Target 1.3%		Target 1.5%
Initiative 5.1.1.1	Engage DBOH champions to lobby for State funding support.	Kevin Dick							
Initiative 5.1.1.2	Advocate for additional state funding for increased funding per capita.	Kevin Dick							
<b>District Goal 5.2: Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.</b>									
Outcome 5.2.1	Increase budget per capita (442,000 population). (FY 2015 Baseline: \$47.50)	Anna Heenan					Target \$49.88		Target \$52.25
Initiative 5.2.1.1	Establish an agreement with the County on adjusting general fund transfers to address COLAs.	Kevin Dick							
Outcome 5.2.2	Generate cost savings (in dollars) through QI projects. (no baseline)	Sara Dinga					Target TBD		Target TBD



Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 5.2.2.1	Identify opportunities to support above base requests within division budgets.	Anna Heenan							
Initiative 5.2.2.2	Achieve and report on cost savings through QI projects.	Sara Dinga							
Outcome 5.2.3	Increase utilization of interns and volunteers (hours/FTEs). (FY 2015 Baseline: 12,636/6.1)	Anna Heenan				Target 13,676/6.6		Target 14,716/7.1	
Initiative 5.2.3.1	Identify opportunities to use volunteers and report savings in utilization hours/FTEs.	Bob Sack							
Initiative 5.2.3.2	Identify opportunities to use volunteers and report savings in utilization hours/FTEs.	Charlene Albee							
Initiative 5.2.3.3	Identify opportunities to use volunteers and report savings in utilization hours/FTEs.	Randall Todd							
Initiative 5.2.3.4	Identify opportunities to use volunteers and report savings in utilization hours/FTEs.	Steve Kutz							
Initiative 5.2.3.5	Identify opportunities to use volunteers and report savings in utilization hours/FTEs.	Kevin Dick							
<b>Strategic Priority #6: Strengthen our workforce and increase operational capacity to support growing population.</b>									
<b>District Goal 6.1: Create a positive and productive work environment.</b>									
Outcome 6.1.1	Increase the employee engagement score in Washoe County. (FY 2016 Baseline: 18.9%)	Sara Dinga					Target 25%	Target 30%	
Initiative 6.1.1.1	Conduct an annual engagement survey.	Sara Dinga							
Initiative 6.1.1.2	Achieve 85% on-time annual reviews.	Kevin Dick							
Initiative 6.1.1.3	Achieve 85% on-time annual reviews.	Anna Heenan							
Initiative 6.1.1.4	Achieve 85% on-time annual reviews.	Bob Sack							

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 6.1.1.5	Achieve 85% on-time annual reviews.	Charlene Albee							
Initiative 6.1.1.6	Achieve 85% on-time annual reviews.	Randall Todd							
Initiative 6.1.1.7	Achieve 85% on-time annual reviews.	Steve Kutz							
Outcome 6.1.2	Increase the number of facility enhancements implemented (cumulative) within the Washoe County Health District. (FY 2106 Baseline: 2)	Steve Kutz					Target 5	Target 8	
Initiative 6.1.2.1	Implement actions to enhance aesthetics of the Health District building environment and report on number of actions taken.	Steve Kutz							
Outcome 6.1.3	Increase the number of security enhancements implemented within the Washoe County Health District. (FY 2106 Baseline: 0)	Anna Heenan					Target 1	Target 2	
Initiative 6.1.3.1	Implement improvements in security measures.	Kevin Dick							
Outcome 6.1.4	Increase the number of QI projects implemented in las 12 months within the Washoe County Health District. (FY 2106 Baseline: 8)	Sara Dinga					Target 10	Target 12	
Initiative 6.1.4.1	Develop and approve an annual Quality Improvement Plan.	Sara Dinga							
Initiative 6.1.4.2	Implement QI projects and report on the number of projects implemented.	Sara Dinga							
<b>District Goal 6.2: Focus on continuing to build staff expertise.</b>									
Outcome 6.2.1	Implement the Workforce Development Plan. (FY 2016 Baseline: Plan under development)	Sara Dinga					Target 50%	Target 100%	
Initiative 6.2.1.1	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Kevin Dick							
Initiative 6.2.1.2	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Anna Heenan							

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 6.2.1.3	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Bob Sack							
Initiative 6.2.1.4	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Charlene Albee							
Initiative 6.2.1.5	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Randall Todd							
Initiative 6.2.1.6	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Steve Kutz							
Initiative 6.2.1.7	Implement process to share learnings from formal professional development activities with others who did not attend.	Kevin Dick							
Initiative 6.2.1.8	Implement process to share learnings from formal professional development activities with others who did not attend.	Anna Heenan							
Initiative 6.2.1.9	Implement process to share learnings from formal professional development activities with others who did not attend.	Bob Sack							
Initiative 6.2.1.10	Implement process to share learnings from formal professional development activities with others who did not attend.	Charlene Albee							
Initiative 6.2.1.11	Implement process to share learnings from formal professional development activities with others who did not attend.	Randall Todd							
Initiative 6.2.1.12	Implement process to share learnings from formal professional development activities with others who did not attend.	Steve Kutz							
Initiative 6.2.1.13	Identify and develop new leaders and staff capabilities for succession planning purposes.	Kevin Dick							
Initiative 6.2.1.14	Identify and develop new leaders and staff capabilities for succession planning purposes.	Anna Heenan							
Initiative 6.2.1.15	Identify and develop new leaders and staff capabilities for succession planning purposes.	Bob Sack							

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Initiative 6.2.1.16	Identify and develop new leaders and staff capabilities for succession planning purposes.	Charlene Albee							
Initiative 6.2.1.17	Identify and develop new leaders and staff capabilities for succession planning purposes.	Randall Todd							
Initiative 6.2.1.18	Identify and develop new leaders and staff capabilities for succession planning purposes.	Steve Kutz							
Initiative 6.2.1.19	Develop and implement the workforce development plan.	Sara Dinga							
Initiative 6.2.1.20	Collaborate with the University of Nevada's Community Health Sciences program to identify and provide workforce development training opportunities for Health District staff.	Sara Dinga							

**ATTACHMENT B** - Removed and Revised Community Outcomes within the WCHD Strategic Plan Action Plan (as of October 12, 2016):

Removed Outcomes	Lead	Justification
% ever diagnosed with coronary heart disease	Steve	Rates continue to be monitored, but there are no new initiatives for these outcomes at this time.
Chronic obstructive pulmonary disease mortality rate (per 100,000)	Steve	
% of adolescents getting recommended physical activity	Steve	
% of adults getting recommended physical activity (males/females)	Steve	
% of youth consuming fruit or fruit juice three or more times a day	Steve	
% of youth consuming vegetables three or more times a day	Steve	
Chlamydia incidence rate (per 100,000)	Steve	
Gonorrhea incidence rate (per 100,000)	Steve	
Syphilis incidence rate, primary & secondary (per 100,000)	Steve	
HIV rate (per 100,000)	Steve	
AIDS rate (per 100,000)	Steve	
Flu vaccination rates	Steve	
% of WCSD graduates requiring remedial math courses though TMCC	Sara	
% of WCSD graduates requiring remedial English courses through TMCC	Sara	
% of WCSD graduates requiring remedial math courses through UNR	Sara	
% of WCSD graduates requiring remedial English courses through UNR	Sara	
% of food insecure eligible for Supplemental Nutrition Assistance Program (SNAP) enrollment	Sara	
All Outcomes Revised	Lead	
All outcomes have been revised to include an action word such as increase, reduce, monitor, etc. For example:  <u>Former "Outcome":</u> % of adults who are current smokers  <u>Revised Outcome:</u> Reduce the percentage of adults who are current smokers in Washoe County.	Sara	The "outcomes" provided in the Strategic Plan previously approved by the Board of Health were labeled as <i>outcomes</i> , but written as <i>indicators</i> . These indicators were therefore rewritten as outcomes.
Individual Revised Outcomes	Lead	Justification
<u>Former Outcome:</u> # of <b>family health festivals</b>  <u>Revised Outcome:</u> Increase the number of <b>offsite services</b> in Washoe County.	Sara	The outcome was broadened to correspond to initiatives related to the expansion of offsite services that addressed more than just Family Health Festivals. An initiative specific to Family Health Festivals still exists under this revised outcome.

<p><u>Former Outcome:</u> Number of <b>exercises</b> to prepare and respond to potential impacts due to drought, climate change, and natural disasters.</p> <p><u>Revised Outcome:</u> Number of <b>activities</b> to prepare and respond to potential impacts due to drought, climate change, and natural disasters.</p>	Bob	EHS will be increasing the number of activities while PHP may plan and operationalize an exercise. The term “activities” will be used to describe both activities and exercise.
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## ATTACHMENT C

### Fundamental Review: Closeout of remaining recommendations.

#### 4. Clinical Services

- Recommendation from March 2016 DBOH not to expand service hours.

#### 5. Fee Schedules

- Fee Schedules revised and increases being implemented through FY 2017/2018. DBOH direction to monitor and update as necessary.

#### 6. Explore and vet a tiered level of series of environmental health and regulatory programs and inspections.

- Health District staff proposes not to implement a tiered level of service for environmental health regulatory programs. This tiered service level structure is not considered necessary, nor supported by representatives of the local jurisdictions, or the Builders Association of Northern Nevada. Staff is available for initial pre-plan meeting. Maintaining procedures that provide timely plan review is the preferred approach, rather than establishing a system that might provide enhanced service to some, but cause a reduced service level to others.

#### 8. Develop Infrastructure to Support the District Health Officer

- Program Coordinator position staffed. Future Health District resource investments directed through Strategic Plan implementation.

#### 11. Assessment of needed Administrative and Fiscal staff

- Administrative Assistant Position staffed in CCHS. Additional adjustments may occur through Strategic Plan implementation.

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

- Staff adjustments made in FY 17 budget.
- Further actions will result from Strategic Plan

#### 15. Develop metrics for organizational success and improved community health

- Goes with #20. See below.

#### 19. Undertake an organizational Strategic Plan.

- Completed in June 2016. Plan implementation underway.
20. Implement a performance management system
    - Moving forward Strategic Plan and Community Health Improvement Plan will be used to identify metrics and implement a performance management system. Further work to meet accreditation requirements for a performance management system will occur as part of the accreditation preparation process.
  22. Take a greater leadership role to enhance the strong current State/Local collaboration.
    - Ongoing coordination with NDPBH and local health authorities (LHAs) is occurring through monthly conference calls. LHAs are coordinating to address legislative priorities and a State Association of City and County Health Officials (SACCHO) organization has been established, the Nevada Association of Local Health Officials (NALHO).
  23. Develop an organizational culture to support quality by taking visible leadership steps.
    - The Quality Improvement Initiative is included and progress will continue to be tracked through the Strategic Plan.
  24. Seek Public Health Accreditation Board (PHAB) accreditation
    - The DBOH decided in June to seek accreditation through PHAB.



DD	AH	—
DHO		—
DA	NA	—
Risk	NA	—

**STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

**TO:** District Board of Health

**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)

**THROUGH:** Kitty Jung, DBOH Chair

**SUBJECT:** Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans to keep the District Health Officer’s position in alignment with the other Unclassified Management positions

**SUMMARY**

The Washoe County District Board of Health approves all wage and salary adjustments, including Cost of Living Adjustments for the District Health Officer position. Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wages; and update sick leave/bereavement calculations, holidays and health plans; to keep the District Health Officer position in alignment with other County Unclassified Management positions who were granted these same items by the Board of County Commissioners on September 13, 2016.

**District Health Strategic Objective supported by this item: Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**Washoe County Strategic Objective supported by this item:** Valued, engaged employee workforce.

**PREVIOUS ACTION**

- On September 13, 2016, the Board of County Commissioners approved a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA in base wages effective July 1, 2017, a 2.5% COLA effective July 1, 2018; and updated sick leave/bereavement calculations, holidays and health plans for Unclassified Management and Non-Represented Confidential employees, District Court employees, Justice Courts employees, Juvenile Serves employees, and Truckee River Flood Management authority’s Executive Director and General Counsel.

- On September 24, 2015, the District Board of Health approved a 3% Cost of Living Adjustment (COLA) in the base wage for the District Health Officer position, retroactive to July 1, 2015; to bring the District Health Officer position into alignment with other unclassified management employees of Washoe County.
- On August 11, 2015, the Board of County Commissioners approved a 3% Cost of Living Increase to base wages for Unclassified Management, Non-Represented Confidential employees, District Court employees, Justice Courts employees (excluding Justices of the Peace), and Juvenile Services employees effective July 1, 2015.
- On July 24, 2014, the District Board of Health approved a 1.5% Cost of Living Adjustment (COLA) in base wage, retroactive to July 1, 2014; and a 1% Cost of Living Adjustment in base wage effective January 1, 2015, for the District Health Officer, to bring him into alignment with other unclassified management of Washoe County.
- The District Board of Health has, over the years, mirrored Cost of Living Adjustments and Wage/Insurance Reductions for the District Health Officer positions equal to what is approved by the Board of County Commissioners for the Unclassified Management positions. This process keeps the District Health Officer position in alignment with other Unclassified Management position.

## **BACKGROUND**

- The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved and signed at the January, 23, 2014 meeting, states under Section 4 Item B: Employee's annual salary may be adjusted as follows, by a vote of the Board, pursuant to the provisions of Section 9:
  - a) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
  - b) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached.”
- The Board of County Commissioners approved a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans; for Unclassified Management at their September 13, 2016 meeting.
- To ensure the District Health Officer is granted the same benefits and compensation provided to other Washoe County Unclassified Management; the District Board of Health is requested to approve the same Cost of Living increases for the District Health Officer as approved for the Unclassified Management by the Board of County Commissioners.
- Upon approval, a letter will be sent to Washoe County Human Resources authorizing the necessary adjustments to Mr. Dick's wages, to align them with the COLA adjustments granted Unclassified Management by the BCC September 13, 2016.

### **FISCAL IMPACT**

Should the Board approve the 3% Cost of Living Adjustment (COLA) for the District Health Officer position, the fiscal impact to the FY17 budget would be approximately \$6,074, which will be managed within the Health Fund. The 3.5% Cost of Living Adjustment (COLA) for July 1, 2017 and the 2.5% COLA will be included in the FY18 and FY19 budgets.

### **RECOMMENDATION**

Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans to keep the District Health Officer's position in alignment with the other Unclassified Management positions.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be **“Move to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans to keep the District Health Officer's position in alignment with the other Unclassified Management positions.”**

DD	AH	-
DHO		KD -
DA	NA	-
Risk	NA	-

**Staff Report**  
**Board Meeting Date: October 27, 2016**

**TO:** District Board of Health

**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)

**THROUGH:** Kitty Jung, DBOH Chair

**SUBJECT:** Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 2% Wage Increase, retroactive to his annual evaluation date of October 24, 2016.

**SUMMARY**

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health meeting on April 24, 2014; and approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of the 2016 District Health Officer's Performance Evaluation as presented and approval of a negotiated two percent (2%) wage increase retroactive to his evaluation date of October 24, 2016.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. Regular County employees (up to and including Unclassified Division Directors) receive an annual five percent (5%) merit increase until they reach the top of their pay range. Mr. Dick would reach the top of the District Health Officer pay range with an increase of 3.63%, but is only requesting a 2% increase this year.

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

**Washoe County Strategic Objective supported by this item:** Valued, engaged employee workforce.

**PREVIOUS ACTION**

On September 22, 2016, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2016 Performance Evaluation, as well as the questions to be used and the list of 30 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On November 19, 2015, the Washoe County District Board of Health confirmed they had reviewed the results of the Washoe County District Health Officer's (Mr. Dick) annual

performance evaluation at the October 22, 2015 meeting. The Board approved a five percent (5%) wage increase effective October 24, 2015.

On October 22, 2015, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation; reviewing the results of the 360 survey conducted in September/October 2015. The Board accepted the performance evaluation as presented, and voted to continue the approval of a five percent (5%) merit increase until the November board meeting when the Chair person would be present and could provide input and support for the action.

On September 24, 2015, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2015 Performance Evaluation, as well as the questions to be used and the list of 30 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 23, 2014, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation. The Board accepted the performance evaluation as presented, set goals for the coming year and approved a five percent (5%) wage increase effective October 24, 2014.

## **BACKGROUND**

The Washoe County District Board of Health conducts the annual performance evaluation of the Washoe County District Health Officer, prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health at their meeting of April 24, 2014. The District Board of Health reviews and discusses the performance evaluation information and the previous year's goals. The District Board of Health either approves and accepts the evaluation results as is, or asks the District Health Officer additional clarifying questions. Upon completion of the evaluation review the District Board of Health votes to accept the performance evaluation as presented, or as adjusted by the board; adjustments are noted in the record. Upon approval and acceptance of the Performance Evaluation, the District Board of Health discusses possible goals for the coming year and possible adjustments to the compensation package of the District Health Officer. The Chair and District Health Officer usually discuss possible compensation adjustments prior to the performance evaluation meeting and the Chair presents the recommendation to the Board. The Board discusses the proposed compensation adjustments and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved at the January, 23, 2014, regularly scheduled meeting; states under Section 4 Item B – "Employee's annual salary may be adjusted as follows, by a vote of the Board:

A) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,

**B) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached.”**

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them Mr. Dick’s annual performance evaluation has been conducted in open meeting and will outline any compensation adjustment approved by the board.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. County Code 5.121 provides for merit salary adjustments of 5% to the employee’s base salary based upon satisfactory job performance, up to the top of their positions pay range. Mr. Dick would reach the top of the District Health Officer pay range with an increase of 3.63%, but he is only requesting a 2% increase this year.

### **FISCAL IMPACT**

There would be no additional fiscal impact. The approved FY17 budget anticipated and included funding for a merit increase for the District Health Officer position.

### **RECOMMENDATION**

**Recommend to approve the District Health Officer’s Annual Performance Evaluation Results and Approve a 2% Wage Increase, retroactive to his annual evaluation date of October 24, 2016.**

### **POSSIBLE MOTION**

**Should the Board agree with staff’s recommendation a possible motion would be: Move to approve the District Health Officer’s Annual Performance Evaluation Results and Approve a 2% Wage Increase, retroactive to his annual evaluation date of October 24, 2016.**

**WASHOE COUNTY**  
**HEALTH DISTRICT**  

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**ENHANCING QUALITY OF LIFE**

**2016 District Health Officer's Annual Performance Evaluation**

**Mr. Kevin Dick**

**Presented by the District Board of Health (DBOH)**  
**Thursday, October 27, 2016**

**Summary**  
**2016 District Health Officer Performance Evaluation - Mr. Kevin Dick**

Question	1	Relationship to DHO	Answer Options	Response Percent	Response Count
			District Board of Health Member	29.4%	5
			Division Director or Admin Health	11.8%	2
			Peer from an Outside Agency	58.8%	10

17 people accessed the survey-16 completed it.

Question	2	LEADERSHIP	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Sets an effective example of high	10	5	0	1	16
			Inspires trust and confidence with	5	8	1	2	16
			Functions as an effective leader of	9	5	0	2	16
			Values staff, helps staff develop a	7	6	0	3	16
			Develops a talented team and	7	7	0	2	16

Question	3	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and effective	3	9	0	4	16
			Listens attentively and effectively.	10	6	0	0	16
			Speaks and writes logically.	8	7	0	1	16
			Delivers logical and well-organized	9	5	1	1	16
			Encourages and uses feedback	5	9	0	2	16

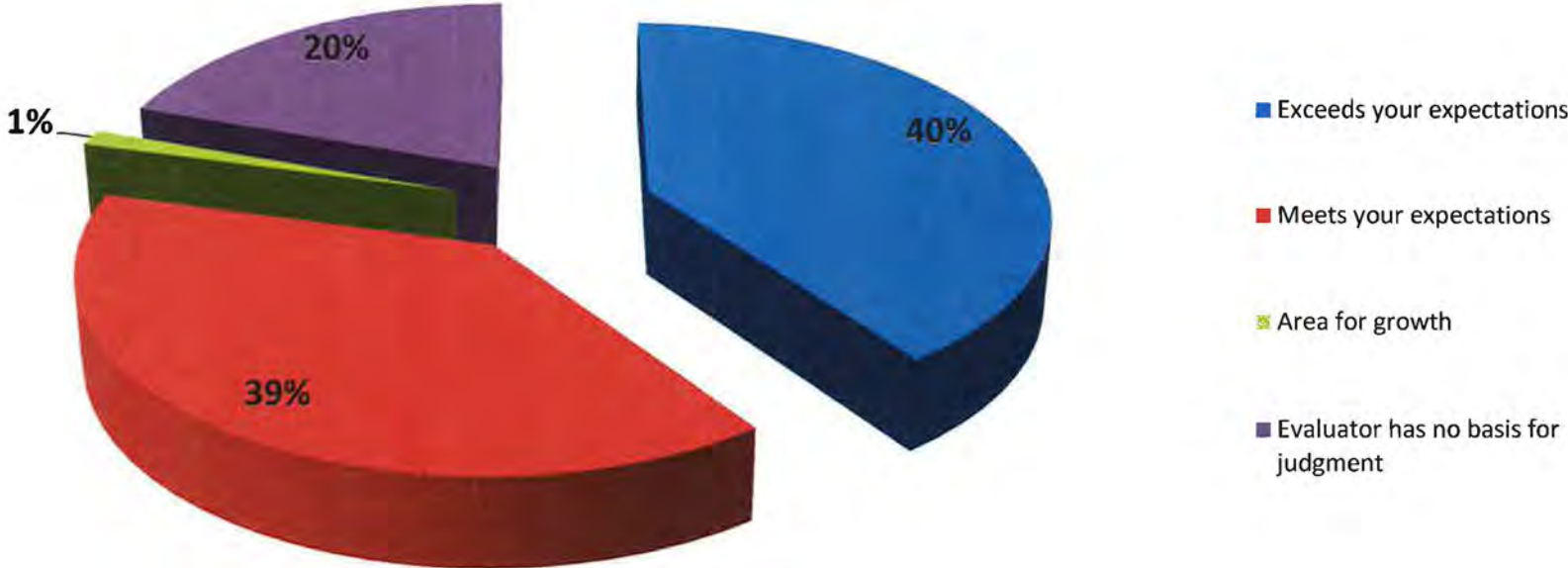
Question	4	COMMUNITY RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively represent the Health	12	4	0	0	16
			Has a successful working	5	5	0	6	16
			Has a successful working	7	7	1	1	16
			Encourages and considers	7	7	0	2	16
			Strives to maintain citizen	6	5	0	5	16

Question	5	INTERGOVERNMENTAL RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Accessible to leadership of other	6	9	0	1	16
			Effectively represents and	8	7	0	1	16
			Effectively communicates and	6	9	0	1	16
			Appropriately considers the impact	4	8	2	2	16
			Ensures that the Health District is	7	7	0	2	16

Question	6	DISTRICT BOARD OF HEALTH RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively implements the Board's	6	3	0	7	16
			Disseminates complete and	2	6	0	8	16
			Responds well to requests, advice	2	8	0	6	16
			Provides support to the board's	6	2	0	8	16
			Facilitates the board's decision	5	3	0	8	16



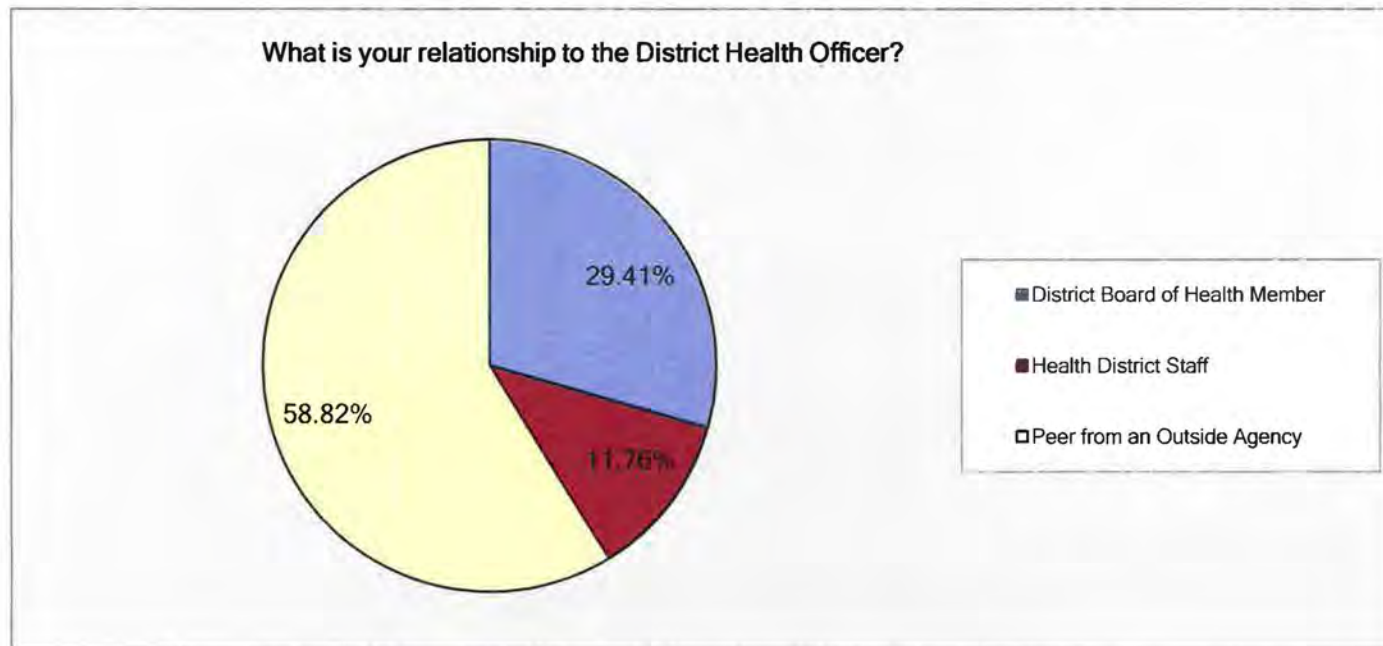
### Kevin Dick's 2016 Overall Performance Evaluation Results



AVERAGE RESULTS FOR QUESTIONS 2-6	SUMMARY	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment
		9.625	9.375	0.3125	4.6875
	Percentage %	40.10%	39.06%	1.30%	19.53%

## Kevin Dick's 2016 District Health Officer Evaluation Question 1

What is your relationship to the District Health Officer?		
Answer Options	Response Percent	Response Count
District Board of Health Member	29.41%	5
Health District Staff	11.76%	2
Peer from an Outside Agency	58.82%	10
<i>answered question</i>		<b>17</b>
<i>skipped question</i>		<b>0</b>



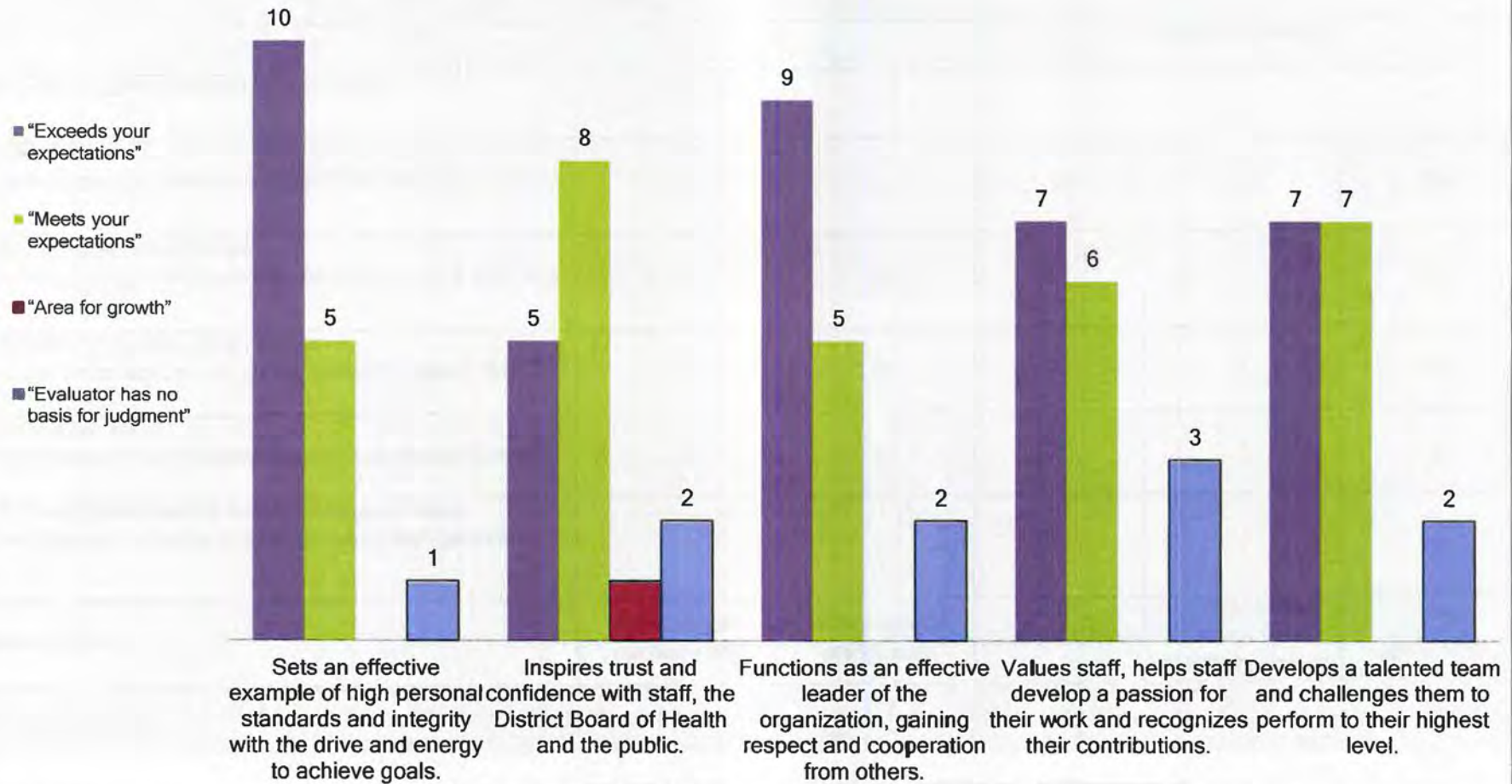
## Kevin Dick's 2016 District Health Officer Evaluation Question 2

### LEADERSHIP

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	10	5	0	1	16
Inspires trust and confidence with staff, the District Board of Health and the public.	5	8	1	2	16
Functions as an effective leader of the organization, gaining respect and cooperation from others.	9	5	0	2	16
Values staff, helps staff develop a passion for their work and recognizes their contributions.	7	6	0	3	16
Develops a talented team and challenges them to perform to their highest level.	7	7	0	2	16
Additional comments regarding Leadership:					2
<i>answered question</i>					16
<i>skipped question</i>					1

Number	Response Date	Additional comments regarding Leadership:
1	Oct 5, 2016 9:13 AM	Provides excellent leadership both in side of and outside of the organization.
2	Sep 26, 2016 2:12 PM	Kevin is an instrumental leader for the Truckee Meadows Health Communities initiative.

# LEADERSHIP



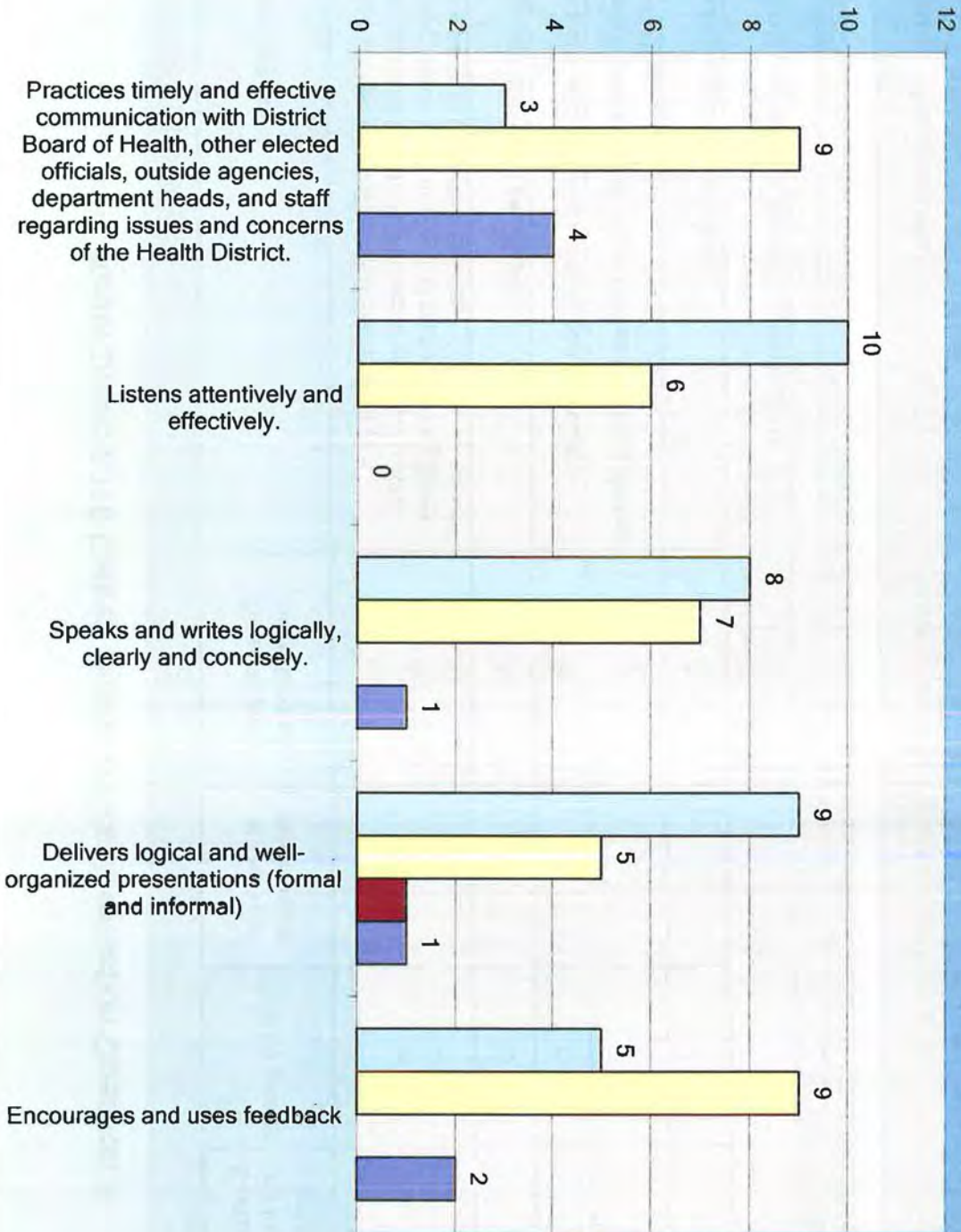
### Kevin Dick's 2016 District Health Officer Evaluation Question 3

#### COMMUNICATION

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads, and staff regarding issues and concerns of the Health District.	3	9	0	4	16
Listens attentively and effectively.	10	6	0	0	16
Speaks and writes logically, clearly and concisely.	8	7	0	1	16
Delivers logical and well-organized presentations (formal and informal)	9	5	1	1	16
Encourages and uses feedback	5	9	0	2	16
Additional comments regarding Communication:					1
					<i>answered question</i> <b>16</b>
					<i>skipped question</i> <b>1</b>

Number	Response Date	Additional comments regarding Communication:
1	Oct 5, 2016 9:15 AM	Kevin is clear and concise in his communication, and I appreciate that he is open to critical feedback. He is easy to chat with, and therefore I believe partner with.

# COMMUNICATION



□ "Exceeds your expectations"  
 □ "Meets your expectations"  
 ■ "Area for growth"  
 ■ "Evaluator has no basis for judgment"

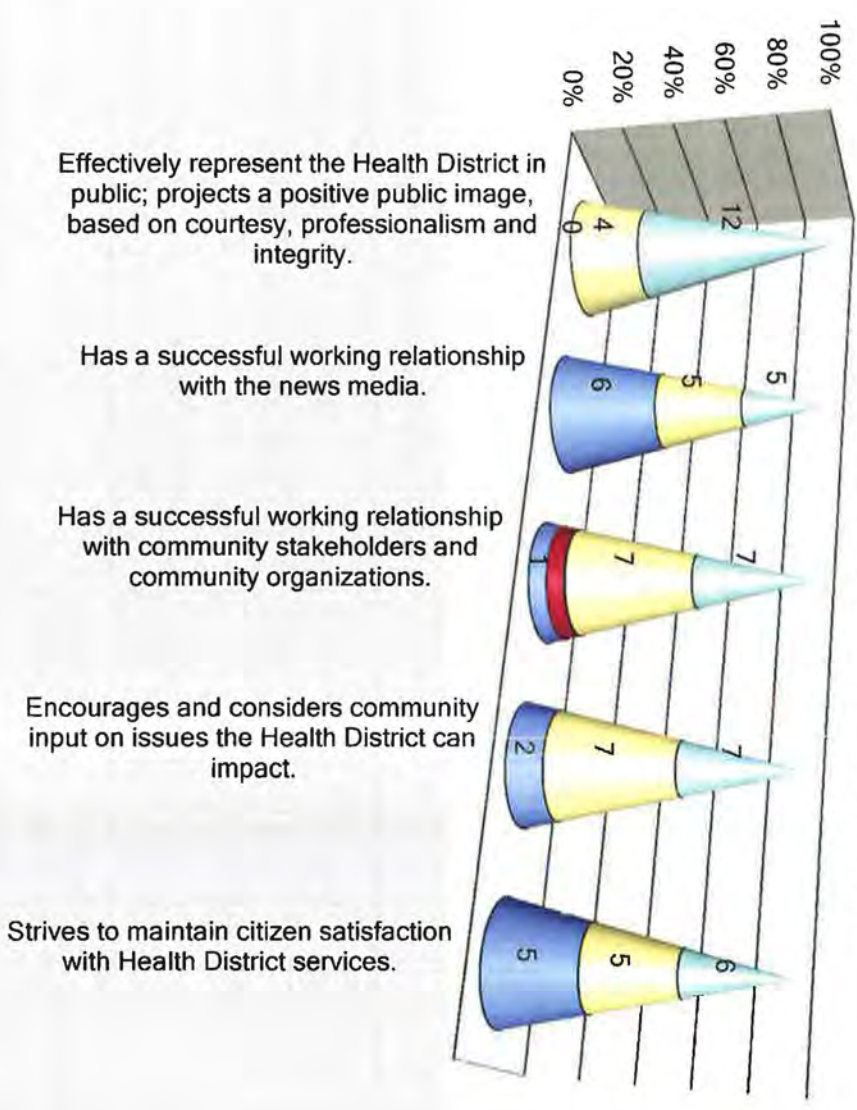
## Kevin Dick's 2016 District Health Officer Evaluation Question 4

### COMMUNITY RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively represent the Health District in public; projects a positive public image, based on courtesy, professionalism and integrity.	12	4	0	0	16
Has a successful working relationship with the news media.	5	5	0	6	16
Has a successful working relationship with community stakeholders and community organizations.	7	7	1	1	16
Encourages and considers community input on issues the Health District can impact.	7	7	0	2	16
Strives to maintain citizen satisfaction with Health District services.	6	5	0	5	16
Additional comments regarding Community Relations:					2
<i>answered question</i>					16
<i>skipped question</i>					1

Number	Response Date	Additional comments regarding Community Relations:
1	Oct 7, 2016 10:30 AM	Needs to utilize deep relationships with others/board members when at impasse with
2	Oct 5, 2016 9:21 AM	I believe Kevin strives to balance HD duties and responsibilities with community and political drivers.

# COMMUNITY RELATIONS



- "Exceeds your expectations"
- "Meets your expectations"
- "Area for growth"
- "Evaluator has no basis for judgment"



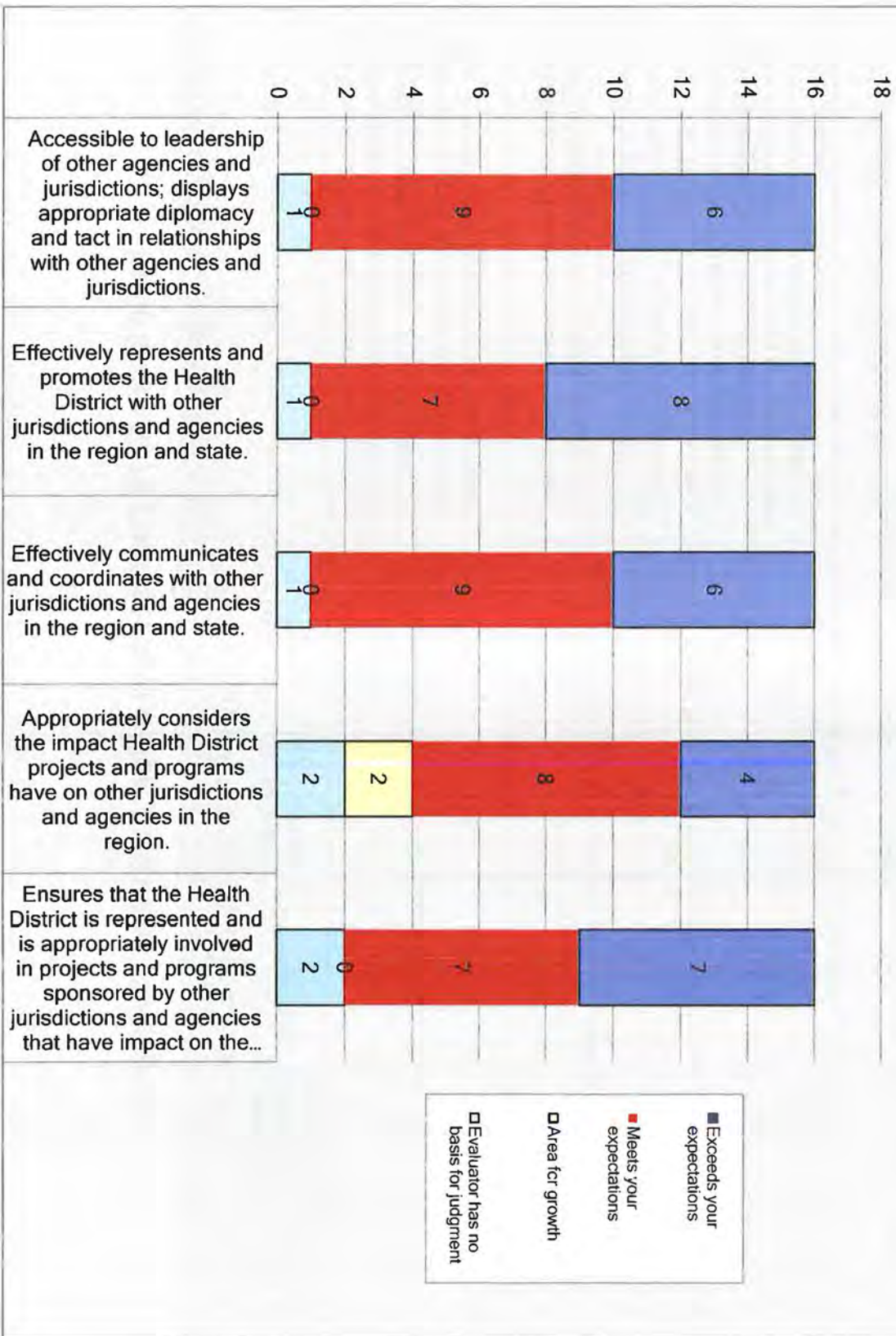
## Kevin Dick's 2016 District Health Officer Evaluation Question 5

### INTERGOVERNMENTAL RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	6	9	0	1	16
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	8	7	0	1	16
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	6	9	0	1	16
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	4	8	2	2	16
Ensures that the Health District is represented and is appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	7	7	0	2	16
Additional comments regarding Community Relations:					1
					<i>answered question</i>
					16
					<i>skipped question</i>
					1

Number	Response Date	Additional comments regarding Community Relations:
1	Oct 5, 2016 9:22 AM	Kevin is very politicaqly savvy, and a good role model for the HD. I appreciate that he "pushes" to promote public health, and protext the public.

# INTERGOVERNMENTAL RELATIONS



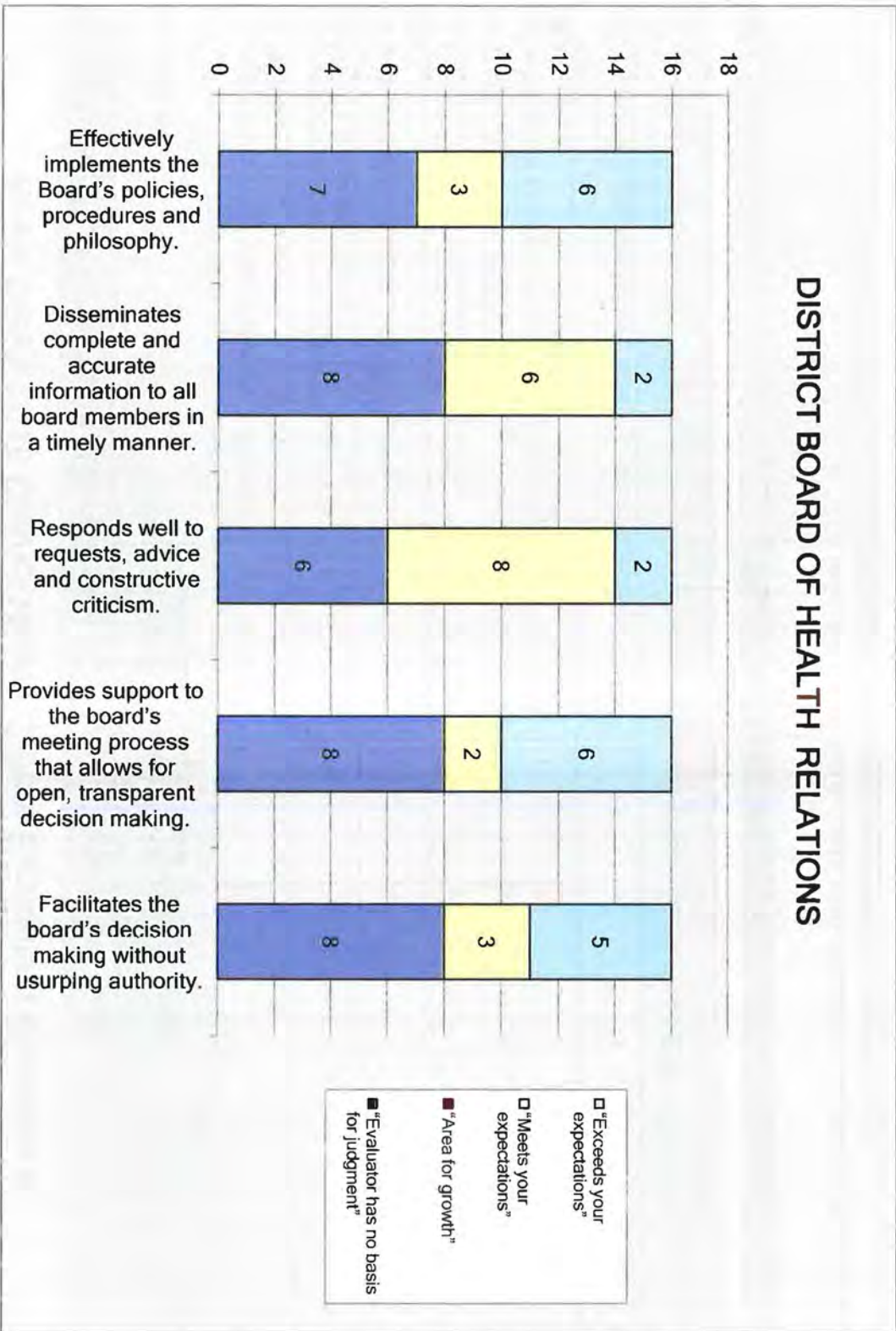
## Kevin Dick's 2016 District Health Officer Evaluation Question 6

### DISTRICT BOARD OF HEALTH RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively implements the Board's policies, procedures and philosophy.	6	3	0	7	16
Disseminates complete and accurate information to all board members in a timely manner.	2	6	0	8	16
Responds well to requests, advice and constructive criticism.	2	8	0	6	16
Provides support to the board's meeting process that allows for open, transparent decision making.	6	2	0	8	16
Facilitates the board's decision making without usurping authority.	5	3	0	8	16
Additional comments regarding District Board of Health Relations:					1
<i>answered question</i>					16
<i>skipped question</i>					1

Number	Response Date	Additional comments regarding District Board of Health Relations:
1	Oct 5, 2016 9:53 PM	I believe that Kevin skillfully works with the Board and the chair to effectively and appropriately move public health forward in Washoe County.

## DISTRICT BOARD OF HEALTH RELATIONS



**Kevin Dick**  
**District Health Officer**

**Health District Accomplishments: October 2015 – October 2016**

- Maintained and developed the Health District's relationships with local jurisdictions and regional partner organizations.
- Achieved progress with Regional EMS Oversight including new REMSA Response Zone Map, resolution of boundary issues regarding Mt. Rose corridor and Gerlach, and substantial completion of EMS 5-yr. Strategic Plan.
- Continue to work collaboratively with Reno, Sparks and Washoe County to achieve October 31, 2016, go-live date for the Regional Business License and Permit Software Project.
- Developed the 2016-2018 Washoe County Community Health Improvement Plan in conjunction with a Steering Committee and Truckee Meadows Healthy Communities, began implementation.
- Secured grant funding for and completed development of a Health District Strategic Plan, established and began implementation of Action Plan.
- Established and filled a new Program Coordinator position in the Office of the District Health Officer to continue to develop capacity for Community, District-wide and cross-divisional initiatives.
- Worked with the other Local Health Authorities and the Nevada Public Health Foundation to successfully advance two BDRs, through the Legislative Committee on Health Care, for consideration during the 2017 session.
- Participated on the Truckee Meadows Healthy Communities Committee providing leadership as Co-Chair with Dr. Tony Slonim, CEO of Renown Health. Delivered quarterly Family Health Festivals, a November 2016 Stakeholders Breakfast Meeting, conducted strategic planning, fundraising, and recruitment for staff support.
- Advanced the Health District's Quality Improvement Initiative. Executed the FY 2016 Quality Improvement Plan. Prepared and began implementing an FY 2017 QI Plan.
- Revised fees for Environmental Health and Air Quality Management services to more fully recover costs for service delivery.
- Supported preparedness planning efforts with formal agreements and MOUs including: expansion of Point of Dispensing agreements to include Reno-Sparks Indian Colony, infectious disease planning with hospital, EMS providers, and law enforcement, and procurement of training with and distribution of \$115,000 worth of personal protective equipment (PPE) for first responders and regional partners.
- Chaired the Land Development User Group of BANN, the Builders Association of Northern Nevada.

- Completed implementation of Fundamental Review recommendations and transitioned to implementation of the Health District Strategic Plan.
- Achieved an FY16 Fiscal Year budget surplus of revenues exceeding expenditures by \$699,338.
- Prepared and published a 2015 Annual Report and Living Better Because Of Public Health brochure explaining public health and the work of the District.
- Expanded the use of social media and the Internet on a number of platforms including Facebook, Twitter, and EnviroFlash to provide timely information on public health emergencies and engage connected stakeholders on a wide variety of issues facing the community. Approved and directed issuance of 220 press releases and media interviews, and over 1,900 social media and website postings during FY 16.
- Continued professional development in public health through attendance of the American Public Health Association National Conference, and the Governor's Prescription Drug Abuse Summit.
- Participated on the following Boards/Committees
  - Nevada Public Health Foundation Board of Directors (ex-officio)
  - REMSA Board of Directors (ex-officio)
  - Child Health Institute Advisory Committee
  - EMS Advisory Board
  - Regional Business License and Permits Project Management Oversight Group
  - Truckee Meadows Healthy Communities Committee (Co-Chair)
  - UNR School of Community Health Sciences Community Advisory Board

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: October 27, 2016**

**DATE:** October 14, 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. Know the Code Season



The Keep it Clean – Know the Code wintertime burn code program begins on November 1<sup>st</sup>. When temperature inversions trap wood smoke in the valley, stoves account for more than half of the fine particulate pollution. Reducing or stopping wood burning when the burn code is Yellow or Red helps keep pollution levels from reaching harmful levels.

Last year, the Planning & Monitoring Staff completed a Quality Improvement (QI) project to address the delivery of the daily burn code. The outcomes of the QI project were implemented during the course of the burn season and resulted in avoiding almost 120 hours of staff overtime. Utilizing the telemetry from the monitoring sites to collect the data and establishing online access for distribution, staff was no longer required to come into the office for the daily updates.

For the 2016 – 2017 Burn Season, staff has reviewed processes and procedures established last year to ensure everyone is ready for the November 1<sup>st</sup> kick-off. The television and radio outreach campaign will begin shortly after the November 8<sup>th</sup> election. This decision was based on the increased costs of air time prior to the election. Staff will utilize a press release, OurCleanAir.com, social media, AirNow’s Enviroflash, and the Air Quality Hotline to ensure the community is aware the burn season has begun.

b. Regional Licensing & Permitting System

AQMD staff has been working diligently to complete the development and implementation of the Accela system prior to the October 31 go-live date. With a tremendous amount of assistance from Technology Services, AQMD has been able to incorporate all of our permitting programs into the new system. The current system included stationary sources, dust control permits, and the asbestos program. The new Accela system will now also include the woodstove program and enforcement activities. Staff has been provided with training respective to their daily activities and job duties and should be ready when the system becomes available. As with any new computer system, we do expect there may be issues for a period of time but we have put contingency plans in to place in order to minimize the impact to our customers.

c. Smoke Management Program

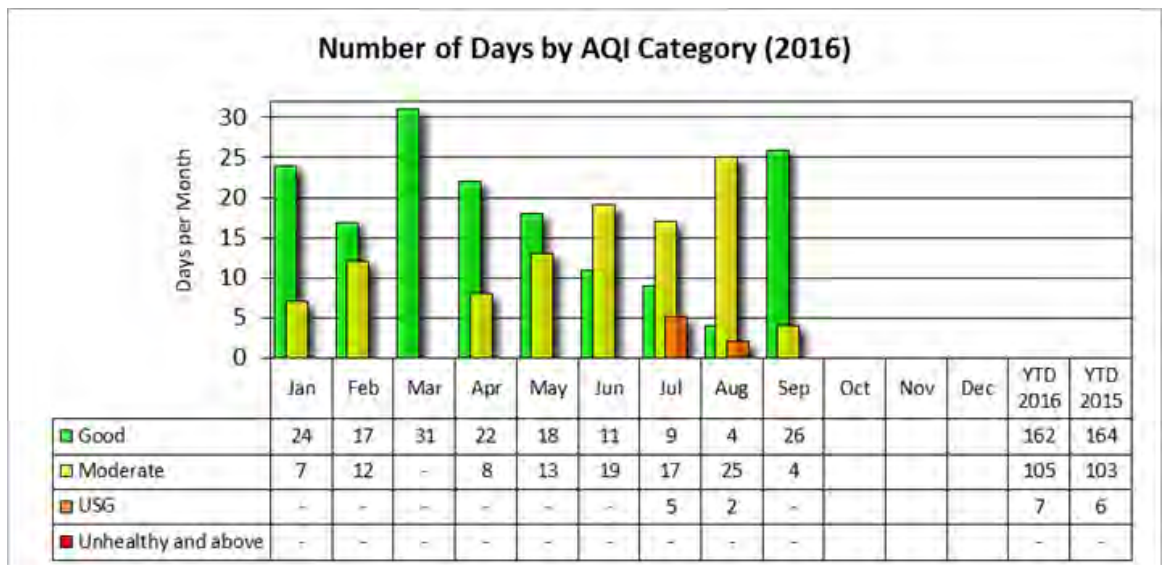
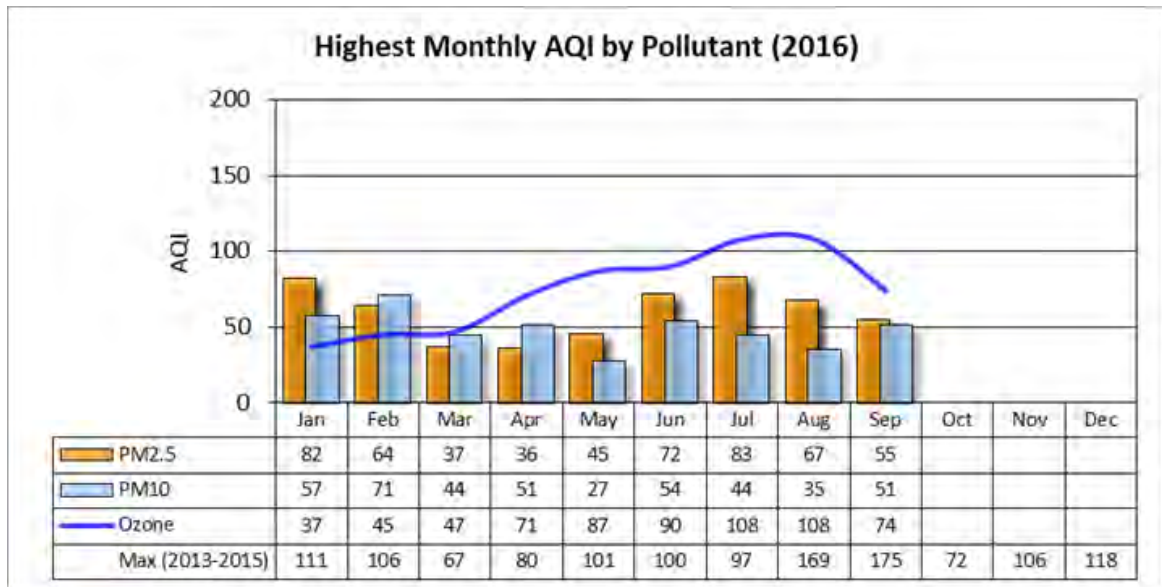
With fall upon us and winter closing in fast, the regional land managers are beginning to initiate controlled burns throughout the region. AQMD Planning staff is actively involved in the review of the smoke management plans and issuing approvals. Recognizing the importance of controlled burns not only for the health of the forest but as a fuel reduction program to avoid extreme wildfires, AQMD staff are working closely with the land managers to ensure burning is only performed when conditions exist that are within the prescriptions in order to minimize smoke impacts. Beginning November 1<sup>st</sup>, the prescribed burns will be subject to the Know the Code burn program.

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 September. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



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

### 3. Program Reports

#### a. Monitoring & Planning

- September Air Quality:

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) in September.

- Ozone Advance: Staff provided an update on the Ozone Advance program and Be Idle Free campaign to the Reno Planning Commission (PC) on September 21. Here is a key slide that summarized the presentation. Although this policy statement is intended to show the connection between the built environment and public health, it's also applicable to the environmental and economic health of our community. The Reno PC was provided a summary of conditions that



could be applied to projects and support the goals of Ozone Advance. A basic condition that could be applied to new businesses is to implement an Employee Trip Reduction program to reduce the number of drive-alone workers. An example of a condition that could be applied to residential projects is for the homes to be prepped for clean energy components such as electric vehicles, ceiling fans, and rooftop solar. Many of the conditions presented to the Reno PC are either already required and/or commonly applied in other parts of the country.

- Wildfire Ozone Exceptional Event (EE): Staff completed the EE demonstration for the August 21, 2015 wildfire ozone event. Public comment began on October 1 and formal submittal to EPA is expected in early November. EPA's approval of this EE is the difference between attainment and non-attainment of the Ozone NAAQS. Preparation of this EE consumed hundreds of staff hours. Additional EE's will need to be prepared for at least four other wildfire ozone events from 2015 and 2016.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2016		2015	
	September	YTD	September	Annual Total
<b>Renewal of Existing Air Permits</b>	106	1043	106	1297
<b>New Authorities to Construct</b>	5	85	4	99
<b>Dust Control Permits</b>	13 (128 acres)	130 (1701 acres)	13 (315 acres)	151 (2129 acres)
<b>Wood Stove (WS) Certificates</b>	28	318	39	391
<b>WS Dealers Affidavit of Sale</b>	7 (2 replacements)	51 (32 replacements)	14 (8 replacements)	135 (85 replacements)
<b>WS Notice of Exemptions</b>	853 (7 stoves removed)	6349 (44 stoves removed)	545 (5 stoves removed)	7490 (50 stoves removed)
<b>Asbestos Assessments</b>	92	799	80	1077
<b>Asbestos Demo and Removal (NESHAP)</b>	22	209	10	150

Staff reviewed fifty (50) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff is working with Granite Construction to begin closing land as the southeast connector project begins its completion phasing. By working closely with Granite personnel AQMD staff is ensuring that permits accurately reflect the progress of the project without committing Granite to unnecessary burden.
- Permitting staff has completed a second round of air sampling at local medical marijuana facilities. The sampling was performed by permitting staff in conjunction with DRI and a local lab. This sampling will allow permitting staff to refine the calculations we use to perform engineering reviews on MME facilities, and to calibrate AQMD and local commercial lab sampling to allow for enhanced compliance assurance.

Staff conducted inspections of forty-seven (47) stationary sources in September 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	September	YTD	September	Annual Total
<b>Asbestos</b>	2	24	1	25
<b>Burning</b>	1	8	0	8
<b>Construction Dust</b>	8	48	7	32
<b>Dust Control Permit</b>	2	12	1	6
<b>General Dust</b>	5	67	7	48
<b>Diesel Idling</b>	0	7	0	3
<b>Odor</b>	2	20	2	30
<b>Spray Painting</b>	2	3	1	8
<b>Permit to Operate</b>	1	8	0	12
<b>Woodstove</b>	0	1	0	13
<b>TOTAL</b>	<b>23</b>	<b>198</b>	<b>19</b>	<b>185</b>
NOV's	September	YTD	September	Annual Total
<b>Warnings</b>	0	15	1	24
<b>Citations</b>	0	23	0	8
<b>TOTAL</b>	<b>0</b>	<b>28</b>	<b>1</b>	<b>32</b>

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

Mike Wolf  
 Chief, Permitting and Enforcement

**Community & Clinical Health Services  
Director Staff Report  
Board Meeting Date: October 27, 2016**

**DATE:** October 14, 2016  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Report – Chronic Disease Prevention Program ; Divisional Update – Data & Metrics; Program Reports

- 1. Program Report – The Chronic Disease Prevention Program (CDPP)** focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. These three factors are implicated in the top causes of death for Washoe County, throughout Nevada and the nation.

The Program is supported by two tobacco grants and local funding to maintain 2 FTE and per diem health educators, interns and 0.2 FTE supervisor.

The CDPP is committed to empowering our community to be tobacco free, live active lifestyles and eat nutritiously through education, collaboration, policy and evaluation. Many of the activities in the CDPP are captured as Initiatives in the Health District’s Strategic Plan. Some highlights of successes over the past year include:

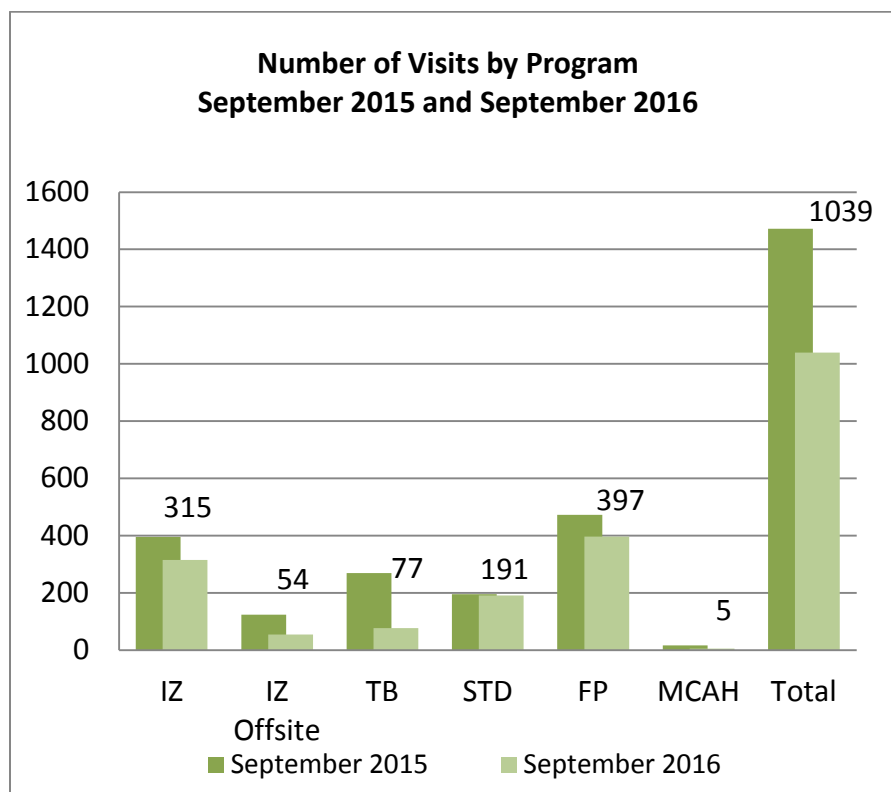
- Staff worked with owners/managers to help 688 multi-unit housing units go smoke free
- Staff worked with and provided Incline Village with tobacco free signage for outdoor spaces including parks, beaches, trails, the golf course and the ski resort
- Nine new businesses in Washoe County adopted a smoke free meeting policy, meaning they pledged not to have meetings and events in locations that allow smoking. Twenty business now have a smoke free meeting policy in Washoe County
- Staff provided leadership in developing the WCSD Student Wellness Policy, positively impacting 65,000 school aged youth
- Two new programs were developed and will be implemented in the next year to improve the health of our community:

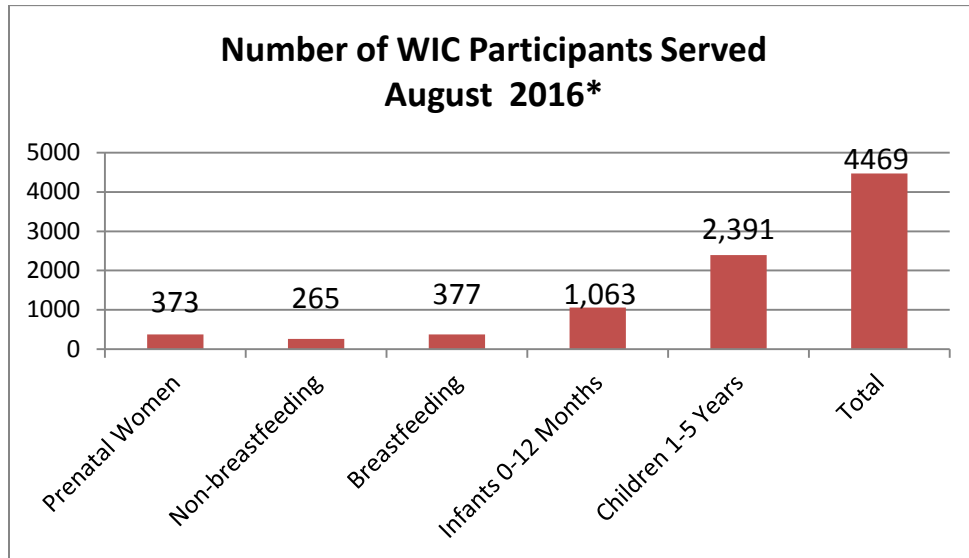
- Wolf Pack Coaches Challenge: a collaboration with UNR and WCSD to improve physical activity and nutrition among elementary school students
- We Order Well! (W.O.W!): helping local restaurants provide more options including smaller portion sizes and healthier kids menus

**2. Divisional Update –**

a. **Behavioral Health Screenings** – CCHS routinely screens for basic behavioral/mental health issues, as well as alcohol and drug use in our Family Planning, STD/HIV, MCAH and TB programs. Staff provide some counseling and refer to community resources as appropriate. CCHS is in the process of updating our screening form in the Immunization Program to ask our immunization clients about this, and will provide resources and referral as well.

**b. Data/Metrics**





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

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

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff provided screening at Truckee Meadows Community College on September 20, 2016 and tested 35 students.

The state has convened a congenital syphilis workgroup to review congenital cases and provide recommendations for future disease intervention activities.

Jennifer Howell was interviewed by Reno News and Review for the annual sexual health issue. The format was a casual question and answer on a variety of sexual health topics. Link to article – <https://www.newsreview.com/reno/sex-talk/content?oid=22290398>

Interviews for a vacant Public Health Nurse (PHN) position in the HIV program are underway.

HIV staff is in the process of completing a Ryan White Grant application for the continuation of Early Intervention Services. Funding will be provided for a three year period, with a start date of April 1, 2017. Early Intervention Services are provided by the HIV program to assist with linking newly HIV diagnosed clients to care, ensuring that they stay in care and helping clients that have fallen out of care to return to care. HIV positive individuals that are in care and taking antiretroviral medications are less likely to transmit HIV, which is the primary goal of the program.

- b. **Immunizations** – The program began providing seasonal flu vaccinations on October 10, 2016. Employee flu vaccine was offered to employees following the WCHD General Staff Meeting on October 11, 2016. Firefighter/EMT vaccine administration trainings are also being provided, in partnership with EPHP.

Staff provided education and vaccinations at the Baby Expo on September 17, 2016 at the Grand Sierra Resort, in partnership with Immunize Nevada. A total of 10 participants received 10 doses of vaccine.

School Located Vaccination Clinics (SLVC) will resume in late October in partnership with Immunize Nevada and the Washoe County School District. Additional outreach clinics, such as the Binational Health Week event on October 15, 2016 and the Family Health Festival on October 19, 2016 have also been scheduled.

- c. **Tuberculosis Prevention and Control Program** – Julie Baskin, CDC Public Health Associate, completed her two year assignment on September 28, 2016. Rudy Perez, CDC Public Health Associate, transitioned to the Tuberculosis program on October 3, 2016 for his second year.

Staff provided training at the Reno Sparks Gospel Mission, Volunteers of America shelters, Casa de Vida, and Committee to Aid Abused Women (CAAW). General information was provided about Tuberculosis infection and disease. The shelter sites were educated on signs and symptoms, provided with the most recent screening questionnaires, and cough logs. TB staff plans to continue to visit the shelter sites on a regular basis to provide ongoing education and review cough logs.

Staff attended the Northern Nevada Infection Control meeting on September 29, 2016 to discuss current NRS regarding sputum collection, as there is a difference between CDC recommendations and NRS. A committee was formed to draft proposed revisions.

- d. **Family Planning/Teen Health Mall** – Staff is in the final stages of the interview process for a vacant APRN position. Also, Tim Buitron will be transferring into a vacant Office Assistant II position in the Family Planning Program, from our WIC program. Jan Houk, with the MCH and Immunizations programs, will begin working with the Family Planning Program four hours per week to assist with Pap follow-up, and to provide pill refills, repeat Depo-Provera injections, pregnancy test and emergency contraception. Currently an Intermittent Hourly RN, Maribeth Michaud, is providing these services. Maribeth will be retiring in December.

The HIV, STD and Family Planning Programs have partnered to place posters with tear off tabs listing phone numbers for all Sexual Health Services provided at the WCHD. The high risk



89502 area of town is where the posters are being placed. The Family Planning Program Health Educator, a CDC Public Health Associate and a student intern in the STD program are monitoring the number of tabs removed from the posters and are replacing the posters as necessary. Staff will be tracking the number of clients that book appointments with the clinic as a result of this type of outreach. This project began approximately a month ago and it appears that a significant number of tabs are being pulled from the posters. These efforts complement the Sexual Health and Family Planning program services provided at our Family Health Festivals as part of the 89502 project.

- e. **Chronic Disease Prevention Program (CDPP)** – Please see the program update above.
- f. **Maternal, Child and Adolescent Health (MCAH)** –Staff attended a presentation on the 2016 Nevada Children's Report Card on September 14, 2016. Staff continue to offer services in the MCH Clinic, and provide Safe Sleep education and distribute portable cribs for the Cribs 4 Kids program.

The Fetal Infant Mortality Review (FIMR) team attended the Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) annual "A Time for Remembrance" event at Idlewild Park on October 9, 2016.

- g. **Women, Infants and Children (WIC)** – A remodel of the 9<sup>th</sup> Street WIC Clinic was completed on September 30<sup>th</sup> and resulted in increased privacy for clients, child friendly medical tables, and a new client flow. Staff were able to keep a temporary clinic open during the remodel in an effort to disrupt clients as little as possible.

Attached is a letter sent by a WIC client thanking the program as a whole and a specific WCHD staff member. It is stories like this that remind us of the immediate impact this program has on children and the long term impact this program can have on families.

WIC affiliates and  
Health Department Officials,

I just wanted to take a minute to thank you so much for the WIC program. I have 4 children. My husband works full time at a very good job. Yet I find it hard to feed four mouths, other than ours, healthy, nourishing food. Thank you for allowing me the opportunity to finish my education. With your help I am doing it. ~~18 more~~ Eighteen more months and I will have a bachelors degree in accounting. Then I will be able to do much more to help others too.

I also wanted to say thank you for catching anemia in my son. He has a hereditary, non-dietary related anemia. Without WIC and Frank, I would have

been very unlikely to catch this. Your program has helped me in many ways and has and will indefinitely change the lives of both my children and I.

Sincerely and with  
much gratitude,

DD	BS	
DHO		AD
DA	NA	
Risk	NA	

**Staff Report**  
**Board Meeting Date: October 27, 2016**

**DATE:** October 14, 2016  
**TO:** District Board of Health  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
 775-328-2644; [bsack@washoecounty.us](mailto:bsack@washoecounty.us)  
**SUBJECT:** EHS Division and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

**DIVISION UPDATE**

- Environmental Health Services is preparing for Accela go live date of October 31, 2016.

**PROGRAM UPDATES**

**Food**

- Staff completed a self-assessment of the Program Standards. The self-assessment is an internal review to determine how closely the Food Safety Program conforms to the FDA Voluntary National Retail Food Regulatory Program Standards. The following table shows the level of conformance with the criteria for each of the nine Program Standards:

Met	Standard	Progress	Standard Elements <i>(Incomplete elements identified in red and completed elements identified in strikethrough text)</i>
✓	1 REGULATORY FOUNDATION	Fully Met	<del>1a- 1b- 1c- 2a- 2b- 3a- 4a-</del>
✗	2 TRAINED REGULATORY STAFF	66.7% met	<del>1a- 1b- 2a- 2b- 3a- 3b- 4a 4b 5a</del>
✗	3 INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	90.0% met	<del>1a- 1b- 1c- 2a- 3a 4a- 4b- 4c- 5a- 6a-</del>
✗	4 UNIFORM INSPECTION PROGRAM	6.3% met	<del>1a- 1b 1c 2 2i 2ii 2iii 2iv 2v 2vi 2vii 2viii 2ix 2x 3a 3b</del>
✗	5 <u>FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE</u>	41.4% met	<del>1a 1b- 1c- 1d 1e- 1f 1g 1h 1i 2a- 2b- 3a 3b 4a- 5a- 5b</del> <del>5c 6a- 7a 7b1- 7b2 7b3 7b4 7b5-7b6- 7b7 7b8 7b9 7c-</del>
✗	6 COMPLIANCE AND ENFORCEMENT	50.0% met	<del>1a- 1b- 2a 2b</del>
✓	7 INDUSTRY AND COMMUNITY RELATIONS	Fully Met	<del>1a- 1b-</del>
✗	8 PROGRAM SUPPORT AND RESOURCES	61.5% met	<del>1a 2a- 2b- 3a- 3b- 4a- 4b 4c- 4d 4e 4f 4g 4h-</del>
✗	9 PROGRAM ASSESSMENT	No elements met	<del>1a 1b 1c 2a 2b 3a 3b</del>

Based on the self-assessment results, the Food Safety Program has updated the Program Standards Strategic plan to address the gaps identified for each of the nine standards.

- Several staff members attended the U.S. FDA Pacific Region Retail Food Seminar held in Reno on September 20-22, 2016. The seminar provided the opportunity for participants to learn about changes to regulations, policies and recommendations that impact food safety, including: changes to FDA Food Code, changes to the Program

Standards, federal, state, and local regulatory agency initiatives to enhance food safety, industry initiatives to enhance food safety, available funding opportunities and emerging science and technology related to food safety. **Participation in regional food protection seminars meets the criteria of Standard 2 – Trained Regulatory Staff, and Standard 7 – Industry and Community Relations.**

- Staff held three workshops on September 12<sup>th</sup>, 13<sup>th</sup> and 14<sup>th</sup> for food establishment operators and the general public on the new food establishment inspection process which will begin in November 2016. The workshops covered education on the new inspection form, associated field guide and the color coded (green, yellow, red) rating system. The workshops were well attended by food establishment operators, owners, and representatives from the Nevada Restaurant Association and the Retail Association of Nevada. **Participation in workshops for the consumers and industry meets the criteria of Standard 7 – Industry and Community Relations.**
- An internal staff training was held to prepare staff for the implementation of the new food establishment inspection form and process. The interactive training provided the opportunity for staff to complete the new inspection form based on observations of different mock food establishment scenarios. **Participation in internal staff food safety training meets the criteria of Standard 2- Trained Regulatory Staff.**
- The Food Safety Program welcomed an intern from the University of Nevada, School of Community Health Sciences who will assist the program with implementation of actions items identified in the Program Standards Strategic Plan for the quarter.
- **Foodborne Illness Epidemiology Program** – Staff in the Foodborne Illness Epidemiology Program took seventeen (17) complaints and conducted twenty (20) interviews of patrons who reported illness after eating at food establishments in Washoe County.
  - There was a party of four (4) and one (1) additional complaint that resulted in an investigation of two (2) food establishments at a local Casino Resort. The investigation focused on ill employees resulting in management of the resort initiating enhanced sanitation procedures in all kitchens and rooms.
  - There were also six (6) referrals for diagnoses including campylobacter, cryptosporidiosis and salmonella that staff reviewed for any potential connection to local food establishments.
  - Additionally there were two (2) outbreaks of Gastrointestinal Illness at childcares including one (1) that was investigated by staff at the facility. A total of five (5) stool samples were collected and submitted to the Nevada State Health Lab. All samples were negative for Noro-type virus and enteric bacteria, however exclusion criteria and sanitation of both facilities was strictly enforced.
  - There was one (1) recall for Washoe County Food Establishments that was handled by Foodborne Illness Epidemiology Program Staff to ensure that indicated product was pulled from consumer shelves.

**Investigative procedures for foodborne illness and recalls meet criteria of FDA Standard 5 – Foodborne Illness and Food Defense Preparedness and Response.**

- **Training Program** – Now that the four (4) new field staff is fully trained in routine inspections and has completed most other program orientations, efforts are shifting to get the six (6) staff still classified under Trainee to take the Registered Environmental Health Specialist exam. The first to take the exam will be in December and following completion of the exam, study materials will be discussed with the staff member to get the others prepared to take the exam in the summer of 2017. **Having staff members registered as Environmental Health Specialists is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.**
- **Special Events** - As is traditionally the case, September was the busiest month of the year in the special events program with several major events occurring including the Best in the West Nugget Rib Cook-off, the Great Reno Balloon Races, the National Championship Air Races, and the Street Vibrations Fall Rally. Nearly 700 routine inspections were performed by staff over the course of the month. Staff continues to focus inspections on high risk items with a persistent focus on hand hygiene and the prevention of bare-hand contact. October is expected to see a significant reduction in the number of inspections relative to September, however a consistent flow of events are on the schedule through the remainder of the fall season.

### Schools

- Staff has conducted one hundred and five (105) inspections of public, private and private charter school facilities since late August. During inspections emphasis has been placed on outbreak procedures and protocol relevant to managing outbreaks. In 2015 there were eighteen (18) schools that were in declared outbreak of Noro-type illness going into Fall Break. Subsequently and through significant collaboration, the Health District and School District developed a number of protocols to shorten the duration and minimize the extent of such outbreaks. This school year there has been one (1) outbreak declared going into Fall Break; an outbreak that was limited to a single class of students and was managed and closed within ten (10) days before it spread throughout the school. Additionally, staff has been finding outdated chemical inventories and issues with chemical storage in the public middle schools and high schools which the school district is now addressing with chemical round ups under direction of the Health District.

### Childcares

- The childcare inspection program continues to work on a project to determine the best practices for sanitizing in childcare facilities. Staff will enhance outreach to childcare providers by developing an updated email list and revising educational materials for childcare operators.

### IBD

- Staff has been preparing updates to proposed regulations and anticipates public workshops will be conducted during October/November 2016. Staff will take input from these meetings and intends to present a proposed final draft of the regulations to the Board before end of year.

### Land Development

- See the attached letter sent to TMWA regarding the final approval of the TMWA WCWR consolidation. The regulatory consolidation is complete of the Water Systems. The

merger consolidated 19 individual community water systems into six community water systems. This process has taken over a year and a half using a multitude of staff resources to complete.

- The program completed its reorganization of the Septics and Wells file structure on the G:/drive and scanning of paper records is underway. The Public Water Systems reorganization is expected to be conducted over the next couple months.
- Several guidance documents for Septics and Wells have been completed and are moving forward for final approval. Staff is continuing to work on plan review SOPs.
- In the Safe Drinking Water program, staff remains focused on completing the sanitary surveys for the year and making sure that all our staff is trained and operating consistently. The large TMWA survey is expected to be completed over the next month.

### **Planning, Development and Construction**

- Development reviews are continuing at a higher pace as the commercial and development reviews are indicating additional growth in the community. Staff is working with the City of Reno to establish a consistent review process while working on streamlining the plan review process. Staff has met with the City of Reno to ensure all fees are being collected as appropriate while removing those elements that were not required. Staff is attending the planning meetings at the City of Reno, City of Sparks, or Washoe County as necessary to ensure all concerns are captured and to allow the applicant the opportunity to ask questions of staff. Staff will be meeting with the City of Sparks and Washoe County planning in the future to ensure the same process is being followed by all agencies.

### **Vector-Borne Diseases**

- Staff collected another positive collection of *Culex pipiens* mosquitoes the week of September 26 for West Nile virus on Shadow Lane in a gravid trap in Sparks. The average daily temperatures that week were in the mid 70 degrees, the range for adult female mosquitoes to transmit diseases. The gravid trap is one of two new trapping methods deployed by the Program to detect Zika mosquitoes this year which also attracts other species of mosquitoes. Speaking of Zika, with the first locally transmitted case that occurred over a month ago in Miami-Dade County in Florida, there are currently 141 infections caused by local mosquito-borne transmission in residents of Miami-Dade, Palm Beach and Pinellas counties. Within a short period, the large number of these new infections of Zika spread quickly to these other counties.
- Staff and our public health interns continue to inspect and treat catch basins in the Truckee Meadows Community. The latest positive collection of *C. pipiens* on Shadow Lane north of Reed High School breeds in catch basins.
- We have received three additional positive bats totaling ten this season. Staff followed up on the latest positive bats and determined no human exposure occurred.
- The Program's five Public Health Interns are finishing up our mosquito season the end of this month.

**Waste Management**

- Public comment closed end of day on Friday, October 14, for the Washoe County Solid Waste Management Plan. There are some small corrections to be discussed, but it should go to the DBOH in November for approval.

**EHS 2016 Inspections / Permits / Plan Review**

	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUNE 2016	JULY 2016	AUG 2016	SEPT 2016	Mo. Avg
Child Care	8	6	7	5	15	10	17	11	14	<b>10</b>
Complaints	103	68	103	93	97	175	121	144	143	<b>116</b>
Food	217	317	454	369	363	580	706	580	511	<b>455</b>
General*	38	73	125	137	296	185	164	365	102	<b>165</b>
Developmental Review Numbers	20	26	27	34	41	42	21	39	34	<b>32</b>
Plan Construction Inspection (Commercial)	11	9	6	12	25	34	32	39	60	<b>25</b>
Construction Plans Received (Commercial)	35	31	63	41	52	22	16	30	7	<b>33</b>
Plan Review (Residential - Septic/Well)	54	35	63	76	59	73	72	69	68	<b>63</b>
Residential Septic/Well Inspections	58	67	94	110	86	93	74	90	65	<b>82</b>
Temporary Foods/Special Events	24	26	45	106	120	360	286	305	699	<b>219</b>
Well Permits	11	7	20	20	15	21	11	18	15	<b>15</b>
Waste Management	19	29	16	16	14	13	12	28	17	<b>18</b>
<b>TOTAL</b>	<b>563</b>	<b>663</b>	<b>960</b>	<b>978</b>	<b>1,183</b>	<b>1,608</b>	<b>1,532</b>	<b>1,718</b>	<b>1,735</b>	<b>1,234</b>

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

## Truckee Meadows Litter Index Results Through the Years

Area	2001	2006	2010	2013	2014	2015	2016
<b>Neighborhoods</b>							
Southeast Reno (Ward 2)	3.8	1.2	1.3	1.6	1	1	1.3
Northwest Reno (Ward 5)	2.4	1.1	1.1	1.3	1.5	2.4	1.1
Old Northwest/University (Ward 5)	2.7	1.7	1.2	1.3	1.1	Combined Ward 5 scores in 2015	1.4
Southwest Reno (Washoe Cty - District 1)	1.4	1.2	1.3	1.2	1	1.1	1.2
Galena & Pleasant Valley (Washoe Cty - District 2)	1.7	1.5	1.2	1.1	1.2	1	1.2
Old Southwest (Ward 1)	1.3	1.7	1	1.6	1.4	2	2.2
Verdi (Washoe County)	1.1	1.1	1.1	1.3	1.3	1.5	1.3
West Reno (Ward 2)	1.7	1.4	1	1.4	1.4	2	1.5
Northeast Reno (Ward 3)	2.9	2.1	1.3	1.3	1.8	2.4	1.3
Spanish Springs (Washoe Cty - District 4)	3.8	1.3	2	1.1	1	2.3	2.1
Sparks I-80 / Truckee River Corridor (Wards 1, 2, 3)	2.8	1.8	1.6	1.5	1.3	2	1.5
Sun Valley (SVGID)	3.8	2.1	2.5	1.1	1.4	2	1.9
North Valleys (Ward 4)	3	1.4	1.5	1.8	1.6	3.2	1.6
Cold Springs (Ward 4)	x	1.2	1.4	1.1	1.4	Combined Ward 4 scores in 2015	1.4
Peavine & Panther Valley (Ward 4)	x	x	x	x	1.9	Combined Ward 4 scores in 2015	1.8
Sparks I-80 N (Ward 1,3, 4 & 5)	x	x	x	x	1.2	1.7	1.1
<b>Subtotal</b>	<b>2.4</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.4</b>	<b>1.9</b>	<b>1.4</b>
<b>Open Spaces</b>							
BLM OS (Cold Springs, Golden Valley, Eagle Canyon, Hidden Valley, Swan Lake, Sun Valley OHV)				2	1.5	3.4	3
Keystone Canyon (Ward 5, USFS)	x	4	1	2	1.3	Combined with District 3 OS in 2015	2
District Four Open Space (Washoe County)	x	4	2	1.5	1.5	3	1
District Three Open Space (Washoe County)	x	4	1	1	1	2.9	3
District One Open Space (Washoe County)	x	x	x	x	1	1.3	1
District Two Open Space (Washoe County)					1	1	1
<b>Subtotal</b>	<b>x</b>	<b>4</b>	<b>1.5</b>	<b>1.9</b>	<b>1.6</b>	<b>2.3</b>	<b>1.8</b>
<b>Highway</b>							
I-580 / 395 South	x	x	1	1	2	2	1
I-580 / 395 Central	x	x	1.5	2	1.4	2	1.3
395 North	x	x	1.5	1	2.1	2.1	1.4
I-80 E / Lockwood & Mustang (Washoe Cty)	x	x	2	1	1.7	2.1	1.8
I-80 West	x	x	2	2.5	2.5	2.4	1.8
<b>Subtotal</b>			<b>1.6</b>	<b>1.5</b>	<b>1.9</b>	<b>2.1</b>	<b>1.4</b>
<b>OVERALL SCORE</b>			<b>1.5</b>	<b>1.6</b>	<b>1.6</b>	<b>2.1</b>	<b>1.6</b>

**WHAT THE NUMBERS MEAN:**

1= No Litter; Virtually no litter can be observed.

2= Slightly Littered; Upon careful inspection, a small amount of litter is obvious.

3= Littered; Visible litter can readily be seen throughout the area, likely requiring an organized cleanup.

4= Extremely Littered; Major illegal dumpsites are present, requiring equipment or extra manpower for removal.



# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

October 14, 2016

Mr. Mark Foree, P.E.  
General Manager  
Truckee Meadows Water Authority  
PO Box 30013  
Reno, 89520-3013

RE: Consolidation of Truckee Meadows Water Authority (TMWA) and Washoe County Water Resources (WCWR) Water Systems Merger

Dear Mr. Foree:

The Washoe County Health District (WCHD) is pleased to inform you this agency has completed the regulatory merger of the TMWA and WCWR water systems under the Chapter 445A of Nevada Administrative Code (NAC) and the Safe Drinking Water Act.

The consolidation of the two water systems has created six separate public water systems (PWS) which includes the main TMWA system, PWS NV190; and five stand-alone systems. PWS NV190 includes the original TWMA NV 190 System and the following WCWR systems: Arrowcreek, Desert Springs, Double Diamond, Hidden Valley, Horizon Hills, Lemmon Valley, Mt. Rose, Spring Creek East, Spring Creek, Saint James, STMGID, Thomas Creek and Timberline Estates. The five separate stand-alone systems are: PWS, Stampmill, PWS NV801; Lightning W PWS NV865; Old Washoe Estates, PWS NV2526; Sunrise Estates, PWS NV2525 and Truckee Canyon PWS NV978.

As part of consolidation, all WCWR inventory has been moved under the above referenced TMWA systems in September 2016. Furthermore, the updated Total Coliform Sample Plans were approved in March of 2016; the Stage 2 Disinfectant/Disinfection Byproducts Monitoring Sample Plan was approved in May of 2016; and the Lead and Copper and Quality Water Quality Parameter Plans (LCR & QWP) were approved in June/July 2016. The LCR & QWP Plan had additional targeted specific area plans based on the need for more information regarding lead and copper in those consolidated areas of the system.

WCHD staff would like to take this time to thank TMWA's dedicated staff to work with WCHD and the Nevada Division of Environmental Protection to complete this consolidation process over the past year and a half. The magnitude and regulatory/compliance hurdles which needed to be met, took much more time and effort than was ever anticipated.

If you have any questions regarding this letter or the consolidated systems please contact me at [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us).

Sincerely,



James English, REHS, CP-FS  
EHS Supervisor  
Waste Management/Land Development Program

cc/ec: Bob Sack, Director  
My-Linh Nguyen, NDEP-SDW Bureau Chief  
Scott Estes, Director, Systems Planning & Engineering  
Paul Miller, Manager, Operations and Water Quality  
TMWA PWS Facility Files

## ENVIRONMENTAL HEALTH SERVICES DIVISION

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520  
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Public Health  
Division, Nevada - Washoe

DD	<u>RT</u>
DHO	<u>AD</u>
DA	<u>NA</u>
Risk	<u>NA</u>

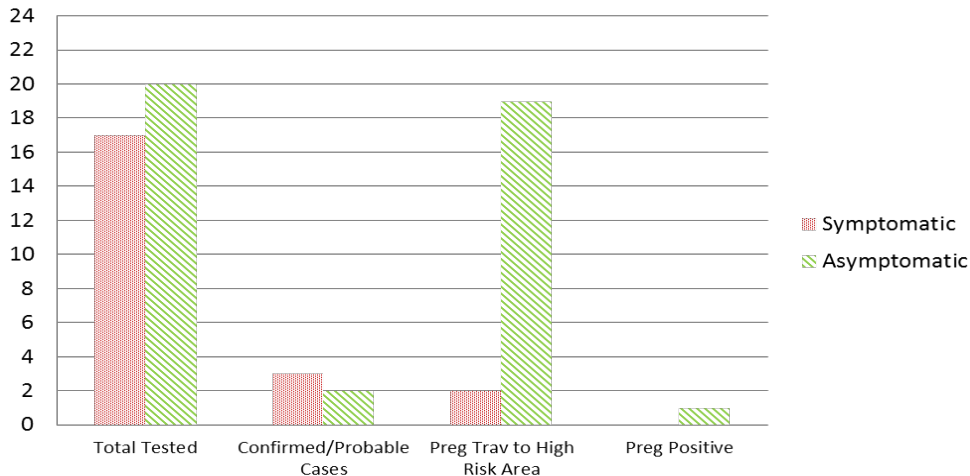
**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: October 27, 2016**

**DATE:** October 13, 2016  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
 775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
 Emergency Medical Services

**Communicable Disease (CD) –**

**Zika Virus Disease Evaluation and Testing** - As of October 12, 2016 there have been 41 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Five cases have been reported. One of the five cases was an asymptomatic pregnant woman and one was identified through blood donation. The pregnant woman is being monitored throughout the remainder of her pregnancy for any fetal abnormalities.

**Zika Virus Testing in Washoe County  
As of October 12, 2016**



Note: Categories above are not mutually exclusive

**Gastrointestinal (GI) illness outbreaks** - Since the last District Board of Health meeting, the CD Program has investigated three GI illness outbreaks in two childcare facilities and one elementary school. Approximately 40 cases were reported. The suspected etiologies are norovirus or rotavirus. As of October 12, 2016, one of these investigations remains open.

**Seasonal Influenza Surveillance** – The 2016-2017 flu season started on October 2, 2016 (CDC week 40) and will end on May 20, 2017 (CDC Week 20). For this season, twelve sentinel sites have agreed to participate in Influenza-like Illness (ILI) surveillance. Of these, four are emergency rooms, seven are urgent cares, and one is a Student Health Center. Two of the sites will also assist by collecting specimens for testing to identify specific influenza virus strains circulating in the community.

**Presentation at West Coast Epidemiology Conference** – Two staff members attended the 2016 West Coast Epidemiology conference in Sacramento. One staff member made a presentation entitled “Hepatitis C Surveillance for 14 Years in Washoe County, NV”, which included surveillance findings and challenges.

### **Public Health Preparedness (PHP)**

The Public Health Preparedness Senior Advisory Committee met on October 12, 2016. Public Health Preparedness (PHP) staff participated in discussions regarding the next five strategic planning efforts. Alignment of planning efforts across the state allows for an efficient and collaborative approach, maximizing grant funding.

Medical Reserve Corps (MRC) Volunteers participated in the Washoe County School District’s (WCSD) Health and Wellness Fair held at Wooster High School on September 17. The goal of the event was to increase health awareness and disease prevention by providing wellness screenings as well as health and disaster preparedness information to the over 2000 employees that attended. MRC volunteers helped in the dissemination of emergency preparedness and health and safety educational materials and information.

The Inter-Hospital Coordinating Council (IHCC) was invited by the Assistant Secretary for Preparedness and Response (ASPR) to participate in the inaugural class for the Health Care Coalition Leadership Response Training. IHCC was one of three coalitions across the nation that was asked to participate in the training. The training was September 26<sup>th</sup>-30<sup>th</sup> in Anniston, Alabama at the Center for Domestic Preparedness. Eight members of IHCC attended the training from Tahoe Pacific Hospital, Northern Nevada Adult Mental Health Services, Washoe County Health District, Regional Emergency Medical Services Authority, Washoe County Emergency Management and Homeland Security and East Fork Fire from Douglas County. This training will increase IHCC’s ability to achieve the new 2017 HPP Health Care Preparedness and Response Capabilities and Performance Measures.

PHP staff conducted fire vaccination training in Sparks on October 7<sup>th</sup> with over 10 firefighters completing the training. Fire vaccination trainings are ongoing throughout the Fall and Spring to accommodate different shifts. Fire vaccination trainings are conducted to ensure preparedness in the event of an emergency that requires mass prophylaxis of the citizens of Washoe County.

PHP staff assisted the Reno Sparks Indian Colony (RSIC) in conducting a full-scale point-of-dispensing (POD) exercise on October 12<sup>th</sup>. RSIC is a private POD partner for the Health District and their partnership helps increase response capabilities in the community.

**Emergency Medical Services (EMS) –**

EMS staff attended the Renown Health and REMSA Community Partnership event on September 12. During the meeting the organizations announced their innovative alliance to improve the overall health of the region through a proactive system of healthcare services through REMSA's paramedicine, alternative transport and nurse health line programs.

EMS staff met with Planning and Development staff of the Community Services Department on September 15 to discuss the permit process for special use and special events. The meeting allowed both staffs to obtain further clarification on expectations and permit procedures.

Also on September 15, the EMS Coordinator and EMS Statistician conducted an EMS inspection at the Air Races. The EMS Coordinator was able to train the EMS Statistician on the inspection process so multiple staff are familiar with conducting the onsite assessment of EMS services at special events.

EMS and PHP staff met with personnel from Washoe County Emergency Management on September 21 to discuss information sharing during a time of disaster. The programs developed user guidelines for WebEOC, which are now posted online for all users to view.

The EMS Coordinator facilitated a meeting on September 27 with EMS agencies that responded to the plane crash incident on August 30 at the River Edge RV Park. Based on information gathered an After Action Report/Improvement Plan (AAR/IP) was developed. The areas for improvement are being addressed through Multi-Casualty Incident Plan (MCIP) revisions and additional trainings focused on inter-agency communications.

The quarterly EMS Advisory Board meeting was held on October 6. The meeting included numerous items; some of the highlights were the approval of the 5-year EMS Strategic plan, the FY 15/16 Annual Data Report and revisions to the Board Bylaws.

EMS and PHP staff met with personnel from Renown Skilled Nursing to discuss point of care and evacuation planning for the facility on October 11. This meeting was scheduled for WCHD to have a better understanding of their current planning and provide and an introduction to the countywide healthcare evacuation plan (MAEA).

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

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zones B, C and D</b>	<b>All Zones</b>
July 2016	94%	91%	100%	100%	94%	94%
August 2016	93%	88%	100%	100%	92%	93%
October 2016	95%	90%	100%	100%	93%	95%
YTD	94%	90%	100%	100%	93%	94%

**REMSA 90<sup>th</sup> Percentile Responses**

<b>Month</b>	<b>Zone A 8:59</b>	<b>Zone B 15:59</b>	<b>Zone C 20:59</b>	<b>Zone D 30:59</b>
July 2016	8:04	15:33	13:39	N/A*
August 2016	8:18	16:02	18:12	N/A*
October 2016	7:52	16:02	16:20	19:13

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**District Health Officer Staff Report**  
**Board Meeting Date: October 27, 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, Panther Drive, Little Valley Fire, Regional EMS Oversight, Legislature, Strategic Plan, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), Community Health Improvement Plan, Accreditation, Other Events and Activities and Health District Media Contacts

Regional License/Permit Program

On October 6, the Regional Oversight Group met and confirmed the Accela Automation go-live date for October 31. This will allow data conversion and transition from the Permits Plus System to occur over the preceding three-day Nevada Day weekend. In addition to working to achieve functionality of the system for go-live, staff is also establishing work-around procedures, including paper processing of permit applications, etc. to be able to continue to provide services to the public in the event the system is not operational immediately on October 31. Staff remains very busy and heavily engaged with user acceptance testing and addressing issues that are identified as the testing proceeds. Scripting for reports needed for system functionality continues.

Panther Drive

A meeting with residents of Panther Drive was held at 6pm on October 20. During the meeting residents were informed that they were being required to connect to a municipal sewer system in order to address the public health concern posed by contamination of surface waters in area ditches by sewage from failing septic systems and shallow perched groundwater. The Community Services Department provided information on design and construction of a sewage line and the ability to pay for construction of this line, connection of the residents, and abandonment of existing septic systems with funds provided by the State Revolving Fund. Residents are receiving a letter that provides formal notice of the order to connect to municipal sewer and a Right of Entry form that authorizes work to occur on their property.

Little Valley Fire

The Health District participated in the Regional Emergency Operations Center Activation for the Little Valley Fire. I participated on the REOC coordination calls that occurred throughout the weekend. Air Quality posted information and updates about the fire on the Be Smoke Smart wildfire section of their website. EHS produced a guidance document addressing actions evacuated residences or those without power for extended periods should take with wells, engineering/pumped septic systems, and food in refrigerators/freezers. The document was

provided to PIO's at the NDF Fire Station incident command, was posted on the Sierra Front fire incident website, and posted and tweeted from the County and Health District website.

### Regional EMS Oversight

The Regional EMS Advisory Board met on October 6. I am meeting with each of the three jurisdictional fire chiefs to discuss implementation of the EMS Strategic Plan.

### Legislature

Over 440 BDRs have been submitted as of October 14. A preliminary design and cost analysis for community water system fluoridation of the TMWA system is expected to be completed around the end of the month.

### Strategic Plan

The Action Plan for implementation of the Strategic Plan was completed and the plan implementation continued. A quarterly update report will be provided as an item during the October 27 DBOH meeting.

### Quality Improvement

The QI Refresher training will be provided to staff during the month of November. This is a 20-minute training to review the basics of QI with staff. The annual QI survey, now in its fourth year, will be provided to staff in December. Once the survey is closed, ODHO staff will compare 2016 results to the three previous years.

### Truckee Meadows Healthy Communities

An Independent Contractor agreement is being established for a Project Director to support the TMHC coalition.

I chaired the monthly TMHC Steering Committee meeting, which was held on October 5.

Truckee Meadows Healthy Communities held its fifth Family Health Festival at Reno Town Mall on October 19. The busiest booth by far was staffed by the Health District, Walgreens, and Catholic Charities' Kids to Senior Korner, who were providing flu shots. The Family Health Festival Planning Committee has strengthened the evaluation component of the Family Health Festivals for both vendors and participants. Evaluation results will be provided at the November 2nd Truckee Meadows Healthy Communities meeting and shared with the Board of Health as well.

### Community Health Improvement Plan (CHIP)

ODHO staff is in the process of developing the CHIP annual report, which will be completed by December 31, 2016. Staff is meeting with lead organizations to receive programmatic updates and is comparing available data to the baseline measures provided within the CHIP. CHIP workgroup members continue to plan and implement activities and programs to increase access to healthcare and social services, increase food security, and address the mental health needs of our youth. Specific workgroup activities are being summarized for the annual report.

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### Accreditation

A vacant Office Support Specialist position is being transferred from AHS to ODHO to support the Health District's accreditation efforts. Interviews were conducted to fill the position. A Health District Accreditation Team is being formed. Sara Dinga will serve as the Accreditation Coordinator for the Health District.

### Other Events and Activities

Attended REMSA Board meetings on September 23 and October 21.

Met with Sharon Chamberlain, N NV HOPES regarding syringe exchange program on September 26.

Chaired a TMHC Steering Committee meeting October 5.

Participated in the EMS Advisory Board meeting October 6.

Participated in the Nevada Health Authorities conference call October 6.

Met with Fire Chief Maples, SFD, to discuss EMS program and Strategic Plan implementation on October 11.

Participated in the October NPHF Board of Director's Meeting October 12.

Participated in the Nevada Association of Local Health Officials call October 17.

Met with Dr. DiMuro, Nevada Chief Medical Officer on October 21 to provide an overview and orientation to the Washoe County Health District.

Met with Chief Moore, TMHC, to discuss EMS program and Strategic Plan implementation on October 25.

Met with the Division Directors on October 5 and October 19. I meet regularly with the Division Directors and ODHO staff on an individual basis.



**Health District Media Contacts: September 2016**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
9/27/2016	Reno News & Review	Jeri Chadwell-Singley	Hillside Cemetery - Ulibarri
9/21/2016	KTVN CH2 - CBS Reno	Andi Guevarra	Iso Pod demo - Ulibarri/Dick/Shipman
9/21/2106	KRNV CH4 - NBC Reno	Photographer	Iso Pod demo - Ulibarri/Dick/Shipman
9/21/2016	KOLO CH8 - ABC Reno	Ray Kinney	Iso Pod demo - Ulibarri/Dick/Shipman
9/19/2016	Reno News & Review	Jeri Chadwell-Singley	STD/HIV Data - Howell
9/19/2016	KTVN CH2 - CBS Reno	Shelby Jay	Panther Valley e-coli - Ulibarri
9/13/2013	KTVN CH2 - CBS Reno	Shelby Jay	Panther Valley e-coli - Ulibarri
9/12/2013	KTVN CH2 - CBS Reno	Shelby Jay	Panther Valley e-coli - Ulibarri
9/9/2016	KRNV CH4 - NBC Reno	Alex Cannito	Influenza Vaccine - Kutz
9/9/2016	KOLO CH8 - ABC Reno	Terri Russell	Illegal Dumping - English

**Press Releases/Media Advisories/Editorials/Talking Points**

9/12/2016	Saint Marys Isolation Pod demonstration	Ulibarri
9/7/2016	Fourth Mosquito Larviciding	Ulibarri
9/2/2016	CRE-containing New Delhi Metallo-β-lactamase	Ulibarri (embargoed)

**Social Media Postings**

<b>Facebook</b>	AQMD/CCHS/ODHO 60 EHS	
<b>Twitter</b>	AQMD/CCHS	31
<b>Grindr/Sexual Health Program</b>	CCHS	66 posts 826,524 impressions